

Trust Board of Directors Meeting - Part 1

DRAFT Minutes of the Trust Board of Directors meeting held in public on
Thursday 26 March 2020 by Web-Ex

Present:

Marie Gabriel CBE	Trust Chair
Aamir Ahmad	Non-Executive Director
Ken Batty	Non-Executive Director
Paul Calaminus	Deputy CEO
Anit Chandarana	Non-Executive Director
Steven Course	Chief Finance Officer
Mary Elford	Vice-Chair Bedfordshire and Luton
Dr Navina Evans	Chief Executive Officer (until 2:30)
Professor Sir Sam Everington	Non-Executive Director (until 2:30)
Dr Paul Gilluley	Chief Medical Officer
Jenny Kay	Non-Executive Director
Lorraine Sunduza	Chief Nurse
Eileen Taylor	Vice-Chair London
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:

Paul Binfield	Head of People Participation
Nuha Chowdhury	Service User
Joseph Croft	Staff Governor
Janet Flaherty	Head of Communications
Elizabeth Holford	Corporate Minute Taker
Anita Hynes	Interim Freedom to Speak Up Guardian
Sukhvinder Kaur-Stubbs	Member of the public
Edmund Koboah	EFLT Butabika Partnership Manager
Norbert Lieckfeldt	Support to Cathy Lilley
Cathy Lilley	Associate Director Governance & Assurance
Claire McKenna	Director of Nursing (part)
Dr Dudley Manns	Medical Director, Bedfordshire & Luton (part)
Maria Miller	Business Manager to Chief Executive
Edwin Ndlovu	Director of Operations
Kingsley Peter	Interim Chief Financial Officer
Felicity Stocker	Public Governor, Bedford Borough
Aidan White	Public Governor, Newham
Keith Williams	Public Governor, Luton
Jacqueline	Member of the public

Apologies:

None

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 acknowledged the Trust is working in an unprecedented time as a result of the COVID-19 pandemic and government driven lockdown. She outlined the approach to holding the meeting virtually:

- Public: the Trust's website included a notice regarding the arrangements for the virtual meeting as well as a set of papers. The public have the opportunity to join virtually and/or send in questions, and will receive a personal response as well as included in minutes
- Governors: invited to join virtual meeting and submit questions
- Summary of key discussions will be circulated to Governors and posted on website prior to the next Board meeting.

1.2 No apologies for absence had been received.

2 Declarations of Interests

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

Mary Elford declared an interest as the designate Chair of Cambridge Community Services.

3 Patient Story: Newly Trained Peer Support Workers from Bedfordshire and Luton

3.1 Marie welcomed Nuha Chowdhury to talk to the Board about her experience of becoming a Peer Support Worker (PSW).

3.2 Paul Binfield advised that Peer Support Workers have been recruited in Luton and Bedfordshire which is the first area in ELFT where each Community Mental Health Teams (CMHTs) will have a PSW. These workers will be in the vanguard of cultural change so that the lived experience of service users informs all the team's work.

3.3 Nuha spoke about the value of PSWs for the Trust, for service users and for PSW themselves, highlighting that:

- Having been out of education and employment for four years, she was in the right place at the right time last May when she heard about the opportunity to become involved via the People Participation Team
- People participation enabled Nuha to gain skills and confidence through, for example, attending meetings and being in a professional environment
- PSWs for Bedfordshire and Luton all undertook training together which enabled them to support each other and gel as a group. They meet regularly including via a WhatsApp group
- Her aim is to bridge the gap between service users and staff, so that fear is removed and clinicians and service users feel like equals
- Relationships with staff should improve as staff learn to connect better
- Being a PSW will have a significant positive impact on her recovery as she will be able to use and develop skills and confidence. The opportunities for career progression are important and the Trust ethos is very motivating.

