

## Trust Board of Directors Meeting - Part 1

**DRAFT** Minutes of the Trust Board of Directors meeting held in public on Thursday 30 January 2020 at the Unison Centre, 130 Euston Road, London NW1 2AY

**Present:**

Marie Gabriel	Trust Chair
Aamir Ahmad	Non-Executive Director
Ken Batty	Non-Executive Director
Paul Calaminus	Chief Operating Officer and Deputy CEO
Steven Course	Chief Financial Officer and Deputy CEO
Mary Elford	Vice-Chair Bedfordshire and Luton
Dr Navina Evans	Chief Executive Officer
Professor Sir Sam Everington	Non-Executive Director (from 3:30pm)
Dr Paul Gilluley	Chief Medical Officer
Jenny Kay	Non-Executive Director
Lorraine Sunduza	Chief Nurse
Eileen Taylor	Non-Executive Director
Dr Mohit Venkataram	Executive 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:**

Dawn Allen	Public Governor
Shirley Biro	Public Governor
John Devapriam	Medical Director, Worcestershire Health and Care NHS Trust
Caroline Diehl	Public Governor
Janet Flaherty	Head of Communications (part)
Elizabeth Holford	Corporate Minute Taker
Arif Hoque	Public Governor
Cathy Lilley	Associate Director of Corporate Governance
Maria Millar	Business Manager to Chief Executive
Nicki McCoy	Corporate Secretariat Manager
Susan Masters	Appointed Governor
Beverley Morris	Public Governor
Edwin Ndlovu	Director of Operations
Angelica Palmer	Non-Executive Director, Worcestershire Health and Care NHS Trust
Jamu Patel	Public Governor, Luton
Kingsley Peter	Interim Chief Financial Officer
Susan Shamash	CQC Inspector
Suzana Stefanic	Public Governor, Central Bedfordshire
Felicity Stocker	Public Governor, Bedford
Keith Williams	Public Governor, Luton

**Apologies:**

Anit Chandarana	Non-Executive Director
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*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 and especially Edwin Ndlovu, newly appointed Director of Operations.

1.2 Apologies were noted as above.

## 2 Declarations of Interests

2.1 Marie Gabriel declared an interest as the designate Chair of the North East London Sustainability and Transformation Partnership.

## 3 Patient Story: Experience of the new accreditation scheme

3.1 Marie welcomed Bob Cazley to talk to the Board about his experience of ELFT's scheme for accreditation of services by service users.

Bob explained that there are seven 'must meet' service standards that have been drawn up by service users who assess whether these standards are met. After the visit, the service user accreditation team reviews and writes a report awarding gold, silver or bronze. Bob shared his experience of accreditation:

- Being an accreditor involves interaction with service users and staff that is truly 'something to behold', as service users do not usually have the chance to communicate in this way
- Experience as an accreditor shows the power of looking from the bottom up, listening to the voice of the people the service is provided for
- Empowerment through accreditation helps in the recovery journey
- The satisfaction of giving something back and making a difference is a joy
- It is difficult to describe the good feeling of listening to service users who talk to accreditors in a way that they would not do to staff
- Involvement in accreditation would not be for everyone as a certain cognitive level is needed.

Bob ended with a quote from feedback: *"Recovery is what people experience themselves, it allows them to live a meaningful life, taking part gives a positive sense of belonging to the community, keep doing what you are doing you are appreciated and you do make a difference"*.

3.2 Marie, on behalf of the Board, warmly thanked Bob for his powerful talk, suggesting that the key performance indicators used in the NHS should really be designed around service user standards.

Members of the Board acknowledged the powerful impact of accreditation scheme and in discussion noted:

- More needs to be done to demonstrate and communicate that findings from the accreditation are being taken forward. Some of the feedback is shared with the Working Together Group, but there could improved communication with accreditors on what has changed as a result of their work
- ELFT could lead the way in standards becoming national
- Learning from the bottom-up accreditation process should inform business development
- There is no set time commitment to be an accreditor
- Accreditation should be integrated into QA (quality assurance) and QI (quality improvement); a start has been made on this. There should be repeat visits to see if action has made a difference. The accreditors should themselves play a role in helping to implement change
- More needs to be done so that experienced people like Bob who have insight and

wisdom can encourage other service users on their recovery journey. Involvement opportunities could be better publicised and something like a 'lived experience movement' is needed

- Participation should be part of standard dialogue between staff and service users in care planning.

