

Representing the interests of members and the public

Examples and guidance for NHS foundation trusts and governors



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Contents

Introduction	1
Part one: The context	4
Part two: Governors communicating with members of the trust and the public	8
Part three: Governors communicating with the board	20
Case studies from outside the NHS	25



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About Monitor

As the sector regulator for health services in England, our job is to make the health sector work better for patients. As well as making sure that independent NHS foundation trusts are well led so that they can deliver quality care on a sustainable basis, we make sure: essential services are maintained if a provider gets into serious difficulties; the NHS payment system promotes quality and efficiency; and patients do not lose out through restrictions on their rights to make choices, through poor purchasing on their behalf, or through inappropriate anti-competitive behaviour by providers or commissioners.

About GovernWell

GovernWell is the national training programme for foundation trust governors. It aims to equip all NHS foundation trust governors with the skills needed for their important role and to meet their responsibilities set out in the Health and Social Care Act 2012.

The NHS Leadership Academy commissioned the programme in partnership with NHS Providers as a one-stop resource for foundation trusts to develop their governors' knowledge and skills.

Core training is available for all new governors (public, staff and stakeholder governors) and for governors who would like refresher training. Specialist modules in questioning and challenge, accountability, NHS finance and business skills, the governor role in non-executive appointments, and member and public engagement are for more experienced governors. Courses can be tailored to individual trust and governor needs so the programme offers maximum flexibility in delivery and training.

Acknowledgements

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Introduction

What is this guide?

This guide has been developed for governors of NHS foundation trusts to help you represent the interests of members of foundation trusts and the public. This is one of governors' statutory (legal) responsibilities. This guide should help you to understand your role in engagement in your trust. With understanding comes the confidence to engage with local communities, helping to improve our NHS for patients and staff, now and in future generations.

Governors were given important duties when the first foundation trusts were established. The 2012 Health and Social Care Act gave governors an expanded range of responsibilities. In 2013, the Francis Inquiry identified governors as a vital channel for communicating feedback from patients, service users, carers and the public to trust boards. In the same year, the Keogh Report and the Berwick Report also included recommendations on involving and listening to patients and service users. The vision for the future of the NHS set out in the Five Year Forward View (published in October 2014) includes empowering patients and engaging communities. Public engagement is an increasingly important part of what governors do.

Foundation trusts have freedom to decide how to engage with the public. This guide is a resource to support trusts and governors as they do this. This guide:

- gives the context for governors' work
- gives examples of what governors could do
- includes case studies of the practical experiences of trusts and governors.

The examples in this guide are not new and your trust may be doing some or all of this already. This guide aims to be a source of support using examples that have worked within other trusts.

People who are involved in helping governors to fulfil their duties may find this guide useful. Chairs and other members of foundation trust boards, membership managers, trust secretaries and other colleagues may wish to refer to it.

Why engage with members of foundation trusts and the public?

Public engagement is the process of getting communities involved in decisions that affect them. Understanding the needs of a community can help providers to meet those needs, and ensure patients and service users get maximum benefit from their services.

The NHS Constitution commits the NHS to:

- actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services

- work across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.

All foundation trusts have a membership body that elects the governors of the trust from its members. This is part of their accountability to local communities. Members of foundation trusts include patients and service users, staff, carers and anyone with an interest in healthcare. Having a dedicated membership can provide trusts with a ready pool of feedback, local knowledge and support, but governors need to be aware that they have a responsibility to represent the interests of members of the trust *and* the public.

Governors have an important part to play by listening to the views of the trust's members, the public and other stakeholders, and representing their interests in the trust. This means, for example, gathering information about people's experiences to help inform the way the trust designs, reviews or improves services effectively. Governors also have a role in communicating information from the trust to members and to the public, such as information about the trust's plans and performance. Successful engagement calls for an ongoing working relationship between a foundation trust and its members and the public, with patients and service users at the heart of this. Governors are supported in their work by other groups of people at the trust, including in particular the trust secretary and membership manager if there is one.

Where can I find more information?

This guide focuses on only one of the responsibilities of governors, the duty to represent the interests of members and the public.

Monitor has published several further guidance documents about governors and members:

- 'Your duties: a brief guide for NHS foundation trust governors' (March 2014)
- 'Your statutory duties: A reference guide for NHS foundation trust governors' (August 2013)
- 'Director–governor interaction: a best practice guide for boards of directors' (June 2012)
- 'Current practice in NHS foundation trust member recruitment and engagement' (July 2011).

Governors, and those involved in helping governors to fulfil their duties, should refer to these previous publications for further information about the governor role. A collection of documents for governors is available on Monitor's website.¹ The GovernWell website also includes a resource library for governors.²

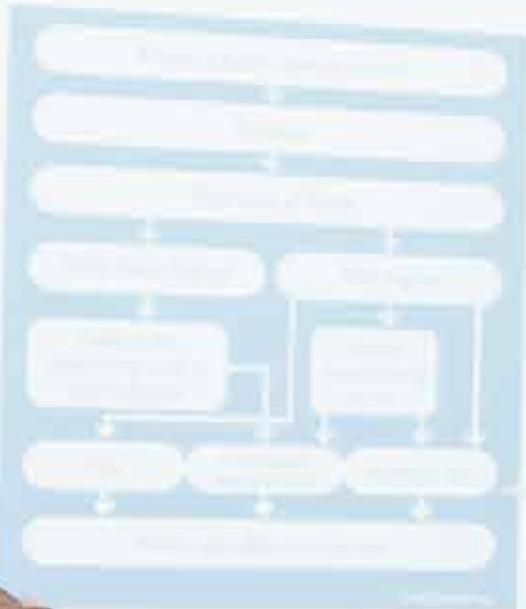
1. www.gov.uk/government/collections/nhs-foundation-trust-governors-and-members-documents-and-guidance
 2. www.nhsproviders.org/governwell

How does funding reach your trusts?

