

ROYAL DEVON & EXETER NHS FOUNDATION TRUST

**Governors Working Groups
Terms of Reference**

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Governor Working Groups Terms of Reference

1. Purpose and accountability

- 1.1 There will be three Governor Working Groups with the following areas of interest:
- a) Effectiveness
 - b) Patient Safety and Quality
 - c) Public and Member Engagement

The purposes and detailed tasks associated with each of these Groups are set out at the attached Appendix A.

- 1.2 The Governor Working Groups are accountable to the Council of Governors (Council). The Group Chair or Vice Chair shall report to the Coordinating Committee and at each Council meeting.

2. Membership

- 2.1 Any Governor may become a member of any group by self-selection. Governors are encouraged to participate in at least one Group. If the membership of a group exceeds ten it may at the discretion of the Chair of the group be regarded as closed to new members until a vacancy arises.

- 2.2 The Chair and Vice Chair of each Group shall be elected/re-elected each year by the Group at the second group meeting in the Governor year and may hold office for up to three years.

- 2.3 In the event of the Chair standing down during their time in office the Vice Chair will act as Chair until the next routine round of elections. This period of acting Chair will not count as part of their three years.

- 2.4 Membership of the Groups will be flexible according to the particular task in hand and individual Governors' particular knowledge or interests, and reviewed at least annually. Individual Governors or Trust staff may be co-opted for specific projects.

3. Duties and Responsibilities

- 3.1 The Groups shall promptly undertake tasks within their remit and regularly report progress to the Coordinating Group and CoG, either at meetings, including where appropriate development days, or by circulating papers.

- 3.2 Each Group shall make whatever proposals to the CoG they deem appropriate, for CoG approval.

4. Frequency of Meetings

- 4.1 Meetings will be held as determined by the Group in order to facilitate its business, with a minimum of four meetings each Governor year. One meeting will be held within three months following the election of new Governors, which new Governors will be invited to attend.

- 4.2 Meetings may be held and papers circulated by electronic means.

5. Quorum

- 5.1 A quorum will consist of at least 50% of each Group or three members whichever is the greater.

6. Procedures

- 6.1 The Corporate Affairs Team will provide administrative support to the CoG Effectiveness Working Group and the Patient Safety and Quality Working Group. The Engagement Office will provide administrative support to the Public and Member Engagement Working group.
- 6.2 Key decisions and actions only will be recorded. Draft action notes will be distributed to the Group normally within two weeks from the date of the meeting. These will be approved by the appropriate Group Chair and made available via e-mail.
- 6.3 Any member of CoG may raise an issue with the appropriate Group Chair, who will decide whether or not the issue shall be included in the Group's business. If an issue, submitted to the Chair of a Group, is not accepted, the individual may take the matter to the Lead Governor/Deputy Lead Governor, for the matter to be considered for inclusion. If the issue is accepted, the individual raising the issue shall be invited to attend the next Group meeting.

7. Review

- 7.1 A full assessment on the progress of the Governor Working Groups and the Annual Business Plan will take place in March each year by CoG.

Appendix A - Working Groups

1. CoG Effectiveness

Purpose: To enhance the effectiveness of the CoG by ensuring that its knowledge base, processes and operations are fit for the purpose defined in the National Health Service Act 2006 as amended. This group will address issues such as:

- Considering whether and how the Council may receive relevant and timely information
- Making proposals on Governors' development needs in general
- Reviewing CoG's working groups, committees and structures as agreed with the CoG Coordinating Committee
- Considering how CoG may assure itself that the Board is operating effectively and appropriately managing corporate risk
- Considering how to enhance the CoG relationship with the Board
- Reviewing all CoG standard operating procedures and support documents
- Overseeing the CoG effectiveness review
- Reviewing the Constitution.

2. Patient Safety and Quality Group

Purpose: To contribute a lay/Governor perspective to the Trust's Patient Experience Committee and contribute to the development of the Trust's Quality Report submissions and future priorities on quality. This group will address issues such as:

- Coordinate/ prepare response to the Quality Report
- Contribute any requirement for Governor input into Care Quality Commission (CQC) outcomes
- Promote or contribute to any Trust initiatives on patient safety and quality issues
- Governor representation on and feedback from working groups including PLACE (Patient-Led Assessment of the Care Environment).

3. Public and Member Engagement Group

Purpose: To ensure that the Council of Governors is meeting its duty to represent the interests of the members of the Trust and of the wider public, to contribute a Governor perspective to the development of the Trust's engagement work and to support the Trust in its strategy and vision for public and member engagement. This group will address issues such as:

- Development, with the Engagement Team, of ways to engage with members and public including planning, implementation and evaluation of public and members engagement events, elections to the Council of Governors, surveys etc.
- Ensuring that the CoG is adequately representing the voice of members and the public to the Trust and, in particular, the Board of Directors.
- Two-way exchange of information between the Trust and the public
- To work to support local community initiatives to enhance health and wellbeing