

REPORT TO THE TRUST BOARD: PUBLIC
23 July 2020

Title	Chief Executive Officer's Report
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Accountable Executive Director	Dr Navina Evans, Chief Executive

Purpose of the Report

The purpose of this report is to provide the Trust Board with the Chief Executive Officer's update on significant developments and key issues over the past two months. The Board is asked to receive and note this report.

Summary of Key Issues

This report contains details of CQC inspections of the Trust, awards and recognition and updates on changes and improvements to services across the Trust. The report provides a brief update on national/ regional issues.

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

Improved patient experience	<input checked="" type="checkbox"/>	New strategy sets out that this area is a key goal
Improved population health outcomes	<input checked="" type="checkbox"/>	New strategy sets out that this area is a key goal
Improved staff experience	<input checked="" type="checkbox"/>	New strategy sets out that this area is a key goal. Efforts to support new staff in community services in Beds.
Improved value	<input checked="" type="checkbox"/>	New strategy sets out that this area is a key goal

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
N/A	N/A

Implications:

Equality Analysis	This report has no direct impact on equalities.
Risk and Assurance	This report provides an update of activities and issues across the Trust.
Service User/Carer/Staff	This paper provides an update on activities that have taken place across the Trust involving staff, patients and carers.
Financial	There are no financial implications attached to this report.

Supporting Documents and Research material

a. N/A

Glossary

CCG	Clinical Commissioning Group
CMHTs	Community Mental Health Teams
CQC	Care Quality Commission
QI	Quality Improvement

1.0 Purpose

- 1.1 The purpose of this report is to provide the Trust Board with the Chief Executive Officer's update on significant developments and key issues.

2.0 Coronavirus Update

- 2.1 ELFT continues to work with local health partners, Public Health England and NHS England to ensure staff are fully briefed and prepared to support the national response to containing the spread of the Coronavirus, and the relaxing of restrictions as we enter the recovery phase.
- 2.2 Our Gold Major Incident management meetings have reduced to weekly. We have established five new work streams titled: Shaping Our Future, Inequalities, Co-production, The Future of Work and Leadership to which all staff have been invited to. Meetings take place online meetings. The purpose of these work streams is to reflect on learning, what has worked, what we need to discard, and what we want to retain and take forward.
- 2.3 Alongside this, we continue to monitor the spread of coronavirus in patients and service users, and staff. Ward testing is taking place every week. Antibody testing is available to staff. This is currently only available to NHS staff.
- 2.4 We have held a virtual meeting for staff who are shielding. This was highly valued by those who attended and a second date has been issued. Staff shielding expressed feelings of guilt at being in the workplace to support colleagues, anxiety, worries about returning to the workplace and their future careers.
- 2.5 Managers are being asked to carry out Staff Risk Assessment on all to staff to identify vulnerable staff and take steps to reduce their risk. This could be the setting in which they work in, working remotely some days of the week, or staggered start times to travel when public transport is less busy.
- 2.6 Following the Government's announcement, from 15 June, all staff are required to wear a surgical mask at all times to reduce the spread of infection. The Trust has issued information to inpatient areas and on the ELFT website advising of the need for visitors to wards to arrange this in advance. They are also advised not to come at all if they have any symptoms of illness and that they will need to wear a face covering or mask throughout their visit, and use hand sanitiser.
- 2.7 Face to face appointments are slowly being re-introduced in some services. A number of estates works have taken place to reduce the risk of infection. This has been decided on a local basis according to the site and includes floor vinyl's advise to observe a 2m distance, screens, one-way corridor, specific entrances and exits.

3.0 COVID, Race and White Privilege

- 3.1 The issues raised worldwide in response to the death of George Floyd and the Black Lives Matter campaign have resonated greatly in the Trust. With a workforce which is 50% BAME serving some of the most diverse communities in

England, this incident and others have brought to the fore staff experiences of racism.

- 3.2 The ELFT leadership team has been vocal and public in commenting about these issues and the need to do something different to address them. We have recorded messages to staff, written to them, and commented on social media. I spoke with the Health Service Journal to share my views with a wider audience.
- 3.3 We have held and continue to hold a series of online meetings/workshops on the subject of COVID, Race and Privilege for all staff to hear the experiences of BAME colleagues. These have been really well attended and moving.
- 3.4 We know that BAME people have been disproportionately affected by the coronavirus. So we are asking managers to undertake a Staff Risk Assessment on all staff to identify those most at risk and minimise the impact of COVID-19
- 3.5 We will also be launching two new working groups to break down barriers to recruitment and career progression. A programme of reverse mentoring is also being organised to help those in leadership roles to better understand the experiences of Black and Asian staff.
- 3.6 White Privilege has been a theme throughout the events we have held over the past few weeks. Many people working in the Trust have spoken of their experiences of White Privilege and how difficult confronting this can be. To address this directly, we will be running a series of workshops specifically focused on White Privilege and support for staff in addressing its impact.
- 3.7 All of our work is in the context of what we are doing around Respect and Dignity at Work where we are determined to learn from what staff have told us in recent staff surveys. In the autumn, we will roll out Phase 4 of this programme with 'We've Heard You' where we will publish the Through My Eyes stories and illustrations.
- 3.8 Executives and Board Non-Executives have all renewed their 'Respect and Dignity' pledges made a couple of years ago and these will start appearing on the Trust intranet and website next week.
- 3.9 This year's Black History Month in October will take on increased significance in the light of Black Lives Matter and the Trust is looking at how to celebrate this important event, and later in the year, we will be hosting a Black, Asian and Minority Ethnic (BAME) conference.
- 3.10 To determine how we are progressing on this, we will be listening to our staff. Our benchmark will be the Workforce Race and Equality (WRES) standard, the key indicators gathered nationally by the NHS on race and privilege.

