

**DRAFT Minutes of the Trust Board of Directors meeting held in public on Thursday
23 July 2020 at 12:45 by WebEx**

Present:	Name	Title
	Mark Lam	Trust Chair
	Aamir Ahmad	Non-Executive Director
	Ken Batty	Non-Executive Director
	Paul Calaminus	Deputy Chief Executive
	Anit Chandarana	Non-Executive Director (part of meeting)
	Mary Elford	Vice-Chair Bedfordshire & Luton (part of meeting)
	Professor Sir Sam Everington	Non-Executive Director
	Jenny Kay	Non-Executive Director
	Eileen Taylor	Vice-Chair London
	Steven Course	Chief Financial Officer
	Dr Navina Evans	Chief Executive Officer
	Dr Paul Gilluley	Chief Medical Officer
	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)
	Philippa Graves	Chief Digital Officer (non-voting)
	Dr Amar Shah	Chief Quality Officer (non-voting)
In attendance:		
	Dawn Allen	Public Governor
	Angela Bartley	Consultant in Public Health
	Shirley Biro	Public Governor
	Robin Bonner	Staff Governor
	Liam Crosby	Public Health Registrar
	Caroline Diehl	Public Governor
	Tee Fabikun	Public Governor
	Derek Feeley	Board Adviser
	Steve Gladwin	Director of Communications
	Elizabeth Holford	Corporate Minute Taker
	Zara Hosany	Staff Governor
	Norbert Lieckfeldt	Corporate Governance Manager
	Cathy Lilley	Associate Director of Corporate Governance
	Nicki McCoy	Corporate Secretariat Manager
	Rose Muchoki	
	Clare Mulrenan	
	Edwin Ndlovu	Director of Operations
	Sheila O'Connell	Staff Governor
	Matt Preston	Service User
	Stephanie Quitaleg	Senior Executive Assistant
	Suzana Stefanic	Public Governor
	Jamu Patel	Public Governor
	Felicity Stocker	Public Governor
	Keith Williams	Public Governor

Apologies:

None

The minutes are produced in the order of the agenda

1 Welcome and Apologies for Absence

- 1.1 Mark Lam welcomed all. An especially warm welcome was extended to:
- Matt Preston, a service user who would be speaking to the Board about the benefits of creative writing
 - Philippa Graves newly appointed as Chief Digital Officer (non-voting Board Director)
 - Derek Feeley recently appointed as Adviser to the Board.
 - Angela Bartley, Consultant in Public Health and Liam Crosby, Public Health Registrar, who would be presenting a report on Covid-19 excess deaths.
- 1.2 No apologies for absence had been received.

2 Declarations of Interests

- 2.1 There were no interests relevant to the meeting other than those in the published register. Anit Chandarana gave notice that he would be stepping down as Trustee Chair of Network Rail Pension Fund, in order to devote more time to his role at ELFT. This would be reflected in the Register for future meetings.

3 Patient Story: Creative Writing

- 3.1 Matt Preston gave a vivid and inspiring talk about how creative writing had helped his recovery and how he had been inspired to set up creative projects at ELFT. Matt highlighted that:
- Having been a mental health service user for five years, Matt first became involved with ELFT's People Participation team in September 2019.
 - Already an amateur writer, Matt further developed his creativity by setting up a poetry magazine. This was very therapeutic.
 - In response to the constraints and opportunities from Covid-19, Matt set up e-creative sessions and opportunities for ELFT service users and carers, and an e-magazine.
 - Feedback from those involved has been extremely positive. Members come from diverse social and ethnic backgrounds but share in common the feeling that creativity can reduce loneliness and allay a sense of 'not being good enough'.
 - Participation in writing has benefits such as being able to put into words things that cannot be directly spoken about. It is a way of having a voice.
 - The e-magazine is a win-win. It enables the very many creative service users, carers and staff to use their talent and has been received very positively by readers.
- 3.2 The Board commended Matt's ideas, hard work and the e-magazine. In response to questions and comments the Board heard that:
- Creative arts have a massive impact on social wellbeing.

