

GOVERNOR FOCUS 2017

NATIONAL POLICY UPDATE: THE STATE OF THE NHS



Chris Hopson
Chief Executive

4 May 2017

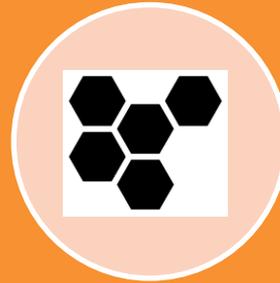
Where is the NHS?



Finances: NHS money tightening and likely to get worse



Operations / quality: pressure continues to mount - from winter pressures to bed occupancy to pressures on quality



Transformation and new models of care : good work being done but early days and still at relatively small scale and scope



Workforce: Growing consensus that the NHS workforce challenge now as big as financial challenge

Rapidly growing pressure leading to greater risk for NHS

Two word pictures



**Storm clouds
gathering**

**NHS risk now
significantly increasing**



What I will cover

1. External environment

2. Finance and performance

3. Transforming the NHS

4. Regulation

5. NHS workforce

1. External environment

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The new No 10/NHS national political relationship



- ❖ Personal commitment to NHS
- ❖ Commitment to NHS as way to deliver key mission of detoxifying Tory brand
- ❖ Ring-fence and increase NHS spend to show NHS safe in Tory hands
- ❖ Spending Review settlement carried implicit promise of ‘come back for more in the middle years / nearer election if needed’
- ❖ “Tony Blair explained his priorities in three words: education, education, education. I can do it in three letters: NHS” *David Cameron*



- ❖ No personal track record of strong NHS interest
- ❖ Lots of other priorities, not least Brexit and Indyref
- ❖ Focus on the ‘Just about managing’ as route to reposition Tory brand?
- ❖ We’ve led squeezed Departments, and had to reform, now it’s the NHS’s turn – lots to go at: variation, inefficiency etc.
- ❖ You said you had a plan, we’ve more than funded it, now deliver: you can’t take the money, fail to deliver and then ask for more
- ❖ Rigour, reform and delivery not whingeing and weak ineffective leadership



The General Election: June 8 2017

Snap calling and centrality of Brexit means NHS has little time to mobilise to make NHS a central election issue

Government view remains that they have fully funded NHS plan and time for NHS to now deliver

Labour will try to “weaponise NHS” but Copeland showed they may struggle?

Upsets a lot of assumptions e.g. assumptions on getting more pre-election money for NHS in Budget 2017 or 18

Fraying Central Government confidence in NHS: re-election could mean NHS leadership changes



Meanwhile...the “meat” of Brexit looms



The Economist March 11 2017

Implications for NHS

- Much depends on precise relationship UK negotiates with EU
- A raft of considerations follow:
 - Economy /public finances
 - Currency risk
 - Recruitment and retention
 - Competition & procurement
 - Research & innovation
 - Regulation: professionals, drugs, devices
 - Impact for suppliers/pharma
- Era defining and more you look at it, bigger it gets
- Big risk here

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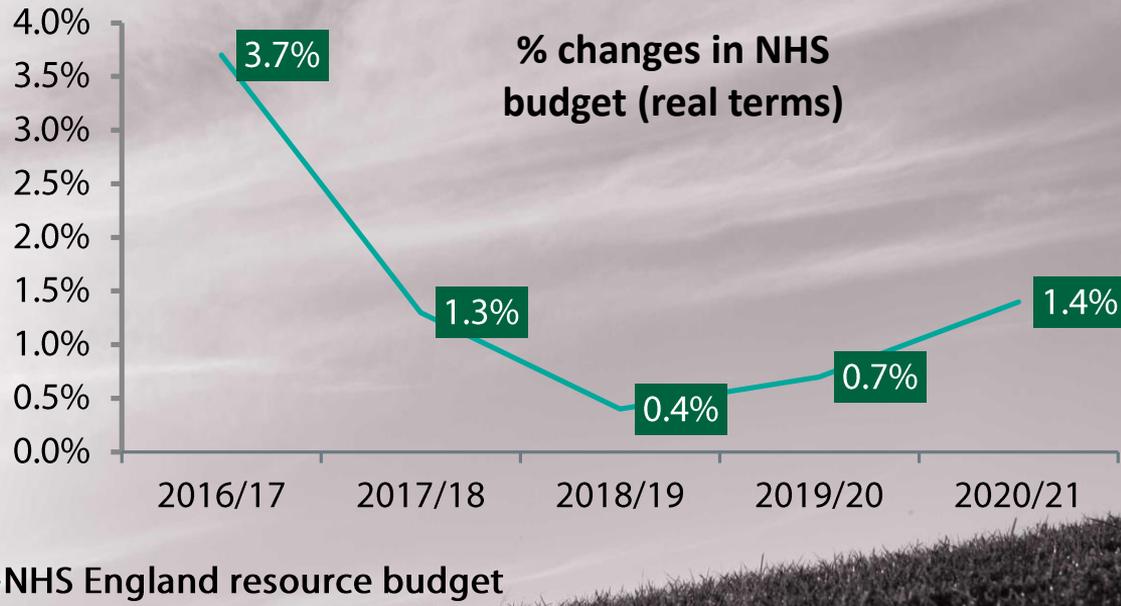
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Now Into The U-Bend of NHS Funding

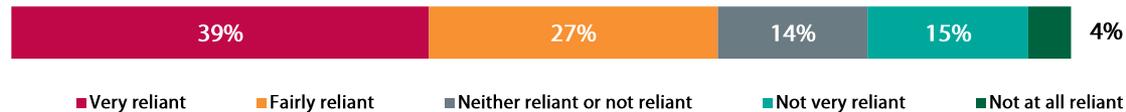


- 2010-2020: longest and deepest financial squeeze in NHS history
- NHS cost and demand rises by 4 -5.5% p.a. NHS funding 2010-20 rising less than 1% p.a.
- Brexit economic risk suggests no immediate extra money on horizon

Provider Sector finances tightening...

- NHS finances have been tight – about to tighten further
- NHS provider sector meant to be eliminating £2.5bn deficit in 2016/17 and 2017/18
- Good progress but 2016/17 year end likely to c.-£700-750m and 2017/18 about same...
- ...66% of trusts very/fairly reliant on one offs/non recurrents/capital revenue transfers: £1bn.
- CCGs also now under financial pressure
- Danger we're fixing, not solving, problem and patently unsustainable
- Risk some system leaders don't accept problem: providers moaning /not trying hard enough

How reliant on non recurrent savings in 2016/17?



...Operational pressure is growing...

