**Title** | Lead Governor Role and Election
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**Purpose** | For discussion and approval.
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**History** | Paper CoG2015.02 on the Role and Appointment Process for the Lead Governor was presented on 21 July 2015, following which recommendations made in Paper CoG2015.09 were approved by the Council of Governors at its inaugural meeting held on 21 October 2015.

Paper CoG2016.15, outlining options for expansion of the role of Lead Governor, was considered at the meeting of the Council of Governors held on 1 July, 2016.

A presentation of NHS Providers’ research on the Lead Governor role was circulated in advance of the Governors’ Seminar on 20 September, 2016, and attached at Appendix 1 to Paper CoG2016.22, considered by the Council of Governors at its meeting held on 20 October 2016.
Executive Summary

1. This paper sets out the mechanism by which it is proposed to hold an election to the role of Lead Governor, and the options for proposing any expansion to the role, subject to consultation between the Council of Governors and the Trust Board.

2. The current Lead Governor was elected for a term of one year, up to 1 December 2017.

3. An election to the role of Lead Governor will be triggered by the expiry of that term.

4. Before inviting nominations to stand for election to the role of Lead Governor, the Council of Governors is invited to consider whether it wishes to propose any expansion to the role of Lead Governor in any aspect; and if so to specify any additional responsibilities proposed.

5. Any proposed expansion to the role of Lead Governor will be subject to consultation with the Trust Board, and any agreement reached will need to be ratified at the meeting of the Trust Board on 8 November 2017.

6. In 2016, the Council of Governors agreed that, with the assent of the then current post-holder, her term should be extended until the date upon which the result of last year’s election to the post of Lead Governor was announced.

7. It is similarly proposed that, with the assent of the current post-holder, her term should be extended until the date upon which the result of this year’s election to the post of Lead Governor can be announced.

8. Recommendation

   The Council of Governors is asked:
   
   i. To note that election to the role of Lead Governor will be triggered by the expiry of the term of the current post-holder on 1 December 2017;

   ii. To agree that the term of the current post-holder should continue until the date upon which the result of the election is announced (if later than 1 December 2017), provided that the current post-holder is willing so to serve;

   iii. To agree the eligibility criteria for the role of Lead Governor; specifying whether self-nomination is limited to any category(ies) of Governors, or whether any Governor may self-nominate;

   iv. To agree the mechanism for election to the role of Lead Governor by secret postal ballot (employing a ‘double envelope’ process, to ensure that the identities of those voting for each candidate remain secret from Trust staff);

   v. To agree whether or not Council wishes to propose any expansion to the role of Lead Governor in any aspect; and if so

       • To specify any additional responsibilities proposed, subject to consultation with the Trust Board, and ratification of the agreement reached at the meeting of the Trust Board on 8 November 2017;
To agree the deadline by which self-nominations, accompanied by a brief supporting statement [less than a side of A4], must be received by email to company.secretary@ouh.nhs.uk

Either

a. By 27 October, 2017 (if no expansion to the role is proposed); or
b. By 24 November, 2017 (if any expansion to the role is proposed, subject to agreement with the Board).
Role of the Lead Governor

1. Background

1.1. Under the Constitution the Council of Governors is required to nominate a lead governor, to facilitate direct communication between Monitor [now NHS Improvement] and the Council of Governors in the limited circumstances where it may not be appropriate to communicate through the normal channels.

1.2. Appendix B of Monitor’s NHS Foundation Trust Code of Governance\(^2\) suggests the following specific elements to the lead governor role:

- To facilitate communication between Monitor and the Council of Governors, in particular where it would not be appropriate for this to occur through normal channels;
- To be a point of contact should Monitor have concerns regarding board leadership provided to the Trust;
- To be a point of contact should Monitor have concerns that appointments, elections or other material decisions have been inappropriate or not complied with the Trust’s Constitution; and
- To initiate communication where the Council or individual governors wish to contact Monitor.

1.3. The guidance also notes that “[the] lead governor should take steps to understand Monitor’s role, the available guidance and the basis on which Monitor may take regulatory action.”

1.4. Under Annex 8 of Appendix 2 of the Constitution, the lead governor may also have a role in the event of a dispute between the Council of Governors and the Board of Directors. Annex 8 of Appendix 2 states that:

“If the Chairman is unable to resolve the dispute he/she shall agree with the Lead Governor the appointment of a joint special committee constituted as a committee of the Board of Directors and a committee of the Council of Governors, both comprising equal numbers, to consider the circumstances and to make recommendations to the Council of Governors and the Board of Directors with a view to resolving the dispute. The Chairman and Lead Governor shall agree whether the joint special committee shall be chaired by an independent person to facilitate resolution.”

1.5. The role and appointment process for the lead governor was discussed by governors at their meeting held on 21 July 2015, and subsequently on the Governors’ Forum.

1.6. At the inaugural meeting of the Council of Governors held on 21 October 2015, it was agreed to make an appointment of lead governor for one year, on the basis that the role would be limited to that formally defined by Monitor [now NHS Improvement].

