

DRAFT Minutes of the Trust Board of Directors meeting held in public on Thursday, 23 September 2021 at 13:00 at Leonardo Royal London Hotel, 45 Prescott Street, London E1 8GP and also via Zoom (for members of the public and Governors)

Present:

Mark Lam	Trust Chair
Paul Calaminus	Chief Executive
Aamir Ahmad	Non-Executive Director
Ken Batty	Non-Executive Director
Tanya Carter	Executive Director of People and Culture
Richard Carr	Non-Executive Director
Anit Chandarana	Non-Executive Director
Steven Course	Chief Finance Officer
Professor Sir Sam Everington	Non-Executive Director
Richard Fradgley	Executive Director of Integrated Care
Dr Paul Gilluley	Chief Medical Officer
Philippa Graves	Chief Digital Officer
Prof Dame Donna Kinnair	Non-Executive Director
Edwin Ndlovu	Chief Operating Officer
Dr Amar Shah	Chief Quality Officer
Lorraine Sunduza	Chief Nurse
Eileen Taylor	Vice-Chair
Dr Mohit Venkataram	Executive Director of Commercial Development
Deborah Wheeler	Non-Executive Director

In attendance:

Norbert Lieckfeldt	Corporate Governance Manager
Cathy Lilley	Director of Corporate Governance
Nicki McCoy	Corporate Secretariat Manager
Stephanie Quitaleg	Senior Executive Assistant
Nina Dawson	
Lara Roberts	People Participation Lead for Perinatal (part)
Emily Humphreys	Public Health Registrar

Apologies:

None received

The minutes are produced in the order of the agenda

1 Welcome and Apologies for Absence

- 1.1 Mark Lam welcomed all to the meeting, acknowledging that this is the first face to face meeting since the start of the pandemic and provided assurance that appropriate infection control procedures are in place. He highlighted that it is a hybrid meeting with some Governors and members of the public joining the meeting via Zoom.

Mark also welcomed two observers – Lea Alexander who is part of the CQC inspection, and Laura Taylor from Deloitte who is working on the Trust's external well led review.

- 1.2 No apologies were received.

2 Declarations of Interests

- 2.1 There were no interests relevant to the meeting other than those in the published register. An amendment was noted to the title of an organisation pertaining to the Chair's information.

3 Minutes of the Previous Meeting held on 22 July 2021

- 3.1 The minutes of the meeting held in public on 22 July 2021 were **APPROVED** as a correct record.

4 Action Log and Matters Arising from the Minutes

4.1 Action Log

One action was closed and the others were noted as in progress.

4.2 Matters Arising

There were no matters arising not otherwise covered in the action log or included as an agenda item.

5 Patient Story: Perinatal Experience

- 5.1 Nina Dawson presented on her perinatal experience via Zoom, with Lara Roberts, people participation lead for perinatal:
- Nina described her mental health challenges leading up to and following the birth of her child which resulted in a referral by her midwife to Newham perinatal mental health services.
 - Having no prior knowledge or understanding of the service, Nina described her anxiety around her previous mental health issues being raised and this leading to the possibility of the baby being taken away from her. She felt she could not be completely open about her feelings to the psychiatrist she saw, leading to her being discharged from the service after just four weeks.
 - Sometime later there was a follow up appointment to check on her progress which led to a realisation that she did need more support. Nina felt that this time she was able to be more open, was listened to and the different service options were explained to her. Nina spent 12 months in the service which provided help and support tailored to her and her partner's needs. The knowledge that she was being listened to and that everything discussed was confidential, allowed her to be more open and honest about her feelings.
 - Nina's suggested improvements to the service include more information being available to pregnant women about the service; offering a hybrid of remote and

face to face consultations; being able to remain in the service for longer than 12 months (24 months would be desirable); not having previous mental health issues raised; being made aware of the people participation service earlier; and a smoother transition out of the service with a phased approach into other support services.

