

Report to:	Council of Governors	Agenda item:	20
Date of Meeting:	8 June 2017		

Title of Report:	Update following NHS Providers Governors Conference
Status:	For Information
Sponsor:	Amanda Buss, Public Governor
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Appendices	None

1. Executive Summary of the Report
The purpose of the report is to provide the Council of Governors with an update following the NHS Providers annual Governors conference 2017.

2. Recommendations (Note, Approve, Discuss)
The Council of Governors is asked to discuss the report.

3. Legal / Regulatory Implications
N/A

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
N/A

5. Resources Implications (Financial / staffing)
N/A

6. Equality and Diversity
N/A

7. References to previous reports
N/A

8. Freedom of Information
Public

Governor Focus Conference - May 2017

This is an annual conference was organised by NHS Providers and attracted approximately 190 delegates from Trusts nationwide.

Where is the NHS now?

The initial presentations from Chis Hopson, CEO of NHS Providers gave us a broad overview of the NHS, in particular with reference to funding and Transformation.

The main points made were:

Environment

- Less personal commitment to the NHS from Theresa May/Philip Hammond than Cameron/Osborne. Brexit and 'JAM's' now the focus, and therefore NHS funding unlikely to increase. Additionally, the general message seems to be 'we've given you the funds you requested, now deliver'.
- Brexit negotiations will have a major impact on the workforce, funding, procurement, suppliers and research.

Finance

- Annual increases in NHS funding to diminish annually in real terms for the next 5 years
- Requirement for £2.5b debt to be eliminated
- Policy to recover 4 hour performance and increase elective waiting times
- Large number of Trusts reliant on one off non-recurrent savings
- Increasing demand for Social Care/A & E

= Figures don't add up!

Transformation

- Greater focus on STP's:
 - Emphasis on prevention
 - Promote personal care and management
 - Focus on wider social determinants of health
 - Bring care closer to patient
 - Integrate health and social care
 - Drive rapid change in care model

Regulation

- Only 55% providers rated Good or Outstanding
- Pressures and special circumstances do not affect rating
- Full inspections possibly to become the exception not the rule
- ? move to rate the whole system, not individual providers in a region

Workforce

- Over half trusts believe they will struggle to recruit sufficient numbers/quality within 6 months

Summary

- 74% Trusts believe quality of care will deteriorate
- 68% Trusts do not expect to hit Performance targets
- 79% believe that their area is not transforming fast enough
- 96% are very engaged with the STP process

BUT

- There is clarity on the direction of travel
- Change is starting to occur
- Staff are highly committed

Governors have a role in engaging the public with the changes.

Governors must assure themselves the Board has the right balance between Strategy and operations.

5 year forward view

Basically reinforced the first presentation, emphasising the need to develop and support healthcare in the community, and the financial problems that the NHS faces.

STP's

A presentation from Amber Davenport - Head of Policy

- 44 'footprints' nationwide
- Whole system approach to healthcare
- Unprecedented to have these types of conversations within the NHS
- STP's will move to 'Accountable Care Systems' (ACO's) = integrated care locally
- Ultimately ACS's may become 'Accountable Care Organisations' (ACO's) - vast majority of local healthcare would be commission from a single organisation
- Funding requirements not yet fully assessed
- Nationwide, STP's at radically different stages
- STP's have no statutory powers or governance - FT's and CCG's do

Tom Cahill - CEO Hertfordshire Partnership Trust and STP

This was a case study of the STP being developed across 3 Trusts and the problems faced in developing the STP.

Freedom to Speak Up Initiative - Henrietta Hughes - National Guardian for NHS

- Quality of Care linked to staff wellbeing
- Freedom to speak up guardian in every trust - Francis report recommendation
- Aim is to change culture and learn from mistakes/concerns
- Guardian represents a less formal route than grievance procedures
- CQC monitoring implementation
- Recommended that governors should invite their Guardian to present at Cog

Harnessing your Potential

This was a Management Consultancy style potential, which asked delegates to look at Governors at their best and their worst, and focus on the qualities and behaviour that would make them more effective. I found it quite powerful, but I know others were less impressed.

Governor Showcase information stands

1. **Creating a Recovery College** - assisting patients in the mental health sector to form a 'college' to assist and continue recovery/management in the community.
2. **Improving lives of service users** - Trust board gave the governors £20,000 which was used to invest in various projects in the community (a Choir, Exercise classes, Gardening)
3. **Quality Assurance Programme** - Governors, NED's, Execs and Patient reps get together in a committee to collect and act on patient issues.
4. **Collecting Patient Experience** - Governors visit out-patient areas and words and 'inspect' and talk to patients. Patient experience is fed back to CoG.
5. **Governors Role after a takeover** - Rationalising the size of the council after takeover of another trust.
6. **Issues log** - a log book which collects all patient feedback obtained by Governors
7. **Inclusive Appointment of the Chair** - involving patients and service users in the appointment of the chair
8. **Targeted Engagement** - Membership and Outreach Group selects one topic to be the focus of their public engagement on for the year. I thought this one was worth thinking about.

Amanda Buss
May 2017

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