The flow

Local Authority use of central care and other trusts commissioning

Multiple & other funding



- Funding Allocation
- Funding Distribution
- Funding Disbursement
- Funding to Trusts
- Funding to Other Providers
- Funding to Trusts

Healthcare
Education
Trusts

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PART

1

The context

To get public engagement right, governors need to understand their role well. Induction and training are an important part of this. Governors are called to act as representatives and must handle appropriately the information they give and receive.

Understanding the role of governors

Information about the role of governors

Some trusts provide pre-election seminars for trust members to help them to understand the commitment and responsibilities required of elected governors. A leaflet explaining the role of the governor can also be helpful for members who vote in governor elections but who haven't chosen to engage any further. An article in the trust's magazine or newsletter can explain the role of a governor and provide contact details for anyone interested in becoming a governor.

Case study: York Teaching Hospital NHS Foundation Trust

York Teaching Hospital NHS Foundation Trust has designed and printed business cards for their governors. Governors hand out the cards to members of the public to help explain what they do and how to get in touch.

Recruiting governors

Being clear about exactly what the governor role is can help trusts find governors who are committed and well suited to the role.

Learning about the skills their governors have through informal conversations or more structured skills audits can then enable the trust to see what new governors can bring to help the trust increase its impact in the local community. For example, some people might have the skills to support website or social media activities, or be good writers, or confident in presenting to external groups.

Case study: South East Coast Ambulance Service NHS Foundation Trust

South East Coast Ambulance Service NHS Foundation Trust's Membership Development Committee has developed a 'membership toolkit' for governors to use to recruit members for the trust. It is being extended to support governors who would like to engage with the membership.

The toolkit contains templates, advice and guidance for governors. It has additional tools such as PowerPoint presentation slides for governors wishing to give presentations and support to set up displays. The revamped toolkit will be a physical kit that is given to the governor who needs to use it, rather than a printed handbook and this will enable the trust to keep track of how it is used.

Keeping governors central to outreach

Governors need to work closely with other teams across the trust who are also involved in engagement. Trusts can strengthen the effectiveness of the council of governors if the governors themselves are firmly at the heart of any governor-related outreach activities and, where feasible, the events are led by them.

Working together across the trust

Governors do need to be supported in their work by other groups of people at the trust, for example corporate communications and membership teams who can provide practical support. Their work should also be based around the trust's strategic plan and a positive culture for engagement.

Induction and training for governors

Learning about the local health economy, the trust and the community

Induction training and ongoing training (whether provided by the trust directly or by external providers) are essential to help governors do their job effectively. Training should help governors learn about the local health economy, how the trust works and the needs of the communities it serves. This knowledge is vital for supporting governors in effective engagement. As part of their induction and ongoing training, governors in some trusts also receive structured learning about themes of public interest in healthcare to enable them to understand these better.

Getting to know other governors

Training sessions also provide good opportunities for governors to get to know each other and can help them to work well together as a council rather than a group of individuals.

Getting the balance of information right

The induction process for governors can be a valuable opportunity for 'jargon-busting' and helping governors to understand what type of information they should expect from the board. The trust board is responsible for ensuring that information is given to governors in a timely fashion and in an appropriate format. It can take time to get the balance of information right for all parties. Trust boards and company secretaries will need to work with governors to ensure that the information provided to them is sufficiently comprehensive whilst also being clear and concise.

Representing the interests of everyone

Representing a large constituency

Governors may feel that they are small in number but represent a large constituency. However, each interaction between governors and members of the trust or the public can make a difference and should not be under-estimated. It is important to give constituency members the opportunity to speak to their elected governors even if only a small number of people take this up.

The governor as a representative

Governors can sometimes be unclear about exactly who it is that they represent - the trust (and therefore the trust's board), the council of governors, or just their own member constituency. To be clear, governors represent the interests of trust members and the public; governors do not represent the trust itself. Representing the interests of the trust members and the public is one of the core statutory duties of the council of governors alongside holding non-executive directors to account for the performance of the trust board. It will help for governors to remind themselves of their statutory responsibilities as governors of the trust and also to ensure they are familiar with any trust policies which apply to them (such as a code of conduct or similar guidance). More information about governors' responsibilities is available in the documents listed on page 2.

Different perspectives on healthcare matters

Governors are often interested in healthcare matters across the whole of the local health economy, not just in the trust itself. Boards may therefore find that governors have a wide perspective that can be helpful.

Some governors may feel that they need to represent a particularly strongly held view of one part of their constituency. The chair of the council of governors has a responsibility to channel their concerns in an appropriate way. Governors need to make sure that they always listen to and represent the full range of viewpoints of their members and the public and not just one viewpoint. Incorporating different perspectives can help lead to more effective and sustainable services for patients and service users.

Using information appropriately

Dealing with confidential and personal information

Governors might receive or come across confidential and/or personal information. It is important that governors are aware of the trust's policies and procedures for handling this type of information, and that governors comply with relevant legislation (eg Data Protection Act 1998). For example, when giving information about the trust to members of the trust and the public, governors should take care to disclose only those matters that are non-confidential. If in doubt, governors may wish to consult with their chair.

Openness and transparency

A culture of openness and transparency between the board and the council of governors, built on mutual respect, can help governors to have the confidence to approach directors and chairs informally. In a culture of openness, both board members and governors try to speak publicly about things wherever it is appropriate to do so (bearing in mind that confidential or personal information must be treated sensitively). In a culture of transparency, both board members and governors are clear about processes and procedures, what they should each expect from the other (including fairness) and, if difficulties arise, how these should be resolved.

Governors working with regulatory bodies

The Care Quality Commission (CQC) is the independent regulator for health and social care in England. It puts patients and people using services at the heart of its new approach to inspecting health and social care services, including NHS foundation trusts. Councils of governors are invited to contribute any evidence they wish to share as part of the new inspection process. CQC inspection teams are particularly interested in evidence gathered by councils of governors as a result of their public and member engagement activities. This evidence helps CQC understand what matters most to people using the trust's services and those in the local community and informs the inspection and the judgements made about the quality of care across the trust's services.

For information on how governors work with Monitor, please see the documents listed on page 2.



PART

2

Governors communicating with members of the trust and the public

Before commencing public engagement activities, the aims, objectives and approaches need to be clear and well planned. The purpose of the activities may be to listen to members and the public, promote two-way interaction with members and the public, or provide information about the trust to members and the public.