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Health

A&E delays reach new record level

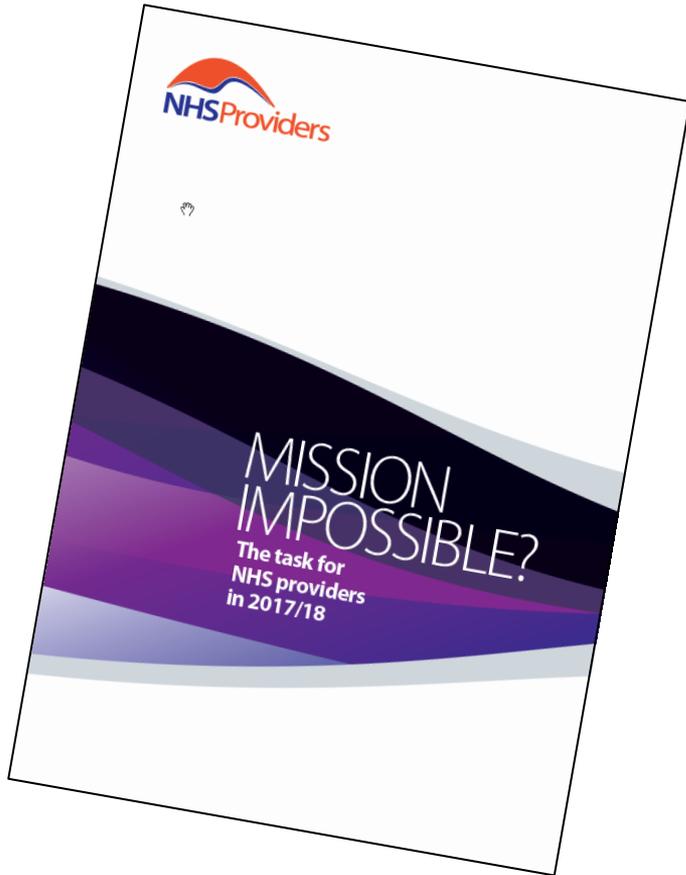
By Nick Triggie
Health correspondent

🕒 14 April 2016 | Health



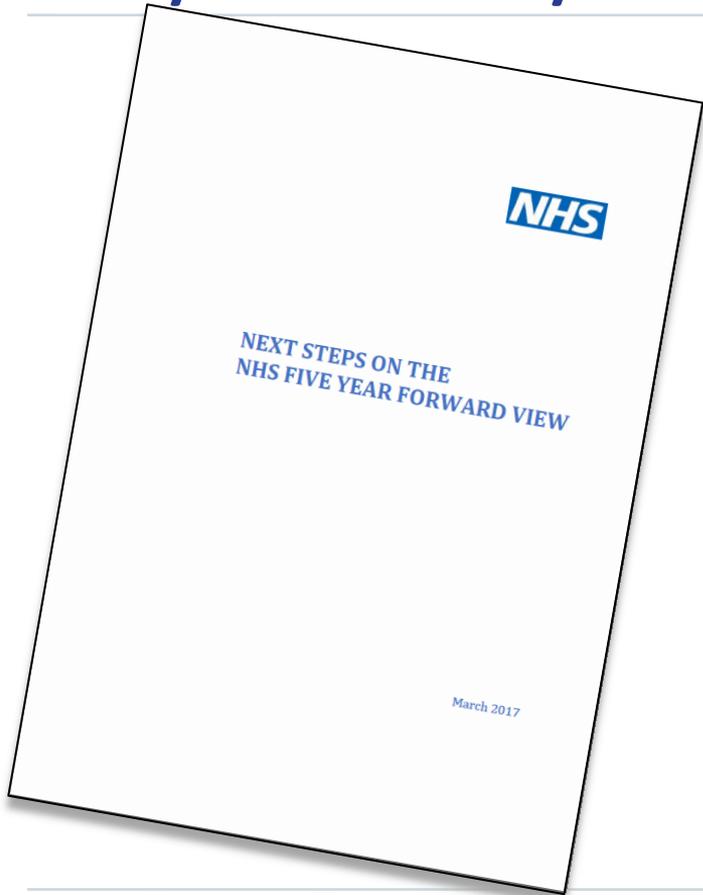
A&E performance in England sank to a new low in February for the second month in a row, official figures show.

- Rapidly rising demand meets prolonged financial squeeze...
- ...plus impact of pressures on primary and social care...
- ...means that providers are now consistently missing operational performance targets across the range of targets...
- ...and that we're running our providers at capacity levels other advanced Western nations wouldn't dream of



NOW REACHED POINT WHERE NHS CAN'T DELIVER WHAT'S BEING ASKED FOR ON MONEY AVAILABLE

- Demand / cost up by 5.2%; funding by 4.6%: 0.6% gap just to stand still
- Start the year with £700-750m deficit
- 16/17 Four hour A&E performance likely to be 90%ish: minimum of £500m extra needed to hit target
- 16/17 18 week elective performance likely to be 20, not 18 weeks: minimum of £2-2.5.bn extra needed
- Extra 2017/18 cancer / mental health taskforce requirements: £150-200 million
- Figures just don't add up!



Defines what NHS needs to be achieved over the next two years and priorities for 2016/17:

- ❖ Deliver financial balance across the NHS
- ❖ Recover A&E performance – through supportive programmes and against a more realistic trajectory
- ❖ Accept lower elective surgery target
- ❖ Strengthen access to GPs and primary care services
- ❖ Improve cancer and mental health services
- ❖ Still a very stretching ask!

Example: January 2017 winter pressures

What happened?

- Record demand
- Insufficient capacity
- Increasingly wobbly social and primary care
- Most just about coped due to unsustainable extra discretionary staff effort
- Clear warning of unsustainability of current approach, particularly given good weather and low-ish flu rates

What are the solutions?

- Real extra investment & ringfenced winter funding
- Adding real extra capacity
- Boosting support for performance improvement work
- Realistic performance trajectories
- Honesty and realism on what can be achieved
- Government hoping extra social care money will deliver “double benefit” to social care and NHS. Big risk.



In short, the existing NHS model is breaking down

Too fragmented

- Between health and social care, primary and secondary care, and physical and mental health

Too medicalised

- Treating illness as opposed to ensuring health and well being

Too hospitalised

- Illness -> Hospital -> Intervention -> Wellness and dominance of hospital

Too specialised

- Hospital care dominated by increasingly specialised specialists

Too much history

- Importance of / attachment to existing buildings and institutions, service structures and patterns

Too much demand

- Ageing population and rising expectations

Too big a funding gap

- 10 years of national austerity

Too little innovation

- Insufficient harnessing of technological, scientific and clinical innovation

Too much variation

- Clinical outcomes, efficiency and staff usage, persistent health inequalities

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Clear forward strategic vision for NHS: transform care

Greater emphasis on health and wellbeing rather than illness

Boost prevention: actively manage whole population health e.g. identify health risk and intervene in advance

Support our citizens to manage their own health more effectively, for example long term conditions

Focus on the wider of determinants of health: housing, jobs etc.

Integrate health and care: health and social care; mental and physical health; primary and secondary care

Move care out of hospital closer to home

Rapidly drive change via new care model vanguards & Sustainability and Transformation Plans (more later)



New care models

Beginning to gather pace across the country

Small footprints, scale and scope, genuinely different, interesting results

Rapid emerging patient outcome benefit but less clear on money/efficiency

Helpful draft frameworks now published / about to be published

Focus now moving on to spreading best practice

More than enough benefit to justify continuing to drive at pace...but will take time

And lots of barriers to change to overcome e.g. cultural, financial, historical

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Pressure reflected in regulatory ratings and grip...

15

Trusts are in quality special measures

9

Trusts are in financial special measures

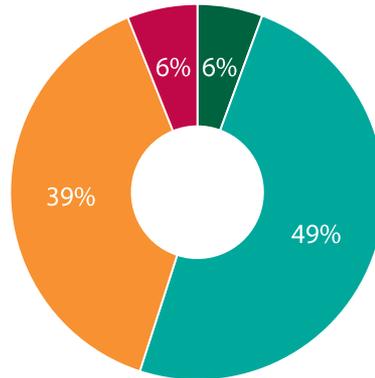
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Trusts are in success regime areas

45%

Of rated trusts are rated 'requires improvement' or 'inadequate' by the Care Quality Commission (CQC)

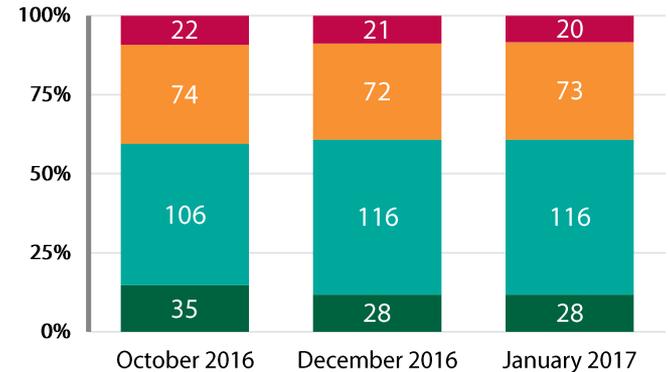
- Outstanding
- Good
- Requires improvement
- Inadequate



61%

With 'maximum autonomy' or 'targetted support' from NHS Improvement

- 4 - special measures
- 3 - mandated support
- 2 - targetted support
- 1 - maximum autonomy



...and CQC State of Care 2016 Report



The state of health care and adult social care in England 2015/16



91%

Hospital bed occupancy rates exceeded 91% in January to March 2016, the highest quarterly rate for at least six years.

Many health and care services in England are providing good quality care, despite a challenging environment, but substantial variation remains

Some health and care services are improving, but we are also starting to see some services that are failing to improve and some deterioration in quality

Will we be sensitive to the current context? Of course, as far as possible, but we are a quality regulator, the bar does not move on quality. If the current funding envelope means that most of providers will be rated requires improvement, then that's the rating we will give.



Encourage improvement, innovation and sustainability

- More flexible registration e.g. new care models
- Assessing use of resources
- Views of quality across populations and local areas

Intelligence-based approach

- Risk-based; comprehensive inspection exception not norm

Promote a single, shared view of quality

1. **Horizontal integration** at national level i.e. NHSE, NHSI, CQC agree on what good looks like
2. **Vertical integration** e.g. Boards and CQC can speak in same currencies and move to look at whole systems not just individual trusts

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Workforce issues rapidly rising up the agenda...

Top cardiac surgeon set to leave under-threat children's heart unit

APRIL 2017 | 10 ALISON COOPER

clinical lead for paediatric cardiac surgery set to leave hospital trust

Trust already faces closure of its congenital heart disease services

Trust says it still has necessary surgical cover

A trust whose children's heart unit faces closure looks set to lose its clinical lead for paediatric cardiac surgery.



Most Popular | Most Commented

Revealed: The 117 areas most likely to be targeted for service closures

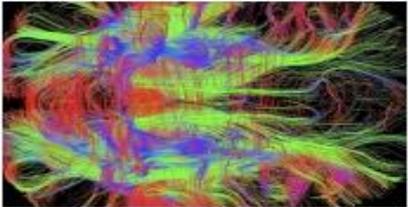
Exclusion House Office director could face 1000 job

What does the 2017 general election mean for the NHS?