- People are often terrified to join creative groups initially but progress in stages, sharing their work and in some cases going on to chair a group.
- The impact can be huge: one carer said that the group is the highlight of their week and what keeps them going, a real 'de-stressor'.
- Creative arts might be considered 'the fifth therapy'. An East London GP practice already provides three art studios in order to support population health. Views on other ways in which health services can support access to arts, would be welcome.
- In some GP practices there is a more forward-thinking approach with patients asked to express themselves in writing 'pre-write' which also can help therapists in their diagnosis and support.
- ELFT is already a large employer of creative arts therapists compared to other Trusts. The next stage is to work with the community to enhance population health through access to arts and culture.
- There would be value in considering how findings from Matt's work could inform the Peer Support Worker role.
- Matt's talk had reinforced the universal and shared experiences during Covid-19 period: narrating experiences is of therapeutic value for staff and service users alike. This is the reason why co-production is essential to future planning. Matt was invited to advise on the role of creative writing in co-production.
- The Board commended the magazine which has a wide-reach.

3.3 On behalf of the Board, Mark Lam expressed thanks to Matt, noting that there had been a long chat thread of universal compliments and interest.

4 Minutes of the Previous Meeting held in Public on 21 May 2020

- 4.1 The Minutes of the meeting held in public on 21 May 2020 were **APPROVED** as a correct record, subject to amendments:
- Para 6.2, 5th bullet: Add an action to reflect the point.
 - Para 11.1 3rd bullet: 'reported experience and discrimination' to be amended to 'reported experience of discrimination'.
 - Para 11.1 7th bullet: Typo.
 - Para 11.2: 4th bullet from bottom: Add an action to reflect the point.
 - Para 13.3: Add that the cash balance is increasing as well as already large.

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.

The Chair sought and received confirmation from the Board that there were no reservations about carrying over actions.

5.2 Matters Arising

None.

6 Chair's Report

6.1 Mark Lam explained that the purpose of the Chair's Report on this occasion was to reflect on his first two months at ELFT and to account for use of his time. He highlighted:

- It had been a privilege, revelation and delight to be appointed as Chair of the Trust.
- He had the opportunity of meeting with or speaking to a large number of colleagues – both staff and Governors – in East London, Luton and Bedfordshire and had witnessed very high standards of motivation, commitment and dedication.
- Time had also been spent in meeting colleagues at regional level in North East London and Luton & Bedfordshire, as well as with other key external stakeholders including local MPs.
- It is clear that ELFT has already accelerated fast towards achieving the goals of the NHS Ten Year Plan, in its innovative response to Covid-19. ELFT leadership has shown itself capable of making huge decisions in an environment of uncertainty, involving Governors and service users every step of the way. There are reasons to be confident that ELFT can thrive as an organisation and a system leader in improving population health and reducing inequalities. The required capability and talent are evident.

6.2 The Board **RECEIVED** and **NOTED** the verbal report.

7 Chief Executive's Report

7.1 Navina Evans presented her report and highlighted:

- **Shaping our Future:** Five workstreams which include staff, leadership team and service users, have been established to 'shape the future' building on learning from Covid-19.
- **Services:**
 - Some face to face appointments have been re-introduced ensuring appropriate levels of safety.
 - New services have been set up in Bedfordshire and Luton including establishment of dementia, crisis and liaison and diversion teams.
- **Race and Privilege:** There has been a focus on race and privilege as part of the Trust's ongoing work on respect and dignity. This was in response to the disproportionately negative impact of Covid-19 on black and minority ethnic groups and reaction to the George Floyd case and renewed strength of 'Black Lives Matter'. 'Safe spaces' have been provided for staff and service users to express their feelings. Staff leadership has been identified as a critical factor in improving quality and equality. Emerging findings are being taken forward via the Respect and Dignity programme.
- **Primary Care:** Dr Liz Dawson has been appointed as Director of Primary Care to support direct provision of GP services by ELFT and to inform how ELFT might best complement the services of other GP practices. The Trust sees primary care as a key part to delivering its strategy of improving the quality of life for our populations

7.2 In discussion, the Board:

- Sought assurance on training of call handlers and noted that most 111 call handlers are not clinical staff. Training is provided to call handlers on how to access clinical expertise and clinicians provide support to call handlers where calls are distressing. It

was suggested that the Trust might wish to check that call handlers are content with their training and that service users are satisfied with the service provided.

- Received assurance that ELFT's outpatient clinics had continued but secondary care services had been closed to new referrals as had memory clinics. These are now restarting. The Shaping Our Future workstream is looking at priorities for face to face clinics, learning from feedback to date but also being mindful of infection control.
- Received assurance that a high level of support is being provided to the individual who had shared a serious racial discrimination event that ELFT has recently managed and the formal processes are in progress to learn from and resolve the matter. The Trust is ensuring there is an appropriate infrastructure in place to respond to the stories and issues raised at the race and privilege sessions.

