

**Draft Minutes of the Council of Governors' Meeting held in public  
on Thursday 12 September 2019 from 5pm – 7pm  
at Mander Hall, Hamilton House, Mabledon Place, London WC1H 9BD**

<b>PRESENT:</b>	Marie Gabriel	Trust Chair
<b>Governors:</b>	Victoria Aidoo-Annan	Staff Governor
	Rehana Ameer	Appointed Governor, City of London
	John Bennett	Public Governor, Tower Hamlets
	Shirley Biro	Public Governor, Newham
	Robin Bonner	Staff Governor
	Nicholas Callaghan	Public Governor, Tower Hamlets
	Steven Codling	Public Governor, Central Bedfordshire
	Laura Jane Connolly	Public Governor, Rest of England
	Katherine Corbett	Staff Governor
	Joseph Croft	Staff Governor
	Caroline Diehl	Public Governor, Hackney
	Rosemary Eggleton	Public Governor, Central Bedfordshire
	Edilia Emordi	Public Governor, Hackney
	Susan Fajana-Thomas	Appointed Governor, Hackney
	Paul Feary	Public Governor, Bedford Borough
	Rachel Hopkins	Appointed Governor, Luton
	Zara Hosany	Staff Governor
	Carol Ann Leatherby	Public Governor, Newham
	Beverley Morris	Public Governor, Hackney
	Sheila O'Connell	Staff Governor
	Caroline Ogunsola	Staff Governor
	Jummy Otaiku	Public Governor, Hackney
	Jamu Patel	Public Governor, Luton
	Mary Phillips	Staff Governor
	Phillip Ross	Public Governor, Tower Hamlets
	Felicity Stocker	Public Governor, Bedford Borough
	Adrian Thompson	Public Governor, Tower Hamlets
	Daniel Victorio	Public Governor, Hackney
	Ernell Watson	Public Governor, Newham
	Hazel Watson	Public Governor, Newham
	Keith Williams	Public Governor, Luton
	Paula Williams	Public Governor, Luton
	Jim Weir	Appointed Governor, Bedford Borough

**IN ATTENDANCE:**

<b>Staff:</b>	Mary Elford	Vice-Chair, Non-Executive Director
	Dr Navina Evans	Chief Executive
	Mason Fitzgerald	Director of Planning and Performance
	Dr Paul Gilluley	Chief Medical Officer
	Jenny Kay	Senior Independent Director
	Norbert Lieckfeldt	Corporate Governance Manager (Minutes)
	Cathy Lilley	Associate Director of Corporate Governance
	Meena Patel	Membership Officer

Prof Frank Röhricht  
Lorraine Sunduza  
Eileen Taylor  
Andreea Tudosa

Medical Director Research & Medical Education  
Chief Nurse  
Non-Executive Director  
Communications Assistant

**APOLOGIES:**

Roshan Ansari  
Susan Masters  
Julian Mockridge  
Larry Smith  
Brian Spurr  
Damien Vaughn  
Neil Wilson

Public Governor, Tower Hamlets  
Appointed Governor, Newham  
Staff Governor  
Public Governor, Central Bedfordshire  
Appointed Governor, Central Bedfordshire  
Public Governor, City of London  
Appointed Governor, Education

**ABSENT:**

Denise Jones                      Appointed Governor, Tower Hamlets

**1      Welcome and Apologies for Absence**

- 1.1 Marie Gabriel opened the meeting at 5:00 pm.
- 1.2 Marie welcomed Jim Weir as newly Appointed Governor by Bedford Borough Council.
- 1.3 Marie welcomed back Staff Governor Zara Hosany to her first meeting following her maternity leave. Marie advised that Zara had decided to step down as Deputy Chair (Lead Governor). The Council supported the proposal that the current Acting Deputy Chair Keith Williams would continue in this role until the election for the Deputy Chair vacancy are held; this would be scheduled to take place after the elections for Public Governors are completed and new Governors in place on 1 November 2019. Marie and the Council expressed their thanks to Zara for her work as Deputy Chair and also to Keith for agreeing to remain in post providing continuity in the role.
- 1.4 Marie highlighted the outcome of the ballot amongst Luton and Bedfordshire Governors about the most favoured options for future Council meetings. The ballot expressed a preference for meetings to continue to be held near Kings Cross/St Pancras/Euston and the Membership Team are currently scoping alternative venues in the area.
- 1.5 Marie highlighted that Andreea Tudosa from the Comms Team would be filming some of Governor activities during the meeting; these will be without sound and the clips may be used for the Governor Impact film to be shown at the AGM/AMM. Any Governors not wishing to be filmed should make their preference known to Andreea.
- 1.6 Apologies were **noted** as above.

