

Trust Board of Directors Meeting - Part 1

DRAFT Minutes of the Trust Board of Directors meeting held in public on Wednesday, 9 January 2019 at 14:00 at the UNISON Centre, 130 Euston Road, London NW1 2AY

Present:

Marie Gabriel	Trust Chair
Aamir Ahmad	Non-Executive Director
Ken Batty	Non-Executive Director
Paul Calaminus	Chief Operating Officer and Deputy Chief Executive London
Anit Chandarana	Non-Executive Director
Steven Course	Chief Financial Officer and Deputy CEO Luton & Bedfordshire
Mary Elford	Vice-Chair and Non-Executive Director
Dr Navina Evans	Chief Executive Officer
Mason Fitzgerald	Executive Director of Planning & Performance
Dr Paul Gilluley	Chief Medical Officer
Jenny Kay	Non-Executive Director
Lorraine Sunduza	Chief Nurse
Robert Taylor	Non-Executive Director
Dr Mohit Venkataram	Executive Director of Commercial Development
Tanya Carter	Director of HR (non-voting)
Dr Amar Shah	Chief Quality Officer (non-voting)

In attendance:

Victoria Aidoo-Annan	Senior Practitioner / Staff Governor
Shirley Biro	Public Governor, Newham
Dr Juliette Brown	Consultant Psychiatrist
Mark Creelman	Managing Director – NEL CSU
Caroline Diehl	Public Governor, Hackney
Amit Dixit	NExT Director
Ade Dosunmu	Freedom to Speak Up Guardian
Steve Gladwin	Communications Director
Sufia Kamaly	Apprentice – Membership Office
Norbert Lieckfeldt	Corporate Governance Manager
Cathy Lilley	Assistant Director, Corporate Governance
Beatriz Makinen-Mendez	Presenter
Cllr. Susan Masks	Governor - London
Nicki McCoy	Corporate Secretariat Manager
Linda McRoberts	Corporate Minute Taker
Jamu Patel	Public Governor, Luton
Felicity Stocker	Public Governor, Bedford
Alan Strachan	Participation Lead
Dr Subha Thiyagesh	Medical Director, SWYPT - Observing
Hazel Watson	Public Governor, Newham
Claire Whitaker OBE	Director, Serious

Apologies:

Eileen Taylor	Non-Executive Director
Richard Fradgley	Director of Integrated Care (non-voting)

The minutes are produced in the order of the agenda

1 Welcome and Apologies for Absence

1.1 Marie Gabriel welcomed everyone to the meeting.

1.2 Apologies were noted from Richard Fradgley and Eileen Taylor.

2 Declarations of Interests

2.1 The Board's Register of Interests was noted.

3 Patient Story: CAMHS

3.1 Marie Gabriel noted the change from the service noted on the agenda and warmly welcomed Beatriz, a service user from Tower Hamlets Eating Disorder Service, who joined the meeting to share her experiences with the Board.

Beatriz gave a comprehensive presentation of her personal experiences with the Eating Disorder Service from her referral some 18 months ago. Beatriz highlighted:

- She had experienced some excellent practice including time from referral to assessment and the work on the People Participation Group
- The value of her parents initially attending her therapy sessions as it helped with their understanding
- The initial lack of information on how to raise concerns: she was unhappy with her initial therapist and also about the medication being prescribed but was not aware she or her family could raise concerns regarding these issues
- Following a formal complaint regarding a further poor experience she was assigned a new therapist and felt the service improved significantly
- Her involvement in the Community Eating Disorder Service (CEDS) Participation Group which provides the opportunity to meet other service users with an interest in developing services for others. She has found this an enriching opportunity which has led to other participation opportunities including external events, such as attendance at the Common Purpose Young People's BREXIT Forum held at City Hall
- The project she is currently working on with the Group in producing an animation to raise awareness about calorie counting aimed at primary aged children.

In summary, Beatriz made a number of recommendations including:

- People should have their rights explained from the beginning, such as their right to change therapist and how to complain
- The service should recognise the importance of the involvement of family/carers
- Ideally there should be consistency with the therapist
- The importance of participation which needs to be promoted as part of therapy.

