



Life as an NHS Trust Secretary

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A bit about me

- **Dropped out of University**
- **Started life as a typist/under PA – Notts County Council (2004-6)**
- **Moved about a bit and went up the ladder**
 - Eden DC – 2006-8; NEDDC/BDC - 2008-16
- **Got involved in ADSO**
- **First foray into NHS (Doncaster & Bassetlaw NHS FT 2016-18)**
- **Started at Sheffield Children’s NHS FT a month ago**

- **“Been there & a bit battered” but surviving**

Why the NHS?

- **Few opportunities at “head of” level in local government**
- **Local government stagnant and prone to self-harm**
 - The “non-jobs” speech / mayors becoming CEOs
- **Democratic Services’ deferential relationship to Legal**
- **Friends/former colleagues reported positive experiences of NHS**

Is the NHS a closed shop?

- **No, it's the complete opposite**
- **Good governance – often used phrase but talent pool isn't huge**
- **Focus is very different from LG –**
 - Less about “statutory compliance” – agendas, minutes, KDs, DDs
 - More about the big picture - “Well Led”
 - Cross-overs with *CIPFA/SOLACE Delivering Good Governance*

Key ingredients for well led

- Leadership
- Strategy
- Culture
- Governance
- Risk & Performance
- Information
- Engagement
- Improvement & Innovation



Improvement



NHS Governance

- **Commissioner and provider split**
 - Commissioners – CCGs (who control the money)
 - Providers – NHS Trusts, FTs, mental health, specialist, community care (who provide the services)
 - Lot of wrangling between the two on contracts and activity
- **Heavily regulated (NHSI, CQC) and lots of stakeholders**
 - O&S, HWB, PHSO, Healthwatch
 - NHS Resolution, NHS Digital, NHS Protect

