

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

BOD 51/2020
(Agenda item: 5)

Board of Directors

30th September, 2020

Chief Executive's Report

Strategic Objective 1 – Deliver the best possible clinical care and health outcomes

Phase 3 of the NHS Response to Covid-19.

The National Health Service has now entered the third phase of its response to the Covid-19 pandemic. This began on the 1st of August. Prior to that all chief executives received a detailed letter from Sir Simon Stevens, NHS Chief Executive, and Amanda Pritchard, NHS Chief Operating Officer, setting out the actions to be taken as part of the Phase 3 response.

The letter, received on the 31st of July, sets out the priorities for the remainder of the current financial year, in particular it highlights the need to accelerate the return to near normal levels of non-Covid services, to prepare for the winter demand pressures and to take into account the lessons learned during the pandemic to date to ensure any beneficial changes to services are now maintained.

Restoring the delivery of services in order to address the backlog of referrals and elective work remains a key priority for the NHS and indeed the local system within which the Trust works.

The Phase 3 letter again highlights that every CCG must continue to increase investment in mental health services in line with the mental health investment standard and that independent audits of such investment will continue.

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In respect of preparation for winter the importance of expanding the seasonal flu vaccination programme was firmly highlighted including the need to identify and vaccinate priority groups including those with learning disabilities.

The Phase 3 planning references the NHS People Plan which I refer to later in this report, and the importance of all systems developing a local People Plan in response to this which should cover the expansion of staff numbers, improving mental and physical health support for staff, improving staff retention and extending flexible working opportunities.

The Phase 3 plan in addition highlights the importance of the NHS continuing to address health inequalities and the importance of recovery actions being delivered in a way that inclusively supports those in greatest need. The need to strengthen leadership and accountability at a Board level to address inequalities is further highlighted. In keeping with this each Trust Board should have a named Board member responsible for tackling inequalities in place by the end of this month. Each Board should also publish an action plan to show how over the next five years its Board and senior staffing will, in percentage terms, at least match the overall BAME composition of its overall workforces or its local community (whichever is greater).

In keeping with this requirement I propose that the Trust's Director of HR is the named executive Board member with responsibility for tackling inequalities. The Board is asked to confirm its approval for this.

Equity and Trauma Informed Care.

Since May this year I have chaired on behalf of the South East Region a task and finish group that was established to develop a coherent equity strategy for the delivery and development of care across the region together with a trauma informed system strategy.

The group's thinking has been informed by a number of experts in the field including Dr Roxanne Franklin Lorio who helped develop the New Orleans Equity Strategy.

The preliminary findings of the group were presented to the South East Region Recovery Board on the 21st of August. These included a recommendation that a trauma informed approach should be adopted to help address health inequalities and the importance of ensuring equity in relation to accessing health care services should be a fundamental principle underpinning commissioning decisions going forward.

At the time of writing we await clarification regarding the next steps in relation to this work.

Quality Improvement Training

I am pleased to report that Dr Jill Bailey and colleagues from the Oxford Centre for Health Improvement will be providing the entire executive team, and those non-executive director colleagues who are able to attend, with two days training in relation to the Trust's approach to quality improvement. This training is due to take place in early November and will help ensure the Board is able to provide the organisation with the leadership in quality improvement that is required. It is evident from those organisations that have successfully implemented a comprehensive, overarching approach to quality improvement that this has been led by the Trust Board and we are therefore keen to replicate this approach.

Board members are asked to note this important development and reaffirm their commitment to the organisation developing a comprehensive Quality Improvement Programme.

Oxford Academic Science Network Patient Safety Collaborative.

I have been asked to chair on an interim basis the Patient Safety Collaborative Oversight Board of the AHSN in light of the permanent chair, Steve McManus, being seconded to the National Team of NHS England.