Why is this important?

NHS foundation trusts are built on the principle of local accountability. For example, trusts must hold annual members' meetings. As part of their duties, governors should feed back information about the trust to members and the public.

A good relationship between governors and the local community can help to keep channels of communication open. This may be helpful as healthcare providers and the local community members move towards a shared understanding of the challenges the trust is facing and of the potential solutions through consultations, meetings and events.

Benefits of engagement for patients and service users, members and the public

- Good engagement empowers people (for example, by increasing their knowledge of local healthcare and giving people the chance to help design services)
- Engagement can increase people's confidence and belief in their abilities
- Engagement can also give people an increased sense of control over decisions affecting their lives.

Benefits of engagement for governors and the trust

- Good engagement can make governance processes more effective
- Governors who understand the views of members and the public are better able to do their statutory duties (for example, when holding the non-executive directors to account for the performance of the board)
- Governors themselves may also feel more fulfilled and more energised in their role.

Case study: Camden and Islington NHS Foundation Trust

After the dissolution of Camden Primary Care Trust (PCT) on 1 April 2013, Camden and Islington NHS Foundation Trust took over the St Pancras Hospital site where the PCT headquarters were previously located. In deciding how best to use the site, the trust wanted to take into account the views of service users, carers, staff, the local community and other local stakeholders. To that end, the trust held a number of stakeholder forums in which those who would be directly affected by the development could have their say and help the trust to generate ideas.

One of these was a dedicated forum for members and governors. Following a presentation on the background to the project by the trust's Director of Finance, members were invited to discuss the changes and put forward ideas via round table discussions chaired by trust governors and by adding ideas to a 'wishing tree'. The member and governor attendees worked together to come up with excellent ideas for clinical services, amenities, complementary services, education and training facilities and environmental improvements.

The feedback collected through this exercise was collated with feedback from the other forums and reported to the management team responsible for the St Pancras Hospital development project. In addition, the trust set up a dedicated governor working group focused on the St Pancras site, to help ensure that the views of the membership continue to be taken into account. The working group membership includes the NED who chairs the finance and estates committee, so that ideas and issues can be escalated to committee or board level if appropriate. Members have since been notified of the creation of the working group through the trust's newsletter, and have been advised on how to submit any feedback or queries which they would like to be discussed at the group's quarterly meetings.

Approaches trusts have taken to plan public engagement

Making use of the trust's membership strategy

Engagement should have clear and specific aims, objectives and outcomes. These are often set out, with the chosen approaches, in the trust's membership strategy. This might also include useful background information about the trust's membership base, the community and local representative organisations. The scale and ambition of the approach will depend on the available budget, and the membership strategy can also be useful to help manage expectations of all parties. A targeted approach to public engagement can help make best use of resources. Governors are integral to the strategy, adding insights and experience from the community to shape its development.

Governors should take account of recent or existing community activities and local initiatives when planning any engagement activity. Knowing about past experiences and issues raised will help to avoid repeating work unnecessarily, and will help progress towards something new and interesting for people to attend.

Using other organisations' websites

Websites can help governors to understand organisations working in healthcare and in their local communities. Reviewing the aims, objectives and future plans of these organisations can

help identify opportunities for joint working or adding value. Local businesses, for example, commonly have a social responsibility plan that may include health-related links or a desire to reach out to the local community in some way. Knowing the local area enables governors to have informed conversations in their communities.

Oxleas NHS Foundation Trust

Oxleas NHS Foundation Trust has created associate memberships available to third sector organisations and businesses. Associate member organisations do not have a voice in governor elections or at the annual members' meeting, but are invited to attend member and governor events and contribute to the trust in other ways.

For example, the trust held a joint event with their associate member Dartford and Bexley MS Society during Carers' Week and through this the trust was able to speak to service users and members of the community that the trust might not have reached through its usual members' events. In another example, the trust is working with Charlton Athletic Football Club's Community Trust. As a result of this work, the trust developed a project which promoted early intervention in psychosis.

Choosing the right activity to fit the purpose

Different types of activities are useful for different purposes. For example, community events can be helpful to raise the profile of governors and the trust, but are not necessarily helpful for gathering detailed information from the public and members. Focus groups may be helpful for understanding people's views in more depth but only reach a small number of people.

It is important that any large-scale events or communications are well resourced and planned so the content of the activity, the processes used, the outcomes that will be measured and the links between content, process and outcomes are all clear.

Working with other organisations

Members of the trust and the public may find it confusing if they are approached by several providers, commissioners, or health groups, all offering public opportunities for greater engagement or involvement in healthcare issues. There may be a perception that there is 'competition' for the time of those who are interested. Where this may happen trusts may work together with other organisations in the sector (for example, other providers, charities or patient groups) to deliver on common aims and objectives for the benefit of patients and service users. The benefits and risks should be explored in the planning stages.

Case study: Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust

Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust have held some joint events for members and the public. One of these events was called 'Improving dementia services – the Somerset way'. It helped both trusts to explain the patient pathway to their members and to the public, covering all aspects of care (acute, mental health and community services) and highlighting joint working.

Approaches trusts and governors have taken to listen to members and the public

Listening to the experiences of service users, members and the public

Governors should always take care to ensure that they represent the views of the members and the public as a whole, not just their own personal experiences. Governors can pick up feedback in conversation with people they already know. A patient's or service user's experience can be very different from what a trust intends or assumes it to be and they can choose to tell governors what works, what doesn't and what could be done better.

Although each person's view is important, governors should seek to explore in collaboration with the trust to see if a particular issue is affecting a greater number of people.

Governors visiting trust sites

Some trusts arrange for governors to attend service user forums, to have structured tours of trust sites or to participate in informal review visits to the wards, looking at aspects such as the quality of the food, cleanliness or respect and dignity for patients and service users at the trust. Some trusts choose to combine visits with non-executive directors, for example.

Although some trusts may choose to involve governors in hospital visits or volunteering, it should be remembered that governors neither have an automatic right to inspect NHS foundation trust property or services nor a duty to meet patients and conduct quality reviews.

