

PAPER
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Report to the Meeting of the Members' Council

For Decision

17 November 2009

Appointment of a Lead Governor

Executive Summary

Monitor has requested that the board of governors for each NHS foundation trust appoint a lead governor. This report sets out the role of the lead governor and requests that the Members' Council appoint one.

1. Background

- 1.1 Monitor, the Independent Regulator of NHS Foundation Trusts, wrote to all NHS foundation trust chairs on 4 September 2009 requesting that a lead governor be appointed from each foundation trust 'board of governors'. We responded saying that we would raise this request at our November Members' Council meeting and look to make an appointment at that time.
- 1.2 The idea of a lead governor was first raised by Monitor during the consultation 'guide for NHS foundation trust governors: meeting your statutory responsibilities.' Following this public consultation, Monitor has now published: *Your statutory duties: a reference guide for NHS foundation trusts*. The broad role lead governor is set out on page 10 in the guide.

2. Role of Lead Governor

- 2.1 Broadly, the role of the lead governor would be to lead the Members' Council when it was considered inappropriate for the Chair or another Non-Executive Director to do so. Monitor anticipates that such occasions are likely to be infrequent.
- 2.2 Monitor has suggested that the role of the lead governor is likely to be in the following circumstances:

- chairing meetings of the Members' Council in certain circumstances (i.e. appointment of new chair); and
 - allowing Governors to communicate directly with Monitor (and, conversely, allowing Monitor to communicate directly with Governors) in circumstances where, for whatever reason, contact through the usual channel (i.e. the Chair) was not warranted.
- 2.3 The existence of a lead governor would not prevent any Governor from making contact direct with Monitor if they feel it was necessary. Additionally, the lead governor would not deputise for the Trust's Vice-Chair (the roles are distinct) and, therefore, the lead governor would not be required to chair meetings of the Board of Directors.
- 2.4 In terms of the criteria / circumstances when contact between Monitor and the lead governor would occur, Monitor has agreed that the occasions are likely to be rare but they cannot be definitive as to the specific circumstances. A number of organisations (including the Foundation Trust Network [FTN] and Foundation Trust Governors' Association) have raised concerns with Monitor about this lack of clarity. Monitor has agreed to look further at this area and inform the FTN accordingly. In addition, the FTN is working on producing a protocol covering how information from Monitor would be passed to lead governors. It is hoped that this protocol will help provide further clarity around the interaction between the lead governor and Monitor. Our Trust Secretary has been invited to participate in the working group to develop this protocol and their first meeting is planned for 12 November. He will provide an oral update on progress at the Council meeting.
- 2.5 Our interpretation of Monitor's expectation of this role suggests that the lead governor should be an elected governor (but not a staff governor).

3. Information Required by Monitor

- 3.1 For each lead governor, Monitor has requested their name and contact details (postal, telephone and e-mail). It is anticipated that non-trust contact details would be preferred.

Recommendation

The Members' Council is invited to:

- i) note Monitor's requirement for each NHS foundation trust to have a lead governor ; and
- ii) appoint one Governor to be the lead governor for OBMH.

Author and Title: Janet Godden, Chair

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