- Nina also expressed how becoming a part of the people participation perinatal team aided her recovery, being able to share experiences with other mums in a positive way. She has held several roles within the service including being project lead for new website development, presenting webinars and raising awareness of lived experience, becoming a peer leader via the Peer Leadership Academy and involvement in QI training and projects. Nina is now employed by NELFT as a people participation lead for a new maternal mental health pilot.

5.2 In discussion, the Board:

- Expressed their gratitude to Nina for sharing her personal experiences, her ongoing contribution to the improvement of mental health services and for providing observations and recommendations.
- Noted that there is limited availability of information around less than positive feelings about pregnancy and childbirth at anti-natal classes and a lack of awareness by GPs of the services available to support women experiencing these.
- Stressed the importance and influence of individual's lived experiences.
- Noted the work being undertaken by the operational teams around peer support when transitioning between different services, the difficulties of this having been part of an improvement process in CAMHS for the transition between children and adult services.
- Noted that the availability of perinatal mental health services is being extended to two years.
- Heard how work on spreading information about the early support available is being facilitated by providing clinicians with information about people participation to pass onto service users, for when and if they feel ready.
- Commended Nina on the excellent website content.

6 Chair's Report

6.1 Mark Lam highlighted the recent discussion at the Council of Governor's meeting on population health and tackling health inequalities at local levels. He invited Non-Executive Directors (NEDs) to provide summaries of their recent visits within the Trust.

6.2 Donna Kinnair reported on a visit to the crisis team and highlighted:

- The challenges presented at the start of the pandemic which initially necessitated online assessments, quickly returning to face to face appointments with all necessary infection control precautions needing to be put into place.
- A common theme is the challenge around recruitment.
- The team felt they flexed and capitalised on their expertise across the system, including making time for staff to speak about the huge impacts they were experiencing during the pandemic.
- The unintended consequence of the Trust becoming a victim of its own success around population needs. This led to an extremely high level of service users being referred to our services and highlighted the need for more work around partnerships.

- The amount of work that was carried out to preserve the level of quality and care for our service users.

6.3 Eileen Taylor provided a summary of a visit to the employment services team in London, highlighting:

- This is a team of eight employment specialists who are embedded in clinical teams. They work with clients providing support and advice for getting into work, as well as being aware of mental health triggers that may hinder someone from becoming part of a workforce. They also provide mental health training for employers and prospective employers.
- In the first quarter of this year the team received 126 referrals with 51 people starting work.
- Their ambitions are for increased co-production and to be more embedded in community health transformation.
- Their main challenge was around the difficulty of getting appropriate management information for outside partners who have no access to ELFT systems; however, this is being developed with the digital team.
- A service user was present to speak about the impact on him.

6.2 In discussion the Board:

- Noted the ongoing discussions around building in a more robust line of questioning for NED visits to help in the evaluation and triangulation of information gathered.
- Recognised the need to establish how, through the Trust's strategy, we can work with local businesses to create workplace conditions for employment opportunities.
- Noted some partnership work ongoing in Newham in identifying local jobs for the local population.
- Acknowledged the responsibility of the Trust to help by offering employment to service users and noted the assurance that work is ongoing with local sub-contractors to ensure employment opportunities are given to local people.

6.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

7 Chief Executive's Report

7.1 Paul Calaminus presented the report, highlighting:

- The work underway to welcome the CQC to the Trust over the next few weeks.
- The recent People Participation Awards event which showcased the positive work ongoing in the Trust.
- Since writing the report, the Trust is engaged in working with Afghan refugees across the area, but particularly in Luton and Hackney, providing a range of physical and mental health support.
- The taking on of the lead in North East London for the 12-15 year old Covid vaccination programme from next week.
- The retirement of John Hill after over 20 years' service to the NHS and acknowledgment of the hugely positive impact his work has had on service users and staff.
- The Trust is still awaiting guidance and formal budget allocations for the next six month period (H2) and financial planning cannot be undertaken until this is known.

