South West Governors' Exchange Network (SWGEN)
The Auditorium, Somerset College, Wellington Road, Taunton
Tuesday 28th November 2017, 10.00 – 3.30pm
Programme

10.00am	1.	Registration and refreshments		
10.30am	2.	Welcome and introductions	Dr Nick Marsden, Chairman, Salisbury NHS Foundation Trust and Dr Peta Foxall, Governor Advisory Committee, NHS Providers	
10.40am	3.	Working in partnership with the Care Quality Commission	Alison Giles and Nikki Evans, Inspection Managers	*Presentation and discussion*
11.20am	4.	Support on public engagement in STPs at national level	Frances Newell, Head of engagement and communications, NHS England Ashfa Slater, Head of Patient, Public and Carer Voice, NHS Improvement	*Presentation and discussion*
12.00am	5.	Refreshment Break		
12.15pm	6.	The NHS in a national context with Q&A	Paul Myatt, Policy Advisor – workforce, NHS Providers	*Presentation and discussion*
1.00pm	7.	Lunch and networking		
1.45pm	8.	Engaging members and the public – example way of working aith Q&A	Tremaine Richard-Noel, Service User Governor, Northamptonshire Healthcare NHS FT	*Presentation and discussion*
2.10pm	9.	Round table – Engaging with members and the public	Dr Peta Foxall, Governor Advisory Committee, NHS Providers	*discussion*
2.40pm		Refreshment break		
2.55pm	8.	Reflection and action planning	Dr Nick Marsden, Chairman, Salisbury NHS Foundation Trust	
3.20pm	9.	Closing remarks	Dr Nick Marsden, Chairman, Salisbury NHS Foundation Trust and Dr Peta Foxall, Governor Advisory Committee, NHS Providers	
3.30pm	9.	Close		

All documents can be found on:
http://www.salisbury.nhs.uk/Foundation/Pages/SWGEN.aspx

Salisbury NHS Foundation Trust

Objectives:

- Develop a shared understanding of the changing landscape trusts are operating in
- Understand the Care Quality Commission's new inspection regime and ways they are developing relationships with governors
- Discover the national perspective around support on engagement in Sustainability and Transformation Partnerships (STPs)
- Explore effective approaches to engaging members and the public
- Identify actions to get from where you are to where you like/need to be
- Opportunity for governors in the region to meet one another

Supported By:

QUALITY LEARNING AND SUPPORT FOR NHS GOVERNORS

NHS Providers GOVERNWELL

Changes To CQC's Approach To Regulating NHS Trusts & Working with FT Governors

Alison Giles & Nikki Evans

28/11/17

Our purpose

The Care Quality Commission is the independent regulator of health and adult social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our current model of regulation

Register

We **register** those who apply to CQC to provide health and adult social care services

Monitor, inspect and rate

We **monitor** services, carry out expert **inspections**, and judge each service, usually to give an overall **rating**, and conduct **thematic reviews**

Enforce

Where we find poor care, we ask providers to improve and can **enforce** this if necessary

Independent voice

We provide an **independent voice** on the state of health and adult social care in England on issues that matter to the public, providers and stakeholders

Our 5 key questions

Regulation to inspire improvement

Care Quality Commission

What we do:

- Set clear expectations
- Monitor and inspect
- Publish and rate
- Celebrate success
- Tackle failure
- Signpost help
- Influence debate
- Work in partnership

Wexham Park: The improvement story

2014

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident and emergency	Requires Improvement	Inspected but not rated	Requires Improvement	Inadequate	Requires Improvement	Requires Improvement
Medical care (including older people's care)	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Requires Improvement	Inadequate
Surgery	Inadequate	Good	Requires Improvement	Inadequate	Inadequate	Inadequate
Intensive / critical care	Good	Good	Good	Requires Improvement	Good	Good
Maternity and family planning	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate	Inadequate
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Outpatients	Requires Improvement	Inspected but not rated	Good	Inadequate	Requires Improvement	Requires Improvement
Overall	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate	Inadequate

2015

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Outstanding	Outstanding	Outstanding
Medical care (including older people's care)	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Outstanding	Good
Critical Care	Good	Good	Outstanding	Good	Outstanding	Outstanding
Maternity and Gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and Diagnostic Imaging	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Outstanding	Good

Consultations on our proposed changes to inspections

CLOSED

20 December 2016 – 14 February 2017

New care models and complex providers

Cross sector changes to assessment frameworks

Updated guidance for registration of learning disability services

Changes to **Hospitals** inspection methodology

CLOSED

Spring 2017

Changes to **Adult Social Care** inspection methodology

Changes to **Primary Medical Services** inspection methodology

Changes to registration

Clarifying guidance on Fit and Proper Person Requirements

Regulating place-based models of care

How we rate large and complex providers

NHS Improvement consultation on Use of Resources and ‘well-led’ has also now been closed

What will stay the same?

- Our **purpose, role and operating model** - inspections will continue to be central to our assessments of quality

- Our **work with the public** to understand and focus on what matters to people

- Our role in **protecting and promoting equality and human rights -** including for people being cared for under the Mental Health Act or the Mental Capacity Act Deprivation of Liberty Safeguards

What we will do differently

- Support innovation by working with providers delivering care in new ways
- Focus more on the quality of care for population groups and how well care is coordinated across organisations
- Rate how well NHS Trusts are using their resources

- Focus resources towards higher-risk applications at registration
- Build and use our insight to target our inspections where risk is greatest or quality improving

What we will do differently

- Expect providers to describe their own quality against our five key questions
- Share data sets with partners, other regulators and commissioners on care quality

- Improve the experience of providers and the public by moving as many interactions as possible online
- Invest in our internal systems and improve our processes to make sure that we can work efficiently and effectively

What we will do differently

- Focus on core services that require improvement
- Update ratings based on smaller, more focused inspection; use more unannounced inspections
- Expect providers to describe their own quality against our five key questions
- Work with NHS Improvement to give new ratings on efficient use of resources
- Produce shorter reports, more quickly that make clear how we have come to our conclusion

Hold an annual review of each provider to determine where to focus our inspection activity for the year ahead

Contact with Councils of Governors

- We expect trusts to inform Councils of Governors about the timing and progress of inspections, and of CQC's findings.
- Councils of Governors are invited to share evidence with the inspection team – highlighting positive aspects of the trust's performance or areas for improvement
- Council of Governors are invited to meet with the inspection team – prior to or during the inspection
- We are starting to attend Council of Governor meetings to explain our work

Useful information for Councils of Governors

- Fundamental standards of health and care
- Key lines of enquiry and descriptions of good and outstanding care
- Provider information request – requested prior to CQC inspections
- Trust inspection reports and trust action plans
- Thematic review reports eg end of life care, crisis care
- Mental Health Act and DoLS (Deprivation of Liberty Safeguards) annual reports
- State of Care annual report

Any Questions?

www.cqc.org.uk

enquiries@cqc.org.uk

@CareQualityComm

Guide for Councils of Governors

- A guide for Councils of Governors on CQC's approach to inspecting services was published November 2015 and is available at

- https://drive.google.com/drive/folders/0B08OoeqozHqaNG1ySTBsUWEyV28

Support on public engagement in STPs at a national level

Frances Newell

Head of engagement and communications

System transformation group, NHS England

28 November 2017

What we will cover

- Overview of STPs and ACSs
- Importance of engagement in complex change
- How we are supporting public engagement in STPs and ACS

Video: Now we have help – integrating health and social care

NHS Five Year Forward View 2014

"The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need."

Society is changing and the NHS must adapt

- Life expectancy rising by an average of five hours a day
- Half a million more people aged over 75 than in 2010
- People with multiple long-term conditions to rise 50 per cent in decade to 2018
- 80% of obese children will grow up to be overweight or obese in adulthood

How the NHS and local authorities are integrating care

2014 – NHS set out new vision (NHS Five Year Forward View) saying break down barriers between:

- GPs and hospitals
- Physical and mental health
- Social care and the NHS

2015 – NHS started piloting five new models in 50 areas across England known as ‘vanguards'

2016 – NHS sets up 44 sustainability and transformation partnerships (STP) covering all England - last October each STP published initial proposals for development

2017 - NHS published the NHS Five Year Forward View: Next Steps - promised the “biggest national move to integrating care of any major western country”

Sustainability and transformation partnerships

- Not new statutory bodies but partnerships between exiting NHS organisations including local government
- All at difference stages of development and moving at different speeds – initial proposals published
- Each will work according to the needs of different parts of the country

Planning by individual institutions will increasingly be supplemented with planning by place for local populations. For many years now, the NHS has emphasised an organisational separation and autonomy that doesn't make sense to staff or the patients and communities they serve…. System leadership is needed. (Planning guidance)

Accountable care systems

NHS organisations (commissioners and providers), often in partnership with local authorities, take on collective responsibility for resources and population health, providing joined up, better coordinated care.

