

**Draft Minutes of the Council of Governors' Meeting held in public
on Thursday 21 January 2021 from 5pm – 7pm via video conferencing**

PRESENT: Mark Lam Trust Chair

GOVERNORS:

Patrick Adamolekun	Staff Governor
Viv Ahmun	Appointed Governor, Voluntary Sector
Victoria Aidoo-Annan	Staff Governor
Zulfiqar Ali	Appointed Governor, Newham
Dawn Allen	Public Governor, Bedford Borough
Rehana Ameer	Appointed Governor, City of London
Roshan Ansari	Public Governor, Tower Hamlets
John Bennett	Public Governor, Tower Hamlets
Shirley Biro	Public Governor, Newham
Laura Jane Connolly	Public Governor, Rest of England
Katherine Corbett	Staff Governor
Terry Cowley	Public Governor, Tower Hamlets
Joseph Croft	Staff Governor
Caroline Diehl	Public Governor, Hackney
Darlene Dike	Public Governor, Hackney
Mark Dunne	Staff Governor
Tee Fabikun	Public Governor, Newham
Susan Fajana-Thomas	Appointed Governor, Hackney
Adam Foreman	Public Governor, Hackney
Obayedul (Arif) Hoque	Public Governor, Tower Hamlets
Tony Isles	Staff Governor
Carol Ann Leatherby	Public Governor, Newham
Khtija Malik	Appointed Governor, Luton
Reno Marcello	Public Governor, City of London
Eve McQuillan	Appointed Governor, Tower Hamlets
Beverley Morris	Public Governor, Hackney
Caroline Ogunsola	Staff Governor, Lead Governor
Jamu Patel	Public Governor, Luton
Larry Smith	Public Governor, Central Bedfordshire
Suzana Stefanic	Public Governor, Central Bedfordshire
Felicity Stocker	Public Governor, Bedford Borough
Sebastian Taylor	Public Governor, Hackney
Mark Underwood	Public Governor, Central Bedfordshire
Ernell Watson	Public Governor, Newham
Jim Weir	Appointed Governor, Bedford Borough
Aidan White	Public Governor, Newham
Paula Williams	Public Governor, Luton
Keith Williams	Public Governor, Luton (Deputy Lead Governor)

IN ATTENDANCE:

Aamir Ahmad	Non-Executive Director
Ken Batty	Senior Independent Director
Paul Calaminus	Interim Chief Executive
Richard Carr	Non-Executive Director
Tanya Carter	Executive Director of People and Culture
Steven Course	Chief Finance Officer
Richard Fradgley	Executive Director of Integrated Care
Dr Paul Gilluley	Chief Medical Officer
Prof Dame Donna Kinnair	Non-Executive Director
Norbert Lieckfeldt	Corporate Governance Manager

Cathy Lilley	Director of Corporate Governance
Edwin Ndlovu	Interim Chief Operating Officer
Meena Patel	Membership Officer
Stephanie Quitaleg	Senior Executive Assistant
Lorraine Sunduza	Chief Nurse
Eileen Taylor	Vice Chair
Dr Mohit Venkataram	Executive Director of Commercial Development
Deborah Wheeler	Non-Executive Director
Dr Ben Wright	Assoc Medical Director for Clinical Information

GUESTS/PUBLIC:

Marie Gabriel CBE	Independent Chair of North East London Integrated Care System
Jane Bekoe	Governor, Homerton University Hospital Foundation Trust
Jo Boait	Governor, Homerton University Hospital Foundation Trust
Mike Hobbs	Governor, Oxford Health NHS Foundation Trust
James Torr	Governor, Homerton University Hospital Foundation Trust

APOLOGIES:

Robin Bonner	Staff Governor
Steven Codling	Public Governor, Central Bedfordshire
Lilu Wheeler	Staff Governor

ABSENT:

Brian Spurr	Appointed Governor, Central Bedfordshire
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1. Welcome

