

Council of Governors: Summary Sheet

Title of Paper: Feedback from Inaugural National Governor's Conference

Presented By: Jules Jones, Public Governor

Action Required:

For Information	<input type="checkbox"/>	For Ratification	<input type="checkbox"/>	For a decision	<input type="checkbox"/>
For Feedback	<input checked="" type="checkbox"/>	Vote required	<input type="checkbox"/>	For Receipt	<input type="checkbox"/>

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing the trust's auditor	
Approving or not the appointment of the trust's chief executive	
Receiving the annual report and accounts and auditor's report	
Representing the interests of members and the public	
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the trust's constitution with the Board	
Expressing a view on the Trust's forward plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution.	X
Monitoring the Trust's performance against its targets and strategic aims	

How does this item support the functioning of the Council of Governors?

The Council of Governors will be informed about national discussions on governor activities, good practice from other Trusts, issues facing other Trust and the view on how SHSC is performing in comparison to other NHS FTs

Author of Report: Jules Jones

Designation of Author: Public Governor

Date: 21st April 2015

30th April 2015
Item No 12(b)

SUMMARY REPORT

Report to: Council of Governors

Date: 30th April 2015

Subject: Feedback from Inaugural National Governor’s Conference,

From: Jules Jones, Public Governor

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
				✓	

2. Summary

I would like to thank fellow SHSC governor Afrah Alkheili who went with me to this conference. I valued our conversations on the way there and back. I would also like to thank Sam for making the arrangements. I will present this feedback in three broad sections to make it easier to read:

- Main session (morning) – ‘Policy Briefing for Governors’, ‘FT Governors and Person Centred Care’, ‘What Lessons can be learned from School Governors?’
- Talking to Governors (all day) - Getting the low–down on Governor experience across English Trusts and FTs.
- Breakout sessions (afternoon) – ‘Governors and Patient safety’, Governors and Healthwatch’

MAIN SESSION (AM)

I have the least to say about this section. By now you might have had a chance to read the presentations which were forwarded to you by Sam: ‘Policy Briefing for Governors’, ‘FT Governors and Person Centred Care’, ‘What Lessons can be learned from School Governors?’ These were strong presentations, and given the subjects, they were what I expected. I do question the relevance of the school governor presentation; it was based on the inaccurate premise that school governors and NHS governors are basically the same which is wrong. As a school governor myself I can confirm that the role of a (maintained) schools’ governor is equivalent to that of a NED in a NHS trust.

TALKING TO GOVERNORS (ALL DAY) - GETTING THE LOW–DOWN ON GOVERNOR EXPERIENCE ACROSS ENGLISH TRUSTS AND FTs.

I gained the most from the opportunities to talk to other governors from around the country. You know what... we, at SHSC, are doing pretty well by comparison to other Trusts for governor involvement! Sadly,

every other single governor that I spoke to (with the exception of Afrah and the Sheffield Teaching Hospital governors) were having an absolutely awful time! Examples included:

- no contact with their NEDS,
- banned from observing public BoD meetings,
- paying out of their own pockets for room hire in order to meet their members,
- NEDS refusing to attend CoG meetings,
- governors refused access to their Trusts safety data,
- governors not trained,
- long standing governors that openly admitted to having absolutely no idea about HOW to be a governor or what the role entailed

It was really quite disturbing and worrying. Just to reiterate: this was EVERY governor that I spoke to (with the exceptions noted above).

The most revealing question, I found, was to ask governors: “Would you recognise your NEDS?” Invariably the answer was “No”. (Something you might expect in a new governor, but these were long standing governors that I was asking). This question is a great lead in to finding out what was going on at their Trust from the governor perspective. One example came from governors of (*****) Trust, who told me that when they had tried to get their NEDS to come to their CoG meetings, the NEDS declined. The Chair gave the reason for the refusal: “We tried this in the past but it caused too many arguments” and “we are one of the best performing Trusts in the country, which shows that (NEDS attending CoG meetings) isn’t necessary”....My response to that was “WHAT! So how do you hold your NEDS to account?” Their response (polite version) “We can’t!” (This conversation was typical of conversations I had during the day with governors from a several different Trusts).

One set of 3 governors from a very high performing Acute Trust that I sat with over dinner were so distressed about their Trust and they offered to pay (from their own purses!) my train fares if I should come to their Trust to talk to their governors about how we manage governor/NED interactions at SHSC, what we do, how did we get NEDS to attend governor meetings etc. Of course I politely declined their kind offer, but I did feel very sorry for those governors at that Trust.

‘BREAKOUT SESSIONS’ (PM)

- The role of Governors in Patient Safety
- Healthwatch and NHS FT Governors

‘The Importance of Governors in Patient Safety’, presented by Dr Josaphine Ocloo

The NHS Providers Board made an excellent choice in inviting her as a guest speaker. Her research is in the area of governor impact on patient safety in NHS FTs. She has recently been named by the WHO as a ‘Patient Safety Champion’.

