

Board Part 1

DRAFT Minutes of the Trust Board meeting held on Thursday 19th October 2017 at 2pm at the Unison Centre, 130 Euston Road, London NW1 2AY

Present:	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
	Kingsley Peter	Non-Executive Director
	Navina Evans	Chief Executive Officer
	Paul Calaminus	Chief Operating Officer
	Steven Course	Chief Financial Officer
	Mason Fitzgerald	Director of Corporate Affairs
	Paul Gilluley	Interim Chief Medical Officer
	Jonathan Warren	Chief Nurse and Deputy Chief Executive
	Mohit Venkataram	Director of Commercial Development and Performance
	Stefan Priebe	Board Academic Adviser (non-voting)
In attendance:	Paul Binfield	Head of People Participation
	Sandi Drewett	Director of HR & Organisation Development
	Jan Pearson	Associate Director for Safeguarding Children
	Steve Gladwin	Interim Associate Director of Communication and Engagement
	Elizabeth Holford	Corporate Minutes Taker
	Julie Dent	Chair, Devon Partnership Trust
	Andy Trotter	Chair, Oxleas NHS Foundation Trust
	Keith Williams	Public Governor, Luton
	Ken Agyekum-Kwatiah	Public Governor, Newham
	Norbert Lieckfeldt	Lead Governor
	Steven Codling	Public Governor, Central Bedfordshire
	Shirley Biro	Public Governor, Newham
	Edilia Emordi	Public Governor, City of London & Hackney
Apologies:	Robert Taylor	Non-Executive Director

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 particularly Julie Dent, Chair of Devon Partnership NHS Trust and Andy Trotter, Chair of Oxleas NHS Foundation Trust who were attending to observe the meeting.
- 1.2 Apologies were received as noted 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 Marie McLeod. Marie introduced herself as the parent of two teenage sons, aged 16 and 18, who had both used Child and Adolescent Mental Health Services (CAMHS). Marie shared with the Board her experience of getting access to services at different times, the huge effort she has put into improving patient and carer experience, and the impact on her own mental health. Marie highlighted:

- Her youngest son first attended CAMHS aged 8, for behaviour difficulties; this was eight years ago. Two years ago, her second son, then nearly 18, developed severe depression. The waiting list for CAMHS appointments had reduced a lot between her younger and older son seeking help (from 3 months to 4-6 weeks).
- Lack of information on what services there are, who can be referred, and who can do the referral, is still a major problem.
- GPs do not know the specific criteria for referral to CAMHS and it is hard to know what to write in a referral. GPs do not have specific mental health training. When the referral is received it often does not reflect the whole story and situation. There should be a clear referral system as happens for cancer patients. For example, GPs could use a questionnaire with scales from 1-5, to narrow down who could/should be referred.
- Schools cannot refer and parents are told to go via the GP, which increases the time people have to wait.
- Parents are in the dark about what support is available. Marie took the initiative to put out a flier to contact other parents, who then worked together to develop a 10 point list of what is needed.
- Marie had to leave her job to care full time for her older son, two years ago. Although he is slowly getting better, the caring has taken its toll and Marie herself fell ill with depression.
- CAMHS is engaging more with parents and is open to suggestions, but much remains to be done.

3.2 The Board welcomed Marie's insights and praised the immense amount of work she had put in to setting up and running a group. In response to questions from Board members, Marie gave her thoughts on how best to help young people as they 'transition' from CAMHS to adult services, on crisis services, on GP liaison, on children in foster care and on carer support. Marie highlighted:

- It would be helpful to have GP liaison services for young people and CAMHS.
- Although there is a crisis service for young people, most do not know about it.
- It would be welcome if ELFT could support the group she has set up. Although there are CAMHS support groups based on Boroughs it is better to have groups based on GP practices.
- Transition to adult services was not handled well for her son. It is a big jump and there is a long wait again if the young person does not meet the threshold for acceptance by adult services. This makes parents very nervous. A support network is lost and not immediately replaced. Young people aged 18 may still be in school and the schools do not communicate with adult services. It would be better for CAMHS to continue to age 25 with flexibility on when to transfer.
- There are particular difficulties for foster parents.

