

Health Leaders Panel

The views of healthcare leaders
on the future of health and care

Kelley Ireland
Daniel Reynolds

Survey one, November 2020

About the Health Leaders Panel

The future of the health and care system in the NHS in England will be built on greater collaboration and partnership working.

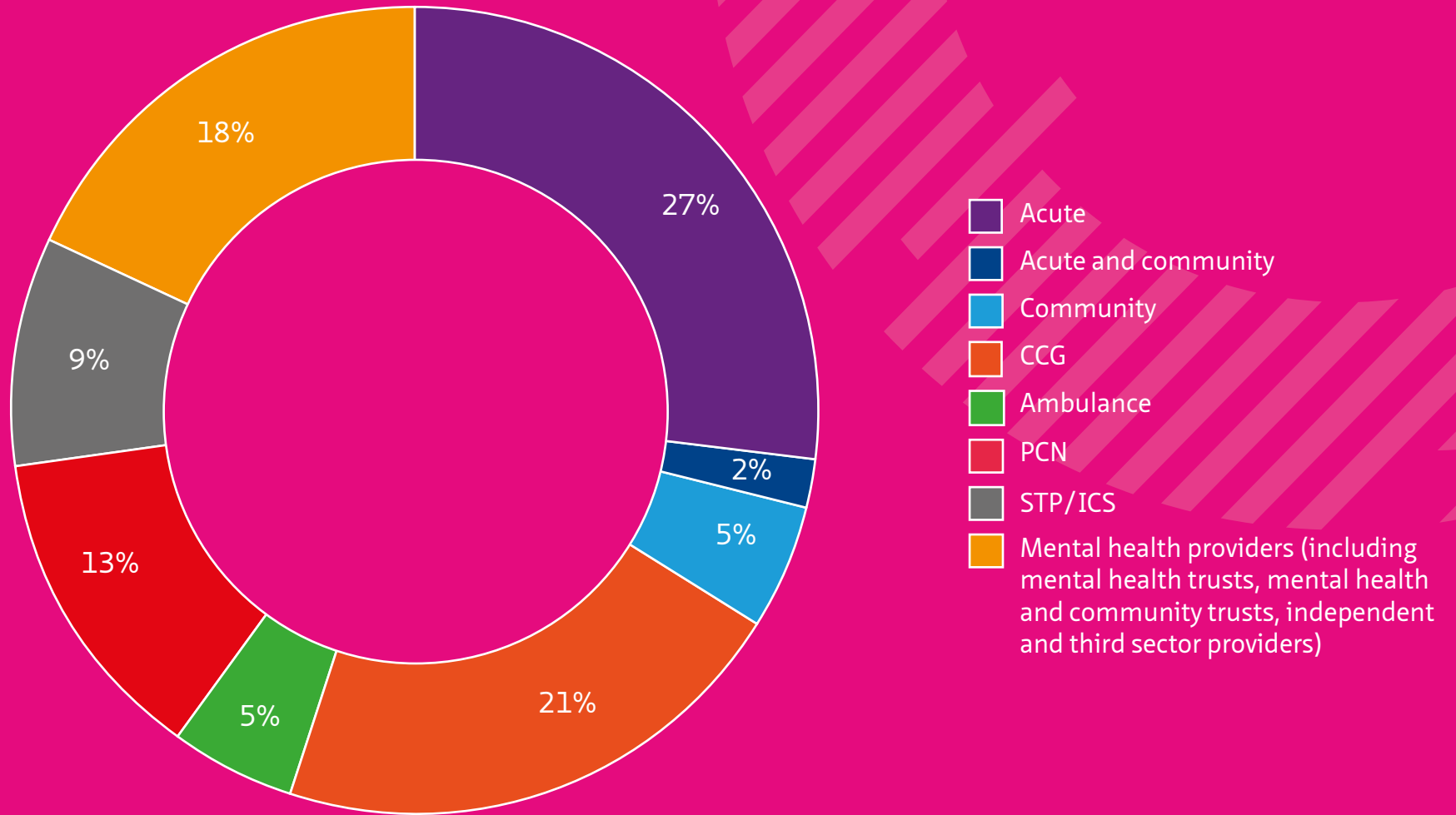
The NHS is embarking on a decade of reform as local services set out to achieve the ambitions of the NHS Long Term Plan. The health service is also facing the continued and unprecedented challenge from the COVID-19 pandemic – the greatest challenge we have faced as a country for more than two generations. With both of these in mind, we have assembled a panel of over 100 leaders to provide their expert views on the state of the health and care system, and the progress that is being made towards achieving the ambitions of the Long Term Plan.

Our panel includes the most senior leaders working in provider trusts, clinical commissioning groups (CCGs), primary care networks, integrated care systems, and third and independent sector organisations. We will use their insights to inform the thinking of political and national health and care leaders.

The NHS Confederation is the only membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We support our members to deliver more integrated care to their local communities. Our members include acute, community, mental health and ambulance trusts; CCGs; primary care networks; integrated care systems; and NHS-funded independent and third sector providers. As such, we represent organisations across the waterfront of the healthcare system.

About the Health Leaders Panel cont.

The panel is made up of leaders from all parts of the healthcare system.



About this report

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Since April 2020, we have been convening members, partners and national leaders to reflect on the learning from the pandemic and what it means for the future of health and care. Over the course of nearly 50 webinars, roundtables and private meetings with more than 2,500 senior leaders, we have explored the shifts in culture, regulation, assurance and behaviour that have accompanied the COVID-19 response.

