

## Board of Directors

**DRAFT Minutes of the Board of Directors meeting held in public on Thursday, 25 November 2021 at 13:00 at The Rufus Centre, Steppingley Road, Flitwick Bedford MK45 1AH and via Zoom**

<b>Present:</b>	Mark Lam	Trust Chair
	Paul Calaminus	Chief Executive
	Aamir Ahmad	Non-Executive Director
	Ken Batty	Non-Executive Director
	Tanya Carter	Chief People Officer
	Richard Carr	Non-Executive Director
	Anit Chandarana	Non-Executive Director (online)
	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
	Dr Mohit Venkataram	Executive Director of Commercial Development
Deborah Wheeler	Non-Executive Director	
<b>In attendance:</b>	Paul Atkinson	Student Social Care Worker (online)
	Leigh Bell	People Participation Lead (online)
	Derek Feeley	Board Adviser (online)
	Robert Hunter	Service User (online)
	Norbert Lieckfeldt	Corporate Governance Manager (online)
	Cathy Lilley	Director of Corporate Governance
	Nicki McCoy	Corporate Secretariat Manager
	Glen Mitchell	Deputy Head of Communications and Engagement
	Steph Quitaleg	Senior Executive Assistant
	Ben Rossington	Graduate Management Trainee (online)
	Gill Skrzypczak	Corporate Services Minute taker (online)
	Dawn Allen	ELFT Governor
	Suzana Stephanic	ELFT Governor
	Betsy Scott	ELFT Governor (online)
	Beverley Morris	ELFT Governor (online)
	Cllr Zulfiqar Ali	ELFT Governor (online)
	Felicity Stocker	ELFT Governor (online)
	Gren Bingham	ELFT Governor (online)
	Jamu Patel	ELFT Governor (online)
	K Malik	ELFT Governor (online)
	Rehana Ameer	ELFT Governor (online)
	Sheila O'Connell	ELFT Governor (online)
	Caroline Ogunsola	Lead Governor (online)
<b>Apologies:</b>	Eileen Taylor	Vice Chair

*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, highlighting the infection control procedures that are in place and that this is a hybrid meeting, with some members joining via Zoom.
- 1.2 Apologies were received from Eileen Taylor.

## **2. Patient Story: Vaccination Champion/Buddy**

- 2.1 Robert Hunter presented on his experiences supported by Leigh Bell.
  - Robert is a long term service user in Newham and a trained peer support worker, whilst also studying for his Masters.
  - He told of his enthusiasm for the peer support role and, having generally had a good experience of the service, the importance he places on sharing his breadth of hard-earned knowledge with other service users, particularly around the empowering role they can take in their own recovery.
  - When he heard about the vaccination promotion project at Tower Hamlets he saw this as a way to not only offer help and support but also to combat the spread of misinformation. Robert has family members who are immuno-suppressed so it was particularly important for him to use his lived experience to ensure everyone was kept safe.
  - Robert had a dual role in the programme, as a champion to share honest information around his experiences and to offer advice on ways to avoid anxiety; generally to support individuals to ensure their process went as smoothly as possible. He was also a 'buddy', accompanying individuals to and from their vaccination if they wished.
  - He said how busy the past few months had been, and expressed how privileged and thankful he felt to have been a part of the programme.
- 2.2 In discussion, the Board:
  - Expressed their deep gratitude to Robert for his work and invaluable contributions as a both a peer support worker and vaccination champion and buddy.
  - Noted Robert's views on how impersonal some of the communications around the virus and vaccines can be and the importance of face to face interactions, with honest and open conversation rather than pressure and warnings.
  - Noted one of the main barriers around service users joining the people participation teams will be the confidence needed to move from being a service user to participating in the service, and realising how valuable their lived experience and depth of understanding will be.
  - Acknowledged the enormous contribution the peer support role provides and the importance for this work to be extended.

## **3. Declarations of Interests**

- 3.1 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.

## **4. Minutes of the previous meeting held on 23 September 2021**

- 4.1 The minutes of the meeting held in public on 23 September 2021 were **APPROVED** as a correct record.

## 5. Action Log and Matters Arising from the Minutes

### 5.1 Action Log

The actions were noted as either closed or as in progress.

## 6 Chair's Report

6.1 Mark Lam highlighted the systemic pressures nationwide and the significance of the upcoming Health and Social Care Bill. He invited Non-Executive Directors (NEDs) to provide summaries of their recent visits within the Trust.