In discussion, the Board noted:

- Due to the appointment timings limitations, Beatriz had to miss school to attend her therapy sessions and that her mum was not able to join her as she would have to miss work. The Executive confirmed appointment flexibility was being considered.
- Paul Gilluley agreed to share Beatriz's story, the issues experienced and recommendations made to the Eating Disorders Teams

ACTION: Paul Gilluley

On behalf of the Board, Marie thanked Beatriz for sharing her experiences and praised her excellent and well-thought through presentation. The result would enable action to

be taken to improve services.

4 Minutes of the Previous Meeting held in Public on 14 November 2018

4.1 The minutes of the meeting held on 14 November 2018 were **APPROVED** as a correct record, subject to the following amendments:

- Point 3 – Patient story: Paul Gilluley had committed to an action to follow up the issues with regards to the treatment/service received with Paul Feary which was not on the action log – agreed this would be added. Action confirmed as completed
- Point 6.2 – The visit was by NEDs, not Governors
- Point 9 – Carer’s Strategy: minutes to reflect this is happening
- Point 10 – Freedom to Speak Up – the action about the reporting (teams/ individuals) minutes to reflect this is happening
- Point 12.2 – there were actions highlighted that needed adding to the log
- Point 13.2 – it was noted that the last bullet point referred to the number of the care of people and this needed clarifying; it was confirmed this should have read the ‘number of those who had health visits’. In addition the timeframe for the report on the ethnicity pay gap for doctors was queried
- Point 14.2 – it had been agreed that the over representation of BME people being detained would go to the Quality Assurance Committee, but this had not been recorded
- Point 15.1 – text to be updated to reflect the work on mortality reviews; Paul Gilley agreed to re-word that paragraph
- Point 15.1 – it was requested that the 90% figure is checked and the text marked in xxx is changed. Action: Paul Gilluley
- Point 17.1 – last bullet: there was an action for this to be looked at, which needs adding to the minutes and the log
- Point 20.1 – This action needs to be added to the action log
- Point 20.2 – Answer to the question to be more explicit.

On point 10 about Freedom to Speak Up, the Board was informed Unions confirmed at the Joint Staff Committee that staff usually refer to them for guidance on grievance processes and advise as to whether a grievance should be raised. Staff refer to the FTSU Guardian as this provides a route to raise an issue through the system without having to go through a formal procedure; this is seen as being really helpful.

5 Action Log and Matters Arising from the Minutes

5.1 A change to the wording of action 214 was requested – to add financial aspects and benefits realisation to be part of the review.

Otherwise it was noted that all actions were either closed or on the Board forward plan.

5.2 Matters Arising

There were no matters arising not otherwise on the agenda.

6 Chair’s Report

Marie Gabriel summarised the main points from her report, covering:

6.1 Council of Governors

- A presentation on substance misuse and prevention led to broader discussions on the Trust’s strategic priority of improving population health and the Governors’

role in this

- The Council requested a briefing and update on integrated care, the Trust's involvement in the two STPs and the national context. This and population health is now scheduled.
- Keith Williams has been appointed as Assistant Lead Governor.

6.2 Trust Community Mental Health Survey Results

- Requested a presentation is included at the next Board meeting which would include a comparison to the previous year.

ACTION: Lorraine Sunduza

6.3 Complaints

Jenny Kay explained that she and Marie had carried out the annual NED review of complaints; they each check five randomly selected complaints from a variety of directorates and locations. The review also included discussions with staff in the Complaints and PALS Teams. Jenny highlighted:

- There were some good responses; however, there seems to have been a deterioration in the quality of the response, following an improvement seen in 2017
- The identified areas for improvement include:
 - The Complaints Team were skilled, dedicated and compassionate to the complainants; however, the turnover of staff in the Team is not helpful and needs to be improved
 - The quality management of complaints by senior Executives
 - The focus of KPIs to be on both timeliness and quality.

