

**DRAFT Minutes of the Trust Board of Directors meeting held in public on Thursday
21 May 2020 at 11:45 am by WebEx**

| Present: | Name | Title |
|-----------------|---------------------------------|--|
| | Eileen Taylor | Interim Trust Chair |
| | Aamir Ahmad | Non-Executive Director |
| | Ken Batty | Non-Executive Director |
| | Paul Calaminus | Deputy Chief Executive Officer |
| | Anit Chandarana | Non-Executive Director |
| | Steven Course | Chief Financial Officer |
| | Mary Elford | Vice-Chair Bedfordshire and Luton |
| | Dr Navina Evans | Chief Executive Officer |
| | Professor Sir Sam Everington | Non-Executive Director |
| | Dr Paul Gilluley | Chief Medical Officer |
| | Jenny Kay | Non-Executive Director |
| | Lorraine Sunduza | Chief Nurse |
| | 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 |
| Roshan Ansari | Public Governor |
| Juliet Beal | |
| Paul Binfield | Associate Director of People Participation |
| Katherine Corbett | Staff Governor |
| Caroline Diehl | Public Governor |
| Tee Fabikun | Public Governor |
| Elizabeth Holford | Corporate Minute Taker |
| Zara Hosany | Staff Governor |
| Mark Lam | ELFT Chair Designate |
| Norbert Lieckfeldt | Corporate Governance Manager |
| Cathy Lilley | Associate Director of Corporate Governance |
| Nicki McCoy | Corporate Secretariat Manager |
| Edwin Ndlovu | Director of Operations |
| Jamu Patel | Public Governor |
| Mary Phillips | Staff Governor |
| Suzana Stefanic | Public Governor |
| Felicity Stocker | Public Governor |
| Aidan White | Public Governor |

Apologies:

None

The minutes are produced in the order of the agenda

1 Welcome and Apologies for Absence

- 1.1 Eileen Taylor opened the meeting by commending ELFT's magnificent response to COVID-19: the Trust is a leader in a demonstrably campaigning for kindness. Quoting from Barack Obama, Eileen paid tribute to the qualities shown by the Trust: "*There's nothing weak about kindness and compassion. There's nothing weak about looking out for others. There's nothing weak about being honorable. You're not a sucker to have integrity and to treat others with respect.*"

Eileen welcomed Governors, members of the public and Chair Designate Mark Lam who was attending as an observer.

Eileen asked all to abide by the virtual meeting etiquette which was presented in a slide.

- 1.2 No apologies for absence had been received.

2 Declarations of Interests

- 2.1 Mark Lam advised that he is Chair of Barnet, Enfield and Haringey Mental Health Trust, a Non-Executive Director on the Board of Social Work England and had financial ties to BT Group.

3 Patient Story: Living During COVID-19

- 3.1 Eileen Taylor welcomed Ishmael to speak about his experience of living with health needs during COVID-19.

Ishmael provided an articulate and powerful overview of his experience, as a person from the BAME community who had been medically retired following a stroke and had sought help from Improving Access to Psychological Therapy (IAPT) services and the Recovery College. Ishmael gave a very clear picture of his challenges and experiences:

- Two weeks of self-isolation was very difficult especially as his family were in North America
 - Keeping in touch with the recovery college was helpful, it was reassuring that staff checked in with him
 - Three weeks ago, having tested negative, he started taking exercise in Victoria Park. This was marred by being approached by police officers and park wardens when he needed to rest on a bench, quite frequently, due to his physical condition. The effect of this was that he stopped going out which had a negative impact on his health
 - The community has been good at offering help, but there is no specific help and limited spiritual access for people who live alone.
- 3.2 Paul Binfield advised that the Trust was reviewing the different ways to reduce isolation and loneliness which has been highlighted as a result of COVID-19, building on the Trust-wide work on loneliness which was one of the people participation priorities that had been established prior to COVID-19.
- 3.3 The Board was sorry to hear of Ishmael's experience and asked his views on how ELFT could have, or could in future, improve things for people such as himself.

