

Draft Minutes of the Council of Governors Meeting

Thursday 10 March from 5.00pm – 7:00pm

Virtual Meeting, held via Zoom

Present:	Mark Lam	Trust Chair
Governors Present:	Patrick Adamolekun	Staff Governor
	Victoria Aidoo-Annan	Staff Governor
	Dawn Allen	Public Governor, Bedford Borough
	Roshan Ansari	Public Governor, Tower Hamlets
	John Bennett	Public Governor, Tower Hamlets
	Gren Bingham	Public Governor, Tower Hamlets
	Shirley Biro	Public Governor, Newham
	Steven Codling	Public Governor, Central Bedfordshire
	Caroline Diehl	Public Governor, Hackney
	Tee Fabikun	Public Governor, Newham
	Susan Fajana Thomas	Appointed Governor, LB of Hackney
	Adam Forman	Public Governor, Hackney
	Nadia Islam	Public Governor, Newham
	Rofikul Islam	Public Governor, Tower Hamlets
	Sheila O'Connell	Staff Governor
	Caroline Ogunsola	Staff Governor, Lead Governor
	Jamu Patel	Public Governor, Luton, Dep Lead Governor
	Betsy Scott	Staff Governor
	Larry Smith	Public Governor, Central Bedfordshire
	Suzana Stefanic	Public Governor, Central Bedfordshire
	Tracey Stock	Appointed Governor, Central Bedfordshire
	Felicity Stocker	Public Governor, Bedford Borough
	Hazel Thomas	Public Governor, Newham
	Jim Weir	Appointed Governor, Bedford Borough
	Adrian White	Public Governor, Newham
	Paula Williams	Public Governor, Luton
In attendance:	Aamir Ahmad	Non-Executive Director
	Ken Batty	Non-Executive Director
	Tina Bixby	Membership Officer
	Paul Calaminus	Chief Executive
	Richard Carr	Non-Executive Director
	Tanya Carter	Chief People Officer
	Richard Fradgley	Director of Integrated Care
	Dr Paul Gilluley	Chief Medical Officer
	Philippa Graves	Chief Digital Officer
	Paula Grayson	Member
	Norbert Lieckfeldt	Corporate Governance Manager
	Cathy Lilley	Director of Corporate Governance
	Ivor Parrish	Member
	Stephanie Quitaleg	Senior Executive Assistant
	Dr Amar Shah	Chief Quality Officer
	Gill Skrzypczak	Minute Taker
	Lorraine Sunduza	Chief Nurse and Deputy CEO
	Eileen Taylor	Vice Chair

	Deborah Wheeler	Non-Executive Director
Apologies:	Fatima Begum	Public Governor, Luton
	Joseph Croft	Staff Governor
	Mark Dunne	Staff Governor
	Beverley Morris	Public Governor, Hackney
	Mark Underwood	Public Governor, Central Bedfordshire
Absent:	Julie Aduwa	Public Governor, Rest of England
	Amina Ali	Appointed Governor, LB of Tower Hamlets
	Zulfiqar Ali	Appointed Governor, LB of Newham
	Viv Ahmun	Appointed Governor, Voluntary Sector
	Rehana Ameer	Appointed Governor, City of London
	Darlene Dike	Public Governor, Hackney
	Obayedul (Arif) Hoque	Public Governor, Tower Hamlets
	Tony Isles	Staff Governor
	Khtija Malik	Appointed Governor, Luton
	Graham Manyere	Staff Governor
	Reno Marcello	Public Governor, City of London
	Patricia Wheeler	Public Governor, Hackney

The minutes are produced in the order of the agenda

1. Welcome

- 1.1 Trust Chair Mark Lam warmly welcomed everyone to the Council of Governors meeting and reminded all of the Trust's values – We Care, We Respect and We Are Inclusive.
- 1.2 He welcomed Tina Bixby as the interim Membership Officer, whilst Meena Patel is on a planned leave of absence.