## **2 Minutes of the Previous Meeting held on 11<sup>th</sup> June 2019**

- 2.1 Marie Gabriel explained that standard procedure is for Governors, wherever possible, to notify in advance any queries, comments or corrections for the minutes.
- 2.2 No comments had been received ahead of the meeting. No issues were raised at the meeting.
- 2.3 The Minutes (both public and confidential) were **AGREED** as accurate records.

## **3 Action Log and Matters Arising from the Minutes**

### **Action Log**

- 3.1 The Council **noted** that actions had either been completed or closed, or were planned for future meetings.
- 3.2 There were no further comments on the Action Log.

### **Matters Arising**

- 3.3 There were no further matters arising.

## **4 Strategic Priority: Suicide Awareness and Prevention**

- 4.1 Professor Frank Röhricht (ELFT Medical Director - Research & Medical Education), Honorary Professor of Psychiatry (QMUL)) presented the Trust's Suicide Prevention Strategy and some facts around suicide.
- 4.2 In his presentation, Frank highlighted:
  - Suicide prevention is important to everyone working in roles related to healthcare
  - Suicide prevention is important for all staff working in roles related to healthcare (not just clinical staff)
  - Suicide prevention needs to be targeted based on evidence as resources are limited
  - 75% of suicides are male; men aged between 40 and 50 have the highest rates of suicide
  - Suicide incidence is linked to social deprivation; rates have been declining for a long time, but have been increasing again since the economic crisis in 2008. Rates have increased amongst older people but also in the younger age group
  - Global findings indicate that suicide rates are linked to socio-economic deprivation; 75% of suicides occur in populations classed as 'deprived'
  - Preventative work is successful; evidence from national initiatives shows a 10% reduction in suicide rates
  - Known risk factors: raised for virtually all mental health problems in dual diagnosis with substance abuse, physical illness (especially long-term

conditions and/or those associated with pain/functional impairment), about a third of people who take their own life will have seen their GP recently before their death; recent contact with psychiatric services, recent discharge from psychiatric ward; social isolation & poverty

- “Previous suicide attempts are an indication of particular risk. Up to 20% of survivors try again within a year, and as a group they are 100 times more likely to go on to complete suicide than those who have never attempted suicide”;

4.4 Frank reminded Governors of their previous (2017) discussion where they said:

- The ambition for ELFT should be as few suicides as possible
- The strategy should be a collaborative system, one working with all relevant local partners
- The Trust should take leadership in raising this issue
- The Trust would seek to ensure system strategies addressed the specific needs of vulnerable groups.

4.5 Frank shared examples of the work undertaken by the Trust as a response including:

- Delivering training to raise awareness and equip people with tools to engage effectively with service users and others; talking about suicidal feelings is an important preventative measure
- The Trust is targeting middle aged men, through job centres in alliance with Sustainability and Transformation Partnerships (STPs); care of the elderly and work in Children and Adolescents Mental Health Services (CAMHS) are also a special focus
- The Trust has organised a significant and very successful Suicide Prevention Conference for its staff and others
- The Trust has changed the language from ‘risk management’ to ‘my safety plan’ as a result of co-production with service users.

4.6 In response to a query, Frank outlined that there is no 100% assurance and that additional training may not prevent a negative outcome. The Trust will also look at bespoke training for its community health staff.

4.7 These additional resources, once chosen from a plethora of available options, will be readily available to all ELFT staff in a special section of the Intranet.

4.8 Responding to a query, Paul Gilluley stressed the Trust’s links with our local A&E Departments where mental health staff are based 24/7 to support emergency staff. The Crisis Care Pathways are currently under review and crisis helplines have been established across the Trust. The NHS Long Term Plan regards Crisis Care as a high priority for all providers, not just for Mental Health services.

4.9 Responding to a query about moving from education into work, Paul Gilluley highlighted the importance of partnership working. Issues like employment, benefits, etc cannot be resolved by the Trust but make it imperative the Trust works with others across the system.