In discussion with Ishmael, the Board:

- Heard that a higher staff to service user ratio at the recovery college, to help with

physical exercise, would be helpful

- Noted that support to maintain spirituality would have made a difference, especially during Ramadam. There are online and virtual prayer groups for various faiths, which are easy to use, but unless service users are signposted to them and have digital access then this option is not available. ELFT's spiritual care team has good links with spiritual organisations to support inpatients, but there is a gap with regard to patients in the community. Any community patients are urged to approach ELFT for assistance
- Was assured that ELFT has very good links with police stations and has a criminal justice liaison team, who address issues such as those mentioned by Ishmael on feeling a 'target' for those charged with enforcing the rules. COVID-19 has amplified inequalities but has also identified different ways the Trust can engage with the communities and the police.

Eileen, on behalf of the Board, thanked Ishmael for sharing his personal experience and thoughtful answers to questions.

4 Minutes of the Previous Meeting held in Public on 26 March 2020

- 4.1 The Minutes of the meeting held in public on 26 March 2020 were **APPROVED** as a correct record.

5 Action Log and Matters Arising from the Minutes

5.1 Action log

The Board noted that:

- A number of actions had been delayed and completion dates extended, due to COVID-19
- All other actions were either closed, on the agenda or on the forward plan.

5.2 Matters Arising

There were no matters arising not otherwise on the agenda.

6 COVID-19 Update

- 6.1 Paul Calaminus led the presentation on ELFT's COVID-19 response and plans.

Human impact:

- 107 service users in contact with ELFT have died, of whom 20 were inpatients (five who had been transferred to acute and 15 were older people, several whom had previously been admitted for end of life care)
- 27 people with learning disabilities, who at some point have had contact with ELFT services, have died. Of these people, only one had received a shielding letter
- There was a three-fold increase in deaths in March 2020 compared to March 2019. Government policy meant that very limited testing was available at the time and so COVID-19 as a cause cannot be determined. Only four COVID-19 positive deaths are reported for March 2020
- Data for April 2020 shows a cluster of suspected deaths by suicide in Hackney: six in six weeks, all men, of various ages and ethnicities. In three of the cases, possible COVID-19 links are noted, but not confirmed. Serious Incident reviews will be undertaken after a desk-top review
- COVID-19 has had a huge emotional impact on staff and morale. Fear of

infection, providing end of life care, providing 'normal' services in new ways, working from home under difficult circumstances have caused significant stress

- The Trust has been pro-active from the outset, providing leadership and engagement via staff networks. The Chief Nurse, Chief Medical Officer and Director of Operations meet frequently with clinical teams to discuss challenges. Service Directors are linking with Boroughs. The focus is on listening and addressing anxieties
- COVID-19 has highlighted a number of issues including inequalities including people from Black and Ethnic Minority (BAME) groups being disproportionately badly affected. An extraordinary meeting of the BAME networking team has been held to listen to, acknowledge and provide any possible practical response to experiences. A series of smaller sessions is now being held to learn what else the Trust could do
- All staff networks continue to meeting virtually.

Quality Impact Assessment (QIA)

- From setting up the initial emergency response system, to responding to immediate problems and planning next phases, the Trust has systematically built in methods for collecting and analysing quality impact. Co-production based on quality improvement methods, is integral to everything the Trust does
- The Board Assurance Framework has been updated to reflect new and altered risks.

New ways of working

- The rate at which staff and service users have adopted new technology has been phenomenal. IT services have been supportive and ELFT's infrastructure has coped very well. One thousand laptops have been distributed to staff and 600 smartphones, including to service users who need them for treatment or co-production involvement
- Feedback from service users indicates that there is an appetite to engage and be treated via digital solutions. It is also clear that lack of access to or discomfort with digital services is a new source of inequality. This is being taken forward with third sector organisations and community groups
- Eight GP practices that ELFT now runs have migrated seamlessly to ELFT's IT systems, as part of the work of a new Primary Care Directorate.

