



# Collaboration and compromise

by Andrew Corbett-Nolan.

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## BLOG

GGI CEO Andrew Corbett-Nolan reacts to two new NHS England guidance documents, Draft Guidance on good governance and collaboration and Draft Code of governance for NHS provider trusts, which could frame the way boards work up to 2030.

Three important reports have been issued by the Department of Health and Social Care and NHS England that will inform how NHS boards work in the coming years.

The Messenger report *Health and social care review: leadership for a collaborative and inclusive future*, and two NHS England guidance documents, *Draft Guidance on good governance and collaboration* and *Draft Code of governance for NHS provider trusts*, will, GGI predicts, frame the way boards will be working up to 2030.

All three reports could be said to be 'old wine in new bottles', affirming as they do approaches to leading and governing the NHS that have been promoted many times before. But we would say they are significant, even if only for repeating that classic corporate governance principles buttressed by the effective leadership behaviours of collaboration, inclusion, openness and example are how the next decade of health and social care reform need to be hallmarked. The supertanker isn't being turned around, rather it is full steam ahead.

We will focus for now on the two NHS England sets of draft guidance.

### Governors and non-executive directors

Unlike the reforms of 2012 there is no soft-pedalling on the role of boards – indeed, this is extended. Neither is there a watering down of the value of independent non-executive oversight as there was when CCGs were established. In fact, the role of both chairs and non-executives is restated and strengthened. So too is the role of governors which, we feel, will not receive a universal rousing cheer.

Our experience is that many – perhaps even the majority – of NHS foundation trusts (FTs) have regarded governors as an inconvenience and have not properly invested in their development to facilitate their specific governance role. These FTs will now repent at leisure as the governor role, and the development needed to ensure they have the skills to carry it out, is emphasised.

What is new is the palette of language used and some specific new accountabilities for both directors and boards. These should not be underestimated. They include:

- incorporation of requirements related to system working, including greater engagement
- inclusion of the board's role in assessing and monitoring the culture of the organisation, including the wellbeing of its workforce
- focus on addressing health inequalities
- specific targets on board composition to promote equality, diversity and inclusion among board members.

There is a clear requirement for boards to assess trusts' "contribution to the objectives of the Integrated Care Partnership (ICP) and Integrated Care Board (ICB), and place- based

partnerships". This will become part of the assessment of trust performance, and "system and place-based partners" are highlighted as key stakeholders throughout.

The expectation for providers to collaborate with partners to agree shared objectives through ICPs and to collaborate on the delivery of the five-year joint plan and annual capital plan through system, place-based arrangements, and provider collaboratives is represented now in the single oversight framework.

Collaborative and collegiate behaviours, highlighted as the leadership behaviours of the future by Mervyn King in GGI's *Three Kings* series as the first wave of the pandemic abated, are specifically spelled out as requirements boards will be held to account for.

Indeed Professor King used the word 'compromise' repeatedly. Crucially, in addition to existing duties for trusts to deliver safe, effective care, and effective use of resources, the new requirements state that individual trusts will increasingly be judged against their contribution to the objectives of the system. There is no room for any secret moments of schadenfreude at the misfortunes of our neighbours.

## **Buddying**

GGI has been a pioneer of 'buddying' and we see this returning, with specific mention of shared posts and mutual aid. As the buddying partner of University Hospitals Birmingham NHS FT and East Lancashire Hospitals NHS Trust, GGI was 'in the weeds' of many individual buddying relationships, using our skills around knowledge transfer and effective, short-term external improvement approaches.

The dynamics of many provider collaboratives will need to draw on learning from buddying in order to be impactful. Boards need to bear in mind there is one NHS, and successful organisations will need to reach out to trusts in trouble, sharing their talent and management skills.

The draft Code brings some disappointments too. The section on the role of audit committees describes an unhelpfully limited role of the 'senior committee' around mainly financial governance. Neither can we see the time commitment taken up by assurance for boards lessening. The challenge role for non-executives is emphasised whilst the contribution to strategy barely mentioned. However, GGI is encouraged by clear statements about the importance of board development, annual reflection on the board's effectiveness and in particular on risk management.

Governor development is also highlighted, and we would counsel FTs to all put in place proper development programmes for councils of governors with demonstrable impact criteria built in. For example, governors are required to consider the wider benefits to 'the public' and not just the population served by the FT.

GGI has never before seen codes of governance with expected board and organisational behaviours quite so starkly spelled out, with the intention of incorporating these into oversight arrangements. Clearly NHS England has come to the same conclusion that Mervyn King did as the pandemic came upon us that smart thinking for the future was of collaboration and compromise. The success of one organisation in delivering its goals cannot be subsidised by negative effects on others.

Many NHS boards will be blind to the fact that hard-wired into the mindset of many existing NHS executives will be a primacy for their own organisation's achievement of performance and financial goals. This is no longer acceptable. Indeed, we would go further. Non-executives drawn from retired NHS 'lifers' will also need to check their mindset has not become intuitively framed by the world of the internal market.

## **Modern code**

Over the coming weeks GGI will be picking up on the individual parts of the draft code, the governance of collaboration and the Messenger review. They address important concepts for boards to think through. Boards should use the summer of 2022 wisely and reflect on these steps forward. There is something here for everyone to learn.

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