3.4 In discussion the Board noted:

- As part of the PSW preparations, quality improvement (QI) should be built into the more general communication between service users and staff, as well as formal clinical processes, people participation should be part of all Trust activities and staff involvement should reflect that staff are service users
- Due to their personal experience PSWs have a role to place in social prescribing,

which can influence the wider determinants of health such as education and employment; this should be shared with system partners, especially knowledge of resources that affect the wider determinants of health

- The positive experience of the initial process and training to become a PSW
- Review and identify improvements to PSW appointment process to ensure a more streamlined and timely experience. Nuha would be invited to provide advice and knowledge. The Board's Appointments and Remuneration Committee to review action plan and progress.

Action: Paul Binfield/Tanya Carter

- 3.5 On behalf of the Board, Marie thanked Nuha for sharing her experience, stressing how important it is for the Board to learn from people like her.

4 Minutes of the Previous Meeting held in Public on 30 January 2020

- 4.1 The minutes of the meeting held on 30 January 2020 were **APPROVED** as a correct record.

5 Action Log and Matters Arising from the Minutes

5.1 Action log

The Board noted:

- All actions were either closed, not due, in progress or on the Board forward plan
- Action 316: The Board will receive an annual report on complaints with a bi-annual update report. The QAC will consider these reports in depth before they are presented to the Board meeting.

5.2 Matters Arising

Jenny Kay suggested it might be timely in the light of the COVID-19 pandemic to review the impact of electronic prescribing in a virtual team environment.

6 Chair's Report

- 6.1 Marie Gabriel presented the Chair's report:

- Highlighted the consultation on the annual plan had taken place with the Council of Governors and priorities identified
- Congratulated Vice-Chair Mary Elford on her appointment as Chair of Cambridgeshire Community Services NHS Trust commenting on Mary's exceptional skills, insight and personal qualities, and her drive on ensuring service users and carer voices are heard in all forms of discussion
- Congratulated Navina Evans on her appointment as Chief Executive of Health Education England commenting that her legacy can be seen in her leadership in developing the future workforce, bringing expertise, amongst other things, in mental health and out of hospital care
- Congratulated Zara Hosany on her election as Lead Governor for the Council of Governors; Keith Williams will remain as the Deputy Lead Governor.

- 6.2 As this was Marie's last Board meeting as Chair of ELFT, Marie shared her reflections of her tenure at the Trust highlighting that ELFT is an organisation that is always improving. She hoped to have left a legacy where teams and culture are built for continuous improvement, working alongside people with lived experience. New leadership can take this forward and further develop ELFT's ambitions and values.

Marie also paid tribute to her Board colleagues, stating her pride in their abilities and ambitions, and to her Council of Governor colleagues. All these colleagues, alongside service users, carers and staff have made ELFT a better place.

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

7 Chief Executive's Report

7.1 Navina Evans highlighted:

- ELFT is now responsible for providing GP and primary care services at the Leighton Buzzard Practice in Bedfordshire and from 1 April 2020 at the Cauldwell Practice
- The Trust's work on suicide prevention and welcomed the appointment of a suicide prevention lead at the Trust
- The Trust has received the prestigious 'Capital Nurse' Award, a quality mark of nursing training and practice
- The opening of new crisis cafes in Bedfordshire
- ELFT has done less well than hoped on the Stonewall Index of Employers (202nd out of 500). Actions will take place to improve this position and will be reported to the Appointments and Remuneration Committee as part of the people report
- The ELFT promise has been launched: *to work together creatively to learn what matters to everyone, to achieve a better quality of life and to continuously improve our services.*

7.2 In discussion, the Board:

- Agreed a presentation on crisis pathways will be presented at a future Board meeting
Action: Cathy Lilley to add to forward plan
- Was assured that the time allocated for the Trust's clinical suicide prevention lead would be sufficient as local authorities lead on suicide prevention through their responsibility to develop multi-agency plans and the Trust's lead will focus on building external relationships and connections.

7.3 Navina thanked Kingsley Peter for stepping in as Interim Chief Finance Officer and for his support and pragmatic approach.

Navina also paid tribute to Marie Gabriel and thanked her for the nurturing support she had received from Marie. She commented that Marie had been an exemplary Chair, helping to guide and steer the Trust, and a role model for many.