The Quality Improvement Programme of the Trust is closely aligned to the Patient Safety Collaborative and therefore there are clear benefits for the organisation for me to chair the Board which I did for the first time on the 18th of September. I hope that we will be able to ensure that the Trust continues to play an active role in the collaborative and as an organisation we realise the undoubted benefits of working closely with other system partners.

Strategic Objective 2 – Be the best possible place to work

NHS People Plan 2020/21

In July this year NHS England and NHS Improvement published the NHS People Plan. This follows the interim NHS People Plan published in June last year. The Plan is intended to capture and build on the NHS Response to the Covid-19 pandemic and to set out a Workforce Strategy for the NHS for the next 18 months. In addition the plan also signals a clear intention to support a significant cultural change within the NHS for many years to come.

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The overarching message of the plan is that the NHS needs more people working differently in a compassionate and inclusive culture. The plan sees the various positive changes brought about across the NHS workforce as a consequence of the Covid-19 pandemic as a springboard for further change and innovation. The plan also focuses on inclusive and compassionate leadership, reducing health inequalities and improving staff health and wellbeing.

The 'People Promise' published alongside the Plan is structured around 7 key principles and its aim is to make the NHS the best place to work. The principles are as follows: -

- We are a team.
- We work flexibly.
- We are always learning.
- We are safe and healthy.
- We each have a voice that counts.
- We are recognised and rewarded.
- We are compassionate and inclusive.

The Board is asked to note the publication of the People Plan and the fact that this will now inform the development of the Trust's Organisational Development Strategy which is due to be presented to the Board for formal ratification by the end of the current calendar year.

Diversity and Inclusion

I am pleased to report that on the 13th of August the Director of HR and myself were able to meet virtually with Daniel Danso, Global Diversity Manager for Linklaters, an international law firm which has developed a comprehensive and highly effective Diversity and Inclusion Strategy. We were keen to learn from this organisation about their approach and how the development and delivery of the aforementioned strategy has helped improve the organisation as a place to work. We were informed that being a leader in the field of diversity and inclusion is seen as an integral part of the firm's vision and strategy, and key to this it is essential that the organisation is seen to represent the diversity of its people, its clients and communities.

The meeting proved extremely valuable and thought provoking. We were particularly impressed by the company's approach to reverse mentoring. It is one of the first law firms to launch a global reverse mentoring scheme as part of its commitment to build a diverse and inclusive culture across the organisation.

The conversation served to reinforce to us the importance of the Trust developing such a scheme. I very much hope that this can now be developed during the

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remainder of the current calendar year. I can also confirm that I plan to be one of the first reverse mentees.

The Board is asked to note this development and to support the Trust's commitment to develop a comprehensive reverse mentoring scheme.

Visible Leadership

Board members will be aware of the importance I attach to providing visible and accessible leadership. In keeping with this I have continued to visit the Trust's services and since the last Board meeting have visited the following : -

- Specialised Dental Services
- Witney Community Hospital
- Fulbrook Centre City Community Older Adults service
- Oxon City Community Mental Health Team
- Chiltern Community Mental Health Team
- Older Adults Mental Health Team, Shrublands, High Wycombe
- Townlands Memorial Hospital
- Wantage Community Hospital

Prior to the next Board meeting I am scheduled to visit: -

- Didcot Community Hospital
- Swindon CAMHS
- Chiltern Community Mental Health Team

Strategic Objective 3 – Be a sustainable and partnership focused provider

Integrated Care System Mental Health Delivery Board Terms of Reference.

The terms of reference for the above Board are in the process of being revised. A small working group has reviewed the role of the Board in light of recent key developments including the Phase 3 response to Covid-19.

I have agreed to continue to chair the Board which will now have a reduced membership and a greater focus on delivering the long term plan ambitions for mental health and overseeing strategic investment in mental health services across the integrated care system.

The Board is asked to note this development and the fact that the revised terms of reference should be formally approved by the ICS senior leadership team in advance of the next Trust Board meeting.

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Lead Executive Director: Dr Nick Broughton, Chief Executive