Trust's special adviser leads on

Trust leaders

- Workforce issues now biggest problem
- Rapidly heading for / now in a crisis
- No sustainable strategic solutions in sight
- 59% believe they won't have right numbers, quality and mix to deliver high quality care in six months time



Trusts stop referrals for under pressure specialist service

21 APRIL, 2017

Comments (3)

Just two days worth of workforce problem stories from last week's HSJ



NHS warned not to ignore needs of 'generation Y' workforce

21 APRIL, 2017

Comments (2)



June deadline for trust to move junior doctors after safety warning

21 APRIL, 2017

Range of workforce issues – just a selection below

Workforce planning

- Matching supply and demand including retention and Brexit: rota gaps opening up at alarming pace
- Matching numbers to the NHS financial envelope
- Developing new roles and challenging unreasonable boundaries

Pay, terms and conditions

- Pay restraint and competitiveness
- Contract reform
- Staff engagement and morale: reasonable workload, flexibility

Leadership and engagement

- Leadership pipeline and talent management
- Shifting the leadership / clinical relationship
- Rethinking the psychological contract for a new generation

What is keeping your board up at night? Lots!

59%

Believe they won't have the right staff numbers, quality and mix in six months to deliver high quality care

49%

Believe their trust's finances are likely to deteriorate against plan over the next 6 months

68%

Thought performance against targets would stay the same or deteriorate, implying targets will still be missed

79%

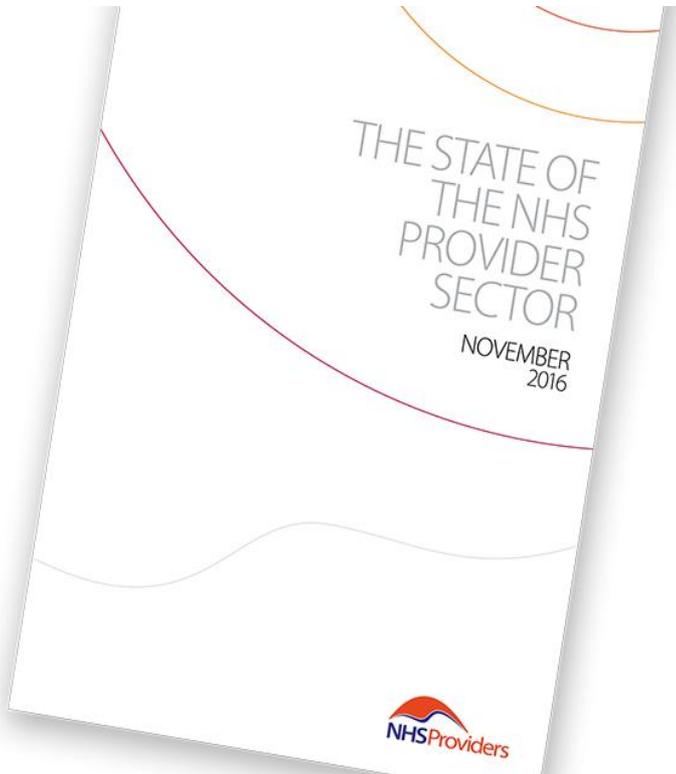
Worried or very worried that their local area is not transforming quickly and effectively enough

74%

Are concerned that the mismatch between money and need will mean poorer quality care

96%

Felt engaged or very engaged in the STP process



Three grounds for some optimism...despite context



Clarity on strategic direction of travel

- Integrating care and delivering it closer to home
- Prevention, well being, whole population health



Change starting to happen

- Patient outcome enhancing changes now being delivered
- Multiple different places, at speed



Our staff

- Commitment and professionalism
- Resilience in the face of extraordinary pressure

Governor role in a cold climate – some final thoughts

- Getting the governor support / challenge balance right
- Help engage the public in transforming care, while providing assurance
- Assure yourself that the Board has right balance between operational and strategic
- Running harder within existing model vs heading for a new one
- Being cognisant of balance between institutional versus system focus for Boards
- Maintaining positivity and optimism in face of growing challenge – continue to act as an advocate

Q&A

THANK YOU

Chris Hopson, Chief Executive, NHS Providers

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@ChrisCEOHopson

GOVERNOR FOCUS 2017

SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS



Amber Davenport
Head of Policy

5 May 2017

STPs: what are they?

Began as Sustainability and Transformation *Plans*

Original concept (October 2015): ambitious local health economy plans outlining how to achieve the priorities set out in the 5YFV

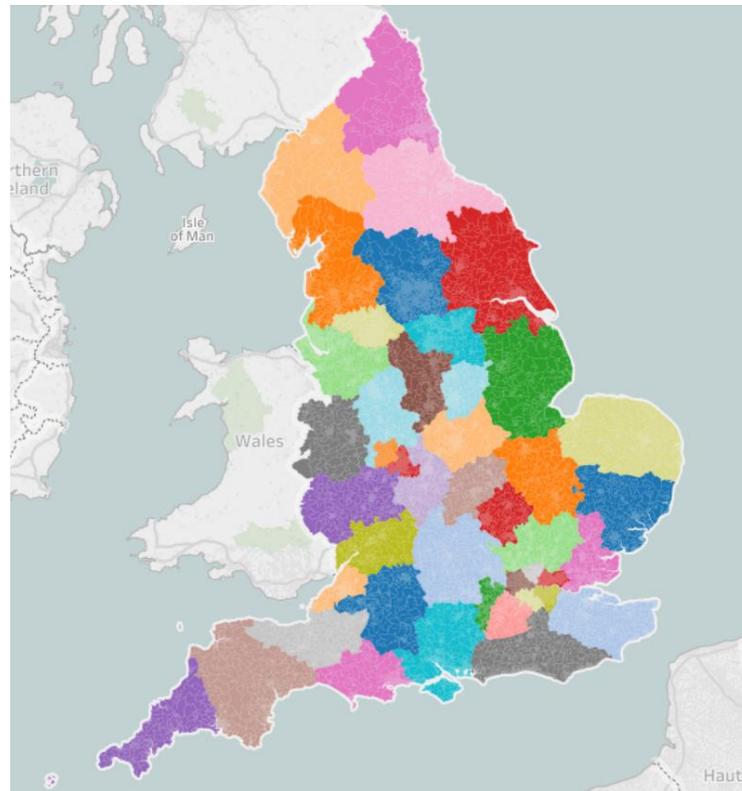
44 'footprints' covering the whole of England

Involved all health and care partners within the footprint

Plans were first submitted in June and then again in October 2016

Will have a long term purpose with basic governance and implementation mechanisms

Will focus on tackling shared local health, quality and efficiency challenges



STP process: the good points

- Few could object to place-based planning, conversations, co-ordination
- Started conversations never had before in the NHS
- Started conversations with local authorities for the first time in some areas
- Provided the place we needed for service change
- Starting to tackle the wicked long-standing problems
- Turbo-charged the right plans, even if some are dusty
- Sub-regions make sense where there are 'lots of places' for place-based plans

Clarity of purpose

- What is the STP there to do?
- Possible over reliance on ambitious reconfigurations
- Central focus on acute services
- Unclear if balancing finances is the priority

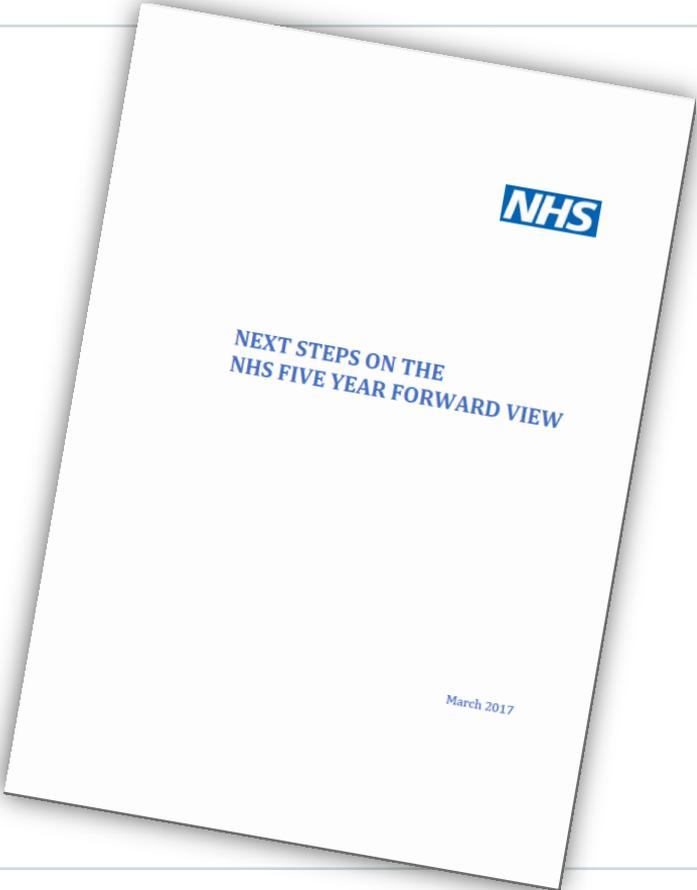
Meaningful engagement

- Difficulty engaging local authorities in some areas
- Governance and accountability issues
- Clinical engagement and internal comms
- External comms extremely limited

Ambitious timeline

- Initial timeline too ambitious to develop detailed plans in all areas
- Some areas in the 'foothills' in terms of conversations
- Footprints all moving at different speeds

STPs: the future...