- 3.3 The Chair, on behalf of the whole Board thanked Marie for her interesting talk and expressed the Board's gratitude for everything Marie had done, of her own accord, from which the Trust has much to learn. The Board agreed to use Marie's '10 point list' to improve GP liaison and committed to use parents' views to improve support to young people transitioning from CAMHS to adults.

Action: Paul Calaminus

4 Minutes of the previous meeting held in public on 14th September 2017

- 4.1 The minutes of the meeting held on 14 September 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 provided an update on Board member changes, 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 Board changes:

The Chair welcomed Lorraine Sunduza, Interim Chief Nurse, and Paul Gilluley, Interim Chief Medical Officer.

The Board noted that Lorraine Sunduza is replacing Jonathan Warren, who is leaving for a senior post in Surrey, after two decades with the Trust in which he has had a truly impressive impact, including the CQC 'outstanding' status. Jonathan's skills, abilities and humour will be greatly missed.

The Board further noted that Paul Gilluley is replacing Kevin Cleary who accepted an invitation from NHS Improvement to take up the role of Interim Medical Director at an acute trust. Kevin was thanked in his absence for excellent work, especially on systematic quality improvement.

The Chair thanked Stefan Priebe who is stepping down from the role of Board Academic Advisor. Stefan's distinctive viewpoint will be missed at Board meetings but his contribution will continue through the Research Committee.

6.3 Council of Governors meeting:

- The Council discussed criteria for assessing its own effectiveness and agreed a forward plan of agenda items. Spending more time with the Board in meaningful conversations is a high priority. The Lead Governor, Norbert Lieckfeldt and relevant committees are further developing ideas.
- The Council agreed to present proposals to the Board regarding changes to the Constitution regarding disqualification of Governors/Directors and in relation to the appointed academic seat.

6.4 Consultant Appointments:

- The Board agreed proposals whereby consultant appointment panels will

have delegated authority to appoint, with the Board apprised of developments via a six monthly report. However, Board members expressed the view that the six-monthly report should not be limited to consultant establishment but also include analysis of vacancy patterns and trends.

Action: Sandi Drewett

6.4 Chair's activities:

The Chair updated the Board on attendance at the London Mental Health Chairs' meeting, which focussed on 'digital maturity' and IT, noting that there was more work for the Trust to do and she would be discussing this with Millie Banerjee as the Trust's Non-Executive Director IT lead. The Chair further reported on a People Participation Network event at the House of Lords where the Trust's PRIDE research on the outcomes of people participation, was 'showcased'.

6.5 The Board:

- **RECEIVED** and **NOTED** the report
- **AGREED** the Council of Governors' recommendation that the Constitution be amended:
 - i. To remove the restriction on Governors from becoming or continuing as Governors of other NHS Trusts or NHS Foundation Trusts.
 - ii. To remove the restriction on Governors becoming or continuing as Directors of other NHS Trusts or NHS Foundation Trusts.
 - iii. To expand the appointed academic Council seat to educational institutions with an interest in mental health and/or community services.
- **APPROVED** the appointment of Dr Nicole Eady and Dr Laura Checkly as a job share to the post of Consultant Psychiatrist, City and Hackney, Dr Zehra Jafar to the post of Consultant Psychiatrist, Bedford and Dr Joanne Beckmann to the post of Paediatric Consultant.
- **AGREED** that consultant appointments would no longer be reported to the Board for approval. Approval will be delegated to the appointing panel with a bi-annual report on the Consultant establishment included in the Workforce report, subject to this including detailed analysis of vacancies.