Financial value

- The Finance, Business and Investment Committee (FBIC) has discussed the financial impact of COVID-19 in depth
- The NHS financial regime has changed significantly
- For 2020/21, the Trust will receive its income via block contracts based on income at month 9 of 2019/20 – no negotiations with commissioners are therefore required
- Rules on capital budgets and spend have changed. Budgets are to be set at STP level which will impact on ELFT's ability to set its own capital programme
- The Trust is looking at its estates and digital capital requirements in the light of innovations in the COVID-19 period.
- Spend on COVID is recorded and reimbursed separately, but there are rules on what it can and cannot be spent on.

Learning and planning for the future:

- There has been immense change. Quality improvement methods have been

systematically used to accumulate data with which to plan. Using this information, the Trust can accelerate its mission to improve population health and quality of life

- There will continue to be a focus on coproduction and inequalities
- ELFT is engaged in national NHS planning work, using a major Trust piece of work called 'Shaping Our Future', There are many strands to this, including on 'the future of work', 'leadership' and 'inequalities'.

6.2 The Board commended the Executive and all staff on the excellent and inspiring response to COVID-19 as demonstrated in the presentation.

In discussion, the Board noted:

- Unintended consequences of action taken to date: Assurance was provided that ELFT had done everything possible to predict, mitigate and pick up unintended consequences. This has been formally confirmed by the Audit Committee which has scrutinised action and impact carefully. ELFT chose to continue with a full programme of formal governance committee meetings even though the NHS gave it the option of suspending some governance activities
- There have been predicted adverse consequences in terms of widening inequality. Mitigation has included pro-active work by the People Participation Team to contact service users to establish how the Trust can help, for example, through the establishment of a befriending group and provision of digital access
- A programme of NED virtual visits is being planned
- How a 'new normal' will be achieved: assurance is relatively straightforward with regard to achieving infection control-compliant inpatient services, based on significant learning from re-arranging wards to date. For community services, the Trust has been 'adapting on the hoof' and continuously collecting data and learning so that the future of work can be designed in co-production with staff, service users and communities.
- Learning lesson from deaths: The Quality Assurance Committee is reviewing deaths and issues including why a majority of people who died from learning disabilities received no shielding letters and whether some carers chose to take their relatives out of care homes or supported living due to perceived risks.
- Care for people with learning disabilities: In respect of deaths reviewed to date there have been no cases where people who died were subject to Do Not Resuscitate (DNR) instructions.
- Real-time learning: Learning systems have been established right from the start of the pandemic, so that emerging concerns could be addressed. One important principle is that some deaths may be unavoidable, but good end of life care and achieving 'a good death' is something ELFT can do. Work has been commissioned to review the end of life care of those who died, including access to acute care. There is a positive spirit of enquiry which permeates all workstreams. Support to people with learning disabilities and their families is a central part of the Inequalities workstream. 'Shaping the Future' plans include coproduction with service users and carers.

6.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the COVID-19 update and received assurance on the quality of the Trust's response and planning.

7 Interim Chair's Report

7.1 Eileen Taylor presented the report and highlighted:

- The Council of Governors (Council) conducted a very successful process leading

to appointment of a new Chair

- The Council would like to begin to connect more closely with Boroughs again, so that locally specific concerns can be acted upon
- None of the Trust's formal Committees have been stood down and the full range of governance activities has continued.

7.2 Eileen extended her thanks to:

- Non-Executive Directors and the Executive for their tireless work in difficult circumstances; they have been a shining light and lived the values that ELFT upholds
- Council who has worked exceedingly hard to carry out their role and go beyond their normal activities in supporting each other remotely
- Norbert Lieckfeldt and Cathy Lilley who had been 'rocks' of support, advice and generosity and a true asset to the organisation.

7.3 Mary Elford, on behalf of the Board, thanked Eileen Taylor for the way in which she had taken over as Interim Chair and led the Trust through the pandemic response to date.