STPs: a journey to accountable care



“ACSs will be an ‘evolved’ version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers)...choose to take on clear collective responsibility for resources and population health ...specifically, ACSs are STPs - or groups of organisations within an STP sub-area... that get far more control and freedom over the total operations of the health system in their area”

“In time some ACSs may lead to the establishment of an accountable care organisation. This is where the commissioners in that area have a contract with a single organisation for the great majority of health and care services and for population health in the area. A few areas in England are on the road to establishing an ACO, but this takes several years”

STPs: next steps



NHSE/NHSI reviewed STPs submitted in October. Concerns about robustness and deliverability of many plans



The centre is assessing capital funding needs – much more than what is available



ALBs keen to demonstrate that STPs will work



There are some footprints who are ready to go, at pace. It is important not to get in their way and support them well to move at pace



Vast majority are not ready to move at pace process creators want ...they should still be supported



Some reconfiguration plans within STPs will be paused due to the General Election

STPs: the governor role

The trust Chair's
role will be vital

Your statutory
duties remain

Your role in
engaging with the
public on changes
will be important

Understand the
role of your trust
within the STP
footprint

Establish the role of
NEDs in the STP

Four facts under current law:

Trusts and CCGs have statutory powers, STPs don't

You can't take away decision making rights from trusts and CCGs

Trusts and CCGs cannot hand their decision making powers to a third party

So STPs can only be a shared decision making forum, they cannot make decisions by themselves

National Guardian

Freedom to Speak Up

NHS Providers Governors Conference

4 May 2017

Dr Henrietta Hughes



Patient and staff experience

- Research links staff experience and wellbeing to patient experience and healthcare quality

Policy+

Policy plus evidence, issues and opinions in healthcare Issue 39 • May 2013

Does NHS staff wellbeing affect patient experience of care?

It may be reasonable to presume that patients receive better care from staff who feel happier in their work. However little is known about the strength or possible impact of associations between staff wellbeing and patient outcomes including their experiences of the care provided. Previous research has tended to focus on single aspects or one staff group [1,2], or have looked at associations at the whole hospital level (for example using the national staff and patient surveys, and hospital level outcomes) [3,4]. Researchers in the NIHR have completed a study within the English NHS exploring the links between patients' experiences of health care and staff experiences at work such as staff motivation and wellbeing at work [5,6]. Staff and patient views were captured at the team/unit level – where possible matching staff to the individual patients they cared for to test associations between staff and patient experience [7].



JULY 2014

STAFF EXPERIENCE AND PATIENT OUTCOMES: WHAT DO WE KNOW?

KING'S
College
LONDON

HSJ

HEALTH CARE
Do the right thing on social care, Mr

SECTORS • TOPICS • POLITICAL • COMMENT • HOW WE WORK • NEWS • JOBS • HOW WE LIVE

TECHNOLOGY AND INNOVATION

How NHS staff wellbeing affects patient care

By Matt, and 10 others

Most Popular Most Recent

Regular to cut 400 jobs

Calculate New NHS Trust

Major funding transfer

Executive Chief nurse

Following the publication of the *Engage 2013*, NHS Quality will be keen to learn from Mid Staff and to implement the message findings to consistently improve the experience of patients in their care.

As a system, the NHS needs to listen better to patients and their relatives and act upon their stories and complaints. It is also important that they listen better to the experience of staff. Mid Staff shows us that

Listening better to the experiences of staff, as well as patients and their relatives, is imperative for improving the patient experience, writes Jill Maben

Exploring the links between staff wellbeing and patients' experiences of care

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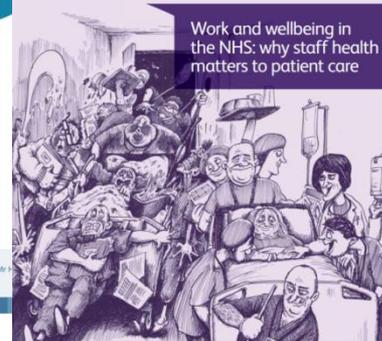
Exploring the links between staff wellbeing and patients' experiences of care

picker
Institute Europe

Royal College
of Physicians

Setting higher standards

Work and wellbeing in the NHS: why staff health matters to patient care



picker
Institute Europe

Making patient views count

- The relationship between cancer patient experience and staff survey results

A REPORT FOR MACMILLAN CANCER SUPPORT
STEVE SZIMUR
PICKER INSTITUTE EUROPE
30 JULY 2013

The National Guardian's Office



Francis report on Speaking Up:

- National Guardian's Office
- Freedom to Speak Up Guardians in every NHS trusts



- 10 regions with regular meetings for Freedom to Speak Up Guardians
- Ambulance trust network
- Community and mental health network

Freedom to Speak Up Guardians

All NHS trusts have appointed a Freedom to Speak Up Guardian. They work alongside trust leadership teams to achieve the following outcomes:

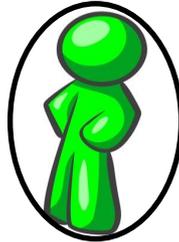
Staff have the capability to speak up effectively and are supported appropriately

Speaking up processes are effective and continuously improved

Safety and quality are assured

The Board is engaged in all Freedom to Speak Up matters and issues that are raised

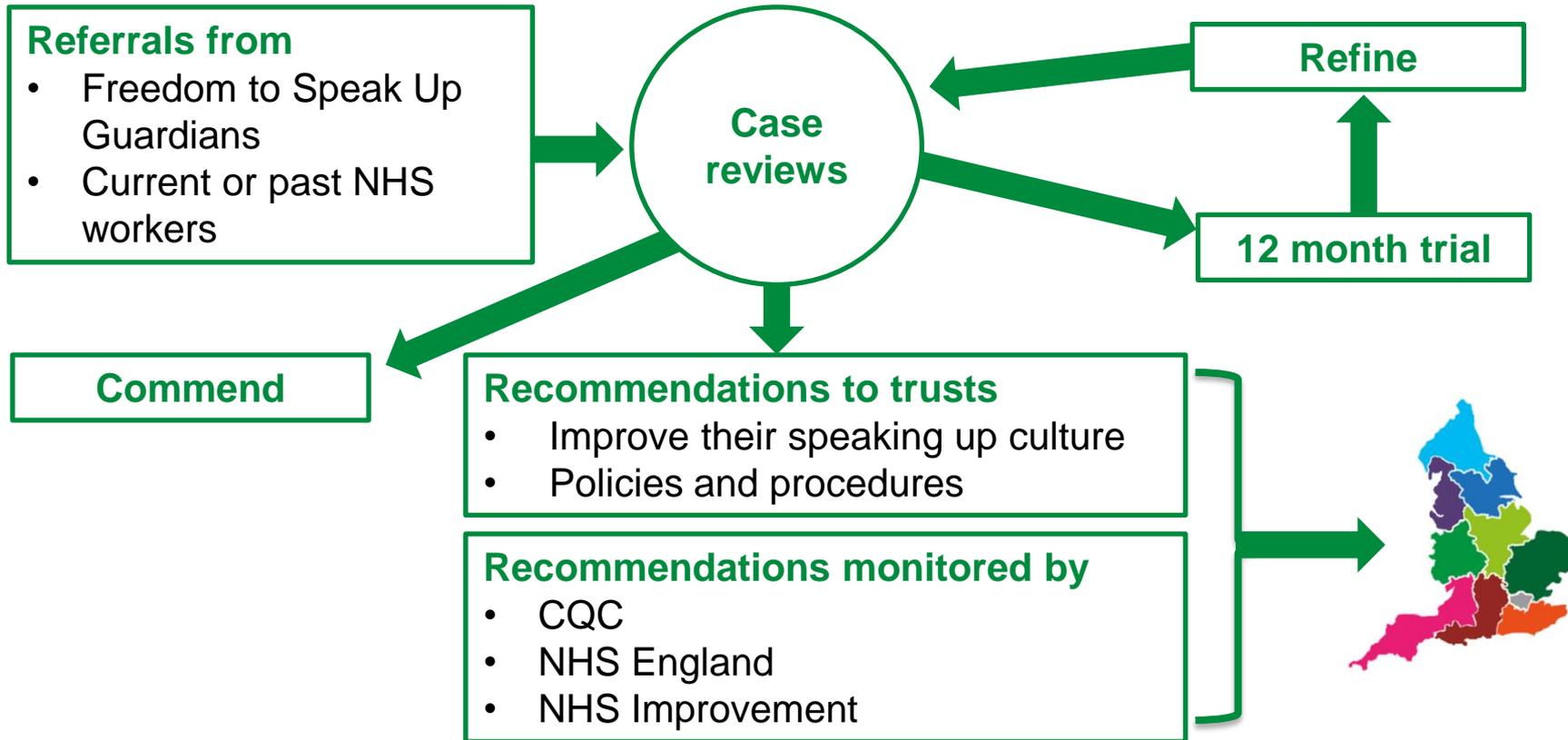
A culture of speaking up is instilled throughout the organisation and the NHS



The speaking up process



Case reviews



Working in partnership

- CQC assessment of speaking up
- Suspension policies
- Confidentiality clauses
- Leadership capability development
- Guidance on Revalidation
- Letters from risk departments

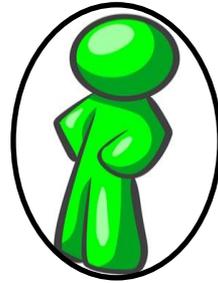


Governor's role

Are you happy with the speaking up culture in your trust?

