

## **Council of Governors (in Public)**

### **Item 8.5**

**Subject:** NHS Providers National Governor Focus Conference 2020

**Date of meeting:** Tuesday 1<sup>st</sup> December 2020

**Prepared by:** Dorothy Burgess, Public Governor -Merseyside  
Allan Pemberton, Public Governor -Cheshire  
Trevor Wooding, Senior Governor

**Presented by:** Dorothy Burgess, Public Governor-Merseyside

### **1.0 Introduction**

The purpose of the annual forum is to increase governors' understanding of key national issues facing health service provision, and to explore how governors can be best equipped to support their trusts. This year, 300 governors represented 100 diverse UK-wide NHS Trusts including, for LHCH, Trevor Wooding, Allan Pemberton and Dorothy Burgess. Highly recommended readings are the accompanying conference slides to illustrate key facts of agenda items and topics of interest/concern raised by governors (to be circulated to Governors). The conference was held over three days and each day was chaired by Sir Ron Kerr, the newly appointed chair of NHS Providers.

### **2.0 Overview**

#### **Day 1 - Tuesday 3<sup>rd</sup> November**

Sir Ron Kerr's opening welcome remarks included a vote of thanks to all governors, particularly staff governors, for their valuable contribution to the care system while under such pressure in this extraordinary year. He also explained the format for each day and the rules for conducting the virtual sessions.

#### **Setting the Scene- a National Policy Update**

This keynote presentation was made by Chris Hopson (Chief Executive, NHS Providers). The key issues he addressed included the impact of Covid19 on service delivery, future planning, Brexit, staff and population mental health, financial implications, local and regional system working, regulation and social care. Learning from difficulties encountered were noted, for example, PPE provision, care homes, lockdown entry/exit, testing, and track and trace. He gave full acknowledgement to the flexible and adaptable commitment of staff to new ways of working and problem solving. The changes in public mood, political questioning and scepticism, were also noted. From here-on it was explained priorities will need to take account of the second wave of Covid19, the loss of up to 30% hospital capacity at a time of rapidly growing demand, increasing toll on staff, risk of burnout, the mental health of staff, BAME staff health and inclusion. Delegates were reminded that a staff pay review is due in April 2021. Breach of hospital waiting times, currently 100,000+, restoration of non-Covid19 care, as well as growing demand for mental health services across all patient groups, are areas of significant concern. Local and Regional system working is anticipated to widen considerably with implications for governors.\*

**Challenges** include:-

- Need to maintain full range of NHS services and recover volumes
- Winter-time of greatest capacity stretch
- Capacity lost due to infection control
- Staff fatigue, morale and danger of burnout
- Lag between lockdown and falling admissions
- Need to introduce 111 First urgent care pathways, at pace
- Short and longer-term impact on health inequalities.

**What's Better?**

- Knowledge of disease, better treatments and outcomes
- Mass testing, improved intelligence on spread and where it occurs
- NHS escalation plans and collaborative relationships
- PPE distribution
- Management of risk in care homes
- Notable mid to long-term optimism from the experts
- Drugs to mitigate effect of virus, vaccinations, rapid testing.

**Finance**

NHS funding model under increasing strain  
Covid19 has added significant extra cost  
'Extra' NHS money insufficient to deliver everything NHS is being asked to do  
Operational level finances, normal rules suspended for '20-21  
Move from trust system finances: governance/accountability risks.

**Workforce**

Level of vacancies (80,000+), shortage in certain roles/geographies  
Unsustainable load and impact on existing staff  
Disproportionate impact of Covid19 on BAME staff (and patients)  
Tackling racism in NHS.

**Structure**

Health & care integration speeding up  
Focus on population health outcomes, not just treating illness  
Working together with health & care partners  
System success as well as success at the level of individual trusts  
Possible NHS Bill 2021.

**\*Governor Role in system working context**

Governors need to ensure that their Council of Governors is sighted on their trust's contribution to broader system plans. Some trusts have explored regional meetings for governors as one way to improve understanding and networking across a broader footprint. (NHSP are developing a compendium of best practice in 'the new normal' to include focus on governors).

**Regulation**

CQC will move away from physical inspection (except where risks are greatest) to data analysis platform.

## **Governor Showcase**

This was the third year for this aspect of the conference. Seven trusts were selected this year, and three were asked to make presentations as part of the virtual conference, one on each day. Details from the other four trusts can be found in the accompanying attachments.

Doncaster & Bassetlaw NHS Foundation Trust's showcase included a video of their (virtual) governor activities during Covid19, including their CoG meetings, the appointment of a new company secretary, and their annual members' meeting, recording 800 Facebook viewings and a You Tube video. This trust has a 'buddy' initiative between NEDs and governors, as well as regular pre-CoG meetings for governors to discuss their questions and concerns.

(Day 1 concluded with group breakout sessions, facilitated by NHSP, to discuss the day's topics, itemised on accompanying slides).

## **Day 2. Wednesday 4<sup>th</sup> November**

### **Update from Governor Support Team**

Mark Price (NHSP Programme Manager) outlined the "SUPPORT/VOICE/INFLUENCE" principles of NHSP – to provide support for trusts and governors, detailing their GovernWell training programmes, Focus Conference, regional workshops, newsletters (4xpa), signposting, telephone and email enquiries, joint NED/CoG sessions (i.e. recruitment of Chair). Their website includes a guide for governors, an induction toolkit, and a jargon buster, especially useful for newly appointed governors.