- 1.1. Mark warmly welcomed everyone to the meeting.
- 1.2. Mark reminded everyone of the Trust's values: We Care, We Respect and We Are Inclusive and asked all to ensure they were applied throughout the meeting
- 1.3. Mark introduced new Trust Board Non-Executive Directors Richard Carr, Donna Kinnair and Deborah Wheeler who have joined the Trust since the last meeting of the Council.
- 1.4. Also joining the meeting as a guest is Marie Gabriel CBE, Independent Chair of the North East London Integrated Care System (ICS), who will be presenting on an agenda item.
- 1.5. There are also observers from the Homerton University Hospital NHS Foundation Trust - Jane Bekoe, Jo Boait and James Torr and Mike Hobbs from the Oxford Health NHS Foundation Trust who are fellow governors keen to observe the Council's strategic focus.

2. Apologies for Absence

- 2.1. Apologies were noted from Governors as recorded in the meeting attendance list above.

3. Declarations of Interest

- 3.1. No declarations of interest were received.

4. Minutes of the Previous Meeting on 12 November 2020

- 4.1. The Minutes of the meeting held in public were **AGREED** as an accurate record
- 4.2. The following requests have been made for future minutes
 - Request for the NEDs to be identified and not under 'Staff' heading in the above attendance record.
 - An addition has been suggested to the private minutes which will be added

5. Action Log and Matters Arising from the Minutes

- 5.1. Governors noted the updated Action Log. There were no matters arising.
- 5.2. The Chair acknowledged the incredibly tough and challenging times for everybody and the extraordinary resilience and professionalism shown by our colleagues in ELFT and the wider NHS system during this second wave of the pandemic.
- 5.3. In light of these pressures the Board and Council of Governors have been asked to defer any non-essential items of discussion, to free up space for our executive colleagues and expressed thanks to all colleagues for being accommodating to this. Today's agenda has been pared down accordingly.

6. Update on Winter Plans – Covid-19, Vaccinations, Gold Command

- 6.1. Lorraine Sunduza, Chief Nurse, gave an update on Covid 19 and reported that:
 - From December 2020 there has been a new, highly transmissible variant of Covid, resulting in a national move to Tier 5, 'critical'.
 - In response the Trust's Gold Command incident management meetings increased from one day a week to 5 days a week, including Executive Directors to the on-call rota to ensure senior managers are supporting operational staff at all times.
 - The variant has led to a significant increase in outbreaks of Covid and hospital-acquired (nosocomial) infections in our in-patient wards although testing has increased; our Infection Control Team continually carry out root cause analyses in order to update practices and stem the spread of infection, sharing this knowledge throughout the Trust.
 - Limiting the mixing of people to control infection does present challenges, particularly in mental health wards, and we have experienced higher levels of violence and aggression.
 - Training sessions have moved online, with only some face to face training taking place where there is a need for physical skills to be learned and demonstrated.
 - Members of the Gold Command meet regularly with frontline staff to discuss their concerns and be able to answer them directly.
 - Sadly, we have lost two members of staff to Covid from Bedford and Luton CAMHS and Newham Mental Health services. Support is being given to these teams. There is also a wide acknowledgment that staff have lost family, friends and people from their wider communities.
 - Since the beginning of the pandemic 188 service users have sadly died.
 - In recognition of the vulnerability of people with learning disabilities, Gold Command have added a Learning Disabilities workstream so the LD team can be supported. A mass vaccination workstream has also been created.