- Fast national track priorities - taking strain off A&E, making it easier to see a GP, improving access to cancer and mental health services
- More control over funding available supporting transformation
- Accountability for improving health and wellbeing of population

Eight accountable care systems and two devolution arrangements

Eight accountable care systems:

- Frimley Health including Slough, Surrey Heath and Aldershot
- South Yorkshire & Bassetlaw, covering Barnsley, Bassetlaw, Doncaster, Rotherham, and Sheffield
- Nottinghamshire, with an early focus on Greater Nottingham and Rushcliffe
- Blackpool & Fylde Coast with the potential to spread to other parts of the Lancashire and South Cumbria at a later stage
- Dorset
- Luton, with Milton Keynes and Bedfordshire
- Berkshire West, covering Reading, Newbury and Wokingham
- Buckinghamshire

Two devolution arrangements:

- Greater Manchester
- Surrey Heartlands

Why is engagement even more important in complex service change?


RAMP ACCESS
KEEP OUR NHS PUBLIC


SAVE OUR NHS

Why people resist change

- People believe they will lose something of value in the change
- They lack trust in those promoting or driving the change
- They feel they have insufficient knowledge of implications of the change
- They fear of how they will adapt to change
- Believe change is not in best interests of patients/public
- Believe they have been given insufficient time to understand and commit to the change

Risks of not conducting effective engagement

Lack of understanding	•Failure of professionals to understand the real issues for patients and poor outcomes/experience. Missing an opportunity to design the best services or identify solutions to challenges.
Disengagement	•Patients, especially those in vulnerable and hard to reach groups, feeling disconnected from services.
Resistance to change	• Public resistance to reconfigurations and service changes due to lack of involvement and understanding
Poor public confidence	•Failing to engage the public runs the risk of prompting negative public and media campaigns
Judicial review and legal challenge	• Delay change, damage reputation and relationships, cost money

Key areas of focus for Sustainability and Transformation Partnerships and public engagement

Citizen voice in governance structures

Impact on design and decision-making of key workstreams

Systematic stakeholder relationships

Join up public engagement work across footprint

Transparency of plans

Questions for workshop

1. How involved are you in your STP/ACS now?
2. How can FT Governors support STP workstreams, utilising their networks and members?
3. What support would be required to make this happen?

Links and contacts

- Information about STPs
  https://www.england.nhs.uk/stps/

- NHS England Participation Guidance
  https://www.england.nhs.uk/publication/patient-and-public-participation-in-commissioning-health-and-care-statutory-guidance-for-ccgs-and-nhs-england/

- NHS England Involvement Hub https://www.england.nhs.uk/participation

- http://www.involve.org.uk/knowledge-base/

- http://www.patientpublicinvolvement.com/patient-and-public-involvement-why-bother/

- Frances Newell, head of engagement and communications (public engagement), System Transformation Group, NHS England
  Frances.newell@nhs.net

THE NHS IN A NATIONAL CONTEXT

SOUTH WEST GOVERNORS EXCHANGE NETWORK DEVELOPMENT DAY

Paul Myatt
Policy advisor

28 November 2017

The big picture

Politics: Government and Cabinet weakness regularly on show. Overwhelming focus on Brexit.

Money: 2017/18 shows risks to financial recovery building; the budget – less than needed, more than expected.

Performance: real progress in the run up to winter, but national winter planning still looking risky. Unrealistic expectations meets harder edged accountability.

STPs/ACSs: Progressing but at increasingly varied paces across the country bringing some big policy questions, with regulation playing catch up.

Workforce: Secretary of State finally admitted workforce strategy now required, but still big questions about short term challenges and whether strategy will be right one!

Governors' statutory duties

Overarching:

1. Representing the interests of members and the public
2. Holding the NEDs to account for the performance of the board

Appointments and remuneration:

- appointing / removing chair & NEDs
- remuneration of chair/NEDs
- appointing / removing trust external auditor
- approving / not approving appointment of CEO.

Finance and business development:

- receiving annual report and accounts
- receiving auditor's report
- approving/not approving increases to non-NHS income of more than 5% of total income a year
- approving/not approving acquisitions, mergers, separations and dissolutions
- approving/not approving significant transactions
- expressing a view on board's forward plans in advance of submission to NHS Improvement.

Approving changes to constitution:

- jointly approving, with the board, changes to trust's constitution.

What we will cover

1. Political and external environment
2. Finance and planning
3. Performance
4. STPs and Accountable Care Systems
5. Workforce
6. Regulation
7. NHS Providers and governors

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A government showing signs of toppling over?

- Theresa May's government continues to show signs of vulnerability
- Health is still low down the priority list; Brexit all consuming
- Has the moment for a post Budget reshuffle passed?

Leadership changes at NHS Improvement

Chair

- Dido Harding became chair on 30 Oct, for 4 yr term
- Former CEO of Talk Talk
- We welcomed her appointment. Although she doesn't have a background in the sector, she seems willing to listen, and has set out determination to challenge government where necessary.
- She gets big systems and what it takes to manage within them at local level
- Close relationship with Jeremy Hunt already shifting power relationships

CEO

- Announcement is imminent
- Jim Mackey already spending time back at Northumbria and fully leaves at end of the year.
- Chair wants to have "someone who is steeped in the service, someone with deep operational experience…partly to compensate for my lack of experience…also has to have the ability to operate at a national level, which is a much more ambiguous and grey world…Those are very rare people."

Department of Health

- Jeremy Hunt continued focus on patient safety legacy, with new focus on quality improvement in mental health, eg Green Paper on services for children and young people in Dec
- Arguing for hard nosed accountability, with particular focus on A&E
- Finally accepting workforce challenges – SoS has announced HEE will publish first whole system long term workforce strategy for 20 years… but we still worry it will just be a future workforce pipeline plan

NHS ENGLAND AND THE BUDGET

"…the budget for the NHS next year is well short of what is currently needed to look after our patients and their families at their time of greatest need. After seven years of understandable but unprecedented constraints, on the current budget outlook the NHS can no longer do everything that it is being asked of it"

Simon Stevens, NHS Providers conference November 2017

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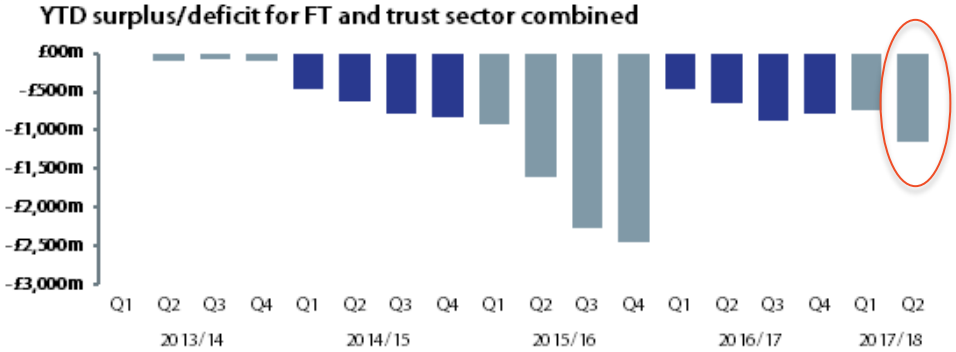
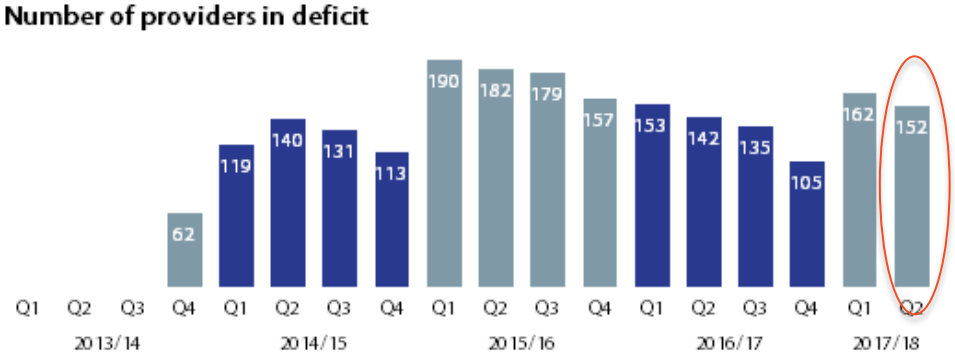
How are things shaping up in 17/18? Q2 shows risk



- **Looking to reduce provider sector deficit:** from -£800m last year to-£500m this year but..
- **Overall combined deficit at Q2 is highest since Q4 2015/16**, at £ 1,151m against plan of £1,008 million.
- **Second highest Q2 YTD deficit over the last five years** (only Q2 in 2015/16 exceeds this year's Q2 deficit).
- **On track to deliver over £3bn in savings** although still reliant on non-recurrent CIPs (19% vs planned 7%).



