

## Board Part 1

**DRAFT Minutes of the Trust Board meeting held on Thursday 14<sup>th</sup> September 2017, at 2pm Committee Room 1, Bedford Borough Council, Cauldwell Street, Bedford, MK42 9AP**

<b>Present:</b>	Marie Gabriel	Trust Chair
	Millie Banerjee	Non-Executive Director
	Ken Batty	Non-Executive Director
	Mary Elford	Non-Executive Director
	Paul Hendrick	Non-Executive Director
	Jenny Kay	Non-Executive Director
	Robert Taylor	Non-Executive Director
	Navina Evans	Chief Executive Officer
	Paul Calaminus	Chief Operating Officer
	Steven Course	Chief Financial Officer
	Mason Fitzgerald	Director of Corporate Affairs
	Jonathan Warren	Chief Nurse and Deputy Chief Executive
	Mohit Venkataram	Director of Commercial Development and Performance
<b>In attendance:</b>	Sandi Drewett	Director of HR & Organisational Development
	Paul Gilluley	Forensics' Service Director and Acting Chief Medical Officer
	Steve Gladwin	Interim Associate Director of Communication and Engagement
	Elizabeth Holford	Corporate Minutes Taker
	Kamila Naseova	People Participation Lead, Bedfordshire
	Bernie Harrison	Senior Quality Manager, Bedfordshire CCG
	Jennie Russell	Deputy Director of Nursing, Luton CCG
	Steve McClusky	Mental Health Programme Lead, Luton CCG
	Norbert Lieckfeldt	Public Governor, Acting Deputy Chair
	Steven Codling	Public Governor, Central Bedfordshire
	Resemary Eggleton	Public Governor, Central Bedfordshire
	Keith Williams	Public Governor, Luton
	Rubina Shaikh	Public Governor, Bedford
	9 members of the public, service users and carers	
<b>Apologies:</b>	Kevin Cleary	Chief Medical Officer
	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 and in response to a request for a point of order by a member of the public, she explained the nature and purpose of the Board meeting being held in public. Introductions were made.

1.2 Apologies were received and noted as above.

## **2 Declarations of Interest**

2.1 The Board's Register of Interests was noted. No additional declarations were made.

## **3 Patient Story**

3.1 The Chair welcomed Satwinder who shared her experience of coming to appreciate mental health services and involvement with people participation work. Satwinder highlighted:

- It can take time to accept that there is such a thing as mental illness and to appreciate the services that are offered.
- Being included and taking part in people participation activities are important in recovery and 'being yourself'.
- The Recovery College, Community Cafe and People Participation work are important in accepting that mental illness is part of, but not the whole of, who you are.
- The values of the Trust allow people dignity – they help in becoming comfortable in accepting services.
- Poetry workshops have helped stimulate amazing conversations and set people on the path to recovery. Spoken words become a voice with which to express what is happening and what would help.

3.2 The Board warmly welcomed Satwinder's insights and asked about her thoughts about peer support workers and the potential value of a 'buddy'. Satwinder's view is that peer support workers are an essential part of a wider 'sharing' network, including People Participation Leads and clinicians. The more service users become peer support workers, the more the messages about mental wellbeing will be spread.

3.3 The Chair, on behalf of the whole Board, thanked Satwinder for sharing her experience, which clearly showed the value of inclusiveness in the recovery journey. She also thanked Kamila from the People Participation team for her valuable work and for coming along. The Chair also placed on record the Board's admiration for Satwinder's personal courage and resolve.

## **4 Minutes of the previous meeting held in public on 29<sup>th</sup> June 2017**

4.1 The minutes of the meeting held on 29 June 2017 were **APPROVED** as an accurate record, subject to the following amendments:

- Attendance list: Add Paul Calaminus and Sandi Drewett.
- Page 4: Add to the Board forward plan a report on quality and impact of corporate services.
- Page 9: Substitute 'non-safety needles' for 'non-prescribed' needles.