Focus groups

Focus groups drawn from the trust's membership can be a cost-effective way to discuss emerging themes in more detail. Focus groups can be a chance to ask questions directly and get an in-depth understanding of people's views and comparison of views in the group.

Surveys of members and the public

An annual survey of the membership base can be a good way for trusts (and governors) to get a better understanding of the members' views. Another option may be for trusts to add extra questions to standard surveys such as the 'Friends and Family Test', to get a broader or more detailed picture of patients' and service users' views. Trusts may also make use of the findings of surveys by other organisations, if the survey results have been published and are relevant.

Governors can support the trust in this activity by helping to develop or distribute a local survey. The findings could be useful for understanding trust performance from the perspective of patients and service users.

Providing a range of ways for members and the public to contact governors

Trusts can provide a range of ways for members of the trust or the public to raise questions with governors. This can include face-to-face contact, telephone, post, email (for example to a central email address).

Governor drop-in sessions and public meetings

Governor drop-in sessions or public meetings allow regular contact between the public or members and governors. Regular sessions may be held at the trust (eg in a foyer area) or within the community (for example at social clubs, theatres, councils and libraries). A similar approach can be adapted for staff governors to reach their colleagues, for example in the trust restaurant. Trust board members may also attend to answer any questions.

Reaching all parts of the local community

Trusts may face challenges in ensuring their membership represents a large cross-section of the public who use the trust's services, and governors may need to make a special effort to contact hard-to-reach communities. Community leaders and organisations that represent these groups can have an important role here.

Trusts and governors may encourage under-represented groups to get involved by going to meet with them or by providing information tailored to their needs. Governors, supported by the trust as needed, can find out what these groups are really interested in and offer something that is likely to appeal to them. Examples may include free health-checks in the workplace, tea and coffee mornings and organising advice on specific healthcare conditions. Governors may also attend festivals and events held in different parts of the local community.

Gauging levels of interest

Members of the trust or the public may choose to limit their engagement to a small number of issues about which they feel passionate; sometimes it can be difficult to capture people's views on more day-to-day matters. Some trusts therefore seek to group their members according to how much they want to be involved, so that the level and type of communication can be adjusted for each group.

5 Boroughs Partnership NHS Foundation Trust

5 Boroughs Partnership NHS Foundation Trust has a tiered approach to membership and finds that this works well. Members indicate their preferred level of membership in their application and the trust now has about 900 members who welcome, and have time for, more active engagement. Those 900 'gold' members are the people the trust turns to first when it wants feedback, support and volunteers for specific projects.

One example of the activities in which gold members have been involved is planning for the construction of a new hospital in Leigh. Gold members were invited to join the Member Engagement Group of the new hospital project team and have been able to have an input on a range of matters from the site location to the design specification of all aspects of the new build.

Making the most of the trust's staff governors

It can sometimes be challenging communicating the foundation trust governor model to trust staff. And once staff governors are in post they may have competing priorities. It is important that staff governors are given sufficient time to fulfil their statutory duties. The trust can also help to support staff governors by raising awareness of the importance of the role across all trust departments.

Some trusts have developed specific programmes aimed at linking staff and staff governors. They encourage staff members to inspire their colleagues and promote governorship as a way to bring about positive change at the trust. By listening to staff members, governors can get valuable insights into the organisational culture and climate at the trust, for example understanding the trust from the perspective of the clinicians.

Approaches trusts and governors have taken to interact with members and the public

Tapping into governors' existing networks

Trusts can use a range of media to reach the public (including social media, local press and local radio) but word of mouth is often one of the most effective methods. For this reason, governors who are well connected can be particularly good at picking up the views of members of the trust and of the public.

Some governors are active in non-healthcare community groups, such as business forums, local charities or groups connected to local schools. These governors often tap into their own personal networks to start up communication with different sections of the local community or pass on published information about the trust.

Open days

Some trusts choose to run open days. Trusts often combine the annual trust meeting with an open day at the trust, when members of the public may visit areas to which they do not usually have access. Open days can be formal or informal and can take a variety of formats including workshop and question and answer sessions. Alongside a range of other activities, this can provide great opportunities for members of the trust and the public to interact with governors and staff of the trust. Some trusts provide tours of the hospital for example.

Organising health-related events

Several trusts organise various types of 'health events' or 'member days/evenings', which may be led by governors but typically revolve around a talk by a clinician on a health issue (such as dementia, diabetes, eating disorders, arthritis or cardiac care). As well as offering a talk from an expert clinician, the event offers governors the chance to initiate a wider discussion about the trust, picking up on matters of concern to members and the public, either before or after the main talk. There is also the potential to join up with other local trusts to explain, for example, the typical patient journey for a particular disease. Some trusts have found that events taking place inside trust grounds tend to have a better turnout.

Case study: The Royal Devon and Exeter NHS Foundation Trust

The Royal Devon and Exeter NHS Foundation Trust runs 'Members' Say' events each year. The ethos of 'Members' Say' is about listening to the views of the trust's members and using this intelligence to influence the work of the trust at different levels – from its strategy to service changes. The events provide an opportunity for the trust's members to have their say about healthcare matters. Each event attracts around 200 members but they are always oversubscribed. The events were built around the 'Medicine for Members' series the trust holds, at which members are invited to hear talks from clinicians on issues they choose. In the 'Members' Say' events, the talks are at the centre of the day but with opportunities for interaction and dialogue. These include a health fair, where attendees hear about the trust's work in various areas (eg infection control), and interactive activities at which attendees can express their views on key issues.

The events also include around six focus groups for up to 15 attendees to explore a topic and express their views about what is important. These focus groups provide rich feedback. Governors have an important role in planning these events: they have a stand in the health fair, they hold meetings to brief members interested in becoming governors, and they use the outcomes from the focus groups as an agenda for their own priorities.



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Some trusts host talks on other topics such as redevelopment of the hospital estates. The event could include free health checks. Some trusts have built activities around the anniversary of trust-related, local historical landmark events or current events.

