

Trust Board of Directors Meeting - Part 1

DRAFT Minutes of the Trust Board of Directors meeting held in public on Wednesday 14 November 2018 at 14:00 at the Unison Centre, 130 Euston Road, London XXX

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
	Steven Course	Chief Financial Officer and Deputy Chief Executive Bedfordshire & Luton
	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
	Eileen Taylor	Non-Executive Director
	Dr Mohit Venkataram	Executive Director of Commercial Development
	Tanya Carter	Director of HR (non-voting)
	Richard Fradgley	Director of Integrated Care (non-voting)
	Dr Amar Shah	Chief Quality Officer (non-voting)
In attendance:	Nicfonia Aidoo-Annan	Staff Governor
	Nasima Begum	Carer Liaison Practitioner (presentation)
	Shirley Biro	Public Governor, Newham
	Guy Davies	Associate Director, Mental Health Law
	Caroline Diehl	Public Governor, Hackney
	Amit Dixit	NExT Director
	Ade Dosunmu	Freedom to Speak Up Guardian
	Rosemary Eggleton	Public Governor, Central Bedfordshire
	Paul Feary	Public Governor, Bedford
	Steve Gladwin	Communications Director
	Elizabeth Holford	Corporate Minute Taker
	Cathy Lilley	Assistant Director, Corporate Governance
	Nicki McCoy	Corporate Secretariat Manager
	Beverley Morris	Public Governor, Hackney
	Sheila O'Connell	Staff Governor
	Jamu Patel	Public Governor, Luton
	Dr Patricia Potter	Tower Hamlets Lead for Psychology and Psychological Therapies Service and SLT Lead for Carers (presentation)
	Susannah Simpson	CQC
	Felicity Stocker	Public Governor, Bedford
	Gary Tubb	Associate Non-Executive Director Bedfordshire & Luton
	Hazel Watson	Public Governor, Newham
	Claire Whitaker	Serious
	Keith Williams	Public Governor, Luton
Apologies:	Robert Taylor	Non-Executive Director

The minutes are produced in the order of the agenda

1 Welcome and apologies for absence

1.1 Marie Gabriel welcomed all to the meeting and explained that:

- It is a meeting of the Board being held in public;
- The role of Governors present is to hold Non-Executive Directors to account, rather than to participate directly in the meeting, other than via questions from members of the public.
- The Board had in the morning met privately to discuss confidential items such as serious incidents and sensitive financial information.

Marie extended a warm welcome to new Non-Executive Directors – Eileen Taylor and Aamir Ahmad – and to Gary Tubb, Associate Non-Executive Director for Bedfordshire & Luton. Susannah Simpson, attending as an observer from the Care Quality Commission (CQC), and Amit Dixit, observing as part of the NExT Directors scheme, were also welcomed.

1.2 Apologies were noted from Robert Taylor, Non-Executive Director.

2 Declarations of Interests

2.1 The Board's Register of Interests was noted.

3 Patient Story: Paul Feary

3.1

Marie Gabriel was pleased to welcome Paul Feary. Paul is a Public Governor for Bedford who also has experience of using Trust services.

Paul spoke from the heart about his experience of first being diagnosed with a mental illness, the treatment he received, and the long period over which he was well before becoming ill again and unfortunately receiving a very mixed standard of care where interface with GPs was a significant problem. In his talk, Paul highlighted that:

- As a Governor and former social worker, he was delighted to be asked to speak as mental health conditions are still not talked about sufficiently and experience of mental health care is variable
- Back in the 1980s he seemingly had a 'good life': a good job as a social worker, a partner, a house, and MSc from Oxford. However, he suffered a breakdown and was diagnosed with endogenous depression
- Six episodes of depression followed, the longest lasting nine months
- Being prescribed lithium made a difference, to the extent that after seven years it was felt that he may no longer need to take it
- Paul was well from 1994 but then suffered a cluster of breakdowns between 2003-2006 before again enjoying a long period of health and wellbeing
- Overwhelming despair and depression hit again in 2017. Paul described this using song lyrics: "a tear hangs inside the soul forever", and explain that twisted logic reasons that the only way out is to take your own life
- Assessment and treatment in 2017 were unfortunately generally poor, though the 'Pathway to Recovery' Service and mindfulness service offered at the beginning were faultless, with an excellent discharge letter provided. The issues, however, included:
 - GP ignoring a letter requesting a referral
 - Rumours about 8 week waiting list to see a consultant psychiatrist in Bedford which led to inaction
 - Promised follow up from the Crisis Resolution and Home Treatment Team did

