

REPORT TO THE TRUST BOARD: PUBLIC
9 JANUARY 2019

Title	Chair's Report
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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 Non-Executive Director visits to services.

Summary of Key Issues:

To receive feedback on Governor discussion and key strategic points arising from Chair and Non-Executive Director activity.

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

Improved experience of care	<input checked="" type="checkbox"/>	Ensuring we effectively respond to and learn from complaints will assist in improving care
Improved population health outcomes	<input checked="" type="checkbox"/>	Council of Governor focus on partnership, prevention and appropriate annual plan consultation will assist us to deliver population health
Improved staff experience	<input checked="" type="checkbox"/>	Trust support of ELFTability will assist in improving the experience of disabled staff
Improved value	<input checked="" type="checkbox"/>	Working with Commissioners and Partners to address demand will enable the local system to improve value

Committees / Meetings where this item has been considered:

Date	Committee / Meeting
22 November 2018	Council of Governors

Implications:

Equality Analysis	Positive impact on equality through taking forward work on race equality, relaunch of ELFTability and a focus on eliminating violence against women and girls.
Risk and Assurance	Keeping abreast of and seeking to influence national policy will enable the Trust to react appropriately to sustain its viability.
Service User / Carer / Staff	Understanding our performance in the community mental health survey, with corresponding actions, will assist the Trust to improve care
Financial	There are no current financial implications,
Quality	The Trust's active participation in the Mental Health Safety Improvement Initiative will assist the spread of good practice leading to an improvement in quality.

Supporting Documents and Research material

a.
b.

Glossary

Abbreviation	In full

1.0 Background/Introduction

- 1.1 This report updates the Board on the Council of Governors discussions so that these views inform Board decisions. It also provides information on the Chair's main activities and strategic outcomes of Non-Executive Director visits as part of the Board's commitment to public accountability.

2.0 Council of Governors

- 2.1 At its November 2018 meeting the Council welcomed our new Governors to their first formal meeting, most had already attended the induction programme and they had been assigned buddies as part of their introduction to the Council. The Council meeting also formally recognised departing Governors, thanking them for their contribution. As part of this celebration, leaving Governors were invited to say a few words about their experience. Unfortunately, Rubina Shaikh was unable to attend due to family commitments but her written contribution is attached at Appendix A, as an example of the importance of the Council to individuals as well as to the Trust.
- 2.2 The key strategic item discussed at the meeting was the Trust's approach to the delivery of Drug and Alcohol services. A presentation by Sarah Wilson, ably and unexpectedly supported by Staff Governor Julian Mockridge who works in our Bedfordshire Passport to Recovery (P2R) Service, was followed by a wide-ranging discussion. The summary themes of which are set out below;
- a recognition that, in relation to their small size, the ELFT teams were having a large impact;
 - ELFT continues its focus on ensuring that within its own teams and with partners it provides integrated care for substance misuse services, including both mental and physical health needs;
 - a need to focus on population health with partners through a prevention strategy
 - a need to continue close collaboration with the criminal justice system; and
 - a request for a review of the geographical spread and accessibility of services, particularly for central Bedfordshire.
- 2.3 In considering strategic planning, the Council of Governors were keen to understand how relationships with local authorities could be built particularly in relation to the Trust's aim to improve population health. It was agreed that a report would be provided for the next Council meeting. The Council also recommended that ELFT's population health approach be informed through the local and Trust-wide annual consultation events on our strategic plan priorities that will take place over the next few months.
- 2.4 The post of Assistant Deputy Chair runs to the end of the holder's term of office and then must be open to election. The term of office for the two job-share holders of this role came to an end on October 31st 2018 and one of the job-share holders, Keith Williams, was re-elected. At its November meeting the Council agreed unanimously that Keith should continue as an Interim Assistant Deputy until the current elections are completed. As the Deputy Chair, (also known as Lead Governor), is on maternity leave, this means that Keith will continue as Acting Deputy Chair. My thanks to him for his willingness to continue in this vital role.
- 2.5 Elections have also led to changes to Council of Governor Committee Membership. On the Nominations and Conduct Committee, re-elected Katherine Corbett, Neil Wilson and Keith Williams will now be joined by Roshan Ansari and Caroline Diehl. Ernell Watson and Daniel Victorio will join the Significant Business Committee and Shirley Biro, Caroline Diehl, Rosie Eggleton, Felicity Stocker, Ernell Watson and Keith Williams will now be the members of the Communications and Engagement Committee.

2.6 The Governors are to undertake a review of their meetings and site visits to ensure that they are productive, are useful in supporting them to discharge their role, are well attended and are delivered in a uniform way if the same meetings take place in different geographies. Relevant Board members and staff will be involved in the review as appropriate.