He explained how the Governor Advisory Committee of NHSP guides intelligence on governor issues, including content of training and conference topics. Membership of the committee includes eight governor representatives from diverse trusts i.e: acute, community/mental health and ambulance. Nominations for election to the committee for the next phase will be open from November 2 - December 18 2020, with voting during January-March 2021. The new committee will be effective from April 2021. Councils of governors were encouraged to discuss possible nominations from their trusts and to make submissions as soon as possible.

[governors@nhsproviders.org](mailto:governors@nhsproviders.org)

[www.nhsproviders.org](http://www.nhsproviders.org)

### **A Digital Future for the NHS**

This keynote presentation was given by Professor Joe Harrison (Chief Executive Milton Keynes University Hospital NHS FT). He outlined innovation within his trust that he believes improves efficiency, the quality of care and enhanced staff job satisfaction. He firmly believes that a digital future is an essential part of the NHS Long Term Plan. (Joe Harrison is a member of NHS X, a government unit with responsibility for setting national policy, developing best practice for NHS technology, digital and data, including data-sharing and transparency). He emphasised the importance of, "getting the basics right", using simple language, protection of data, patient and staff safety, as well as strong capital investment commitment from the boards of trusts to 'Invest to Save – Reinvest to Improve'. His trust has implemented integrated systems in collaboration with two private providers, Apple and SERNS. He emphasised that all members of his board share equal responsibility for input and implementation of IT systems, and they have no exclusive IT officer. He believes this approach enables all to better understand their different, but common, goals. Examples were given of problems overcome, what current good practice looks like, (i.e.: staff use of an APP for rotas), clinicians hosting outpatient appointments from home, and a 'no-paper' culture. NHSX will examine integration of systems between different healthcare providers, and, acknowledged by Professor Harrison, that progress is slow due to the enormous scale and volume of projects.

### **Governor Showcase**

Sussex Community NHS Foundation Trust made this presentation. This included a short video to highlight the recruitment of an increased number of governors to better represent the community it serves, particularly inviting nominations from young people and ethnic diversity representatives. Their recruitment campaign included strong use of social media, newsletters and engagements events. 25 candidates stood for 14 seats with new appointees now actively involved in the delivery of a 3-year membership strategy plan. (See details on accompanying slides).

Day 2 concluded with group breakout sessions, facilitated by NHSP, to discuss the day's topics, (itemised on accompanying slides).

### **Day 3. Thursday November 5**

#### **Mental Health is Everyone's Business**

Sarah Hughes, Chief Executive, Centre for Mental Health, made this keynote presentation. The Centre for Mental Health, a think-tank charity, supports mental health research, economic analysis and policy influence, with expansion into physical health, socio-economic inequality and disadvantage across the life course. Statistical evidence shows that children in low income families together with poor education and housing environments are much more likely to experience mental health difficulties. Since Covid19, demand for mental health support has increased some 30% across patient groups, particularly young women, and incidents of domestic violence have increased. Suicide rates, long associated with periods of economic recession, are also rising, shown by indicators from social isolation, employment insecurity, social restrictions and concurrent anxiety and depression across all age groups. Up to 10 million people, (2/3<sup>rd</sup>s with pre-existing conditions), 1.5m children and young people, and increased presentation from BAME community, are anticipated to require mental health support from a service long deprived of resources, with apprehension that Covid19 will negate any promised NHS increased financial investment. Current focus of the Centre for Mental Health is on integration of services, (with equally well-led collaboration), liaison with voluntary and charitable partners, housing, advocacy and safeguarding against exploitation. (NHS England has published Guidelines for Mental Health and are currently building a single website for NHS England and NHS Improvement). [www.centreformentalhealth.org.uk](http://www.centreformentalhealth.org.uk)

### **Governor Showcase**

This showcase was presented by Norbert Lieckfeldt (Corporate Governance Manager) and John Bennett (Public Governor Tower Hamlets & Chair, Significant Business Committee) on behalf of East London NHS Foundation Trust.

They highlighted how they had changed governors' sense of involvement within their trust and their quality improvement programme. Previously, governors had completed questionnaires to identify their feelings of satisfaction with their role and perceived impact as governors – results showed 35% dissatisfied, 35% satisfied. Following open discussion between the board and governors, areas for QIP priority were identified including transition and change, CAMHS and early intervention services. Joint working between the board and NEDs was established and communication improved significantly. Governors felt they had an opportunity to impact on strategy now regarded development as a joint endeavour. Governor satisfaction rates collectively, and at an individual level, rose to over 70%. (East London NHS FT has been CQC rated Outstanding twice).

Day 3 concluded with group breakout sessions, facilitated by NHSP, to discuss the day's topics, (itemised on accompanying slides).

Sir Ron Kerr brought the conference to a close, thanking all contributors for their valued time and input, governors for their participation in the event, their questions and service given to their trusts. He proposed a vote of thanks to staff from NHS Providers for their considerable work in hosting the event.

### **3.0 Conclusions**

This was a helpful and interesting conference. Considering the drawbacks of virtual transmission, it was very efficient and well-organised. The technical efficiency of the conference provided an effective means of assisting governors to better understand the current and projected whole NHS picture and their statutory role.

The conference provided an opportunity to compare performance at LHCH with good practice across the country. It was encouraging to realise that at LHCH performance for the care of patients, support for staff and involvement of governors throughout the pandemic has been very effective. It was clear from some of the breakout group discussions that support for and involvement of governors has been patchy nationwide. Nevertheless, from the main sessions, and showcases, it is clear there are some areas where LHCH can develop. Matters such as 'buddy' and mentoring initiatives, exploration of how to hold NEDs to account and the wider role of governors in the developing network of health care are all worthy of careful consideration.