7.4 The Board **RECEIVED, DISCUSSED** and **NOTED** the Chief Executive's report.

8. Quality Report

8.1 Amar Shah presented the report, highlighting that:

- The Quality Assurance section looks in depth at learning from service user accreditation of services.
- Quality Improvement (QI) has been integrated into the COVID-19 response using digital and virtual platforms.

8.2 In discussion, the Board:

- Commended the service user-led accreditation process
- Considered whether it would be beneficial to have people participation mandated for all management meetings but agreed that this would be counter to achieving the cultural change consistent with the Trust's values
- Noted that staff value service user accreditation and find it meaningful
- Noted that drop-out rates from QI projects reflect staff capacity to take on the work; there is firm commitment to restart projects when capacity permits
- Agreed that future reports on QI would include transferrable lessons learnt

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

9 Learning from Deaths Report including Bedfordshire Mortality Presentation

9.1 Bedfordshire Mortality Presentation

Dudley Manns and Claire McKenna presented an update on the thematic review of unexpected deaths within Bedfordshire Mental Health Services from April 2018-2019:

- Comparative rates of death have been analysed using NHS East of England data as the context
- There was a statistically significant increase in suicide registrations in 2018 compared with 2017
- Death rates range from 8.7 – 11.3 per 100,000 population per year for East of England (compared to 9.2 to 10 per 100,000 for England)
- Death rates are comparatively most high for males at midlife with a parallel increase in self-harm in males
- Risk of early death is possibly linked to economic factors and alcohol use
- Of the 29 unexpected deaths during 2018/19, 24 were in contact with our services
- Themes included a diagnosis of depression, personality disorder or psychotic illness; issues with 72 hour follow up post discharge; prevalence of substance mis-use and lack of engagement with P2R or equivalent services; record-keeping; crisis care pathway communication
- Actions to address the 72 hour follow up issue include a standard will be adopted of follow-up of all cases within seven days of contact, not just those on CPA
- Other actions include a suicide prevention conference stressed the importance of involving families when assessing risk and making decisions, a pilot model of joint working with P2R, learning lessons and safeguarding staff training event in March 2020, expansion of employment support and advice services
- A series of system actions are also being undertaken including working with Samaritans and MIND, provision of bereavement support, shame crime initiative.

In discussion the Board:

- Thanked Dudley and Claire for their excellent leadership
- Noted the value of research on access to primary care records and use of primary care technology to communicate with patients by text and email
- Noted that progress is being made with regards to STP-based partnership working in the prevention of death opportunities
- Received assurance on how feedback from service users who have reported unhappiness about the manner in which their care ended is being taken into account
- Noted that in-reach to schools and outreach via barbershops, has been undertaken
- Requested an update on the role of stigma in contributing to unexpected deaths.

9.2 Learning from Deaths

Paul Gilluley presented the report on Learning from Deaths highlighting that:

- In Q3 2019/20 there were 569 deaths of services users in contact with services of which 469 were expected and 105 unexpected
- Deaths of people with learning disabilities are investigated nationally. There have been no deaths of ELFT service users investigated in the last three months
- Of 13 Serious Incident deaths in Q3, seven are suspected suicides.
- There were 36 coroner enquiries completed in the period with 10 verdicts of suicide and five narrative verdicts.

In discussion the Board:

- Received assurance that, given the pressure to discharge patients in the COVID-19 period, service users would not be put at greater risks of suicide. The Trust is putting in place enhanced opportunities to keep in contact with service users, using virtual rather than face to face contact
- Received assurance that ELFT undertakes regular record keeping audits via its

quality and safety systems and is putting an extra focus on audit of whether 72 follow up contact post discharge has taken place.

- Noted there was better clarity between ELFT and NELFT regarding patient responsibility
- Noted that there are systems in place for checking the quality of Coroners' reports
- Requested that more narrative is included against the graphs in the report to provide a more detailed explanation and/or highlight concerns.

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

10 People Plan Update

10.1 Tanya Carter presented the report and highlighted that due to COVID-19:

- Deadlines for completing statutory and mandatory training have been extended, and face to face training has been reduced
- Accommodation and taxis to support social distancing are being provided for staff and annual leave can be carried forward.