Case study: King's College Hospital NHS Foundation Trust

The year 2014 marked the 100th anniversary of the start of World War One and provided an opportunity to reflect on its origins and impact. During World War One, many of the hospitals now run by King's College Hospital NHS Foundation Trust were used for military purposes. In August, the trust marked the centenary of the start of the war with a special week of planned lectures, events, exhibitions and public activities. The Corporate Communications Team organised the commemorative events, which included a candlelit service held in the chapel at King's College Hospital attended by 150 people. The service featured hymns, wartime songs performed by Camberwell Community Choir and readings by staff past and present.

A joint talk with South London and Maudsley (SLaM) NHS Foundation Trust focused on the pioneering treatment of soldiers' physical injuries at King's, given by cranio-oral and maxillofacial surgeon Robert Bentley. The second half of the talk was given by SLaM's Professor Edgar Jones, who is an expert on shell shock. The week closed with a re-dedication of the memorial garden at Orpington Hospital, which began as a hospital for Canadian soldiers built in 1916. The event was attended by more than 200 people, including hospital staff, local community groups and voluntary organisations.

Volunteers were integral to the success of all the World War One events. The trust worked with the Friends of Orpington Hospital and the Friends of King's College Hospital to both organise and manage the events, and members of the Trust's volunteer programme helped to welcome guests.

Building on other community or health sector events

Trusts may build on events or public meetings organised by other health sector bodies such as clinical commissioning groups (CCGs) or primary care (GP) practices. Some trusts' governors make use of other events or activities going on across the community such as Women's Institute events, Youth Parliament, summer fetes or agricultural shows.

Case study: West Midlands Ambulance Service NHS Foundation Trust

West Midlands Ambulance Service NHS Foundation Trust participated in an outdoor festival day organised by a local shopping centre. The trust's community responders, community quality staff ambassadors and governors worked together at the event to raise awareness and gather feedback. The trust also linked up with other emergency services (such as the fire service), setting up a zone to showcase their vehicles, personnel and skills. There were basic life support and portable defibrillator demonstrations which attracted a crowd. The trust benefited from the wide appeal of events geared towards families and children and signed up nearly 800 members over two days.

Case study: Berkshire Healthcare NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust had a stand at Reading's Pride Festival. The trust took a team of clinical staff along to talk to people about physical health, sexual health screening and mental health. The trust's Community Matrons delivered physical health checks which was a good opportunity to engage with the community for the benefit of both the trust and the festival-goers. The trust also had non-clinical staff and governors at the stand to talk about the trust more widely and succeeded in recruiting more than 200 new members. The event enabled the trust to provide a service at the same time as engaging with new and existing members and the wider community, finding out what people need from the trust and promoting the services offered by the trust.

Participating in local healthcare groups

Governors may also be involved in other healthcare groups, for example as members of Healthwatch, GP patient participation groups, other foundation trusts or healthcare support organisations such as The Stroke Association.

Local Healthwatch was established in April 2013 under the terms of the 2012 Act, with a range of responsibilities. Local Healthwatch is the consumer champion for health and social care in each local authority area. Governors may want to ensure that they have an arrangement in place with their trust and with local Healthwatch to see the evidence local Healthwatch gathers from local people about care at the trust. Working with their local Healthwatch and the other organisations set out above may help governors in their duty to represent the members of the trust and the public more widely.

Governors are able to listen and gather information about the views on healthcare expressed at those meetings. Independent sector healthcare providers can also be a useful reference point. Before passing information back to the trust, governors need to be open with other group members about their intention to do this and check that others are happy with this.



Approaches trusts and governors have taken to feed back to members and the public

Speaking at meetings outside the trust

Governors may attend local community council meetings or use their other community links and provide feedback from the trust through these routes. This may include giving presentations to members of the trust, or to other trusts, and seeking further feedback. Alternatively, governors may make presentations at special health events or meetings (eg Healthwatch) or public engagement events organised by the trust.

Case study: Birmingham and Solihull Mental Health NHS Foundation Trust

Birmingham and Solihull Mental Health NHS Foundation Trust's service user governors and carer governors participate in service user and carer groups so they can pick up issues directly. Some governors are active in mental health voluntary groups or local GP patient groups and others attend clinical commissioning group board meetings. Their feedback is used within the trust and has resulted in an improved waiting room after carers raised concerns about how it was unwelcoming and didn't have an area to hold a private conversation. Carers responded positively to the simple changes that were made as their feedback had been taken seriously and responded to quickly. One governor, who was also an active local member of the charity, Mind, raised a discussion about the use of restraint in mental health services following the publication of a Mind report on the subject. This led to the trust setting up a working group to review its practice against the report's recommendations. The trust now records and monitors restraint across its services.

Attending public accountability forums

Governors may choose to attend public meetings at which trust board members present the trust's response on certain issues (for example, to elected local councillors, patient representative bodies, CCGs or health and wellbeing boards). This can help governors to understand both the concerns of others, and how well they feel the trust's board is responding to those concerns.

Using the trust's website

The trust's website is an important way of making information available to the public, often complemented by a regular newsletter or magazine format. Costs can escalate if there are a lot of trust members so this could be either printed or emailed. One or more governors may sometimes write articles for the newsletter (with final approval resting with the trust). A newsletter written by and for young members is another option.

Some trusts routinely publish on their websites the minutes of meetings of the board and of the council of governors. Members of the public may be able to attend some board meetings, and trusts encourage this by publicising dates and agendas in advance.

Case study: Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust organised a public members' event in September 2013 called 'Feeling younger for longer'. Over 100 people travelled from around the country to the event and over 50 signed up as new members of the trust on the day. Members attended talks given by specialists such as one entitled 'hip pain and problems'.

Mr Andrew Bing, Consultant Orthopaedic Surgeon said: "It was great to have a chance to talk directly to the public and get a feel for their concerns and answer questions in detail". Via their new 'Connect' bulletin, governors reported back to their members about the event, together with information about other activities of the council of governors.

'Connect' is also used as an opportunity to ask members for their feedback and their views, and provides a dedicated email address for this.

