

**CG 10/2016**

(agenda item: 16)

# Report to the Meeting of the Council of Governors

**09 March 2016**

 **Governor Development Programme**

**For Approval**

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| **1. Purpose of the Report:** |
| To update all Governors on the progress made in the creation of a Governor Development Programme designed to take into account the requirements of such as the Health and Social Care Act 2012 and the collective needs of the Council of Governors (CoG) as determined by the responses to the February 2016 Knowledge and Skills Audit (to which 16 governors responded). |
| **2. Action Required:** |
| To consider and approve the proposed design of the **mandatory** sessions of the Oxford Health FT Governor Development Programme in the context of the development of the national Governor Development Programme by NHS Providers. To consider and agree the topics to be included within the **optional** modules for enhancement of the Governor Development Programme. |
| **3. Background** |
| The Governor Knowledge and Skills (K&S) Audit in February 2016 (see Appendix 1) assessed Governors’ current knowledge of the key functional areas within which Governors are expected to possess the knowledge and skills to fulfill statutory responsibilities including an ability to hold the Board of Directors, via the Non-Executive Directors, to account under the Health and Social Care Act and associated statute/regulation. The results of this assessment have been used to inform the content of the **mandatory** sessions of the development programme and to identify the focus for the first Governor Assurance Prompts (GAPs). These areas are:* Governance and Regulation
* Quality and Safety, to include triangulation of the external assessments of care
* Patient Experience, to include triangulation of feedback sources
* Finance, Performance and Commissioning to include benchmarking sources
* Directorate structures/services

The aspects of each of these functional areas about which the analysis of the K&S audit results suggest there would be value in further development have been combined with the results of a literature review to create the proposed final content for each mandatory session.It is important to note that the Governor Development Programme will not replace the existing Governor induction programme that follows each election, which itself is being reviewed by the Director of Corporate Affairs/Company Secretary.Following each mandatory session the Governors who attend will be asked to complete an evaluation questionnaire to assess the extent to which each session has fulfilled its learning objectives.Attendance by individual Governors at all mandatory sessions and optional modules will be recorded and will be able to be reported upon as determined by the Council of Governors in the Trust’s Annual Report and Accounts. |
| **Proposed Content of Mandatory Governor Development Programme Sessions** |
| **Session 1: Corporate Governance, Regulation and Assurance:**1. Role of Monitor in the new health landscape
	* Explanation of the Risk Assessment Framework to include the Governance Risk Rating and Quality Governance– what do these ratings mean and how does this place OHFT in the broader context of other FTs? (providing some relativity)
	* Monitor Licensing System
	* Monitor Enforcement System
2. Understanding of the areas on which OHFT is scrutinised by regulators (e.g. target and outcome measures)
3. Understanding of the Corporate Committee structure and how the Trust assures itself that it is delivering against its objectives to include an explanation of the Board Assurance Framework.
4. Understanding of the overarching organisational structure - who has responsibility for what and where each fits into the ‘bigger picture’.
5. Introduction to the Constitution, Standing Orders, Standing Financial Instructions.
6. Information Governance.
7. Assurance: internal assurance processes and external assurance processes (e.g. Regulator inspections; Internal Audit, External Audit, Assurance Unit [link to finance session])
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| **Session 1 to be led by the Director of Corporate & Affairs supported by Assistant Trust Secretary and others (to be determined)** |
| **Session 2: Quality and Safety**1. Understanding of what Quality Improvement means at Oxford Health FT (to include metrics in the Quality Account)
2. Understanding of the Governors’ role in influencing the Trust’s quality improvement priorities within the Quality Account.
3. Understanding of CQC regulation and inspection and how the Trust assures compliance ‘ward/service to Board’
4. Understanding of Medical and Nursing workforce and links to quality – to include peer review, revalidation/accreditation, supervision, safe staffing
5. Triangulation – understanding the sources of assurance providing a more holistic view of quality and safety (to include how we use & triangulate learning from incidents, claims and other intelligence in an integrated way)
6. Risk Management *(to exclude Board Assurance Framework included in Corporate Governance Session)*
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| **Session 2 to be led by Director of Nursing and Standards and Medical Director supported by others (to be determined)** |
| **Session 3: Patient Experience and Involvement**1. Understanding of how the Trust elicits and accesses feedback, encourages it, demonstrates action from it – could the Governors have more of a role in eliciting feedback from Members?
2. Understanding of how the Trust uses patient surveys – and the difference they make
3. Understanding of patient and user involvement in their own care and in wider pathway and service developments
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| **Session 3 to be led by Medical Director and Director of Nursing & Standards supported by others.** |
| **Session 4: Finance, Performance and Commissioning**Finance:1. Understanding the format for presenting financial performance
2. Role of Audit – Internal and External
3. Financial controls
4. Understanding of the Trust’s performance and its Monitor Financial Sustainability Risk Rating (FSRR) in the broader context of peer FTs.
5. Understanding of Finance in the context of overall business performance – for example, what does EBITDA really mean as a measure of our success or not (rather than as an absolute number)? What is the difference between plan and forecast?
6. What can Service Line Reporting do for the Trust’s understanding of performance?