not materialise, despite a positive first appointment and early care plan which involved staff visiting on a daily basis

- Being discharged whilst still very ill and without his knowledge
- Taking 51 days for the Community Mental Health Team to see Paul after being discharged
- Ignoring Paul's 'expertise by experience' with regard to the brand of Lithium which he felt should have been prescribed.

Marie thanked Paul for sharing his journey and his insights into his illness and services, noting that ELFT wishes to hear about what does not go well, as well as the positive aspects.

Paul Gilluley apologised that Paul's experience would not be what he would want for his own friends and family and advised that he would share these issues with the Medical Director and Director of Nursing in Bedfordshire as well as the management leadership team.

In response to questions and comments, the Board noted that Dr Dudley Manns, Clinical Director in Bedfordshire, is leading work with GPs and mental health teams to enable better understanding of clinical pathways, how transfers of care should take place and the need to involve patients in decisions about their care.

On behalf of the Board Marie thanked Paul for sharing his experiences which would enable action to be taken to improve services.

4 Minutes of the Previous Meeting held in Public on 12th September 2018

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4.1 The minutes of the meeting held on 12th September 2018 were **APPROVED** as a correct record, subject to:

- Attendance record: Paul Feary was present and Felicity Stocker had given apologies
- 5.1 Safeguarding: Adding that action was agreed on how ELFT will advocate at Safeguarding meetings for people cared for out of their local area.

5 Action Log and Matters Arising from the Minutes

5.1 Action Log

The Board:

- Noted that actions were either closed or on the Board forward plan
- Noted that Non-Executive Director visits to services are being co-ordinated with those of Governors and Executive Directors

5.2 Matters Arising

There were no matters arising not otherwise on the agenda.

6 Chair's Report

6.1 Marie Gabriel was pleased to confirm that Anit Chandarana, Aamir Ahmad and Eileen Taylor had joined the Board on 1 November 2018 bringing international, entrepreneurial and commercial experience.

Marie summarised the main points from her report. In discussion, the Board noted that:

6.1 Council of Governors

- Governors have identified six strategic agenda items which are aligned to the

Trust's strategic priorities as well as cross-cutting themes which reports and presentations must address: 'how does this work impact outcomes for service users and carers' and 'how does the work advance the Trust's work to improve equality'

- There have been changes to the Council of Governors membership following recent elections with five members' terms of office coming to an end but with six new Governors
- Four Governors have volunteered to be a member of the Task and Finish Group who will review the Trust constitution.

6.2 Governor Visit to Tower Hamlets CMHT

- Governors were impressed with standards of teamwork and co-production through service user and carer involvement
- There was evidence of good partnerships with GPs, housing departments and the local authority but scope for further work to develop excellent integrated care
- Organisational development work is planned across CMHTs, social service and housing teams so that workload involved in achieving integration from the population and patient perspective does not unduly fall on one team or organisation. Holistic approaches and tools (such as Dialog) used by CMHTs will inform the design of cross-team working to support service user recovery. The aim is to move to good mutual understanding of how integrated care should be experienced and the systems that are needed to support it
- ELFT will suggest to partners the ideas of reducing the frequency with which housing services are put out to tender (currently every two years.) Tender processes are disruptive, time consuming and therefore expensive, often leading to no change.