10.2 In discussion the Board were assured that standards of training for agency staff are maintained as recruitment is via framework agencies, who are obliged to ensure staff demonstrate up to date training. In addition, the Trust provides local induction and supervision before the agency worker starts work. This approach has been commended by CQC.

10.3 With regard to the Staff Survey findings, the Board:

- Noted that staff views and feelings are being tracked via a pulse survey. This is a method that takes 'the temperature' of teams and conducts sample checks across the organisation
- Agreed that the report of the Staff Survey would be carried forward to the Trust Board meeting in May to provide more time for review and discussion. The report will focus on the top five or so areas from the survey as well as WRES.

Action: Tanya Carter.

10.4 With regard to Freedom to Speak Up, the Board noted that:

- Anita Hynes has been appointed as FTSU Guardian, providing maternity leave cover.
- The Freedom to Speak Up processes during COVID-19 is continuing using virtual means in place of face to face contact.

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

11 Guardian of Safe Working Report Quarter 3

11.1 The Board noted that:

- Working restrictions have been suspended during the COVID-19 period
- Rotas are drawn up six weeks in advance
- Business continuity plans are being developed in anticipation of a shortage of new junior doctors
- Reasons for 16% of doctors reporting exceptions to working hour limits to be addressed in a future report.

12 Integrated Performance Report

12.1 Steven Course presented the finance section of the report and highlighted that:

- The Trust's financial position had been considered in depth at the Finance, Business and Investment Committee
- The Executive Directors and FBIC are closely monitoring expenditure which is exceeding plan

- Financial balance in line with the control total is being achieved through the use of reserves
- There are specific and significant cost pressures in Bedfordshire due to the nature of contracts there
- There is a new requirement for financial balance to be managed at a system (STP) level. Across the East London STP, there is an £80m gap. ELFT is to offer support of £500,000 to help other providers in the system..

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

13 COVID-19 Update

13.1 Paul Calaminus presented an update on the Trust's response to the COVID-19 pandemic. He focused on the impact and risk on services, service users and staff and also stressed the importance of the Trust in learning from this incident to ensure we take forward the best of these new ways of working into the 'recovery' phase.

13.2 Paul highlighted:

- The NHS has designated the COVID-19 outbreak as a level 4 incident
- A 'Gold Command' structure is in operation
- People at specific risk have been asked to isolate at home
- The social and economic impact of measures being taken is being monitored
- The Trust's working assumption is that recovery from the outbreak may take until September 2021; there will be a focus on lessons learned
- Leadership arrangements in place to support initial response and can be adjusted as requirements change
- Governance arrangements have been reviewed in the light of NHSE/I's guidance on 'reducing the burden' on management
- Monitoring of COVID-19 is through the Board Assurance Framework, the Board and its sub-committees; operational management is through the Gold Command structure
- The impact on staff:
 - 541 people are sick or isolating of whom 163 are nurses and doctors
 - A staff support 'offer' has been developed
 - A need to acknowledge, embrace and work with anxiety is recognised
 - It is important that people are heard and know that the Trust cares
- The impact on service users, the Trust is:
 - Reviewing service users' care plans and planning for end of life care
 - Understanding the impact of changes
 - Redefining peer support worker roles for the current situation
 - 20 ELFT patients suspected to have COVID-19 and 9 cases confirmed on wards
- The service impact at the Trust:
 - The digital strategy is being put into practice at a fast pace to facilitate staff working at home arrangements to reduce physical contact
 - New apps have been rapidly brought into use to enable good communication and record keeping
 - All IAPT services moved entirely online within 72 hours and many CAMHS services have also moved to online
 - Changes to admission thresholds and discharge from inpatient services, and increased work in community health services
- The local impact:
 - The picture is changing rapidly: acute services are moving towards providing only critical and intensive care
 - Navina Evans is co-ordinating out of hospital care in Waltham Forest, Newham and Tower Hamlets
 - Out of hospital care leadership is enabling progress with integrated care across primary care, local authorities, community pharmacies, etc
- Quality Improvement (QI) methods are being built in to all the innovations and

changes taking place, so that it will be possible to evaluate what has worked well and what has not.