In late September 2020 we published the findings from our 'NHS Reset' engagement exercise, [NHS Reset: A New Direction for Health and Care](#). A major survey of our members, carried out in August and September, formed the centrepiece of the report. More than 250 healthcare leaders responded to the poll, this included the majority of the Health Leaders Panel.

Panel members' insights have already proved influential in informing the UK government and NHS England and NHS Improvement's thinking on what kind of health and care system will emerge from the pandemic.

The findings outlined in this latest report cover a number of questions that we intend to put to the panel twice a year to see how their views change over time. They cover issues including staff capacity and wellbeing; performance against waiting-time targets; regulation and governance; and the move to system working. We will survey the panel again in spring 2021.

Key points

- Healthcare leaders are worried about an exhausted workforce and their ability to get through this winter, with nearly a third saying they do not have enough staff to ensure staff wellbeing. Almost two-thirds believe this will put patient safety and care at risk.
- Healthcare leaders want to do all they can to safely resume services while managing the ongoing threat from coronavirus. However, not a single member of our Health Leaders Panel is confident that the NHS will be able to meet public expectations on waiting times. Only a third feel prepared and able to deliver appropriate services over this winter.
- More than half do not feel they have sufficient funding to deliver safe and effective services. They believe the government's imminent Spending Review needs to address this gap in funding if the NHS is to meet the demands of COVID-19 and non-COVID-19 patients.
- Throughout the pandemic we have seen much greater collaboration and strengthened partnership working. This is borne out in the survey, with almost nine in ten panel members saying that their organisation is fully engaged in the work of their local integrated care system (ICS)/sustainability and transformation partnership (STP) and supportive of its priorities. Almost two-thirds reported positive relationships between all organisations within their ICS/STP.
- The panel is united in its view that there needs to be a lighter-touch model of inspection and quality regulation – more than nine in ten leaders (95 per cent) want to see such a change.

