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Empowerment or rhetoric? Investigating the role of NHS Foundation Trust governors in the governance of patient safety

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ABSTRACT

Objectives: Involving patients and the public in patient safety is seen as central to health reform internationally. In England, NHS Foundation Trusts are seen as one way to achieve inclusive governance by involving local communities. We analysed these arrangements by studying lay governor involvement in the formal governance structures to improve patient safety.
Methods: Interviews with key informants, observations of meetings and documentary analysis were conducted at a case study site. A national survey was conducted with all acute Foundation Trusts ($n = 90$), with a response rate of 40% ($n = 36$). Follow up telephone interviews were conducted with seven of these.
Results: The case-study revealed a complex governance context for patient safety involving board, safety and various sub-committees. Governors were mainly not involved in these formal mechanisms, with participation being seen to pose a conflict of interest with the governors' role. Findings from the survey showed some involvement of governors in the governance of patient safety.
Conclusions: This study revealed a lack of inclusivity by Foundation Trusts of lay governors in patient safety governance. It suggests action is needed to empower governors to undertake their statutory duties more effectively and particularly through clarification of their role and the provision of targeted training and support to facilitate their involvement in the governance of patient safety.

1. Introduction

The aim to develop greater patient and public involvement (PPI) in shaping the organisation and delivery of healthcare has become central to health reform in England [1–5] and across the developed world [6,7]. Within the English NHS the PPI agenda has been given greater momentum by evidence of serious clinical and service failings in health [8–12]. These have frequently been exposed by harmed patients and their families and have been highlighted most recently by the high profile Francis Inquiry [13] into one of the biggest patient safety failings in the history of the NHS. A patient safety movement has now emerged worldwide that incorporates demands, particularly by harmed patients, to be included in developing solutions to patient safety problems [14–16]. A key emphasis driving policy developments has been to stress the benefits of participation as an important way of improving performance and quality [17,18] and achieving

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accountability from healthcare services and regulatory bodies [19,20]. Despite these drivers, there is evidence that the role of patients and the public such as Foundation Trust (FT) lay governors, needs to be strengthened in decision-making [21–26].

PPI in health care is part of a wider movement involving the public in the management of public sector organisations. Lay participation in school governance, for example, has been an important part of devolving management of schools in England, as well as a number of other countries. This process has aimed to drive up standards, whilst also being loosely linked to ideas about the accountability of public service provision to the communities that use them [27]. However, research on governing bodies in schools suggests the role of governors needs to be strengthened (Farrell [22]), and it has been argued that shifting power from professionals to citizens is essential in moving from a professionally dominated approach to one of citizen governance [28,29].

In relation to health care, Foundation Trusts (FTs) in England, established under the Health and Social Care (Community Health and Standards) Act [30], have been seen as one way to achieve more inclusive governance and citizen participation for local communities [31,32]. FTs have greater freedom than other NHS Trusts to manage their affairs. Whilst they must continue to meet the same standards and targets as other Trusts, they are not subject to powers of direction by the Secretary of State and have a separate regulator, Monitor [33]. FTs have a duty to consult and engage with an elected board of governors (BoGs), (now called Council of Governors under the Health and Social Care Act 2012), made up of patients, staff, members of the public and other key stakeholders. Governors in turn are held to account by the voting members recruited to the Trust (patients, carers, staff and members of local communities), who are also able to stand for elections to the governing board [31,34].

More generally, requirements to involve patients in their individual care and treatment and in service planning and improvement have been reflected in legislation (NHS Act 2006) and registration requirements [35] and essential standards for quality and safety for all NHS Trusts [36]. In practice, however, there is little evidence that PPI is a mainstream activity that operates alongside other policy and performance requirements in the NHS [3,37,38]. In patient safety, evidence suggests that achieving PPI has been even more difficult [39–41], despite ample research illustrating patients and the public can be involved in many different ways at both an individual patient level and in service planning and provision [39,41].

This context raises questions about how patients and the public can be empowered in PPI processes. McLean [42] has pointed to a consumerist model of empowerment defined by service providers and policy makers as having 'a narrow individualised focus on people's ability to make choices within predetermined service systems' [42,43, p. 277]. In contrast, a liberational model of empowerment: '*implies that processes of social and civic life should be designed to support and enable the participation of those who have previously been excluded from them. This means that change has to take place within social systems as well as within individuals and within services*' [43, p. 277, 44, p. 71]. In practice a number of factors have been identified within health care systems and at an individual level that can hinder involvement in service planning and decision-making which include: lay people feeling unclear about their role and what is expected of them, a shortage of resources, concerns about representation [41] and resistance from healthcare staff and managers [41,45].

There is limited research on how to develop PPI specifically in patient safety committees and governance structures, although the principle of lay participation in clinical governance and at board level has long been reinforced at a national policy level [23,46–49] and internationally [14,16]. In developing PPI in patient safety governance further, however, adopting a more equal partnership between professionals and patients has been seen as fundamental [23, p. 197], as well as helping to build trusting relationships which foster successful collaboration [50].

Research on FT governors suggests their role needs to be strengthened if they are to be effective. There is a need for improved operation of BoGs, better interaction with boards of directors (BoDs), and a need to provide further guidance to governors on understanding and discharging their statutory duties [25,51]. There is a knowledge, skills and 'experience gap' with governors and ambiguity over governors' roles and rights [24,52] and not all governors are able to hold their FT to account [21]. Allen et al. [26] found that the extent to which FTs provide ways for public and patients to become involved in decisions about health care delivery is '*variable and limited*' [26, p. 252].

Current research on FT governors does not address the area of patient safety. This needs to be addressed given FTs operate governance arrangements that encourage a particular form of PPI, in theory giving local stakeholders the opportunity to be involved in their strategic governance. Wright et al. argue that this position within a FTs internal administrative structure means that governors constitute 'an ideal mechanism for installing deliberative values and public interest goals within the management culture of acute hospitals' [53, p. 6]. In the NHS, the operation of Trust Boards of Directors has been found to be related to issues such as performance and organisational culture [54]. International research confirms that not only is quality and safety central to healthcare organisations, but that it is crucial for Boards to receive the appropriate support [54,55]. This raises questions about the responsibility of BoGs and whether they will be able to have any impact in the governance of quality and patient safety in FTs if they do not have the skills, knowledge and powers to be effective in these areas.

This paper addresses the issue of the role of FT public and patient governors in the governance of patient safety, raising questions about the need for an empowerment approach. It presents findings from a study of lay governor involvement in the formal governance structures within acute NHS FTs relating to patient safety. The study's questions were informed by current policy and literature discussed above: (1) to what extent are governors involved