3.3 Marie thanked Bob again, committing that the Board would act on:

- The need for routine dialogue between service users and staff on how participation could help recovery
- Putting learning from how services meet needs and aspirations into business planning
- How to continue on from accreditation reports, taking their findings into the wider improvement system.

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

#### **4 Minutes of the Previous Meeting held in Public on 28 November 2019**

4.1 The Minutes of the meeting held in public on 28 November 2019 were **APPROVED** as a correct record.

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

##### **5.1 Action Log**

Progress with the action log was noted.

##### **5.2 Matters arising**

Para 10.2: Tanya Carter confirmed that the list of staff to receive long service awards would be finalised by 30 January 2020.

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

Marie Gabriel presented highlights from her report.

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

The Council of Governors had discussed patient discharge between services and commenting that:

- Good discharge requires excellent communication through supportive practitioners who link with partner organisations
- Discharge planning should begin on admission
- Support to service users should continue after discharge
- There should be service-user led discharge standards for discharge to other ELFT services and for discharge from ELFT.

Further discussions will be held at a future Council meeting on patient discharge out of services.

The Council received an update on the actions taken in response to the previous year's annual planning process and noted the meetings planned for 2020 as part of the planning process for 2020/21.

Governors standing to be Lead Governor gave excellent presentations to the Council as part of the election process. The election outcome will be known on 31 January 2020.

##### **6.2 Recognition**

Marie Gabriel congratulated Navina Evans on her richly deserved appointment as a Commander of the British Empire (CBE) in the New Year's Honours for her outstanding

contribution to public life.

Marie also congratulated Anit Chandarana on his appointment as Chief of Staff at Network Rail and would remain as a Non-Executive Director at ELFT.

### 6.3 **Norfolk and Suffolk Foundation Trust (NSFT)**

Marie Gabriel was pleased to report that NSFT have moved from 'inadequate' to 'requires improvement' following the recent CQC inspection and acknowledged the Trust's support on NSFT's improvement journey.

### 6.4 **Appointment as Chair of North East London Sustainability and Transformation Partnership (STP)**

Marie Gabriel advised that she would be taking up her new appointment as Chair of North East London STP on 1 April 2020.

Eileen Taylor would be Acting Chair and Mary Elford would continue as Vice Chair in the interim period whilst the process to appoint a new Chair is carried out. The Council of Governors, led by Jenny Kay as Senior Independent Director, are responsible for the appointment of the Chair and recruitment arrangements have commenced. There will be an opportunity for staff, all Governors, service users, carers and external stakeholders to share their views on the qualities they would like to see in the new Chair; this feedback would help to inform the interview questions and stakeholder panel sessions.

### 6.5 **Non-Executive Director Visits to Services**

Eileen Taylor reported on a refreshing visit to inpatient services for City & Hackney residents at Homerton Hospital; observations included:

- Wards had been under pressure with increasing admissions and a rise in violence and aggression
- The Trust had chosen to adopt a CQC-style improvement process
- The previous challenges with escalation of issues had now been resolved and staff feel confident problems identified will be addressed
- There could be improvements in opportunities for creative and therapeutic activities on the men's ward and in the evening/at weekends
- Although the male ward was short-staffed, staff were being rotated in from other wards in a collaborative system to ensure safe staffing
- The crisis line, which takes 2,000 calls per month, is staffed by only one person at night; this puts a pressure on the service as calls will be missed
- The drop in facility is so popular that people come in from outside the area on buses
- The place of safety room is impressive. It is a dedicated facility for people who are brought in by the police. Staff feel well supported and time away from the unit is built in to schedules to prevent stress. There is a good relationship with well-trained police. However, there are internet connectivity problems.

In discussion the Board noted that:

- There are plans to pair the crisis team with the Place of Safety team, to allow mutual support
- The aim is that activities on wards reflect service user needs and preferences
- Non-Executive Directors felt it would be beneficial to arrange an evening visit.

**Action: Lorraine Sunduza**

Aamir Ahmad reported on a visit to see eprescribing in practice, highlighting that:

- Eprescribing is a national programme to streamline processes and manage risk in a complicated area
- ELFT's multi-disciplinary team is working well on a project that is transforming clinical and business processes and which has the potential to save lives
- Benefits from implementing eprescribing include time savings on medication rounds, opportunities for teams to learn about service transformation and waste reduction,

- and strengthening of team working
- The project budget had to be increased to address wider IT system requirements
- Clinical consultant involvement and investment of time is essential and generates many benefits.