6.2 Sam Everington reported on a virtual visit to the **Home Treatment Team** highlighting:

- The team had managed admirably during the pandemic under severe pressure from the increase in mental health issues, sometimes having to deal with unprecedented scenarios whilst limited by infection control measures. They had flexed as a team in innovative ways, using social prescribing processes beyond traditional approaches.
- The difficult experiences they had endured with abusive users and the stress this caused them, prompting a need for further conversations within the Trust around how we manage and support our staff and teams in situations where they experience unacceptable behaviour.

6.3 Deborah Wheeler reported on a virtual visit to the **Tissue Viability Services** highlighting:

- Lot of focus on training around pressure and leg ulcers and wound care; however, the team also provide direct care themselves.
- Some really innovative ideas in the team which has resulted in both a growth in demand and an increase in the team's complement.
- Particularly impressed with their 'well leg' service which has helped greatly in reducing the amount of recurring leg infections, and thereby additional pressures on services.
- In Bedfordshire they are working collaboratively with carers and chefs in care homes, looking at good nutrition as a method of preventing tissue breakdown in patients.
- Their biggest challenge is staffing, in particular in the District Nurse services where they provide support by taking on patients with tissue damage.

6.4 Richard Carr provided a summary of a recent seminar on **Health Inequalities** hosted by the NHS Confederation and attended by several Board members, highlighting:

- The plan for recovery from Covid being around inclusivity, focusing on people who are often overlooked in society.
- Information about Core 20+5: the 20% most deprived elements of our population, concentrating on five clinical interventions, e.g. the higher percentage of deaths of black women in childbirth.
- The expectation from commissioners that providers will deliver a Health Inequality Improvement plan by the end of March 2022, an important piece of work.

6.5 In discussion the Board:

- Noted the initiative being run in People & Culture around 'Respect' which will be highlighted in the people plan report later in this meeting.
- Was assured that alongside the Trust's mission to reduce health inequalities, work to engage with the Core 20+5 will be undertaken.

6.6 The Board **RECEIVED, DISCUSSED** and **NOTED** the reports.

## 7 Chief Executive's Report

7.1 Paul Calaminus presented the report, highlighting:

- Acknowledged all staff's support and contribution to the CQC inspections, involving teams across the Trust, and particularly at Leighton Road Surgery where the rating has moved from 'inadequate, requiring special measures' two years ago to a rating of 'good'.
- Continuing service pressures and the work focused on maintaining a range of face to face appointments across the Trust but particularly within the Primary Care Network.
- Close management of the regional response to the current closure of 30% of CAMHS T4 beds with work ongoing to re-open these beds as quickly as possible.
- The NHS England System Oversight Framework (SOF) regulatory framework which places all Trusts within a four tier system indicating their required level of central support. ELFT is currently in level one, requiring the least amount of support. This will be reviewed quarterly.
- Acknowledgement of the tragic events in Liverpool, and assurance that we are undertaking a review of our estate's security.
- Mark Lam's appointment as Chair at North Middlesex University Hospital NHS Trust, necessitating the need for ELFT to find a successor.
- Dr Dudley Manns is leaving the Trust to take up a new role in Dorset; consultant psychiatrist, Dr Angharad Ruttley will be acting Medical Director in Bedfordshire and Luton (mental health).
- Day Njovana has been appointed the substantive Tower Hamlets Service Director.
- 14 staff are working in alternative roles due to the mandatory requirement for staff who visit care homes to be double vaccinated. 88% of Trust staff have received their first vaccination and 83% their second. Following confirmation that from 1 April 2022 it will be mandatory for all NHS workers in a clinical environment to be doubly vaccinated, the Trust continues to work to address individual's concerns with focused work being undertaken with unvaccinated.

7.2 In discussion the Board:

- Suggested consideration to be given to Board agendas and reports to highlight our leading role in tackling population health and health inequalities within the new ICS system, taking note of impacts on the wider system.
- Noted ongoing work to lever our role as an ELFT academy. Following the positive work undertaken with our existing relationship with Northern Ireland, as highlighted in the report, more strategic thinking will be applied to future offers of partnership.
- Noted the requirement already in place for medical students and new starters to be doubly vaccinated.
- Noted the opportunity to apply ELFT's learning in the approach to tackling the CAMHS T4 bed issue risk in the East of England.
- Noted that should the GMB ballot for industrial action progress, it will affect 110 Trust staff and business continuity plans will be put in place.
- Sought reassurance around work to provide more inpatient beds for female PICU patients across the system.