- 7.2 In discussion, the Board:
- Noted the ongoing work to understand the impact and consequences of the consultation on mandatory vaccinations for all healthcare staff, ensuring we comply with any requirements whilst remaining flexible so as not to lessen our provision to service users.
 - Noted the marked increase in staff receiving their initial vaccination and the continuing work around providing support and information to hesitant staff.
 - Requested any compromise to the Trust's financial planning as a result of the delayed guidance be escalated.

7.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

8 ELFT Strategy Refresh

- 8.1 Richard Fradgely introduced the paper which is seeking approval from the Board, highlighting:
- Some elements of the current strategy will be retained as will the four strategic objectives around the Triple Aim.
 - The proposed change to our vision; emphasising the importance of partnerships, recovery from the pandemic and around integrated care.
 - The proposed additional themes in our secondary drivers around prioritising children and young people, continuing to build multi-disciplinary teams within neighbourhoods, tackling waiting times and the ongoing work to ensure staff continue to thrive.
 - The strategy will cover the five year period to 2026 and, subject to approval by Board, will be brought back to the Integrated Care & Commissioning Committee (ICCC) for execution oversight and launch at the Trustwide Members Meeting in October.

- 8.2 In discussion, the Board:
- Acknowledged the importance of the execution plan for delivery and the difficult choices to be made, recognising that not everything will be achievable at the same time. This will necessitate a clear focus over where to most effectively direct the Trust's energies, which will form an element of the prioritisation exercise to be brought to ICCC.
 - Noted that there was a commonality within the feedback between service users and staff with the key areas mostly in alignment, in particular over 'getting the basics right'.
 - Noted the intention to strengthen the ambition to tackle racism and inequality.
 - Commended the amount of work undertaken in obtaining this level of engagement in the process and that the development of the strategy together with stakeholders is as important as the output.

8.3 The Board **RECEIVED, DISCUSSED** and **APPROVED** the report.

9 Quality Report

- 9.1 Amar Shah presented the report, highlighting:
- Key themes have emerged around quality of care, staff wellbeing, digital systems and waiting times.
 - All of these areas have concerted plans which have been worked on over the past 12 months and overseen by the various sub committees of the Board.

- The QI section of the report describes how we are tackling strategic areas such as population health and emerging issues, emphasising partnership working in particular.

9.2 In discussion, the Board:

- Noted the improved understanding around the waiting list numbers per service and the underpinning causal factors.
- Noted that every service with a backlog is producing an action plan with a more robust system in place to understand capacity related to demand. The detail of progress against the plans is reported regularly to the Quality Assurance Committee (QAC).
- Noted the systematic harm review under way with teams, focusing on the impact of long waits and ensuring those at most risk are prioritised.
- Noted that the Trust is part of the pan-London Working Well Trust whose work is back on track following a pause during the pandemic. Continuing work with local employers is beginning to produce positive outcomes and there are clear plans in place with partners such as local authorities and the voluntary sector to help with the waiting lists.
- Was assured on the degree of themes in the report which correlate to the Trust's strategy and the way in which the strategy delivery plan will underpin efforts in areas where improvements are required.
- Was assured that customer care themes covering interactions and communications with staff are examined in detail to ensure they are as optimal as they can be.
- Noted that the reduction in people participation alongside a reduction in our improvement activity is likely due to practical challenges and service pressures during the pandemic. A group comprising people participation, service users and staff is focusing on ensuring co-production on QI solutions from the outset.
- Was assured that the increase in people entering low intensity group therapy is a positive sign, freeing up capacity for individual treatment on more complex cases.
ACTION: Amar Shah to present a report on waiting times at a future meeting.

9.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

10 Performance Report

10.1 Amar Shah introduced the report, highlighting:

- There are signs that teams are starting to work through their backlogs, which will result in an increase in average waiting times as they are now seeing people who have been waiting longer.
- Incidents of violence and physical restraint are reducing as more emphasis is being placed on bringing back routine quality control processes which are helpful in predicting and preventing these type of outbreaks.

