

Council of Governors

Date:

5th September 2018

Agenda item:

24

Title:

NHS Providers
Showcase and Kings
Fund

Items:

- Presentation

NHS Providers Governor Focus Conference 2018

5 September 2018

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NHS
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Trustee Visability Nurse Specialist

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Agenda

What other COG's are doing that's interesting or Innovative?

Current and Future Innovations in Healthcare (and what it might mean for us)

Governor Showcase

- Giving hard to reach staff a voice
- Improving engagement & attendance at the AGM
- Governors looking at services through the CQC's eyes
- Review of Governor effectiveness and subsequent enhancement
- Collaborative working of CoG's in merger transactions
- Establishment of an iLog for member queries/issues
- Governors as critical friends
- Established a 'Holding NED's to Account Working Group'

What can RUH FT Governors utilise?

- Utilise iLog concept for improving response to members and Governors
- Improving Governor Effectiveness
- Holding NED's to account – continuous review and improvement
- Critical friends/CQC's eyes



Looking to the future



**“Every system is
perfectly designed to
get the results it gets”**

— Johnny Appleseed

Paul Bataldan (Institute for Health Improvement)

What did we design the NHS system to do?



- Treat us quickly when we get ill
- Treat our medical conditions
- Gate keep through appointments

We should celebrate what this system achieved over the last 70 years

...but things now need to change

- ...stop us getting ill?
- ...be a system that says yes?
- ...meet our wider health and care needs?

9 Places you can see the future

1. Artificial intelligence at the Royal Free
2. Use of tele-tracking at Royal Wolverhampton
3. Inter-generational workforce planning at Frimley
4. Sharing power with patients at Alder Hey – meal times
5. Self-care and self-dialysis at Ryhov Hospital in Sweden
6. Integrated care in Salford and Wirral
7. Social Prescribing in Tower Hamlets
8. Dorset STP for public engagement in changing services
9. Healthy new towns

What does this imply for Governors?



- The way we deliver care is changing
- Risk and Governance will change
- Unit of care: professionals → Institutions
→ Systems
- Are we assured of the strategy for moving forward?



Integrated Care?

Poses two questions we will need to consider:

- What are we accountable for?
- To whom are we accountable?



Any Questions?

RAISING AND VALUING LESS HEARD STAFF VOICES THROUGH STAFF GOVERNOR ROLE



In establishing the council of governors, we wanted to ensure 'less-heard' staff had a voice in our trust. We established two staff governor roles to represent healthcare assistants and support staff.

They have played an active role in demonstrating the value of healthcare assistant roles and

empowering staff to use their voice to influence their organisation. Being part of discussions with other governor and board colleagues, the staff governors have demonstrated the benefit of staff feedback.

Healthcare assistants are the backbone of community services and have a unique relationship with patients. This model allows us to tap into this resource and identify leaders from within this group to empower and encourage their colleagues to share ideas and take ownership of their organisation. This delivers better care, better outcomes and is a better use of resources.

Jean Dipple, a staff governor, said: "my impact is to reassure the governors that safe, responsive care is embedded throughout the workforce. Engaging with the workforce, communicating the vision and values of organisation and developing leadership skills for all is my passion."

Through this role, this staff group have seen more recognition of their role within the trust and have been inspired. We have our future staff governors ready and waiting.



STRENGTHENING ENGAGEMENT AT THE ANNUAL PUBLIC MEETING (APM)

In an attempt to increase member engagement and encourage higher attendance numbers, we changed the format of our APM. The event had two distinct goals:

- **firstly, to fulfil the statutory requirements**
- **secondly, to engage further with attendees and generate qualitative feedback (on this occasion the discharge process and the use of A&E) that could be used to help inform strategic decisions on the design of services in the future.**

Governors played a key role in encouraging members and the public to speak about their experiences and often contributed to the discussion by representing the opinions of other members not present at the event.

The outcomes of the APM were:

- **a total of around 150 people attended**
- **a sharp increase in attendance from 2016, which had only 16 attendees**
- **extremely positive feedback, with 80% saying they would attend a future APM.**

We now have a high profile annual event where the benefits reach both the local community, who now feel that they can access senior Cambridge University Hospital staff and governors to have their say, and the senior staff and governors, who have an opportunity to meet with service users to gain feedback on pertinent issues. The round table format of the event promoted equality – everyone's opinions are of equal importance.

GOVERNORS LOOKING THROUGH CARE QUALITY COMMISSION'S EYES



Governors wanted to take on a more active role in observing the quality of care and have their own view on how the trust was delivering its services.

The council of governors have an active working group that carries out regular audits

on wards and departments which they have tailored around CQC' 5 key lines of enquiry. During the visit the governors observe and talk to staff from all disciplines. This gives governors essential assurance on the quality of care but also allows them to raise any areas of concern with the board and share learning. Group members also participate in 'board 2 ward' visits and any mock CQC inspections.

The benefits to the trust are:

- **governors provide another set of 'eyes and ears'**
- **governors fulfil their essential roles of holding the board to account**
- **governors are representing the views of the public, as they can provide first-hand experience to give another layer of assurance, ensuring that any problems are raised and tackled effectively.**

The profile of the governors is raised across the trust and this group of governors also have a link with their local CQC contact in order to provide feedback.