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 'Think Ahead' social work training scheme has been a great success. ELFT trainees recently spoke highly about the role of a mental health social worker, and training at ELFT, at a celebration event.
- Nursing Associates have similarly given very positive feedback on their experience of training with ELFT.
- Nurses working in the Buurzorg team in Tower Hamlets are highly enthusiastic about the new district nursing model, saying that it has reconnected them with the reasons they went into nursing in the first place.
- Financial incentives to achieve flu vaccination targets will apply in 2017/18 as in 2016/17.

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

8 Quality Report

8.1 The Interim Chief Medical Officer presented a summary and invited questions. The Board noted the following points which were considered in discussion:

- Separate reports for Luton and Bedfordshire are needed to enable clear analysis of quality variations.
- Clinical quality issues arising from use of restraint are considered in detail in Serious Incident reports.
- Some tables in the report are not amenable to interpretation and these are being reviewed.
- The narratives on the Equality and Human Rights Act and the poor findings from the CQC survey on community service user services imply that there may be a link. The Quality Assurance Committee will oversee quality improvement in community services and impact on equality.
- Priorities within the Equality and Human Rights strategy were set through involvement with patients and staff in 2014. An evaluation and update are now required.

Action: Lorraine Sunduza

- There has been little improvement over 4 years in non-attendance at appointments. A QI project has validated a checklist of action needed to promote attendance.
- There is a mechanism in place to collate the information that emerges from complaints, including those where early work with service users and families avoids the need to follow the full formal complaint process. Analysis of complaints and suggestions by subject matter is presented to the Quality Assurance Committee every six months and the Board annually.
- Vacancy rates in Bedfordshire and Luton are high and expected to remain so until December 2017/January 2018. This is partly due to holding vacancies for redeployment from Jubilee ward. New analytical capacity will enable assessment of whether there is an underlying problem.
- Information from complaints that reach the Ombudsman is available to the Chief Nurse and is used to improve the Trust's services and systems.

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

9 Mortality New Statutory Requirements

9.1 The Interim Chief Medical Officer introduced the report. The Board noted the following points from discussion:

- Jenny Kay is the lead Non-Executive Director for mortality statutory requirements. The Quality Assurance Committee is the over-seeing Board Sub-Committee.
- The Trust is keen to put into place the actions required, especially with regard to physical health.
- An audit to be included in the Internal Audit Plan 2018/19.

Action: Steven Course

9.2 The Board:

- **RECEIVED** and **NOTED** the report
- **NOTED** the progress made to date to comply with the new framework for NHS Trusts.
- **APPROVED** the recommendations for ELFT.

- **ENDORSED** the appointment of the Chief Medical Officer as the Patient Safety Director.
- **AGREED** that Jenny Kay is the Non-Executive Director lead for overseeing the process.

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 from the discussion:

- It is of concern that the Health Services Safety Investigations Bill allows for information to be protected from disclosure. This contradicts a policy of openness.
- When commissioning contracts are signed in December, inform Non-Executive Directors whether mental health investment standards have been met.

Action: Mohit Venkataram and Mason Fitzgerald

- There is still a lack of information on the implications for ELFT of the Mental Health Act review. The Board will consider further when more detail is available.
- Difficulties in recruiting Learning Disability nurses are likely to continue. The Nursing Associate programme and London wide work may stimulate interest in this specialist field.
- The impact of Brexit on the nursing workforce pool cannot be predicted as movements will be based on myriad individual circumstances. Mitigation of nursing workforce risk requires a focus on academic qualification amongst the local population. However, a declining economy usually results in greater interest in nursing as a safe career option. Investment in a recruitment campaign is being considered.
- Any Brexit pressures will affect primary care and the provision of integrated care.

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

11 Carers' Strategy Update

11.1 The Head of People Participation introduced the report, noting that it contained priorities developed from engagement work over the last 2-3 years, and directorate plans for the forthcoming 2-3 years.