- **152 providers in deficit**, vs 142 in Q2 2015/16.
- Key **achievement is reduction in agency spend** (-22%)
- **MRET and readmission rate will cost sector £531m** this year (only £57m reinvested)
- **Elective tariff income down 2.3%**
- **£2.9bn capital allocation vs £4.3bn in plan**

The budget: less than needed, more than expected

Revenue

£2.8bn allocated over the next three years.

Breakdown

- £335m for winter this year – welcome but too late to have maximum impact.
- £1.6bn for 2018/19, whilst the think tanks had asked for £4bn
- £900m in 2019/20.

Capital

£3.5bn allocated over the next five years.

Breakdown

- £2.6bn for STPs.
- £700m for turnaround plans.
- £200m to support efficiency programmes.

HMT expect another £3.3bn to be raised from land sales and £2.8bn to be raised from "private finance investment".

Pay

- Additional funding for Agenda for Change staff will be provided, but this is subject to successful talks on contract reform.
- An end to pay restraint for doctors will not be funded.

Increase in DH budget, not just NHSE. Funding has been made on an 'exception' basis.

Notable omissions:

Social care

Primary care

Productivity coming centre stage

"NHS has failed to deliver the 2014 Five Year Forward View Plan"
Marr Show, Nov 19 2017

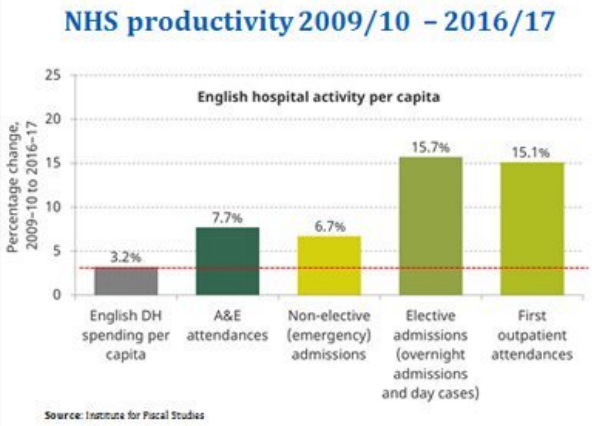
THE GOVERNMENT VIEW

- NHS provider sector could and should be doing more on productivity
- Hammond and May put improving productivity at the heart of how they ran their previous Departments (Defence and Home Office)
- Carter report and general everyday patient experience show scope for significantly improved efficiency / productivity gain

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

SOME EVIDENCE

- NHS productivity 2009/10 to 2014/15: +1.7% per year
- NHS productivity historically: +1% per year
- Wider economy: 0.2% p.a. for the last 5 years
- NHS target productivity gains under 5YFV, already baked in to plans: +2 to 3% a year
- "World leading efficiency" Jim Mackey Nov 2017



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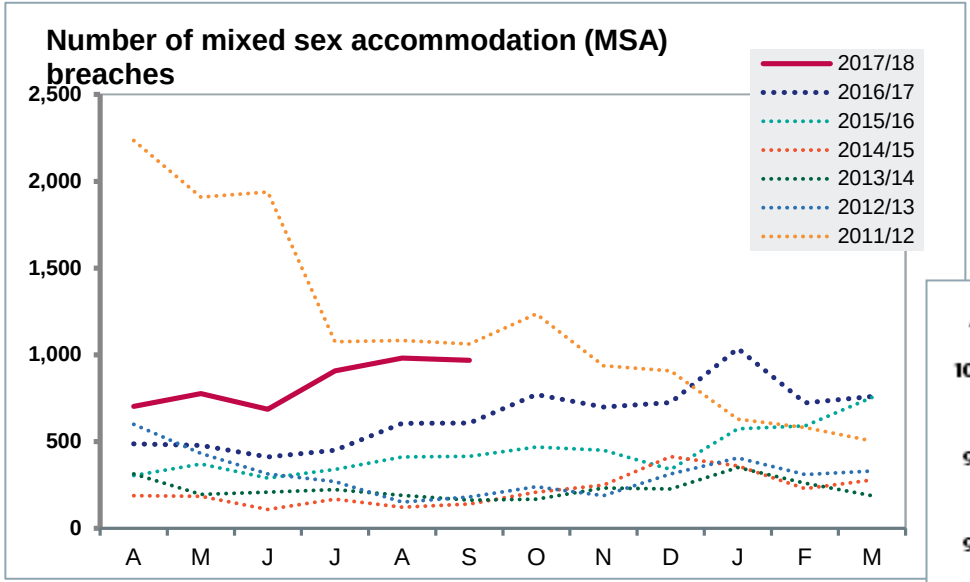
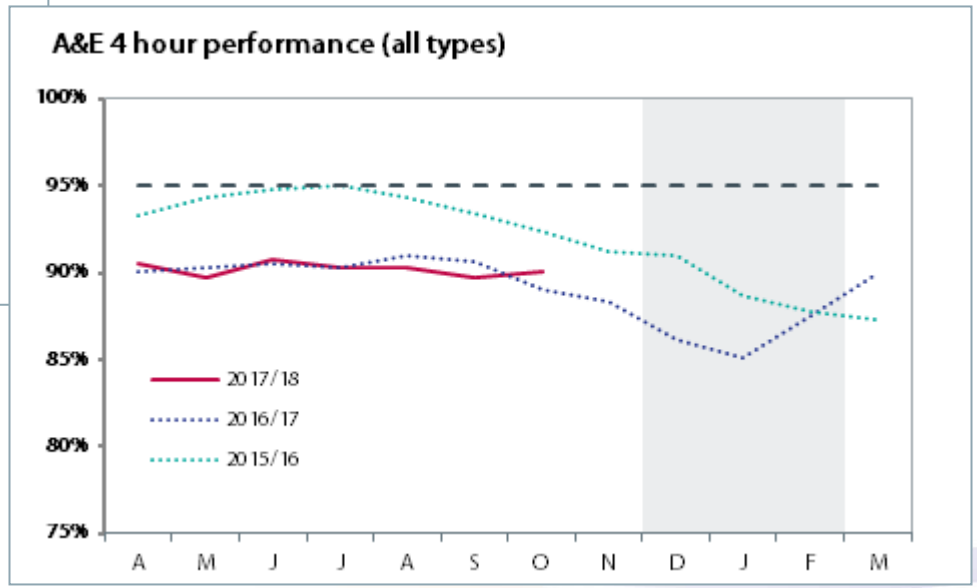
Performance under pressure



- Only just failed to meet September trajectory of 90%, now at 91% (85% for type 1)
- Good news story for DTOCs – drop of 14% compared to September 2016.



- MSA breaches on the rise: 969 patients in Sept 2017, over 350 more than same period last year.
- RTT performance continues to deteriorate – at 89% (compared to 91% at this point last year)

Ready for winter?

- Sector is working v hard to **stabilise A&E performance** and is producing results
- **NHS is doing an increasingly effective job in controlling emergency demand** growth – with YTD attendances +1% and non-elective admissions +2%
- **Social care and NHS are starting to pull together in some parts of the country,** and additional funding is helpful.
- National leadership under one Director; **better planning** based on risk segmentation; committed to be more streamlined, focus on support rather than assurance for assurance sake; **£335m in budget** (though late in the day)

- Severe **lack of capacity in primary care and social care;** impact of extra social care investment is variable, not having impact intended/required
- Might be better prepared for flu than we have ever been, but **strain circulating in Australia very severe**; led to 2.5 million more flu diagnoses this year
- **Staff resilience and morale** to deal with another exceptionally tough winter
- **Bed occupancy**, in particular adult beds very challenging, eg DTOC reduction hasn't worked consistently
- **Reforms / improvements will take time to bed in** – eg primary care streaming and urgent treatment centres

Coping with demand: innovative or risky?