6.3 Modern Slavery

The Board **RATIFIED** Chair's action in refreshing the Trust's Statement on Modern Slavery subject to correcting the vision statement; consideration also to be given to strengthening the statement by including a position statement in relation to the impact on service users.

ACTION: Lorraine Sunduza/Cathy Lilley

6.4 The Board **RECEIVED, DISCUSSED** and **NOTED** the Chair's report and **RATIFIED** Chair's action as stated in 6.3

7 Chief Executive's Report

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

7.2 In discussion, the Board noted that:

- ELFT headquarters had been renamed 'Robert Dolan House' in honour of the previous Chief Executive. A well-attended event was held to unveil a plaque in reception
- In Tower Hamlets 70 new staff have been welcomed to provide IAPT talking therapies services. A 24 hour crisis line has also been launched
- Extensive works to improve the environment at Charter House, costing £2m, started in November. Care is being taken to ensure the work of CMHTs based there is not disrupted
- A Community Health Services contact centre has opened in Bedfordshire
- Perinatal mental health services are being expanded in East London
- The Annual General Meeting was well-attended and the presentations were of high quality and well-received

- The annual Institute for Health Improvement conference was held at ELFT. Praise was received for ELFT's QI work
- ELFT hosted a successful conference on the Care Programme Approach and recovery with attendees from across the country and a high level of service user input
- Campaigns to promote flu vaccinations and responses to the staff survey continue.
- Black history month was successful, as testified to by positive feedback from other Trusts
- ELFT has acquired Compass Wellbeing CIC, based in Tower Hamlets, as a social enterprise company whose mission is aligned to that of the Trust's to improve quality of life of service users, and population health
- Bids have been made to develop integrated health centres, with success in Newham. The Finance, Business and Investment Committee approves bids, and business cases are signed off at Board level following legal and financial due diligence. Board reports will in future include references to the dates and Committees at which sign off took place
- With regard to contingency planning for a 'no deal' Brexit outcome, an oversight group has been established to assess the issues and risks to the Trust as well as the development of a structure for emergency planning/business continuity, communications, etc.

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

8. Quality Report

8.1 Amar Shah to presented the Quality Report and highlighted:

- The approach to quality management in small services delivered by the Trust
- The development of quantitative and qualitative safety measures specifically designed to address the nature of small services
- CAMHS demand and capacity QI projects aimed at responding to rising demand in the context of reduced funding
- Work across all directorates to develop QI projects relevant to the triple aim.

8.2 In discussion, the Board noted:

- The use of restrictive practices is considered at the Quality and the Quality Assurance Committees and will be the subject of a report to the Board in 2019
- Small services rate their connection to the wider Trust as only 2/4. A greater feeling of connectedness might be achieved by promoting academic units or cross hospital professional networks. Work of this type has started in Tower Hamlets and Bedfordshire with regard to liaison psychiatry, perinatal psychiatry and podiatry.

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

9. Carers Strategy Update and Tower Hamlets Hub

9.1 Strategy Update

Paul Calaminus provided an update on the carers' strategy. The Board noted that:

- Formal and informal carers groups have been set up across teams and on a condition specific basis (such as for carers of people with autism)
- A Luton carers' group is carrying out a QI project
- Three service directorates have co-produced recovery college programmes with carers
- There are variations between local authorities in how direct payments and carer

- support services can be accessed
- Positive feedback has been received about the carer group at the John Howard Centre. Carers of people in forensic services have traditionally found it hard to get support but have had a good experience
- Priorities for the coming year include: making good practice universal (e.g. handbooks); improving records of carer involvement; developing peer worker roles; considering the needs of informal carers.

9.2 Tower Hamlets Hub

Paul Calaminus welcomed Nasima Begum, Madeline (a carer) and Dr Patricia Potter who would be speaking about the carers' hub in Tower Hamlets.

Through an excellent presentation, Nasima Begum explained to the Board the reasons she had taken a Carer Liaison Practitioner professional role, why she felt passionate about it and what had been achieved in Tower Hamlets to date.