3.0 Chair and NED Activities

- 3.1 The Care Quality Commission, (CQC), has a relatively new Chief Executive Ian Trenholm and I attended a dinner with him, his Chair Peter Wyman and a selection of Chief Executives and Chairs from across the country. The dinner discussion provided insights into CQC priorities under their leadership. These include becoming a digital enterprise within 3 years including using artificial intelligence, strengthening the organisation's functioning and a focus on social care. A debate on how the CQC could support improvement resulted in the conclusion that whilst it was difficult during inspections to be both "a judge and a coach", the CQC could still share best practice through their publications. There was also a recognition of the need to align inspection processes to new models of collaboration such as provider chains and integrated care partnerships. The CQC response to these new arrangements is actively being considered although the current position is that individual Trust's retain ultimate accountability for their own service delivery. Finally, the development of joint regulator inspections and a commitment to consider the frequency of inspections based on measured risk were appreciated by attendees.
- 3.2 NHS Providers Mental Health Network also highlighted the work of the CQC, specifically the 2018 Community Mental Health Survey, which considers the experiences of people receiving community mental health services. Whilst the survey response rate is low, there is concern that the ratings by service users show a decline in a number of areas including seeing someone from NHS mental health services often enough, being involved in agreeing care, care taking into account personal circumstances and receiving support for physical health and financial advice. However, some responses were more positive for example, knowing how to contact the people responsible for your care including out of hours and crisis contacts. My understanding is that ELFT's results are in line with other Trusts' results but it would be beneficial to understand where there has been a change in our results from last year.
- 3.3 The Mental Health Network also received also a joint presentation by NHS Improvement, the Royal College of Psychiatrist and the CQC on the Mental Health Safety Improvement Programme. This programme is a response to the Secretary of State's request that patient safety in mental trusts is improved through a national initiative, an initiative that has three workstreams. ELFT is practically involved in developing one of the workstreams, reducing restrictive practice. The other two workstreams are, improving sexual safety on wards and supporting Trusts to develop a support plan for their individual safety priorities.
- 3.4 Equality and human rights remain a consistent theme of my wider NHS contribution. I presented a strategy paper to the December NHS Improvement Board meeting setting out how the NHS can improve the proportion of black and minority ethnic staff in senior positions, in response to the Prime Minister's public sector challenge. The strategy, which was produced by the Workplace Race Equality Standard (WRES) Team, has now been approved by both NHSI and NHS England. I also presented to Newham Council to mark the United Nations Day for the Elimination of Violence Against Women and Girls, outlining ELFT's work in this area and launching 16 days of activities. Closer to home. I enjoyed the re-launch of ELFTability, our Disabled Staff Network, which has new plans to "take the 'dis' out of disability".

- 3.5 The joint NED visit in December involved accompanying 2 sets of staff on home visits and once again NEDs were impressed with the focus of staff on providing high quality care.
- 3.6 For the first time NEDs accompanied Care Co-ordinators on home visits, Care Co-ordinators who are based within City and Hackney Community Mental Health Teams. This visit involved 3 NEDS who individually accompanied 2 social workers and 1 nurse Care Co-ordinator. It was apparent how useful Dialog has been in supporting recovery focused work and how teams are coping with demand in the context of seeing more patients than we had been commissioned to support. Managing demand is a strategic conversation that we are aware that the Executive Team evidence in discussions with commissioners and Sustainability and Transformation Partnership colleagues. As part of this conversation, if not already done so, it would also be useful to consider whether there is an increase in need for support during winter months and how this impact is not just felt in Accident and Emergency departments. If evidenced this could usefully feed into the winter pressures and wider pathway work currently being considered by NHS Improvement. A second strategic challenge was the impact of the changes and reductions in supportive services external to ELFT which service users could previously access to support recovery, particularly important given our commitment to population health.
- 3.7 The second set of staff, who were accompanied by our Associate NED and NEXt Director, were Bedfordshire based District Nurses. It was a useful opportunity to see how the new model of care set out in our tender documents was being implemented as the Ampthill Health Centre, where the District Nurses are based, is a locality hub with a multi-disciplinary team. There is quite a large area to cover by a team of 60 nurses but the main strategic concern is the increasing levels of complex care and whether the longer visits this type of care requires is factored into our new models. An issue we are aware the Executive team are raising with commissioners.
- 3.8 During both visits operational issues with IT were raised, which once rectified would *help* improve the efficiency and accessibility of care. These have already been raised with the appropriate Executive Directors and it is recommended that these issues are considered as part of the revision of the IT strategy.
- 3.9 Visits provide NEDs with a better understanding of Trust business to inform their Board contributions and decision making, as such they are an important learning opportunity. Complaints are also an important learning tool and Jenny Kay and I undertook the NED annual review of complaint responses. This is the 4th year of NED review of complaints and whilst there were some excellent examples there is further work to be done to ensure that improvements are consistently applied. We understand that now the team has been stabilised, quality improvement projects are underway and with the support of increased Executive oversight it is expected that improvements will now be sustained.

4.0 Action Being Requested

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

Chair's Report: Appendix 1

At the November Council of Governors, we said farewell to and celebrated the achievements of our outgoing Governors. Rubina Shaikh, outgoing Governor for Bedford Borough, had this message for our new Governors:

My heartfelt thanks go to all who supported me as a Governor.

Governors, as my partners, you came in all forms: problem solvers; confidence boosters; tension diffusers; the activists, the optimists and the pessimists; the workaholics, the impatient and the slow-but-sure; and the leaders. You all brought the best out of me, for which I am very grateful.

I entreat all newcomers to maximise your potential by utilising fully the opportunities and support that is available to you. Three years ago I see a shy me, with dented confidence.

By embracing help, I quickly rose through the ranks and my colleagues elected me as Assistant Deputy Chair and Acting Lead Governor. I stand here today full of confidence. This can be your story, too.

And finally, to everyone, I wish you success. I will miss you all.

Rubina Shaikh