

## Board Part 1

**DRAFT Minutes of the Trust Board meeting held on Thursday 29 June 2017, at 2pm at the Unison Centre, 130 Euston Road, London NW1 2AY**

<b>Present:</b>	Marie Gabriel	Trust Chair
	Millie Banerjee	Non-Executive Director
	Mary Elford	Non-Executive Director
	Paul Hendrick	Non-Executive Director
	Jenny Kay	Non-Executive Director
	Kevin Cleary	Chief Medical Officer
	Steven Course	Chief Financial Officer
	Navina Evans	Chief Executive Officer
	Mason Fitzgerald	Director of Corporate Affairs
	Robert Taylor	Non-Executive Director
	Jonathan Warren	Chief Nurse and Deputy Chief Executive
	Mohit Venkataram	Director of Commercial Development and Performance
<b>In attendance:</b>	Steve Gladwin	Interim Associate Director of Communication and Engagement
	Elizabeth Holford	Corporate Minutes Taker
	Angie Littleford	Executive Assistant
	Carol Shannon	Deputy Director of Infection Control and Physical Health Lead Nurse
	Lorraine Sunduza	Director of Nursing
	Zara Hosany	Public Governor, Deputy Chair of Council of Governors
	Shirley Biro	Public Governor
	Steve Codling	Public Governor
	Rosemary Eggleton	Public Governor
	Ellia Emordi	Public Governor
	Mary Phillips	Public Governor
	Rubina Shaikh	Public Governor
	Hazel Watson	Public Governor
	Keith Williams	Public Governor
	Simon Marsh	Staff Governor
<b>Apologies:</b>	Ken Batty	Non-Executive Director
	Kingsley Peter	Non-Executive Director
	Stefan Priebe	Board Academic Adviser (non-voting)

*The minutes are produced in the order of the agenda*

### **1 Welcome and apologies for absence**

1.1 The Chair welcomed everyone to the meeting.

1.2 Apologies were received and noted as above.

## **2 Declarations of Interest**

- 2.1 Mary Elford declared an interest in education matters as she is a Non-Executive Director of Health Education England
- 2.2 Mohit Venkataram declared an interest as Chief Executive of Newham Health Collaborative.
- 2.3 Jonathan Warren declared an interest as a CQC Adviser.

## **3 Patient Story**

- 3.1 The Chair welcomed Jennifer and Sarah who attended to share their experience in being involved in the training of ELFT staff in the new Care Programme Approach (CPA). Their contribution to the training had been to speak about what mattered to them and others undergoing recovery journeys and how the new CPA process should be used to accommodate this.
- 3.2 Paul Binfield, Head of People Participation, explained the background: over the past 18 months, care processes had been redesigned to fit with a recovery approach focussing on what service users and staff want from CPA. Ten service users and carers had helped to deliver training sessions to teams of staff.
- 3.3 Jennifer and Sarah highlighted:
  - The benefit of applying to deliver the training, rather than just 'being offered' the role. This required thinking about their skills and what had been gained from their own recovery journeys to date.
  - The positive impact of being an equal member of the team delivering the training which included clinicians, administrators and IT professionals.
  - The value of the two day preparation, doing exercises in a fun way with the professional members of the CPA training team.
  - The confidence they gained from being part of the training team and sharing passion about recovery with staff.
  - The impact of using personal stories to illustrate how CPA needs to work.
  - Seeing and hearing a service user when they are well can change clinicians' outlook from seeing an illness to seeing a person.
  - To keep momentum, service user involvement should be kept up, so that staff have energy and keep their hearts in their jobs.
  - It was of concern that some staff had to leave the training session before service users had spoken about their experiences. It was confirmed that this would be addressed
- 3.4 The Chair reported that she had recently visited services and had received glowing praise for the joint work that had taken place with service users and other staff who had taken part in the CPA training.
- 3.5 The Board agreed work should continue to make service user participation integral to all the Trust's activities. The People's Participation Strategy is to be reviewed to ensure that there is a clear plan to maximise and sustain the impact on clinical staff of hearing individual service users' stories.

