

## Trust Board of Directors Meeting - Part 1

**DRAFT** Minutes of the Trust Board of Directors meeting held in public on Thursday 3<sup>rd</sup> October 2019 at 2pm at Bedford Borough Council, Borough Hall, Caudwell Street, Bedford MK42 9AP

<b>Present:</b>	<b>Name</b>	<b>Title</b>
	Marie Gabriel	Trust Chair
	Aamir Ahmad	Non-Executive Director
	Ken Batty	Non-Executive Director
	Paul Calaminus	Chief Operating Officer and Deputy Chief Executive
	Anit Chandarana	Non-Executive Director
	Mason Fitzgerald	Director of Planning and Performance
	Dr Paul Gilluley	Chief Medical Officer
	Jenny Kay	Non-Executive Director
	Lorraine Sunduza	Chief Nurse
	Robert Taylor	Non-Executive Director (agenda items 1-8)
	Dr Mohit Venkataram	Director of Commercial Development
	Tanya Carter	Director of People and Culture (non-voting)
	Richard Fradgley	Director of Integrated Care (non-voting)
	Dr Amar Shah	Chief Quality Officer (non-voting)

### **In attendance:**

Abiole Ajayi-Obi	Associate Director of Risk and Governance
Rosemary Eggleton	Public Governor
Paul Feary	Public Governor
Linda Grant	Director, Healthwatch, Central Bedfordshire
Paula Grayson	Governor, EPUT
Elizabeth Holford	Corporate Minute Taker
John Jones	Governor, EPUT
Cathy Lilley	Associate Director of Corporate Governance
Nicki McCoy	Corporate Secretariat Manager
Mack McLean	Presenter
Jo Meehan	
Glen Mitchell	
Pat Moyce	Presenter
Kamila Naseova	People Participation Lead, Bedford Borough
Sheila O'Connell	Staff Governor
Jamu Patel	Public Governor
Steph Quitaleg	Senior Executive Assistant
Carol Shackleton	
Felicity Stoker	Public Governor
Jim Weir	Appointed Governor
Keith Williams	Public Governor
Lenna	

### **Apologies:**

Steven Course	Chief Financial Officer and Deputy Chief Executive
Mary Elford	Vice-Chair and Non-Executive Director
Dr Navina Evans	Chief Executive (CEO)
Eileen Taylor	Non-Executive Director

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

## **1 Welcome and Apologies for Absence**

### **1.1 Marie Gabriel welcomed all to the meeting.**

Marie was pleased to be chairing the Board meeting in Bedford and especially welcomed attendees from the local area.

Marie also welcomed Kingsley Peter, attending for the first time in the capacity of Interim Chief Financial Officer, having previously served as a Non-Executive Director.

### **1.2 All were reminded that the ELFT Board meeting is a meeting held in public, and not a public members meeting, at which there is an opportunity for members and members of the public to ask questions at the end.**

### **1.3 Apologies were noted as above.**

## **2 Declarations of Interests**

### **2.1 No declarations of interest, other than those published with the papers, were declared.**

## **3 Patient Story: LGBTQ+ Project in Bedford**

### **3.1 Marie welcomed Kamila Naseova, Mack McLean and Pat Moyce to speak about the LGBTQ+ project in Bedford.**

The presenters displayed the poster which they had produced to illustrate the ideas and action being put into place to improve understanding of LGBTQ+ issues in Bedford, and shared an account of their work, highlighting that:

- Initially there was some reticence in establishing a LGBTQ+ project in Bedford particularly as it was not known if there would be support. However, the People Participation Team were encouraging and helped to set up an LGBTQ+ Steering Group
- The LGBTQ+ Steering Group discussed what it would want from a project in Bedford and looked at what was already going on in the area
- A first priority is to improve transgender training
- The Recovery College has tried out different ways of identifying gender neutral toilets. Feedback suggests that it might be best to display a gender neutral picture
- Action has been taken to increase 'visibility' of LGBTQ+ issues. Drop in sessions have been held to explain the purpose of rainbow lanyards which have been popular with staff. Rainbow postcards are also available and in demand
- LGBTQ+ information booklets are now included in welcome packs on Ash Ward.
- Although there is an LGBTQ+ staff network, a network for service users and carers is yet to be established
- The transgender policy has been reviewed and is awaiting approval. It will be adapted for different settings and then rolled out
- Leaflets for gender re-assignment are being co-produced and will be included in welcome packs
- LGBTQ+ Groups in Bedford are working well together, for example, the local authorities and University of Bedfordshire wish to come to meetings
- Representatives from the ELFT LGBTQ+ project attend other organisations' meetings
- A Church minister is helping to make links with religious organisations.