Survey results

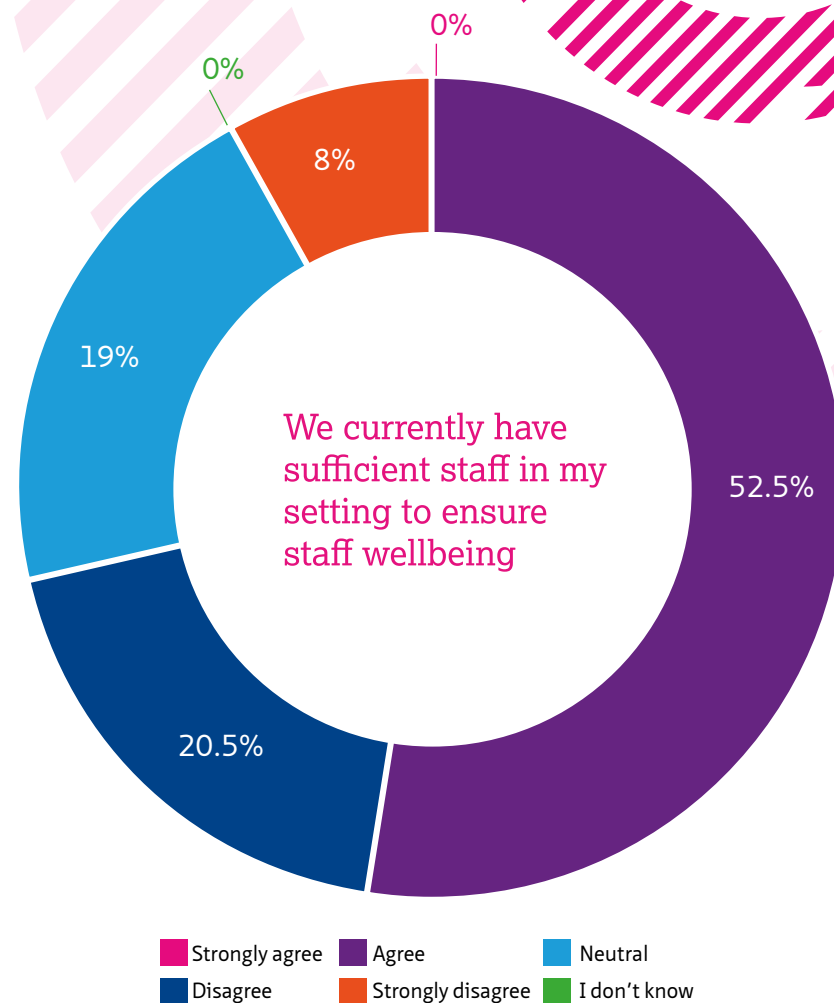
Workforce capacity and wellbeing



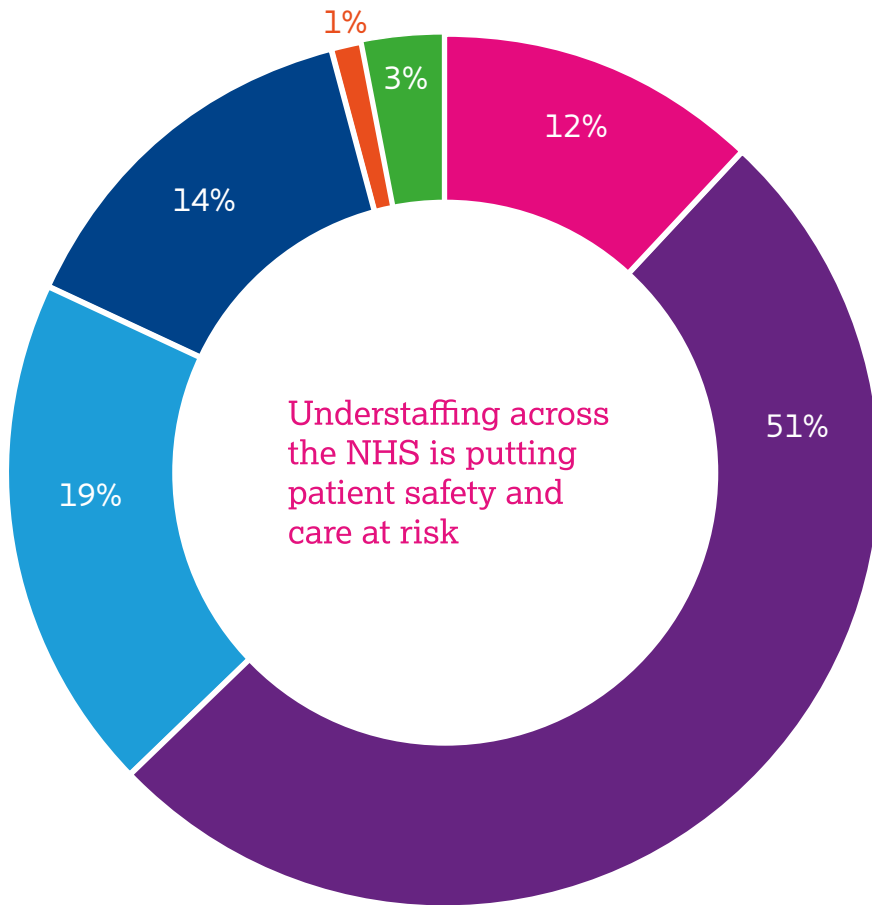
Staff across the health and care sector have pulled together to provide the best possible care despite the huge strain caused by the pandemic and pre-existing workforce shortages. The NHS workforce was already carrying over 90,000 vacancies prior to COVID-19, with a further 120,000 vacancies in social care.

The pandemic has been without precedent in the demands it has placed on health and care staff across all settings and disciplines, leading to significant levels of stress and anxiety. The disproportionate impact on ethnic minority communities was mirrored in the impact on black and minority ethnic (BME) NHS staff.

The impact of the pandemic on the NHS workforce is top of the list of concerns for our panel. They tell us that they are worried about an exhausted workforce and their ability to get through winter, with nearly a third saying they do not have enough staff to ensure staff wellbeing. Almost two-thirds believe this will put patient safety and care at risk.



Workforce capacity and wellbeing cont.



Strongly agree Agree Neutral
Disagree Strongly disagree I don't know

Employers focused on staff wellbeing during the peak of the pandemic and delivered a range of programmes to support staff. The challenge now is how to sustain that work, particularly given the uncertainties associated with COVID-19 and how it will continue to impact the population and NHS.

Our staff are exhausted and feel national expectations are unreasonable and unrealistic.

PCN Clinical Director

Survey results

Resuming patient services

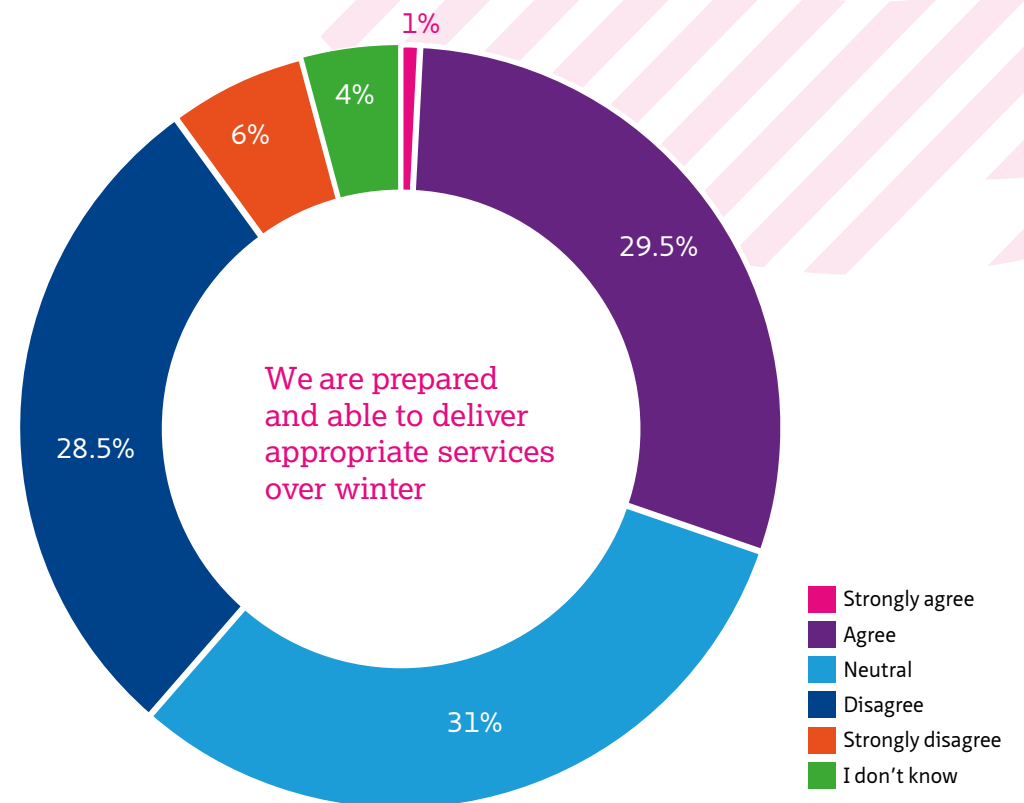
In the early stages of COVID-19, there were significant reductions in the services the NHS normally provides, as infection control measures were implemented and beds and staff were diverted to treat patients with the coronavirus. Despite this, the NHS continued to treat millions of patients not infected with the virus.