Nasima highlighted that:

- Her lived experience as a carer and how it became increasingly apparent that the carer role as an advocate was not appreciated
- Having family experience enables Nasima to reach out and connect with carers across a range of services in adult mental health
- There is a Carer Interagency Strategy Group which meets monthly to develop projects and monitor progress against an agreed workplan
- Achievements include raising awareness and developing good practice with regard to:
 - Confidentiality
 - Carer assessment
 - NICE Behavioural Family Intervention Model
 - Co-producing and co-delivering courses at the Tower Hamlets recovery college
 - Reducing carers' isolation by setting up the Tower Hamlets Carers' Hub.

The Board was impressed to hear that the Carer's Hub is not just a support group and had won a 'Commitment to Carers Award from the RCNI and NHS England. The Hub offers safe space; promotion of wellbeing; practical advice; empowerment; access to peer support; and tips tools and coping strategies.

Madeleine spoke eloquently about her life as a carer to a son who had ADHD and in his teenage years was diagnosed with bipolar disorder, the challenges of being a carer and how the Carers Hub had made a difference. The Board heard that:

- Madeline was very grateful when Nasima rang and suggested a support group. It was Nasima's warm and empathetic manner, and her shared experience, that had a positive impact
- The National award made carers feel important and that they had achieved worthwhile things.

In discussion, the Board noted that:

- Part of the ELFT strategy should consider the difficulty carers may have in being released from caring duties, and to develop resources, such as on social media
- Measuring the impact of the Carers' Strategy is at present limited to activity, such as attendance at groups, but work is in progress to measure outcomes
- Work with the extended family is in the pipeline.

Marie Gabriel, on behalf of the Board, thanked Nasima and Madeline for their hard work and for bringing it to life through their presentation.

9.3 The Board **RECEIVED** and **NOTED** the Carers Strategy update.

10 Freedom to Speak Up Annual Report

10.1 Lorraine Sunduza introduced Ade Dosunmu, the Trust Freedom of Speak Up Guardian, noting that Ade is now well known in the Trust and staff, service users and carers feel comfortable to raise concerns with her, anonymously if desired.

Ade presented highlights from her report:

- Meetings have taken place with managers and presentations made at team away-days, so that the role of the Freedom to Speak Up Guardian is well understood
- Dr Henrietta Hughes, National Guardian for Speaking Up, had visited the Trust and provided positive feedback on how well the role is working at ELFT
- Two conferences for staff have been held in Bedford and London
- Recognising that managers are pivotal to supporting staff to speak up, work is taking place with HR to determine whether additional or different policies are needed.

Marie Gabriel, on behalf of the Board, expressed admiration that one individual working as the Freedom to Speak Up Guardian had become so widely known and trusted in a relatively short time.

10.2 In discussion, the Board noted that:

- Fewer than expected concerns had been raised about patient safety. Concerns about organisational change have predominated, which raises questions about whether Staff Side consultation processes are being circumvented. However, it was noted that not all staff belong to unions. The place of 'Speaking Up' in the context of organisational change processes will be considered further
- Clarity is being sought on reporting as to whether teams or individuals are counted
- Nurses are the main professional group to have raised concerns but this would be expected given that they are the largest group in the workforce. Future reporting will give percentages as this should provide a more accurate comparison
- Time available to the Freedom to Speak Up Guardian is currently sufficient. Ambassadors also have the right to protected time for their role.

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

11 Strategic Activity

11.1 Mason Fitzgerald summarised the main elements of the report.

The Board noted that:

- A new NHS 10 year-plan is to be drawn up and the Trust will be developing its operational plan in the new year commencing with the consultation with Governors and members
- Good progress is being made with the Trust strategic priorities; a recent focus has been on population health with a presentation at Quality Assurance Committee, IHI Conference and Management Team Away Day
- ELFT has, and will continue to, work hard to ensure that STP engagement processes are strong and meaningful. This is especially important for achieving ELFT and partners' vision on integrated care. External regulators now scrutinise engagement at STP level to assess the level of 'co-production' of plans
- Performance with regard to indicators of bullying and harassment to be made more explicit to demonstrate the progress against the strategic priority of

- improved staff experience
- References to service user and carer 'involvement' should read 'participation'.