**Action: Jonathan Warren**
- 3.6 The Chair, on behalf of the whole Board, thanked Jennifer and Sarah for their

contribution which clearly demonstrates the value of participation as a step in recovery and a means of inspiring staff and the Board.

#### **4 Minutes of the previous meeting held in public on**

- **27 April 2017**
- **25 May 2017**

4.1 The minutes of the meetings held 27<sup>th</sup> April and 25<sup>th</sup> May 2017 were **APPROVED** as an accurate record.

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

5.1 The action log was updated.

5.2 There were no matters arising not otherwise on the agenda.

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

6.1 The Chair introduced her report and updated the Board on the proceedings at the recent Council of Governors meeting, consultant appointments and her activities since the last meeting. More specifically, the Chair highlighted the following:

##### 6.2 Council of Governors meeting

- The Chair expressed the Council's gratitude to the Trust's IT team for their hard work providing a prompt and expert response to the recent cyberattack. The Trust's handling of the attack had also been commended by the Tower Hamlets Community Services staff who recently joined the Trust.
- The Chair thanked governors Larry Smith and Adrian Thompson for agreeing to represent the Council on the Quality Impact Assessment Group.
- The Council discussed the Trust's overall performance and strategic direction, including as part of the Sustainability and Transformation Partnerships (STPs). The information shared was well received and Governors thanked the Board on the successes. The Council asked to be kept informed of the developing role of STPs through the regular strategic update report.
- The Council of Governors approved the re-appointment of Non-Executive Directors Millie Banerjee and Jenny Kay for three years and Kingsley Peter for one year.

##### 6.3 Consultant Appointment

The Chair sought Board's approval to the recommendation of the Advisory Appointments Committee to appoint consultant Dr Areti Pavlidou.

##### 6.4 Chair's Activities

The Board noted the following activities highlighted by the Chair:

- Attendance at the NHS Confederation Annual Conference which indicated increased emphasis on ensuring mental health services are adequately staffed and a move towards greater collaboration between organisations to transform and improve services.
- Attendance at an Architecture and Mental Health Conference which clearly showed the beneficial effect that architecture and a therapeutic environment can have on service user experience and recovery. The event

had raised aspirations on what good looks like and it was agreed that a presentation would be received at a future Board meeting.

**Action: Mason Fitzgerald**

- A visit to Corporate Services, with Non-Executive Directors Millie Banerjee, Paul Hendrick and Mary Elford, which showed that staff operate in a fast changing environment with a high level of expertise. There is a need to sustain the quality and impact of corporate services by planning for career progression.
- Work with Paul Binfield and other members of the People Participation Committee to develop an updated strategy where participation is seen as a right and a means of recovery. It was agreed that the revised strategy would be shared with the Board at a future meeting. The People Participation Awards celebrated the contribution of people with lived experience of mental health services

6.5 Non-Executive Director Visit to the John Howard Centre

Mary Elford reported on her visit to two learning disability wards at the John Howard centre. Mary suggested that use of positive behaviour support plans as part of learning disability nursing and providing a homely, appropriate environment could be enhanced. It was confirmed that an action plan was in place to address these matters.

6.6 The Board:

- **RECEIVED** and **NOTED** the report
- **NOTED** that Adrian Thompson and Larry Smith will represent the Council on the Quality Impact Assessment Group
- **NOTED** that the Council approved the re-appointment of Non-Executive Directors Millie Banerjee and Jenny Kay for three years and Kingsley Peter for one year.
- **APPROVED** Chair's action in appointing Dr Areti Pavlidou.
- **AGREED** that the a presentation on the therapeutic environment and the reviewed People's Participation Strategy would be shared with the Board.