- 4.10 Governor stressed that staff need to be supported whenever they are affected by a service user's suicide commenting "Our staff are very special and we must make sure they are supported".
- 4.11 In response to a query, Frank Röhricht reassured Governors that the Trust is working closely with local authorities' children's safeguarding teams and policies.
- 4.12 The current target audiences have been chosen according to statistical data about suicide incidence. However, ELFT is mindful of local circumstances and not solely guided by national targets.
- 4.13 Marie Gabriel thanked Professor Röhricht and Dr Gilluley and highlighted a number of additional points from the discussion:
1. It is important the Trust remains open-minded about the term 'minority' – it is not limited to BAME but can include, for example, the LGBT+ community, or the elderly.
  2. ELFT needs to provide culturally sensitive spaces for men to be able to share their feelings, being mindful of the stigma in certain communities.
  3. Involvement with faith groups is important. The Trust needs to be aware how to engage with faith leaders (Marie reminds Governors that our Spirituality Team is offering a workshop at the Annual Members Meetings in October).
  4. Offer training about talking about suicide to clinical staff in MH and Community Health teams – as well as support staff, GPs and others.
  5. Work in partnership with others, e.g. Samaritans and Mind, job centres and schools
  6. How can we use our IT systems to better flag up risk of potential suicides if we know what risk factors might be? Can we systematically assess all service users for suicide risk?
  7. Use community resources to break through isolation, through social prescribing.
  8. Use community assets such as schools, religious communities, employers, etc to make information available, also in minority languages.
  9. Establish more 'Lighthouse' style meeting places across the Trust (as in Leighton Buzzard)
  10. One idea was to establish a bank of retired staff volunteers to support current staff through difficult times in a pastoral role, e.g. when there has been a suicide or during disciplinary procedures.
  11. Need to continue to work on breaking the stigma.
  12. Work through primary care and GPs to highlight the issue of suicide and alert them to potential risk factors.

## **5 External Audit**

### **i) Report to the Council on the Quality Report 2018/19**

### **ii) Report to the Council on the Audit of the Financial Statements 2018/19**

- 5.1 Mason Fitzgerald presented the report on behalf of Steven Course, Chief Finance Officer.

- 5.2 Mason outlined the crucial importance of the audit in safeguarding the proper use of £430million of public funds (Trust income). He outlined in detail the outcomes of the audits of the financial and quality accounts.
- 5.3 Auditors gave the accounts a ‘clean bill of health’: there was no issues on a ‘going concern’ basis (i.e. the long term viability of the Trust), and on the Trust delivering value for money.
- 5.4 In terms of the quality accounts, the auditors check that the reports to the public about the nature and the quality of the service the Trust provides is an accurate, true and fair picture. They tested three specific areas (quality indicators), one of which had been chosen by the Governors earlier this year in relation to Patient Safety.
- 5.5 The Audit Committee have reviewed the performance of our auditors, Grant Thornton, who had been appointed by the Council in 2016 for a five-year contract. The Audit Committee confirmed there were no concerns about the work of the auditors and the Council expressed its support of the Audit Committee’s assessment.
- 5.6 In response to a query about the Action Plan in Appendix A Mason assured the Council that the Board had provided a response to the auditors on incorrect reporting of IAPT data.
- 5.7 Public Governor Adrian Thompson assured the Council he had read the accounts (and especially the notes to the accounts) with great care and had not found anything which would concern him. He was especially impressed that the Trust had been able to deliver a surplus of £20m which was difficult on a £430m turnover and congratulated the Board and the finance team on this achievement. The Council echoed his congratulations.
- 5.8 The Council **RECEIVED** and **NOTED** the report.

## **6.0 Review of the Council’s Effectiveness**

- 6.1 Marie Gabriel invited the Council to consider two questions: “What are we doing well/should we do more of” and “Where can we improve”.
- 6.2 The result of these discussions will form the basis of an improvement plan which will be presented to the Council at their November meeting.
- 6.3 Feedback from the groups included (for a full summary, please refer to Appendix A):
- What is going well?
    - Communication with Governors, between Governors, and between Council and Trust
    - Training and development sessions
    - Good culture – Council is diverse and inclusive and works well together; Governors are supportive of each other.
    - Membership team is supportive and responds quickly
    - Good relationship with Senior Management Team
    - Good selection of presenters at Council meeting.

- Where can we do better?
  - More opportunities to meet with and hear from members
  - Raise Council's profile
  - Be more aware of Community Health angle
  - Council's plea for more Luton and Beds representation in TrustTalk
  - Better use of technology (WebEx, less photocopying)
  - More opportunities for Governors in full-time employment
  - Still need to improve Staff Governor feedback loop
  - Support Appointed Governors to be effective representatives of their communities.

## 7 Strategic Activity Update

- 7.1 As this Council meeting has a full Agenda, this Agenda item was unusually for noting only.
- 7.2 Marie invited questions and highlighted the appointment of ELFT's previous Chief Medical Officer Dr Kevin Cleary as CQC's Deputy Inspector for Hospitals and Mental Health. She expressed her hope that Kevin's expertise and enthusiasm for QI will transfer into a clearer understanding of the value of QI during inspections. The Council asked the Chair to send a note of congratulations to Kevin and expressed its desire of a close relationship with him in future.  
**ACTION: Marie Gabriel**
- 7.3 Mason Fitzgerald highlighted the Trust's new homelessness reduction workstream in the report; this was a direct result of the feedback from the Annual Plan Consultation meetings.
- 7.4 The Council **RECEIVED** and **NOTED** the report.