4.0 Derek Feeley Becomes Advisor to the Board

- 4.1 The former chief executive of the Scottish NHS and Head of the Institute for Healthcare Improvement (IHI) Derek Feeley has joined ELFT as an advisor to the Board and executive.

- 4.2 He brings a wealth of experience and knowledge. He was Director-General for Health and Social Care in the Scottish Government and Chief Executive of the National Health Service (NHS) in Scotland. In that role he was the principal advisor to the Scottish Government on health and health care policy and on public service improvement. He also provided leadership to NHS Scotland's 140,000 staff in their delivery of high-quality health and health care.
- 4.3 His role with ELFT is to provide strategic guidance to the Executive Management Team and Board about the development and improvement of the Trust. Derek will help broaden the understanding of integrated care, the Triple Aim and possible business models.

5.0 New Director for Primary Care

- 5.1 Dr Liz Dawson, has become ELFT's first trust wide Medical Director for Primary Care. She started on 18 May and was previously clinical director for our Bedfordshire Community Health Services (BCHS).
- 5.2 Liz has been with BCHS since January 2019 and played a key role in supporting colleagues from Leighton Road Surgery and Cauldwell Medical Centre in Bedfordshire who joined ELFT this year. Before joining ELFT Liz spent many years working as a GP in Oxfordshire.
- 5.3 Liz's new role will include working with patients, carers, primary care, mental health and community services colleagues and wider stakeholders to develop new models of providing care that meet the needs of the populations we serve. The Trust provides primary care at two Bedfordshire practices and three GP practices in East London that support homeless people with complex issues.

6.0 New Bedfordshire Dementia Intensive Support Service

- 6.1 A new Trust service has launched in Bedfordshire to help people with dementia stay out of hospital or mental health inpatient settings. The Bedfordshire Dementia Intensive Support Service (DISS) will provide specialist support to those living with dementia, as well as the family, carers and professionals caring for those with the condition. It will operate from 9am-8pm 24/7 year-round and provides an urgent response to people living with dementia in their own homes and care settings. The service is open to anyone registered with a Bedfordshire GP (excluding Luton) and is commissioned by Bedfordshire CCG.
- 6.2 The team will provide a response within four hours and provide advice and support to enable people to stay in their own homes with reduced levels of distress and a better quality of life
- 6.3 The will also provide specialist training to those working in care homes, domiciliary care as well as family members who want to keep their loved ones in their own homes for longer.

7.0 24 Hour NHS 111 Mental Health Crisis Support in Bedfordshire and Luton

- 7.1 Mental health crisis support for all ages is now available 24 hours every day across Bedfordshire and Luton by calling NHS 111. NHS 111 will act as a first point of contact for any adults, children or young people in urgent need of mental health help.
- 7.2 Callers to NHS 111 will be put through to a mental health professional by selecting Option 2 in the list of option. Trust call handlers will complete an immediate telephone triage and then signpost people to help and support or arrange a same-day mental health assessment by our mental health services for children and young people or adults.
- 7.3 The call handlers are based at Florence Ball House in Bedford Health Village, Kimbolton Road, Bedford. The service is supported by the Trust's urgent mental health assessment centres at Florence Ball House and Calnwood Court on the site of Luton and Dunstable Hospital, which provide 24 hour walk-in mental health crisis support for all ages.

8.0 Expanded Liaison & Diversion Service

- 8.1 NHS England has awarded the Trust a five-year contract to provide a Liaison & Diversion Service (L&DS) across Bedfordshire and Hertfordshire. The contract is to provide a seven day a week service (8am-8pm) to individuals presenting with a wide range of health and social care vulnerabilities in police custody and courts across Bedfordshire and Hertfordshire. ELFT already provides an L&DS to Bedfordshire and Luton.
- 8.2 Since 1 July, we have provided this service to Hertfordshire in partnership with our sub-contractor Hertfordshire Partnership Foundation Trust (HPFT). The partnership will enable cost efficiencies through shared learning and innovative service delivery.
- 8.3 The service also offers assessment and immediate support and referrals to children and young people attending police custody outside of the Youth Offending Team (YOT) operating hours.

9.0 Action

- 9.1 The Board is asked to **RECEIVE** and **NOTE** this report