

**DRAFT Minutes of the Trust Board of Directors meeting held in public
on Thursday, 22 July 2021 at 13:00 via Zoom**

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:

Amina Ali	Member of the public
Dawn Allen	Public Governor
Paul Atkinson	Member of the public
Paul Binfield	Associate Director, People Participation
Caroline Diehl	Public Governor
Tee Fabikun	Public Governor
Derek Feeley	Board Adviser
Zine Giles	Member of the public
Norbert Lieckfeldt	Corporate Governance Manager
Cathy Lilley	Director of Corporate Governance
Nicola McCoy	Corporate Secretariat Manager
Jamu Patel	Public Governor
Stephanie Quitaleg	Corporate Services Senior Executive Assistant
Gill Skrzypczak	Corporate Services Minute Taker
Suzana Stefanic	Public Governor
Felicity Stocker	Public Governor
Aidan White	Public Governor
Keith Williams	Public Governor, Deputy Lead Governor

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.

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.

3 Patient Story

3.1 Paul Binfield read out a written statement containing the reflections of an ex-partner of a service user with poor mental health and substance addition, and a complete breakdown in family relations. The statement highlighted:

- The challenges that the service user faced with both his mental and physical health which deteriorated over a period of time
- A number of missed opportunities of speaking and engaging with the partner to understand the service user's background, personal circumstances or care arrangements but also of keeping the partner updated particularly after some distressing incidents
- Concern over the lack of therapeutic care when the service user was on a ward and also the lack of empathy shown by staff particularly on one occasion; however, this was also experienced when speaking with the GP surgery.
- Although supportive of the NHS, this experience was stressful and fraught with difficulties for both the partner and service user.

3.2 In discussion, the Board:

- Reflected on the sobering nature of this account and the importance of remembering that everything we do in the Trust impacts on people's lives.
- Noted that it is presented without any view from staff involved.
- Recognised the benefit of sharing real stories with colleagues to acknowledge the experience of our services, help to understand how the MDT supports service users and the importance of recognising those people in service user's lives who have information which could help greatly with their care and support.
- Acknowledged the need to ensure staff understand their rights around confidentiality clauses whilst still finding ways to communicate both formally or informally. This is being taken forward with Information Governance to support staff in managing confidentiality breaches.
- Agreed that the People Participation work is vital to learning within the Trust
- Recognised the importance of instilling 'kindness' in recruitment, training and supervision, and that connectivity with families, carers and supporters remains at the heart of any transformation work
- Expressed their gratitude for the openness of the account and asked that the individuals concerned be assured the Trust will use this as a basis to learn and provide the best care going forward.

4 Minutes of the Previous Meeting held in Public on 20 May 2021

4.1 The minutes of the meeting held in public on 20 May 2021 were **APPROVED** as a correct record.

5 Action Log and Matters Arising from the Minutes

5.1 Action Log

One action was closed and action 353 updated as follows:

- The draft Case for Change is expected to be published on 2 August 2021 followed by a five-six week engagement process; an update will be provided to the Trust Board.
- The Board expressed full support for this project.
- In parallel with this process, the Trust will be submitting an Expression of Interest in applying under one of the government's proposed new hospitals funding.

5.2 Matters Arising

None raised.

6 Chair's Report

6.1 Mark Lam invited the Non-Executive Directors (NEDs) to provide summaries of their recent visits within the Trust.

Richard Carr reported on the visit with three Trust networks – LGBTQ+, ELFT Ability and BAME – and highlighted:

- An underlying theme that the Trust could direct more work towards supporting staff as well as the response it provides to service users in these areas.
- Three clear specifics emerged:
 - A request for clarity on the plan for people to use pronouns in email sign-offs.
 - Some assurance around appropriate training for managers on reasonable adjustments for people with disabilities.
 - An acknowledgment that some BAME staff have inhibitions around joining leadership training and there should be a focus around encouraging people to access development opportunities.

Aamir Ahmad provided a summary of the visits to Cauldwell Medical Primary Care Centre and the Home Treatment Team, highlighting:

- Since the Trust took on this service the team at Cauldwell Medical Centre have worked hard to turn around a challenging situation. Recruitment and retention of staff has proved difficult and more support from the Trust would be welcome.
- Despite this they have maintained an excellent quality of service and are making improvements all the time.
- The Home Treatment Team is a multi-disciplinary hub offering a 24 hour service, for people in mental health crisis. Their accessibility has resulted in a real increase in demand and highlighted areas around crisis pathways and understanding exactly how we channel people to the right place.
- The team work holistically with their service users and using the Trust to improve their links with other organisations, such as local authorities and housing associations, would greatly assist them with this work.
- The difficulties with how young people navigate their way through crisis pathways.

