

Trust Board Part 1

DRAFT Minutes of the Trust Board meeting held in public on Wednesday, 9 May 2018 at 14:00 at the UNISON Centre, 130 Euston Road, London, NW1 2AY

Present:	<p>Marie Gabriel Millie Banerjee Mary Elford Ken Batty Paul Hendrick Jenny Kay Kingsley Peter Dr Navina Evans Paul Calaminus Steven Course Mason Fitzgerald Dr Paul Gilluley Lorraine Sunduza Dr 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 Non-Executive Director Chief Executive Officer Chief Operating Officer Chief Financial Officer Director of Planning and Performance Chief Medical Officer Interim Chief Nurse Director of Commercial Development & Performance Director of HR & Organisation Development Director of Integrated Care Chief Quality Officer</p>
In attendance:	<p>Andrea Goldsmith Steve Gladwin</p> <p>Tanya Carter Elizabeth Holford Dr Graeme Lamb Sarah Wilson Dr Dudley Manns</p> <p>Dr Sarah Dracass Norbert Lieckfeldt Shirley Biro Rosie Eggleton Edilia Emordi Keith Williams Shaniaz John Kauzeni Dr Chris Dipper</p> <p>Dr Jonathan Purday Cathy Lilley</p>	<p>Interim Trust Secretary Interim Associate Director of Communication and Engagement Assistant Director, Human Resources Corporate Minute Taker (Minutes) Clinical Director, Children's Services (Item 8) Director of Specialist Services Associate Medical Director, Luton & Bedfordshire (Item 9) Clinical Director, Tower Hamlets (Item 9) Corporate Governance Manager Public Governor, Newham Public Governor, Central Bedfordshire Public Governor, Hackney Public Governor, Luton Service User (Item 3) People Participation Lead, Tower Hamlets (Item 3) Clinical Director (Newcastle Hospitals NHS Trust) Observer Deputy Medical Director (East Kent NHS Trust) Associate Director of Corporate Governance (designate)</p>
Apologies:	<p>Robert Taylor Rubina Shaikh</p>	<p>Non-Executive Director Public Governor, Bedford</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 Interests

2.1 The Board's Register of Interests was noted. The Register is in the process of being amended to update the interests of Mary Elford.

3 Patient Story – Tower Hamlets Community Services

3.1 The Chair (Marie Gabriel) welcomed Shaniaz who had kindly agreed to share her story, supported by John Kauzeni, People Participation Lead for Tower Hamlets. Marie noted that it had been one year since ELFT took over responsibility for Tower Hamlets community services. It was particularly important for the Board to hear from someone who had been using these services.

Shaniaz spoke from the heart about her experience of back pain, of going to A&E and having an emergency operation that incapacitated her for many months. As well as the impact of the physical pain and complications, there was a significant impact on Shaniaz's mental wellbeing. She was devastated that she may not be able to care for her children and did not feel able to confide in members of her family and community, as this felt too difficult, and this had led to suicidal thoughts. Shaniaz feared she may be considered as having brought her family or community into disgrace if she opened up about such issues. It took a long time to recover. Although physical help had been received from physiotherapists and occupational therapists, what had really made the difference to her mental health were the home visits and the opportunity to talk one-to-one about personal matters. Being comfortable with the person and feeling you could be open with them was the key to recovery.

Shaniaz was motivated by the wish to support her children, and the support from ELFT had enabled her to communicate with and support her children and give them aspirations. In this she succeeded, with her three children gaining places at university.

The Chair, speaking for the whole Board, thanked Shaniaz, noting in particular her honesty and willingness to share her traumatic journey and her achievements with her children. Shaniaz had been very clear about the need for a consistent relationship with a worker in order to recover and about the need to consider mental and physical health within the wider community.

In discussion with Shaniaz and John, the Board noted that:

- Peer support workers seem to be key in unlocking the path to recovery. In Shaniaz's view, they need to be trained to let people cry, and visit at home as well as hospital and office appointments.
- Health professionals such as District Nurses could be trained to bring some of the skills and values that Shaniaz had found so helpful in her recovery. This includes considering both physical and mental health.
- People need to be able to ask for help. This may mean, for example, working with communities to make it acceptable to seek help and to voice problems.

3.2 The Chair, on behalf of the whole Board, thanked Shaniaz again for her courage and success in recovery and willingness to help others as a peer support worker herself.

4 **Minutes of the previous meeting held in public on 22nd February 2018**

4.1 The minutes of the meeting held on 22nd February 2018 were **APPROVED** as an accurate record, subject to the following amendments:

Attendance: Daniel Victorio is a Governor for Hackney (not Tower Hamlets).

