

Trust Board – Part 1

DRAFT Minutes of the Trust Board meeting held on Thursday 22nd February 2018 at 14:00 at the UNISON Centre, 130 Euston Road, London, NW1 2AY

Present:	<p>Marie Gabriel Millie Banerjee Mary Elford Paul Hendrick Jenny Kay Kingsley Peter Navina Evans Paul Calaminus Steven Course Mason Fitzgerald Paul Gilluley Lorraine Sunduza Mohit Venkataram</p> <p>Sandi Drewett Richard Fradgley Amar Shah</p>	<p>Trust Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Officer Chief Operating Officer Chief Financial Officer Director of Corporate Affairs Interim Chief Medical Officer Interim Chief Nurse Director of Commercial Development and Performance Director of HR & Organisation Development Director of Integrated Care Associate Medical Director for Quality</p>
In attendance:	<p>Georgia Denegri Steve Gladwin</p> <p>Elizabeth Holford Michelle Bradley John Hill Claire McKenna Rosie Eggleton Jamu Patel Mary Phillips Paula Williams Keith Williams Daniel Victorio</p> <p>10 observers and members of the public</p>	<p>Interim Trust Secretary Interim Associate Director of Communication and Engagement Corporate Minute Taker (Minutes) Service Director, Bedfordshire Director of Estates and Facilities Director of Nursing Public Governor, Central Bedfordshire Public Governor, Luton Staff Governor, Central Bedfordshire Public Governor, Luton Public Governor, Luton Public Governor, Tower hamlets</p>
Apologies:	<p>Ken Batty Robert Taylor</p>	<p>Non-Executive Director Non-Executive Director</p>

The minutes are produced in the order of the agenda

- 1 Welcome and apologies for absence**
 - 1.1 The Chair welcomed all to 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 – Discharge From Forensic Services

3.1 The Chair welcomed Justin who had kindly agreed to share his story, supported by Sophie Akehurst, People Participation Lead for Forensic Services.

Justin spoke about his experience of being discharged from low secure services, following a history of drug abuse and violence, and spells in young offenders institutions and prison. Talking about his history, Justin explained that it was a turning point for him when it was suggested that perhaps he had mental health problems, and a positive journey through the mental health system

Justin had been hearing voices which it was considered could be drug-induced psychosis and he had also self-harmed. Initially things got worse due to the stigma of mental illness. The medication Clozapine got on his nerves to start with, but then began to work so that Justin saw things from the perspective of someone who is not psychotic. Things started to go well and, despite bereavement and the experience of stigma, Justin turned his life round. Justin spoke about learning right from wrong, and the value of coming to know 'what you stand for'. Justin was grateful to have a roof over his head: it brought responsibilities but also some security.

Justin spoke eloquently and powerfully about the difficulties he had had after discharge. Adjusting to financial responsibilities, for example paying bills on a tight budget whilst those still in forensic care did not have to pay was hard, as was re-building relationships. Justin emphasised that 'you just have to get on with it' and was grateful to all the mental health staff who had helped him over the years. Jason's message to the Board was: "everyone can change, you may be nervous but do it anyway, and thank you".

The Chair, speaking for the whole Board, thanked Justin, noting that Justin is always honest and just as prepared to tell the Trust when they are not doing well, as when they are, which is important. The Trust is grateful for everything Justin is doing to help service users and staff.

In discussion with Justin and Sophie, the Board noted that:

- Justin had been worried about lapsing into addiction again after discharge, but support was there that had prevented this. What also helped was that people listened and Justin could call up, even on Christmas Day. Justin did crave drink and drugs but kept this dormant as no-one turned their back, doctors included.
- Having a roof over his head had made a big difference to Justin. Supported accommodation was requested, there was a letter about assessment and Justin waited six weeks for an answer. He lives in a building of 16 one-bedroom flats, and pays his own bills.
- Mental health services, and a flat in a supported housing development, gave Justin a chance to succeed and he is now a peer-support worker
- Justin works with service users, giving them a survival guide based on his own experience to educate people about transition, things such as having to change sheets and wash clothes. All the eight people on the course have stayed on it, with no-one dropping out, which shows it must be of value.

3.2 The Chair, on behalf of the whole Board, thanked Justin again, paying tribute to the fact that Justin kept going the whole time, through difficulties and has given the Trust and service users so much back.

4 Minutes of the previous meeting held in public on 19th October 2017

4.1 The minutes of the meeting held on 14 December 2017 were **APPROVED** as an accurate record.

5 Action Log and Matters Arising from the Minutes

5.1 Action log:

The Board considered the action log and noted the updates.