6.2 In discussion the Board noted the emerging themes which will be revisited.

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

7 Chief Executive's Report

7.1 Paul Calaminus presented the report, highlighting:

- Significant pressures on service demand, particularly impacting on in-patient services for children and young people.
- Waiting list initiatives which are underway and new funding which is becoming available to help clear these.
- The Trust's involvement on PCREF, a framework for helping mental health work in a more inclusive way for BAME people in the community.
- With the national restrictions on Covid lifting, the Trust remains clear that all infection control procedures and requirements remain in place and we continue to operate with a number of Covid isolation beds available. The Trust is also currently working through the implications of the changes to the rules on staff who are 'pinged' by the NHS app.
- Thanks to all who organised and took part in the 'Thank You' event, marking the profound impact of Covid on people within and outside the Trust.
- Congratulations to Edwin Ndlovu, Steven Course and Lorraine Sunduza on their recent appointments.

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

8 Quality Report

8.1 Amar Shah presented the report and highlighted:

- The main focus is on waiting times and backlogs for assessment and treatment, with assurance that our services have systems in place to triage the risk, put actions in place and actively manage and support those on the waiting list.
- There are opportunities to improve this further and updates will be provided every three months to the Quality Assurance Committee (QAC).
- Figures in the report show how powerful the use of QI can be and that teams should be encouraged to consider the benefits in the longer term.
- The continual learning process on how to apply QI around the Trust's strategy and adapt around staff experience, enabling teams to enjoy their work and advancing the field of applying QI to the health environment.

8.2 In discussion, the Board:

- Noted that the data contained within these reports is being refined, for both QAC and the Board.
- Was assured that the team are continually learning how to apply QI around areas of the Trust strategy such as population health and quality of life, with this learning being shared via the Trust website and open mornings for adoption by other organisations within the health environment.
- Acknowledged that the data on waiting times is based on people who have been seen with a reduction currently in CAMHS.
- Noted work is ongoing internally within the QI group to understand the backlog of people who have not yet been seen, ensuring there is capacity to deal with this - data around this area will be included in the reports going forward.
- Requested more work on understanding clearly where the Board need to seek assurance, acknowledging there is a different emphasis on quality for the public for whom waiting times are vitally important. Will also need to feed this back to the Council of Governors.

ACTION: Amar Shah/Edwin Ndlovu.

- Noted the added pressure around a new national deadline on waiting times for CAMHS of four weeks, announced today.
- Commended the success of the Trailblazer project which is building capacity in schools, along with plans for more presence in early years' health and wellbeing.
- Noted that the area of transition between child and adult services features in future planning work, with the removal of some previous boundaries enabling us to be more responsive.
- Was advised of an improvement in the Trust's online presence, in particular with the refresh of content giving stronger and more accessible support for young people, and the increase in work around supporting families where young people are in crisis including links into special care.
- Highlighted the need to not lose sight of quality improvements associated with finance which have been achieved during the pandemic through different ways of working.
- Suggested a refresh around the content and presentation of Board reports. Key themes, trends and conclusions to be highlighted with a focus on performance, quality and safety going forward.

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

9 Learning from Deaths Q4 Report

9.1 Paul Gilluley presented the report, highlighting:

- An increase in deaths between 1 January 2021 and 31 March 20/21 which coincides with the third wave of the pandemic.
- In this period there were 864 service user deaths; 836 expected, 28 unexpected of which nine have Serious Incident investigations underway. A Structured Judgement Review has been carried out on 214 expected deaths, most of whom were males, aged over 75, with Covid being the primary cause in six cases and five Covid inpatient deaths.
- All cases were reviewed with regard to Good Care Delivery and 94% had gold standard frameworks with 100% of these having either end of life pathways or co-ordinated care plans in place.
- Nine learning disability deaths LeDer reviews and 28 Coroner's hearings with one narrative given. No Prevention of Future Death orders issued.

