

REPORT TO THE TRUST BOARD: PUBLIC
12 September 2018

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| Title | Chair's Report |
| Author | Marie Gabriel |

Purpose of the report

The report informs the Board of key points arising from the Council of Governors discussions and the Chair's most significant activities including imminent changes to the Non-Executive Director membership of the Board.

Summary of key issues

To receive information on Governor decisions and recommendations.

Strategic priorities this paper supports (please check box including brief statement)

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|-------------------------------------|-------------------------------------|--|
| Improved experience of care | <input checked="" type="checkbox"/> | Continuing and refreshing the focus of our anti-stigma work will assist in improving patient experience |
| Improved population health outcomes | <input checked="" type="checkbox"/> | Active involvement in the development of ten-year NHS Plan will enable us to inform national priorities on improving health. |
| Improved staff experience | <input checked="" type="checkbox"/> | Active involvement in the development of ten-year NHS Plan will enable us to inform national workforce priorities. |
| Improved value | <input type="checkbox"/> | |

Committees / meetings where this item has been considered

| Date | Committee / Meeting |
|--------------|----------------------|
| 17 July 2018 | Council of Governors |

Implications

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|------------------------------|---|
| Equality Analysis | There is the real opportunity for ELFT to ensure that national priorities for the next ten years reduce health inequalities for our most excluded communities, secure parity of esteem for mental health and community health services, particularly for our most excluded communities and create a more inclusive NHS. |
| Risk and Assurance | Focused work in Central Bedfordshire will assist the Board in identifying and mitigating risks. |
| Service User / Carer / Staff | Recognising and valuing the contribution of staff and service users is an additional way to share and value the critical importance of their participation to our success. |
| Financial | Whilst there are no current financial implications, ELFT's proactive engagement in the 10-year plan priorities may lead to future opportunities. |
| Quality | The Governor emphasis on Central Bedfordshire will assist the Trust in ensuring we can systematically improve the quality of care across all our geographies. |

Supporting documents and research material

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|----|
| a. |
| b. |

Glossary

| Abbreviation | In full |
|--------------|---------|
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1.0 Background/Introduction

- 1.1 This report informs the Board of the discussions of the Council of Governors so that the Council views inform Board decisions. It also provides information on the Chair's main activities as part of the Board's commitment to public accountability.

2.0 Council of Governors

- 2.1 The key strategic item discussed at the July meeting of the Council was an update on the Trust's Anti Stigma Strategy with a request for Governor input into the next iteration of the Strategy. The summary outcome of this discussion was the recommendation that the Trust concentrate on 3 key areas.
- Working internally with all our staff, clinical, corporate and the leadership team to address stigma
 - Working in partnership with local communities to ensure an understanding of their complexities so that we can respond effectively
 - To particularly focus on the 'how', the process by which we can ensure we operate as an anti-stigma organisation, including ensure we embed this approach within our culture to create sustained change.
- 2.2 The Council ratified the appointment of Zara Hosany as Deputy Chair, (Lead Governor) and a job share between Rubina Shaikh and Keith Williams for Assistant Deputy Chair as they received equal votes. Since this ratification Zara has gone on maternity leave and therefore Keith and Rubina are providing cover.
- 2.3 The Council unanimously approved the appointments of Aamir Ahmad, Anit Chandarana and Eileen Taylor as Non-Executive Directors for a three-year period from 1 November 2018; Anit will also be Audit Chair. All three have already begun their induction and I look forward to their insights as we move forward to achieve our new ambition. A copy of their profiles is attached (appendix 1). It also noted the appointment of Gary Tubb (for 3 years) and Jas Parmir (for 1 year) as Associated NEDs for Bedfordshire & Luton, bringing a specific understanding of the regions to the Bedfordshire & Luton Strategic Delivery Group deliberations. They took up their role on 1 September and I welcome them on behalf of the Board.
- 2.4 The Council considered further improvements to the Working Lunches that they hold with the Members of the Trust, these lunches assist Governors to discharge their twin responsibilities of gathering views and being held to account by their

constituency Members. The lunches will now be known as 'Stakeholder Lunch Meetings' and be open to a wider audience along with having a different format.

- 2.5 In addition, Governors agreed improvement to visits, with service location being prioritised by themselves. The Council highlighted the need to now consider the number of visits to services from different groups, (Governors, NEDs and Executives.) with a view to lessening the pressure on services and to avoid duplication. This will be discussed at the NED Pre Board Meeting as there are some similarity between NED and Governor visits as both seek to better understand the business, including our best practice and key challenges.
- 2.6 Concerns raised by Central Bedfordshire Governors that their geography required greater focus resulted in a meeting on 31st July with Paul Calaminus, which was chaired by Jenny Kay in my absence. An improvement plan that considers communication, service delivery and estates has now been developed and will be shared with a specific Central Bedfordshire Stakeholder Group, to agree priorities and solutions. (The Improvement Plan will be shared within the Council September Papers.) These mechanisms are in addition but will relate to the strengthened governance arrangements agreed by the Board and the specific QI projects that are underway.