In discussion the Board:

- Commended the project team for delivering the project ahead of time
- Requested that investment in staff learning opportunities continues, as new staff are regularly appointed
- Requested that priority be given at corporate level to achieving resilient IT infrastructure.

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

## 7 Chief Executive's Report

7.1 Navina Evans highlighted that:

- Marie Gabriel will work with Vice Chairs Mary Elford and Eileen Taylor to ensure a smooth handover following Marie's appointment as Chair of North East London STP
- Paul Calaminus has been appointed as Deputy Chief Executive and Edwin Ndlovu as Director of Operations
- Verbal CQC feedback from inspections of Bedfordshire and Luton adult inpatient services, and Bedfordshire community health services has been positive. A written report is expected in March 2020
- ELFT has taken over the contract to provide GP services at Cauldwell Medical Centre in Bedford; an exciting opportunity to work with partners to improve population health
- Staff are being consulted through a range of projects to determine how best to develop flexible working
- Staff networks focussing on women, LGBT, BAME, intergenerational matters, are active. Their role is to advise on creating favourable working environments
- The Personality Disorder Service in Tower Hamlets has received the Psychiatric Team of the Year Award from the Royal College of Psychiatrists
- Uptake of flu vaccination stands at 69% with a few more weeks to go before the Trust's performance against target is assessed
- 53% of staff completed the staff survey, a higher percentage than in the previous year
- NHS has designated 2020 to focus on the contribution of nurses and midwives
- A mental health crisis hub has been established in Newham. Plans in Luton and Bedfordshire for a crisis service run with Mind are progressing well.

7.2 In discussion the Board:

- Requested the Quality Assurance Committee receive a briefing on the crisis service provision across localities as a cross-cutting theme  
**Action: Lorraine Sunduza/Paul Gilluley**
- Noted that some staff refuse the offer of flu vaccination on the basis that evidence of its effectiveness is unconvincing
- A QI project is being undertaken to ensure that the Trust's flexible working policy is applied consistently in line with aims.

7.3 Navina Evans, of behalf of the Board, warmly thanked Marie for her outstanding contribution and commitment to the Trust as Chair and wished her well in her new role.

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

## 8. Quality Report

8.1 Amar Shah advised that the Quality Assurance (QA) section of the report focussed on processes in primary care and the Quality Improvement (QI) section on people

participation.

8.2 In discussion on QA systems for primary care, the Board received assurance that ELFTs existing assurance systems will be adapted for use in primary care, focussing on patient journeys within the context of Primary Care Networks and place-based systems.

8.3 In discussion on QI systems, the Board:

- Commented on the variation of service user involvement in QI and noted this will be considered further at the Trust-wide working together groups to understand and set ambition for the year ahead
- Requested that more detailed narrative is included in the report particularly in helping to interpret the charts including clear measures showing trends over time, with accompanying narrative to make clear the source of the data (e.g. which teams/localities are included) and any other information relevant to interpretation.

**Action: Amar Shah**

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

## 9 Quality Presentation

9.1 The Board received a presentation on restrictive practices, noting that the Quality Assurance Committee had received the presentation as part of a 'deep dive' review and discussion of this complex, safety matter.

9.2 Presenting findings from QI projects in a range of wards, Lorraine Sunduza highlighted that:

- The Trust is obliged, under the Mental Health Act Code of Practice, to treat all patients in the least restrictive setting for their needs
- Where violence is not managed quickly and well, a whole ward becomes unsettled
- Trauma-informed care, taking into account the patient's previous experience, is essential to avoid inadvertently compounding a situation
- Seclusion is sometimes seen as a better alternative to physical restraint
- Collaborative leadership includes service users, with the aim of enabling the whole ward community to feel safe.

9.3 In discussion, the Board noted that:

- Rates of use of restrictive practices are analysed with reference to protected characteristics defined in anti-discrimination law, including ethnic groups
- Restrictive practices are used relatively more often for people from BAME groups. ELFT is assessing local solutions for this
- The importance of focussing on place, in managing potential violence amongst people with learning disabilities, is recognised and acted upon in the Trust.