9.2 In discussion, the Board:

- Noted the positive data around End of Life pathways and the assurance that people were able to die in their preferred place of death.
- Was assured that a focus on the characteristics around learning disability deaths will feature in future reports; however, the number of LeDer reviews have decreased during the pandemic.
- Noted that more detail around excess deaths over all three waves is being produced in a report for the September Board.

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

10 Prevention of Future Deaths

10.1 Paul Gilluley presented the report and highlighted:

- Following the death of an in-patient in December 2018, a Serious Untoward Incident investigation highlighted several areas of concern. A local action plan was developed and put in place, with Exec oversight.
- The subsequent Coroner's hearing found street drugs were a factor in the death which a failure in care could have contributed to.
- The Trust were issued with a Prevention of Future Deaths (PFD) report highlighting three areas of concern:
 - The searching of service users and their property
 - Observations
 - Observations following rapid tranquilisation.

10.2 In discussion, the Board:

- Was assured that, following a serious incident, any immediate mitigations can be put in place following the submission of a 48 hour report completed locally, for the attention of the respective medical directors. This will happen even before a decision is taken over the form any further investigation will take.
- Noted the e-obs and remote monitoring workstreams along with the new Chief Nursing Information Officer post will support improvements in this area, particularly helping nurses with therapeutic interventions and in identifying trends.
- Acknowledged that the Freedom to Speak Up pathway is rarely used to report patient safety issues. Work is underway with People & Culture to ensure people are clear on the different ways to raise concerns and the protections that can be afforded them when doing so.
- Was assured that the report reflects the refresh and strengthening of the actions which were already put in place prior to the issue of the PFD, with these actions also being applied to in-patient units Trust-wide.

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

11 Integrated Performance Report

11.1 Amar Shah presented the performance element of the report, highlighting:

- The new style report which is aligned to the Trust's strategy and organised around the key metrics for each area of the population we serve.
- With regard to the data on waiting times and backlogs contained within this report, the assurance for the Board is that the teams with the most pressing issues have recovery plans in place locally, which are monitored.
- An increase in community-acquired pressure ulcers and in patient violence. Improvements have been achieved in these areas previously and both topics will be the subject of a Deep Dive at the next QAC to identify the contributory factors and mitigating actions put in place.

11.2 In discussion, the Board:

- Acknowledged that performance measures within mental health are different to the strict regulatory framework applied around acute settings; however requested more clarity within the report to clearly draw out the top areas of concern for the Board. Also to shift the focus of the data to reflect our service user's point of view and what impacts directly upon them.
- Requested that alongside a description of activities around projects, an insight into how these relate to the milestones within that plan is included.
- Welcomed the focused activity on pressure ulcers.

- 11.3 Steven Course presented the finance element of the report, highlighting:
- At the end of Month 2 reporting a deficit of £1.1m, with a £257k overspend.
 - Income is behind due to an assumption of slippage on the Mental Health Investment Standard plan in Bedfordshire and Luton.
 - Cost risks include financial viability, agency costs which continue to rise and Covid costs which, although are beginning to decrease, continue to be above our monthly Covid envelope.
 - Income from both ICSs around the integrated discharge hubs and some Aging Well funds are close to being finalised and should improve our position by c£600k.
 - Cash balance is £122.8m.
 - Considerable work is being undertaken to improve our position in respect of the Better Payment Practice Code, which states that 95% of NHS suppliers should be paid within 30 days. The Trust currently sits at just above 85%.
 - The assumption that H1 plans continue for the second six months of the financial year (H2). Budgets will be amended accordingly as the financial framework for H2 is published and system assumptions are confirmed. Plans for H2 will need to be submitted in November with 2022/23 planning work beginning in December 2021.
 - Expecting at least a 3% efficiency requirement along with an anticipated decrease in Covid costs.

- 11.4 In discussion, the Board:
- Suggested that the finance and performance elements of this report be separated into two distinct items to aid more clarity and focus on both.
 - Agreed that a review of Board reporting be undertaken to take account of feedback expressed at this meeting.
- ACTION: Paul Calaminus**

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

12 People Plan

- 12.1 Tanya Carter presented the report, highlighting:
- The agreement reached with G4S on back payments for unpaid London Living Wage. Two unintended consequences have emerged affecting previously agreed enhancements and differentials for supervisors which the Trust has agreed to underwrite.
 - A deep dive was undertaken into the high proportion of disciplinary activity amongst Band 3 staff. The main reason identified was around assaults as well as confidentiality breaches. Work is ongoing with the Information Governance team on additional training and development for staff to avoid these breaches. Band 6 staff will form the next analysis followed by Bank staff.
 - The spike in disciplinary cases running over 90 days is due to the added complexity of the cases as well as associated issues/grievances.
 - The next report will seek to overlay Organisation Development/Freedom to Speak Up, employee relations and wellbeing activity to provide more analysis on the overall disciplinary issues.
 - Statutory and mandatory training is currently at 85% with a planned trajectory to 90% by November. Currently focusing on how to meet this target.

