

Summary Feedback
Audit Commission Trust Practice NE Governors Workshop

We suggested you might like to structure your feedback around:

- What are the best things about being a Governor?
- What are the worst things about being a Governor?
- What would you change if you could?
- Would you do it again?

You said –

ROLE	POSITIVE EXPERIENCES	NEGATIVE EXPERIENCES
Awareness of knowledge about the NHS, nationally and locally	Monthly reports / updates from the Board Training provided on national and local issues	<ul style="list-style-type: none"> • Amount of bad publicity about the NHS in local press, much of which seems less than balanced • Complexity of NHS and understanding it • Changes to policy goalposts from Government
Patient focus	Ability to visit patients on wards and see their experience of the Trust. Involved in Trust Board visits comprising Executive Director, Non-Executive Director, public Governor and staff Governor	

ROLE	POSITIVE EXPERIENCES	NEGATIVE EXPERIENCES
Representative	<p>Represent constituencies Get to know what public and patients expect Ability to link to Community Action Forums, and represent their people Staff Governors – getting information first hand. Developed community advisory panels</p>	<ul style="list-style-type: none"> • Process of being elected not easy / is stressful Time / commitment required of being a Governor.
Remit and authority to seek explanation and improvements	<p>Opportunity to challenge senior managers Ability to influence decision making (e.g. early decision to go ‘smoke-free’) Have had some effective proposals taken onboard by the Trust Less talked at / more talked to</p>	<ul style="list-style-type: none"> • So many Governors its hard to feel like a cohesive group • Are Governors influential enough? • Have Non-Executives really engaged with Governors • Ability of some elements of Trust to accept well-meant criticism • Control of Council of Governors – agenda feels imposed – would welcome more say in its composition • Can / should a Governor be truly representative – expectations felt to have changed around this issue • How to hold the Board to account? What is the framework that enables this?
Personal development	<p>Lot of personal learning, which enhances ability to feedback to members</p>	<p>Jargon that is prevalent in NHS</p>

Would you be a governor again? Overwhelming yes.

But things you would change include:

- A smaller Governing body
- A time limit on length of Governors speeches at meetings
- The volume of paperwork
- Make it easier to contact fellow Governors
- Having a pre-meet with Chairman before Governors meetings - should have started doing this sooner
- Being clearer on role of Directors
- Being clearer on whether / how Governors feedback to patients

Example Governors Performance Indicators

KPI	Rationale	Measurement	Frequency
Attendance at Council Meetings	Monitor Code B1.3 – annual report and for members	Minutes	Annually
Number of members in each public area	Demonstrate effectiveness of recruitment strategy	Target % of total population in area	Annually
Evidence of engagement with members	Demonstrates that governors are forming effective links and providing two way communication between Christie & its members	Newsletters, letters, member surveys, individual surveys	Annually
Tangible improvements resulting from governors' involvement with three committees	Demonstrates involvement of governors in providing input to the developments and suggestions for improvements in needs of patients and members	Each committee to devise and agree three projects by which it wishes to be measured at the Jan/Feb committee meetings	Annually
Evidence of consultation on strategic projects and annual plan	Demonstrates governors are kept informed of future strategy and plans and are consulted during the development of the annual plan	Letters from CEO, papers to council meetings, presentations to governors at council or committee members, consultation on the annual plan throughout its development	Annually

With thanks to The Christie NHS FT.