7.4 The Board **RECEIVED** and **NOTED** the Interim Chair's Report.

8 Chief Executive's Report

8.1 Navina Evans highlighted the main points from her report:

- A leadership group has been established to listen to staff, recognising that different groups have faced very different, challenging and worrying circumstances
- ELFT is proud that staff from the Cauldwell Primary Care Practice in Bedfordshire have joined the Trust.
- The Lighthouse has had its first anniversary
- Philippa Graves will be joining the Trust in July as Chief Digital Officer.

8.2 The Board **RECEIVED** and **NOTED** the Chief Executive's Report.

9 Quality Report

9.1 Amar Shah introduced his report which focussed on the impact and adaptations of quality assurance and quality improvement during the COVID-19 pandemic. He drew to the Board's attention that:

- There had been no service user peer visits to services and risks scores have been adjusted to reflect this. Plans are being made to enable peer assessment of services to resume
- Quality improvement processes are integral to the COVID-19 response and findings are shaping the future.

9.2 In discussion, the Board:

- Noted that service user peer review visits take place after teams have done their own self-assessment of how they compare against service user-determined standards. It is unlikely that the process can be made fully digital.
- Sought assurance that opportunities are being taken to develop metrics that will be useful and valid in 12 months' time: the Integrated Performance Report on the agenda includes measures that are a first attempt at developing Board level assurance. Metrics are being developed based on what measures clinical teams,

and service users, need to be able to see in real time as part of new ways of working and co-production. This is incorporated as a strand of work under 'Shaping Our Future'. Data will still need to be submitted to commissioners but it will also be more meaningful

- Noted there has been a dip in reporting of safeguarding concerns. This is monitored through the Quality Committee and the issue has been highlighted with staff. Links with agencies that can offer support have been communicated
- Expressed appreciation for the reflective report which encompasses quality assurance, improvement and control.

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

10 People Plan Update

10.1 Tanya Carter presented the report and highlighted:

- A COVID-19 risk assessment which captures all vulnerabilities is being developed using a best practice template; this will be completed through a conversation between managers and staff
- A variety of donations have been received which have been fairly distributed across the staff groups
- Testing continues with over 1000 staff tested to date.

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

11 WRES and Staff Survey

11.1 Tanya Carter presented an overview of the progress with ELFT's three-year equality and diversity plan:

- Success measures have been looked at across the quality networks that are in place in the Trust
- The triangulation of data and information across a range of data sources – including WDES, WRES, Guardian of Safe Working, Go Engage pulse survey, annual staff survey, annual GMC survey, Executive walkarounds, gender pay gap reporting, organisational development (OD) interventions – is improving
- The NHS runs a Workforce Race Equality Standards (WRES) programme which includes nine indicators against which to measure Board diversity and staff by seniority (pay band) as well as reported experience and discrimination
- Formal disciplinary proceedings have decreased for BAME staff and suspensions have significantly reduced over the previous year
- There has been an increase in the number of grievances and complaints from BAME staff which is considered to reflect greater confidence in reporting incidents which has been encouraged through the Trust's respect and dignity campaign
- There has been a wide range of OD activities across directorates with a focus on culture, support, professional development, etc
- Gong forward the focus will be on staff support and career progression including improved values based recruitment, reverse mentoring, more dialogue with senior leaders about race and privilege
- Four questions from the Staff Survey have been used to assess career progression.

