

**DRAFT Minutes of the Trust Board of Directors meeting held in public on Thursday, 20 May 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
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
Edwin Ndlovu	Interim 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:**

Rosie Achere	Service User
Patrick Adamolekun	Public Governor
Dawn Allen	Public Governor
Roshan Ansari	Public Governor
Ryan Baulk	Graduate Management Trainee
Paul Binfield	Associate Director, People Participation
Shirley Biro	Public Governor
Dr Juliette Brown	Guardian of Safe Working Hours/Consultant Psychiatrist
Lawrence Chung	NHS Leadership Academy
Cordelia	
Caroline Diehl	Public Governor
Sean Delaney	Communications Manager
Craig Donoghoe	Service User
Ade Dosunmu	Freedom to Speak Up Guardian
Tee Fabikun	Public Governor
Derek Feeley	Board Adviser
Clare Freestone	Executive Assistant/Minute Taker
Steve Gladwin	Director of Communications
Catherine Heaney	Quality Improvement Advisor
Charlotte Hudson	Director of Corporate Affairs, South London & Maudsley NHS Foundation Trust
Nicola Kay	Programme Director, BLMK ICS
Kayleigh	
Tajmina Khanam	Governors/Members Office Apprentice

Sir Norman Lamb	Chair, South London & Maudsley NHS Foundation Trust
Norbert Lieckfeldt	Corporate Governance Manager
Cathy Lilley	Director of Corporate Governance
Reno Marcello	Public Governor
Nicola McCoy	Corporate Secretariat Manager
Bailey Mitchell	Borough Director, Newham
Jamu Patel	Public Governor
Stephanie Quitaleg	Senior Executive Assistant
Jack Richards	
Suzana Stefanic	Public Governor
Felicity Stocker	Public Governor
Adam Toll	Energy & Environmental Manager
Jonathan Warren	CQC Adviser
Keith Williams	Public Governor, Deputy Lead Governor
Giles Zine	

### **Apologies:**

Anit Chandarana	Non-Executive Director
Professor Dame Donna Kinnair	Non-Executive Director

*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. In particular he welcomed guests:
- Sir Norman Lamb, Chair, South London and Maudsley NHS Foundation Trust;
  - Charlotte Hudson, Director of Corporate Affairs, South London and Maudsley NHS Foundation Trust;
  - Nicola Kay (BLMK ICS Programme Director) will be presenting the BLMK ICS strategic priorities;
  - Jonathan Warren attending in his role as CQC Adviser;
  - Ryan Baulk, Graduate Management Trainee, observing some Executive meetings as part of his training programme (requested by Edwin Ndlovu and agreed by Paul Calaminus).

- 1.2 Apologies were noted as above.

## **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 Rose Achere and Craig Donohoe presented on the befriending service, supported by Paul Binfield, highlighting:
- At the start of the COVID pandemic in early 2020, the People Participation Team recognised that lots of people, already isolated, were in need of extra support;
  - The befriending service was quickly set up, recruiting 35 befrienders with lived experience;
  - Training and processes were put in place as well as providing phones to those who needed them;

- Referrals come through by email, providing basic information, and the People Participation Team then make a screening call to match interests;
- The service has benefitted both befrienders and befriendeds Trust-wide;
- Befriendeds value the service and have reported different positive experiences;
- Befrienders were very supportive of each other as a group and also have monthly team meetings, and weekly call sheets were recorded.

3.2 In discussion, the Board:

- Noted that the service helped to prevent deterioration in mental health;
- Recognised that the service had potential for a broader reach, linking in with community connectors, peer support work, maintaining the non-judgemental conversation;
- Acknowledged personal benefits to befrienders in terms of their own well-being;
- Noted that potential for signposting and growth across primary care networks and elsewhere.

3.3 Mark Lam thanked Rose and Craig in particular, expressing it was a privilege to hear and see the service in action.

#### **4 Minutes of the Previous Meeting held in Public on 25 March 2021**

4.1 The minutes of the meeting held in public on 25 March 2021 were **APPROVED** as a correct record.

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

##### **5.1 Action Log**

The Board noted the progress with the actions.

##### **5.2 Matters Arising**

None raised.