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

8 Quality Report

8.1 Amar Shah introduced the report, highlighting that service user and carer involvement had moved online and that the report looked in depth at the future of Quality Improvement (QI).

8.2 In discussion, the Board:

- **ELFT as a QI system leader:** Focussed on how QI systems should evolve to reflect the changing external environment where Integrated Care Systems and partnership working define the main opportunities. The Board noted that ELFT is already a system leader, working with local authorities and Clinical Commissioning Groups to disseminate methods and learning.
- **Clinical audit:** Was assured that there are minimal risks from ceasing the previously agreed clinical audit programme, as a result of Covid-19. The current practice is for clinicians to agree audit priorities locally and for enhanced QI to achieve the same benefits as clinical audit. The risk of returning to former ways of working is mitigated through the 'Future of Work' and 'Shaping Our Future' workstreams which is reviewing the emerging new service models and local improvements, and using data to understand the impact on the population and value. Consideration to be given as to how to provide to provide assurance that to the Board that innovation is sustained and extended to positive effect.

Action: Amar Shah

Mark Lam summed up by saying that the high quality of the report had enabled the Board to reflect on the role of QI going forward and how its impact will be assessed. QI is a great model and ELFT is continuing to embed a culture of continuous improvement and to reflect this in its system leadership.

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

9 Learning from Deaths Report (Q4)

9.1 Paul Gilluley presented the report for Q4 and summarised that:

- There had been 561 service users deaths of which 432 were expected deaths and 129 unexpected deaths.
- 31 inquests were concluded of which 12 were suicides and 11 narrative verdicts..
- The 242 expected deaths subject to a Structured Judgement Review (SJR) in Q4 relate mainly to patients in the 66-100 years age group. Overall, mortality among males was higher than for females as of 31 March 2020.

- Cancer was the most common cause of death in both males and females but Covid-19 testing was not in place at the time deaths were recorded.
- There were 11 deaths of service users who had learning disabilities. These deaths will be subject to statutory review.
- 17 Serious Incident reviews were undertaken out of 112 unexpected deaths.

9.2 In discussion, the Board:

- Received assurance from Jenny Kay that the Quality Assurance Committee had reviewed the learning from deaths report in detail at its recent meeting, in particular looking at themes about improvement and learning from both Sis and natural deaths including patients with learning disabilities. The Committee acknowledged that this together with system learning is work in progress.
- Noted the importance of the quality of a patient's end of life for those on an end of life pathway.
- Sought and received assurance on how recommendations and actions from reviews of deaths are followed up. Lorraine Sunduza meets regularly with the risk assurance department to monitor actions and Trust-wide quarterly learning lessons events are held. Assurance on monitoring and progress of actions will be included in future reports.
- Noted the complex issues with regards to site observations which is also a national challenge
- Noted the comprehensive level of detail in the report has made it possible to identify instances where death rates appear high. Bedfordshire is a case in point and the Board sought assurance on action. The policy is that where death rates appear relatively high 'deep dives' are undertaken by the Quality Committee and reported to the Quality Assurance Committee (QAC).

Mark Lam summed by saying that the excellent report enabled rich discussion and that 'space' for further scrutiny is provided at the QAC. All deaths are a cause for sadness. ELFT's assurance on learning from deaths is growing in strength, but the Trust recognises there is more work to do.

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

10 Update on Covid-19 Workstreams

10.1 Paul Calaminus presented the report and highlighted:

- The number of inpatients who are Covid positive has reduced to three – this is in line with other Trusts.
- The Trust is preparing for a potential second wave of Covid-19 infections and would in all probability coincide with seasonal flu.
- Specific aspects of ELFT's learning and planning:
 - The Shaping our Future workstream is redesigning services with structured input from service users, staff and other stakeholders. An online session has been held with 260 people. Data showing the impact of innovations to date is powerful in illustrating advantages and disadvantages for different sections of the community.
 - The Future of Work workstream is reviewing assurance on infection control measures including wearing of face masks in a working environment, track and trace and preparing estates (buildings and premises).
- System working has become the norm and is essential for population health. For example, ELFT is working with Barts to free up space at Mile End Hospital for a

'green' (Covid-free) ward. Columbia ward is temporarily to move from Mile End to Casuabon ward at East Ham Care Centre which is a purpose build facility for care of older people.