9.2 The Board **RECEIVED, NOTED** and **DISCUSSED** the presentation.

## 10 Learning from Deaths Report

10.1 Paul Gilluley introduced the Learning from Deaths report which also reflects learning from deaths. Paul highlighted that:

- The report includes information on expected deaths, unexpected deaths and finding from Coroner inquiries
- In the period 1 July – 30 September 2019 there were:
  - 432 expected deaths, of which 212 were subject to Structured Judgement Review
  - 91 unexpected deaths, of which 48 were subject to a Serious Incident investigation, of which 9 were likely to have been suicides
- 28 Coroners' reports, of which 8 resulted in verdicts of suicide and 7 returned a narrative judgement (did not reach a definite conclusion).

10.2 In discussion the Board:

- Commended a clear analysis of themes emerging from incident investigation
- Noted that although ELFT actively seeks to involve families in Serious Incident reviews, some families feel excluded by Coroners and acute services
- Noted that the demographic profile of the population in Luton and Bedfordshire is closer to that of the East of England than London. Comparative data for Luton and Bedfordshire using East of England death rates will be presented at a future meeting
- Noted that prescribing systems present risks as ELFT may not be the only prescriber for a patient, resulting in prescribing limits being exceeded in one patient. The Trust should therefore aim to be 'the guardian of complex prescribing'
- Noted a forward plan will be developed for STP cross-partner review of deaths of patients who received community services, pending the introduction of Community Medical Examiners in 2024
- Acknowledged the balance to be struck between maintaining family/person confidentiality and presenting as appropriate and relevant information in the public section of the Board meeting.

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

## 11 People Plan Update

11.1 Tanya Carter introduced the People Plan update report, highlighting that:

- There has been good progress in most of the targeted areas in respect of the Equalities Plan
- It is planned to use the national Workforce Race Equality Standards (WRES) to help measure the impact of action being taken to reduce the proportion of BAME staff subject to formal HR processes
- The Trust has recently lost an Employment Tribunal sexual discrimination case with a member of staffing having been unfairly dismissed. The learning in relation to the handling of maternity leave is being taken forward
- Over 500 staff have qualified for long service awards
- The agile working project has been completed on time. Staff moved into new offices on 6 January 2020 and feedback to date has been positive overall. Service User Adrian Curwen played an invaluable role in design and implementation.

Marie Gabriel commended progress.

11.2 In discussion, the Board:

- Noted that the data provided in the Equalities and Diversity plan was for the first year of a three year plan. Future reports would include more detailed narrative
- Requested that the use of the category 'straight' (standard naming convention) be replaced with heterosexual when describing sexuality. This will be raised with the user group

### **Action: Tanya Carter**

- Considered the actions being taken on recruitment and agreed the importance 'growing your own' noting that ELFT has a programme of visits to secondary school as part of its strategy for local recruitment
- Considered mitigation of risks of ELFT acquiring GP services when GP vacancy rates are high. Tower Hamlets is piloting a scheme to take doctors straight out of medical school into GP practice

11.3 Marie Gabriel introduced a presentation by Tanya Carter on ELFT's wide ranging work to address the relatively high experience of bullying and harassment reported by BAME staff in Luton and Bedfordshire.

Tanya spoke about the powerful stories and learning that had taken place through the

Respect and Dignity at Work project where staff had shared experience 'through my eyes' and 'through someone else's eyes'. She highlighted:

- Clear themes had emerged: undervalued administrators, the negative experience of black women; staff with mental health problems, the impact of serious incidents at work after support tails off; many staff love their job; listening by managers is key but time is a constraint.
- Action is currently focussed on improving formal processes for staff who have a mental health problem.

11.4 In discussion the Board agreed that Non-Executive Directors will join Executive Directors in making a personal pledge to improve staff experience

Marie Gabriel summarised by noting that the Trust has a highly diverse Board and is engaged in shaping a movement to improve and maintain diversity.

11.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report and presentation.

## 12 Staff Survey 2019/20 Results

12.1 This item was deferred.

## 13 Safe Working Hours: Q2

13.1 Paul Gilluley introduced the Safe Working Hours report, advising that this is the mandatory report for the purpose of assurance that doctors are able to work safely.

13.2 In discussion, the Board noted:

- That timescales are tight across the whole process of finding doctors for shifts which results in a length of time before exception reports (where working hours are exceeded) are signed off
- The frequent gaps in consultant cover arise from sickness and other leave
- A member of the junior doctor forum links with the Guardian of Safe Working and Lorraine Sunduza attends the junior doctor forum. Consideration to be given to triangulating information from the Guardian of Safe Working Report and Freedom to Speak Up and identify key themes  
**Action: Paul Gilluley**
- The estimated rate of under-reporting, such that the real figure for exceeding hours is expected to be nine times greater than that reported is not peculiar to ELFT
- ELFT recruitment to posts takes place via the Deanery but a pilot project to recruit straight from medical school could be undertaken (learning from a GP project in Tower Hamlets).