Older people's emergency Dept

- ED for over 80s.
- Builds on existing initiatives eg older people's ambulatory care department and older people's assessment service , allowing GPs to book an appointment with specialist geriatrician within 48 hours of referral.

CareRooms

- Announced as part of pilot in Essex to host patients in private homes .
- Raised significant governance and quality issues.
- The trust came out to say that they had "not intention…to support the pilot at this time".

Online GPs

- "GP at Hand" tested in London as NHS GP service
- Concerns that it would "cherry pick" younger patients, leaving existing practices with less funding Fears that it will create "twin-track approach to GP services".

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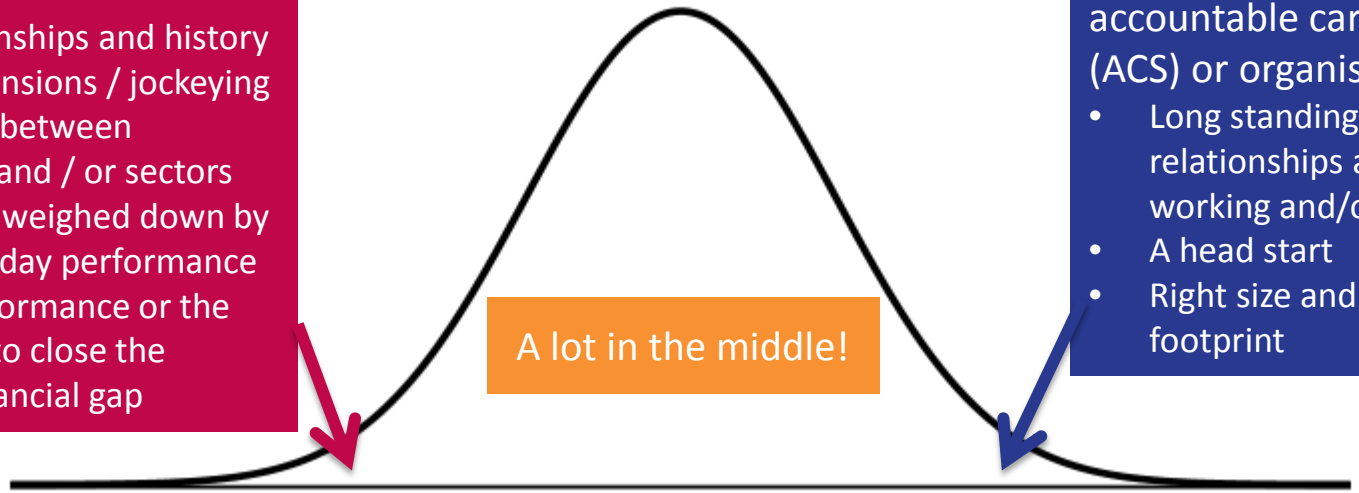
Sustainability and transformation partnerships (STPs)

If you've seen one STP……you've just seen one STP!
There is significant variation between STPs, which is growing fast

A few stuck and struggling:

- Size / shape / complexity of footprint
- Poor relationships and history including tensions / jockeying for position between institutions and / or sectors
- Distracted / weighed down by poor day to day performance eg A&E performance or the size of task to close the 2020/21 financial gap

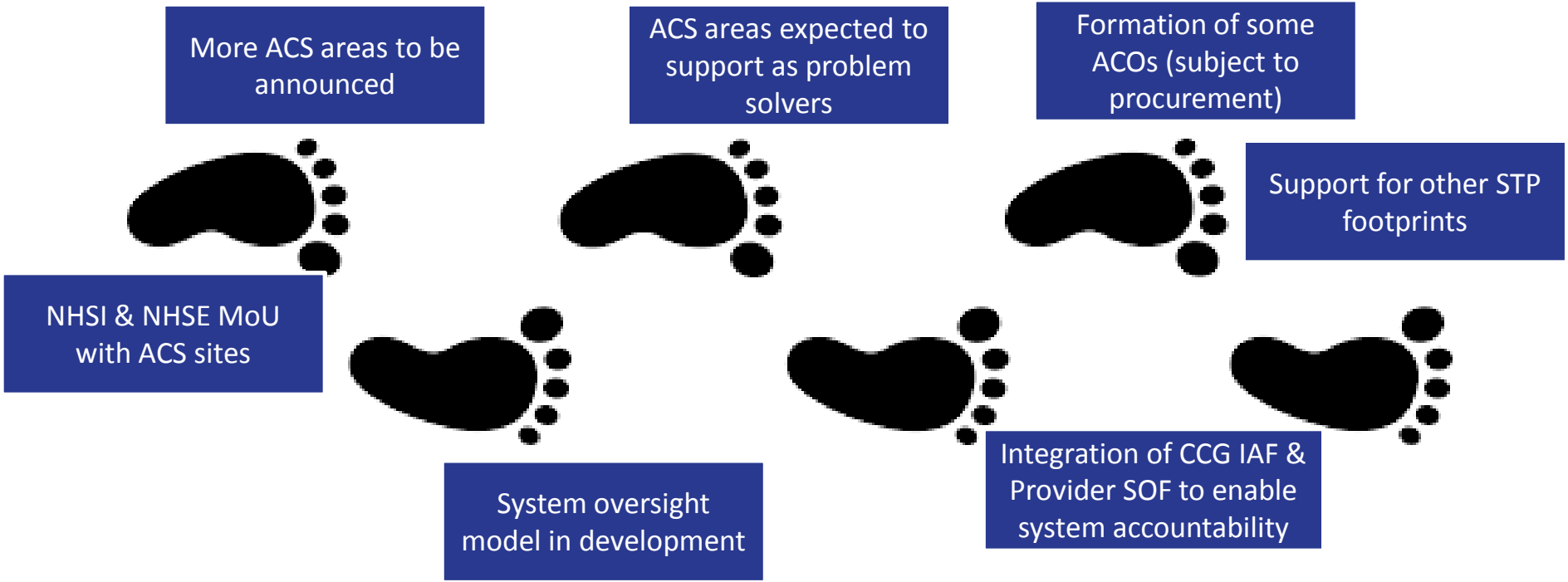


A few rocketing ahead at pace and moving to become accountable care systems (ACS) or organisations (ACO):

- Long standing good relationships and system working and/or
- A head start
- Right size and shape of footprint

STP areas of focus – some common themes…

Next steps…


More ACS areas to be announced
ACS areas expected to support as problem solvers
Formation of some ACOs (subject to procurement)
Support for other STP footprints
NHSI & NHSE MoU with ACS sites
System oversight model in development
Integration of CCG IAF & Provider SOF to enable system accountability

The emerging implications for provider sector

1. **Diversification of the provider sector**
   The provider sector is diversifying quickly, with the traditional distinct sectors of acute, community, mental health and ambulance breaking down and (in some areas) being replaced by more disparate ACSs, ACOs, group models, PACs and MCPs. The gap between those who are most advanced and those who are stuck is growing quickly.

2. **Secondary care as a distinct concept is breaking down**
   The traditional model of the provider sector covering just 'secondary care' is being challenged, with trusts and foundation trusts taking on greater responsibilities within their wider systems e.g. primary and social care.

3. **Overall system architecture**
   The emerging emphasis on STPs and accountable care, rather than individual organisations, has the potential to blur lines between commissioners, health and social care providers, as well as shift the overall NHS system architecture.

4. **Governance models changing without legal or regulatory underpinnings**
   Tensions and incompatibilities are starting to build with the Health and Social Care Act 2012. The absence of legislative change means new types of provider models and STPs are starting to develop governance / accountability structures that don't align with the Act or lack full statutory underpinning. It also means a potentially confused / duplicative regulatory system.

5. **Health and social care**
   STPs and the deterioration of the external environment have highlighted the importance of national and local partnership working between the NHS and local government and the joining up of health and social care…yet tensions have never been higher as resources are spread even more thinly.