1.7. Anita Higham, Public Governor, Cherwell was appointed to the role of lead governor in November 2015, for a term of one year, and is thanked for her service in that role.

1.8. The role of the lead governor was then reviewed again at the meeting of the Council of Governors held on 20 October 2016, when it was agreed that the question of any expansion to the role should be considered further at a joint seminar held between governors and members of the Board on 26 October 2016.

\(^1\) OUH Constitution Annex 6 Section 13 [http://www.ouh.nhs.uk/about/governors/documents/constitution.pdf]

1.9. Following discussions between governors and the Board, it was agreed that there should be no expansion to the role of lead governor at that point. Nominations were invited on that basis, and an election held.

1.10. Cecilia Gould, Public Governor, Oxford City was elected to the role of lead governor for a term of one year, up to 1 December 2017, and is thanked for her service in that role.

1.11. An election to the role of lead governor will be triggered by the expiry of the term of the current post-holder.

1.12. Before inviting nominations to stand for election to the role of Lead Governor, the Council of Governors is invited to consider whether it wishes to propose any expansion to the role of Lead Governor in any aspect; and if so to specify any additional responsibilities proposed.

1.13. It is open to a Trust to choose to broaden the role of lead governor, provided that it does not undermine the position that the Council of Governors as a whole has responsibilities and powers under statute and not individual governors.

1.14. Any expansion of the role of lead governor should be agreed in consultation between the Council of Governors and the Trust Board.

1.15. The purpose of this paper is to aid the Council of Governors to come to a decision as to whether or not it wishes to propose any expansion to the role of lead governor, and to agree the mechanism for election to the role.

2. Role of the Lead Governor

2.1. As Council has previously discussed, Monitor [now NHS Improvement] had not initially intended or envisaged any role for the lead governor beyond the important one of providing a quick and clear conduit for communication between governors and the regulator, when necessary. However, Monitor [now NHS Improvement] do endorse a Foundation Trust’s right to choose to expand the role.

2.2. Opportunities have been taken to learn from how other Trusts have delineated the role of lead governor, revealing some variation in ‘Trusts’ definition of the role of lead governor.

2.3. In particular, members of the Council heard from governors from Frimley Park, Bristol and Southampton at a Seminar held in March 2016.

2.4. Governors have also in the past considered the findings of research commissioned by NHS Providers, which at that time showed that just over half (54%) of the 63 Trusts surveyed (representing 41% of all FTs at the time) had expanded the role of lead governor to include some additional responsibilities.

2.5. Of those Trusts whose lead governor did have one or more additional responsibilities, the most common (in 26 out of 34 Trusts) was:

- contribution to agenda-setting for meetings of the Council of Governors.

2.6. Other additional responsibilities cited included:

- Reviewing/promoting the effectiveness of the Council of Governors
- Regular 1:1 with the Trust Secretary (and/or Chairman)
- Liaison between the Board and the Council of Governors
- Involvement in/contribution to NED appraisals
- Ex officio role on Appointments Committees
3. Process for appointment to the role of Lead Governor

3.1. An election to the role of Lead Governor needs to be held in anticipation of expiry of the term of the current post-holder on 1 December, 2017.

3.2. If Council wishes to propose any expansion to the role of Lead Governor, subject to consultation with the Trust Board (which would need to be ratified by the Board at its meeting on 8 November, 2017), the election may need to be delayed, pending clarification of the role for which governors are to be invited to self-nominate.

3.3. Once the role of the lead governor is agreed, (in consultation between the Council of Governors and the Trust Board, if it is proposed that the role be expanded) it is recommended to follow the appointment process originally endorsed by the Council of Governors at its meeting on 21 October 2015, namely that selection of the lead governor be by secret ballot following self-nomination. Individuals wishing to nominate themselves would be asked to do so by submitting a brief statement to the office of the OUH NHS Foundation Trust Board Secretary for circulation to all governors.

3.4. The vote would then take place via a secret postal ballot coordinated through the foundation trust office. A ‘double envelope’ process will be employed such that the identities of those voting for each candidate remain secret from Trust staff.

4. Recommendation

The Council of Governors is asked:

i. To agree that the term of the current post-holder should continue until the date upon which the result of the election is announced, provided that the current post-holder is willing so to serve;

ii. To agree the eligibility criteria for the role of Lead Governor; specifying whether self-nomination is limited to any category(ies) of Governors, or whether any Governor may self-nominate;

iii. To agree the mechanism for election to the role of Lead Governor by secret postal ballot (employing a ‘double envelope’ process, to ensure that the identities of those voting for each candidate remain secret from Trust staff);

iv. To agree whether or not Council wishes to propose any expansion to the role of Lead Governor in any aspect; and if so
   • To specify any additional responsibilities proposed, subject to consultation with the Trust Board, and ratification of the agreement reached at the meeting of the Trust Board to be held on 8 November 2017.

v. To agree the deadline by which self-nominations must be received by email to company.secretary@ouh.nhs.uk

   Either
   • By 27 October, 2017 (if no expansion to the role is proposed); or
   • By 24 November, 2017 (if any expansion to the role is proposed, subject to agreement with the Board);

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October 2017