ENHANCING GOVERNOR EFFECTIVENESS



Governors are required under the NHS Improvement code of corporate governance to periodically assess their collective performance, regularly communicating to members and the public how they are carrying out their responsibilities. Following a recent 'well led' review, governors commissioned a review of their trust's own governance arrangements.

The review resulted in 12 recommendations, these included:

- **developing mechanisms through which governors could better communicate with members and the public including 'meet the governor' events and new governor postcards**
- **greater involvement of non-executive directors within the governor committee structure**
- **increasing the formal training and development offered to governors.**

The review has resulted in a number of benefits including:

- **being in a better position to gauge, and respond to, issues and concerns from members and the public**
- **enabling governors to better exercise their statutory role of holding non-executive directors to account for the performance of the board**
- **increasing the diversity of the council of governors.**

The review helped governors to take a critical approach to their work and reflect on how they can be more effective for the benefit of patients and the public in Doncaster, Bassetlaw and beyond.

STRONGER TOGETHER

working together in merger transactions



In line with the council of governors' statutory role to approve the application by the trust to merge with another trust, and approve entering into a significant transaction, it was critical that governors from both trusts were kept well-briefed to ensure an informed decision was made.

Both councils had to be assured that their boards had undertaken a comprehensive approach to the merger and appropriate due diligence. They also needed assurance that their respective non-executive directors had challenged their executive directors and that the boards had obtained and considered the interests of the trusts' members and public.

Both boards ensured the councils were kept regularly informed of progress, with both receiving the same information, having honest discussions, asking questions and seeking assurance, including verbal and written reports, briefing sessions and regular 'in between' communications. The availability and visibility of the board's merger project director played a key part in process.

Legislation did not provide for a combined council, but joint working was undertaken wherever possible. Governors' knowledge, experience and different perspectives contributed to the successful development of the constitution and appointments to the interim board.

EPUT was established on 1 April 2017, becoming the first successful foundation trust to foundation trust merger, delivered on time, to budget and with a green risk rating from NHS Improvement – a significant achievement.

i'LOG



The issue log was introduced 12 months ago as a means of recording issues received by governors. The issue log achieved timely responses to issues and gave members a vehicle to express their views via their governor, which were logged at the council of governors representation meeting.

What the issue log didn't do was record anything other than issues, such as ideas and innovations that people might suggest and the trust could use to benefit and progress the organisation.

The council of governors approved the change from issues log to i'Log at the council of governors representation committee about a year ago and agreed that the change would undoubtedly improve:

- **it's function as a log and what it offers members and the public in terms of innovation and forward progression of their suggestions**
- **formulating profound responses agreeable with the trust's strategies and forward plans.**

The intention and expectation of the council is that:

- **the trust encourages good ideas from patients, carers, staff and the wider public as part of the ongoing dialogue**
- **the log will improve services, not just receive issues**
- **proactively progressing what services we provide based on the 'you said, we did' principle.**

GOVERNORS AS 'CRITICAL FRIENDS'



Following increased demand for our services over the winter, the chief executive asked governors for help in assessing how the hospital environment was faring under the pressure.

In order to get a real sense of the normal day-to-day environment at our hospitals,

governors act as a 'critical friend' to assess the environment, both external and internal, from the perspective of our patients and visitors. Governors feedback their thoughts and findings so the trust can make any necessary changes to improve the environment and experience for patients.

The outcomes and benefits include:

- **governors are involved in improving the patient environment and experience**
- **the feedback from the visits is shared with the board and discussed regularly at council of governors meetings, ensuring this is kept high on the agenda**
- **the feedback is shared with relevant managers who will be responsible for making improvements and feeding back once complete**
- **highlighting how the council of governors and board can work effectively together make improvements**
- **increased visibility of governors**
- **governors can assure members and local communities about the actions the trust are taking to improve the patient environment and experience.**

HOLDING NON-EXECUTIVE DIRECTORS (NEDS) TO ACCOUNT



We wanted to establish practical ways that governors could undertake their duty to hold NEDs to account that ensured a consistent and comprehensive approach that supports collaborative working between the board and the council of governors (CoG) to improve care.

We established a 'holding NEDs to account' working group, including a NED, to agree ways to increase scrutiny and feedback between the CoG and NEDs. The steps we implemented include:

- **holding a meeting before each board meeting for governors to meet with NEDs to raise questions**
- **having representatives from the CoG at each board meeting as observers**
- **the chair of the working group reporting to each CoG's meeting on activity**
- **on a rotational basis, each NED updating the CoG on their activity and governors have an opportunity to ask any questions or raise any issues.**

The outcomes of this framework:

- **governors are in regular contact with NEDs**
- **governors are able to raise issues or ask questions in a timely way**
- **governors are empowered to raise issues and feel comfortable with their duty on behalf of the membership to hold NEDs to account**
- **a very positive relationship was created between the board and the CoG with clarity of roles and open communication.**