

Governor profile – Adrian Thorne

Background

I had a fulfilling career working with local authorities mainly in Hampshire but also across England as well as being a carer which is an experience which never leaves you. I was motivated to become an appointed governor for Carers Together within Southern Health Foundation Trust in 2016 and I became lead governor in 2020. I have seen significant changes to the way in which the Trust functions as well as the role governors now play.

My professional background is a retired chartered accountant with local authority public sector background. For the last ten years of my career, I was a strategic manager in adult social care specialising in transformation, efficiency, commissioning, and integration with health at councils across England.



What motivated me to become a governor

Having worked in the public sector, particularly in Hampshire, I wanted to use the skills I have to try to give something back to the community I have lived in all my life. I had experience of working with the NHS from a local authority perspective but wanted to work as part of a foundation trust, being able to influence and be a critical friend from within. For me it was a great decision and I have learned so much since 2016, the challenge and complexity has been immense but so rewarding and I have the pleasure of working with some inspirational people, including the Board, staff and those receiving services which we provide.

How the governor role has evolved

When I started as a governor in 2016, I thought the governors were held very much at a distance from the Trust's work and there was a poor relationship between the Board and the Council of

Governors. These were very difficult times for not only the Trust but also those receiving our services. When the Board was revamped, the emphasis changed under the new Chair to embrace the governor role, so it became an important part of the Trust's governance process. This approach continues and governors can now undertake their statutory role more effectively, but we can still do better.

The pandemic has impacted on the NHS and as governors we have all tried the best to support all staff in the most trying circumstances whilst maintaining and improving our services. For governors (particularly those newly appointed) it has been a balancing act to be able to undertake our role representing our communities whilst understanding that the operation of the Trust takes priority. In addition, for a large period not being able to be in the same room as each other, which meant it was very difficult to build and maintain relationships with everyone involved.

For me it however has been encouraging to watch the whole system in Hampshire work together and support each other at a time of huge pressure and I hope that approach continues so that practices put our patients and carers at the centre of every discussion and decision. To revert to previous individual practice would be a backward step for our patients.

My approach

I was elected lead governor for the Trust because I wanted to make the governor role more effective in representing our communities as well as adding value to what the Trust provides to its population. I am lucky to have a Chair and Board who actively want governors involved with the Trust in line with our statutory responsibilities. Understanding and adhering to the boundaries are very important and we still spend time making sure we have got the balance right. Sometimes I operate close to that line! Our Council of Governors actively support, and where appropriate, challenge the Trust to better consider patient, carers and staff needs, by trying to concentrate on outcomes and experiences. We also like to celebrate good practice and outcomes; it is very important to strike that balance. The Trust is lucky to have such a committed group of governors who give so much of their time to the Trust.

I am an active governor, working closely with stakeholders (including members, staff, patients, and carers), governors, the Board, and Governance and Transformation teams to support those striving for service transformation and excellence. I am also a judge for our Star Awards which is an annual event to celebrate the contributions made by our staff.

In addition to participating in all governor meetings, I regularly attend both public and confidential Board meetings, including Board committees. The latter is at the discretion of the Trust, and I know most organisations take a different view. I have been an active participant and champion for Quality Improvement and am also a Mental Health Act Review Manager which brings me the additional rich insight into services our patients receive.

My ethos as lead governor is to focus, with governors, to unite our passions and ambitions to work together in partnership, whilst respecting each other. This approach ensures governors can better represent our members, enabling the best outcomes for all service users, carers, and staff. I believe that governors can support and drive the Trust to become outstanding by ensuring that our own valid views are heard, understood, and considered.

Future ambitions

There are three strands to my future ambitions.

First within the Trust I want to continue to develop and improve how governors undertake their role. We have a development plan in place which is externally facilitated that aims to make the Council of Governors individually and collectively more effective. One outcome of this is that governors now have more control over agendas for Council of Governors meetings rather than them being a regurgitation of Board meetings. This approach has been strongly supported by the Trust. It is work in progress.

Secondly the governors need to be able to influence (within their statutory boundaries) the way in which the wider system works within Hampshire so that strategic decisions that are made concentrate on the best outcomes for patients, carers, and staff.

Thirdly governors use their position to better represent their communities and encourage the Trust to work closer with their communities. An example would be a more focussed working relationship with the third sector in areas they are best equipped to support patients and carers.