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

5.1 **Action log:**

The action log was updated. All actions were noted to be either closed, or in the Board forward plan with the exception of:

Update to Action Ref. 180: In the absence of national parameters for community services, the Board should consider setting its own levels for safer staffing, and whether a narrative is required.

ACTION: Paul Calaminus / Mason Fitzgerald

Update to Action Ref. 205: How to ensure actions resulting from NED visits are reported back.

ACTION: Mary Elford / Lorraine Sunduza / Amar Shah

5.2 **Matters arising:**

The Board noted that:

- Update on flu vaccination: The final uptake rate was 67%, which the Board welcomed.
- Six-monthly report on consultant appointments: This report will be presented directly to the Board (without prior consideration by a Sub-Committee).
- Council of Governors: The Council will receive a response to their query on the rise in Section 3 detentions at their next meeting.
- ELFT Apprentices: The Board will receive an update on the progress of the apprentices who presented to the Board and a pathway for all apprentices through ELFT, to be included in the workforce report

ACTION: Andrea Goldsmith

ACTION: Tanya Carter

6 **Chair's Report**

6.1 The Chair updated the Board on recent activities and discussions of the Council of Governors. The joint meeting held between the Board and the Council of Governors to discuss poverty and health had been very helpful in informing the Trust's ambition and strategy.

6.2 The Chair, on behalf of the whole Board, congratulated Norbert Lieckfeldt on his appointment as Corporate Governance Manager. A process has commenced to fill the role of Lead Governor / Deputy Chair and Assistant Deputy Chair.

6.3 The Chair thanked all those who had been involved with the recent CQC well-led inspection for their work, and especially Lorraine Sunduza for the briefings and

preparation work.

6.4 **Non-Executive Visits to Services**

The Board noted that:

- Two Non-Executive Directors (NEDs) had visited older people's services in Hackney and Bedfordshire. These services were of special interest as they had recently been restructured, bringing together services for people with organic and functional conditions.
- NEDs were impressed with the excellent staff they met and the high level of service user involvement.
- Staff raised the issue of ensuring that specialist knowledge and skills in treating dementia are not lost and that large workloads are limiting time available for reflection.
- Other observations were that quality of GP liaison was variable, as were staff levels (reflecting commissioner priorities).
- In Bedford, staff are especially keen to work with London services to develop clinical practice. They also emphasised the need for consistent banding of posts.

6.5 **Thank you and farewell to Sandi Drewett**

The Chair thanked Sandi Drewett for her enthusiasm, commitment and the positive impact that she had had on the Trust and staff during her time with ELFT.

Ken Batty, as lead Non-Executive Director for HR and Organisation Development, thanked Sandi Drewett for all she had achieved, and in particular the pay issue for Bank staff.

Navina Evans thanked Sandi Drewett for her positive impact on staff engagement and wellbeing and her focus on doing the right thing.

The Chair, on behalf of the Board expressed all good wishes to Sandi Drewett in her new post at Moorfields Eye Hospital.

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

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:

- Bedfordshire Community Health Services staff has been welcomed with visits by Executive Directors over Easter, immediately following the takeover of services on 1 April 2018. Staff have a great deal to bring to the Trust. There have been some initial problems, most notably in IT, with inherited equipment and systems. The input of Isabella Larkin was commended. There would be a formal report on lessons learned which would be presented to the Board.

ACTION: Paul Calaminus

- ELFT's strategy had been launched with stakeholders in April 2018.
- A QI conference had been held which was fun and successful.
- ELFT's gender pay gap is 12.5%. By comparison, Sussex Community NHS Foundation Trust had a gap of 3.8% in favour of women. The pay gap in NHS organisations does not reflect a problem of equal pay for work

of equal value, as this is addressed through Agenda for Change. It is an indirect effect of variable opportunities to progress between men and women.

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

8 Suicide in Young People (presentation)

8.1 Paul Gilluley introduced introduced Sections 8 to 11 as a focus on patient safety and stated that the Board had asked for further information to better understand recent incidents. The presentations were to provide more detail enabling the Board to identify themes and compare with national statistics. This would be followed by reports on working with families when there has been a serious incident and six monthly review.

8.2 The Clinical Director for Children's Services gave a presentation on suicide in young people. Statistics were presented in order for the Board to compare the prevalence in areas served by ELFT with the national picture. This would enable any possible gaps in preventative activity to be considered alongside the findings from Serious Incident reports. [Presentation available separately upon request].