### **3.2 In discussion, the Board noted that:**

- The leaflets produced by the LGBTQ+ project are informative and also noted the challenges with addressing negative and misleading publicity and societal misconceptions

- Although service users are encouraged to make a complaint if they encounter inappropriate communication or behaviour, not everyone feels able to do this. One purpose of the rainbow lanyards is to give confidence in speaking out.
- Values-based recruitment is helping to identify any inappropriate attitudes
- The LGBTQ+ project is supported by a balance of staff representing various sexual orientation and gender identities
- Resistance amongst some staff is being addressed through specialist networks; the ELFT staff allies programme is to be relaunched
- Funding continues to be needed.

3.3 Marie Gabriel, on behalf of the Board, thanked Kamila, Mack and Pat for their informative presentation and for their progressive work. She stressed that the Board very much appreciates hearing from service users because 'it makes us think about what we do and how we do it'. Marie reinforced that the Trust will take action to ensure that LGBTQ+ people feel comfortable in speaking up and believes that the lessons from their work will be spread across the Trust. There were funding requirements to support the project will be followed up.

**Action: Kingsley Peter**

3.4 The Board **RECEIVED** and **NOTED** the presentation.

#### **4 Minutes of the Previous Meeting held in Public on 25 July 2019**

4.1 The Minutes of the meeting held in public on 25 July 2019 were **APPROVED** as a correct record.

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

5.1 Progress with the action log was noted:

- It was agreed that action to be taken following Non-Executive Director visits to services, as discussed at the 25 July 2019 meeting (item 6.5) would be included on the action log
- Briefing on the new guidelines for medical staff to report to coroners to be circulated to Board.

**Action: Paul Gilluley**

5.2 There were no other matters arising for discussion.

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

##### **6.1 Council of Governors**

Marie Gabriel was pleased to welcome back Zara Hosany as a Staff Governor following maternity leave and to welcome new Governor Councillor Jim Weir, Appointed Governor for Bedford Borough. She was pleased to confirm that Steve Codling would be remaining as a Public Governor following the recent elections but she was sad to say goodbye to Paul Feary and Rosie Eggleton. Both will continue to have an impact on the Trust as Paul will be continuing with work on suicide prevention and Rosie will be continuing to promote carer support.

Marie reported that the key strategic item discussed at the September Council of Governors meeting was suicide awareness and prevention with an informative presentation from Professor Frank Rohricht which highlighted the progress made against the Council's 2017 guidance that the Trust's ambition should be for as few suicides as possible, achieved by working collaboratively with all partnership, taking leadership in raising the importance of this issue and ensuring vulnerable groups were targeted.

A number of key themes arose from the Governors discussion which will impact on the

next iteration of the Trust's suicide prevention strategy including a continued focus on working with partners, particularly in primary care and with crisis services, a local area approach and a strategy of reaching out to groups where suicide is more prevalent.

## 6.2 **Chair's Activity**

Marie highlighted that she had been involved in different discussions focused on how to create, support and develop compassionate, collaborative and inclusive senior leaders that the NHS needs to be successful. Every member of staff is a potential leader and ELFT is committed to developing a supportive leadership culture to enable staff to enjoy work.

## 6.3 **Recognition**

Marie congratulated Anit Chandarana on being included in the list of the top 100 BAME Business Leaders Index and advised that Ken Batty is on the equivalent LGBT list.

## 6.4 **Non-Executive Visits to Services: Child and Adolescent Mental Health Services (CAMHS)**

Jenny Kay reported on her visit to a school in Newham with Aamir Ahmad and Eileen Taylor and, on behalf of Mary Elford, on a visit to services in Luton.

The Board noted that in Luton:

- The Charter House refurbishment had been a success. Children and families were being seen in a much improved environment.

