



#governorfocus

GOVERNOR  
FOCUS  
2016

# The governor role now and in the future

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# The governor role now and for the future

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**Executive Director of Regulation and Deputy CEO**

**20 April 2016**



# Agenda

1. Context
2. NHS Improvement
3. The governor role and our support for you
4. Closing remarks

# Current challenges are significant



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£	M9 deficit £2.26 billion 179 providers reporting an in-year deficit (75% of sector) 156 providers forecasting a full-year deficit (65% of sector)
A&E	Target: 95% of patients seen within four hours Q3 performance: 90.7%
RTT	Target: 92% of patients referred within 18 weeks Q3 performance: 91.6%
Quality	54% trusts require improvement 8% trusts inadequate 16 in Special Measures

## 16/17 a platform for change



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- Spending Review - £5.4bn cash settlement for the NHS in 2016/17 rising to a total of £8.4bn by 2020/21
- National Tariff 16/17
- Controls totals for 16/17 to restore financial balance
- £1.8bn Sustainability and Transformation Fund

# NHS Improvement: what we do



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NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.

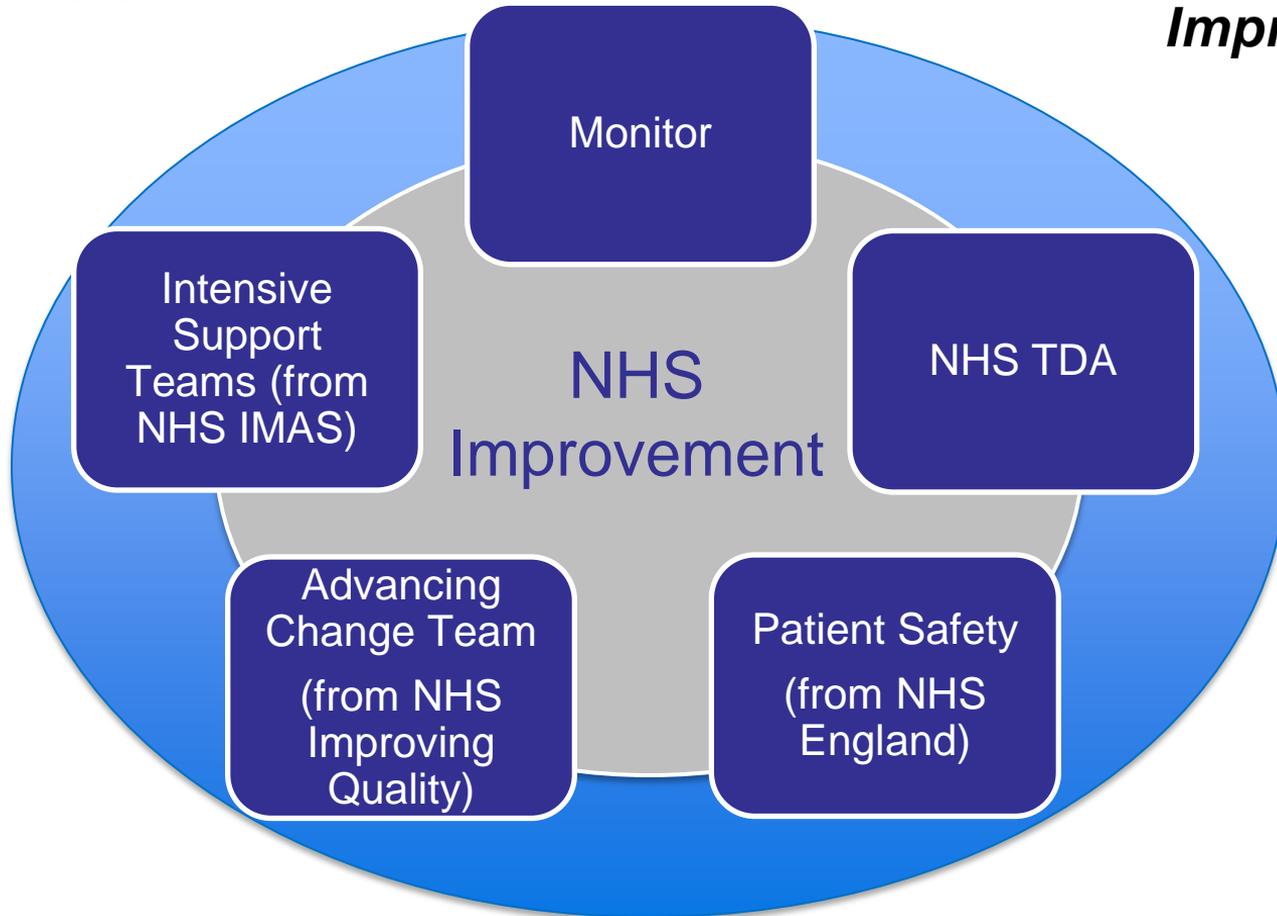
We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.