The public rightly expects normal services to resume and to receive the care and treatment that has been delayed. The NHS has made huge progress in restoring services toward previous levels but faces continued uncertainty from rising coronavirus infections. And it is having to restore services on much reduced capacity due to infection control measures. This has led to a backlog of care and unmet need that now needs to be dealt with.

Health and care leaders want to do all they can to safely resume services while managing the ongoing threat from coronavirus. However, not a single

member of our panel is confident that the NHS will be able to meet public expectations on waiting times. Only a third feel prepared and able to deliver appropriate services over winter.

This supports what we have been hearing from leaders over the last few months – the targets to restore elective and other activity this autumn are unrealistic.

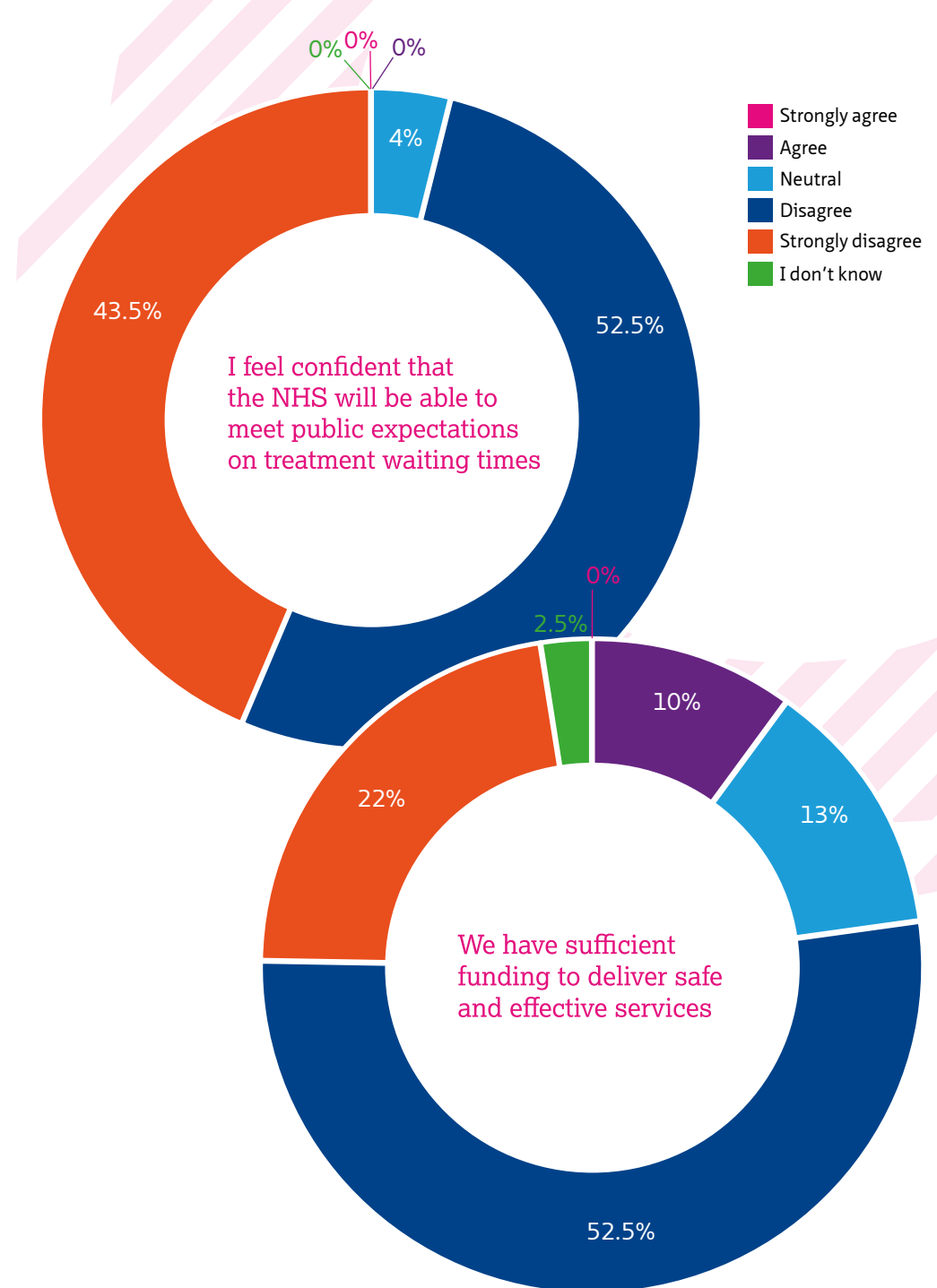


Resuming patient services cont.