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

12 Equality, Diversity and Human Rights Plan Update

12.1 Lorraine Sunduza and Tanya Carter provided a progress report on the development of the Trust's Equality plan that covered both staff and service users. They highlighted that a key 'message' is that equality is everybody's business and should be an integral part of all staff's objectives.

12.2 In discussion, the Board noted that:

- A presentation on Equality, Diversity and Human Rights had been made to the Council of Governors
- Data for service users and staff is analysed to identify themes
- Equality for people with learning disabilities is not prominent in reports, with relatively little reference made to inequalities in physical health and the need for easy-to-read information, for example. As ELFT is a significant provider of services for people with learning disabilities and as people with learning disabilities form part of each protected group, there is a case for more 'visibility' in plans and quality monitoring
- Measures of 'success' in relation to equality that would enable progress to be tracked need to be considered
- Further work will be undertaken to develop and sharpen the 'plans on a page' approach for both staff and service users including the development of focused actions.

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

13 Integrated Quality and Performance Report (inc CRES)

13.1 Mason Fitzgerald presented the report and highlighted the following:

- Population health metrics are being developed
- CAMHS waiting times have improved as have vacancies in Luton and Bedfordshire
- Statistics show that mobile working is having a positive impact on the working lives of staff and productivity
- ELFT currently scores '2' (the second best category) on the national Single Oversight Framework measure.

13.2 In response to questions, clarifications and comments, the Board noted:

- A detailed report on the ethnicity pay gap for doctors, including an analysis of Clinical Excellence Awards, will be presented to the Appointments & Remuneration Committee
- Although the style of presentation of the quality and performance report has improved, the infographics also need further consideration. In addition, the value of trend data for assurance purposes was acknowledged
- Pressure ulcer incidents may rise in Bedfordshire services acquired in 2018, as it will take time for ELFT policies, which have proved successful in Newham, to be implemented and take effect
- A briefing note explaining the reduction in the number of the care of people with learning disabilities to be circulated.

ACTION: Mason Fitzgerald

13.3 Financial Performance

Steven Course updated the Board on the financial position and the scale of the challenge in delivering CRES targets:

- Underlying operating surplus (EBITDA) to end of September 2018 of £7.5m (3.8%) compared to plan of £10m (5%).
- Underlying net surplus of £151k (0.1%) compared to planned net surplus of £2.5 (1.3%).
- Underlying year to-date adverse net surplus variance of £2.4m.
- Reported year to date favourable net surplus variance of £26k after adjusting for phasing of CRES plans and allocating non-recurrent support.
- Overall Risk rating of “2” to the end of September 2018.
- Cash balance of £75.1m as at the end of September 2018.

13.4 In discussion, the Board noted that:

- Further refinement will be undertaken on the histograms on expenditure contained in the finance report
- Savings from Bedfordshire Community Services redesign are expected early in 2019
- Agency expenditure presents a significant risk that could see ELFT’s rating reduce to a ‘4’ if spend exceeds the target by more than 50% (it currently stands at over 40%).

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

14 Mental Health Law Annual Report 2017/18

14.1 Mason Fitzgerald introduced the report, noting that the Quality Assurance Committee would receive a deep dive report on changes to legislation and practice.

Guy Davis presented headlines from the Annual Report:

- There has been a large increase in detentions under the Mental Health Act locally and nationally
- Thanks are due to staff in the mental health law department who have absorbed a huge volume of work in order for patients to get access to tribunals
- A report on the Independent Review of the Mental Health Act will be presented to the Council of Governors in December 2018
- A Deprivation of Liberty Safeguards Amendment Bill is currently being considered by Parliament. A possible outcome is that local authority responsibilities pass to NHS providers
- The Quality Assurance Committee has oversight of reporting on use of restraint and body cameras if police attend.