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

## 8 Quality Report

8.1 Amar Shah presented the report highlighting:

- The service user led accreditation programme which is the Trust's method of ensuring our services are maintaining standards set by our service users. 70 teams have gone through the process and 45 service users have been trained as assessors. Key areas of focus are ensuring teams not able to initially meet the standard for accreditation are supported to be successful, and how we ensure all clinical teams go through this process within set timeframes.
- The improvement section of the report provides assurance on how the Trust is equipping people with QI skills to tackle every day work-related challenges. 70 teams have now gone through the 'Enjoying Work' programme which focuses on enabling teams to understand what contributes to wellbeing.
- A follow up on service user involvement in QI; working together and testing ideas has begun to show some encouraging results.

8.2 In discussion, the Board acknowledged the very positive and encouraging approach to service user involvement which continues to evolve.

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

## 9 Performance Report

9.1 Amar Shah presented the report, highlighting:

- A reduction in the incidents of violence and restraint following a period of instability during the pandemic, a testament to teams continued enhancement of safety practices.
- Early intervention services now achieving NICE national targets of 60%.
- The assurance that every team with a backlog is bringing a systematic approach to understanding the demand and their capacity, using QI to think more creatively around partnerships and different ways of working.
- Maintenance of broadly stable waiting times with some services beginning to see reductions in their backlogs, e.g. Newham Autism services who have reduced their numbers from 1400 to 900.
- Waiting times are the focus of a regular deep dive at Quality Assurance Committee and an update report paper will be presented to the January Board meeting.
- Positive signs around meeting the 80% target of follow up contact within 72 hours of an inpatient discharge. Following work at a Trustwide group to test out ideas, the Trust has met and exceeded that goal for the past three weeks out of four.

9.2 In discussion, the Board:

- Welcomed the richness and transparency of the data on experience and outcomes contained within the report, highlighting the need to ensure we engage as leaders in the new ICS in taking a broad, holistic view of population health.
- Requested clarification around figures pertaining to safety incidents.  
**ACTION: Amar Shah**
- Received assurance that a QI project around the complaints backlog will measure the number of cases where individuals have not been happy with the initial outcome of their complaint.
- Acknowledged that the data is not yet systematic enough to drill down into information around inequalities and prioritise backlogs accordingly; however, the QI process will enable an improved capture of real data and not just metrics. All 35 teams with the biggest issues have been taking part in a project around flow to equip them with the skills to observe and tackle it creatively.
- Received assurance that the data on waiting times is routinely triangulated with data on safety and complaints to ensure the process of tackling waits is not having

an undue effect on individual's safety. This also forms part of the assurance provided at QAC.

- Received assurance that high impact interventions are being tested across all services to support people on waiting lists, including some re-design of pathways with the possible consequence of reducing the demand for end appointments
- Acknowledged the deep and lasting impact the pandemic has had on patients with learning disabilities, leading to an increase in inpatient numbers. Many support structures previously available in the community no longer exist; however, the Trust's teams continue to be creative around the support they can provide, actively working with third sector and voluntary organisations to ensure safe discharge from inpatient settings for these service users.
- Commended the work ongoing to clear backlogs.

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

## 10 Winter Planning

10.1 Edwin Ndlovu introduced the report highlighting:

- The continued pressures on services, with the formulation of winter plans being driven by learning from the pandemic and jointly worked on with system partners.
- The plans have been tested for deliverability, reasonability and equitability with mitigations in place to reflect the continuing climate of Covid, issues around staff vaccinations, absences and flu, whilst maximising our existing workforce.
- Trust Executive Directors attend regular system meetings and DMTs continue to be held at place. QAC remain sighted on quality and safety.
- Winter plans may change in response to the prevailing climate, with assurance that the Board will be sighted on any major issues. Gold Command remains in operation, and the Trust is fully engaged within the ICS in system partner emergency response meetings.

10.2 In discussion, the Board:

- Noted the pressures on mental health beds and aligned social care services is not as subject to seasonal fluctuations as in the acute sector, and remains high throughout the year and acknowledged the impact of winter on primary care.
- Noted the work around transforming pathways to mitigate the pressure on CAMHS T4 beds and ongoing system work on a London-wide collaborative to manage these pressures strategically. This work has resulted in the offer of beds in other parts of a wider footprint and an increase in the repatriation of patients who were placed out of area by more than 50%.
- Acknowledged that, despite the pressures, increased service user involvement is improving standards and sharpening the focus on population needs.
- Requested the Board remain updated on this important period, with a focus on taking lessons learnt forward in order to manage our services going forward within this new environment of changes to the underlying dynamics within the population.

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

## 11 CQC Update

11.1 Lorraine Sunduza presented an update highlighting:

- The recommencement of full CQC inspections began this year although our work around readiness had been ongoing, with a focus on continuing to measure

ourselves around their key lines of enquiry: safety, caring, effectiveness, responsiveness and being well led.