11.2 In discussion, the Board:

- Commended all staff for keeping patients safe particularly when staff absence was high in the early stages of the pandemic, and acknowledged the scale of work and leadership
- Was pleased to note staff involvement in coproducing solutions
- Noted 136 staff have taken up support through the new Employee Assistance Programme; this is an increase over previous years but could be attributable to both support required as a result of the impact of COVID-19 and/or improved data provision from the new EAP provider
- Noted the Trust is also providing a range of psychology support services internally established as a direct response to the impact of COVID-19 on staff
- Received assurance that although the deadline for appraisals completion has been extended, the importance of staff completing appraisals has not been diluted. Returns will be monitored as they can now be submitted electronically
- Noted that ELFT's approach to workforce is to 'grown its own' and to draw on local talent and potential
- Noted the work being undertaken on promoting the Trust as an employer of choice, for example, flexible and remote working opportunities
- Highlighted that the OD examples in the presentation had an east London focus, and requested that to demonstrate that there are not inequities, OD initiatives in Bedfordshire and Luton are also shared.
- Noted the changes to the liaison and diversion service are part of a change of arrangements to a joint service between Trusts that NHS England has commissioned; this should not reduce the capacity available.
- Noted that the 'Future of Work' workstream is looking at wellbeing when working at home and that the Trust's internal auditors will audit experience of home working in 2020/21
- Requested that the Appointments and Remuneration Committee receive:
 - Data on service and/or geographical variation and 'hotspots' for reported bullying and harassment
 - Details including underlying reasons for the increase in BAME staff reports of grievance and complaints
 - information about the impact of COVID-19 on take-up of support from the Employee Assistance Programme.

Action: Tanya Carter

11.2 Eileen Taylor, on behalf of the Board, thanked Tanya Carter for her excellent leadership of staff in very difficult circumstances and praised the high standard of her comprehensive reports.

11.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the people update.

12 Safe Staffing

12.1 Lorraine Sunduza introduced the report, highlighting that:

- A red flag system has been added to indicate where the number of staff on a shift is lower than planned
- The impact of COVID-19 is evident from the report. Low staff numbers were seen in March 2020 due to shielding, self-isolation and altered rotas
- Staff are now returning to work.

12.2 In discussion, the Board:

- Welcomed the inclusion of community nursing staff in the report

- Noted it has taken time for the use of the Health Roster System to be embedded
- Sought assurance on the frequency of red flags, especially in Newham and Tower Hamlets. Assurance was received that no wards have been unsafe. It is always the case that where a rota'd nurse becomes unavailable, someone steps in.

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

13 Integrated Performance Report

13.1 Amar Shah introduced the report, highlighting that:

- This is a new style report which includes COVID-related indicators and seeks to provide Board-level real time data for assurance
- Thanks are due to Anit Chandarana for advice on what the Board needs for assurance purposes
- Due to data being refreshed more slowly than usual in the COVID-19 period, data quality may be partially impaired. Community staff working from home using unfamiliar technology may have taken longer than usual to enter data.
- There are no performance measures for Improving Access to Psychological Therapies (IAPT).

13.2 In discussion, the Board:

- Commended the pace and success with which IAPT services had moved to digital only
- Noted that quality improvement methods will be used to determine need for face to face appointments in IAPT balanced with the demand for those who do not wish to take up digital therapies
- Noted the importance of ensuring people participation is included in discussions about future changes to services, particularly as a range of complexities will need to be considered.

13.2 Steven Course presented the key points from the Finance section of the report:

- The report presents the financial situation at month 12 of 2019/20
- Accounts for 2019/20 are at present being externally audited in line with NHS England/NHS Improvement requirements. Final submission will be made on 25 June 2020
- The Trust made a surplus of £9.3m in 2019/20 which was above plan of £5.6m
- It is not unusual for Trusts' surplus to end up higher than planned. The NHS often makes year-end adjustments that enable non-recurrent use of financial resources
- The Trust received £1.868m from NHS Improvement which is for mental health services only
- The Trust contributed £0.5m towards addressing the £80m overspend in the North East London Sustainability and Transformation Partnership
- COVID-19 changes mean that CQUIN and outcomes based payments have been relaxed with the Trust receiving an unexpected one-off benefit of £300k
- Assets have been revalued, giving a benefit of £1m that can be counted in the surplus but not in the control total.
- The concept of a going concern is different under COVID-19. ELFT is held to be a going concern as it will receive block contract income over the whole of 2020/21. The cash position is £106m.