6.2. Edwin Ndlovu, Interim Chief Operating Officer provided an update on the operational challenges being faced:

- The impact on beds of Covid 19 and the variant which is more transmissible has been significant, resulting in some situations where we have had to close some wards to further admissions.
- Further challenges have been faced by the level of staff absent due to Covid or having to self-isolate. We are grateful to those colleagues who have continued to come to work despite experiencing personal losses due to Covid.
- Support for our staff has been enhanced by the availability of psychological services, including priority access to talking therapy services. Many other well-being offers continue to be provided by the People & Culture Team, with staff being actively encouraged to take advantage of them.
- We continue to work closely with our partners in local authorities, the wider NHS network and local community groups. In terms of our community health services, we are introducing new beds to support our acute trusts and helping to create more flow.
- The Trust's mental health crisis phone lines have been made free to users through 0800 numbers, whilst also maintaining face to face contact for service users if required.
- Primary Care services have been actively helping with the vaccination programme and providing immediate support to our service users and homeless population

6.3. Dr Paul Gilluley gave an update on Covid testing and vaccination:

- Emphasising the continuing importance of the infection control measures – hands, face and space – despite the rollout of testing and the vaccination programme.
- An important measure for the Trust has been in the provision of self-testing Lateral Flow Tests for staff over the past couple of months, enabling home Covid testing. It is important as some individuals who are asymptomatic may be positive for Covid and spreading the infection unknowingly.
- 6,000 testing kits were given out to staff to test themselves twice a week. Of the 15,612 tests reported, 160 were positive. Following a further PCR test, 60% of these were verified as positive despite being asymptomatic.
- A second order of 6,000 kits will be sent out to staff when their present kits are used up, to continue protecting staff, service users and the community.
- Trust staff who regularly attend nursing homes are taking part in a university pilot study of a new test which is much more sensitive than the Lateral Testing, with 300 kits arriving shortly.
- One of the first acute hospitals to receive delivery of vaccinations was Queen's Hospital in Romford, who promptly provided us with appointment slots to vaccinate staff working with vulnerable children or in nursing homes. Milton Keynes Hospital also provided vaccination slots for clinically vulnerable staff.
- We have been carrying out staff vaccinations at our own pods in the Westfield Centre in Stratford, and staff in Bedfordshire and Luton are now able to book into their local hospitals for vaccinations.
- 50% of the Trust's staff have been vaccinated to date and from next week we will begin vaccinating inpatients.
- From next week the Westfield pods will become a mass vaccination hub for the public where it is expected we will vaccinate 3000 people a day.

- 6.4. Mark expressed his thanks for the updates and requested a formal expression of gratitude to the workforce be sent from the Council.
- 6.5. Governors noted the following assurance in relation to concerns raised:
- Latest guidance received from the government recommends the second dose of Covid-19 vaccine be administered up to 12 weeks after the first dose.
 - *A previous question around the development of clear Trust policies for the compulsory isolation of Covid-positive patients on mental health wards and whether there are national guidelines available to follow.* The challenges to patients and staff when having to isolate someone are acknowledged and there are processes which staff should be following. The risks have to be weighed up in relation to the ward. It was suggested this be taken off-line for a fuller response as it is a complex issue.
 - *Whether the lack of take up of the vaccination within the BAME community is creating an issue with the supply of the vaccine.* Assurance was given that access to the vaccine was being made available to as many staff as possible and some work is beginning on understanding why some groups do not wish to receive the vaccine. The Trust will seek to work with community leaders to enable the benefits of vaccination to be widely explained.
 - *Are there supply issues in London and will vaccine become available via GPs?* The three ways to receive the vaccines were explained, which include via some GP surgeries, and assurance was given that the delivery of the vaccines is expected to improve greatly from next week.
- 6.6. **ACTION: Further questions submitted by Governors will be responded to by Gold Command Execs offline [see attached responses as Appendix 1].**
- 6.7. Mark thanked the Governors for their continuing support during these difficult times.
- 7. Strategic Item: Integrated Care (including breakout discussion)**
- 7.1. Mark introduced Marie Gabriel, CBE Independent Chair of North East London Integrated Care System (ICS) and Richard Fradgley, Executive Director of Integrated Care; Dr Rima Makarem, Independent Chair for the Bedfordshire Luton and Milton Keynes (BLMK) ICS will join us at a future meeting.
- 7.2. Richard Fradgley explained that the Integrated Care System is about designing and delivering Person Centred Care - bringing together primary and secondary care, social care and voluntary sector provision to create a network of support around people with complex needs which feels as if it is coming from one organisation. This aligns with the Trust's strategy of a commitment to improving population health which focuses on working with communities to improve health, tackling health inequalities and issues that determine poor health, particularly in children and young people. It also aims to enable organizations to work together in a more effective way, shifting the focus and conversation to collaboration, rather than competition.
- 7.3. The consultation to which the Trust is responding includes profound questions and proposals for change in the architecture of the NHS, not least because it contains a proposition that Clinical Commissioning Groups be abolished, with providers of NHS community and mental health services being identified place-based leaders for the delivery of health services.