#### **6 Chair's Report**

6.1 Mark Lam invited Ken Batty to give a summary on the Non-Executive Director (NED) visit with the Digital Team. Ken Batty reported:

- A very good turn-out by the Digital Team who were incredibly committed people;
- In comparison to the size of the Trust as a whole, the Digital Team is small with approximately 70 team members;
- With the additional pressure of COVID, and WiFi and other issues across the Trust, the infrastructure is under strain;
- Funding for training is project based and does not allow for continuous training given that technology moves on rapidly;
- A People Participation Lead has been appointed to the team, enabling thought to be put into how to help people over the digital divide.

6.2 In discussion the Board noted the following recommendations from the visit:

- The need to look at resourcing and funding for more people;
- The need for consistency of funding around training;
- Input from People & Culture (P&C) to focus on staff turnover and what support could be put in place;
- Clear communication regarding plans for the team.

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

## 7 Chief Executive's Report

7.1 Paul Calaminus presented the report, highlighting:

- Vaccinations will switch to Pfizer by the first week of June 2021;
- The Trust has received tremendous support from Westfield enabling the switch and the ability to keep the vaccine stored appropriately;
- There are areas of surge testing across all areas, relating to new variants of concern;
- Continued support with and promotion of testing and vaccination;
- Newham continue to support quarantined passengers from overseas in Newham Hotel;
- There has been a degree of demand for some services, in particular with adolescents and eating disorders as well as a number of adult users presenting in crisis;
- The pace of Integrated Care Systems (ICS) and current NHS planning work. Guidance was published at the end of March 2021 for the first half of this financial year, concurrently running services and planning in parallel;
- Dr Waleed Fawzi has been appointed as Clinical Lead for Adult Services;
- Bailey Mitchell has been appointed as Borough Director for Newham;
- Global health work has continued with a range of countries around the world, who the Trust was working with on COVID, much of this happening online during the pandemic.

7.2 In discussion, the Board noted:

- Planning for the increased demand for beds will continue post-COVID;
- Models of care will be reviewed across all ages looking at demand and capacity;
- Strategic work will be undertaken over the next five years across the whole of CAMHS in collaboration with the two STPs and the public health department;
- Bedfordshire, Luton and Milton Keynes (BLMK) was successful in bidding for money for local services in Milton Keynes, Bedfordshire and Luton.

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

## 8 People Plan Update

8.1 Tanya Carter presented the report and highlighted:

- Staff survey results showed that the Trust scored average or slightly better than other Trusts between 2017-2020;
- Main areas being focused on as a result were EDI, Race & Privilege and Bullying & Harassment;  
**ACTION: Tanya Carter will recirculate the figures**
- Bullying by patients were reported by either colleagues or line managers, or arose from organisational changes;
- P&C were in the process of rolling out Respectful Resolutions and working with Organisational Development to identify when it is bullying, etc.;
- P&C were working in partnership with staff side with a view to incorporate tools into useful training;
- The overarching plan was to focus increasing compliance with statutory and mandatory training to an anticipated 90% by July 2021;

- Pulse, the provider of the staff survey was live at the time of this meeting;
- There was an increase in the number of staff recommending the Trust as a place to work or receive treatment;
- A Family & Friends event will take place in October 2021.

8.2 In discussion, the Board:

- Noted that 91% of employees felt trusted to do their job and the importance of keeping that in mind;
- Noted that a review had been commissioned on the higher number of disciplinaries in Forensics, working with the Head of Service and an adviser;
- Acknowledged that the survey results were historical and that the Trust is sourcing an alternative product, the NHSE tool, but that data was also received from staff networks and other forums such as walkround visits to teams;
- Was assured that the People Relations Manager was undertaking a manual exercise to scrutinise the data and identify issues in more detail;
- Received assurance that the Trust sought advice from other Trusts who perform better to learn and change practice, and vice versa;
- Noted that bids are submitted for technological advancement
- Noted that consideration is given to addressing behaviour to make changes and to ensuring appropriate representation in project groups, undertaking the change at a time that was suitable, and ensuring that the change realises the benefits identified and has a positive effect;
- Noted that improving staff experience will be considered as part of the strategy refresh
- Commended the richness of the report and in particular the number of initiatives in place or have taken place to support staff.