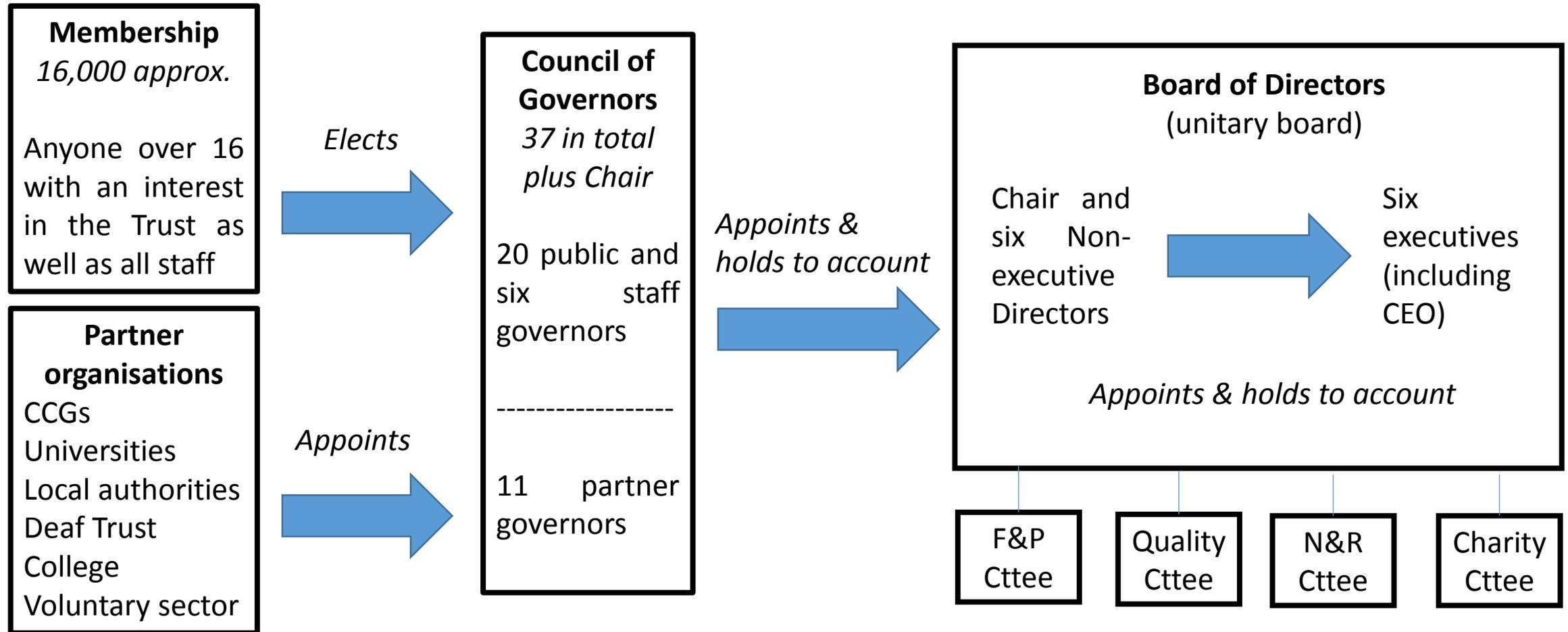
'Governance' in an FT

- **Term is overused – corporate, clinical, healthcare, information**
- **Legislation is limited**
 - Health and Social Care Act 2003
 - NHS Act 2006
 - Health and Social Care Act 2012 ('Lansley Reforms' made law)
- **Model constitution, Monitor code & guidance fills a big vacuum**
 - Comply or explain principle

'Governance' in an FT (2)

- **Structure borrows a lot from public companies**
 - Free from DoH control (in theory) / membership structure
 - Concepts of unitary board and directors' duties
 - At least half the board must be independent non-executives
 - Executives run the day-to-day operations / NEDs seek assurance
 - Statutory requirement for annual report and annual meeting
 - Council of Governors – public, staff and partners
 - Ability to merge and acquire other trusts
 - Chain of “holding to account”

FT structure – a unique structure



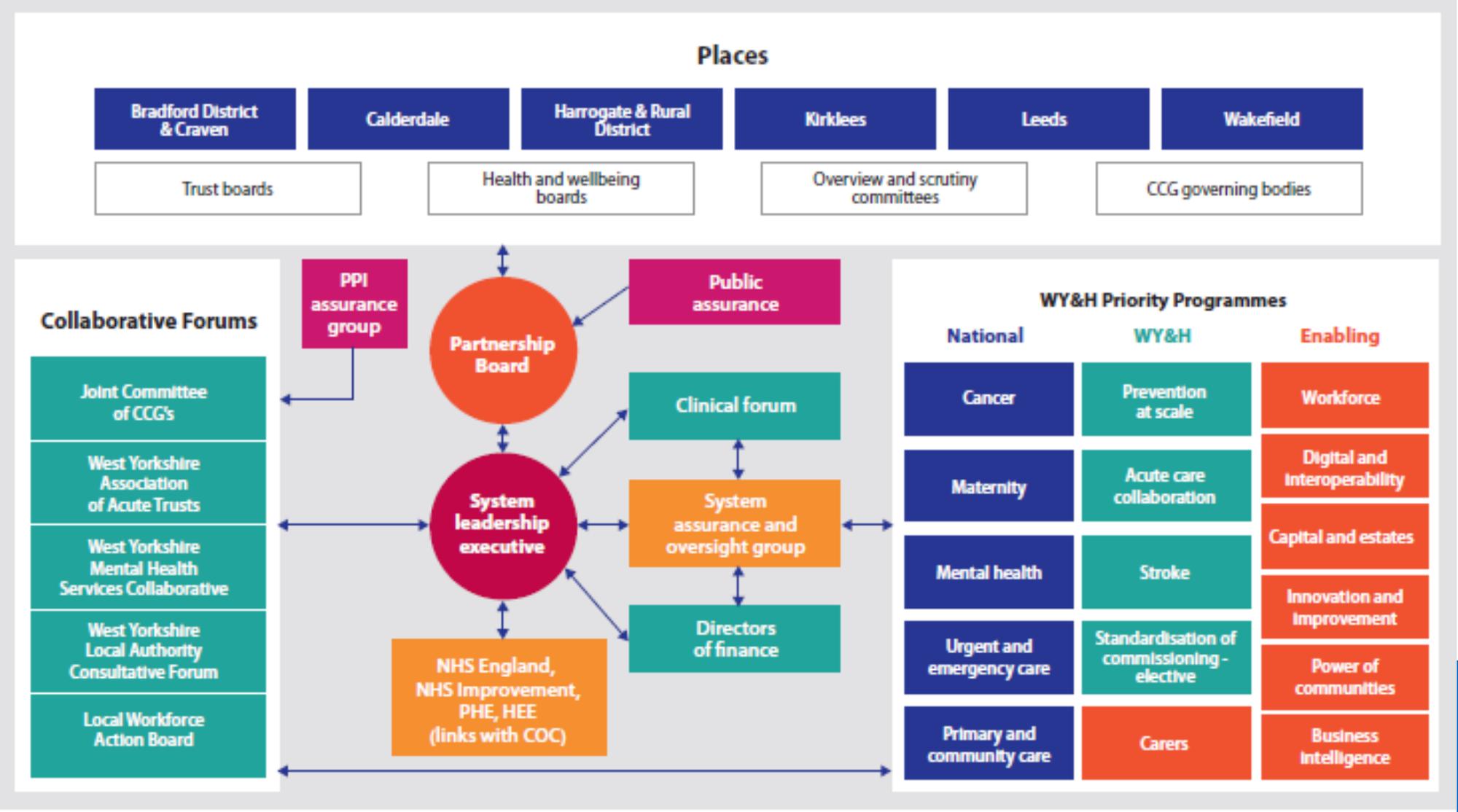
The money thing – are we rolling in it?