Do you know your
Freedom to Speak Up
Guardian?

Staff survey
Q29 - Q31



Invite to council
meetings

Board reports and
discussion with
NEDs

Further information

Contact the National Guardian's Office:
enquiries@nationalguardianoffice.org.uk

To submit a case to be reviewed:
casereviews@nationalguardianoffice.org.uk

Visit the National Guardian's Office webpages:
<http://www.cqc.org.uk/content/national-guardians-office>



Harnessing your potential

Jamie Ripman





Governor potential: impact and influence

- Research undertaken March 2017
- Views sought from trust secretaries and governors in acute, mental health and community trusts

When Governors are at their best, how would you describe them?

- Informed
- Clearly understand the issues
- Clear about the role and the responsibilities of being a Governor
- They invest their time in the organisation
- Proud of the organisation
- They support each other
- Open, engaging and willing to listen
- Constructive in their feedback
- They ask the more searching questions
- They are thoughtful, and consider matters holistically and without prejudice towards individuals or topics
- Engaged, positive, enthusiastic
- Able to think more strategically rather than too focused on the detail and on operational matters

When Governors are at their best, how would you describe them?

- Inclusive in their discussions
- Willing to contribute own voice at the appropriate time
- Engaged with all the paperwork, confident that their queries and uncertainties can be expressed without derision
- Tangible sense of working on a shared purpose with respect, good humour and kindness
- Outward looking with the membership and public and act as ambassadors for the Trust, by encouraging engagement and involvement with the Trust's many programmes and activities

How does this influence the CoG / Trust in its decision making / wider work?

- Governors can be relied on to make a proper and focused contribution
- Governors are more influential in their work outside of the council meetings
- They give the board of directors and the trust as a whole a really effective governance structure
- It fosters a culture of openness and transparency and a willingness to admit when things haven't gone to plan
- They help improve services
- Decision making is based on exploration of multiple perspectives and collective integrity
- Decisions are timely and the CoG has earned respect from the Trust
- The role of a governor has wider appeal, ensuring that future governors are attracted to the role
- The public can identify with the CoG as being its local voice

When Governors are at their worst, how would describe them?

- Mixed up about their role and responsibilities
- Fixated on a particular issue, site or service
- Disruptive, with negative criticism and generally unhelpful
- Unable to see things “in the round”
- They don’t take into account the complexities of the NHS such as commissioning, finance and continue to feel they are not listened to
- They might not “buy in” to the strategic direction of the organisation and behave in a negative or underhand way
- They see the Board as “them” rather than the Board and Council as “us”
- They might talk to the press without warning to the organisation about issues relating to the services of the organisation
- They operate in silos, either as small 'pincer movements' or as individuals with their own agendas

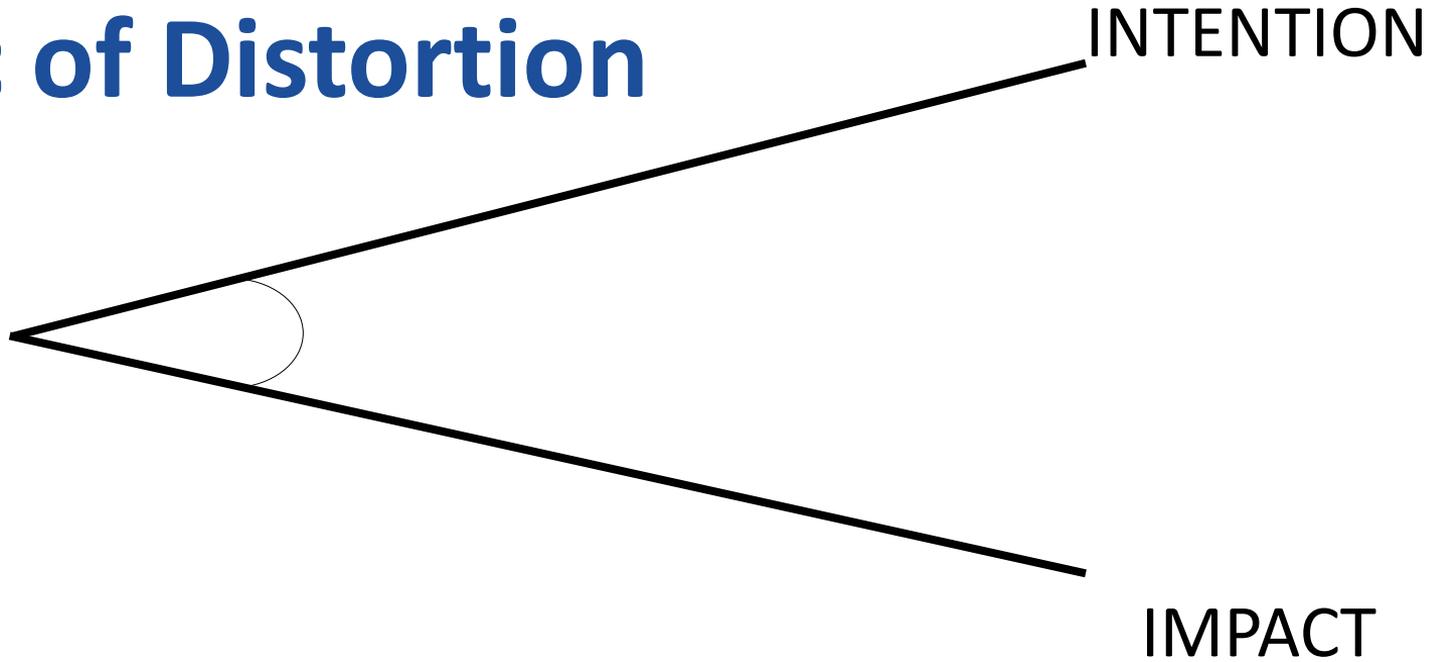
When Governors are at their worst, how would describe them?

- They take the role of governor and use it for their own purposes - either self-publicity, championing single issues or using the position as an opportunity to attack the directors
- They ignore their general duties to represent the interests of the members and the public as a whole
- They consider that their role is to criticise rather than to challenge
- They see themselves as outside of the governance structure of the organisation rather than part of it
- They attempt to be managerial and interfering and take up a lot of staff time

How does this influence the CoG / Trust in its decision making / wider work?

- These governors tend to drift to the edges of forums
- They instil a culture of mistrust
- Fellow governors don't listen to them and they become more isolated
- Problems escalate
- Behaviours that are disrespectful builds division
- This behaviour can be extremely disruptive for the CoG and affects group cohesion and purpose
- It prevents the CoG effectively engaging in a collective purpose, creates internal divisions and potentially destroys trust
- Governors form cliques, certain voices overpower others with perceptions of intimidation
- Confidentiality is breached