- 7.4. A few key points from the Trust's response which includes views from Governors are given below:
- An emphasis on the unique and continued role foundation trusts can bring to integrated care systems, with their ability to innovate and be creative.
 - Requesting further details about how accountability to communities will operate in the new architecture of the NHS and stressing that the Council of Governors are the custodians of our culture.
 - Have a real understanding of what the role of local authorities is in working with the NHS going forward.
- 7.5. Marie Gabriel explained her role as Independent Chair of NEL ICS is to ensure there are robust and effective partnerships, working between NHS organisations and local authorities, actively engaging with a diverse range of people to maximize how we work towards outcomes with effective and inclusive decision making and governance.
- 7.6. Marie gave a presentation to provide an update on the decision-making structure of the ICS. This was followed by a discussion with Governors to obtain and understanding of how the Council of Governors could be involved in the ICS decision making.
- 7.7. Marie highlighted the following from her discussion on ICS governance development
- ICS's defining principles have been developed in consultation with many people including service users and carers.
 - Important that all partners in the ICS have an equal voice
 - People Participation is vital and currently working on developing ways to ensure the voice of local people, service users, carers and Governors is actually imbedded in systems and structures
 - NEL ICS includes City of London, Hackney, Barking and Dagenham, Havering, Redbridge, Newham, Tower Hamlets and Waltham Forest.
 - Marie referred to the ICS structure and pointed out that Mark Lam as Trust Chair represents ELFT at the ICS Partnership Board and Paul Calaminus, Interim CEO, is on the ICS Executive Board.
 - Understand how ELFT Governors really be involved in the ICS and development and influencing decision making.
- 7.8. Marie informed the Council that she met with Caroline Ogunsola, Lead Governor and Keith Williams, Deputy Lead Governor for their suggestions and that she will also meet with Lead Governors of other Foundation Trusts with the intention of forming a Lead Governor Group.
- 7.9. A discussion followed with Governors grouped into breakout rooms each facilitated by a Board member who noted feedback on the two question below.
- What matters to you with regard to further development of integrated care?
 - How best can the ICS ensure that Governors are informed and engaged in our work?
- 7.10. Mark thanked Marie and Richard for their presentations

- 7.11. The notes from each of the groups will be themed following the discussion with BLMK ICS and will be reported back to the Council.
- 7.12. Mark highlighted that Governor Involvement in the ICS is a great opportunity for Governors to represent local communities.
- 7.13. **ACTION: Following the March meeting where BLMK ICS will be discussed, an update will be provided to Governors to include a response to all the feedback from ELFT**

8. CEO Recruitment Update

- 8.1. The Council **RECEIVED** and **NOTED** the Recruitment Update

9. Governor Engagement Update

- 9.1 The Council **RECEIVED** and **NOTED** the Engagement Update

10. Reports from the Committees

10a Committee Membership

The Council **RECEIVED** and **RATIFIED** the new Committee members.

10b Significant Business Committee

Amendment to terms of reference – to become the Significant Business and Strategy Committee to reflect the evolution of this Committee's remit.

The Council **APPROVED** the amendment to the terms of reference.

10c Communications and Engagement Committee

Congratulations to Jamu Patel on being re-elected as the Committee's Chair.