Lorraine Sunduza provided assurance that work is taking place to improve the complaints process to ensure quality of responses as well as timeliness including:

- The team has been strengthened including the leadership
- The level of support to staff has been increased
- The service user input is being increased
- Appropriate training and support for staff.

A copy of the annual review summary report will be circulated to the Board and discussed at Quality Assurance Committee.

ACTION: Lorraine Sunduza

6.4 The Board **RECEIVED, DISCUSSED** and **NOTED** the Chair's report.

7 Chief Executive's Report

7.1 Navina Evans highlighted key developments since the last meeting as set out in her report:

- The Trust is now well on the way to introducing e-prescribing, having been part of a larger national initiative where funding and support has been provided
- There have been recent visits from the Minister of State for Care and the Chief Nursing Officer for NHS England
- Brexit contingency planning has commenced; this includes supporting staff in managing the uncertainty and implications; the Executive will keep the Board updated
- ELFT Ability, one of the Trust's networks, was very active during December
- The Trust hosted a national conference for mental health nurses: *From Care Programme Approach to Recovery Care Approach – Time to Move On*
- Overall good progress with the 'flu campaign although there are some areas where take-up could be improved.

7.2 In discussion, the Board noted that:

- Learning Disabilities: Those involved in the Learning Disability conference were praised. The Trust has made a commitment to being an employer of those with learning disabilities and hopefully can then support other employers to do the same. This initiative is being taken forward by the Workforce Committee
- Safeguarding Adult Review: It should be clearly stated that unfortunately and tragically the Adults Review followed an incident when a 56 year old man with learning difficulties died. Then although he had complex needs he did not have an advocate or guardian.
- Flu Campaign: It is anticipated that the Trust will reach the 75% target by end of March; currently 57% of staff have been vaccinated
- Brexit: Staff had been involved in a Home office pilot for online working permissions applications which had proven to be an efficient process. The Trust is supporting staff with the financial costs of such applications.

7.3 **Bedford Fire**

Paul Calaminus provided an update on the large fire at Shires House in Bedford on 3 January; a briefing note had previously circulated to Board members on 4 January:

- Shires House was totally destroyed and this affected the Archer Unit, Cedar House and to a lesser extent Fountains Court
- The Fire Department attended quickly and commended the actions and support of staff who were on site quickly, some also worked overnight and some off-duty staff also came into work on hearing of the incident
- Relatives were quickly contacted
- Staff were quick to put in plans to operate from elsewhere from the next day
- No patients were harmed
- The cause is not yet known.

In discussion, the Board:

- Was assured that the Trust's continuity plan had been followed
- Commended staff for their quick and supportive actions.

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

8. **Quality Report**

8.1 Amar Shah presented the Quality Report and highlighted:

- The assurance section of the report also includes smaller services, particularly Community Health in Tower Hamlets and Newham. The Quality Assurance Committee will receive reports on the themes and quality oversight
- Nearly 40% of QI projects include a service user and people participation element. A first local forum chaired by a service user was held and some real differences are being seen as a result.

8.2 In discussion, the Board noted:

- It is helpful to see the work on small services and particularly the tables showing measures by each of those services
- Local clinical leads determine and prioritise which standards they measure against and review each quarter. These may not necessarily include a wide-range of clinical standards
- The improvement in the percentage of users recommending Community Services to friends and family. This is due to a variety of factors including teams using different methods for service user involvement, improving both how staff feel they are delivering and how service users feel. These improvements will be a

continued focus for the Trust

- Key themes from the IHI international forum held in December included:
 - Ways to improve patient safety which will feed into the ELFT Patient Safety Review
 - Sharing of good practice and ideas on delivery of social justice and population health,
 - Establishing an effective integrated care system.

The Board agreed that a discussion at a future Board Development Session on learning from IHI on population health, social justice, patient safety and triple aim.