5.2 Matters arising:

Update on flu vaccination

The uptake rate is currently 63%, with five weeks left for staff to take up the offer. A further update will be provided at the next meeting. This is ahead of last year at this time.

Staff Governor roles (Questions from public)

The Director of Corporate Affairs are organising a discussion with Staff Governors about their role and how it can be further supported. The Chair and Lead Governor will be attending.

Reasons for rise in Section 3 detentions

The reasons are being looked into and Governors are to be informed via the next Council of Governors' meeting.

6 Chair's Report

6.1 The Chair updated the Board on recent appointments, discussions at the Council of Governors' meetings and their sub-committees, and visits to services. The Trust Membership Strategy was put to the Board for approval.

6.2 Appointments

With congratulations, the Chair announced that:

- Following an advert, Dr Paul Gilluley has been appointed as Chief Medical Officer and will formally take up post from 1st March 2018.
- Norbert Lieckfeldt has been elected, unopposed, to the position of Deputy Chair of the Council of Governors. The Chair is discussing with Norbert the future ambitions of the Council and how to achieve them, including improving the agenda. This is in the light of the recently completed Big Conversation.

6.3 Significant Business Committee

- The Significant Business Committee had agreed criteria which they would like the Board to take into account when assessing potential bids and opportunities. The next step is to develop a process for applying the criteria, involving Governors.

6.4 Membership Strategy

The Board noted that:

- The Membership Strategy was submitted for approval at the recommendation of the Communication and Engagement Committee of

the Council of Governors, and the People Participation Committee.

- Views were expressed that the Membership Strategy could be made more ambitious as in its current form it is transactional rather than aspirational. The Trust is moving towards service models based on population health, creating a large potential membership who might wish to be engaged in further activities such as fundraising and charitable work, for example. The Council of Governors' Communications and Engagement Committee will consider this.

Subject to the above comments, the Board **APPROVED** the membership strategy.

6.5 Chair and Non-Executive Visits to Services

The Board noted that:

- The Chair and six Non-Executive Directors had visited integrated care services in Tower Hamlets.
- There was much evidence of willingness to make integrated care work and positive feedback from patients.
- Integrated care currently takes a number of forms and there are different versions of what it is. Not only have CCGs started from different points but the future population profile will be different from that traditionally served.
- The Quality Assurance Committee will lead work to reach common understanding of what integrated care is and who it is for, and to develop a set of design principles and patient experience measures. There is the opportunity to learn from Bedfordshire Community Services from April 2018.

6.6 The Board **RECEIVED** and **NOTED** the Chair's report and **APPROVED** the Membership Strategy.

7 **Chief Executive's Report**

7.1 The Chief Executive highlighted key developments and activities since the last meeting.

The Board noted the following from the report and discussion:

- The Care Quality Commission (CQC) carried out a focussed inspection of acute working age adult wards in Bedfordshire and Luton in November 2017. This provided assurance that the Trust is learning from incidents. Staff expressed the view that their morale was good, though the CQC noted that continued work on recruitment and retention is needed.
- The CQC will visit the Trust for a 'Well-Led' review from 16-18 April 2018. It is hoped that the inspectors will identify many instances of good work and also some areas for improvement. There are no known reasons for thinking that the Trust's 'Outstanding' rating will be affected.
- Buddying with Norfolk and Suffolk NHS Foundation Trust is producing positive developments and learning on both sides.
- ELFT will be responsible for Bedfordshire Community Services from 1st April 2018, with children's services sub-contracted to Cambridgeshire Community Services.
- Thank-you letters have been sent to staff working in services which will transfer to new providers on 1st April 2018, following tenders (Luton Wellbeing Service, the R3 Drug and Alcohol Services in Redbridge and the Newham Wheelchair and Seating service).
- Work on staff safety, and raising concerns is continuing in the context of recent revelations of sexual harassment in the film and other industries, as

reported in the media. The Speak Up programme continues to develop, with staff ambassadors appointed.

- ELFT had a profile at the Institute for Health Improvement Forum in Orlando, USA, with high regard for its work on capacity building and patient involvement.

7.2 The Board **RECEIVED** and **NOTED** the Chief Executive's report.

8 Quality Report

8.1 The Associate Medical Director highlighted key points from the report and invited questions.

In discussion, and from questions, the Board noted the following:

- Quality control data is now included in the performance report.
- The focus in the report is on Quality Assurance with regard to the key lines of enquiry the CQC will use in assessing how 'Well-Led' services in the Trust are. There are eight qualitative elements to consider.
- The Quality Improvement (Qi) part of the report focusses on strategic improvement activities.
- Recruitment flow of Qi coaches is progressing well.
- Improvement performance might be better measured via percentage changes, rather than numerical snapshots. Current data presentation assumes that processes do not have measureable outcomes. The Board would like further reports which enable them to judge whether the aims of the Qi system as a whole, as opposed to specific projects, are being met. It was agreed that progress towards specific and measurable aims for Qi will be included in future reports.