- Learning lessons process: capturing lessons learnt for the future and ensuring future design picks up the innovation, flexibility and focus on service user needs as well as looking after staff.

10.2 In discussion, the Board noted:

- **Infection control, testing and track and trace:** all ELFT's sites are expected to be 'amber' rather than 'green' due to the services we provide. Only acute providers need to have green sites. ELFT is exploring options to offer regular testing to staff. Testing is done for all patients on admission and discharge. The waiting time for results is currently 24 hours. Infection control is being monitored and improved through QI methods.
- **'Pandemic fatigue' concerns:** The highest attention to infection control is needed in healthcare settings but outside of these there is a prevailing sense that vigilance can be reduced and staff may be weary of uncomfortable use of Personal Protective Equipment (PPE). ELFT is mitigating risks by having infection control champions and encouraging breaks and re-hydration. The concept of NOVID is being promoted. The Future of Work workstream is considering how to minimise risks. Staff who are struggling to abide by PPE requirements are being encouraged to voice their feelings.
- **Estates:** The strategic implications of a large scale move to working from home are being assessed. This is within the remit of the Future of Work workstream.

Mark Lam summed up by thanking all for observing infection control requirements in the face of societal pressures as the country emerges from lockdown.

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

11 Learning from COVID-19 Excess Deaths

11.1 Mark Lamb welcomed Alison Bartley and Liam Crosby who gave a presentation illustrating Covid-19 impact on ELFT patients (*detail available in slides presented and available on the Trust's website*).

Following the presentation, Mark Lam commended the excellent report, commenting that the impact of Covid-19 is sobering and it is vital to continue to confront the challenges the virus presents.

11.2 In discussion the Board:

- **'Non-Covid pandemic':** received assurance that the Trust has robust plans in place with regards to management of flu vaccines for staff with sufficient supplies ordered.
- **Assessment of risk for individuals, especially people with Learning Disabilities:** was advised that advocacy resources are being strengthened to give people with Learning Disabilities the option of more support in communicating their needs and preferences.
Winter plans: A report on lessons learnt from wave one and how they are informing our plans for wave two/winter pressures will be provided to the Board.
Action: Paul Calaminus/Paul Gilluley

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

12 Break

13 People Plan Update Including Race and Privilege

13.1 People Plan

Tanya Carter introduced the People Plan Update, highlighting that:

- The rate of disciplinary cases for people from BAME groups has moved closer to that for white people.
- NHS England has asked to learn from ELFT's exemplary approach to 'revolutionising' achievement of Workforce Race Equality Standards.
- Risk assessments are being offered to give staff the opportunity to self-identify any vulnerabilities. The aim is to achieve the best for the staff member and the service. National guidance has changed with regard to who is considered vulnerable. Figures will be submitted to NHS England at the end of July 2020. There is challenge with a number of staff who are declining assessment.

In discussion the Board:

- Considered a range of reasons for staff reluctance in completing the risk assessments which included perceptions that the assessment is not focused on the individual but on 'categories' such as BAME or diabetes; potential stigma; and there may be concerns about confidentiality;
- Received assurance that staff employed by subcontractors have received sick pay.

13.2 Race and Privilege

Tanya Carter gave an overview of what had been learned to date from the Race and Privilege sessions held by the Trust including the next stages. She highlighted::

- The CEO Discussion Group sessions have been focusing on 'white privilege'.
- Race and privilege sessions will continue for three months, supported by a charity called BRAP.
- All Executive and Non-Executive Directors have made public pledges on what they will do to reduce white privilege.
- Specific issues such as career development will be considered by working groups. Value-based recruitment is a theme.
- The importance of linking the work on race and privilege with the overarching respect and dignity programme at the Trust.

In discussion the Board noted:

- There is considerable diversity within ethnic groups as well as between ethnic groups.
- To support appropriate representation on the Council, consideration is being on how to attract more young black men and people of Bangladeshi and Somali backgrounds to become Governors.
- The action being taken to review the Trust's processes and systems for signs of inadvertent structural racism.

13.3 Mark Lam commented on how the Trust has responded to the health inequalities and Black Lives Matters issues in a courageous way, not being afraid to confront challenging and distressing issues.

A reflective session for the Board will be held to determine action to be taken in the light of systemic and Trust learning.