- CQC visits to the Trust took place during September and October, attending meetings and holding focus groups with staff, along with rigorous and thorough core service inspections of our older adult and forensic services, and obtaining reassurance from staff, service users and carers.
- CQC also undertook a walk about in one of the services to examine evidence of improvement work following reported safety incidents, including interviews with clinical leads.
- The well led element of the inspection involved reviews of our information and structures, and interviews with corporate leads and members of the Trust Board.
- We await the written report which will contain the Trust's rating.

#### 11.2 Mohit Venkarataram added:

- Primary care services are inspected separately to provider inspections; as reported under the CEO report, Leighton Road Surgery has improved from a rating of 'inadequate, requiring special measures' to a rating of 'good' on all five indicators. As well as interviews and an inspection, CQC has insight into the clinical system in order for them to run their own checks and audits.
- CQC was particularly impressed with the service user leadership and improvements in a number of metrics related to population and the culture within the surgery, highlighting the use of QI systems to improve the service.
- This improvement is also recognition of how a large corporate body such as ELFT can provide valuable support for individual services.

#### 11.3 In discussion, the Board:

- Acknowledged the work that has been carried out to improve the service at Leighton Road Surgery and expressed gratitude to all teams involved including in the wider CQC inspection work, also noting the valuable input by Sam Everington.
- Noted the importance of the inspections in not only seeking to improve where needed, but also to highlight where we deliver excellent services.

#### 11.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the update.

## 12 People Plan Update

#### 12.1 Tanya Carter presented the report, highlighting:

- Employee relations activity remains high, despite the closure of 23 cases last month. Work continues to focus on this area, noting that delays are often caused where disciplinary cases are linked to grievances, complaints, sickness absence or an external investigation.
- Attaining the statutory and mandatory training target of 90% has been impacted by staff's inability to attend face to face training due to service pressures. Work continues with service directors to increase accessibility to enable attendance.
- Significant progress has been made on the backlog of DBS checks and a change to the internal policy and recheck process has also contributed to this work.
- The appraisal window closed on 31 October 2021 with 64% completed for Agenda for Change staff and 75% for medics.
- A presentation made earlier to the Board summarised the work on the Trust's wellbeing agenda including details of the approach to becoming a trauma-informed organisation, the challenges both staff and managers have faced during the pandemic and the focus on viewing our staff with a population health approach.

- A more detailed update on staff wellbeing to be provided at a future meeting.  
**ACTION: Tanya Carter**

12.2 In discussion, the Board:

- Requested more assurance on actions being taken to reduce the latent time to fill a vacancy, given national statistics are showing the rate of individuals staying in a job is reducing rapidly. This has the potential to present future serious staffing issues.
- Noted that work around retention of staff is ongoing and the unintended impact of mandatory vaccinations is having on average 'time to hire' periods.
- Requested a future Board seminar revisits the changing cultures around staff expectations in the future, changing clinical requirements and the transformation of people agenda in general, to include:
  - Headway on closing the gap around the increased likelihood of BAME entering disciplinary processes
  - Extending the trauma-informed approach to individuals engaging in the people participation schemes
  - Focus on quality and duration of statutory and mandatory training
  - Exploring the 'growing our own' approach to recruitment
  - Expanding opportunities for staff to move internally into other areas/services, thereby increasing their skillset
  - Ways to match the flexibility of agency working in the offer of permanent employment.

**ACTION: Tanya Carter**

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

### 13 Finance Report

13.1 Steven Course presented the report, highlighting:

- A surplus of £86k to end of September, which is a slight improvement in plan.
- Improvement in the Bedfordshire position due to receipt of income around discharge programmes and domiciliary care packages; however, recognition there is an underlying issue around agency locums, with a £1.3m overspend for the first six months of the year.
- Primary care income is ahead of plan by c£200k; Covid costs continuing to reduce.
- Risks remain around corporate costs in people and culture, IT and estates.
- Issues around spending for Mental Health Investment Standard, spending review money and transformation funding. Work is ongoing to balance the recruitment challenge to spend this extra investment by year end.
- The risk around agency spend is no longer a metric in the NHSEI framework; however, it is still monitored externally.
- Information around funding for next year is beginning to emerge with the expectation of a 'flat cash' settlement with no inflation, and receipt of pay award funding net of a 1.1% general efficiency.
- New system of 'convergence' expected, which is a change from individual system control totals. Funding for acute, mental health, community and primary care will move between providers within a system. More details to follow; however, a further efficiency target is expected around this.
- Covid funding to be reduced further, with some available for vaccinations but not at the same level as this year.