## 8 Council of Governor Elections Update

- 8.1 Marie Gabriel highlighted that five Governors have decided not to stand again in the elections to the Council:
- Nicholas Callaghan (Tower Hamlets)
  - Rosemary Eggleton (Central Bedfordshire)
  - Paul Feary (Bedford Borough)
  - Damien Vaughn (City of London)
  - Hazel Watson (Newham).

Marie thanked them for their contribution to the Council and the Trust and advised there will be an opportunity at the November Council meeting to celebrate and acknowledge their achievements more fully.

- 8.2 Marie congratulated Steven Codling on having been elected unopposed in Central Bedfordshire, together with two new Governors who will join the Council from 1 November.
- 8.3 In response to a query about the number of members who do not provide an email address the Chair emphasised that the Trust needs to be inclusive in the way we communicate with our members.

8.4 The Council **RECEIVED** and **NOTED** the report.

## **9 Communications and Engagement Committee (CEC) Report**

9.1 CEC Vice-Chair Jamu Patel encouraged other Governors to attend the CEC meetings. Unlike other Council Committees, the CEC is open to all Governors in addition to its core membership. There were no further comments.

9.2 The Council **RECEIVED** and **NOTED** the report.

## **10 Nominations and Conduct Committee (NomCo) Report**

10.1 The Chair updated the Council on the recruitment campaign for a new Non-Executive Director. The NomCo has agreed the recruitment agency and the timeline for the recruitment to ensure that the Council will be presented with a recommended candidate at its November meeting.

10.3 The Council **RECEIVED** and **NOTED** the report.

## **11 Governors Attendance List**

11.1 The Council **RECEIVED** and **NOTED** the report.

## **12 Council of Governors Forward Plan**

12.1 Norbert Lieckfeldt advised that the current forward plan has been updated with the strategic priorities identified by the Council at the previous meeting and includes the dates of future meetings until early 2021. These dates will also be shared with the Council in a separate email.

**ACTION: Norbert Lieckfeldt**

12.2 The Council **RECEIVED** and **NOTED** the forward plan.

## **13 Any Other Urgent Business/Governor Issues/Questions from the Public**

13.1 There was no additional business for consideration or questions from the Governors.

## **14 Date and Time of Next Meeting**

14.1 Thursday, 14 September 2019 from 5:00pm-7:00pm at UNISON Centre, Ground Floor, 130 Euston Road, London NW1 2AY

**The meeting closed at 6.55pm.**



## APPENDIX 1

<i>Theme</i>	<i>Details of Discussion</i>	<i>Strategic Outcome</i>
<b>Staff</b>	Recruitment and Retention (inc internal movement) and impact on quality and continuity of care; also use of non-permanent staff (Bank or agency) Training and development of staff Policies for BAME staff (equality)	Improved Staff Experience Improved experience of care Improved value
<b>Young People</b>	CAMHS services Impact of increased investment in CAMHS mental health services – “what are we getting for the buck?” Prevention/early intervention Recovery College for Children and Young People?	Improved experience of care Improved value
<b>Integrated Care</b>	What is it? Strategic Stock-take – where are we now, where are we heading in the new system? Linking up with local services and others to enable smooth discharge	Improved population health Improved experience of care
<b>Transition</b>	Transition from secure to non-secure services, from CAMHS to adult services Accommodation for those with complex needs Ensuring needs are met on discharge (housing, benefits etc) Discharge and suicide prevention How to meet nat'l targets on waiting times	Improved population health Improved experience of care
<b>Population Health</b>	Equality and Poverty Understand poverty, understand the data Dealing with unmet in the face of local authority budget cuts; ELFT strategy for gaps in services	Improved population health Improved experience of care
	= Holistic Support	

Other issues	Suggestions	
Do we focus enough on Community Health Services?	Covering through two of the above themes (Transition and Population health)	
Community Health – how best to spend the additional funding?	See above	
Autism Services – raising awareness and support	Arrange additional site visit to Autism/Learning Disability Services	
Digital transformation and innovation	Cross-cutting theme; Task and Finish Group to support developing IT Strategy for Trust	
Violence in organisation (staff on staff?)	Membership office to check if this is an issue from the staff survey report Minutes May 2019: “A high percentage of staff reporting they have recent experience of violence by service users as well as staff” From memory this relates to sexual harassment rather than violence. To check with Tanya Carter.	
Impact of No Smoking Policy on behaviour	Membership Office to treat as Governor query – is there evidence for impact of no smoking policy (eg behaviour, health benefits etc)	
Communicating transformation of services	Communication and Engagement Committee	