Addressing funding pressures is one of the ways in which government can help – eight out of ten leaders do not think that they have sufficient funding to deliver safe and effective services. The government's Spending Review, set for late November, will need to re-examine the current NHS funding settlement which is no longer enough to meet the challenges ahead in light of additional pressures caused by COVID-19.

Creating public expectation that the NHS will be back to the old normal makes the messaging around restoration more difficult. We have an opportunity to create a dialogue with the public that describes a new normal and sets realistic expectations.

ICS Lead



Survey results

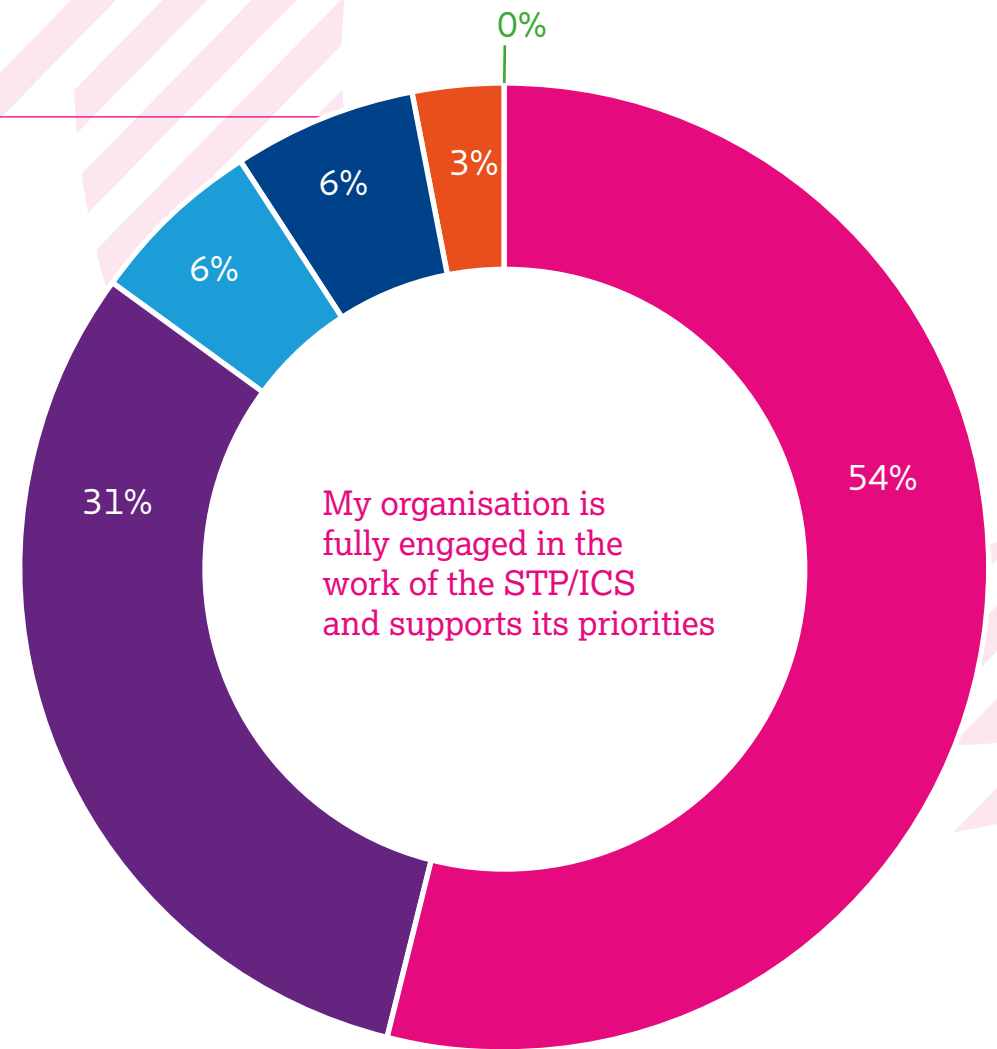
Partnership working

Throughout the pandemic, we have seen greater collaboration and strengthened partnership working, with innovative changes being made to the organisation of services across local health and care systems.

This is borne out in our survey, with almost nine in ten panel members saying that their organisation is fully engaged in the work of their local ICS/STP and supportive of its priorities. Almost two-thirds of the panel reported positive relationships between all organisations within their ICS/STP.

The aspirations are right; the challenge is the degree to which all members of the ICSs give more than lip service to them.