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

## 14 Strategic Activity

14.1 In discussion the Board:

- Noted that the challenges presented by lack of clarity on STP governance remain
- Noted that models similar to the Burtzorg nursing model (where some principles and practices had been found to be effective in the pilot) are being introduced in two practices
- Expressed concern that STP level plans appeared to not fully meet the requirements to address population health strategy, social isolation, employment and mental health services in schools and for children and young people.

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

## 15 Integrated Performance Report

15.1 Amar Shah introduced the report, highlighting that:

- A deep dive to explore why performance on access to community mental health support in 28 days was deteriorating (target 95%) had identified that increasing demand is the main explanation
- The measures for future reports are under review to ensure they are meaningful and focus on groups of people rather than services

15.2 In discussion the Board:

- Requested information on the proportion of CAHMS referrals that are accepted, compared to the Trust average of 70%  
**Action: Amar Shah**
- Noted that future reports will include more narrative to provide more clarity
- Noted that there is no concern about waiting times for IAPT. Additional income will be used to outsource for digital therapy, which, if successful could be scaled up and standardised across ELFT
- Noted that the accuracy of figures relating to IAPT services is improving.

15.3 Steven Course presented highlights from the financial performance section of the report:

- There is a surplus of £167k compared to plan with income £170k above plan
- If Provider Sustainability Funding (PSF) is excluded, the Trust's control total is £2.4m and is on plan to meet this given a £285k non-recurrent use of reserves
- Expenditure is a cause for concern, being above plan primarily due to agency and corporate costs.

15.4 In discussion, the Board noted:

- The financial implications of increases in length of stay
- The action being taken to eliminate reliance on use of reserves
- The importance of embedding a culture change in terms of the financial viability strategy in order to realise savings in future (rather than using the 'salami slicing approach')
- A system is being introduced whereby management accounting information is used at Directorate level to identify and act on potential overspend at an early stage
- The Finance Team is working with management to ensure that realistic budgets are being set
- Increases in agency spend were identified and accepted by the Trust as a risk when deciding to acquire GP services.

The Board expressed concern about agency spend and the use of non-recurrent funding to bring the Trust's finances into balance and was assured that the Finance, Business and Investment Committee regularly reviewed and monitored the Trust's financial position receiving detailed reports, and where appropriate requesting further deep dive presentations and assurances.

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

## 16 Trust Board Committees Assurance Reports

- Appointments & Remuneration Committee: 5 December 2019
- Audit Committee: 14 January 2020
- Finance, Business & Investment Committee: 14 January 2020
- Mental Health Act Committee: 6 December 2019
- People Participation Committee: 2 December 2019
- Quality Assurance Committee: 6 January 2019

16.1 The Committee reports were taken as read.

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

17.1 There was no other urgent business.

**18 Questions from the Public**

18.1 Question 1: Asked about information that will be provided to staff, service users and the public to stop any mass panic about Coronavirus.

Response 1: ELFT is communicating as advised by Public Health England. All messages are determined centrally and the Trust keeps staff, service users and the public regularly updated.

Question 2: Complemented the patient story and service user accreditation team and suggested ELFT might like to draw on quality assurance processes used in the technical world.

Response: This was noted.

Question 3: Does the Trust have data on readmissions?

Response: It was confirmed that this is presented in the Board papers.

Question 4: How is learning from serious incidents, such as suicide, undertaken?

Response: Investigations identify what went wrong with service delivery and clinical care, and identify an action plan for local services to deliver. The focus is on learning lessons across the Trust. Quarterly learning events are held which are open to all staff.

Question 5: Could a glossary be provided for the Learning from Deaths report.

Response: This would be included in future reports.

Question 6: Thanked the Board for arranging for a Board meeting to be held in Luton.

**19 Dates of Future Meetings:**

- Thursday 26 March 2020
- Thursday 21 May 2020
- Thursday 23 July 2020
- Thursday 24 September 2020
- 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 13:00 and lunchtime presentation at 13:30; venues to be confirmed.

*The meeting closed at 16:38*