10d Nominations and Conduct Committee (inc Governor attendance)

The Council **RECEIVED** and **NOTED** the Governor Attendance

11. Any Other Urgent Business/Questions from the Public

- 11.1. Mark thanked Governors for their support, Marie Gabriel for her presentation and also guests for joining the meeting.

The meeting closed at 6:52pm

Appendix – Response to Questions on Agenda Item 6: Update on Winter Plans – Covid-19, Vaccinations, Gold Command

Governor Queries	Response
How are we preparing for the expected increase in demand on MH service post-Covid and also for increase in demand on community health dealing with Long Covid?	A significant issue, falling under Recovery and Renewal strategic item which does not lend itself to a simple response. Address as separate strategic item at a future Council meeting, is Council is agreeable?
How will homeless people access vaccinations?	The primary care directorate is working closely with other partners in providing homeless people with the vaccine.
Will our outsourced contract staff, like our cleaners, be offered the vaccine in the same way as ELFT staff?	We are offering all our contractors and outsourced staff the vaccine.
What are the plans to vaccinate staff at their work place/more locally? Travelling to Stratford or MK can be difficult for some, and even if it's allowed during work time it means cover has to be arranged.	We have started vaccinating staff at workplace. This started with the forensic service and we will consider rolling it out to services and teams.
How are we addressing vaccine scepticism amongst staff, and those who may have strong preference for one vaccine over another?	A lot of work has already happened to try and manage this, and we continue to work closely with the staff networks to acknowledge people's concerns and fears and reassurance and support through expert information and stories from colleagues who have received the vaccine; we are also holding webinars and continue to send myth busting information via the Trust bulletin to all staff
Can we increase Communications – it was felt there was excellent communication around the use of PPE and compared to that, communications about the vaccination felt more muted.	This is happening.
There is great pride in all colleagues who are working hard to deliver the vaccines, and who delivered the hub – all on top of their normal jobs. Governors were keen we also recognise those whose colleagues were seconded to the hub and who are shouldering additional burdens and responsibilities as a result	Thank you for the suggestion, we will be recognising all staff involvement in the vaccination programme.
Is the Trust developing clear formal policies for the isolation of patients on acute mental health wards who have tested positive for Covid? Are any national guidelines being developed as there are for use of seclusion?	We try to balance the risk of COVID infection spreading and impact of guidance of individual service users. We are also working in the context of limitations based on physical make-up of

	<p>the ward and specialities where we cannot easily separate some patients.</p> <p>There is guidance - there are instances when someone may be admitted and left without activities beyond their observations. All are on intermittent obs whilst waiting for the nudge results on admission. There can be a queue for these so whilst in theory you can get the results back in about an hour, if you have several pending results it takes a bit longer.</p> <p>If there are more than 2 isolation cases an activities coordinator is allocated to them for activities/engagement etc– although it is hard to do this in bedrooms etc when someone is positive. Boredom and frustration are common problems but they try and keep isolation to a minimum. Not all patients are able or willing to engage with this and there have been instances when they have taken it out on doors and furniture.</p> <p>We do have formal guidance on admission and isolation that has been place since Spring last year and is reviewed regularly. The main thing is about engagement and trying to minimise the period of isolation as far as we can.</p> <p>We do have guidance on PPE/seclusion etc. that has been in place since early in the pandemic.</p> <p>At the CoG meeting a governor spoke of observed practice and I would really encourage all staff that concerns are raised and escalated immediately at local level and if still concerned to Lead Nurse, then Director of Nursing and ultimately the Chief Nurse.</p> <p>We continue to review our practice and feedback challenges of applying national guidelines to Mental Health wards.</p>
<p>Are we assured about the resilience and security of the online booking system (able to cope with demand, no crashes, booking only those who are entitled to vaccine)</p>	<p>The system has been robustly tested and so far, it has shown that it is resilient to increasing numbers of people booking online. So far the system has not had any major crashes or disruption.</p>

The online form asks for the assignment number as a required field but some, like students working on placement, won't have one. Can this be looked at?

All staff, including students, can get the vaccine.