Action: Tanya Carter

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

14 Strategic Activity

14.1 Richard Fradgley summarised the strategic activity since the last meeting, highlighting that:

- A new national planning and finance regime is expected to be announced shortly.
- System level plans are likely to have to be submitted in the early autumn. The focus will be on restoration and recovery.
- Themes that are a priority for ELFT include: safety for staff and service users, creating a green zone at Mile End Hospital, maintaining integrated discharge hubs with a social care component.
- An increase in demand as a result of Covid is being planned for, especially for children and young people and for anxiety and depression.
- Workforce planning includes assessment of risks and gaps and addressing the wellbeing of social care staff.

14.2 The Board noted that as no information has been received about future funding principles, the impact of a national recession on ELFT and its partners had not yet been scoped, and there are new risks to achieving financial value.

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

15 Integrated Performance Report

15.1 Amar Shah introduced the new format report that included operational data in respect of Covid-19 and highlighted that:

- Safety incidents have increased as have pressure ulcers and incidents of violence in Forensic wards.
- Referrals increased in May 2020 and waiting times for Improving Access to Psychological Therapy services have increased.
- Measures are being redesigned in liaison with commissioners as pre-Covid performance measures are now not fit for purpose.

15.2 Referring to the Finance section of the report, Steven Course highlighted that at the end of month 2 2020/2021:

- £3m had been claimed and received to cover Covid-19 costs.
- There are risks to achieving targets in the Financial Viability plan. £5.3m-worth of savings planned for 2019/20 remain to be achieved and there is £831k of cost pressures to be managed.
- Cost over-runs are most significant in Bedfordshire community health services and in IT.
- Block contract funding is to continue until the end of August and probably into September.
- There is very limited capital available and it is to be distributed at STP level.
- National new money for mental health services is only for replacing dormitory style wards. ELFT has none of this type of ward and so will not benefit.

15.3 In discussion the Board:

- Commended the comprehensive report.
- Noted that the Co-production workstream would be considering the differential impact of Covid-19 on population segments. This will involve asking people, including parents of children, and using data from the Dialog system
- Noted a deterioration in performance in meeting the 7-day follow-up target and received assurance that performance has improved as the focus is now on follow-up within 72 hours and the Trust's performance exceeds that in other London areas.. Effective follow-up is assisted by methods of capturing phone numbers. A QI project is in progress on this.
- Received assurance that learning from the changes in the ways of working and providing services during Covid period is being explored through the workstreams.

Mark Lam expressed appreciation for the well-laid-out report and the inclusion of operational measures. Mark requested that the Executive Team consider how to address the disadvantage of the report being retrospective and how forward planning on demand and supply and the implications on operations and finance might be incorporated through the reset and recovery plan

Action: Paul Calaminus

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

16 CQC Update

16.1 Lorraine Sunduza advised that she has continued to meet with the CQC every two weeks during the Covid period and that regular reviews of the infection control Board Assurance Framework is helpful particularly with regards to 'future proofing' our services.

Lorraine also reported on the focused report from Bedfordshire, where the CQC visited mental health inpatient wards and community health in November 2019 which is an overall positive report:

- There was positive feedback about staff, their compassion, commitment, care and delivery of high quality services.
- There were three 'must do' actions and seven 'should do' actions, some of which have already commenced and some completed
- This action plan will be added to the general CQC well-led action plan.

16.2 In discussion the Board noted:

- The challenges and the actions being taken in respect of recruiting psychologists particularly on Ash Ward
- The re-provision of the inpatient unit in Bedford is likely to have a positive impact on recruitment.

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

17 Trust Board Committees

a. Audit Committee

b. Appointments & Remuneration Committee

c. Finance, Business & Investment Committee

d. People Participation Committee

e. Quality Assurance Committee

17.1 The assurance reports of Committee proceedings were **RECEIVED** and **NOTED**.

18 Board of Directors Forward Plan

18.1 The Forward Plan was **RECEIVED** and **NOTED**.

19 Any Other Urgent Business: previously notified to the Chair

19.1 No other urgent business had previously been notified to the Chair

20 Questions from the Public

20.1 Question: What support is provided to staff in wearing masks in the context of long shifts and hard physical work.

Response: This challenge regarding staff wearing masks is appreciated. The mask is a necessary barrier to protect everyone. There are regular communications regarding the wearing of PPE with staff being encouraged to take breaks and regularly hydrate, and guidance on skin care. Staff are provided with sufficient PPE to ensure that staff can regularly change their masks. A PPE/uniform survey will help to identify suggestions/improvements.

Question from Norbert which will receive a written reply.

21 Dates of Future Meetings:

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