13.3 The Board:

- Sought assurance with regard to risks of having to hold a large volume of assets as cash: a paper presented to the Board in 2019/20 had set out the volume of cash needed each month for salaries and other essential costs
- Noted that capital resources will now be bid for and allocated at NEL STP level and raised concerns about the capital allocation process in Bedfordshire, Luton and Milton Keynes STP area and other STPs where ELFT provides services. The Chief Finance Officer has raised the issue and is awaiting a response
- Sought assurance with regard to transparency in receipt and distribution of charitable donations. The People and Culture Team has established a workstream to discuss how donations should be used; a hardship fund has been established. ELFT has received £42,000 from NHS Together and £35,000 from Barts Charity for staff and service users.

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

14 ELFT Primary Care Plan

14.1 Dr Mohit Venkataram presented ELFT's primary care plan, highlighting that:

- The Trust has for some time been playing a leadership role not just in mental health and community care but in developing primary care and out-of-hospital services. This is in line with strategic objectives on population health
- This role is not solely about providing primary care services but involves developing services to 'wrap-round' primary care as part of an overall place-based system
- The plan includes extending ELFT's role as an integrator and enabler, by offering back office functions such as IT, estates, where that would be effective and provide efficiency
- Social prescribing and new ways of working will be integral to primary care development
- Governance and assurance will be via the Board's Quality Assurance Committee, Finance, Business and Investment Committee (estates, capital investment including IT), Remuneration and Appointments Committee (workforce) and the People Participation Committee as well as the Council Of Governors Significant Business Committee
- Project structure feeds into the Executive Team
- There will be links between Borough Directors and Local Medical Committees and GP Federations.

14.2 In discussion, the Board noted:

- Risks relating to shortages of GPs are to be mitigated by rethinking the workforce and enabling senior nurses, pharmacists and other health professionals to take on roles currently done by GPs
- There are potential financial risks due to absence of block contracts for GP services
- Plans for clinical leadership development and two-way learning are in hand, to address and gain from differences in organisational and professional culture
- Experience with virtual consultations during COVID-19 suggests that need for locum GPs is likely to be much reduced in the future. Multi-disciplinary meetings have been taking place by Zoom. Consultations are more efficient if organised online as patients can provide a written note of what they wish to consult on
- Further discussion on assurance and learning as a Board to be factored in to a Board development session.

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

15 Trust Board Committees:

- a Appointments & Remuneration Committee**
- b Audit Committee**
- c Finance, Business & Investment Committee**
- d Mental Health Act Committee**
- e People Participation Committee**
- f Quality Assurance Committee**

15.1 The Committee reports were taken as read.

16 Any Other Urgent Business: previously notified to the Chair

16.1 No other urgent business had previously been notified to the Chair.

17 Questions from the Public

17.1 Q1: Question on review of infection control and availability of PPE
Response: The Trust has at all times followed Public Health England (PHE) guidance and specialist input from a Consultant Microbiologist who is supporting the emergency response. Procedures have been implemented as directed by PHE, but ELFT is applying learning. A systematic programme of training on how to use PPE is being rolled out. Basic infection control measures such as washing hands are being reinforced continuously. Staff now have the option of uniforms.

Q2: Question on support and condolences for those who are bereaved
Response: It is ELFT's policy to send condolence letters in respect of service users and staff who have died and this system has been built on under COVID-19. All deaths are acknowledged whether they are expected or not.

Q3: Question on support to service users who have a negative experience with law enforcement as mentioned in the patient story
Response: The Trust collecting stories of negative experiences and there is further work to do to encourage service users to speak up. The Trust has a good and long standing relationship with local police in all boroughs.

Q4: Question on bullying and harassment
Response: This is being addressed through a programme of developing mutual respect, through initiatives such as 'a mile in your shoes'. Organisational development aims to equip staff to be compassionate to each other. The Board has strong commitment to this.

17.2 Navina Evans took the opportunity to thank Eileen for the outstanding contribution as Interim Chair, at an unprecedentedly challenging time.

18 Dates of Future Meetings:

- Thursday 23 July 2020
- Thursday 24 September 2020
- Thursday 3 December 2020
- Thursday 28 January 2021
- Thursday 25 March 2021