The Board noted that in Newham:

- Teachers were frustrated with their inability to access CAMHS services The head queried the benefits of referrals to CAMHS as often children were unlikely to reach the threshold needed
- Non-Executive Directors were impressed with the school they visited, with a Children's Centre attached
- ELFT provides family liaison services covering 11 secondary and 29 primary schools which means a once a term visit for each school. This input is highly valued but is insufficient
- There are commonalities between ELFT and the school, in that both are 'outstanding' and have an inspirational leadership team. This presents an opportunity for specific partnership work.

In discussion, the Board noted that:

- Local authority resources have been severely reduced. The Trust will consider reviewing its application of CAMHS resources particularly if population health objectives are to be achieved. Early intervention to prevent and/or minimise later problems is essential and would be a good investment particularly in areas of poverty
- Unlike other areas in which the Trust provides services, schools in Newham do not receive funding to address mild and moderate mental health problems
- A practical approach would be to work with a whole school year to help children, parents and teachers to build resilience
- A lack of family therapy services can result in gaps where children 'fall through the net'.

Marie re-iterated the importance of a 'think family' and committed the Board to looking at models of working that can be developed within the new Integrated Care System (ICS) structure.

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

## 7 **Chief Executive's Report**

- 7.1 Paul Calaminus highlighted the main points from Navina Evans' report:
- E-prescribing has been implemented across East London and roll-out is in progress in Bedfordshire and Luton in line with the planned timetable. The system is safer as it reduces the risk of overdosing, double-dosing or missed medication
  - Brexit preparations – for either a phased exit plan or a 'no-deal' exit – are in hand. Staff and service user have been asked not to stockpile medication. There have been some reported incidents of negative or offensive behaviour and language from service users or staff towards staff originally from the EU and the Board were provided with assurance that the Trust is seeking to prevent and will also address this inappropriate conduct.
  - The Trust has obtained funding as part of the CAMHS trailblazer project to benefit pupils. This project will see Mental Health Support Teams (MHSTs) working directly in schools and colleges in City and Hackney, Bedfordshire, Luton and Milton Keynes by providing on-site access to early mental health support. This will help to provide early intervention and access to specialist services and build on support already in place so that more children and young people receive the help and support they need. A co-production approach is being undertaken and an individual has been recruited to lead across the whole area of CMHT redesign
  - The Trust is consideration potential expansion into primary care services as a way to deliver the strategic priority to improve population health and to lead on the delivery of integrated care. An update will be provided at the next Board meeting
- Action: Mohit Venkataram**
- ELFT is one of three Trusts benefitting from Roald Dahl's Marvellous Children's Charity decision to fund a Roald Dahl Specialist Transition Nurse post. These nurses care for young people who have long-term, incurable conditions
  - The first cohort of ELFT Nursing Associates in London and Bedfordshire graduated this summer with all securing Band 4 roles within the Trust.

- 7.2 In discussion, the Board:
- Sought detail on the role ELFT expected to play in making the standard of primary care uniformly good, and the benefits that might arise for patients and the Trust compared to any negative impacts on the organisation
  - Noted that there is a range of pathways open to Nursing Associates, and qualified nurses
  - For qualified nurses, there are options for progressing without taking on management responsibilities. The Advanced Clinical Practitioner qualification at Bedfordshire University offers this opportunity; the first cohort will complete this year
  - ELFT already has nurse prescribers and this role is being developed to enable nurses to develop into Responsible Clinicians
  - There is an Approved Mental Health Practitioner (AMHP) project in Luton and Bedfordshire
  - Opportunities for Nursing Associates to progress are being discussed with universities although it is recognised the costs of the conversation course to qualified nurse status is high. There is also to be a £1,000 bursary for CPD training for each nurse and further details are expected.

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

## 8. Quality Report

- 8.1 Amar Shah introduced and highlighted key points from his report:
- Qualitative data is being collected to measure the impact of people participation on Quality Improvement (QI) projects. The types of measure to describe staff and citizen participation would be useful are being discussed in People Participation forums and by clinical teams
  - A Quality Improvement approach is integral to action being taken to improve value and population health.