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5. **Workforce**
6. Regulation
7. NHS Providers and governors

Our major report on NHS workforce challenges

http://nhsproviders.org/a-better-future-for-the-nhs-workforce

THE NHS WORKFORCE IS MORE STRETCHED THAN EVER

In a recent survey of chairs and chief executives:

66% said workforce is the most pressing challenge to delivering high-quality healthcare

The top 3 challenges to recruitment and retention

2. Pressure of work
1. Staff supply shortages
3. Pay and reward

85% said it would be important to recruit from outside the UK over the next 3 years

THREE KEY RECOMMENDATIONS

Tackling the domestic supply gap

The Department of Health and NHS national bodies should develop and communicate a coherent and credible strategy for the health and social care workforce.

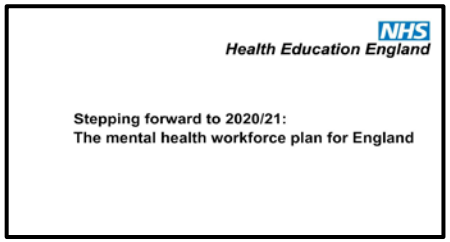
Maintaining international supply

The government should commit to a future immigration policy supporting trusts to recruit and retain staff from around the world.

Supporting trusts to develop the current workforce

The NHS national bodies, professional regulators and royal colleges should support trusts to introduce new roles and ways of working at scale and pace.

Workforce strategy or workforce pipeline plan?



COMING IN DECEMBER!

- **A Cancer Workforce plan**
- **A draft NHS workforce strategy**

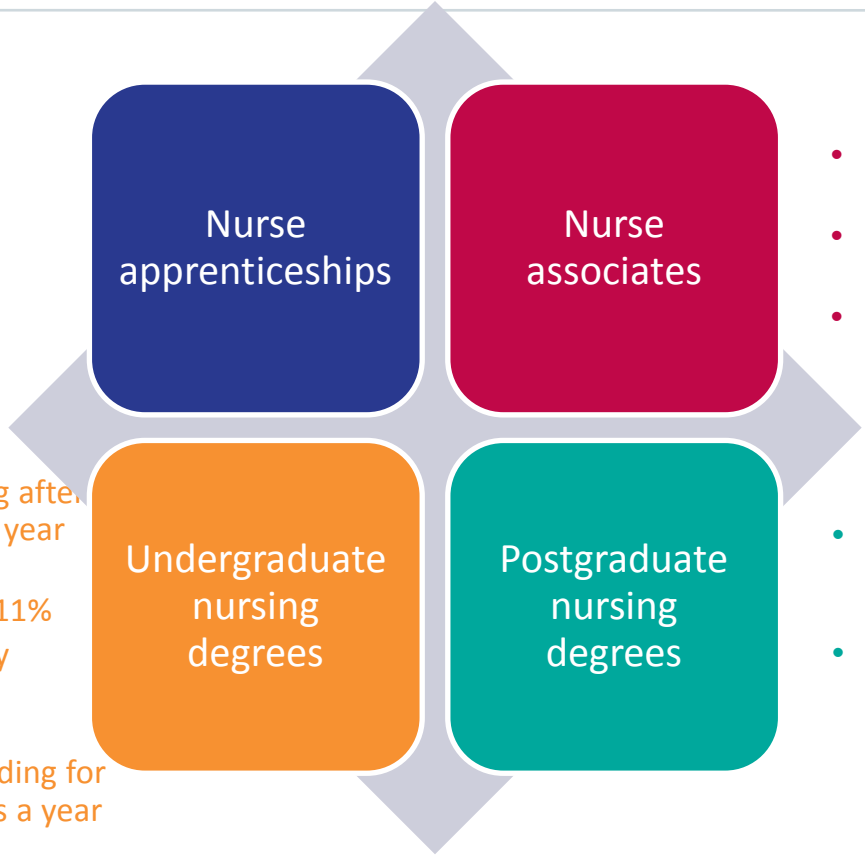
FUTURE WORKFORCE SUPPLY PLANS

- Are fine as far as they go but….
- ….they've proved increasingly unreliable and ineffective recently….
- ….they look long term, doing little to address immediate challenges….
- ….they have traditionally just looked at future, HEE funded, domestic workforce supply pipeline, only part of workforce numbers picture….
- ….and is only a small part of the workforce strategy landscape….
- ….though HEE are now trying to produce more sophisticated workforce plans that take account of retention and overseas recruitment

AN NHS WORKFORCE STRATEGY

- A good NHS workforce strategy needs to look at a range of different issues, in a holistic, co-ordinated way including pay, retention, working conditions, and what is done nationally and what locally
- Ministers are in danger of believing that an NHS future workforce supply plan is the same as an NHS workforce strategy

For Example, October Announcement on Nursing



- Less than 50 started in 2017, with more courses to open by Easter 2018 (qualify from 21/22).
- Longer term and significant investment for employers in this route.

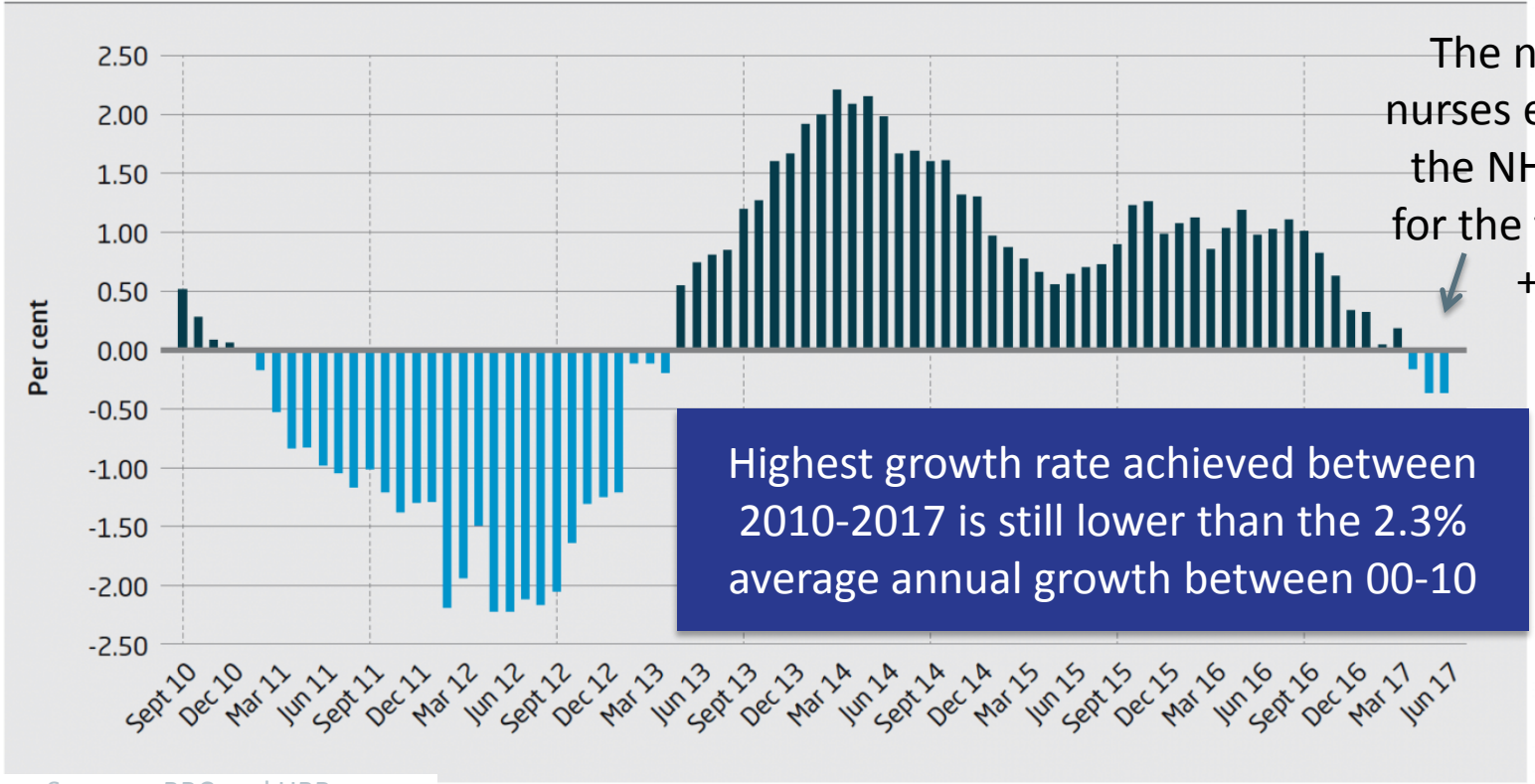
- 2,000 in training at pilot sites (qualify from 2019)
- 5,000 more to start in 2018 (qualify from 2021)
- Apprenticeship levy proving helpful

- 23% drop in applications
- Placed applicants to nursing after clearing 4% lower than last year but comparable to 2015.
- Mature students down 10-11%
- No info yet on smaller entry programmes eg learning disabilities.
- New clinical placement funding for extra 5000 nursing students a year from 2018.