**7 Chief Executive's Report**

7.1 The Chief Executive highlighted key developments and activities since the last meeting and the following items were discussed:

- The Board noted that fire safety standards in ELFT had been reviewed. No concerns were identified and staff are vigilant and aware. It was confirmed that the Trust pays particular attention to fire assessments carried out by the fire brigade, reviews property as part of its annual estates report, reports regularly to the Audit Committee and the Finance Business and Investment Committee, ensuring capital is appropriately allocated to remedy any concerns. The Board were assured that the Trust goes above expected requirements.
- The Board further noted that the Trust's two cladded properties have been checked and do reach safety standards. Some of the estate used by the Trust is outside its ownership and work is taking place with NHS Property Services to review fire safety for these buildings.
- The Board added their thanks to those of the Council and the Senior Management Team to the IT Department on its effective response to the Cyberattack. They also thanked the Community Health staff in Tower Hamlets and Newham who were impacted by Barts Health difficulties and nonetheless ensured that there were no adverse implications for patients. The Board noted

that staff had supported Barts Health and that there were minor issues with the new system put in at Barts Health which the Trust's IT department is monitoring.

- The Board noted that staff had been providing support to families and responders in the London Bridge, Manchester and Finsbury Park incidents. It also raised the importance of supporting staff who may be affected as nearby residents or in other ways.
- The Board also noted
  - that the transfer of community staff to ELFT had gone well, with good feedback received.
  - The Buurtzorg pilot on community nursing in Tower Hamlets
  - The Breaking the Rules update and emphasised the need for it to complement and be aligned to Trust-wide and Directorate engagement strategies.

7.6 The Board **NOTED** the report.

## 8. Quality Report

8.1 The Chief Medical Officer presented a summary of the report and invited questions. The following key points were noted from the discussion:

- Electronic Care Planning Approach (eCPA): The Board noted that patient experience of shared care is improving and eCPA will help. Staff like the eCPA system which improves ease of recording. Staff feedback on the system is being analysed. An apparent decline in contacts with people on CPA is likely to be due to the integration of data for older people with that for other adults.
- Falls: The Chief Medical Officer advised that the upward trend in falls was unlikely to continue and the recent figures reflected the Trust's acquisition of services.
- Pressure ulcers: The Board were pleased to note the significant improvement with regard to pressure ulcers.
- Luton and Bedford risk assessments: The Chief Medical Officer advised that low risk assessment figures for Luton and Bedfordshire should be treated with caution due to possible data problems. Integrated dashboards are due to be available by March 2018.
- Feedback on impact of Governor and service user views: Board members commented that the Quality report does not at present include reference to the quality impact of feedback. The Chief Nurse noted that the Head of People Participation had written to service users and received approximately 500 responses back.
- Length of stay: The Chief Nurse advised that there is no single measure of efficiency in bed use. Length of stay figures need to be looked at alongside balancing measures such as readmission.
- Data visualisation platform: The Board noted that the data visualisation platform will complement the IT strategy and will be a means of making data meaningful to individual staff whilst maintaining Board oversight. Board members would welcome a demonstration of the platform at an appropriate time.

**Action: Steven Course / Mason Fitzgerald**

8.2 With the above comments and action agreed, the Board **NOTED** the report.

## 9 Strategic Activity Update

- 9.1 The Director of Corporate Affairs provided an update on the development of the Trust's strategic plans.
- 9.2 With regard to public consultation and engagement in Strategic and Development Partnerships (STPs), the Board noted that the NHS at a national level has advised that commissioners rather than providers are responsible for statutory public consultation and engagement. Involvement by ELFT has included Governors and people participation structures. There were engagement sessions planned or already delivered by both STPs and the meetings of the East London STP were being held in public. It was noted that Governors had raised the need for their participation in STP governance arrangements. This has been raised by the Chair within both STPs and further detail would be shared when it was made available.
- 9.3 ELFT specific principles and priorities for operating within the STP strategic planning structure and national guidance would continue to be developed.
- 9.4 The Board **NOTED** the report.