Edwin Ndlovu continued:

- Work around suicide prevention is a high priority and there are specific programmes in place across the system. For assurance, some of the decrease in the 72 hour follow up performance is related to new reporting methods within the primary care network.
- Work is in progress to steadily increase capacity within our physical health clinics after a pause during the pandemic.

- The PICU ward in the Coborn unit, which was closed due to staffing levels, will re-open in two weeks' time. Focused recruitment for CAMHS Tier 4 has resulted in new staff starting shortly.
- Pleased to report that local authority and voluntary sector services, paused during the pandemic, are slowly coming back online.

10.2 In discussion, the Board:

- Noted that where, in exceptional circumstances, a young person has had to be admitted to an adult ward there is CAMHS oversight on that ward to ensure safeguarding, and the situation is kept under constant review. The Chief Nurse also advises the CQC and the young person is placed on a priority waiting list for a CAMHS bed. A review of all cases that have occurred over the past few months is being undertaken by the CAMHS clinical director.
- Was assured that the Trust has key academic professionals working within the SCYPS unit and in Hackney, who are involved in autism research, to both improve the assessment process and develop new ways to manage both young people and adult service users with autism.
- Commended the improved format of the reports, creating a greater focus and attention for discussion.

10.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

11 Learning from Inpatient Deaths

11.1 Mark welcomed Emily Humphreys who presented the report, highlighting:

- The aim of the report is to look at taking the learning from overall patterns and apply to both immediate risks and longer term prevention.
- Three main findings:
 - There was no trend in the worsening or improvement in unexpected deaths; however, on the three occasions where unexpected deaths occurred closely together (winter 2020 and spring 2021) this did imply a special cause variation in that time period.
 - The average age of death is very young at 42, in relation to average life expectancy within the ELFT area.
 - Majority of these deaths (61%) were attributable to physical health issues.
- Next steps include increasing service user involvement in work around improving physical health for mental health inpatients, extending staff training, developing long term preventative work and embedding a strengthened approach to patient safety.

11.2 In discussion, the Board:

- Noted the increased span of investigation into inpatient deaths over both three and five year periods provides greater assurance.
- Noted the powerful feedback from service users around medication and treatment, to ensure lifestyle and wellbeing advice is also provided. Co-production between clinicians and service users is key, involving discussion and agreement, plus regular reviews of medication to continue once someone is discharged and support to investigate other pathways.
- Noted that the strategic review of estates work will take account of physical health improvements in new builds.

- Requested that the Board be actively involved in helping prioritise the work around physical health Interventions and in creating a synergy between all the partners involved in public health management.

11.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

12 Patient Safety Going Forward

12.1 Paul Gilluley presented the report, highlighting:

- The internal and external review presented to the Board at a development session provided a proposal on how to move forward on patient safety using QI, service user and staff involvement and clinical leadership.
- The proposal is to lead through a Director for Patient Safety and the Patient Safety Forum to discuss issues and place this front and centre in the organisation, updating the Board as this progresses.

12.2 In discussion, the Board:

- Noted that these proposals will provide the basis for an improvement in quality of care and patient safety going forward, and the sustained reductions already in some areas, such as violence and aggression and pressure ulcer care.
- Noted the importance of digital systems alongside human input, in identifying signs, links or changes in patterns around patient safety to enable earlier interventions.
- Acknowledged that in forward thinking holistic healthcare, safety is a continual process requiring engagement and co-production. This capacity is beginning to be created within the Trust through the improved partnership working across the system.
- Advised that the responsibility for patient safety must become an established way of working for all, not just sitting within the new Director role.