Making information accessible

Some trusts have found ways to package information in more easily accessible formats, for example supporting governors in their role by communicating by text message with some members or putting together a short video or cartoon. Some trusts also make use of social media (Facebook and Twitter). More and more trusts are using this medium to communicate with members, staff, stakeholders, patients and service users and carers.

Governors should be working together with their trust's membership and communications teams to understand the methods of communication the trust is using and where they work best.

Case study: The Royal Devon and Exeter NHS Foundation Trust

At the trust's last 'Members' Say' event, a series of focus groups discussed what compassionate care is, what it isn't and the values that underpin providing care in this way. The results were analysed and used to develop a six-minute film in a cartoon format.

The film is used as a way to prioritise compassionate care within the organisation amongst all staff. For example, it is used by nurses as a training and induction package and for continuous professional development of staff.



PART

3

Governors communicating with the board

One of the main ways governors and the board may communicate is through the trust's governance structures. Two-way communication is important. To help with this, some trusts have set up systems for tracking questions or issues to ensure that these are addressed appropriately.

Why is this important?

Governors provide insights for boards

Governors can help to highlight for the board the areas that matter to patients, service users and members of the public (for example, patient transport to access services) and gather views on healthcare approaches (for example, providing feedback on the trust's dementia strategy).

Governors can be particularly good at reflecting the patient experience of quality in healthcare. At one trust, governors have been instrumental in helping to improve patient comfort by reducing noise at night. At another trust, governors' focus on patient transport has helped to bring about practical improvements for patients. Governors can spot things that matter to patients and service users, for example around the physical environment, or highlight where care approaches could be better coordinated.

Through structured feedback channels, governors can also help to raise the profile of particular groups, for example the visually impaired or those with access requirements, to ensure that the trust is properly responsive to their needs and preferences.

Boards share information with governors

Each foundation trust board tells governors about the trust's plans, the trust's performance and how the trust is responding to issues raised by governors. This may include examples of engagement from sources such as staff survey results. As part of their role in representing the interest of members of the trust and the public, governors are uniquely placed to compare the information they receive from the board with the lived experiences of patients, service users, members of the trust, staff and the public. In this way governors can form a rounded view and feed back any such information to the board. Governors can also use this local knowledge and insight to help hold non-executive directors to account for the performance of the board.

Governor feedback can help influence the priorities of the trust, for example in quality reporting or service line strategies. The council of governors may also be able to help change the culture of the organisation. It is for trust boards to ensure that governors are kept informed.

Approaches trusts have taken

Council of governors meetings

One of the main ways in which governors can inform the board about the views of members of the trust and the public is through the meetings of the council of governors. Minutes (or elements from the minutes) of the meetings of the council of governors may be sent in a paper to the trust's board and/or updates provided through the chair (who is chair of both the council of governors and the trust's board). Non-executive directors will often attend the meetings of the council of governors. Executive directors may also choose to attend.

The council of governors has the power to require one or more of the directors to attend a governors' meeting to obtain information about the trust's performance or the directors' performance (or to decide whether to propose a vote on the trust's or directors' performance).

Sub-committees and working groups

Councils of governors may decide to set up sub-committees or groups of the council to help them to examine certain areas of the trust's operations in more detail. Some trusts have used this structure to create membership, engagement or performance sub-committees to help governors represent the interests of members and the public. Some working groups may be ongoing, others may be 'Task and Finish' groups set up to work on a particular project goal. The terms of reference usually set out whether or not specific skills or experience are needed to sit on the particular sub-committee or group. The minutes of these sub-group or sub-committee meetings may also be sent to the board.

Case study: Harrogate and District NHS Foundation Trust

Harrogate and District NHS Foundation Trust has a governor working group for workforce, volunteering and education. The group membership includes public, staff and stakeholder governors, with support from members of the corporate team. The group oversees the delivery of the trust's innovative volunteer programme, work experience and education liaison schemes. The group is chaired by a public governor and, as a sub-committee of the council of governors, reports to each quarterly public council of governors' meeting.

The trust has around 600 active volunteers who can get involved by helping in reception to direct patients, becoming Hand Hygiene Champions or Meal Time Volunteers feeding patients. The Education Liaison scheme and Work Experience Programme builds strong partnerships with local schools in the trust's catchment area, promoting engagement with children and young people. Opportunities include behind-the-scenes tours of the hospital, organ and tissue donation awareness sessions and the innovative 'living library', giving schools the opportunity to select a member of staff from a 'bank' of trust staff ('books') to attend the school and speak informally on their subject of expertise.

Board meetings

The legislation requires that, before each board meeting, the board of directors must send a copy of the agenda to the council of governors. After the meeting, the board of directors must send a copy of the minutes to the council of governors.

Some trusts may choose to set up mechanisms for governors to ask questions of the board. This may be during board meetings, or during a dedicated session of the board for their questions, or by submitting written questions. In some trusts there may be regular joint meetings (or sometimes joint away days) of the board and the council of governors, for example to review the annual plan, although this does not constitute a board meeting.

Governors may also be invited to attend meetings of the trust's committees (although they do not become members of board committees) or sit on other strategic working groups or sub-committees of the trust.

Case study: Somerset Partnership NHS Foundation Trust

Somerset Partnership NHS Foundation Trust decided to amalgamate the Council of Governors' Public and Patient Involvement (PPI) group with the trust's operational PPI committee. This means that executive directors, non-executive directors and governors are all members of this governance committee.

All communications from patients, carers and the public now go through this committee, including complaints and all items from Patient Advice and Liaison Services (PALS). Governors are therefore able to see what information the trust collects and what action the trust has taken to learn lessons and improve services. The trust has found that the benefits include less duplication and more confidence that nothing is missed.

Including patient stories at meetings

With patients and service users at the centre of all the work a trust does, their stories are often very powerful and engaging. Trusts sometimes gather patient stories in writing and start each board meeting (and/or other key meetings) by listening to a patient story. Some trusts have taken this a step further by bringing a patient into the meeting to tell their own story in person. 'Patient stories' can be particularly effective where they are used as a starting point for wider discussion and action on the issues they raise for the trust, and governors may sometimes be able to bring forward ideas for patient stories.