- **“Surplus for a purpose” concept but everyone’s in deficit**
 - Control totals rather than ‘balanced budgets’
 - Bonus payment system masks chronic structural underfunding
- **Some wastage but main drivers behind cost are:**
 - Move towards specialist care but not enough specialists
 - Therefore reliance on locums/agency
- **Dawn of healthcare “systems” – STPs/ICSs**

STPs/ICSs

- **“Coalitions of the willing” - commissioners, providers, councils**
- **Set priorities for a whole health system e.g. Devon, SY&B**
- **Generalised to specialised = better outcomes**
- **No statutory basis but recognised by Gov’t and the Regulator**
- **Wary/fearful of consultation with local authorities**

ICS Governance - A tendency to overcomplicate



Key responsibilities of the Trust Sec role

- **Supporting the Board of Directors and its committees**
- **Council of Governors and membership**
- **Board assurance framework & corporate risk register**
- **Liaison with regulators, assessments & inspections**
- **Commissioning legal advice**
- **Handling recruitment to the Board and governor elections**
- **Board level remuneration**
- **Line management – sometimes PAs!**

Key skills for the role

- **Technical expertise – law, codes, regulation**
- **Interpersonal skills – judgment, diplomacy, tact, discretion**
- **Ability to challenge and remain independent**
- **Win confidence of other directors – “wise counsel” role**

Reasons to do it

- **“It’s not about the money” (... but it kind of is)**
- **Close working relationships with Chair and CEO**
- **Board tends to be full of high-calibre people – learn from them**
- **Boards are aware of politics but not afraid to be brave**
- **Free from the shackles of “Legal” – well, almost**
- **Workplace culture is reported on nationally**
- **Opportunities to widen portfolio – risk, assurance, IG, etc**

Reasons to stop and think

- Resources mostly channelled into 'care' at expense of 'corporate'
- Support limited – expect an 'assistant' rather than 'a team'
- Commissioner structure changes with every new government
- Heavily regulated and they have big teeth
- Scepticism of transparency
- The role is not the same everywhere!

Getting qualified

- **Not essential but opens doors (in and out of the sector)**
- **ICSA: just changed their core syllabus – but pass rates can be as low as 28% for some exams!**
- **Standalone Health Service Governance qual is about £1k**
- **Genuine gap for something that does not involve exams**



Thank you, any questions?