## **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. Specifically, the Chair highlighted the following:

6.2 Council of Governors meeting:

- The Council discussed ambitions for suicide prevention which would involve a range of stakeholders including transport, education and employment providers. ELFT would be a strong advocate for suicide prevention via the STP.
- The Council agreed to recommend to the Board that Governors be allowed to serve three three-year terms.
- The Council approved the appointment of Grant Thornton as external auditors.
- The Council approved the re-appointment of Mary Elford as a Non-Executive Director until 31 October 2020 and of Marie Gabriel as Chair to 31 October 2021.
- Due to Zara Hosany having been appointed as an ELFT member of staff, which precludes acting as Lead Governor, Norbert Lieckfeldt has been appointed as acting Lead Governor.
- The Council of Governors has undertaken quality improvement initiatives including jargon busting and extra 'Any Other Business' time to allow time for Governors to raise matters.

6.3 Consultant recruitment:

- The Chair advised of improvements to the recruitment process for consultant medical staff which will enhance our ability to recruit clinical leaders who live the ELFT values.

6.4 Non-executive Director attendance to meetings:

- The Chair reported on attendance by members of the Board at the Medical Advisory Committee which comprises all consultants. This was a valuable opportunity to learn of the key points that are important in recruiting and retaining consultants.

6.4 Non-Executive Director Visits:

- Mary Elford reported on her visit to Learning Disability Services in Luton and Bedfordshire. The Board heard that good progress was taking place in building best practices with a focus on personalised care packages and styles and methods of communication with service users.

6.5 Experts by experience:

- The Chair thanked the 'expert by experience' who had participated at high profile events including at the House of Lords who did not wish to be individually named.

6.6 The Board **RECEIVED** and **NOTED** the report, and particularly that the Council of Governors:

- Approved the reappointment of Mary Elford as Non-Executive Director for a further term from 1<sup>st</sup> February 2018 to 31<sup>st</sup> October 2020.
- Approved the reappointment Marie Gabriel as Chair from 1<sup>st</sup> November 2018 to 31<sup>st</sup> October 2021.

- Approved the appointment of Grant Thornton as external Auditor.
- Noted the automatic appointment of Norbert Lieckfeldt as Acting Lead Governor until elections are carried out later in the year.
- Noted the improvements to medical staff recruitment.

## 7 Chief Executive's Report

7.1 The Chief Executive highlighted key developments and activities since the last meeting. The Board noted the following key issues from the discussion:

- The range of influential stakeholders, including MPs, who had visited ELFT services to gain insight into service quality.
- The service developments including the opening of a central hub in Bedford and the commencement of a street triage service in City of London. Services at the Coburn Centre in Newham are to expand with 12 PICU beds opening in December 2017.
- The departure of Jonathan Warren, Deputy Chief Executive and Chief Nurse, who would be leaving to take up a senior role in another Trust in Surrey. Appreciation was expressed for the high quality leadership and commitment Jonathan had given to the Trust over many years, resulting in a rating of Outstanding by the CQC. The Board further noted that succession planning had been undertaken for the role of Chief Nurse, with an interim appointment expected shortly. A revised job description will be developed over the next 6 months. The Board wished Jonathan well in his exciting new position.
- The transfer of the Newham Health Visiting Service/Family Nurse Partnership to Newham Council who had decided to take the service in house. ELFT supported the 170 staff in the transition process and will continue to work with them as partners.
- The developments in the Luton, Bedfordshire and Milton Keynes Sustainability and Transformation Partnerships in which ELFT Chief Executive Navina Evans is taking a lead role in communications. The purpose is to collaborate in planning and delivering better services with available resources with other mental health, community and acute trusts, local authorities and CCGs.

7.2 The Board discussed the plans for an interim replacement and substantive campaign for the Chief Nurse role, the programme of Non-executive Director visits, and initial feedback from the 'Big Conversation' events.

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

## 8 Quality Report

8.1 The Forensics' Service Director presented a summary of the report on behalf of the Chief Medical Officer and invited questions. The Board noted the following points which were considered in discussion:

- Separate reports for both Luton and Bedfordshire and East London are needed to enable clear analysis of quality variations.
- Quality improvement projects are becoming part of everyday work, for example, initiatives to reduce violence on inpatient wards.
- Based on a range of quality sources, the top three improvements since ELFT took on responsibility for services in Luton and Bedfordshire are:

reduction in vacancy rates, reduced use of prone restraint and increased reporting of incidents. Areas which are a current priority are addressing the prevalence of substance misuse and integrated working with partners.