In discussion, the Board noted that:

- Suicides in ELFT areas include proportionately more girls than is the case nationally, and more younger people. Ethnicity data is not available. Methods used in ELFT areas do not differ from the national profile.
- Young people who take their lives present with the same range of conditions and problems as those who do not. Therefore the nature of the CAMHS response to all young people is of critical concern.
- 40% of young people who complete suicide do not come into contact with specialist services. Input via schools is vital and an extensive programme is being implemented.
- Phone apps to reduce suicide ideation exist, and could be considered for use.
- Self-harm (which is very common) is not sufficient to identify possible suicide risk (which applies to only very small numbers). All self-harm should receive a response but in itself is not a good indicator of suicide.

8.3 The Board **RECEIVED** and **NOTED** the presentation and **AGREED** that presentations should be circulated in advance of meetings.

ACTION: Mason Fitzgerald

9 Thematic Review of Serious Incidents – Bedfordshire and Tower Hamlets (presentation)

9.1 The Associate Medical Director for Luton and Bedfordshire gave a presentation on findings from reviews of unexpected deaths in Bedfordshire (suicides). Statistics were presented in order for the Board to consider whether there were common themes or contributory factors that required further action. [Presentation available separately upon request].

In discussion, the Board noted that:

- The ethnicity of people who died by suicide was in proportion to that of the local population.
- Co-morbidity was present, with substance misuse a factor in 69% of cases, and personality disorder in a significant proportion of others. Many

people had not had contact with services.

- Rural poverty may be a factor but data for this does not exist.
- Only 5% of the 19 deaths were considered predictable or preventable.
- Inadequate or inconsistent application of policies and processes emerged as a common theme. This is being addressed by making a distinction between policies and guidelines (freeing-up clinical staff time) and ensuring policies are introduced through a launch at teams meetings and away-days.

9.2 The Clinical Director for Tower Hamlets gave a presentation on unexpected deaths in Tower Hamlets, including deaths by natural causes and suicide. Statistics were presented in order for the Board to consider whether there were common themes or contributory factors that required further action. [Presentation available separately upon request].

In discussion, the Board noted that:

- Of 17 suicides, there was no clear gender split. There were proportionately more people of white British origin, and a preponderance of middle age people amongst those who died.
- Two CMHTs each had four deaths but 71% were not preventable or predictable.
- Inadequate contemporaneous record-keeping and poor transfers and transitions emerged as common themes. Mobile working could address record keeping constraints. A service user-led strategy is addressing transition.

9.3 The Board **RECEIVED** and **NOTED** the presentations.

10 Working with Families when a Serious Incident occurs

10.1 The Chief Medical Officer presented the report, advising that this referred to friends, family and main carers. The Board had requested assurance on the extent to which families who so wish are worked with face-to-face throughout the whole investigation.

In discussion, the Board noted that:

- Serious Incident investigators contact the family to listen to their concerns. Families receive face-to-face feedback when the investigation has been completed. Signposting is given to agencies who could support bereaved families. Every effort is made to give an indication of the length of time the investigation might take.
- Police services have developed an effective role of Liaison Officer following a tragedy, but numbers may mean that these officers have to support several families at the same time.
- The need for sensitivity and to be led by the family.

10.2 The Board **RECEIVED** and **NOTED** the report and **AGREED**:
To arrange a family story presentation to the Board from a bereaved family to better understand how we can support them.

ACTION: Paul Gilluley

Consideration to be given to ELFT incorporating specific family support with best practice actions.

ACTION: Paul Gilluley

11 Mortality Review – Six-month report October 2017-March 2018

11.1 The Chief Medical Officer presented the report.

The Board discussed the following points:

- The number of deaths was a tragedy.
- That some people were unknown to services before their death.
- Deaths of patients with learning disabilities are investigated by ELFT through the Serious Incidents process. They are also reviewed in a parallel national process in which the CCG determines the investigator, if warranted.
- Variations in reporting practice make comparisons between Trusts impossible.

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

12 Quality Report

12.1 The Associate Medical Director presented the report.

In discussion, the Board noted that:

- The level and distribution of QI skills (amongst teams and staff roles / grades and diversity) is being reviewed with each Directorate as part of QI planning.
- In view of forthcoming changes in reporting, with a move to a dashboard / integrated format, gaps should be analysed.
- Report content should enable the impact of people participation on quality, to be measured.

12.2 The Board **RECEIVED** and **NOTED** the report and **AGREED**:

To compare current to proposed quality and integrated performance reports to ensure there are no gaps, and that any metrics which are no longer reported are agreed as such.

ACTION: Mason Fitzgerald

To change the priority from patient experience to patient participation and measure the impact of people participation.