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

## 9 Quality Report

9.1 Amar Shah presented the report, highlighting:

- A deep dive focused on face-to-face and telephone contacts with service users to assure the Board about variation across services;
- May's Quality Improvement (QI) report highlighted the variation of contact types which was a changing picture and would need continued focus to demonstrate systems, processes and decision making were in line with peoples' needs.

9.2 In discussion, the Board:

- Noted training could be provided to teams how best to use video consultation with the aim of managing waiting lists better;
- Acknowledged that some types of service provision were easier to convert to digital than others;
- Noted that the need for patients to feel comfortable with their medical records;
- Noted that Enjoying Work measures were more complex to collate as stories were more qualitative and powerful;
- Noted that the September cohort was trying a slightly different way of measuring although data underpins all reports;
- Noted the report would have a more meaningful sense to the Board if a positive impact was included;
- Noted that the Trust's ADHD Team have put forward an online triage system to get patients to right place quicker;

- Noted that decisions will need to be made around levels of investment.

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

## **10 Veterans Awareness Accreditation/National Armed Forces Covenant Legislation**

10.1 Paul Gilluley presented the report and highlighted:

- Around three years ago, a veteran shared their story of being a mental health Tower Hamlets patient with unmet needs at a critical time;
- This instigated a journey to improve the Trust's offer to veterans;
- The Trust has committed to a joint alliance which meant the requirement to go through an accreditation scheme, attaining bronze, silver or gold;
- Jane Kelly completed a huge amount of work so far which included veterans, carers' and other organisations;
- Needs were being met through accreditation;
- It would be useful to bring presentations back to hear more about triple aim work.

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

## **11 Environment & Sustainability: Climate Emergency Declaration**

11.1 Adam Toll and Juliette Brown presented the report, highlighting:

- Nationally, the NHS has set a target of becoming net zero by 2030;
- The need to do more and raise awareness was identified, and bring to the highest levels on a more frequent basis to hit the target;
- Attention will focus on resources and the impact of climate change into tangible changes within the Trust;
- Targets are being met but require refocusing to reach the new target;
- The Trust was asked to make a declaration that it recognised the crisis and intended to become a net zero organisation;
- A declaration was consistent with the Trust's values;
- More lives could be saved, putting more organisational wealth into local communities.

11.2 In discussion, the Board:

- Recognised the benefit of having a long list of ideas, from which a few themes could be identified to focus on;
- Noted the need to be prepared for difficult decisions and choices, taking into consideration how people live their lives;
- Noted that many of the measures that could be imposed were also ways to invest and save;
- Noted the request to bring back to the Board the carbon reduction plan currently being worked on;
- Noted the expectation of audits and the programme's focus on inequalities to come through the Board;
- Noted the intention to build this work into the FBIC on financial decisions, and build sustainability thinking into the way we work to make a difference.

11.3 Mark Lam noted strong support in principle.

**ACTION: Paul Gilluley to take this work to a Sub-Committee to oversee it.**

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

## 12 Integrated Performance Report

12.1 Amar Shah and Steven Course presented the report, highlighting:

- This version of the report was adapted during the pandemic to be more operational and in real time;
- From July, the aim was to revert back to review of performance around populations, focusing on the impact of people the Trust served in communities;
- Mitigations and plans were in place on safety from violence and pressure sores;
- The Trust was working with North East London NHS FT (NELFT) to manage capacity following an increase in referrals across all localities, particularly CAMHS and Older Adults;
- Referrals of patients presenting to A&E have increased;
- Work was being undertaken to focus on why people under the Trust's care were calling the crisis lines, particularly the calls made during the day;
- Thought was being put into work with community transformation to map with the crisis lines;
- The Trust will ensure it was properly cited on waiting lists with a clear view of ensuring teams were reviewing them;
- Activity would continue to grow over the next couple of months and would be monitored;
- With the impending CQC visit, new ideas were emerging;
- Draft accounts were submitted on the finance report to March 2021, which showed a net surplus of £3.5m reportable to NHS England/NHS Improvement (NHSE/I);
- The impairment of assets was not included in the monitoring of performance;
- Reducing COVID spend would be focused on as well as continuous spend and what could be removed;
- Risk ratings were not currently being reported on by the Trust, but if it were, agency metric would score the lowest risk.
- Lots of new investment was available to the Trust which could be matched with available workforce and what solutions required support.