12.2 In discussion, the Board:

- Acknowledged the progress with G4S in solving the pay dispute for their staff who provide such a valuable service to the Trust, but expressed disappointment over the length of time it has taken to conclude despite the admirable lengths the Trust has been prepared to go to rectify the issue.
- Noted that the Trust is in the process of procuring a new online Learning Management System which will both improve accessibility and provide necessary help and support to staff, especially in the areas of cyber security and information governance. In light of the increasing number of cyber attacks experienced within the NHS, the Digital and Communications teams are developing pointed learning sets to enable staff to gain compliance and keep their learning up to date.
- Noted that work is ongoing to triangulate patient safety concerns raised through the different pathways including Freedom to Speak Up and whistleblowing. Also that the Information Governance team is providing online classroom and bespoke training around data breaches.
- Suggested utilising QI to provide more imaginative and relevant training packages based on updates and talking to experience, whilst noting the limits placed on statutory training.
- Was assured that the statutory/mandatory training is relevant and appropriate.

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

13 Safer Staffing

13.1 Lorraine Sunduza presented the six monthly report, highlighting:

- The introduction of a new section on a red flag system which will highlight when particular staffing issues are not met.
- The ongoing impact of Covid particularly in nursing, with gaps in direct patient care due to staff being 'pinged' by the NHS app.
- A backdrop of increased acuity due to violence and aggression, particularly within CAMHS, with resulting staffing issues meaning that for the first time in London, agency staff have been used. MDT members of staff are also being called upon to provide direct care to ensure safety on wards.
- 'Care patient per hours' benchmarking is being used; however with some Trusts adding in other factors, it is difficult to prove its effectiveness. Work is ongoing with the Chief Medical Officer and the Director of Integrated Care to help reflect that and ensure our numbers are not inadvertently skewed.
- CHS are part of an Expert Working Group to look at nursing care establishments and safe caseloads. Although some assurance has been received, it is part of a much wider piece of work to help standardise patient safety.
- To date safety reporting has been around inpatient nursing, latterly including district nursing, but excluding the wider clinical workforce. The next report will include the rest of the nursing, non-nursing MDTs and allied clinical professionals to provide a holistic picture.

13.2 In discussion, the Board:

- Welcomed the inclusion of the wider workforce, especially in light of the focus of the Trust on community-based nursing.
- Commented that future reports would benefit from more clarity around the impact of some of the issues.

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

14 **Board Assurance Framework 2021/22**

- 14.1 Lorraine Sunduza presented the report, highlighting:
- The risks have been reviewed with some refinements to wording, and the addition of a further risk. This is part of a wider review of the governance framework to ensure a consistent way of working and that overlaps and cross referencing between risks are clearly highlighted.
 - A new template has been introduced to contextualise the risks, remaining aware of the need to consider the impact of any refresh to the Trust's strategy on the BAF.
- 14.2 In discussion, the Board noted the individual risks have been reviewed by the relevant lead Committee and an overview of all risks has been discussed at the Audit Committee.
- 14.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

15 **Trust Board Committees**

- 15.1
- a. Audit Committee including NHS Self-Certification
 - b. Finance, Business & Investment Committee
 - c. Integrated Care & Commissioning Committee
 - d. Mental Health Act Committee
 - e. People Participation Committee
 - f. Quality Assurance Committee including Quality Annual Report 2020-21
- 15.2 The Board:
- **RECEIVED** and **NOTED** the reports
 - **APPROVED** the NHS Self-Certification 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 The Board wished to acknowledge the continued and increasing pressure that staff are experiencing and expressed their gratitude during these challenging times.

18 **Questions from the Public**

- 18.1 None received.

19. **Dates of Future Meetings**

- Thursday 23 September 2021
- Thursday 25 November 2021
- Thursday 27 January 2022
- Thursday 24 March 2022

All meetings will commence at 13.00 with a tea-time presentation and continue to be held by video conference until further notice.