- There is considerable variation in carer support across localities and directorates, despite there being a Care Act duty for Carer's assessments. All carers get assessments, but variation in local authority resources results in uneven levels of support.
- Generally, carer support is inadequate. Financial resources are required but are not sufficient on their own. Insight is needed into the outcomes from carer support activities to inform decisions such as whether the Trust should directly run, or indirectly support, carer groups.
- Further attention is needed to identify key levers for addressing barriers to carer involvement. Locality-based leadership may help (e.g. a Deputy People Participation Lead based in Luton and Bedfordshire).
- Acknowledgement is needed that carers may become service users due to

- pressures of unsupported caring.
- To assess the value of the Carers' Strategy, there should be a report to the Board on the impact of the action plan to reduce variations in carer support (comprehensive update in one year with interim reports on early actions).

Action: Lorraine Sunduza

- With regard to whether the strategy could be clearer that there are different types of carer (e.g. paid and unpaid) and that people have different preferences as to whether they accept the identity and/or the role of carer, it was noted that this was not the right place/strategy for paid carers as they are technically employees of the individual or local authority/agency staff.

11.2 The Board **RECEIVED** and **NOTED** the strategy.

12 People Participation Strategy

12.1 The Chair introduced the report, noting that the Trust's People Participation work is of wide interest, as evident at a recent House of Lords event.

The Head of People Participation explained that the strategy sets out why and how the Trust supports people participation and the 'Working Together' priorities generated through involvement.

The Board noted the following points from discussion:

- There are benefits for having a single people participation strategy for all care groups. The style of language used appears very mental health focussed and should be reviewed to ensure that it fits with the needs of people with dementia or with physical health problems or with learning disabilities.

Action: Lorraine Sunduza

- ELFT's work on people participation is highly regarded by the Board and externally but stronger evaluation is needed. There needs to be a focus on whether activity has been effective, and outcomes. The People Participation Committee is looking at this. Information is also needed on people who do not or cannot take up people participation activities and the reasons for this.

Action: Lorraine Sunduza

12.2 The Board **RECEIVED** and **NOTED** the strategy and **AGREED** that a revised report should be submitted to the People Participation Committee.

13 Integrated Performance and Compliance Report, including Board Assurance Framework

13.1 The Director of Corporate Affairs introduced the report.

The Board noted the following points from the discussion:

- There is considerable strategic upheaval in the local environment. The pace, frequency and complexity of change should be considered to be added as a Trust wide risk.

Action: Lorraine Sunduza/Mason Fitzgerald

- IAPT PbR will be introduced. Work is in progress and will be reported in the BAF.
- With regard to the financial control total, there are external/partnership risks to achievement of the £12.4m target. These have been raised with NHS

Improvement. The risks are primarily around pace and phasing of change and the focus is on what can be done before the financial year end. £2.3m of the gap is due to non-performance of a third party. Given the high risk, the Board requested updates at intervals between Board meetings.

Action: Steven Course

- The Board requested more narrative in the finance section of the report.

Action: Steven Course

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

14 Strategic Workforce Report

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

15 Appointments of non-voting Board members

15.1 The Board **RECEIVED** the report and **APPROVED** the appointment of the following roles as non-voting members of the Board:

- Director of Human Resources and Organisation Development
- Associate Medical Director for Quality
- Director of Integrated Care.

16 Annual Report on Research 2016/17

16.1 The Board Academic Advisor introduced the report

The Board noted the following points from the discussion:

- The research strategy is currently limited by absence of an agreement with Queen Mary, University of London. This affects the confidence with which some projects on service improvement can be planned. The link between clinical and research activity, from a population focus, should be considered.
- Nurse researchers play a key role in the research strategy. There are written agreements with City University but it is not clear how the role is put into practice.
- Research buddies in Luton and Bedfordshire are independent of the local university.

16.2 The Chair thanked Professor Priebe for his useful report.

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

17 Safeguarding Children, Looked After Children and Safeguarding Adults Annual Reports

17.1 The Interim Chief Nurse introduced the report and handed over to the Associate Director of Safeguarding Children to highlight specific aspects.