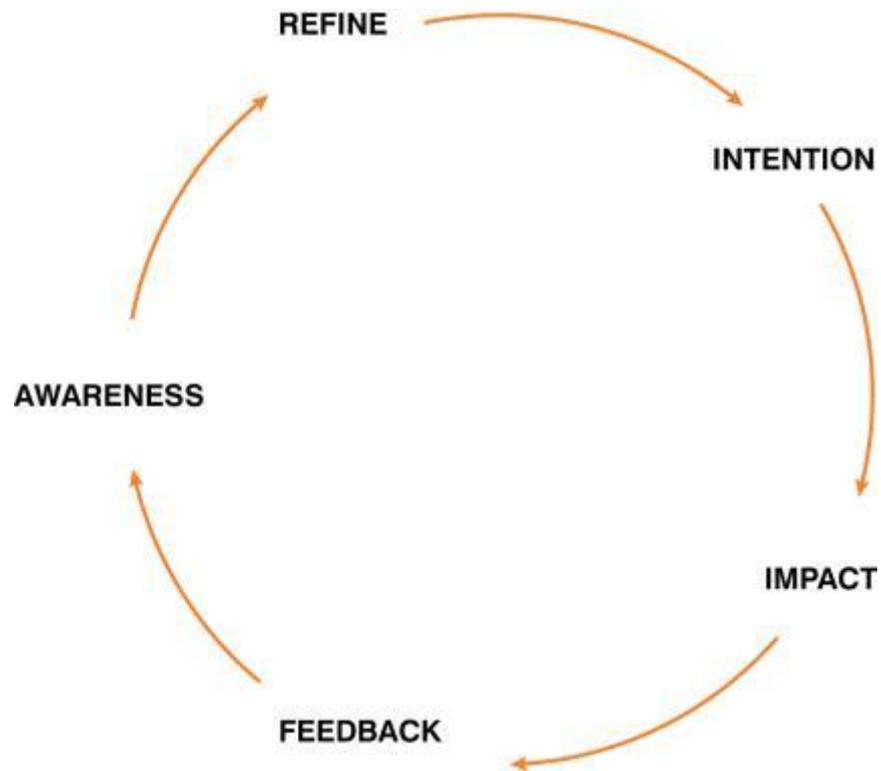
Arc of Distortion

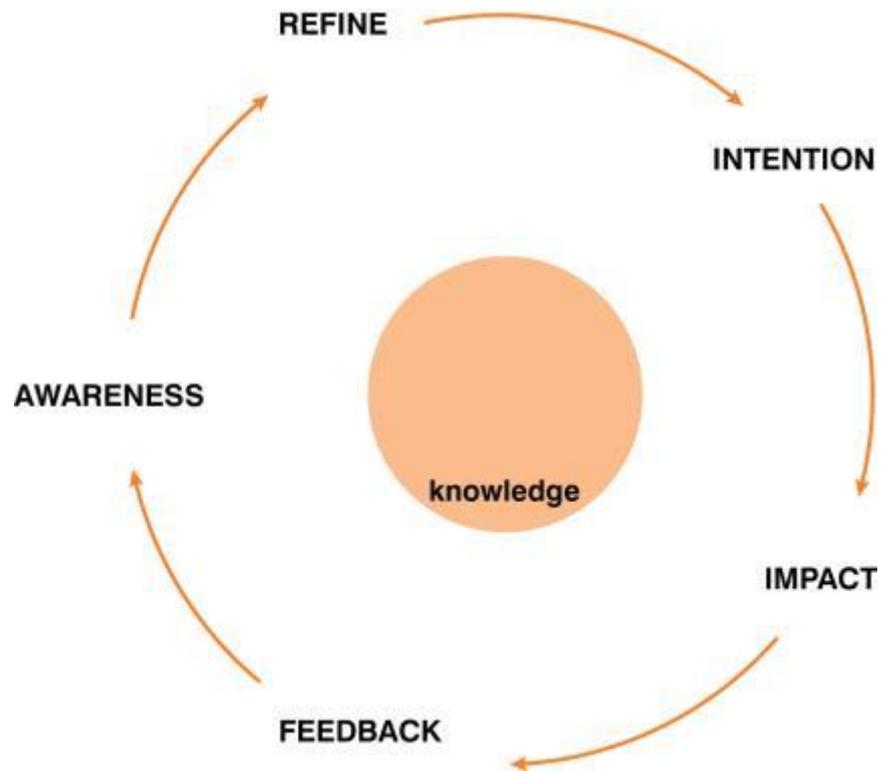




“We’ve got this saying, ‘performance by the aggregation of marginal gains’. It means taking the 1% from everything you do; finding a 1% margin for improvement in everything you do. That’s what we try to do from the mechanics upwards”

“If a mechanic sticks a tyre on, and someone comes along and says it could be done better, it’s not an insult – it’s because we are always striving for improvement, for those 1% gains, in absolutely every single thing we do.”







1. Home (<https://www.gov.uk/>)

Collection

NHS foundation trust governors and members: documents and guidance

From: Monitor (<https://www.gov.uk/government/organisations/monitor>)

First published: 22 May 2014

Guidance and information for NHS foundation trust governors and members.

Contents

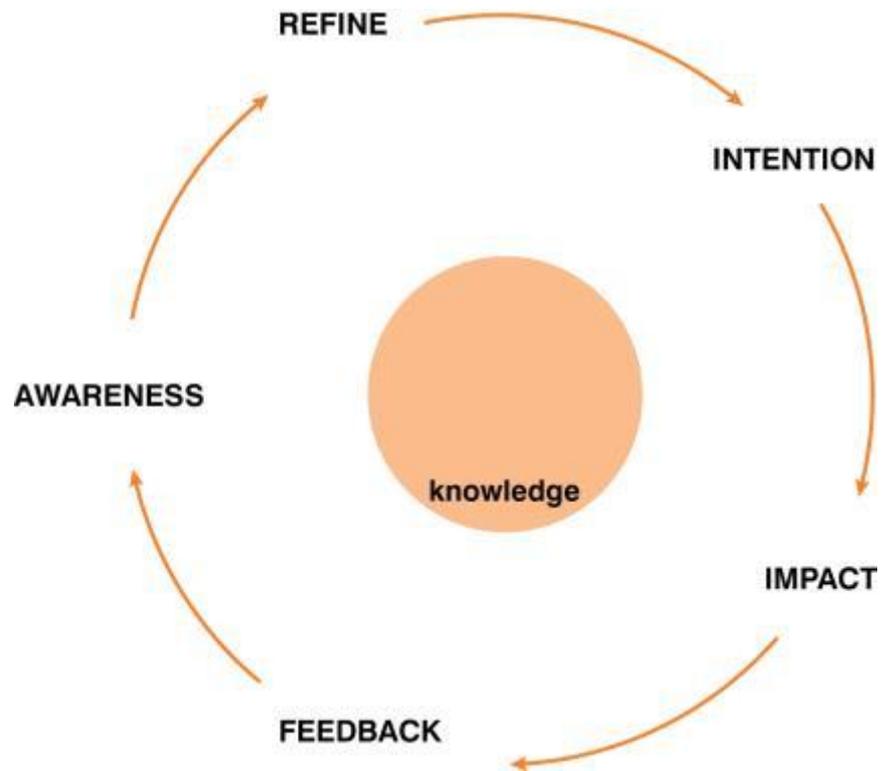
1. About being a governor
2. About being a member
3. About NHS foundation trusts
4. About Monitor

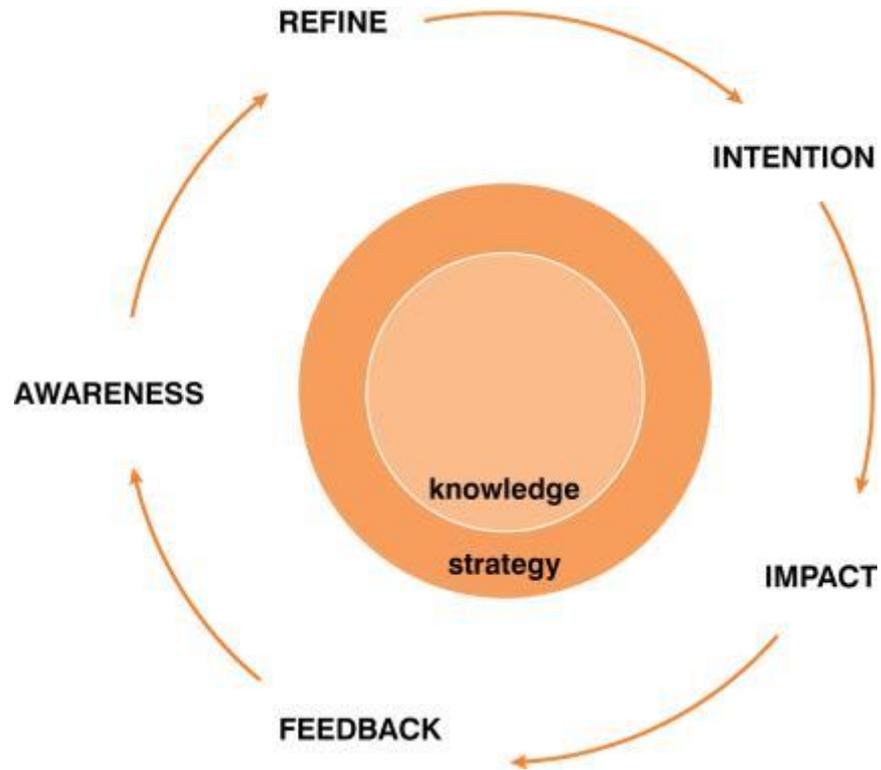
Resources and links

As an NHS foundation trust governor, you hold your foundation trust's non-executive directors to account for the performance of the board and represent the interests of members and the public.

You should refer to the publications on this page for information on how to carry out your duties.

You may also find the following links useful.