CCG Accountable Officer



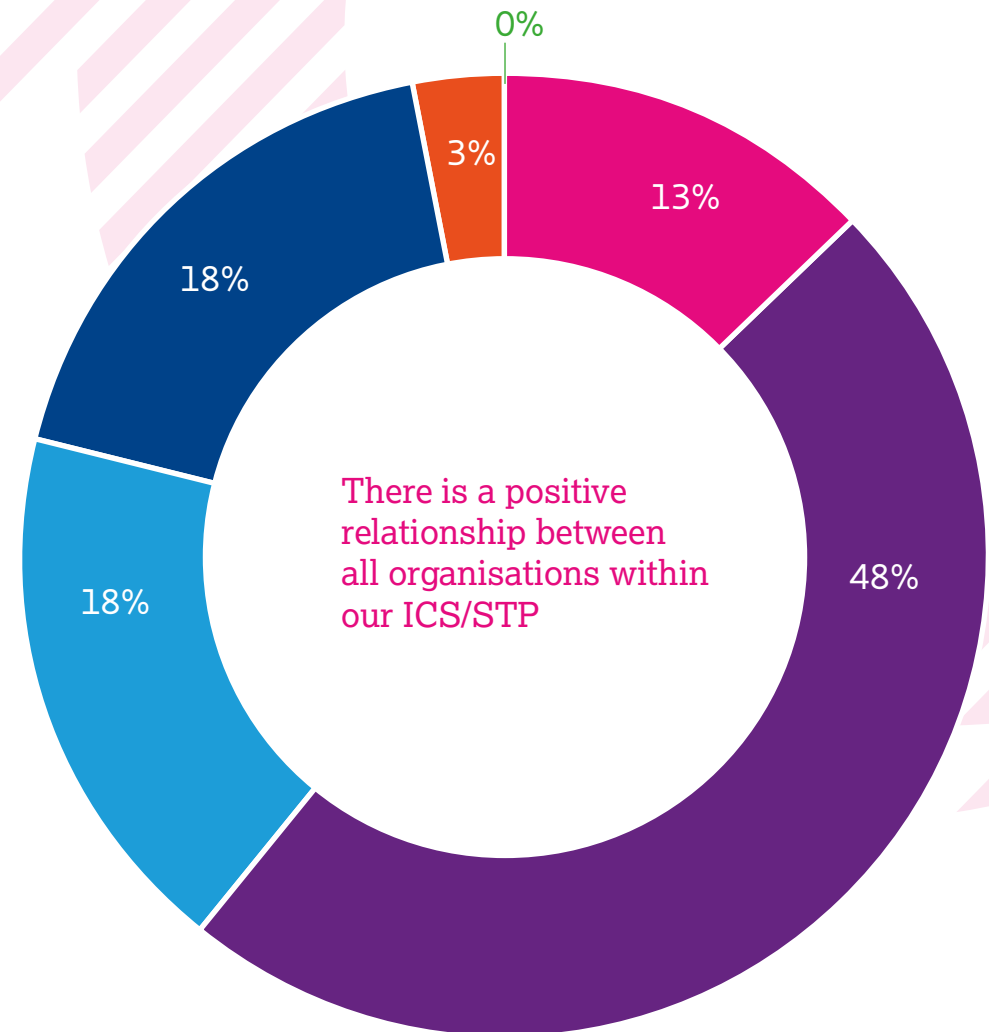
Strongly agree Agree Neutral
Disagree Strongly disagree I don't know

Partnership working cont.

However, there is still some way to go, with a fifth of our panel saying they do not believe there is a positive relationship between all organisations within their ICS/STP. Members have told us that there is significant variation in how different parts contribute to planning and strategy at system level, and that there is sometimes confusion about how their system operates or what their system is trying to achieve. Through our ICS and other member networks, we will continue to encourage and support closer partnership working.

ICSs are a coalition of the willing. Effort must go into creating the right mood music for the constituent bodies in them to cooperate and coalesce around common objectives and outcomes.