- "Nurse First" announced in *Next Steps,* had first 40 graduates starting in September.
- Bursary was still in place for 2017 entry but nothing confirmed for 2018, creating uncertainty.

…and what's actually happening on nursing numbers

Figure 1: Year-on-year percentage change in number of nurses and health visitors, NHS hospital and community health services

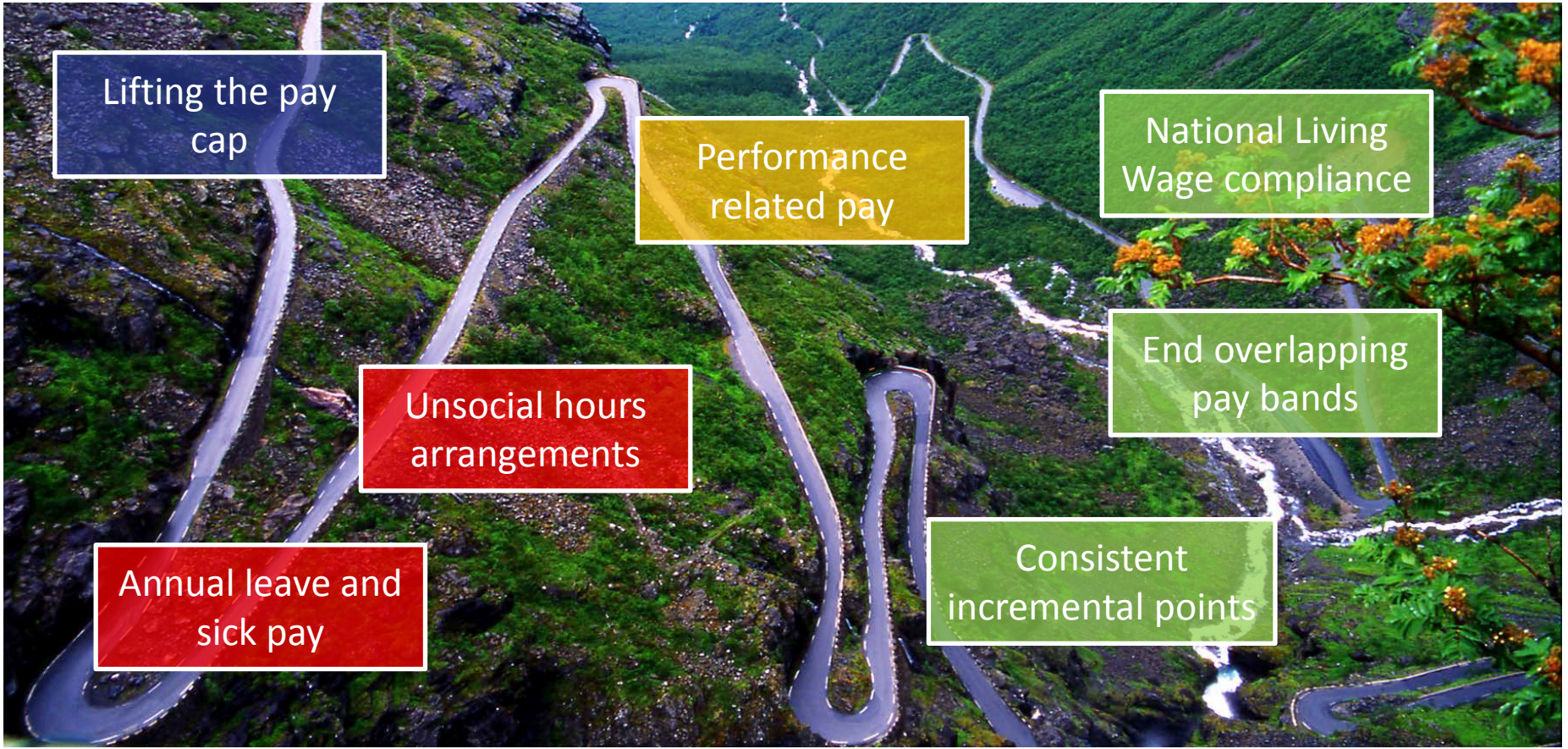


The number of nurses employed in the NHS is falling for the first time in +3 yrs

Highest growth rate achieved between 2010-2017 is still lower than the 2.3% average annual growth between 00-10

Sources: BBC and HBR

Re-starting long and windy route to AfC reform



What we will cover

1. Political and external environment
2. Finance and planning
3. Performance
4. STPs and Accountable Care Systems
5. Workforce
6. Regulation
7. NHS Providers and governors

Use of Resources consultation

The Use of Resources assessment aims to ensure trusts are using their resources (finances, people, clinical services, estates) to provide high quality, efficient and sustainable care. The assessment will identify trusts' support needs under the Single Oversight Framework. Roll-out began in Sept 2017. The initial focus is on non-specialist acute trusts due to lack of productivity data for mental health, community and ambulance.

- NHSI and CQC are currently consulting on their process for working together to generate a published CQC Use of Resources rating and report for trusts.
- Also consulting on how the Use of Resources rating is combined with CQC's five existing trust-level quality ratings – the proposal is a new sixth trust-level rating of use of resources, and options for how to aggregate these six ratings into a new overall combined rating.
- NHS Providers responding – consultation closes on 18 January 2018.

Single Oversight Framework (SOF) update

Changes include a new standard for mental health providers: the reduction of inappropriate adult mental health out-of-area placements. Ambulance response time standards have also been introduced.

Where relevant, NHSI will use performance against the national standard rather than the STF trajectories as the trigger of potential support needs in relation to operational performance standards

NHSI will consider the assessment of system-wide leadership from STP ratings under the strategic change theme.

Change to triggers of potential support needs under the quality of care theme: CQC rating of 'inadequate' or 'requires improvement' in overall rating, or against any of the key questions.

- NHSI published an updated SOF following a feedback exercise earlier this year.
- No changes to the underlying framework, but some metrics (used to assess providers' performance under the SOF themes) have been amended, added or removed.
- Improvements to the structure and presentation of the SOF document.
- Under Finance and Use of Resources theme, NHSI is undertaking a programme of work to understand the productivity of community, mental health and ambulance trusts.

CQC new inspection regime / well-led framework

New CQC inspection regime

- All inspections since August 2017 are part of the new targeted, risk-based approach.
- By December 2017, around half of all trusts will have received new Provider Information Returns (PIRs).
- By Autumn 2018, all trusts will have received new PIRs.
- By April 2019, new approach will be fully embedded.
- However, CQC is struggling to keep up with its projected inspection activity.
- CQC recently consulted on how to inspect and rate complex providers.

Well-led inspections

- CQC well-led review conducted annually.
- Covers all levels from ward to board.
- Focus on culture as biggest impact on well-led rating.
- CQC must publish reports within 33 days.
- Trusts in the pilot report inconsistency and lack of clarity in CQC/NHSI's application of the well-led framework.
- CQC see it as assessment tool, NHSI as development tool.

