

Council of Governors (Public)

Item 12.6

Subject:	NHS Providers Governor Focus Conference, Congress Centre, London
Date of Meeting:	13th June 2016
Prepared by:	Allan Pemberton, Public Governor - Cheshire
Presented by:	Allan Pemberton, Public Governor - Cheshire

1.0 Purpose of the Conference

To increase understanding of the key national issues facing Foundation Trusts and NHS Trusts in 2016/17 as well as recognising and valuing the contribution Councils of Governors make in providing local accountability for quality services.

2.0 Background

The conference was organised by NHS Providers and attended by 222 delegates. Dame Gill Morgan, (Chair, NHS Providers), chaired the day and made opening and closing comments. Main presenters included Chris Hopson, (Chief Executive, NHS Providers), Stephen Hay, (Director of Regulation, NHS Providers) and Professor Ted Baker, (Deputy Chief Inspector, CQC). Additionally, several governors from foundation trusts made presentations together with Sam Grayston, (Senior Engagement Manager, Nationwide Building Society). Good opportunity was provided for questions and group discussions (which were led by central staff).

3.0 Issues Arising

3.1 National Policy Update

Chris Hopson provided a very clear analysis of current and projected challenges facing the NHS. It was shown that factors affecting the ability of the NHS to deliver included:

- the money gap, with a record number of trusts in deficit (76 per cent). It was explained that 2016-17 will be the easiest year when subsequent years are taken into consideration
- operational aspects becoming unstable with many trusts missing operational targets
- pressures of transforming aspects of the NHS, particularly when trying to close the health and well-being gap and moving towards more integrated models
- the ability to recruit sufficient and well-qualified staff
- an unsupportive top-down culture that is impacting negatively on senior leaders
- concerns about the quality of provision and the need to develop clearer definitions of success.

The intention to establish five-year forward plans is seen as a means of sustainability and transformation.

It was stressed that in the current situation, it is easy to forget that the organisation exists for patients. The emphasis on matters such as financial resources, rising demand and troubles that arise from time to time detract attention from the prime purpose of the NHS.

Governors were urged to keep a broad vision of the service and to gain a clear understanding of its pressures in order to undertake their fundamental role to challenge and question in a constructive way.

3.2 The Governor Role Now and for the Future

It was stated that there are no plans to change or modify the role of governors. Stephen Hay outlined how important it is for governors to see their role in the wider context in order to support their own trusts and hold NEDs to account. Increasingly, governors need to be clear about how they can assist their trusts to deliver effective services and to use resources efficiently. Governors need to be sure that agency staff are used effectively. Currently, there is a need for governors to be aware of their role in driving up the quality of provision to a point where there are more outstanding ratings following inspections.

The role of NHS Improvement was explained. The new regulator is an amalgamation of Monitor and the NHS Trust Development Authority. NHS Improvement will support trusts to give patients consistently safe, high quality and compassionate care. Where necessary, NHS Improvement will intervene to assist with short-term needs. Governors need to be aware of these developments and recognise that they have a role to play when local areas devise their Sustainability and Transformation Plan (STP).

There was recognition that governors perform an invaluable role. For this to continue and develop there are plans to provide support and training on a regular basis.

3.3 Governors and their Role in Quality

Details of CQC programmes of inspections were provided, along with information about the composition of inspection teams. Examples of outstanding practice were provided in relation to hospitals being safe, effective, caring, responsive and well-led. It was shown that only two per cent of institutions gained outstanding ratings. The presentation by Professor Ted Baker highlighted some of the shortcomings of hospitals. He claimed that despite rhetoric, a culture of safety is not often enough imbedded in many services. He also said that there is an unacceptable variation in the rigour of the management of clinical risk and quality assurance. As part of inspections, Professor Baker said that inspectors would always involve governors to seek their views on leadership and how well the organisation listened to the views of patients and the public. When inspectors meet representatives of councils of governors, they need to be sure that the views expressed are those of all governors. He also said that governors need to look for transparency in data and information presented to them and to be sure that it had not been managed carefully before reaching them.

It was explained that in future there will be more unannounced inspections and that trusts will be required to provide evidence on leadership and quality on an annual basis. Comprehensive inspections will in future be less frequent but there will be an inspection of one core service every year.

A very lively period of questioning followed Professor Baker's presentation. He was constantly challenged on aspects of inspections. Notable were points raised about the involvement of governors in inspections; many delegates said they did not recognise what had been presented by Professor Baker. In response, Professor Baker said that in any case, governors should explicitly ask to see inspectors. There were also several questions about the experience and training of inspectors.

3.4 Representing the Interests of Members and the Public

A number of governors outlined the varied approaches taken by their trusts to interact with members and the public. These included events such as membership evenings, talks on medical topics, allocation of wards in order to talk to patients and the public, monthly recruitment stalls, governors' surgeries and members' annual general meetings. Exploitation of trusts' websites was seen as a valuable means of communicating with the public as was collaboration with trusts' membership and communication teams. All presenters recognised the difficulties when fulfilling this aspect of their role.

The principles underlying the engagement of members in any organisation were outlined by Sam Grayston. He said that members need to be sure "*there's something in it for me*", that they belong to a community, that they have rewards like being "*exclusive*", get to see behind the scenes and have a voice in the organisation.

4.0 Conclusion

This was a well-organised conference that enabled delegates to better understand their role in a service that is under pressure and undergoing fundamental change. The constant references that governors form an integral and important part of NHS trusts was reassuring. A full account of the conference can be found at <https://www.nhsproviders.org/courses-events/annual-events/govrnor-focus>