Acute Trust Chief Executive



Strongly agree Agree Neutral
Disagree Strongly disagree I don't know

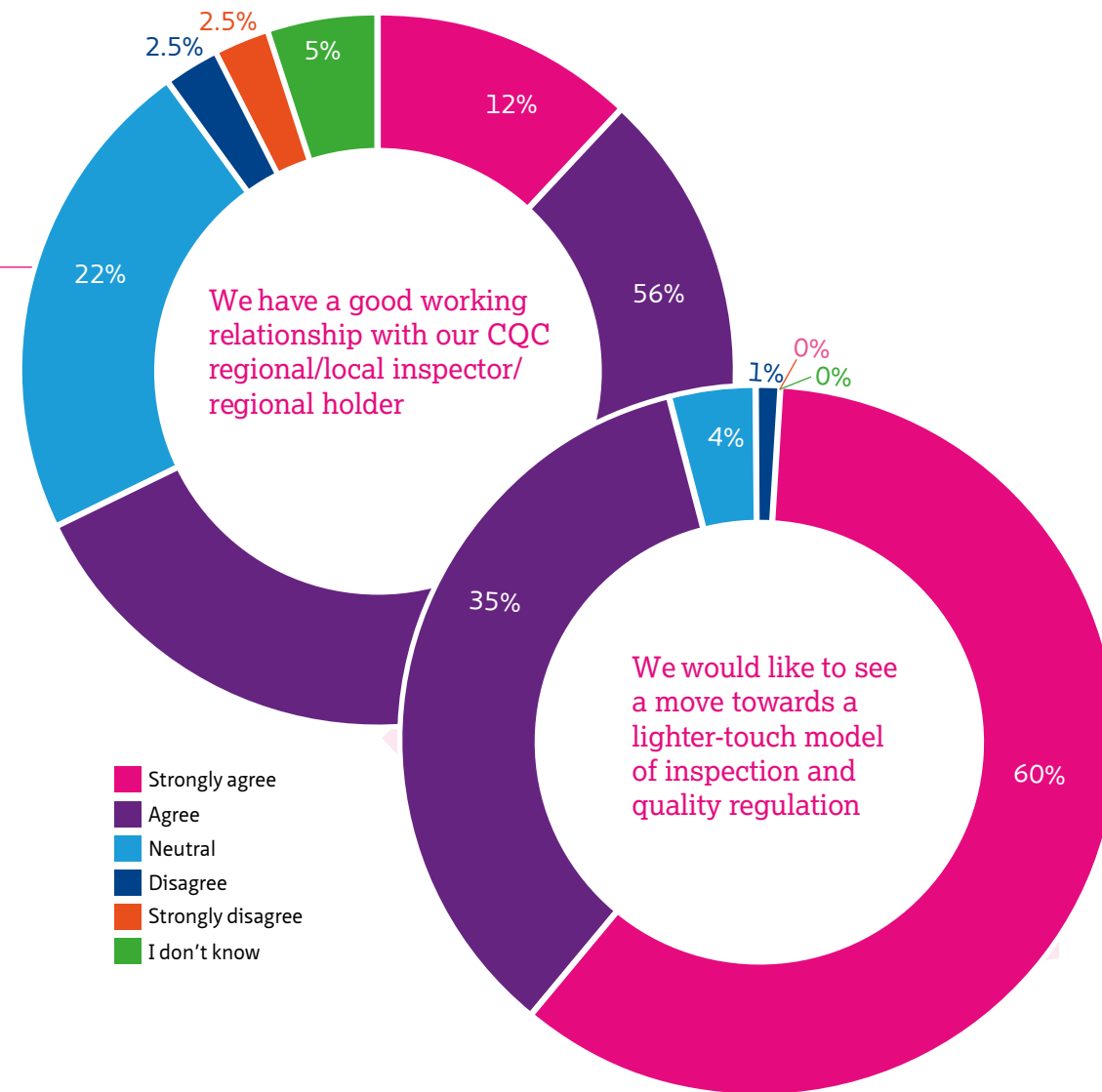
Survey results

A lighter, leaner culture

During the pandemic the regulatory burden on local leaders has been reduced, giving way to leaner and more agile ways of working. The NHS has innovated at speed, led by clinicians and empowered by a changed leadership culture reflected in behaviours at both local and national level.

Our panel is united in the view that this needs to be sustained. More than nine in ten want to see a lighter-touch model of inspection and quality regulation.

Our panel recognises the need for health and care services to be regulated and assured but they want to strip away the unnecessary bureaucracy, reporting and regulation that for too long has stifled the service. They want to see a culture change that empowers local leaders and clinicians to lead, giving them the ability to make good decisions for the communities and partnerships they serve.



This reflects the findings of our report [Lean, Light and Agile: Governance and Regulation in the Aftermath of COVID-19](#), (August 2020), which welcomes the move towards whole system, patient pathway and place-based inspections.

The panel

Aaron Cummins, University Hospitals Of Morecambe Bay NHS Foundation Trust

Adam Doyle, Sussex Health and Care Partnership

Dr Amanda Doyle OBE, Blackpool and Fylde and Wyre CCGs and Lancashire and Cumbria ICS

Amanda Riley, Primary Healthcare Darlington

Amanda Sullivan, NHS Nottingham and Nottinghamshire CCG

Prof Andy Hardy, University Hospitals Coventry and Warwickshire and Coventry and Warwickshire Health and Care Partnership

Sir Andrew Cash, South Yorkshire and Bassetlaw ICS

Andrew Eyres, NHS Lambeth CCG

Andrew Murray, NHS Merton CCG

Angie Smithson, Chesterfield Royal Hospital NHS Foundation Trust

Ann Marr, St Helens and Knowsley Teaching Hospitals NHS Trust

Anthony C Marsh, West Midlands Ambulance Service

Prof Aruna Garcea, Leicester City and University PCN

Dr Avi Bartia, NHS Derby and Derbyshire CCG

Brendan Brown, Airedale NHS Foundation Trust

Brent Kilmurray, Tees, Esk and Wear Valleys NHS Foundation Trust

Dr Brigid Joughin, Newcastle Outer West PCN

Caroline Shaw, Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Dr Charlotte Canniff, NHS North West Surrey Heartlands CCG