Culture, learning, and safety update

Health Service Safety Investigations Branch

- Draft bill published 14 September
- HSIB to have power to investigate serious patient safety incidents

Learning from Deaths

- Remains high priority of SoS
- All trust policies setting out approach to investigating and reviewing deaths are to be published by end September
- CQC will incorporate inspection for learning from deaths into their assessment of Well Led

National patient safety priorities

- NHSI to launch consultation on Serious Incident Framework
- Sepsis & Anti-Microbial Resistance campaigns

Freedom to Speak Up

- National Guardian Office to produce good practice guide for local guardians
- Quarterly data submitted by just over half of all trusts' local guardians found that 1,124 cases were raised
- 87% of people who engaged with their local Guardian reported a positive experience

What we will cover

1. Political and external environment
2. Finance and planning
3. Performance
4. STPs and Accountable Care Systems
5. Workforce
6. Regulation
7. NHS Providers and governors

NHS Providers offer for governors

Voice and influence

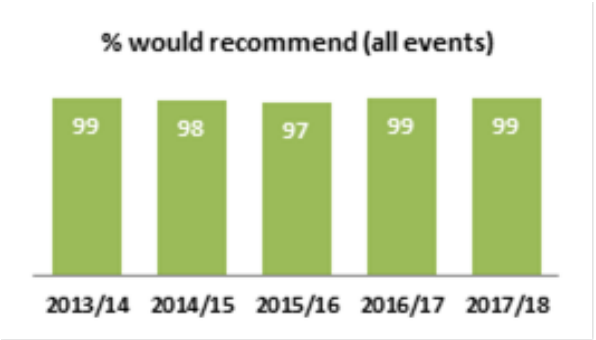
- Talking about the scale of challenge going forward
- Advocating hard on key issues to ensure providers have the resources and support to deliver high quality care
- Ensuring we are actively involved in key national conversations with NHS Improvement, NHS England, CQC etc.

Support for governors

- Steered by a **Governor Policy Advisory Committee**, elected by you. Election process for the new committee begins on 11 December 2017.
- **GovernWell** - a range of "open offer" and "bespoke" training support for councils of governors. Up to 40 courses a year.
- Bi-monthly **newsletter** for governors; publications; dedicated website
- Regional development workshops and **annual conference** on **24 May 2018** in London (one guaranteed place per trust and then a waiting list)
- A focus on **sharing good practice**

QUALITY LEARNING AND SUPPORT FOR NHS GOVERNORS

GOVERNWELL



Q&A

THANK YOU

Paul Myatt, Policy advisor, NHS Providers
paul.myatt@nhsproviders.org

Northamptonshire Healthcare NHS
NHS Foundation Trust

SNAPSHOT REVIEW OF MEMBERSHIP STRATEGIES AND GOVERNOR INVOLVEMENT ACROSS NHFT AND THE NHS

I REVIEWED

16 FOUNDATION TRUST STRATEGIES

ANALYSING

340 PAGES OF DOCUMENTS

I TALKED TO

25 FOUNDATION TRUSTS

AND ASKED EACH TRUST

4 QUESTIONS ABOUT MEMBERSHIP

Northamptonshire Healthcare NHS
NHS Foundation Trust

I ALSO SPOKE TO

11

NHFT SERVICE MANAGERS

ASKING

3

QUESTIONS ABOUT MEMBERSHIP AND GOVERNANCE

I INDENTIFIED

46

WAYS OTHER TRUSTS OPERATE DIFFERENTLY

Key Notes

This document is simply a statement of findings and asserts no opinion on each statement. This document is authored by Tremaine Richard-Noel (Younger Persons Governor) and is designed to aid decision making in the refresh of the Northamptonshire NHS Foundation Trusts own membership strategy.

Northamptonshire Healthcare NHS
NHS Foundation Trust

Q1. HOW DO YOU OPERATE MEMBER EVENTS ?

1. "We hold talks about healthcare conditions"
   Bradford District NHS Foundation Trust

2. "We hold an annual open event" (over 1k attend)
   Harrogate and District NHS Foundation Trust

3. "We invite governors to lead member events and the Q&A session"
   Harrogate and District NHS Foundation Trust

4. "We hold Medicine for Members meetings 4x per year .. Topics include diabetes and dementia".
   Harrogate and District NHS Foundation Trust

5. "We Include 30 mins before each event for networking and 15 minutes after for a Q&A session"
   Harrogate and District NHS Foundation Trust

6. "In a variety of ways including First Aid Training "
   Harrogate and District NHS Foundation Trust

7. "Our Youth Forum run their own events focusing on healthy wellbeing."
   Harrogate and District NHS Foundation Trust

8. "100 people attend our AGM most of which are members."
   Harrogate and District NHS Foundation Trust

Northamptonshire Healthcare NHS
NHS Foundation Trust

Q2. HOW DO YOU PROMOTE MEMBERSHIP & WHAT HAS BEEN SUCCESSFUL?

1. "Governors are promoted via internal communication channels "
Bradford District NHS Foundation Trust

2. "We invite members to attend service visits"
Bradford District NHS Foundation Trust

3. "Attending public health events "
Bradford District NHS Foundation Trust

4. "Involvement and volunteering teams ask all participants to become members."
Bradford District NHS Foundation Trust

5. "We attend local colleges
County Durham and Darlington NHS Foundation Trust

6. We attend high profile local events such as Pride"
Harrogate and District NHS Foundation Trust

7. "We visit school career fairs"
Harrogate and District NHS Foundation Trust

8. "Via networks such as staff, patient voice group, equality and diversity"
Harrogate and District NHS Foundation Trust

9. "All staff are automatically opted into membership"
Lincolnshire Partnership NHS Foundation Trust

10. "Through our 3 annual members meetings each year"
Lincolnshire Partnership NHS Foundation Trust

Q3. DO GOVENORS ACTIVELY RECRUIT MEMBERS?

1. "Governors attend local health events"
   Bradford District NHS Foundation Trust

2. "Each governor has a email address so that they can be contacted"
   Bradford District NHS Foundation Trust

3. "We have a Governor Working Group for Membership Development and Communications"
   Harrogate and District NHS Foundation Trust

4. "Governors have a stand at the annual open event"
   Harrogate and District NHS Foundation Trust

5. "Governors have their own networks"
   Harrogate and District NHS Foundation Trust

Q4. DO Ggovernors MEET OUTSIDE THE COG MEETING?

1. "Our governors attend open house meetings with the chair every month"
Bradford District NHS Foundation Trust

2. "Our governors have an informal meeting every two months. The Chair and Chief Executive attend for the first 30 mins for a Q&A session"
County Durham and Darlington NHS Foundation Trust

3. "Governors have 3x open meetings a year with NEDS"
County Durham and Darlington NHS Foundation Trust

Northamptonshire Healthcare NHS
NHS Foundation Trust

MEMBERSHIP STRATEGIES REVIEW

This section identifies **key differences** of practice within the membership strategies of other foundation trusts. . These are presented neutrally to be used as food for thought.

*= Demonstrated in more than 50% of the trust reviewed

1. A separate governor working group focusing on membership development and communications. **(*)**

2. Membership being divided into 6 unofficial tiers passive members, armchair activists, engaged members, advocates, partners and governors

3. Staff Governor representation from all main service areas including adult mental health, child and family services, older adults, primary care and corporate and shared services.

4. Partner Governor representation from every stakeholder including police, commissioners, county council, local acute hospitals, primary care and other local organisations. **(*)**

5. Members being treated in a similar way to governors with inductions and development support activities

6. Exclusion of membership for those who have committed a serious act of assault or violence which has resulted in that person being prosecuted in relation to the act within last 5 years

7. All members of the Council of Governors being responsible for the recruitment and engagement of members supported by the communications team **(*)**

8 . Facebook and Twitter being used to promote membership with governors being trained in social media management to handle these tools.

9. All staff opted into membership with a target of no more than 1% opt out **(*)**

10. Tiers of members ranging from 3-5 tiers across different trusts with each tier being offered a increasing level of opportunity. Examples include tier 1: Be informed, tier 2: Be involved, tier 3: Take a lead. **(*)**

11. The Associate Director of communications having lead responsibility for the implementation of the communication plan that supports the strategy.

12. A FT & Stakeholder Communications Officer supporting the membership activities.

13. Creation of annual implementation plans which set out a bespoke programme of communications and involvement opportunities for each financial year.

14. Membership recruitment champions which can include members, governors or NEDs (e.g any member)

15. Members being treated in a similar way to governors with inductions and development support activities

16. "Special Feedback Groups" setup to discuss specific matters. Members being involved in mystery shopper projects.

17. Footnotes being added by default to all trust emails promoting members and membership promoted via connecting to trust Wi-Fi.

18 . A team of trained service users undertaking regular surveys. This work contributes to the development of the Trust's quality account and provides crucial feedback to the board.

19. Local youth forums involved being offered partner governorships

20. £78,000+ annual spend on membership activities

Northamptonshire Healthcare NHS
NHS Foundation Trust

NHFT REVIEW

We asked service leads "What activities or events do you regularly conduct or are planning to conduct that are public facing ? "

We have a catheter and PICC clinic in Daventry each week for patients who are not completely housebound

We have invited Carers/patients to be part of the interview panel at recent interview days in Kettering."