## 10 Education and Training Report

- 10.1 The Director of Human Resources presented the report and invited questions and comments. The following key comments and actions were noted from the discussion:

- The Board noted that the Trust scores well on national indicators for training performance. Given this performance, the Board considered that there may be scope to offer training outside the Trust, potentially on a commercial basis. It was noted that collaboration within and across STPs may help solve some issues, such as 'carrying' training when moving between organisations.
- The Board agreed that there should be an Annual Report on quality and outcomes from the education and training budget and comparative performance with other Trusts (from 2018, with interim prototype reports in the meantime)  
**ACTION: Mason Fitzgerald**
- It was agreed that an analysis should be undertaken of the equality impact of differential education and training funding streams for professional groups and for the different geographic areas covered by ELFT.  
**ACTION: Mason Fitzgerald**
- Board members raised questions about ELFT's relationships and strategic position with regard to academic institutions at the forefront of technological research to support patient care. The Board agreed to:
  - Incorporate within the Trust Workforce Strategy an assessment of the impact on workforce demand of research, development and technology
  - Incorporate within the Trust Research Strategy an assessment of the academic and NHS-provider research environment and potential strategic links.  
**ACTION: Mason Fitzgerald and Kevin Cleary**
- The Board expressed concern about the national decline in numbers applying for nurse training. The Trust is addressing this by working with City University to advertise 'clearing' places; developing the nurse

associate role and using the apprenticeship schemes.

- The indirect funding allocation 2017/18 of £1,157,146 for North, Central and East London presented at Table 1 is not correct and needs to be amended.

**ACTION: Mason Fitzgerald**

10.2 The Board **NOTED** the report.

## **11 Engagement and Inclusion Action Plan**

11.1 This item was deferred and agreed to be considered first by the Appointments and Remuneration Committee.

**ACTION: Mason Fitzgerald**

## **12 Performance and Compliance Report including Board Assurance Framework**

12.1 The Director of Corporate Affairs provided an update on performance and compliance. The main points noted were:

- There has been a change in performance reporting requirements at national level (for example, CPA 7 day follow up is now a quality indicator rather than a target). The Trust is seeking clarification about scope of the CPA 7 day target, and this may apply to a wider cohort of patients, which will impact on performance.
- Finance contingent on CQUIN performance was received for 2016/17. There are challenging targets for 2017/18.
- Planned data dashboards are intended to overcome the current problem whereby runs of data are insufficient to establish trends.
- Training demands have increased (e.g. Prevent training). The skills matrix which links training needs to roles is being reviewed.
- The Trust's Outstanding rating is believed to be a product of high quality Continuing Professional Development and learning opportunities.
- The concept of 'attainment reviews' rather than appraisals is worth considering.
- The description of the role of the Audit Committee with regard to risk management to be corrected

**ACTION: Mason Fitzgerald**

12.2 The Board **NOTED** the report.

## **13 Finance Report Month 2**

13.1 The Chief Financial Officer provided an overview of finances as at 31 May 2017 and projections to 31 March 2018.

The main points noted were:

- A net loss of £464k driven by shortfalls on income from non-contractual activity.
- The need for a wider strategic plan and STP support to achieve efficiency savings and the control total sought by NHS Improvement. The Finance, Business and Investment Committee is addressing this.
- There is a wealth of data on agency spend and further guidance on interpretation would enable Non-Executive Directors to be better able to

assess the impact of management action.

**ACTION: Steven Course**

13.2 The Board **NOTED** the report

#### **14 Freedom to Speak Up Guardian**

14.1 The Director of Human Resources introduced the report and thanked Jenny Kay for her advice and input. The Board noted main points, and commented as follows:

- There is a national requirement for a Speaking Up Guardian. A post has been established and appointed to.
- Whistleblowing is an opportunity, and an integral part of an organisation with a culture of transparency. It is important for the public to be confident that ELFT welcomes its staff speaking out.
- There is a need to consider which Committee will in future receive assurance on the effectiveness of Freedom to Speak Up Guardian arrangements.

**ACTION: Mason Fitzgerald**

- Further thinking and clarification is required with regard to
  - service users who work or volunteer in the Trust
  - the relationship between the complaints and whistleblowing policies
  - how to balance anonymity with transparency.

**ACTION: Mason Fitzgerald**

14.2 The Board **NOTED** the report.

#### **15 Information Governance Compliance 2016/17**

15.1 The Chief Financial Officer reported that the Trust had been rated 'satisfactory' in line with most Trusts nationally. Regulations are changing and increased focus on cyber security is expected.

15.2 Board members requested that options for training, beyond standard online training, in line with extended responsibilities, be explored.