ACTION: Amar Shah

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

9. Strategic Activity

9.1 Mason Fitzgerald presented Strategic Activity Update report.

In discussion the Board noted that:

- The recent publication of the Mental Health Act review will be discussed at the Quality Assurance Committee in February and an update will be presented to the Board in March
- Section 2.3 new and expectant fathers: reference was made to the partners of pregnant women and new mothers and clarification will be sought as to whether this includes same-sex couples
- Point 2.2 reducing avoidable admissions: challenges with managing discharges in Tower Hamlets are being taken forward through a number of forums as part of the development journey to create a joint system for agreeing discharges. There is an escalation process if partners are not engaging. Work is going on to review lessons learnt and themes in each of the localities. One of the challenges is communications across the hundreds of clinicians
- Board requested that the impact of the external changes on the Trust should be included in the Risk Register.

ACTION: Mason Fitzgerald

9.2 NHS Planning

Mason Fitzgerald and Steven Course presented NHS Planning, including the 10 Year Plan which was published this week. The presentation covered:

- The national context
- NHS long term plan
- Planning guidance
- Opportunities.

Steven Course also presented the financial assumptions and Mohit Venkataram highlighted the opportunities arising for ELFT. Mason advised there would be an update at the Board Development Session in March.

In discussion, Board noted:

- STPs do not necessarily increase opportunities for CRES initiatives. The Trust has to say in its CRES plan whether or not they are linked to STPs
- Trust initiatives, such as mobile working, are being piloted in specific areas of the organisation. A wider roll-out across the Trust will be considered following a review of the implementation and whether the expected benefits have been

realised

- The importance of ensuring the Trust's plans reflect the 10 Year (national) Plan requirements
- Annual planning consultation events will take place in February and March to hear the views of members and the public on the Trust services and in particular in the context of improving population health. This will help to inform the Trust's one-year operational plan which is due to be submitted in April 2019
- The Council of Governors will receive a similar update and presentation at the meeting on 24 January 2019
- Presentation to be uploaded to Boardpacks.

ACTION: Cathy Lilley

9.3 **Communications Plan**

In discussion, Board suggested:

- The plan should reflect the Trust's 'treasures' and what defines the Trust as being 'good'
- The plan needs to define how the Trust as a whole will be promoted and its market placement.
- Under 'Improved experience of care' expand the role of the service user at the Trust to reflect their participation
- The plan should include ELFT's values around inclusion
- Under 'Improved value' text to be framed more positively as the implications are beyond finance and savings, such as waste reduction
- The plan to provide more clarity on what is meant by being a thought leader, i.e. service user involvement, peer support and social justice.

It was agreed that Steve Gladwin would discuss further with Marie Gabriel if he required further clarity.

9.4 The Board **RECEIVED** and **NOTED** the report and presentation.

10. **Integrated Quality and Performance Report**

10.1 Mason Fitzgerald presented the report, highlighting:

- Recovery rates have improved. In Tower Hamlets waiting times are reducing which is a positive result of the actions taken
- Staff experience has also seen an upward shift and the Trust is now looking at how to approach the next phase of the work
- The staff survey results have been received and an update report on the results, themes and learning will be presented at the next Board meeting.

10.2 On finances, Steven Course highlighted:

- As at month 8, the Trust has delivered a £12.4m operating surplus
- The underlying adverse position is a net surplus variance of £1.8m
- The year to date favourable net surplus of £11k against plan
- Income for non-contract activity is not on target but has been off-set by a favourable position on contracts
- There is a shortfall on CRES with an expected £2m gap at year end
- The Trust has a strong cash position and an overall Single Oversight Framework risk rating of 1 at the end of November 2018.