We attend fairs in the county to advertise such as the umbrella fair, talk on radio, go into colleges and connect with workplaces to advertise IAPT

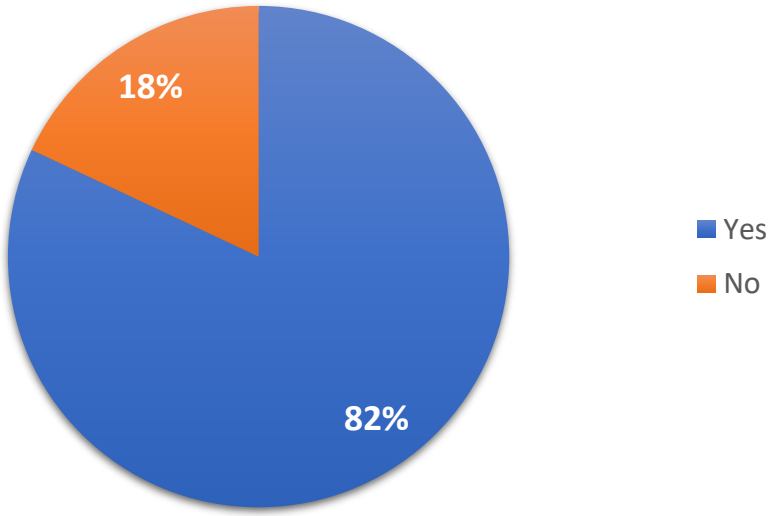
We have healthcare specific prisoner representative groups as well as participating in the wider prison group.

"No, groups intervention is short term but we do have patients who agree to us contacting them when they leave to help with service development."

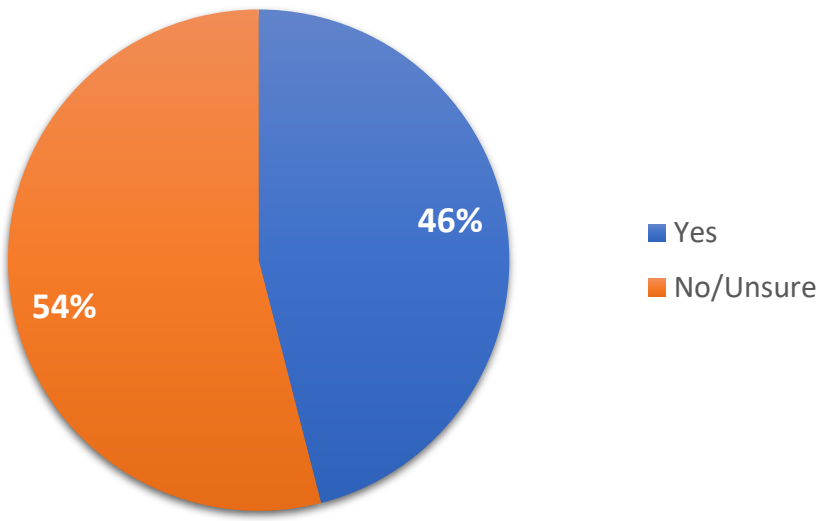
Regularly conduct the laryngectomy evening – which is for patients who have undergone a laryngectomy and their carers

NHFT REVIEW

Are you aware of the Council of Governors ?



Do you know how to contact the council of governors ?



Northamptonshire Healthcare NHS
NHS Foundation Trust

OUR PLANS AND ACTIONS
MEMBERSHIP STRATEGY 2017-2020

Key Principles of Membership

Authors: Janet Hathaway & Tremaine Richard-Noel

Ambitious: 10% of local population to be members by 2030

Minimum of 15% growth in membership by 2020 (5% per year)

Realistic 30% growth in membership by 2020 (10% growth per year)

Optimistic 45% growth in membership by 2020 (15% growth per year)

Long term goal: For **10%** of the local population to be members of the trust

Connected : Linking all public facing activities to membership

PPI principals, involving both patients **AND** the public. Public involvement treated as a **right** not a responsibility

Connecting any activity within the trust that is public, patient, career focused including involvement and volunteering with membership

Representative: Membership should reflect the local population

Our membership should **reflect our population** and thus should include individuals of every demographic

Each tier of member ranging from the base level through to the non-executive directors should be **diverse**

Automatic: Membership on an opt out basis

*"The public have a "right" to be **informed** of their ability to influence the direction of the trust and should be **empowered** to do so"*

a) All staff members and patients should be engaged with the base level of membership (being informed) on an **opt out** basis.

b) Until we are **confident** that the membership is of a sufficient **quantity and diversity** to represent the public then we should take the view that consulting members should not be treated as having consulted the public at large.

Engaging: Interesting & Wide Ranging

Our role of **empowerment** means that membership activities should be all-encompassing when required but also some activities should be **tailored** to individual demographics.

Membership should be **tiered** to enable those who wish to actively influence trust activities to do so. The **higher tiers** should be on an opt in basis.

Responsive: Listening to our members and adapting accordingly

We should be aware of low levels of engagement and under-representation and always be working toward addressing these

We should listen to our members and respond adequately to their needs and concerns.

Northamptonshire Healthcare NHS
NHS Foundation Trust

Membership Strategy 2017-2020

1. Our membership reforms for 2017-2020

1.1 The four tiers of membership

As part of this new strategy we will introduce a tiered system of membership, this will enable members to decide the degree to which they wish to be engaged.

The three tiers are;

a) Be Informed At this tier individual will receive information and updates from the trust primarily by email and will be notified about large scale involvement opportunities such as open days and consultations. They should be contacted around 3-4 times per year.

b) Be Involved At this tier individuals will be informed of all membership events and will invited to provide opinions on particular matters. It is expected that these members will make up the core of event attendees. They should be contacted around 10-12 times per year.

c) Be a representative At this tier individuals will be representing the public (or as a service user) at meetings and consultations across the trust. This tier will link with the involvement and volunteering teams. Individuals from this tier are where the future governor base is likely to be sourced from.

1.2 Governor Membership Work Group

A new work group should be established to oversee these key changes to membership. The group will need to work in collaboration with the membership and governance sub-group.

It is recommend that at first the work group has at least **4** governors and also representation from the foundation trust office, involvement and volunteering teams and also representation from the patient experience team, the communications team and members.

1.3 Governance Changes

If order to facilitate the key principle of representation as part of this strategy, the membership and governance sub-group should consider;

a) **Partner governors** Whether additional partner governor positions should be created for external care stakeholders such as Kettering General Hospital, Northampton General Hospital and also First for Wellbeing and the 360 care partnership

1.3 Governance Changes (cont'd)

b) Staff Governors Whether there should be a wider base of staff governors to represent the wide ranging services of NHFT

c) Representation Whether further governor positions should be created to represent ethnic minorities, disabilities, faith groups and other demographics that are under represented.

d) Being Involved As the majority of governor business is conducted publicly an alterative to the above is to create informal "associate governorships" to ensure that have a wide range of representation without the complication of vastly increasing the number of governors.

1.4 Membership Re-branding

Because of the changes to the membership structure a re-branding exercise will need to be undertaken to;

a) Explain the 3 tier structure and inform individuals on how to opt into the higher tiers

b) Give membership a new image to encourage existing members to become active

1.5 Opt out Roll Out

The new membership working group will need to consider how we;

a) Inform current members of the changes

b) Contact recent patients about being opted into membership

c) Contact existing staff about being opted into membership

d) Automatically opt in future staff and patients in the future in a practical manner

Reflection and action planning

Consider:

1. What do we keep?
2. What do we change?
3. What are the priorities?

Conclusions and take homes

Nick Marsden, Chairman Salisbury NHS Foundation Trust

Dr Peta Foxall, Governor Advisory Committee, NHS Providers

Upcoming news from NHS Providers

- Elections to the Governor Advisory Committee, that oversee the work of the governor support programme, commences on 11th December with a call for nominations. More details here:

https://nhsproviders.org/programmes/governwell/governor-advisory-committee-elections

- Our spring governor training schedule is available here:

https://nhsproviders.org/programmes/governwell/training-courses/course-dates

- Save the date! Our national Governor Focus Conference takes place on 24th May 2018. This will include a governor showcase event where councils of governors across England have the opportunity to demonstrate how they are exercising their statutory duties. View some of last year's finalists here:

https://nhsproviders.org/courses-events/annual-events/governor-focus-2018