Making directors available to governors

Approaches vary, but trusts may choose to arrange regular formal and/or informal meetings between governors, and the chair, senior independent director or non-executive directors. The trust's chief executive may also attend some of these meetings. In one trust, each governor has been 'buddied' with a non-executive director, which creates an extra communication channel. Extra meetings like this can be a way to provide more time for governors to reflect on trust performance and to get to know the non-executive directors. However, it is important to ensure that any informal or private meetings do not address business that would be more suitably discussed at the full formal council of governors meetings held in public.

Case study: Chesterfield Royal NHS Foundation Trust

The council of governors of Chesterfield Royal NHS Foundation Trust meets every six weeks and issues are raised directly with the board members around the table. The meeting agenda includes space to seek assurance from the non-executive directors on issues that have been previously raised. Three or four times a year the senior independent director and the lead governor chair a meeting of the non-executive directors and governors. These meetings tend to focus on one issue chosen by the governors. The council of governors has four sub-committees: the PPI group, the nominations committee, the outreach group and corporate citizenship. The PPI group reports to the board after every meeting (six times a year). Governors can also approach directors and the chair directly.

Two-way communication

There needs to be a good balance between the amount of space devoted to keeping governors informed and the amount of space devoted to governors raising issues with the board.

Case study: Northumbria Healthcare NHS Foundation Trust

Members of Northumbria Healthcare NHS Foundation Trust's council of governors are selected by their council to represent their colleagues on trust-wide strategic board committees, including charitable funds, information management and technology, assurance, and safety and quality committees. Governors attend the committees as observers, but spend time with members of the executive team and the non-executive director chair of the meetings to discuss any issues for further clarity outside the meetings.

Governor input has also been fundamental on active working groups including the working group which has focused on the preparation of the design phase of the new specialist emergency care hospital.

In addition to the four statutory general meetings each year, the trust also holds council of governors development meetings every month to undertake 'deep dives' into important issues. These meetings facilitate governors' understanding of complex issues including mortality outcomes, discharge planning and integration of care, and quality improvement projects to improve patient care. This has enabled governors to contribute toward the trust's overall strategic forward planning as well as setting, understanding and communicating the trust's priorities to members as part of their engagement programme.

Keeping governors up to date

Email briefings for the trust's staff may also be sent to all governors, for information. Keeping up to date will help governors to feel confident and well informed in their interactions with members and the public.

The chair may respond to governors via email, either in response to specific questions, on general themes or to notify them of any significant incidents. The chair will also attend council of governor meetings of course.

Systems for managing feedback from members and the public

Governors receive different types of feedback in different ways. To ensure feedback is put to good use, several trusts have set up systems for collating and assessing it. Any issues that need to be escalated to the board; other issues may be directed to other parts of the trust if appropriate.

In some cases, governors may not be the best people to respond to the feedback. The trust may have other systems for dealing with the issues in a more appropriate way.

For example, specific complaints may be passed on to the internal trust teams responsible for handling complaints and/or PALS. Governors are also reminded that there is a local NHS complaints advocacy service that is available to anyone who needs help in making a complaint. Governors may find that people raise informal complaints with them but are reluctant to take them further. Governors should be reassured that they can refer a complainant to their trust in the first instance or to the NHS complaints advocacy service as an independent route through which someone can be supported if they want to complain. The trust's complaints team would also be expected to inform anyone who may need support about the local NHS complaints advocacy service, but people can also go to the service directly. Governors can get advice from their trust about how they manage this locally and the name of the local service.

Governors may come across issues from the public or members about individual safeguarding concerns. These may relate to a trust or another local service. The relevant local authority safeguarding team has the primary responsibility for responding to individual safeguarding concerns. Governors would want to be assured that any safeguarding concerns that are picked up via the local authority have a route to the trust's board and to governors in whatever way is appropriate. The trust's company secretary will be able to advise governors on how to handle these matters. Governors may also find it helpful to familiarise themselves with their trust's guidance for governors about dealing with safeguarding concerns.

Tracking matters raised with the board

Not all matters can be resolved quickly: some trusts maintain a log of questions raised with the board so that outstanding matters can be kept in view until non-executive directors can assure governors that the issue has been resolved.

Communicating the trust's response

It can be helpful to make it clear how the trust has responded to specific feedback from members and the public. This will build confidence that any engagement activity has been well thought out, planned and then acted upon.

Case study: Lincolnshire Partnership NHS Foundation Trust

Lincolnshire Partnership NHS Foundation Trust captures all the feedback which governors receive from members of the trust and the public in an 'issues log'. This is presented to the 'issues group' which is chaired by the senior independent director and includes governors, the trust secretary and staff from the trust's membership office. The membership office also compiles a report for the council of governors, capturing themes from the issues log.

The issues group (supported by the membership office) decides whether it is appropriate to resolve issues directly or escalate issues or themes to the board. Some issues relating to personal budgets and eligibility criteria were raised with the council of governors who helped bring this to the attention of commissioners. This resulted in the development of a managed care network using new funding and voluntary sector providers to support and keep mentally well thousands of people in the community.

Alder Hey Children's NHS Foundation Trust

Alder Hey Children's NHS Foundation Trust is building a new hospital entirely in a park with a design inspired by children. The trust listened carefully to children who shared their own vision for the new hospital and thousands of families took part in one of the NHS's biggest ever public consultations.

Many suggestions like better access to fresh air and nature have been included in the plans. The team has continued to work closely with young people to get their input and their children's and young people's forum recently helped to recruit an artist to work on the hospital's interior design.

Once the new Alder Hey opens, a children's board will take an active role in the hospital and make sure that young people are given a voice.

Case studies from outside the NHS

It is not just the healthcare sector that engages with the public. Here are four case studies drawn from organisations in other sectors which governors may find interesting.

Shelter

Shelter helps millions of people every year struggling with bad housing and homelessness – and campaigns to prevent it in the first place. Shelter exists so that no one has to fight bad housing or homelessness on their own.