**ACTION: Mason Fitzgerald**

15.3 The Board **AGREED** that:

- The Information Governance Policy be updated following the forthcoming publication of the government's response to the National Data Guardian's Report.
- Performance management and assurance reporting systems and structures be reviewed in anticipation of the tougher compliance regime and recommendations made to the executive.
- A report on CQC and National Data Guardian related Information Governance expectations is undertaken and progress against recommendations is monitored by the Quality Committee.

#### **16 Safer Staffing – 6 Monthly Review of Staffing Levels**

16.1 The Chief Nurse introduced the report and invited questions and comments. The Board praised the report and noted that staffing is flexible according to patient needs. Real time electronic rostering is used in conjunction with a three month prospective plan drawn up by the Director of Nursing.

16.2 The Board requested that reporting on Safer Staffing be extended to community teams.

**ACTION: Jonathan Warren**

16.3 The Board **NOTED** the report.

## **17 Audit Committee Annual Report 2016/17**

17.1 The Audit Committee Chair presented the report.

17.2 The Board **NOTED** the report.

## **18 Serious Incidents Annual Report 2016/17**

18.1 The Chief Medical Officer introduced the report. The following key comments were noted from the discussion:

- The Board reviews and discusses each Serious Incident in detail at its meeting in private. This annual report is useful in presenting the aggregated data and themes.
- The Board welcomed the drop in pressure ulcer cases, indicating the effectiveness of Quality Improvement initiatives.
- The Board noted that the largest number of incidents was within specialist services and community services in Newham. This may reflect the size and scope of specialist services, which include addictions services.
- Concerns were also expressed about the rising pressure on CAMHS services and increase in suicide rates. The Board requested to receive a report on the impact on child and adolescent mental health of the public health/multi-agency partnership approach for the Trust.

**ACTION: Kevin Cleary**

18.2 With the above comments, the Board **NOTED** the report and asked that more time is allowed in future years.

## **19 Infection Prevention and Control Annual Report 2016/17 and Work Programme 2017/18**

19.1 The Chief Medical Officer introduced the report, and thanked its author Carol Shannon, Deputy Director for Infection Control & Physical Health.

19.2 The Board praised the report and the Trust's performance on infection control.

19.3 Concern was expressed about the use of non-prescribed needles in Newham, which was being taken up with the CCG.

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

## **20 Emergency Planning, Resilience, and Response and Business Continuity Planning Annual Report 2016/17**

20.1 The Board **RECEIVED** and **NOTED** the report and **AGREED** the workplan for 2017/18.

**21 Reporting Committees:**

- **Quality Assurance Committee – approved minutes of meeting held on 2 April 2017 and chair’s report of meeting held on 12 June 2017**
- **People Participation Committee – highlight report of meeting held on 15 June 2017**

21.1 The Board **NOTED** the contents of minutes from reporting committees.

**22 Any Other Urgent Business**

22.1 There was none.

**23 Questions from the Public**

23.1 Keith Williams, Public Governor Luton

- Question on incidents in Luton and Bedfordshire: were patients who absconded whilst on leave under the Mental Health Act?  
Response: Patients who have absconded include a mix. Escorted leave is decided upon in the light of an individual risk assessment undertaken by a senior consultant. Electronic systems may reduce absconding rates, but there will remain a risk due to recovery focus.
- Question concerning fire safety and electronics:  
Response: Fire safety of electronic devices is tested across all Directorates.

23.2 Zara Hosany, Public Governor Hackney and Deputy Chair of Council of Governors

- Question on Safer Staffing levels and the impact on Nursing Associate roles  
Response: Nursing Associates are not full time students. They engage in part time study and rotate round roles to gain experience. Although they will be registered with the Nursing and Midwifery Council, they will not be fully qualified nurses, but trained to a similar level as former Enrolled Nurses.

23.3 Steve Codling, Public Governor, Central Bedfordshire

- Question on whether a part time role as Freedom to Speak Guardian will provide sufficient capacity to cover the duties.  
Response: This is a valid concern that will be monitored.

**24 Dates of Future Meetings**

- Thursday 14 September 2017
- Thursday 19 October 2017
- Thursday 14 December 2017
- Thursday 22 February 2018