

Chairman's Note

Trust Board paper D

Dear Board Member,

External Commitments

Since the last Board meeting I have participated as:

- a panellist on a session focusing on population health management at the virtual HSJ Integrated Care Summit
- a panellist on a session focusing on what diversity means for organisations in terms of their internal and external focus at a virtual session organised by Carnall Farrer
- as an attendee at two virtual seminars organised by the Good Governance Institute focusing on the role of Non Executive Board members.

Our short term focus over the next six months

In my note to the Trust Board last month I commented on the five priorities for which we should be seeking tangible outcomes in relation to the quality of our services; ensuring the restoration and transformation of our services; delivering a reconfiguration programme on budget and on time; achieving financial sustainability and addressing health inequalities.

The recent commentary by the Prime Minister and his scientific and medical advisers has underlined the ongoing societal and organisational challenges posed by Covid 19 both now and going forward into 2021. In addition there are the challenges posed in restoring services to meet the non Covid 19 related health needs of our communities in addition to the necessary planning that needs to take account of seasonal winter pressures each year.

The agenda this month will allow the Trust Board to discuss these competing pressures and consider what assurance it can take from the mitigating actions that are proposed. It is also important that our local communities understand the issues and see that we are discussing them and our response in a public setting. Two key elements here are the robustness of infection prevention control and its implications for public confidence, and the health and well being of staff during the coming months.

Health Inequalities

The Trust Board will be aware of the continuing and disproportionate impact of Covid 19 on our diverse communities and the manner in which it has exposed health inequalities. A recent

session at our informal Board meeting underlined this with evidence based presentations from local clinicians/teaching staff based at the University. In addition the presentation at our last Board meeting from Dr Prashanth Patel about testing in our staff underlined the links between varying types of housing tenure, the frontline roles being undertaken and the risks associated with this.

Addressing health inequalities systematically (both in terms of its impact through Covid 19 and longer term) has to be undertaken across the entire health and social care system in conjunction with our partners because of the wide range of issues which are its determinants.

However we should be mindful of our own size and footprint in the local community as an employer, a service provider and as a public body. We are an anchor institution within our local communities and should be considering what we can do to contribute towards addressing health inequalities directly through our own actions. As a Board we should consider how we can ensure there is a continuous focus on health inequalities in addition to the issues that have been identified above.

Against this background I would like to pose some questions for discussion and would appreciate commentary and suggestions from colleagues about whether these or other themes should constitute Board focus in this area.

As an employer :

- what more can we do to understand the health inequalities affecting our staff and their families ? How can this data in aggregate form be sourced now from existing data sets and potentially in the future? What action plans with milestones or timelines and projected outcomes should we be trying to set for ourselves?
- what more can we do that recognises the challenges posed by the community settings they live in or in their travel to work patterns? What data in aggregate form do we currently hold?
- what are our plans for sourcing the future profile of our workforce, sustaining its health and well being and identifying the linkages with health inequalities?
- what other ambitions and dimensions of health inequalities should we be considering?
- how do we ensure accountability and measurable outcomes?

As a service provider:

- how can we understand the existing aggregate experience of our patients in our different services ? What data in aggregate form do we currently hold and what should we be seeking in the future? What are the implications of this for action plans, milestones and timelines for how our services transform and also address health inequalities through equality impact assessments?

- how ambitious should we be in terms of action plans, milestones, timelines and outcomes?
- how do we ensure this evidence led approach is linked to the transformation of services?

As a public body and anchor institution:

- what outward facing role should we play in relation to health inequalities issues that impact on our local communities?

In considering these questions (and others) a key consideration in the short term should be to identify what data and information can be obtained from within our existing records; how this can assist evidence led discussions at differing levels; and how all this is linked efficiently to broader discussions about employment or service transformation themes in the planning process.

I look forward to seeing you at the forthcoming Trust Board meeting on 1st October 2020.

Regards

Karamjit Singh
Chairman, UHL