3.0 Chair's Activities

- 3.1 The developing of the Ten-Year NHS Plan has received much focus over the summer as it must be completed in time for the Autumn Budget, which should be in mid-November 2018. There are 14 work groups under 3 themes, Life Course Programmes, Clinical Priorities and Enablers. More details on how the ten-year plan is being developed are attached at Appendix 2. I have been invited to participate in Prevention, Personal Responsibility and Health Inequalities Workstream under the Life Course Theme and Navina has been invited to be one of the Leads for the Workforce, Training and Leadership Workstream under the Enablers Theme. ELFT has also been invited to respond to plans for a National NHS Assembly which will help to oversee the progress of the Five Year Forward View and 'co-design; and oversee the new 10 Year Plan. In addition, we have been invited to feedback through our Membership organisations (NHS Confederation and NHS Providers), with a specific focus on our Mental Health expertise. However, we will need to proactively ensure that we feed into the other workstreams given our involvement in primary and community healthcare and also ensure work we are developing, for example our IT strategy, can respond appropriately to the resulting outcomes. We will need to ensure and encourage the engagement of our Governors, service users, carers and staff where appropriate opportunities.
- 3.2 It has been a delightful summer of celebration. Mary and I spent an inspirational evening at the People Participation Awards with exceptional contributions highlighted from across the Trust. I also joined Stephen Timms MP and Councillor Susan Masters at the 70th Anniversary celebrations at East Ham Care Centre and I attended the Newham Children Health Services Annual Family Fun Day. We shared our progress on Freedom to Speak Up with the National Guardian, ways to improve health at our annual Wellbeing Games for service users and carers and

hosted Councillor Masters for a day of visits to inform her responsibilities as the Lead Cabinet Member for Health and Social Care.

- 3.3 In conclusion, it is with sadness I say goodbye to three of our Non-Executive Directors who have individually made a significant impact on our Board and the success of our Trust. This is the last Public Board meeting for Kingsley Peter, Millie Banerjee and Paul Hendrick. Millie has been appointed as Chair of NHS Blood and Transplant, Kingsley has greater demands to balance as his Charity continues to expand nationally and a CCG partner has requested the return of Paul. We are very grateful to Millie for agreeing to assist with the Chairing of the Finance, Business and Investment Committee until the end of March, whilst our new Non-Executives become established. Our thanks to all three and our best wishes for every success in their new ventures.

4.0 Action Being Requested

- 4.1 The Board is asked to **RECEIVE** and **NOTE** the report for information.

Appendix 1

Non-Executive Directors' Profiles (appointment wef 1 November 2018)

Aarmir Ahmed

- CEO, Coin Furniture Limited (2013 to present)
- CEO and founder, Dwell Retail Limited (2003 – 2012)
- CEO and founder, Ocean Home Shopping (1995 – 2002)
- Strategic Planning Executive, Diageo (1994 – 1995)
- Various senior roles at Laura Ashley (1991 – 1994)
- A range of voluntary experience including Trustee and Foster Carer for The Albert Kennedy Trust

Anit Chandarana (Audit Chair)

- Finance Director, Network Rail Infrastructure Projects (2013 to present)
- Various senior roles at Network Rail Finance Division (2007 – 2013) including Finance Director in the Asset Management Division
- Financial Controller, Multiple Foods Ltd (2005 – 2007)
- Various finance roles at Shell Oil and J Sainsbury (1993 – 2003)
- Non-Executive Director, Permanent Way Institution (2016 to present)
- Trustee Director, Network Rail Pension Scheme

Eileen Taylor

- Experienced investment banker with 37 years of business experience in global leadership roles based in the UK, US and Asia
- Range of senior roles in Deutsche Bank (1999) including current position as Global Head Regulatory Management since 2016 and formerly CEO of DB UK Bank Ltd, COO of Global Markets, COO of Global Foreign Exchange, and COO of Institutional Client Group
- Prior 1999 spent 10 years in the Bankers Trust
- Currently a Trustee on the Board of the East London Alliance (ELBA) Charity
- Currently the Chair of the Catalyst Europe Advisory Board
- Currently Co-Chair of the Task Force of Talent Innovation
- Formerly Board member of the British Bankers Association (2013 – 2016)
- Volunteer work with the elderly in her local community

Appendix 2

Developing the Ten-Year NHS Plan

Background

On 18 June the Prime Minister set out a funding settlement for the NHS in England for the next five years. In return, the NHS has been asked to set out a long-term plan for the future of the NHS by Autumn, setting out our ambitions for improvement over the next decade, and our plans to meet them over the five years of the funding settlement.

Themes and Working Groups

Working groups are now being established, bringing together local and national system leaders, partners and stakeholders, to shape the final plan. Agreed working groups include:

Life course programmes

- Prevention, Personal Responsibility and Health Inequalities
- Healthy Childhood and Maternal Health
- Integrated and Personalised Care for People with Long Term Conditions and Older People with Frailty (including Dementia)

Clinical priorities

- Cancer
- Cardiovascular and respiratory
- Learning Disability and Autism
- Mental Health

Enablers

- Workforce, Training and Leadership
- Digital and Technology
- Primary Care
- Research and Innovation
- Clinical Review of Standards
- System Architecture
- Engagement

Engagement

As articulated by the Prime Minister and Simon Stevens, the development of the long-term plan will need to be based on the advice and experience of clinical experts and other stakeholders, including representatives of patients and the public. This engagement will include ongoing conversations with leaders from key stakeholder organisations and focused engagement with staff, patients and the public.