

Council of Governors (in Public)

Item 10.2

Subject:	NHS Providers Governor Focus Conference, Congress Centre, London, 9th May 2019
Date of meeting:	Tuesday 4th June 2019
Prepared by:	Trevor Wooding, Public Governor – Merseyside Allan Pemberton, Public Governor - Cheshire
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1.0 Purpose of the Conference

To allow governors to increase their understanding of key national issues facing the health service, to network and exchange ideas with other governors and to see the values of those hospitals which were selected to showcase.

2.0 Background

This was the fifth annual conference organised by NHS Providers. In attendance there were 213 elected or appointed governors from 104 Trusts together with 16 NHS Providers staff. Dame Gill Morgan, (Chair, NHS Providers), chaired the day and made opening and closing comments. Dame Gill Morgan is retiring this year and this may be the last conference at which she presides. At the end of the conference very warm thanks were expressed for her outstanding work within NHS Providers. Main speakers included Chris Hopson, (Chief Executive, NHS Providers), Mark Price, (Development Manager, Governor Advisory Committee), Peter Abell, (Chair, Governor Advisory Committee), Imelda Redmond, (Director, Healthwatch England), Yvonne Coghill, (Director, NHS Workforce Race Equality Standard) and Dr Habib Naqvi, (Policy Lead NHS Workforce Race Equality Standard).

At the end of each session there was ample time for questions from delegates. Round-table discussions took place at the end of the morning sessions on sources of information used by governors to assist their work; at the beginning of the afternoon's programme a structured feedback session took place.

This was the third occasion that a *Showcase* was included. This year, including LHCH, twelve trusts were selected to exhibit out of 21 applications. Plenty of opportunity was given for delegates to visit each exhibit and well over 20 delegates visited the LHCH stand (see Appendix 1 for list of visitors to our showcase). Other trusts exhibiting included Gloucestershire NHS Trust, Guys & St Thomas' NHS Trust, Frimley Health NHS Trust, Lancashire Teaching Hospitals NHS Trust, Lincolnshire Partnership NHS Trust, Northumberland, Tyne & Wear NHS Trust, Oxleas NHS Trust, South London & Maudsley NHS Trust, Sussex Partnership NHS Trust and Torbay and South Devon NHS Trust.

3.0 Issues Arising

3.1 National Policy Update

Chris Hopson provided a detailed overview of key issues facing the NHS with particular reference to areas of specific interest for governors. He outlined how the current political climate and Brexit are impacting at local and national levels. Importantly, he illustrated how ministers are being diverted from key work to deal with Brexit and how this has led to delayed action by the government. The current situation makes it difficult to see what the future will look like.

Some time was spent considering the implications of the *Long-Term Plan*. It contains many worthy ambitions, bringing new models of care, integrated services and parity between mental and physical health. However, there are concerns over the delayed social care paper, the missing workforce implementation plan and lack of clarity over capital spending.

It was noted that governors will need to become familiar with the intention for more integrated working and the implications of Sustainability and Transformation Partnerships (STPs) moving to become Integrated Care Systems (ICSs) by 2021, when all providers will be required to contribute to the performance of ICSs. Governors will need to get used to managing ambiguity and uncertainty.

On funding it was shown how allocations have diminished over the period 1997-2018 and how different governments controlled this. As a result, 134 out of 230 Foundation Trusts are in deficit, leading to widespread unsustainability. The tough financial climate is expected to continue.

When dealing with quality and performance, Chris Hopson mentioned the 11-year low in levels of satisfaction with NHS provision. The lack of media coverage, due to Brexit, has been masking some aspects of NHS performance; there have been fewer negative stories and some improvements have been made. The role of Care Quality Commission (CQC) was mentioned. Some evidence exists over inconsistencies in judgements on the performance of hospitals, whether CQC is keeping sufficiently up-to-date on changes that are taking place and reports of inappropriate behaviour and attitudes in some inspection teams.

It was shown that concerns over the number of people in the workforce remain and will take some time to resolve; the number of vacancies is alarming. Much more attention needs to be given to the pressure under which many staff find themselves and the levels of low morale that exist. Insufficient attention is being given to how staff can be retained and the national and international supply is in doubt.

Change will, nevertheless, continue. Governors can expect to see greater emphasis on working with neighbouring services and possibly institutions on a national basis. Some examples of such collaborative working were mentioned. There is likely to be more investment in technology for both patients and staff. Governors can confidently expect closer engagement with patients, service users and the general public. All this will be a challenge for governors and will take a long time, probably 5-15 years and not 3-5 years as originally anticipated.