13.3 In discussion the Board noted:

- Seclusion reviews without face to face contact are being piloted
- Risks associated with Personal Protective Equipment (PPE) are being monitored. The Trust position is to stay focussed on quality and safety. Supplies are being received daily
- Risks associated with maintenance of digital and QI systems are being managed and monitored
- Video consultations are taking place via a new app for the NHS. 'Easy to use' guides have been produced
- IAPT and CAMHS services are sharing learning
- The social care response is being managed via Local Resilience Forums and the NHS Operational Command structure. In East London the NHS is leading on social care responses as part of its lead role in out of hospital care. In Bedfordshire and Luton, the Local Authority (Richard Carr) is leading on social care
- Contracted out home care services are under pressure and care homes have reported shortages of PPE
- 500,000 NHS volunteers nationally are to be co-ordinated locally via STPs
- Non-Executive Director 'visits to services' being carried out remotely is being explored
- The impact on people with a learning disability who live in supported accommodation is being taken seriously, recognising that residents and staff are under huge strain
- There is flexibility in implementing the Mental Health Act as part of the COVID-19 response. ELFT is taking a 'by-exception' approach and is monitoring closely; the Mental Health Act Monitoring Group will review impact.
- With the Trust focusing on managing the challenges resulting from COVID-19, there are risks including:
 - Maintaining focus on improvement and working in systems
 - Emotional impact of changes and nature of the challenge
 - Financial impact
 - Strength of infrastructure to support changed ways of working
 - The recovery of vulnerable people, such as those with an Eating Disorder who have limited access to food
- Key Performance Indicators for 'business as usual' during COVID-19 period are being developed
- Governance structures are regularly reviewed to ensure they remain fit for purpose and in particular ensure decision-making and information exchange can be effectively expedited

13.4 Specifically referring to finances, Steven Course advised that:

- Governance and accounting systems are being put in place to track expenditure on COVID-19
- COVID-19 funding will be received at the end of the financial year
- 'Normal' contractual funding will be received based on the 2019/20 month 9 position. This will apply for the first four months of 2020/21. It is expected that top up payments will follow
- NHS Improvement will take an 'audit light' approach at the end of the financial year.

13.5 The Board **RECEIVED, DISCUSSED** and **NOTED** the COVID-19 update and commended the Executive on its work.

14 Trust Board Committees

- Appointments & Remuneration Committee
- Audit Committee
- Finance, Business & Investment Committee

- Mental Health Act Committee
- People Participation Committee
- Quality Assurance Committee

14.1 The Board agreed that these would be circulated outside of the meeting or reported on at the next meeting. The chairs of the committees confirmed that there were no issues to highlight to the meeting not already raised under previous agenda items.

15 Forward Plan

15.1 The Board **NOTED** the Forward Plan.

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

16.1 There was no urgent business not already raised under previous agenda items.

17 Questions from the Public *previously notified to the Chair*

17.1 Question 1: Asked about the numbers using the crisis services in Newham.
Response: The service as currently configured is very new, and there is initial evidence that it is well used and already has an impact in terms of reducing A&E submissions for mental health crisis.

Question 2: Queried the availability of PPE and testing for COVID-19.

Response: Assurance provided that the Trust has no shortages in terms of PPE for staff and are complying with office guidelines. Testing kits are available on wards; at present these are being used for symptomatic patients.

Question 3: Asked about the possibility of a policy of 'never discharging service users', allowing people to be seen as and when needed.

Response: This concept is at the heart of CMHT transformation. Nuha our peer support worker is invited to be involved.

Question 4: Asked about how IAPT is working online.

Response: It is working well. Staff are adaptable and supervision is carried out on line.

18 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

During the COVID-19 pandemic, meetings will be held by WebEx and Governors and members of the public will be asked to respect the social distancing guidance. The start times of the part 1 meeting may vary and details will be included on the website. Governors and members will have the opportunity to submit questions prior to the meeting.

The meeting closed at 14:40