- Attention is being given to suicide reduction in Bedfordshire via joint work with partners with learning spread to other areas of the Trust.
- Available information indicates that service users are satisfied with arrangements for electronic monitoring. The CQC is not against electronic monitoring but rightly raised concerns in 2016 about the sensitivity of risk assessments; these concerns have now been addressed as confirmed by CQC visits for MHA reviews.
- Following up from visits to services, Non-Executive Directors asked for greater assurance that 'You said – Together we did' boards are up-to-date and make sense to service users.

**Action: Paul Calaminus**

- Vacancy rates are highest for District Nurses, Band 5 and 6, and some consultant psychiatrist posts. ELFT has appointed 28 Band 5 nurses to start in September 2017 as a result of partnerships with local universities. The recruitment challenge for District Nurses is more intractable - a variety of initiatives have yielded few long term successes and this is the picture across the South East. ELFT is working with NHS Improvement and the King's Fund on a strategic project to modernise the role, service model and workforce plans.
- The Board asked that patient experience data routinely collected for quality reports is integrated with outcome measures that are being developed to show what people participation achieves.

**Action: Jonathan Warren**

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

## **9 Mental Health Community Services User Survey**

9.1 The Chief Nurse presented the findings from the survey. The Board noted the following points from discussion:

- The results of the survey make disappointing reading. The Board takes this very seriously and will be closely involved in planning and monitoring action.
- The sample size for the survey was small (30 responses per borough equating to 5 per team) and findings are at variance with other quality assessments such as the CQC 'Outstanding' rating' and some triangulation was required. Executive Directors have been prioritising improvements of CMHTs as part of the quality improvement workstream on recovery and community care.
- All service users on the Care Programme Approach have been written to outside this CQC survey process to seek views and we will encourage people to take part in the CQC survey in future years.
- The role of CMHTs within the overall system of mental health services needs development following the advent of specialist teams; for example, Crisis Teams and Emergency Primary Care Teams.
- Changes in approaches to care, including recovery principles and solution focussed therapy, have affected the time Care Co-ordinators spend with service users and the fundamentals of the relationship with them.
- Action taken to date includes collecting real time data on patient satisfaction, increasing the scope of staff training to match that in inpatient

wards and setting up a Project Board for quality improvement that reports to the Quality Assurance Committee.

- Enhanced Board scrutiny of the quality of community mental health services is required, informed by detailed reporting and discussion at the Quality Assurance Committee which is chaired by Non-Executive Director Mary Elford.

**Action: Jonathan Warren**

9.2 The Board:

- **RECEIVED** and **NOTED** the report
- **AGREED** that the Quality Assurance Committee will be monitoring closely improvements through progress reports before next year's survey.

## 10 Strategic Activity Update

10.1 The Director of Corporate Affairs provided an update on the development of the Trust's strategic plans.

10.2 The Board noted the following points:

- NHS Improvement now requires Trusts to assess resource use (a value for money exercise). The process has started with acute Trusts. ELFT is undertaking a shadow exercise in preparation for future reporting.
- The 'Big Conversation' involved staff and a well-attended meeting with service users and carers. There will be a workshop with stakeholders in October 2017 and a report to the November 2017 Council of Governors meeting and the December Board meeting. The exercise is informing Trust ambitions for the future (at the level of service delivery and patient care). Future business strategy for the Trust is outside the scope of the Big Conversation.

10.3 The Board **RECEIVED** and **NOTED** the report

## 11 Performance and Compliance Report including Board Assurance Framework

11.1 The Director of Corporate Affairs provided an update on performance and compliance. Board discussion focussed on two indicators: cardio-metabolic assessments where performance is below target and 7-day follow up of discharged inpatients where the performance measure has changed.

The Board noted:

- NHS Improvement has now classified the 7-day follow up measure as an indicator rather than a target. 7-day follow up is important as a suicide prevention measure and performance is discussed monthly with service directors. All discharges are now included in the target group (this had previously related only to discharges of patients on CPA) and as a result, current follow up rates are 70%. This is expected to rise when patients who are not the responsibility of ELFT (out of area patients) are excluded from the calculation. The Chief Operating Officer reported that the 7-day follow up measure is expected back on track in the near future.
- The Trust is not meeting targets for cardio-metabolic assessment. At present, there is significant work taking place to try and address recording issues that are understood to be the most substantial cause of the current

under-achievement.