8.2 In discussion, the Board highlighted:

- The need for more 'granularity' in information presented in the Quality Report including the triangulation of information such as compliments and complaints  
**Action: Amar Shah/Lorraine Sunduza**
- Fragmentation and duplication of quality information across various Board reports (e.g. Quality Report, the Integrated Quality and Performance Report and the Annual Report on Complaints) results from the need to comply with Regulators' reporting requirements. Work is underway at national level to align reporting
- Directorates have contributed 200 ideas to the new QI programme
- Visits to NHS organisations in Scotland and in Leeds are yielding ideas about QI
- The need to ensure that the use of 'People Participation' to describe our rights based, recovery and improvement approach to service user participation is retained as an essential and distinct part of who we are. It was agreed that the Board would be kept updated via a report to the People Participation Committee.  
**Action: Amar Shah**

8.3 The Board **RECEIVED, NOTED** and **DISCUSSED** the report.

**9 a) Learning from Deaths Annual Report 2018/19**  
**b) Learning from Deaths Review Q1 2019/20**

**9.1 Learning from Deaths Annual Report 2018/19**

Paul Gilluley presented the Learning from Deaths Annual Report for 2018/19 and explained that:

- In 2017 a system was implemented to review all deaths of people in contact with services, both expected and unexpected deaths. Prior to that, only unexpected deaths had been reviewed
- All unexpected deaths are subject to a Structured Judgement Review (SJR)
- The current policy is that 25% of expected deaths are subject to a SJR.

The Board noted:

- The numbers of death between April 2018 and March 2019 were:
  - 1,474 deaths of which 1,217 were expected and 257 unexpected
  - Of the 257 unexpected deaths, 36 were suicides
  - Nine deaths were of people with learning disabilities
  - One case of an expected death was escalated to a SJR after morphine was found to be involved
- Learning from reviews of expected deaths:
  - Most expected deaths were of people who were elderly or who had multiple morbidities
  - End of life pathways are looked into and family's views are sought. Information from acute hospital and GP practices is also taken into account
  - There were three deaths in Newham of children with life-limiting illnesses.
- Learning from unexpected deaths:
  - 13 suicides were in Bedfordshire
  - As previously reported, suicides are increasing across the country. The Trust is reviewing suicide prevention with partners across the system
  - Audit by ELFT, presented at a previous Board meeting, showed that suicide rates are relatively highest in Hackney amongst middle-aged gay men rather than young black men. This is also the pattern nationally
  - Three deaths were of inpatients; of these, one had absconded and two were found unresponsive.
- There is now a National Medical Examiner and a Medical Examiner for London
- There is requirement for acute hospitals to have Medical Examiners; although currently not statutory, it is likely to become so. It is possible that Medical Examiners will 'spread' their area of responsibility to cover a geographical patch and encompass

community and mental health services.

In discussion, the Board:

- Expressed confidence in the investigation process for unexpected deaths
- Noted that the Board might have a role to play in influencing where the focus should lie in expected death reviews. For example, fewer expected deaths could be investigated but with more resources put into speaking to patients and families, and finding out the role played by primary care
- Highlighted continued inconsistency and potentially misleading presentation of some figures. For example, the report suggests that unexpected deaths are twice as common in Newham as in Bedfordshire
- Noted that Sustainability Transformation Partnerships (STPs) and ICS systems provide a structure for suicide prevention but details on how things will work in practice are not known
- Thanked Paul and Abiola Ajayi-Obi for the report noting the importance of the report to enable the Trust to learn and act on lessons learnt.

## 9.2 Learning from Deaths Review Q1 2019/20

Paul Gilluley thanked Jenny Kay and Ken Batty for contributing to the revisions in the quarterly Learning from Deaths report which had been previously considered at the Quality Assurance Committee (QAC) prior to presentation to the Board.

The Board noted that:

- There had been 368 deaths between April and June 2019 of which 294 were expected and 74 unexpected
- Of the 294 reported expected deaths, 174 were reviewed using SJR and a good standard of care was found in all cases
- End of life pathways were in place for 130 of the cases reviewed and there was good evidence of family involvement in 120 cases
- Do Not Attempt Resuscitation (DNAR) will be included in future reports
- Most cases had clear documentation of decision making, advice and support being given to the patients' friends and families of the patient
- The Trust aims to ensure that all patients involved in End of Life Pathways have their preferred place of care identified and is acted on where possible.

On behalf of the Board, Marie thanked Paul and colleagues for the improved format and style of the report.