ACTION: Amar Shah

13 Strategic Activity

13.1 The Director of Planning and Performance introduced the report which was for information.

The Board noted that:

- £1m would be invested in perinatal services in Bedfordshire
- The Chief Medical Officer has met with medical leaders of the national MHA review and the Interim Chief Nurse is also involved.

13.2 It was noted that Strategic Risks 2 and 3 were similar and could be combined and be more recovery and participation focused. Also that Strategic Risk 8 should include communication systems.

13.3 It was agreed that work would be undertaken on the integrated report, including how to illustrate trends.

ACTION: Paul Gilluley, Mason Fitzgerald, Jenny Kay

13.4 The Board **RECEIVED** and **NOTED** the report and requested that the term "triple aim" be explained in full in public papers.

ACTION: Mason Fitzgerald

14 Integrated Performance and Compliance Report, including Board Assurance Framework

14.1 The Director of Planning and Performance introduced the report which included new priorities and draft new risks for the BAF.

In discussion, the Board noted that:

- Draft dashboards are intended to illustrate impact on population health.
- The impact of technology is expected to be captured across all domains, as with all cross-cutting themes and enablers.
- Although outcomes from mental health and community services are reported on separately, the wording of outcome statements is similar, in line with an integrated approach.
- Systems for recording seven-day follow-up for people not on CPA are being embedded.
- Normalised data sets that enable change to be detected when definitions change, would be helpful, accompanied by explanatory narrative text.
- Linking workforce figures may be instructive.
- There was a need for ELFT to develop their own community health services data in the absence of national metrics.
- The BAF is to be updated in line with the new ambition and will ensure that no important metrics are missed in moving from the old to the new BAF.

The Chair thanked all involved for their work to develop a workable report and requested that a communication be sent to all staff to say thank you for the Trust's end of year position – performance and financial.

ACTION: Mason Fitzgerald / Steven Course / Steve Gladwin

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

15 Staff Survey

15.1 The Board felt that there was insufficient time to fully consider the report and **AGREED:**

- To defer full consideration of the report until the next meeting after consideration at the Council of Governors.

ACTION: Andrea Goldsmith

- To provide a full breakdown of results by staff groups to the next meeting, along with planned actions.

ACTION: Mason Fitzgerald

16 Cyber Security Update

16.1 The Chief Financial Officer introduced the report and in response to questions confirmed that:

- There is a continuous process to identify unsupported software, with reports submitted to the Audit Committee. It is likely that some further work will be needed.
- The Information Commissioner's Office is aware that the majority of organisations will not be compliant with the General Data Protection Regulations by the May 2018 deadline and their approach to non-compliance will reflect this. However, the Trust would still make best efforts to be fully compliant by 25 May 2018.

The Board requested assurance on the expected date for full GDPR compliance.

ACTION: Steven Course

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

17 **Annual Report on Rota Gaps and Vacancies: Doctors and Dentists in Training (Guardian of Safe Working Annual Report)**

17.1 The Chief Medical Officer presented the report.

17.2 The Board noted that the report of rota gaps and vacancies might usefully be considered alongside information on medical staffing from other sources, such as the Staff Survey and GMC.

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

18 **Reporting Committees**

- Appointments and Remuneration Committee
- Audit Committee
- Quality Assurance Committee – including safeguarding review.

18.1 The Board **RECEIVED** and **NOTED** the Committee Chairs' reports.

19 **Any Other Urgent Business**

19.1 **Research Strategy**

The Board agreed that the Research Strategy should be presented to the Board, with QAC to receive reports against the strategy.

ACTION: Paul Gilluley

20 **Questions from the Public**

Rosie Eggleton, Public Governor Central Bedfordshire

Question: Is the Board aware of multiple child suicides on railways in Bedfordshire, Buckinghamshire and Hertfordshire and the role of the internet?

Response: The Trust does follow up with neighbouring Trusts and the police; Navina Evans agreed to ensure that this is working well.

ACTION: Navina Evans

Keith Williams, Public Governor Luton:

Question: From listening to the patient story, does the Trust have a policy on physical healthcare?

Response: Yes, and the Trust's new strategy focusses on improving population health through integrated, holistic care.

Keith Williams, Public Governor Luton:

Question: Does support offered following a bereavement (unexpected patient death) extend to staff.

Response: Yes.

Edilia Emordi, Public Governor Hackney

Question: The patient story showed the sadness that happens if someone cannot talk to people in their own community. Can the Board do anything for people in this position?

Response: The Trust's peer support workers can listen to people in their own homes, and recruitment should focus on under-represented communities.

21

Dates of Future Meetings:

- 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

DRAFT