- The high number of CAMHS referrals is concerning. The service is working with commissioners to monitor the impact on waiting times, referral thresholds and service user experience, as well as developing quality improvement initiatives and working with commissioners to scope the application of the new NHSE investment in community CAMHS services.

11.2 With the above comments, the Board **NOTED** the report.

## 12 Finance Report – Month 4

12.1 The Chief Financial Officer provided an overview of the financial position at 31 July 2017 and projections to 31 March 2018.

The key points noted from the Board's discussion were:

- An adverse year-to-date variance of £76k.
- The variance is mainly due to expenditure being £419k higher than planned. Non-delivery of CRES schemes and higher than planned expenditure for agency staff are primarily responsible.
- Agency spend in Tower Hamlets community services is lower than allowed for when taking on the contract. The position will be closely monitored.
- Agency spend is above the ceiling set by NHS Improvement, though this was set without reference to Tower Hamlets community services. Adjusting for Tower Hamlets community services, agency expenditure is 2% below target.
- £42k has been set aside to allow for non-delivery of income within NHS England risk share arrangements.
- Performance is better than planned on associate commissioner contracts.
- Work continues to take place with clinical teams to address the £3m efficiency savings gap. Taking non-recurrent underspends into account, the gap is £1.4m.
- There are no CRES service transformations awaiting consideration by the Joint Staff Committee. The gap will need to be filled by projects that are not yet identified.
- Efficiencies in central support services are being considered, for example, expenditure on hiring venues for Board meetings. Spend on software licences is high. The Chief Information Officer is reviewing and rationalising licence spend, though IT security, the move to a 'paperless' organisation and mobile working create cost pressures.
- The main focus is to identify and implement schemes with partner organisations, at sufficient pace to meet the revised control total (£12.4m compared to £4.5 previously). Close monitoring of the planned and actual impact of operational service level and corporate level strategic CRES projects is essential if the control total is to be met.
- The cash position is good.
- ELFT currently is at NHSI's segment "2".

12.2 The Board:

- **RECEIVED** and **NOTED** the report
- **AGREED** to receive quarterly reports on STP CRES projects and impact.

## 13 Strategic Workforce report

13.1 The Director of Human Resources and Organisation Development introduced the

report. The Board noted:

- The progress with the apprenticeship programme and in reviewing statutory and mandatory training.
- That despite national withdrawal of bursaries for nurse training, all combined RGN training places had been filled at Bedfordshire University and all except one at City University. A younger demographic is evident.

13.2 The Board requested that:

- Workforce reports include more detail on education funding plans and avoid jargon (for example "On Boarding").

**Action: Sandi Drewett**

- Staff stories form part of the Board agenda.

**Action: Sandi Drewett**

13.2 The Board **RECEIVED** and **NOTED** the report

#### **14 Bedfordshire and Luton – 2 year review**

14.1 The Chief Operating Officer introduced the review. The Board, in discussion, noted the following:

- ELFT is in its second year of what is a seven year contract to provide services in Luton and Bedfordshire. Much has been achieved but more remains to be done.
- Action has been taken to improve inpatient services including using 'safety huddles', increasing the ratio of staff to patients, reducing the size of the some of the large inpatient units and reducing the number of patients having to be sent out of the area for admission.
- A male Intensive Care Unit has also been developed.
- With the support of commissioner colleagues, crisis services have been improved with more Consultant sessions provided by permanent rather than locum staff. Street triage supporting the police has been successful.
- In CAMHS, crisis services have been developed, although recruitment remains a concern.
- In Luton community services, work has begun to address differences in caseload between teams and discussions are taking place with primary care.
- In Bedfordshire, discussions are taking place on how CHMTs should work in future.

14.2 The Board were pleased with the progress made but noted that agency expenditure was greater and savings were less than what had been assumed when the Trust tendered for the services. It was acknowledged that quality and safety reasons explained this, as well as other service developments such as the liaison services. The Finance Business and Investment Committee is monitoring the variances between planned and actual financial performance.

14.3 The Chair, on behalf of the Board, thanked commissioners, partners, Governors, service users, carers and staff for their collective work to improve services in Luton and Bedfordshire.