13.2 In discussion, the Board:

- Noted the Trust is approximately 50% behind on our efficiencies plan for this year; however, anticipated there is enough reserve to meet this at year end.
- Received assurance that the financial viability (FV) programme is already actively seeking to generate ideas and schemes for next year's efficiency delivery, using a sector wide approach and utilising support from QI colleagues.
- Was assured that work is ongoing to refresh the Trust's estate strategy, working closely with digital to ensure future proofing and more integrated ways of working.
- Noted a more strategic approach is already being taken across the ICS system to identify system wide opportunities for the repurposing space.
- Was assured that work is ongoing in both NEL and BLMK to ensure full engagement and understanding of the impact of the new financial models and that collaborative work with NELFT is underway.
- Encouraged the utilisation of ELFT's presence on regional and national boards to exert influence to ensure we get the right model for the future.

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

## 14 Trust Board Committees

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

- Appointments and Remuneration Committee
- Audit Committee including the Board Assurance Framework
- Finance, Business & Investment Committee
- Integrated Care & Commissioning Committee
- People Participation Committee
- Quality Assurance Committee

### 14.2 Audit Committee

Anit Chandarana as chair of the Audit Committee, provided an update on the external audit review following underlying quality issues with the external audit of the Trust's annual report and accounts for 2020/2021. Following receipt of an improvement plan from BDO, and the acceptance of some further suggestions from the Committee, the plan will be kept under review to ensure it meets requirements going forward and the issue will be brought to the Board if sufficient progress is not made.

### 14.3 Quality Assurance Committee: Revalidation of Doctors

The Committee had approved the statement of compliance confirming that the Trust is complying with the Responsible Office Regulations, having been assured of the work plan to achieve 100% appraisal target following the suspension of medical appraisals 1 March 2020 by the GMC due to the pandemic; these have resumed in September 2020.

14.4 The Board:

- **RECEIVED** and **NOTED** the reports
- **RECEIVED** and **NOTED** the update on the external audit review.
- **RECEIVED** and **NOTED** the update on the revalidation of doctors.

## 15 Board of Directors Forward Plan

15.1 The Board **NOTED** the plan.

## 16 Any Other Business

16.1 None.

## 17 Questions from the Public

### 17.1 Question 1 – supported accommodation Central Bedfordshire for people living with long-term mental illness.

Maurice Lewis, member of the public and a carer for his son, had pre-submitted a question and requested that this together with the response is recorded in the minutes.

*If it's a possibility for Central Bedfordshire Council to enact and make provisions in its Local Plan to invite developers to look at schemes that they can provide. As far as I know, CBC is miles behind other authorities providing supported accommodation for adult service-users: some like my son who desperately would love to have some independence from their carers and where they can mix with other peers of the same age and not be affected by being "isolated. The term supported means of course that the authority would need to provide a CPN or social worker with mental health knowledge to periodically monitor service-users medication. Such alignment with the Government's Social Care Bill would be an excellent way forward to support carers - some reaching my age! Even though it's addressed at CBC he feels strongly ELFT should be doing more to support service users and carers into more independent living and nudge the Council.*

**Response 1:** Richard Fradgley shared a summary of the response emailed to Mr Lewis: *We are working closely with the CCG and three councils covering B&L to develop a strategy focused on quality, range and scope of accommodation available for people with mental health problems across the area. Recently invested in a clinical team specifically focusing on supporting people who live in supported accommodation and residential care.*

### 17.2 Question 2 – Dawn Allen, Public Governor

*Are Non-Executive Directors assured that services are working satisfactorily in Bedfordshire to ensure that service users are directed or referred to people participation opportunities, with sufficient monitoring of take up and identification of barriers?*

**Response 2 - Aamir Ahmed, NED and Chair of the People Participation Committee:**

This is a big priority for the Trust to increase people participation; however, it is recognised this can be a challenge with variation across the Trust with some areas more progressed than others. The approach taken is through QI work to show the difference that can be made and ensuring those stories are shared with teams, to provide encouragement and support to them. There are specific challenges in mental health services which make it more difficult for clinicians to know when to introduce those conversations. However, this is important work that remains a key focus.

## 18. Dates of Future Meetings

- Thursday 27 January 2022
- Thursday 24 March 2022
- Thursday 26 May 2022
- Thursday 28 July 2022
- Thursday 29 September 2022
- Thursday 24 November 2022
- Thursday 26 January 2023
- Thursday 30 March 2023

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*