9.3 The Board **RECEIVED, NOTED** and **DISCUSSED** the Learning from Deaths Annual Report for 2018/19 and the Quarter 1 Report for 2019/20.

## 10 Guardian of Safe Working Q1 Update Report

10.1 On behalf of Dr Juliette Brown, the Interim Guardian of Safe Working Hours (GoSWH), Paul Gilluley introduced the report, highlighting that:

- There has been a focus on educating consultants to encourage junior doctors to report when working hours exceed agreed levels to reduce under-reporting; however, the view is that under-reporting continues
- There remain gaps in trainee doctor rotas resulting in junior doctors covering for each other. This is one factor that could lead to agreed working hours being exceeded
- The challenges experienced in the Trust are also national issues.

10.2 In discussion, the Board noted:

- The challenges with estimating the level of under-reporting but the Trust's position is better than compared to acute Trusts (i.e. there is less under-reporting in ELFT)
- The action being taken to address shortcomings in data capture systems (with reference to para. 4.2 in the report)

- The London Medical Committee keeps medical education systems under review, including preparation for leadership and strategy aspects of Consultant posts
- The GMC is due to publish a report on junior doctor hours, systems and preparedness for Consultant roles. Consideration will be given to other sources of information that can be triangulated in the report where possible

**Action: Paul Gilluley**

- The People Plan contains further intelligence, such as on junior doctor supervision arrangements.

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

## 11 People Plan

11.1 Tanya Carter presented highlights from the People update report:

- The first 'Through my Eyes' event provided an opportunity for people to discuss 'what do managers need from us to be compassionate managers?'
- A session provided for staff who may be affected by knife crime in families was successful. It 'started the conversation' on subjects that people might find difficult to talk about and offered practical support
- With regards to the national staff survey, the Trust was ranked number 3 for combined mental health and community health trusts in 2018 and over the last five year the Trust has remained consistently in the top 5. Its engagement score for 2018 at 3.91 is slightly higher than average
- £150k of a £1.2m Apprenticeship levy has been accessed with a further £240k anticipated spend within the next year. Discussions on how to best use the levy are taking place.

11.2 In discussion, the Board noted that:

- The handover process when addiction services move to another provider is designed to preserve links. The Exec considers and monitors the risks of services – both new to the Trust and those moving to another provider
- City and Hackney services have had a pressured summer with increasing demand for services. A new leadership team is in place as well as a plan to monitor and manage quality via the Quality Committee. A review of some of the recent pressures in City and Hackney will be presented to Quality Assurance Committee

**Action: Paul Calaminus/Lorraine Sunduza**

- Infographics are reviewed by Directorate Management Teams to assist in predicting key areas of concern. These infographics provide a different level of intelligence from surveys. Business partners support localities with developing action plans
- The quarterly Pulse surveys that are undertaken in local areas show that levels of engagement in Bedfordshire and Luton are lower than elsewhere in the Trust.
- There may be some under-reporting on physical violence against staff in community health services, but overall there is confidence that staff feel able to report physical violence. The Chief Nurse is working with the Organisational Development Team to develop a long term plan
- A review of data is being undertaken with the aim of triangulating the information available to the Trust through the various sources.

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

## 12 Strategic Activity

12.1 Referring to the discussions in the private session of the Trust Board, Richard Fradgley highlighted that a current focus is on the development of the Long Term Plan (LTP) working in conjunction with the STP for submission on 15 November 2019 to NHS England and NHS Improvement.



- 12.2 In discussion, the Board noted that :
- The plan will be informed by a stocktake of current position and gaps
  - There will be an opportunity to comment on the plan before submission
  - The aim will be to include practical action rather than aspirational statements, as far as the national context and time for debate with partners allows
  - The Board will be kept up to date with developments in the LTP.
- Action: Richard Fradgley**