Jenny Kay (Chair of the Mental Health Law Committee) thanked Guy Davis and his team for managing complex work.

14.2 In discussion, the Board noted that:

- Non-Executive Directors oversee the power to detain and therefore training of Associate Hospital Managers is mandatory; performance of AHMs is assessed by Guy. Variable attendance by AHMs at Mental Health Law Committee meetings is due to the fact that many AHMs’ work commitments clash
- Concern persists about over-representation of people of BME background amongst those detained. The reasons are being considered as part of the Equality and Diversity strategy.
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14.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

15 Mortality Review Q2 Report

15.1 Paul Gilluley presented key points from the report.

The Board noted that:

- In quarter 2, there were 400 structured reviews
- 90% of deaths were for people aged over 75; 90% were for people receiving community health services; and 90% occurred in hospitals
- The work of Paul Gilluley and his team in managing a high volume of reviews is much appreciated
- It would be useful to have more information on the role of GPs, hospitals and mental health services in XXXX. Many mental health patients fall between services – GPs, hospitals, mental health services – and die young. Consideration is being given to joint reviews with partners of a selection of cases to identify and share joint learning.

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

16 A Framework of Quality Assurance for Responsible Officers and Revalidation

16.1 Paul Gilluley presented the report and provided assurance that there is an established and effective appraisal system with appraisal rates being good.

16.2 The Board **RECEIVED and NOTED** the report, and **APPROVED** the statement of compliance confirming that the Trust is complying with the Responsible Officer regulations.

17 Safer Staffing: 6 Monthly Review of Staffing Levels

17.1 Lorraine Sunduza presented the report.

The Board noted that:

- The report looks at whether minimum numbers of staff needed to care for the maximum number of patients on a ward are met
- 11 of 55 wards did not meet minimum standards, based on national methodology, but ELFT uses a more locally relevant approach which uses real time information to deal with variances in patient numbers. A description of how this works will be included in the next Board report. Acuity is a factor
- There would be benefits from presenting ward-specific information on agency usage and staff survey results alongside safer staffing figures. At present agency staff are only used on one ward (Crystal)
- Safer staffing in District Nursing and for Care Co-ordinators is more complex to assess.

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

18 Trust Board Committees:

- a. Membership**
- b. Audit Committee: Chair's Report of 24 September meeting**
- c. Mental Health Act Committee: Chair's Report 24 September and approved minutes 8 June 2018**
- d. People Participation Committee: Chair's Report 20 September and approved minutes 21 June 2018**
- e. Quality Assurance Committee: Chair's Report 1 November and approved**

minutes 10 September 2018

18.1 The Board **RECEIVED** and **NOTED** the reports and approved minutes and **AGREED** that the Mental Health Act Committee terms of reference should include an Executive Director (Mason Fitzgerald) in attendance.

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

19.1 No urgent business had been notified to the Chair.

20 Questions from the Public

20.1 **Question 1:** Gary Tubb, with reference to page 91, section 2.4, paragraph 4 of the Strategic Activity report asked what happens to the 25% of child mental health referrals that are rejected.

Response 1: This is a concern also raised by Non-Executive Directors after visits to services. Mason Fitzgerald will ascertain what happens.

20.2 **Question 2:** Keith Williams asked whether the increase in detentions under the Mental Health Act was seen in across ELFT directorates.

Response 2: The Trust is currently review this; however, it was noted that some detentions are accounted for by the same person being detained more than once.

20.3 **Question 3:** Beverley Morris observed that many carers don't think they are carers, and asked how this group would be identified and supported.

Response 3: Work is in progress with staff how to identify and record people who have a caring role. Those who do not identify formally as carers often get to be known through informal networks and are 'signposted' to access entitlements. The voluntary sector plays a role here.

18 Dates of Future Trust Board Meetings

- Wednesday 9 January 2019
- Wednesday 13 March 2019

The meeting closed at 16:30.