Chris Bown, London North West University Healthcare NHS Trust

Chris Clayton, NHS Derby and Derbyshire CCG

Crishni Waring, Northamptonshire Healthcare NHS Foundation Trust

Dr Claire Fuller, Surrey Heartlands ICS

Clare Panniker, Mid and South Essex NHS Foundation Trust

Clare Watson, NHS Cheshire CCG

Craig Harris, NHS Wigan Borough CCG

Dr Dan Bunstone, Warrington Innovation Network

Danielle Oum, Walsall Healthcare NHS Trust

David Stout, Shropshire Community Health NHS Trust

Dorothy Hosein, East of England Ambulance Service NHS Trust

Dr Ebrahim Adia, Lancashire Teaching Hospitals NHS Foundation Trust

Ella Joseph, Think Ahead

Emma Latimer, NHS Hull CCG

Eugine Yafele, Dorset Healthcare University NHS Foundation Trust

Faisal Baig, NHS North Lincolnshire CCG

Dr Farzana Hussain, Newham Central 1 PCN
Fiona Edwards, Surrey and Borders Partnership NHS Foundation Trust and
Frimley Health and Care ICS
Garrett Emmerson, London Ambulance Service NHS Trust
Hasan Chowhan, NHS North East Essex CCG
Hayley Citrine, The Walton Centre NHS Foundation Trust
Helen Hirst, NHS Bradford District and Craven CCG
Helen Kilminster, People's Health Partnership
Ian Williamson, Manchester Health and Care Commissioning
Ifti Majid, Derbyshire Healthcare NHS Foundation Trust
Dame Jackie Daniel, The Newcastle Upon Tyne Hospitals NHS Foundation Trust
James Devine, Medway NHS Foundation Trust
Jan Ditheridge, Sheffield Health and Social Care NHS Foundation Trust
Jane Milligan, NHS North East London Commissioning Alliance
Jane Tomkinson, Liverpool Heart and Chest NHS Foundation Trust
Janet Rowse, Sirona Health and Care
Jinjer Kandola, Barnet, Enfield and Haringey Mental Health NHS Trust
Dr Joanne Watt, NHS Corby CCG
Prof Joe Harrison, Milton Keynes Hospital NHS Foundation Trust
Dr Josephine Sauvage, NHS North Central London CCG
Julia Ross, Bristol, North Somerset and South Gloucestershire CCG and
Healthier Together STP
Julie Gillon, North Tees and Hartlepool NHS Foundation Trust

Karen Jackson, Locala Community CIC
Karen James CBE, Tameside and Glossop Integrated Care NHS Foundation Trust
Kat Dalby-Welsh, Yeovil Primary Care Network
Katie Fisher, St Andrew's Healthcare
Kevin McGee, Blackpool Teaching Hospitals NHS Foundation Trust and East
Lancashire Hospitals NHS Trust
Dr Kiren Collison, NHS Oxfordshire CCG
Kirsten Major, Sheffield Teaching Hospitals NHS Foundation Trust
Dr Laura Hill, NHS West Sussex CCG and NHS Crawley CCG
Lyn Bacon, Nottingham CityCare Partnership CIC
Louise Ashley, Dartford and Gravesham NHS Trust
Dame Marianne Griffiths, Brighton and Sussex University Hospitals NHS Trust
and Western Sussex Hospitals NHS Foundation Trust
Marie Gabriel CBE, Norfolk and Suffolk NHS Foundation Trust
Mark Cubbon, Portsmouth Hospitals NHS Trust
Dr Mark Spencer, Fleetwood PCN
Matthew Hopkins, Worcestershire Acute Hospitals NHS Trust
Melanie Walker MBE, Devon Partnership NHS Trust
Melany Pickup, Bradford Teaching Hospitals NHS Foundation Trust
Michael Wilson CBE, Surrey and Sussex Healthcare NHS Trust
Michelle Moran, Humber Teaching NHS Foundation Trust
Dr Naz Jivani, NHS South West London CCG and NHS Kingston CCG
Neil Dardis, Frimley Health NHS Foundation Trust

Neil Thwaite, Greater Manchester Mental Health NHS Foundation Trust
Dr Omotayo (Tayo) Kufeji, The Bridge PCN
Pat Ryan, Hestia
Paul Bentley, Kent Community Health NHS Foundation Trust
Paul Jennings, NHS Birmingham and Solihull CCG
Paul Roberts, Gloucestershire Care Service NHS Trust
Paul White, Northamptonshire STP
Peter Molyneux, Sussex Partnership NHS Foundation Trust
Philip Astle, South East Coast Ambulance Service NHS Foundation Trust
Philippa Slinger, Devon STP
Dr Pramit Patel, Care Collaborative PCN
Rachel O'Connor, Birmingham and Solihull STP (Live Healthy Live Happy)
Raj Jain, Pennine Acute Hospitals NHS Trust and Salford Royal NHS Foundation Trust
Reg Rehal, Tilbury and Chadwell PCN
Rich Andrews, Healios
Richard Kirby, Birmingham Community Healthcare NHS Trust
Richard Parker, Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Rod Barnes, Yorkshire Ambulance Service NHS Trust
Dr Rupa Joshi, Wokingham North PCN
Sam Allen, Sussex Partnership NHS Foundation Trust
Sarah Maguire, Choice Support

Dr Sian Stanley, Stort Valley and Villages PCN
Simon Trickett, Herefordshire and Worcestershire STP, Herefordshire and Worcestershire CCG
Simon Whitehouse, Staffordshire and Stoke STP (Together We're Better)
Dr Simone Yule, The Blackmore Vale Network
Siobhan Harrington, Whittington Health NHS Trust
Dr Steve Dunn CBE, West Suffolk NHS Foundation Trust
Susan Acott, East Kent Hospitals University NHS Foundation Trust
Suzanne Rankin, Ashford and St Peter's Hospitals NHS Foundation Trust
Suzanne Tracey, Northern Devon Healthcare NHS Trust and Royal Devon and Exeter NHS Foundation Trust
Tim Goodson, NHS Dorset CCG and Dorset ICS
Tim Ryley, NHS Leeds CCG
Tracey Cox, Bath and North East Somerset, Swindon and Wiltshire CCG
Vanessa Ford, South West London and St George's Mental Health NHS Trust
Will Warrender, South Western Ambulance Service NHS Foundation Trust
Dr Wirin Bhatiani, NHS Bolton CCG



NHS CONFEDERATION



The NHS Confederation is the membership body that brings together and speaks on behalf of the whole NHS

18 Smith Square, Westminster, London SW1P 3HZ

 020 7799 6666

 enquiries@nhsconfed.org

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