By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term needs and to secure its future.

# Who we are



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# How NHS Improvement will work with providers



We will move towards a model in which:

- providers and systems are supported to improve
- boards are held to account against transparent expectations
- intervention only takes place where necessary
- collaboration across health and care systems becomes instinctive

## Some shifts in emphasis



### *Improvement*

- Genuine support for improvement (national and local) – more regional focus
- People working alongside providers – critical friends and supportive partners
- Supporting local systems in agreeing longer term solutions and delivering them
- Balance between support and regulation – proportionate regulation and accountability
- Working closely and collaboratively with other national bodies, especially NHS England and CQC
- Leadership support, development and succession planning

# Focus for NHS Improvement



## *Improvement*

- As many providers as possible achieve “Good” or “Outstanding” CQC ratings
- ‘Aspire and perspire’ so there are no providers in Special Measures
- Enable the new models of care set out in the Five Year Forward View
- Sustainable achievement of key targets and standards
- Financial control and significant improvements in provider productivity
- Support the development of more effective Boards and leaders

# Some examples of current programmes to help trusts



The Emergency Care Improvement Programme (ECIP)



The Virginia Mason programme



Diagnostic tool for helping trusts to manage agency staff more effectively



The Advancing Change Team has now been incorporated within NHS Improvement



Launch and implementation of a strategic planning toolkit



The Aspiring Chief Executives programme

**Faculty of Improvement**

NHS Improvement has set up a new “Faculty of Improvement”

# Shared definition of success agreed with partners



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## Quality

- We will use CQC's quality rating
- Success will be a good or outstanding rating

## Finances and use of resources

- With CQC we are co-developing use of resources assessment
- Methodology will reflect recommendations of Carter

## Operational performance

- Focus on small number of core NHS standards and targets

## Strategic change

- With NHS England we will develop an assessment of strategic delivery

## Leadership and improvement capability

- Build on existing governance tools (e.g. well led framework)
- Shared system view on what good leadership looks like

## A return to earned autonomy

- Our vision of autonomy:
  - Local decision making free of constraints
  - Fewer data and monitoring requirements
  - Simpler processes for transactions
  - Recognition and opportunity to spread success
- We will enable as much autonomy as possible for successful providers
- Segmentation of providers according to the extent to which they meet a single definition of success

# What's changing... and what's not



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- NHSI will build on the best of what our constituent organisations already do but with a change of emphasis
- Our regulatory functions relating to pricing, the competition and procurement regulations and ensuring continuity of service remain unchanged
- There are no plans to change the statutory role of the governor in the future

# The governor role



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Governors were given important duties when the first foundation trusts were established and the 2012 Health and Social Care Act gave governors an expanded range of responsibilities.

- Hold the Non-Executive Directors to account for performance of Board
- Represent interests of members and public (public engagement is a statutory duty)
- Approve significant transactions, mergers, acquisitions, dissolutions
- Ensure income from non-NHS sources will not significantly interfere with the trust carrying out its principal purpose/function.

# The governor role in STPs



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- The NHS Shared Planning Guidance asked local areas to develop a Sustainability and Transformation Plan (STP) by July 2016
- By April: agree footprints, establish local governance arrangements, articulate scale of current and future challenge, agree key priorities
- By July: develop 5-year STP
- Governor role: to hold the NEDs to account for the performance of the Board and ensure member and public interests are being taken into account

# Our support for governors



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We continue to work with NHS Providers, e.g. through sitting on the steering group of Governwell, the national governor training programme

**‘Representing the interests of members and the public’**: guidance giving context for governors’ work – practical e.g.s and case studies

**Governor Panel**: helps governors fulfil their statutory duties, and builds confidence and knowledge

**FAQ on significant transactions**: under development - in response to governors’ requests

# Further resources



## *Improvement*

- [Your duties: a brief guide for NHS foundation trust governors'](#)
- ['Your statutory duties: a reference guide for NHS foundation trust governors'](#)
- ['Director-governor interaction: a best practice guide for boards of directors'](#)
- ['Current practice in NHS foundation trust member recruitment and engagement'](#)

# Closing thoughts



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- Governors perform an invaluable role
- We don't see their functions changing or their importance decreasing
- Our aim is to support you as much as we can so you can carry out your duties effectively
- Roundtable discussion after lunch will give you a chance to discuss what further support you might require – please also feel free to tell us directly what you need