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

### **13 Integrated Quality and Performance Report**

- 13.1 Kingsley Peter presented the finance report and highlighted:
- The Trust is expected to achieve an NHS Improvement risk rating of 2
  - The Trust's cash position and financial viability plans are sound
  - The risk of expenditure on agency staff which is being addressed by encouraging staff to join ELFT's Bank (in-house temporary staff)
  - The risks in delays in achieving planned programmes of waste reduction and clinical and digital transformation
  - The overspend in Corporate Services
  - The Finance, Business and Investment Committee is closely monitoring the Trust's financial position and financial viability programme.
- 13.2 In discussion, the Board:
- Discrepancy in CAMHS 18 weeks treatment time indicators to be clarified  
**Action: Paul Calaminus**
  - Referring to the safety of those waiting for access to crisis services, was assured that there are processes to pick up and act if the health of a child or adolescent deteriorates, and queried if there was anything more the Trust could do
  - Noted there is a wide range of sources of help for children and adolescents that are offered while they are waiting for full assessment and treatment, including self-help apps and podcasts
  - Was provided with assurance that the process for detecting and acting on deteriorating trends in performance indicators takes place via the Quality Assurance Committee
  - Noted that physical health check performance is a primary care measure for which GPs are responsible, though the Trust may undertake some checks on behalf of GPs. ELFT is commissioned to undertake health checks in Bedfordshire. City and Hackney has the best score in the country on physical checks
  - Noted there is joint responsibility for achieving the target for primary care health checks and work is taking place to enable data to be lifted from RiO to put into primary care measurement systems. Information about the measures and responsibilities will be included in a future report  
**Action: Amar Shah/Richard Fradgley**
  - Was assured that FBIC will continue to monitor the financial performance of the Trust.
  - Noted that the decline in performance on first episode psychosis is partly explained by staff vacancies, especially medical capacity.

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

### **14 Emergency Planning, Resilience and Response (EPRR) and Business Continuity Annual Report inc Brexit Update**

- 14.1 Richard Harwin presented the EPRR report and highlighted:
- Health and safety standards:
    - In London, there is substantial compliance with all standards across all services.

- In Bedfordshire, community services were not fully compliant in 2018/19 and subsequently became substantially compliant in June 2019
- Bedfordshire and Luton mental health services were partially compliant in 2018/19 and as of June 2019 were substantially compliant.
- Brexit:
  - ELFT is as prepared as it is possible to be, given the unknowns
  - The Brexit Committee meets on a fortnightly basis
  - Funding for EU patients treated by ELFT is not at risk as treatment is urgent/emergency care.

On behalf of the Board Marie Gabriel commended Richard Harwin and his team on the excellent work.

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

## 15 Trust Board Committees

### a Audit Committee:

- Audit Committee Annual Report 2018/19

### b Finance, Business & Investment Committee:

- Chair's Assurance Report: 10 September 2019

### c People Participation Committee:

- Chair's Assurance Report: 17 September 2019

### d Quality Assurance Committee:

- Chair's Assurance Report: 9 September 2019
- Complaints and PALS Annual Report 2018/19
- Revalidation and Appraisal of Doctors 2018/19
- Health, Safety and Security Annual Report 2018/19

### e Appointments & Remuneration Committee

- Chair's Assurance Report: 6 September 2019

## 15.1 Audit Committee Annual Report

Anit Chandarana introduced the Audit Committee Annual Report for 2018/19, advising that:

- The report brings together checks on the audit process and an overall picture of how the Audit Committee carried out its role in 2018/19
- External auditors had been asked to comment on the quality of internal audit
- A survey had been carried out to assess the quality of output from the Committee and its meetings.

Anit highlighted that the Audit Committee:

- Had achieved its objectives
- Was found to have managed a good set of meetings in 2018/19; improvements could be made in communicating the output from each one
- Has put in place a cycle of review for 2019/20 so that risk management processes come into line with audit processes.

In discussion, the Board:

- Requested that all Board Committee's terms of reference should include requirement for an annual review of the effectiveness of the Committee

#### **Action: Cathy Lilley**

- Noted it is the responsibility of the Mental Health Law Committee to provide assurance on ELFT's compliance with Mental Health Law. Minutes of the Mental Health Law Committee are reported to the Quality Assurance Committee. The Audit Committee's role is to satisfy itself that these assurance processes are working
- The accuracy of attendance figures for Kingsley Peter.

#### **Action: Cathy Lilley**

15.2 **Quality Assurance Committee: Complaints and PALS Annual Report 2018/19**  
Lorraine Sunduza presented the Complaints and PALS Annual Report for 2018/19.