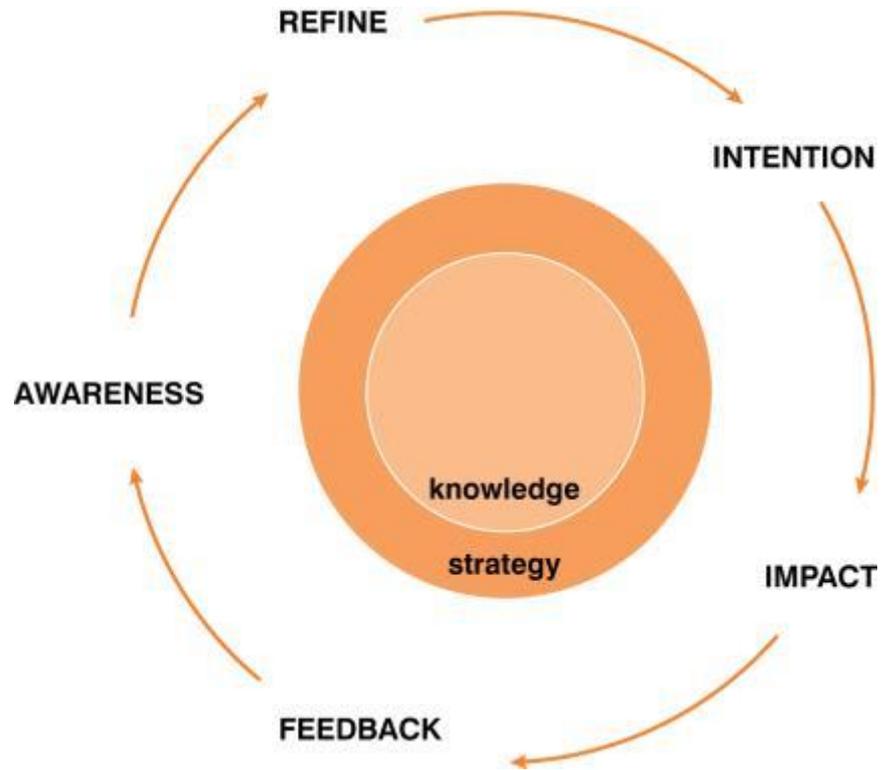


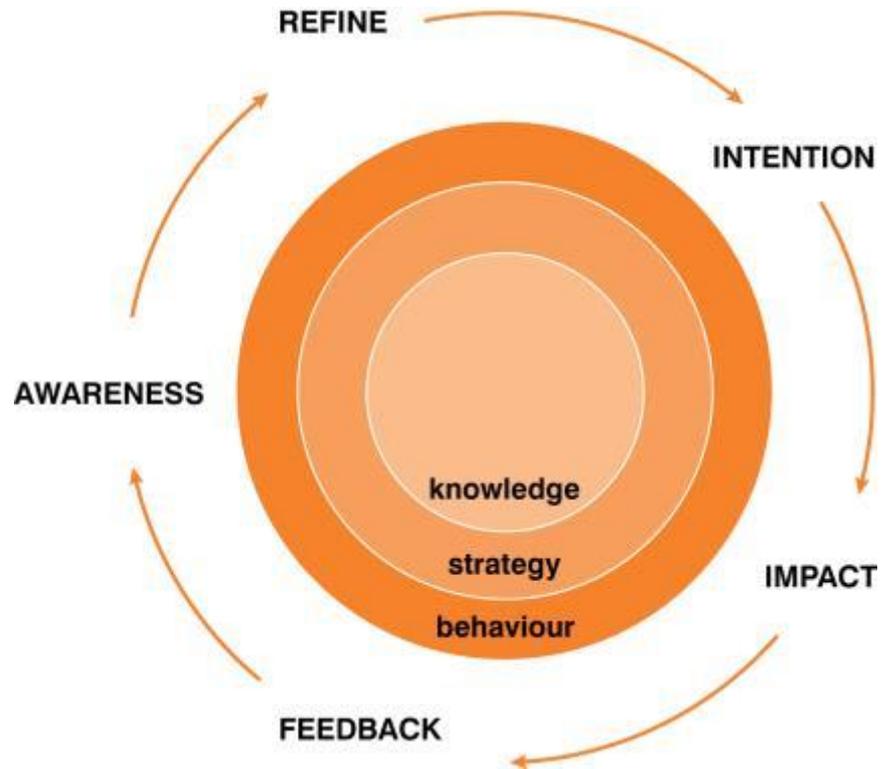


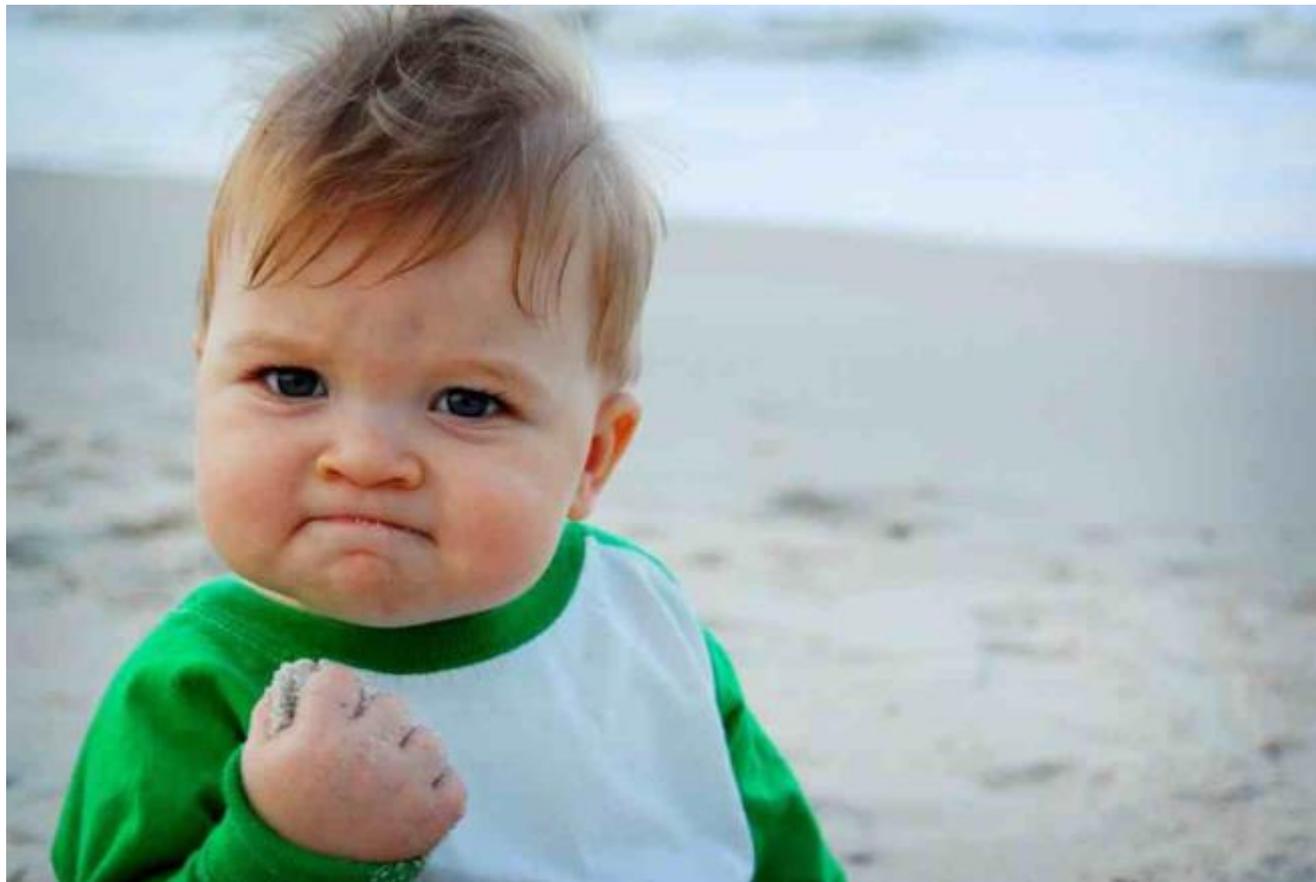
Strategies for changing your impact

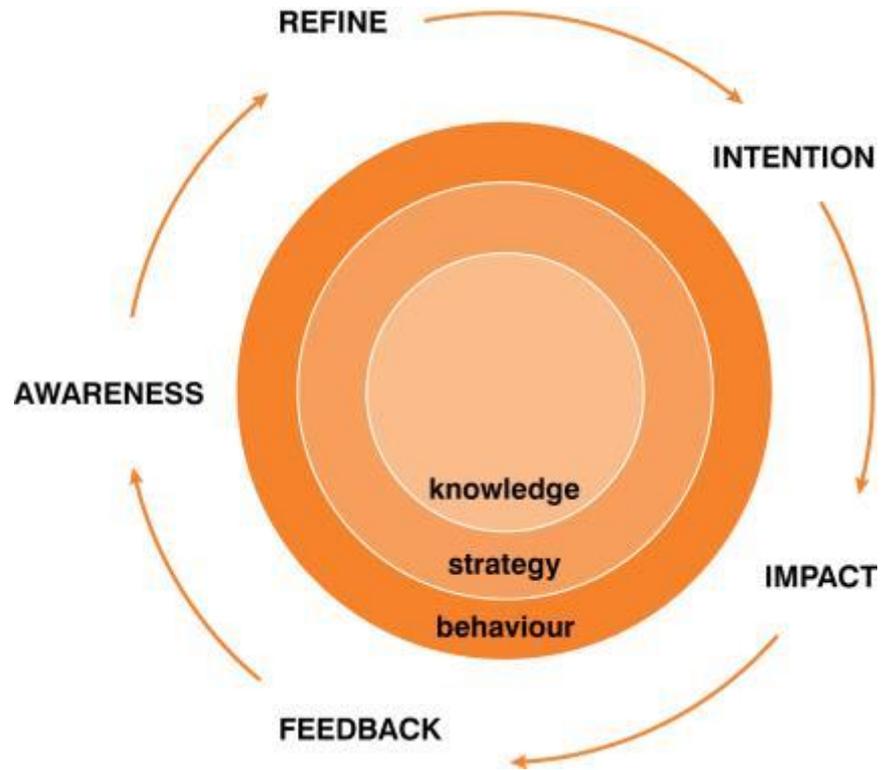
Adam Galinski

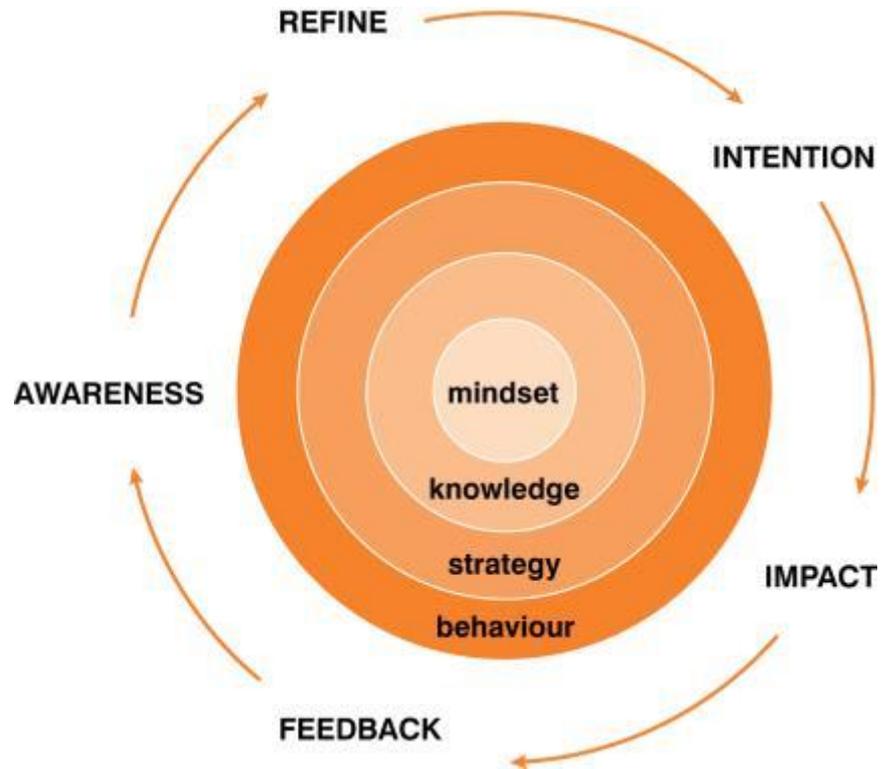
- Display your expertise
- Gain allies
- Show your passion
- Advocate for others
- Articulate the perspective of others
- Signal flexibility
- Ask for advice











From what I've noticed,
how do I **assess** this
situation?

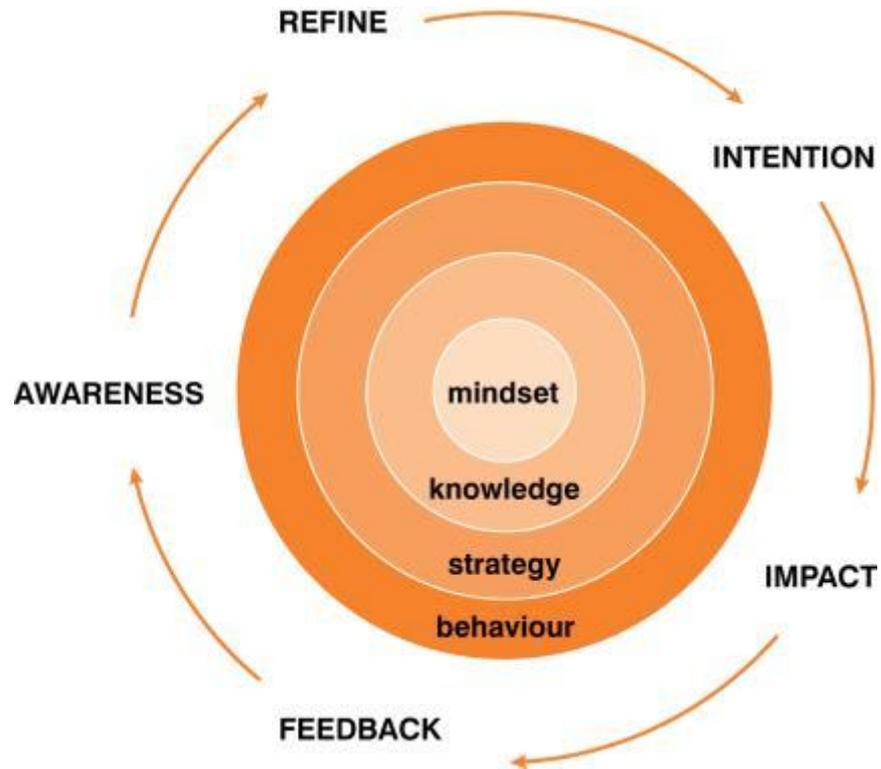
What responses are
available and
appropriate?

MENTAL MAPS:
My set of beliefs

...about the
world

...about
others

...about
myself

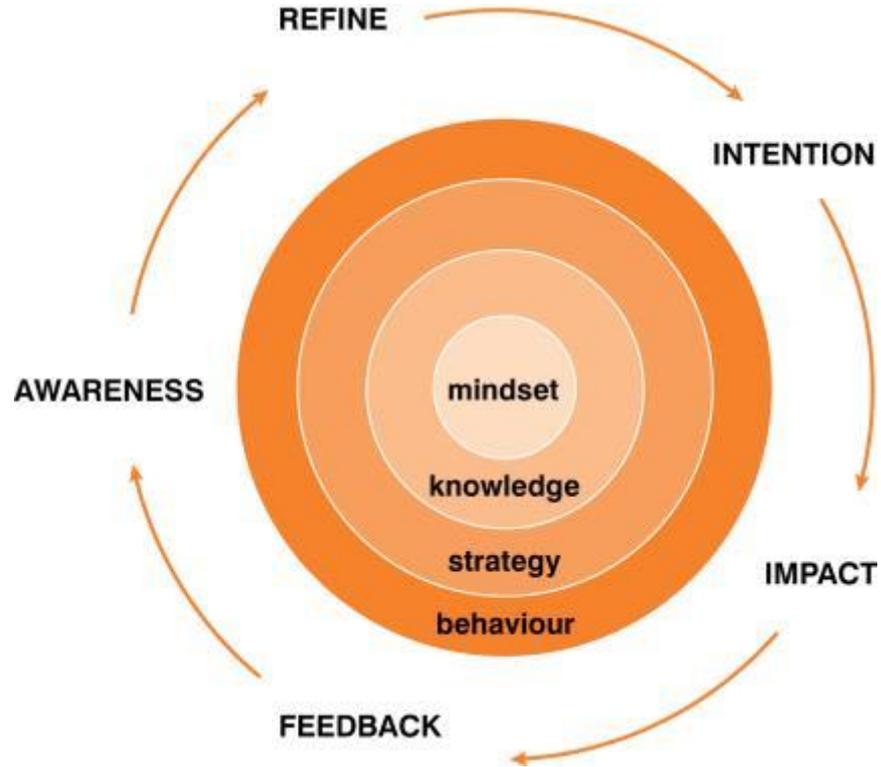


When Governors are at their best, how would you describe them?

- Informed
- Clearly understand the issues
- Clear about the role and the responsibilities of being a Governor
- They invest their time in the organisation
- Proud of the organisation
- They support each other
- Open, engaging and willing to listen
- Constructive in their feedback
- They ask the more searching questions
- They are thoughtful, and consider matters holistically and without prejudice towards individuals or topics
- Engaged, positive, enthusiastic
- Able to think more strategically rather than too focused on the detail and on operational matters

When Governors are at their best, how would you describe them?

- Inclusive in their discussions
- Willing to contribute own voice at the appropriate time
- Engaged with all the paperwork, confident that their queries and uncertainties can be expressed without derision
- Tangible sense of working on a shared purpose with respect, good humour and kindness
- Outward looking with the membership and public and act as ambassadors for the Trust, by encouraging engagement and involvement with the Trust's many programmes and activities.



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