Finally, Chris Hopson confirmed that the role of governors will continue; there are no plans to modify legislation. There will be a continuing need for governors to get the balance between support and challenge right and to keep an eye on how their trusts cope with operational and strategic issues. Importantly, governors should remain positive and recognise the importance of what they do.

3.2 Closer Working for the Benefit of Patients

The role and work of *Healthwatch England* was outlined by Imelda Redmond. She explained that the movement's aim is to ensure that the public's view is heard in the planning of health care services. In order to do this, work is conducted across all services engaging 6,000 volunteers. *Healthwatch* contributed to the *Long-Term Plan* by prompting improvements of access to services and stressing the importance of mental issues within a system which currently sees them as separate from physical needs.

Other spheres of activity relate to how homeless people gain access to NHS services, the role of carers and how they take into account their own needs and the difficulties people have to gain access to funding. Delegates heard of some projects that deal with complex needs, how to get appropriate recognition for carers and how teams of professionals can become more supportive of work in care homes. Imelda Redmond thought it is a disgrace that we still do not have clarity and funding to implement essential aspects of social care. She also considered that governors and executive staff in hospitals should become more aware of the work undertaken by *Healthwatch*.

3.3 Equality and Diversity

Professor Yvonne Coghill and Dr Habib Naqvi conducted a joint session on awareness of equality and diversity as it affects the statutory duties of governors. They stressed the workforce race equality standard and how governors need to hold boards to account for its implementation.

At the same time they pointed to the dilemma facing black and minority ethnic (BME) staff who in all likelihood have poorer health and lack opportunity to gain senior positions within the NHS. Furthermore, BME staff often feel they are the subject of discrimination and suffer a lack of confidence and, consequently, yield poorer performance in the workplace.

A powerful message was given to encourage everyone working in the NHS to promote diversity and equality at all levels. This is not just about justice but also about organisational efficiency, effectiveness and patient care. Progress will be made only when there is a fundamental shift in culture and leadership. It was suggested that trusts may require practical support to do this. It will mean the implementation of procedures to identify the most talented staff and measures to help them to progress. At one point in the presentation, it was suggested that governors should reject NED shortlists that do not reflect the BME community. This was vehemently supported by Gill Morgan. Importantly, a number of indicators were presented as a guide for checking staff experience and opportunity. These included: likelihood of staff being appointed from shortlisting across all posts; relative likelihood of staff entering a formal disciplinary process; how staff are selected to enter further training; percentage of staff experiencing harassment or abuse; percentage of staff who believe that the trust offers equal opportunity for career progress or promotion; the relationship between the organisation's board membership and its overall workforce.

4.0 Support Update

Clare Mescia (Governor Support, NHS Providers) previewed a range of training events held at different locations in England. These included *Public Engagement; Effective Questioning and Challenge; Core Skills; Finance and Business Skills; Effective Chairing*

and *Recruitment of Chairs and NEDs*. Full details of courses can be found at www.nhsproviders.org/governwell

5.0 Showcase

Preparation of text for the main poster and flyer for the LHCH stand was completed in house with the help of the Membership and Communications Sub Committee and the Membership and Communications Officer (see attached at the end of this report). NHS Providers produced all posters in order to maintain uniformity throughout the *Showcase*. All exhibits were well-attended and it was clear that many governors found benefit in looking at different stands and discussing issues with governors in attendance. Apart from LHCH, there was only one other trust in the *Showcase* that was rated *outstanding*. Participation in the *Showcase* added to the national reputation of LHCH.

6.0 Conclusions

This was a well-organised and presented conference. Delegates attending could not have failed to gain considerable benefit. In particular, having up-to-date analyses of current and projected issues and how these impact on the role of governors was invaluable. The venue has excellent facilities for a national conference of this magnitude. A full report of the conference can be found at <http://www.nhsproviders.org/courses-events/annual-events/governor-focus>

APPENDIX A

2019 NHSP Governor Focus Conference – Visitors to the LHCH Showcase:

Royal Berkshire FT
Oxford University Hospitals FT
Northumberland, Tyne & Wear FT
Cumbria/Lancaster Partnership FT
Countess of Chester FT
University College London Hospitals FT
East Suffolk & North Essex FT
Taunton & Somerset FT
Midlands Partnership
Dudley
Norfolk & Suffolk FT
Southern Health
Sheffield Partnership
Bradford Teaching Hospitals FT
Lincolnshire Partnership
Royal United Hospitals Bath FT
Alder Hey Childrens' FT
Bridgewater Community Healthcare FT
Calderdale & Huddersfield FT
S.W.Ambulance
Guys & St Thomas's FT