12.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

13 People Plan Update

13.1 Tanya Carter presented the report, highlighting:

- The backlog in the review of DBS checks is being managed by the recruitment of additional staff and work is underway to risk assess and prioritise the outstanding checks. The trajectory is to be fully compliant by the end of December.
- In relation to the decrease in statutory and mandatory training, MAPA training has been prioritised for staff working in inpatient areas with 90% compliance expected by December. Ways to avoid the continuing issues around non-attendance are being looked at with additional staff recruited to assist with this process.
- The Trust has successfully achieved 'excellence' in the Mayor's Healthy Workplace Assessment, highlighting our focus on the five areas key to wellbeing which enabled our staff to access the support that they said mattered to them during the pandemic, such as childcare provision, the Vitamin D offer and online classes for staff's children.

13.2 In discussion, the Board:

- Noted that the introduction of a new training system is imminent which will enable more innovative training techniques and help with easier access to training for staff. Although set nationally, we do try to augment the statutory and mandatory training and regularly review the training requirements.

- Raised the ongoing issues around the length of time taken for new staff to be onboarded once recruited. Tanya Carter agreed to take offline.
- Requested insight into any emerging themes from the Freedom to Speak Up results and whether a triangulation of NED and Executive visits with this data would be appropriate. Tanya Carter agreed to take offline.
- Noted that, with the oncoming winter period, teams remain tired and under pressure; however, a sense of pride in the work they have achieved together with their service users during the pandemic is evident. There is a keenness to hold onto the systems that work well and an appreciation of how working together and making connections will aid the responses to pressures going forward. The importance of time to reflect together, such as at team away days, is also key as are the opportunities to celebrate and thank people.

13.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

14 Finance Report

14.1 Steven Course presented month 4 report, highlighting:

- A £458k deficit which is a £500k improvement on the previous month.
- Cash balance is £114m.
- Continue to forecast a breakeven from the end of Month 6 and, for assurance, the month 5 figures are showing a £30k surplus.
- Part of the overspend in month 4 has been driven by costs on integrated discharge hubs and domiciliary care packages in Bedfordshire, although payments of £800k and £240k respectively are starting to come through in month 5.
- Risks remain around agency costs and on Financial Viability targets. Recruitment and retention group has been established and QI input is helping with agency processes.
- A large amount of non-recurrent funding held by the Trust is expected to provide some benefit in achieving a breakeven position.
- Covid costs are reducing, with month 5 showing they are in line with the envelope.

14.2 In discussion, the Board:

- Thanked the team for the stable financial performance to date and acknowledged the continuing risk posed by the delayed guidance for the second half of the financial year (H2).

14.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

15 Trust Board Committees

15.1 The Board took as read the following committee assurance reports:

- Audit Committee
- Appointments and Remuneration Committee
- Charity Committee
- Finance, Business & Investment Committee
- Integrated Care & Commissioning Committee
- Quality Assurance Committee including a range of annual reports for 2021-2021:
 - Complaints Annual Report
 - Data Security & Protection Toolkit Annual Compliance Update

- Emergency, Preparedness, Resilience and Response Annual Report
- Freedom to Speak Up Annual Report
- Guardian of Safe Working Annual Report
- Health, Safety and Security Annual Report
- Infection, Prevention and Control Annual Report
- Learning from Deaths Annual Report
- Legal Claims Annual Report
- Mental Health Law Annual Report
- Safeguarding Annual Report
- Serious Incident Annual Report
- SIRO Annual Report

15.2 The Board's attention was drawn to the Modern Day Slavery Statement and assurance was given on the checks that are made to evidence the Trust's compliance.

15.3 The Board:

- **RECEIVED** and **NOTED** the reports
- **APPROVED** the Modern Day Slavery Statement for publication on the Trust's website.

16 Board of Directors Forward Plan

16.1 The Board **NOTED** the plan.

17 Any Other Business

17.1 None.

18 Questions from the Public

18.1 None received.

19. Dates of Future Meetings

- Thursday 25 November 2021
- Thursday 27 January 2022
- Thursday 24 March 2022

All meetings will commence at 1300hrs with a tea-time presentation and continue to be held in person with a video conference facility until further notice.

The meeting closed at 3.10pm