14.4 The Board **NOTED** the report.



## **15 Waltham Forest and East London (WEL) Emergency Care Improvement Plan**

15.1 The Chief Nurse introduced the plan. The Board noted that the plan explained approaches to reducing attendance at A&E.

15.2 The Board further noted that there were no matters for the Board to address as strategic investment and restructuring were not envisaged. Partner organisations should be advised of criteria for Board discussion.

**Action: Jonathan Warren**

15.3 The Board **RECEIVED** and **NOTED** the Waltham Forest and East London Emergency Care Improvement Plan.

## **16 Revision to Trust Constitution**

16.1 The Director of Corporate Affairs introduced the report which presented the amendments proposed to the Trust Constitution.

16.2 With regard to the proposed change to the disqualification criteria restricting directors to be only on one Foundation Trust (paragraph 29.8), the Board asked that before the proposed change is considered by the Council of Governors, further detail should be added with regard to directors' confidentiality responsibilities and duty to declare conflicts of interest.

**Action: Mason Fitzgerald**

16.2 The Board:

- **APPROVED** an amendment to the Constitution to allow Governors to serve up to three, three-year terms.
- **APPROVED** an amendment to the disqualification criteria to allow directors to be on more than one Foundation Trust subject to clarification of their duty for confidentiality and declaring their interests, to be recommended to the Council of Governors for agreement.

## **17 Health, Safety and Security Annual Report 2016/17**

17.1 The Chief Nurse presented the report.

17.2 The Board noted that priority had been given to achieving compliance on fire training and lone worker systems.

17.3 The Board extended thanks and good wishes to Richard Harwin, Health, Safety, Security and Emergency Planning Manager, who is currently unwell.

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

## **18 Self-certification statement**

18.1 The Board considered the Self-certification statement. It was noted that the Nominations and Conduct Committee has resumed responsibility for reviewing and inputting in the Governors' induction and development programme and this should be added in the statement.

**Action: Mason Fitzgerald**

18.2 The Board **APPROVED** the Self-certification statement.

## **19 Reporting Committees**

- **Audit Committee 25 April 2017, approved minutes**
- **Audit Committee 23 May 2017, approved minutes**
- **Audit Committee 18 July 2017, chair's report**

19.1 The Board **NOTED** the contents and assurances included in the above Audit Committee minutes.

## **20 Any Other Urgent Business**

20.1 There was none.

## **21 Questions from the Public**

21.1 Tony Reynolds, Carer

- Question concerning Weller Wing and lack of a RiO terminal in A&E, which means that nurses need to access Charter House at night.
- Response: Thank you for bringing this to the attention of the Board, who had not been aware and will look into this.

21.2 Andrew George, Carer

- Question concerning the cancellation of the Members' Working Lunch, leaving a wait of 68 days until the next opportunity for carers to raise matters that are important to them.
- Response: Apologies that the Members' Working Lunch was cancelled. The Chief Executive will find out why it was cancelled and provide a response to Mr George and other attendees.

**Action: Navina Evans**

21.3 Norbert Lieckfeldt, Lead Governor

- Question on how the work on community mental health teams will be led after the departure of the Chief Nurse (Jonathan Warren).
- Response: The Chief Operating Officer (Paul Calaminus) will lead the work.

21.4 Steve Codling, Governor

- Thanks expressed for the report on Luton and Bedfordshire services
- Question concerning the number of staff leaving and vacancies.  
Response: Leaver figures need to be interpreted alongside other information; for example, people may be leaving to take up another post in the Trust or vacancies may be held for newly qualified nurses.

21.5 Martin Greener, Member of the public

- Comment on the excellent way in which learning disability services communicate with carers and question on why mental health services appear not to work in a joined up way with learning disability services, and with carers.
- Response: The Chief Executive apologised for Mr Greener's poor experience although she was not surprised to hear of concerns. The Trust would like to use this story to discuss with staff how they interpret rules and how interpretations might get in the way of common sense and high quality care. Mr Greener was invited to meet with the Chief Nurse to discuss this further.

**Action: Jonathan Warren**

**22 Dates of Future Meetings**

- 22.1
- Thursday 19 October 2017
  - Thursday 14 December 2017
  - Thursday 22 February 2018

*The meeting closed at 4pm*

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