Shelter focuses on involving its Service Users to ensure that their voices and aspirations are heard and shape all aspects of the organisation's work. This helps Shelter to provide relevant services which meet the needs of the people who turn to them for support. Involving service users also empowers them, builds their confidence and equips them with new skills for the future.

Service user groups nationally meet regularly and contribute to Shelter's work in different ways. They take part in consultations on strategy and policy, provide feedback on materials and literature and contribute to local activities and forums.

For example, in Sheffield the Service User group discussed Shelter's 2015-18 Strategy to ensure the objectives are relevant and the wording is clear and easy to understand. Their views will be crucial in shaping the Strategy moving forwards.

There is also the 'Inbetweeners' Service User group in Bristol for young people aged 13 to 18. This encourages young people to get involved in consultations and feedback on local services. For example, they were directly involved in writing service delivery plans for the Children's Service in Bristol.

In June 2014, Shelter launched a national Involvement Network and an Advisory Panel of Service Users at the annual national service user event. Both aim to increase the ways in which service users can have a say in shaping and improving Shelter's services, feed views to Shelter's Board and influence Shelter's work. This work is at an early stage and will be developed over the coming year.

www.shelter.org.uk

Rochdale Boroughwide Housing

Rochdale Boroughwide Housing (RBH) is the UK's first tenant and employee co-owned mutual housing society with 14,000 homes throughout the local area. Members, tenants and employees work together to provide better places to live and work in. Although the organisation still has a board of directors, the elected tenants and employees sit on a forum called the Representative Body. There are also nominated and appointed representatives from partner organisations from within the community.

The representative body acts as the voice of the membership. Representatives are involved in the development of RBH's strategies which govern how services are delivered and received, now and in the future. This may involve consulting with tenants and employees about proposals.

Since coming out of shadow role in June 2013 the representative body have strategically approved the potential transfer of the management of the Rochdale Council homeless service to RBH, held feedback sessions with members at the employee annual conference and annual members' meeting and shaped and approved corporate strategy.

The second function is to hold the board to account. The board is legally responsible for running the mutual. The representative body does not get involved in operational issues (such as repairs, housing management queries, complaints) unless they are likely to have a widespread impact on members. If so, the representative body may investigate the matter or ask for an update.

'Our Place', 'Our Team' and 'Our Choice' schemes, which bring together employees and residents to address important issues in local communities have really taken off with local tenants allocating £60,000 of community funding to support local projects via participatory budgeting. All of these projects were initiated by tenants and volunteers to help improve their neighbourhoods.

www.rbh.org.uk

The National Trust

The National Trust is Europe's biggest conservation charity. It was created in 1895 and its purpose enshrined in statute in 1907. That purpose is to look after special places forever for everyone. It has 4 million members although the National Trust exists for the benefit of the nation, not just its members. Its work is carried out by 11,000 staff and over 70,000 volunteers. The National Trust is generally regarded as part of the fabric of British society.

The National Trust has a Board of Trustees – a group of 9 to 15 unpaid individuals selected for their expertise across a range of business and conservation disciplines. The Board's role is to set overall direction via a strategy and thereafter to hold the director-general (the chief executive) and her team to account for its delivery.

The Board is appointed by the National Trust Council. This is a group of 52 people which, as well as appointing the Board, is tasked with holding it to account and ensuring it stays true to the National Trust's purpose and ethos. It also discusses major policy issues and shares its views with the Board and staff. Half of the Council are elected by the National Trust's members and half are appointed by kindred bodies who have an interest in the National Trust's work.

Council members get involved in the National Trust's work in a variety of ways. They can sit on selection panels making recommendations for the appointment of new trustees, participate in fundraising events or join occasional working parties on subjects upon which they are experts. The debates on key issues of policy at the Council meetings provide another forum to input their knowledge and expertise.

Council members say:

“One day I could be attending a Council meeting and the next at the Giant's Causeway talking to staff about the challenges of managing Northern Ireland's only World Heritage Site . . . I was recently asked to attend the staff conference where I had the chance to meet many staff and volunteers face-to-face . . . I'm still very close to my local properties. However, I now also maintain good links with the regional director and executive team so that I can inform Council debates and make my fellow members aware of any particular regional issues or difficulties . . .”

“I decided to focus my attention on volunteers and was asked to sit on the volunteering committee to work on ‘a ten-year ambition for volunteering and community involvement’, which was very interesting.”

www.nationaltrust.org.uk/how-we-are-run/

University College London at the Bloomsbury Festival

University College London (UCL) is committed to engaging with people outside academia to contribute to and engage effectively with society and local communities. In October 2013, the UCL Public Engagement Unit coordinated a range of activities at the Bloomsbury Festival. The Bloomsbury Festival is an annual, free community celebration of over 200 cultural events taking place over six days.

There were three main reasons why the UCL Public Engagement Unit contributed to the Bloomsbury Festival:

- to create specific opportunities for public engagement at UCL
- to increase understanding of UCL as an entity where engagement can happen
- to develop UCL's role in the Bloomsbury community.

UCL ran an 'Ideas Salon' (12 discussion sessions in a tent led by UCL academics) at the festival, local walking tours run by UCL researchers, 'Bite-Sized Bloomsbury' (three short lectures by UCL researchers held in a local charity, Wellbeing of Women), and 'Night of Light' (an artistic light installation). UCL supported an exhibition and an open mic night for those who work in or love the local museums. The result was a variety of activities, in both subject matter and format. This variety offered something for everyone: a range of audiences (eg young people, families, local residents, local workers, community groups) attended. It also showcased the services UCL offers. Staff and students from 21 UCL departments participated and over 730 people attended UCL activities during the festival.

The Bloomsbury Festival offered a valuable, quick and easy opportunity for UCL to engage directly with its neighbours in Bloomsbury. Integrating with an existing festival meant that the planning and organisation workload was shared and UCL could tap into a 'new audience'. The public engagement programme provided an accessible route, for the audiences, into a range of subjects whilst promoting teaching and research happening at UCL. In summary, the organised activities showcased what UCL as an institution can offer not only as an academic body but as a cultural and creative institution; reinforcing UCL's role in the Bloomsbury community.

www.ucl.ac.uk/public-engagement

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