Investigating the governance of Foundation Trusts

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Purpose of Foundation Trusts

- Increase autonomy from the centre
- Increase local involvement
- Mimic mutual organisations

Increased autonomy of Foundation Trusts

- Not performance managed by SHAs
- Greater freedom to raise income and capital (including local investments in commercial ventures)
- Legally binding contracts with NHS purchasers

Monitor is new financial regulator

- "Regulated service" = services FT must provide to NHS patients
- Cap on income from private patients
- Borrowing limit (security can only be given over unregulated assets)
- Close financial scrutiny

Increased local involvement

- Membership of patients, local people and staff
- Board of governors (or members' council) elected from membership (including PCT and LA representatives)
- Chair of governors is also chair of board of directors
- Non executive directors on board too

NHS context for Foundation Trusts

- Payment by results
- Patient choice
- Independent sector treatment centres
- Agenda for change
- Practice based commissioning

Our research

Aim – to investigate the new organisational form of the NHS Foundation Trusts in order to understand the impact of the new governance arrangements.

Our research

Objectives –

a) To assess the effect the new <u>external</u> governance arrangements on FTs' decision making and behaviour, in respect of patients and carers, FT staff, and in relation to partner organisations.

b) To assess the effect of the new <u>internal</u> governance arrangements on FTs decision making and behaviour, in respect of patients, carers, FT staff and in relation to partner organisations.

Our research

c) To analyse whether the nature of the FTs' governance regime (compared to that of other NHS trusts) has made any difference to the effectiveness of the governance of FTs.

d) To identify and disseminate the lessons learnt for improving the governance of all NHS trusts

Case studies

Four in-depth case studies of FTs (two in northern England, two in London and the home counties)

Purposefully selected

- Stage in FT career
- DGH or Teaching Hospital
- Degree of market competition
- Rural and urban

Case study questions

1. Degree to which power has been devolved to FTs

   a) Influence of the centre

   b) Relationships with commissioners (including contracts)

   c) Financial issues (including income sources, investments and borrowing)

   d) Effects on technical efficiency

Case study questions

2. Responsiveness to local needs

   a) Numbers and characteristics of members

   b) Numbers and characteristics of governors, how board of governors operates and relates to the other bodies

   c) Relationship with other forms of public involvement, e.g. Patient and Public involvement fora , local authority scrutiny committee

   d) Views of actual patients and carers

   using tracer conditions of orthopaedics and diabetes

   (This will allow us to investigate how FT relates to other providers e.g. GPs and community services)

Case study questions

3. How FTs work with other health and social care organisations (using tracers and general relationships)

   a) Effects on clinical and other networks across organisational boundaries

   b) Effects on sharing budgets with other organisations

   c) Effects on strategic planning for the local health economy

Contribution of York database

- Unique database of hospitals and patient level data collated, from a range of sources including DH, Dr Foster and Monitor
- Provide context of all FTs and also non FT NHS trusts
- Aspects of performance data for trusts e.g. waiting times, income etc.

Progress to date

- COREC approval obtained
- Four case studies recruited
- Research fellow recruited
  - Dr John Wright – LSHTM
- Research governance applications under way

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