Action: Amar Shah

- The Board would also find useful quality measures that indicate changes in population health. This is against a background where surveys of users of community services produced some negative findings. Narrative reporting on the 'health of relationships' with partners was recommended.
- Service user engagement in Qi projects appears low (1/3 of projects). This may be a reflection of under-reporting and there may not be a meaningful role for service users in some projects. The People Participation Committee should review progress with a view to increasing service user involvement in Qi.

Action: People Participation Committee

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

9 CQC Compliance Update – implementation of the action plan in response to the CQC comprehensive inspection June 2016

9.1 The Interim Chief Nurse introduced the report which provided assurance in relation to the action plan following the June 2016 inspection.

The Board noted that:

- The majority of the actions have been completed and the effectiveness tested: of 79 actions, two remain to be completed.
- Owners of actions review work completed and there are systems for automatic compilation of data to show progress.
- The Board requested further assurance on waiting times for memory

services.

Action: Lorraine Sunduza / Paul Calaminus

- The next step will be for the CQC to consider how far the Trust has progressed in response to their 2016 recommendations.
- Action logs and plans are kept up to date and cross-Trust themes are identified. Follow-up to actions for Luton and Bedfordshire and the John Howard Centre, which were the subject of focussed inspections, are included.

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

10 CQC inspection November 2017 – Luton and Bedfordshire Mental Health Inpatient Services

10.1 The Interim Chief Nurse introduced the report, with input from the Bedfordshire and Luton Director of Mental Health and WellBeing and Director of Nursing.

The Board noted that:

- The November 2017 CCQ inspection was a short-notice focussed visit in response to occurrence of four unexpected deaths and one near miss.
- The visit covered all wards.
- The CQC was satisfied with the leadership, staff support and other improvements that have been implemented, for example, policy and practice on patient observation.
- The report is publicly available in the CQC website.
- Reflecting on the incidents that prompted the review, the Trust had been made aware of, and had begun action on, the need to reduce beds and change the skill mix, a process driven by the District Management Team.
- Staff on wards felt that the CQC report was fair, and appreciate the reflective sessions they have taken part in.
- Executive Directors are alert to risks that would arise if the temporary leadership arrangement that have led to progress were to be removed.
- Press and media interest has arisen in areas outside Luton and Bedfordshire, due to taking the CQC mention of deaths out of context. This had led to stakeholder interest. A system for proactive briefing of stakeholders (including Governors), pre-empting misleading press reports, will be developed.

Action: Mason Fitzgerald

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

11 Strategic Activity Update

11.1 The Director of Corporate Affairs highlighted main points to note from the report including local plans for strengthening partnerships, mental health workforce planning and the Trust's ambitions following conclusion of the Big Conversation. In discussion, the Board noted that:

- In response to the Big Conversation, the Trust strategy includes stopping doing some things in order to focus on those that have the most impact on population health and quality of services.
- There will be opportunities in March and April 2018 for the Board to feedback on proposed domains and measures through which the impact of the strategy will be measured.
- A key priority for Board members is to be able to demonstrate what the Trust is doing differently, and with what effect, as a result of having listened to stakeholders.

11.2 The Board **RECEIVED** and **NOTED** the Strategic Activity Update

12 **Integrated Performance and Compliance Report, including Board Assurance Framework**

12.1 The Director of Corporate Affairs highlighted the main points to note on non-financial performance. The following key comments were noted from the discussion:

- The Board acknowledged that the report is still work in progress and is continuously improving. Further information and action in relation to aspects of the report were sought, particularly in relation to incident reporting and medication errors.
- It was noted the Trust is keen to encourage continued reporting of violent incidents. The Chief Operating Officer is aware of issues over the last six months associated with PICU wards being very busy.
- Areas for improvement of the report identified were:
 - Difficulties in interpreting data in the absence of clear information on what is included and what is not (services, geographical areas).
 - Lack of adequate narrative – for example, on the current vacancy rate of 11% compared to 7% relatively recently.
 - Lack of comprehensive data (e.g. turnover rates are missing) and insufficient granularity.
 - Finance information being presented without verbal explanation below the numbers.
 - Difficulties reconciling IAPT performance data with BAF content.
 - Absence of synthesised equality data.
 - General lack of the contextual information needed to make sense of data.
 - Equality impact assessment on the summary cover sheet is inaccurate.
- The Board noted that a report on restraints is scheduled at the next meeting of the Quality Committee and will then be considered by the Quality Assurance Committee.

