

Council of Governors (in Public)

Item 9.3

Subject: NHS Providers Annual Governor Conference,
Congress Centre, London
Date of Meeting: 5th June 2017
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1.0 Purpose of Conference

To increase understanding of key national issues facing the health service and to explore how governors can be best equipped to support their trusts.

2.0 Background

This was the third annual conference organised by NHS Providers. It was attended by 165 delegates representing 93 trusts or health care providers. Dame Gill Morgan, (Chair, NHS Providers), chaired the conference and made opening and closing comments. Main presentations were given by Chris Hopson (Chief Executive, NHS Providers), Amber Davenport (Head of Policy, NHS Providers), Tom Cahill (Chief Executive, Hertfordshire Partnership NHS Foundation Trust), Henrietta Hughes (National Guardian for NHS) and Jamie Ripman (Associate, Frontline Consultants). For the first time, the conference included a showcase area where 8 trusts displayed the work and impact of governors in the NHS.

3.0 Issues Arising

3.1 Current State of Play in the NHS

Chris Hopson outlined factors currently impacting on the ability of NHS to deliver its intentions. The interplay between finance, operations, transformation and workforce was explained. Significantly, he considered that with storm clouds gathering it would be difficult to sustain the intended level of provision. It was claimed that the current political climate was not encouraging in terms of necessary additional resources and that there is fraying government confidence in the NHS. The attitude of senior government ministers is that the NHS has been given the money and should now get on with it.

A detailed financial analysis was presented. This showed that 2010-2020 will see the longest financial squeeze in the history of the NHS. Currently, annual funding is rising at less 1% while costs are up 5.2%. With rising demand, pressures in primary and social care and operational performance targets already being missed, the figures do not add up. The bottom line seems to be investment and extra capacity to cope or accept lower levels of performance.

Despite these pressures, the NHS is showing resilience and changes are taking place. It can be seen that the service is fragmented and too medicalised (ie treating illnesses with

insufficient focus on health and well-being). However, care models are gathering pace and Care Quality Commission (CQC) is changing its strategy to encourage improvement and innovation.

There are still many challenges for the immediate future. As many as 45 per cent of trusts require improvement or are inadequate. Workforce is becoming the biggest problem where 59 per cent of trusts believe they will not have the right numbers to deliver quality and very soon they will not have the capacity to support junior doctors.

In the face of all this, governors were encouraged to remain positive and to get support and challenge for their trusts right. Governors should help engage in public debate on transformation and ensure that boards have the right balance in terms of strategy and operation.

Interestingly, Chris Hopson was challenged from the floor about his financial analysis. It was claimed that there are pockets of expenditure in the NHS where efficiency can be improved. The reply was that there may be some areas from which money could be diverted to ease pressure in others but the underlying feature is still one of under investment.

3.2 Sustainability and Transformation Plans (STP)

A background to the current movement was given by Amber Davenport. She explained how conversations were being held across the country that had never been had before in the NHS and that long-held problems were being tackled. Generally, STPs were making trusts and others to engage in meaningful conversations. A feature of discussions is that there is a clarity of purpose.

The different stages reached within the 44 STP footprints were reported. There is an ambitious time-line but only a small number have reached the stage of being ready to be presented to the Accountable Care Organisation (ACO). In some areas governors are coming together across the footprint to form collective views on what is being proposed. Some STPs were still in the foothills and others had been paused for the period of the General Election.

Tom Cahill explained the position across 9 hospitals in the Hertfordshire and West Essex STP. Preparation involved having a *clear vision*, planning an *agreed approach*, *clarity of context*, an analysis of *possible solutions*, a *structure for implementation* and how *revised provision would be delivered*.

Considerable discussion centred on preventative care, demand and social care. Pressures on individual hospitals, often resulting from CQC reports, the general financial position and projecting deficits over 5 years have been prominent throughout discussions. It was also pointed out that STPs do not have any statutory powers and, therefore, it is not clear how accountability will be built into outcomes.

A show of hands revealed that about 90 percent of governors had received information about the stage of their trust's STP and approximately 50 per cent had discussed or approved proposals.

It was stressed that governors need to be advocates of new arrangements and become a voice in the communities they serve. At the same time they need to hold sovereign boards

to account and promote patient participation. Importantly, at all times they should understand the stance of their trust in negotiations, be aware of the issues and be clear about their role throughout negotiations.

3.3 Freedom to Speak Initiative

It was explained how the National Guardian's Office is implementing all the recommendations of the *Speak-Up Report*. Henrietta Hughes reported that every NHS trust now has a *Freedom to Speak-Up Guardian*, so that 1.2 million workers across the NHS have a known means to raise issues. There are 10 areas where regular meetings are held between guardians to discuss good practice.

It is expected that the process will be integrated into each organisation and should be monitored and updated as required. A good organisation should know about complaints before they are formally registered. In operation the process involves *identification* that something is wrong, *raising the concern*, *examination of the facts*, *outcomes* and *feedback* and *moving the organisation on*.

Governors should make themselves familiar with the speak-up policy and know the identity of their trust's guardian. Implementation of the policy should be raised with NEDs and reference made to formal staff surveys (questions 29-31).

3.4 Harnessing Potential as a Governor

Jamie Ripman conducted a practical session to illustrate how individuals working within a group can make a difference and how they can extend collective potential. When working in a group situation it is important to differentiate between complex and complicated problems. In the main, governors deal with complex issues rather than complicated matters. For example, appointment of NEDs is complex, not complicated. At times governors may need to express their expertise, know how to gain allies and show passion for particular aspects of provision. To complete an effective mind-set, governors should signal flexibility and ask for advice.

When carrying out the role as governor there are several points to be kept in mind. Governors should have a clear idea of their role; they should not have a fixation on a single aspect of the organisation; they should always try to see things in the round; they should feel that NEDs and senior officers are *us* and not *them*; they should subscribe to the organisation's strategic direction; they should see their role as challenger rather than critic; and they should not try to be managerial. They should always try to get marginal gain for maximum impact (1 per cent improvement in everything they do).

4.0 Conclusions

4.1 General Impressions

This was an interesting and helpful conference. It provided opportunity to gain a global view of our role and learn how senior people in the NHS interpret what is happening currently and to hear about forced and anticipated plans for the short and medium term. At the same time, it was helpful to hear about the work in other trusts and to be assured that LHCH is on the right track.

The conference was extremely well-organised and the venue offered outstanding facilities for a major conference of this kind. A full account of the conference can be found at <https://www.nhsproviders.org/courses-events/annual-events/governor-focus>

4.2 Possible Implications for Governors at LHCH

The extensive discussion on STPs suggested that in order to pursue objective 1 for the current year, governors may need to consider more fully what may lie ahead. There will be much to contend with and we need to be sure about what we need to know and what we need to do as negotiations proceed. It may be helpful to do this either through interest groups, or a separate small task group. Either way, it is important that governors are engaged so that they are as supportive as possible throughout negotiations. At the same time governors should ensure that they offer the best support and challenge for NEDs.

As mentioned above, there was a *Showcase* where different trusts exhibited activities where governors had been involved. There may be a case for LHCH putting itself forward to contribute to an extended Showcase, which is envisaged for next year's conference.

NHS Providers are clearly geared to supporting the role of governors and offer several courses that may be of help to governors. Two future courses are: *Member and Public Engagement*, 15 June 2017, London and *Core Skills*, 13 July 2017, Birmingham. Full details of the range of support for governors can be found at www.nhsproviders.org/governwell.