In discussion, the Board noted:

- The quality of complaint responses will be audited again in 2020 with the Non-Executive Directors
- The learning from complaints will be considered as part of the triangulation of information for the Quality Report
- Complaints upheld by the Ombudsman will be presented to the Board via the Quality Assurance Committee exception report in future  
**Action: Lorraine Sunduza**
- The annual report will be scheduled on the forward plan to be presented earlier in the financial year  
**Action: Cathy Lilley**
- Noted the decline in rates of doctor appraisal and revalidations completed on time was due to shortages of admin staff which was being addressed.

16 **Any Other Urgent Business: *previously notified to the Chair***

16.1 No urgent business had been notified.

17 **Questions from the Public**

17.1 Question 1: Why has ELFT had failed to honour its commitment to people participation and co-production in service redesign in Bedfordshire? In particular:

- The development of The Beacon in Bedford has not followed the good practice in co-production as for The Lighthouse
- Redesign is being rolled out in Bedford from 1 Oct 2019 without co-production having happened or appropriate communications having taken place
- There appears to be inequity in that London people have a choice about where to go to seek help. Bedford people have to travel out of area for inpatient treatment
- When ELFT took services over, an inpatient facility was promised but it is still not clear when and how this will be delivered.

Response:

- The Trust fundamentally believes that change is more successful when co-designed. In the case of the development of The Beacon the Trust acknowledges that this has not happened and will take this forward with Michelle Bradley, Director of Mental Health Services Bedfordshire and Luton, and Dr Dudley Manns, Medical Director Bedfordshire and Luton  
**Action: Paul Calaminus**
- An update on actions being taken will be provided at the People Participation Committee on 2 December 2019 and a personal update will be provided direct to the questioner  
**Action: Paul Calaminus**
- Negotiations are well advanced on a site for inpatient beds and a communication about this will be shared once the details have been finalised
- In the meantime, action will be taken to support families and friends of service users who are admitted to a distant inpatient unit.

17.2 Question – John Jones on behalf of Paula Grayson: Given the encouraging statement at the ELFT Stakeholder Session on 26 September 2019 about creating some inpatient beds in Bedford Borough, why was the Bromham facility at No 2 The Glades closed about four months ago?

Response:

- The unit (the Coppice) is not technically closed but is empty because there are no

patients who need in patient Learning Disabilities services. It is a small unit for up to four adults with learning disabilities but a new service model and community team mean that the facility is no longer needed. There has been no demand for the beds for over four months

- The Trust is working with the CCG to determine what would be the best future use
- There is a timetable for decision, involving scrutiny by stakeholders
- A decision is expected by the end of the calendar year.

17.3 Question - Linda Grant: Highlighted the issue with regards to the lack of provision for inpatients to smoke on site at Tamsin Court, Central Bedfordshire resulting in people standing in the road to smoke.

Response: Plans are in place to provide shelters for smoking, similar to those at Oakley Court.

17.4 Question - Linda Grant: Why are the doors of Beacon and Crombie Houses locked and why are reception staff so unhelpful when visitors wish to enter the building?

Response: There are reasons that doors are locked, e.g. for safety reasons, as is the practice in other units. It is unacceptable, however, that reception staff are not helpful in enabling access. Issues to be raised with the managers.

**Action: Paul Calaminus**

17.5 Question - Linda Grant: Will the siting of the inpatient unit take into account that Central Bedfordshire is not one town but several, e.g. Houghton, Flitwick, Biggleswade etc.

Response: The site will be in the town of Bedford.

17.6 Question - Keith Williams: Requested that two of the six Board meetings held each year to take place in Bedfordshire/Luton.

Response: The practicality of this will be reviewed and an update provided at the next Board meeting.

**Action: Cathy Lilley**

17.7 Jamu Patel commended the Trust on the work in schools on diversity in mental health and reducing stigma for children.

## 18 **Dates of Future Meetings:**

- Thursday 28 November 2019
- Thursday 30 January 2020
- Thursday 26 March 2020
- Thursday 21 May 2020
- Thursday 23 July 2020
- Thursday 24 September 2020 (Luton or Beds TBC)
- Thursday 3 December 2020
- Thursday 28 January 2021
- Thursday 25 March 2021

All meetings will commence at 13:30 – 16:30; lunch will commence at 12:30 and lunchtime presentation at 13:00; venues to be confirmed.