The Board noted the following points from discussion:

- The safeguarding agenda is constantly expanding and always challenging with regular inspections being carried out. Each borough local authority operates different arrangements. Scope includes domestic abuse and slavery.
- The impact on children of adult suicides requires further attention, including

via the Serious Incidents process. The key is “think family”.

- New areas such as PREVENT are a major responsibility.
- A high proportion of people are placed outside the borough, requiring good communication between agencies when people move. This is an integral part of clinical work and it should never be assumed that receiving or sending areas have passed on information. This is especially the case for fostered children.
- An area of concern is that children’s services do not understand adult services and that adult services need to think about children even though they are working with adults.
- A further area of significant concern is that service users sometimes delay in disclosing relevant information and triage workers face dilemmas on whether to escalate if they overhear worrying things in the background. Staff need to be confident.
- Training compliance falls short of the 100% target. Action is being taken to enable staff to be released from wards for training and to recognise training undertaken externally. Face to face training offers major advantages over online training, including learning from discussion of complex cases.
- Escalating action has been taken in respect of problems with information sharing from Newham Children’s Social Care.
- The Safeguarding Team is highly visible. It would be unlikely that managers would not know whom to approach for safeguarding advice.

17.2 The Chair on behalf of the whole Board thanked Jan Pearson for her excellent leadership of safeguarding.

17.3 The Board **RECEIVED** and **NOTED** the report and **AGREED** the key areas for improvement as set out in the report.

18 Quarterly Report on Safe Working Hours Doctors and Dentists in Training

18.1 The Interim Chief Medical Officer introduced the report.

The Board noted that this was the first report and still work in progress in terms of data presentation. The report had recently been discussed with the Deanery with no major concerns raised. The Trust is developing a new approach to doctor workload management and shift pattern, with the Chief Executive taking a personal interest in junior doctor welfare.

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

19 Reporting Committees

- **Quality Assurance Committee 12 June 2017 - Approved minutes**
- **Quality Assurance Committee 25 September 2017 – Chair’s report**

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

20 Any Other Urgent Business

20.1 There was none.

21 Questions from Governors and members of the Public

21.1 Keith Williams, Public Governor, Luton:

Question arising from the patient story (parent of CAMHS service user): it seems often to be the case that the parent is seen as the problem. Lots of youngsters self harm and early prevention may be needed. Is the Trust aware of this?

Response: The Trust is thinking about how best to support young people in crisis and their parents. A Quality Improvement project on crisis help for young people is taking place in Hackney. This will give some indications of the way forward. There is definitely a need to improve the information given to the public and to schools on how to get help in a crisis.

21.2 Keith Williams, Public Governor, Luton

Question about reshaping what is happening to improve community services

Response: There is significant work going on to try and improve community services, including work on the development of primary care services, and reshaping the work of the CMHTs to link more effectively to GP practices.

21.3 Member of the public

Question about problems in having to rely on a GP to make referral when they are not specifically trained in mental health. There could be a 'red alert' list of signs for GPs to look out for, and a list of groups and associations that people can go to. 18 year olds need to know sources of help as the GP does not know.

Response: that is a good idea – we have information but perhaps it is not always in the right place.

21.4 Ken Agyekum-Kwatiah, Public Governor, Newham

Question concerning the Board's capacity to deal with all the reports and strategies they have to respond to.

Response: the strategies put to the Board today are about how we deliver care. They help us in deciding to stop doing things that are not working and increase the things that are working. For example, people have a right to expect the Carers Strategy to be delivered because it is to everybody's benefit. It is important that the Board is not overstretched. This is not the case for strategies that affect patients and carers. Some of the planning and partnership work (STPs) does sometimes present a challenge to capacity as it is not clear what it will achieve.

22 Dates of Future Meetings

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

The meeting closed at 4.50pm