In discussion, the Board noted:

- A reserve had been created to compensate for the predicted overspend in the transformation process for Bedfordshire Community Health Services
- CRES savings are usually more successful when schemes are purely dependent

on the Trust; as there are more challenges where there are external dependencies

- On quality it was confirmed that patient numbers out of area have improved with currently only one acute inpatient outside of area. However, patients from Luton and Bedfordshire being treated in East London are not counted as out of area
- Several measures on the integrated dashboard were trending the 'wrong way':
 - Numbers of those who would recommend the service are going down: this is not a concern as there is a new baseline as the definition for 'recommending' has changed
 - Restraints are increasing: this is primarily due to a small number of individuals in Galaxy PICU. Work is ongoing to support the team with this particular cohort with the aim of reducing the use of restraints. The CAMHS staff are working with Adult Services to see how their success in reducing restraints can be used elsewhere in the Trust
 - The numbers of pressure ulcers have risen: the increase has partly occurred since the acquisition of Bedfordshire Community Services where there has been improved reporting. In addition a new nurse with responsibility for pressure ulcers has recently been appointed and the focus on raising awareness has also resulted an increase in reporting
- Overall, however, there were no issues with the Trust's performance in services and assurance provided of the monitoring which takes place.

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

11 Risk Management Framework and Board Assurance Framework

11.1 Mason Fitzgerald presented the Risk Management and Board Assurance Frameworks, highlighting:

- The Risk Management Framework (RMF) document formalises the risk management responsibilities and process within a broad corporate framework, and sets out how all stakeholders are assured that risks are identified and managed effectively
- The Audit Committee is the lead committee for risk management and has reviewed and approved the RMF subject to ratification by the Board
- Three internal audit reviews have been planned around risk management with one on risk management culture currently taking place.

In discussion, Board:

- Commented on the significant improvement in the approach to the RMF
- Requested inclusion of cyber security; the role the People Participation Committee can play in the management of risk; and Mental Health Act Committee in the RMF;
- Noted that the RMF needs to be more meaningful to staff
- Noted the areas of risk do not fully reflect the organisational strategy, such as risks of working in partnership/collaboration, and that the RMF and BAF be amended accordingly
- Requested that staff wellbeing needs to be more explicit in relation to bullying and harassment
ACTION: Mason Fitzgerald
- Noted the importance of the BAF in managing risk within the organisation; this would be a focus of discussion at the Audit Committee.

11.2 The Board **RECEIVED** and **DISCUSSED** the report and, subject to the above amendments, **APPROVED** the Risk Management Framework.

12 Guardian of Safe Working Quarterly Report

12.1 Paul Gilluley introduced Dr Juliette Brown who has recently taken up the post of Guardian of Safe Working.

The Board noted:

- Due to staffing changes, this report covers February-November 2018; in future reports will be quarterly
The Guardian is an independent role and is to monitor the safeguards to the working hours of Junior Doctors.
- Exception reports, which are relied on for monitoring, are relatively new and something Junior Doctors are only just getting used to completing but cannot be enforced to do
- At the Junior Doctors' forum, Junior Doctors are reporting they are experiencing a higher workload; assurance that there are mechanisms in place to monitor working hours
- It is not possible to benchmark against other Trusts yet but this is something that London Guardians are looking into
- This year's GMC survey had reported a significant increase in junior Doctors feeling burnt out
- The disproportionate number of trainees in Luton and Bedfordshire compared to London (lower). This was not, however, within the Trust's control as the Deanery allocates trainee places and this was completed for Luton and Bedfordshire before the services were transferred to ELFT
- Improvements to the report will be discussed outside of the meeting. This included the need for a report of the experiences of all our trainees.

On behalf of the Board, Marie thanked Juliette for her presentation.

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

13 Trust Board Committees

The reports and minutes for the following committees were noted; there were no comments or questions:

- Audit Committee: Approved minutes 24 September and Chair's Report 26 November 2018
- Mental Health Act Committee: Approved minutes 24 September 2018 and Chair's Report 4 December 2018
- People Participation Committee: Approved minutes 20 September 2018 and Chair's report 20 December 2018
- Quality Assurance Committee: Approved minutes 1 November 2018 and Chair's Report 10 December 2018

13.1 No questions were raised.

13.2 The Board **RECEIVED and NOTED** the reports and approved minutes.

14 Any Other Urgent Business: *previously notified to the Chair*

No urgent business had been notified to the Chair.

15 **Questions from the Public:** There were no questions from the public

16 **Date of the Next Trust Board Meeting:** Wednesday 13 March 2019

The meeting closed at 16:20