12.2 In discussion, the Board:

- Noted that for the first six months of the financial year, there was a reasonable level of funding to support the system, and consideration would be given to the second half of the year around expenditure and efficiency savings;
- Acknowledged the increase of pressure ulcers and violence since the start of the pandemic; a detailed report on pressure ulcers would be considered as a cross-cutting theme at the Quality Assurance Committee
- Noted that for both issues, QI would be used and change ideas identified;
- Noted that a digital solution app was being piloted in Tower Hamlets with the aim of full implementation across the Trust – the app can be shared enabling patients' health to be tracked;
- Noted that the increasing agency expenditure has been discussed in detail at the FBIC and measures being taken to address the spend are reported to the Appointments & Remuneration Committee.

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

## 13 Strategic Activity

- 13.1 Richard Fradgley and Amar Shah presented the report, highlighting:
- The Trust has been working with system partners including CCGs and other Trusts around pressures on services and in preparing financial plans for the rest of the year;
  - The Trust has received £24m of new service investment development in mental health; however, this level of investment brings pressures including for example the requirement to appoint to 300+ new posts. Plans are being drawn up to manage risks and a recruitment strategy is being developed
  - A few minor changes were needed on mental health plans before finalising;
  - Plans for community health services are expected to be finalised shortly with a focus on the standing up of the rapid response service
  - The Trust is a key partner in ICSs and is held to account for the delivery of the Long Term Plan priorities across the system, and not within the Trust alone
  - Risks in particular had been highlighted in children and young people and eating disorders with substantial new investments;
  - Risks were also identified around access to perinatal mental health services;
  - Physical health checks for people with serious mental health was more pronounced as consequence of the pandemic.

13.2 In discussion, the Board recommended a focused report on eating disorders be taken through the appropriate Committee.

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

## 14 **Bedfordshire, Luton & Milton Keynes Integrated Care System Strategic Priorities**

- 14.1 Nicola Kay presented the report, highlighting:
- The aim of developing strategic priorities to guide work medium and long-term in terms of population outcomes, where we were at present and what we want to achieve for our population;
  - Different agencies with a wide range of people had been engaged with;
  - From the priorities identified, consideration would be given to the impact of other areas on health such as unemployment;
  - The need for data and digital to be in place.

- 14.2 In discussion, the Board:
- Noted the redevelopment of inpatient services in Bedford underpins service provision in BLMK
  - Noted the importance of coproduction and early and more service user involvement in design;
  - Noted the need for digital and data at the beginning of the process for it to be more effective;
  - Commended the vision which has close affinity to the Trust's strategy
  - Acknowledged that the befriending service reinforced the value of an asset based approach
  - Supported the principles and priorities set out in the report which are consistent with the Trust's application of QI to a complex issue
  - Invited Nicola Kay to a future strategy session.
- ACTION: Paul Calaminus/Richard Fradgley**

## 15 **Trust Board Committees**



- 15.1 a. Appointments & Remuneration Committee  
b. Audit Committee  
c. Charity Committee inc Terms of Reference  
d. Finance, Business & Investment Committee  
e. Integrated Care & Commissioning Committee inc Terms of Reference  
f. Quality Assurance Committee
- 15.2 The Board:
- **RECEIVED** and **NOTED** the reports
  - **APPROVED** the terms of reference for the Charity Committee
  - **APPROVED** the terms of reference for the Integrated Care & Commissioning Committee.

## **16 Board of Directors Forward Plan**

- 16.1 The Board **NOTED** the plan, which remained unchanged from the previous Board meeting.

## **17 Any Other Business**

- 17.1 None raised.

## **18 Questions from the Public**

- 18.1 Questions were addressed but any potentially outstanding questions would be responded to online.

## **19. Dates of Future Meetings**

- Thursday 22 July 2021
- Thursday 23 September 2021
- Thursday 25 November 2021
- Thursday 27 January 2022
- Thursday 24 March 2022

All meetings will commence at 13.30 with a lunchtime presentation at 13.00. Meetings will be held by video conference until further notice.

*The meeting closed at 15:58*