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

13 **Revalidation of Doctors**

13.1 The Interim Chief Medical Officer highlighted main points to note from his report.

In discussion, the Board noted that:

- The General Medical Council is satisfied with the Trust's data.
- There is 98% compliance with revalidation.
- Service user input is part of the 360° appraisal of doctors which occurs every three years. However the Trust has other people participation systems and measures that will inform the Trust of any specific concerns or areas of good work.
- If a doctor is non-compliant, a date is set to achieve compliance (only one ELFT doctor is in this category).
- All doctors have been revalidated but some have not had a recent appraisal.

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

14 Guardian of Safe Working Quarter 3 report

14.1 The Interim Chief Medical Officer highlighted main points from his report.

In discussion, the Board noted that:

- The report is difficult for lay people to understand. A one-page narrative report on the figures and what they mean should be prepared for the next Board meeting. The report should set out clearly what the exceptions to safe working are, why they have arisen and how they are being addressed.

Action: Paul Gilluley

- Consultants have an obligation to act down to cover junior doctors' working hours, which would otherwise be unsafe (there are 91 Core Trainees with gaps). The Acting Down Policy is in draft and expected to be approved by the end of February 2018.

14.2 The Board **RECEIVED** and **NOTED** the report and requested further assurance.

15 Progress report against the Five-Year Estates Strategy

15.1 The Chief Financial Officer introduced the report, noting that this was an update document setting out work done, providing the Board with the opportunity to assess alignment in the fourth year of the five-year strategy.

The Director of Estates and Facilities summarised the scale of capital work completed and the impact in terms of savings in running costs and improvement in conditions for staff and patients (for example, capital works have led to improvement in the quality of sleep for patients).

The Board sought assurance on plans for improving the quality of premises for community services and related governance processes, which involve CCGs. This is important because partnership arrangements influence the extent of control the Trust has over the environment in which its services are provided. The next estates strategy will concentrate on therapeutic environments.

The Board noted that the Chief Financial Officer has raised a question with NHSI with regard to revisiting of PFI costs.

The Chair expressed appreciation of the excellent work completed and thanked the Director of Estates for his expertise, experience and leadership.

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

16 Standards of Business Conduct Policy

16.1 The Director of Corporate Affairs introduced the revised policy which had been reviewed and agreed by the Audit Committee.

16.2 The Board **RECEIVED** the report and **RATIFIED** the revised policy.

17 Reporting Committees:

- Audit Committee 30 October 2017 – Approved minutes
- Audit Committee 16 January 2018 – Chair's report
- People Participation Committee 18 January 2018 – Chair's report
- Quality Assurance Committee 11 December 2017 – Approved minutes

- Quality Assurance Committee 5 February 2018 – Chair’s report

17.1 The Board **NOTED** the above minutes.

With regard to the Audit Committee meeting of 30th October 2017 (paragraph 5.4), the Chief Financial Officer confirmed that the Board would see audit reports of partnership arrangements with Tower Hamlets and Newham Health Collaborative, even though the audits are contracted for by CCGs.

18 Any Other Urgent Business

18.1 There was none.

19 Questions from the Public

19.1 Keith Williams, Public Governor Luton:

Question 1: Please could public reassurance be provided with regard to misleading press reports on Luton and Bedfordshire inpatient wards, based on misunderstanding of the CQC report. Governors had been in the dark about this matter which might have affected the perceptions of people in Luton and Bedfordshire.

Response: The CQC report was positive about the progress made and that the Trust is already working on the recommendations for further improvement. The misunderstanding that caused this publicity was unfortunate. The Trust will develop a system for responding to media reports, including briefing Governors.

Question 2: How will the updated Royal College of Psychiatrist guidelines be implemented?

Response: The Interim Chief Nurse is reviewing pathways into and out of services for people with emerging personality disorder and the purpose of being in hospital. This includes consideration of the role of crisis services.

19.2 Board observer:

Question: Will there be feedback on tenders the Trust did not get?

Response: In some cases the Trust made a decision not to tender as others were considered better providers. In others, such as IAPT, the commissioners preferred a less clinical, more social, model.

20 Dates of Future Meetings:

- Wednesday 9 May 2018
- Wednesday 23 May 2018 (special meeting to sign off the Annual Accounts)
- Wednesday 11 July 2018
- Wednesday 12 September 2018
- Wednesday 14 November 2018
- Wednesday 9 January 2019
- Wednesday 13 March 2019