Performance:1. Against the Trust’s targets and standards
2. Implications of failing to achieve targets / standards

Commissioning:1. Understanding of the NHS commissioning system and its financial implications.
2. Explanation of terms such as ‘QIPP’ and ‘CQUIN’.
3. Business planning
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| **Session 4 to be led by Director of Finance supported by Associate Director of Strategy and others (to be determined)** |
| **Session 5: Directorate Structures**This session is to help Governors understand the different clinical services that sit within each Directorate along with a deeper understanding of their levels of activity and performance (finance and quality). |
| **Session 5 to be led by the Chief Operating Officer supported by Clinical Directors and Service Directors as appropriate** |
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| **Session 6: The Role of the Council of Governors**It is proposed that this session is led by the Governors themselves. The main purpose of this session would be to explain to the Board of Directors the strengths and weaknesses in the Trust’s systems of engaging and informing governors in fulfilling statutory duties. Progress against actions to deliver improvement and enhancement to the Governor’s ability to hold the Board to account would be tracked through the formal CoG meeting.  |
| **Session 6 to be led by the Governors themselves supported by members of Trust staff as required and attended by the Board of Directors.**  |

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| **Governor Development Prompts (GAPs)**It is proposed that in order to equip Governors with a set of questions that enable them to ask searching enquiries in order to hold the Board to account for the performance of the Trust whilst being mindful of the role of the NEDs in comparison to that of the Governors, a set of GAPs are developed.Following an understanding of the types of questions Governors are asked by both Members and the general public, the focus of the first GAPs to be developed could be on experiential issues – about the environment, the customer care, the attitudes and behaviours of staff rather than about clinical care, but the Council of Governors are invited to influence the content and focus of the first GAPs |
| **GAPs will be developed by the Director of Corporate Affairs/Company Secretary in the first instance in conjunction with the Lead Governor and other Governors** |
| **Optional Governor Development Programme Sessions** |
| Optional modules for Governors:Module 1:* *Communications: Media and PR and code of conduct (in which we could include media training recently requested by Governors involved in the election communications)*
* *Stakeholders (Voluntary sector partners; CCG, Ambulance Service; Healthwatch; County Council)*
* *Clinical negligence, employer and public liability claims and inquests*
* *Health and Safety*

Module 2:* *Chairing meetings*
* *Negotiation skills*
* *IT skills*

Module 3: * *Recruitment and selection*
* *Interviewing skills*

This module would be mandatory for Governors who are members of the Nominations committee.These modules would be optional for governors to attend. Attendance at the mandatory sessions will be recorded and may be reported upon as required on the website and in the Annual Report. |
| **National Governor Development Programme provided by Foundation Trust Network**The NHS Leadership Academy commissioned NHS Providers[[1]](#endnote-1) to develop a Governor Programme which focuses on induction, core skills and specialist skills for governors. The package of modules has been available since April 2013. The training is provided across the country at both face-to-face sessions and using both on-line and published resources. The materials created as part of the national development programme are available for FTs to download and tailor for their own use during bespoke in-house governor development sessions.Core modules of the national programme include:* The NHS and the role of the Governor (a one day module which will cover their statutory role, finance and accountability amongst other topics).
* Effective questioning and challenge

Specialist modules of the national programme will include:* Accountability
* NHS finance
* Business skills
* Strategy and planning
* The Governor’s role in Non Executive Director (NED) appointments
* Processes for determining NED remuneration
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| **4. Summary of Risk Implications:** |
| Without the required skills and knowledge the Governors would not be able to hold the Board of Directors to account and would be less able to fulfil their statutory responsibilities. This enhanced development programme is designed to ensure the Governors have not only the skills and knowledge to monitor the Trust’s performance and that of its Board of Directors but increased confidence to test the responses of Trust management in an appropriate way. |
| **5. Summary of Strategic Implications**  |
| Without a consistent, integrated Governor Development Programme the Trust will not be able to evidence the way in which it has supported its Governors in being skilled to undertake their statutory duties. |
| **6. Recommendations:** |
| The Governors are invited to:* Reach agreement on the final content of the mandatory sessions of the Governor Development Programme and the focus of the first Governor Assurance Prompts (GAPs).
* Consider and approve the proposed topics to be included as optional modules within the enhanced Governor Development Programme.
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| **7. Timescales, Deliverables and Lead Accountable Executive:** |
| Next steps:1. Director of Corporate Affairs/Company Secretary to agree dates for each of the mandatory modules for 2016/17 with the Governors and the session leads. The first module will be planned if feasible, to take place before the end of April 2016.
2. To support each Director lead to create the content for their session.
3. To devise the first set of GAPs.
4. To access the national Governor Development Programme training materials as they become available and tailor them for use within both OHFT’s mandatory and optional modules.
5. To oversee the provision of the optional modules.
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1. NHS Providers is the trade association for foundation trusts and NHS trusts. It is the voice of acute hospitals, mental health, ambulance and community services organisations. [↑](#endnote-ref-1)