Dr Ocloo explained that she had conducted an in-depth study into the role of NHS FT governors in patient safety. Her research was based on a detailed case study of one London FT and interviews with governors of other FTs. She found that governor exclusion from Trust governance was widespread. In the case of the London Trust which is detailed within Dr Ocloos’ paper, this exclusion was achieved via a complicated set of sub-committees and further ‘off shoot’ sub-committees, which had effectively isolated its’ governors. In addition this Trust had no direct means for governor sub-committees to feedback to their NEDS (or Executive Directors). Dr Ocloo produced the familiar diagram showing FT governance structures, with boxes representing CoG and BoD, but upon closer inspection it was clear that this particular diagram was different to the standard diagram that we all know. One key feature was missing; the crucial horizontal arrow connecting the CoG and the BoD. In addition there was a structure that resembled a ‘family tree’ representing the multiple layers of sub-committees.

This 'missing connection' between the BoD and the CoG was something I had heard expressed again and again by the various governors that I spoke to during the day. It is something that struck me as being deeply dysfunctional (causing considerable annoyance and/or distress to governors). However, by contrast, I believe that it is one of the strengths of our Trust. Not that we can ever afford to get complacent. If you read the notes to the breakout session, they mention a 'Community Trust' which promotes active involvement of its' Governors in its' committees – that's us @ SHSC!

Other things to note about this particular breakout session is that much of it was overshadowed by a time consuming and pointless argument about the cost of car parking at hospitals! I mention this because I believe it illustrates the endemic lack of training that Governors reported to me. They didn't seem to know WHEN and HOW to pursue a particular argument. *(Common sense and manners would seem to dictate that when the guest speaker has just revealed that her 17 year old daughter died in an alleged hospital blunder at the Royal Brompton then this is definitely NOT the moment to drag the session down into the gutter of hospital parking charge fury!).*

Similarly, the breakout session about the role of Healthwatch was overshadowed by a number of governors from a mixture of Trusts who had completely misunderstood the role of Healthwatch, mistaking Healthwatch for a type of interfering regulator. As a result this breakout session became quite hostile and unproductive. These governors repeatedly hijacked the session by bringing it back to dead-end and factually inaccurate, argument that governors are all elected whereas Healthwatch are not. (This tactic repeatedly stopped the session in its tracks). This rather unhelpful attitude towards Healthwatch, I believe, is indicative of the chronic lack of governor training that I have alluded to. NOTE: I contributed to the session by mentioning that a Healthwatch representative had visited our Trust and had participated in a CoG meeting, and the visit had been successful, positive and productive. As a result of giving positive feedback about Healthwatch at that meeting I was confronted outside the meeting by 2 governors who sniped that I (SHSC) must just have a "good Healthwatch" and that I (SHSC) was "lucky". (Personally I don't think "luck" has anything to do with it, it makes sense to work with Healthwatch instead of against them).

WHAT CAN WE LEARN FROM THIS?

Governors that I spoke to (excluding Afrah and the Sheffield Teaching Hospitals governors) all felt that they were being excluded from/prevented from carrying out their duties, due to a combination of specific actions (or lack of actions) by their BoDs/Chairs. I interpret this as indicating that Directors and Chairs are of vital importance in promoting the smooth running of a Council of Governors.

We learn that communication is the key. Lack of communication between NEDS and governors will stop a Trust from functioning properly. It prevents governors from fulfilling their roles and it deprives NEDS of valuable insight into the Trust and the local health economy. Communication is facilitated by having trained and engaged governors; communication is also facilitated (or hindered) by direct actions (or lack of action) by the Trust Chair. The Chair sets the tone of HOW the trust perceives its' governors. (For example SHSCs investment in staff - Sam & Faye - to support governors in their role was a "wow!" revelation to governors that I spoke to, this investment/support was not the norm).

In summary, this was one of the most memorable conferences that I have ever attended. Memorable for all the wrong reasons! I feel that I learned a lot about governors from observing their behaviour in breakout sessions. However, I learned far more about how governors perceive their roles from talking to them at every opportunity that I got.

On a personal note, I know that I gained a lot of insight from other governors about how and why it can all go so wrong for governors (and subsequently for their FTs). This will inform me in my suggestions for questions in the upcoming recruitment process for NEDS.

3. Next Steps

Feedback from the conference could be used to inform discussions on Council effectiveness and further consideration of how to hold NEDs to account.

4. Required Actions

To consider and discuss in appropriate arenas.

5. Monitoring Arrangements

Monitoring of governor activities is undertaken via the Council of Governors in the standing agenda item on governor feedback.

6. Contact Details

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