2. Apologies for Absence

- 2.1 Apologies were recorded as above.

3. Declarations of Interest

- 3.1 No declarations of interest have been received in regard to today's meeting in public. All other interests are recorded on the register of interests.

4. Minutes of the Council of Governors Meeting held in public and in private on 3 February 2022

- 4.1 Both sets of minutes were **APPROVED** as a correct record.

5. Action Log and Matters Arising from the Minutes

- 5.1 The Council noted that actions were either closed, in progress or not due.

6. Joint Chair Recruitment Update

- 6.1 Ken Batty presented the update, highlighting:
 - The circulated covering report and appendices contain a great deal of background information to provide assurance to the Council on the process, recommendations and decisions made.
 - Both ELFT and NELFT Governors have achieved a positive and collegiate atmosphere on the Joint NomCo, with robust conversation and challenge.

- The roadmap and timeline (Appendix 2) have changed, due to the need to ensure our MPs were fully briefed and able to feedback on the proposals. Paul Calaminus confirmed that the feedback has been generally supportive of the proposals.
- As a consequence of April being difficult for the process due to half-term holidays, the Easter celebrations and planned leave of key participants, the timeline has been adjusted with the advert going live this week, interviews planned for the end of May and a final decision by the Council at an Extraordinary Council Meeting w/c 6 June 2022.
- The additional time in the process will allow for the recruitment agency to approach a broader spectrum of candidates.

6.2 Cathy Lilley added:

- Regular short drop-in virtual sessions will be scheduled bi-weekly to ensure all Governors remain up to date on the process and a weekly bulletin will be issued covering the main points of progress.
- Any further minor updates to the information pack or the candidate's pack will always be advised.
- The What If scenarios highlight the different issues that may arise and the plan for actions that will be taken in order to address or mitigate the impact of those issues.

6.3 Ken Batty continued:

- The Council is responsible for setting the remuneration and terms and conditions of all NEDs, including the Chair.
- A robust and detailed review has been undertaken to benchmark comparative information on remuneration levels for the Joint Chair role from other London Trusts and NHS guidance and, as a result, the recommendation of the Joint NomCo is for both the ELFT and NELFT Councils to agree total remuneration of £85k for an average of four days a week, split equally between both Trusts (i.e., £42,500 pa per Trust).

6.4 In discussion the Governors noted:

- The work of the Chair will be split into two separate roles but bringing with it a real value in having one person chairing a neighbouring Trust with whom we already collaborate.
- The day to day running of the Trusts will remain the responsibility of the CEOs and their Executive Teams.
- Once appointed, the Joint Chair would be expected to start detailed planning on how to carry out this new role and the support/governance structure required.
- The equal salary split reflects the broadly similar size of the two Trusts.

Mark Lam thanked Ken Batty and Cathy Lilley for their leadership on this issue and the NomCo Governors for ensuring the rigorousness of the process.

6.5 The Council **APPROVED** the proposed remuneration for the post of Joint Chair of £82,500p.a. for an average of four days/week, split equally between both Trusts.

7. Addressing Government Changes to Mandatory Vaccination Guidelines

7.1 Paul Calaminus introduced the presentation, highlighting the complexity of the process and the emotional impact that is still being worked through within the Trust.

7.2 Tanya Carter presented, highlighting:

- The Trust's focus on the emotional impact of VCOD (Vaccination as a Condition of Employment) and the timeline which led to the initial introduction of this Government policy.
- The complexity of the challenge is highlighted by the different groups of ELFT staff:
 - Those who were fully vaccinated and did not really see this as a problem.

- Staff who were vaccinated reluctantly to retain their employment, resulting in feelings of resentment when the requirement was withdrawn.
 - Those who are concerned about working alongside colleagues who are not vaccinated.
 - Those vaccinated but who do not believe mandatory vaccination was justified.
 - Staff who were prepared to be vaccinated but not ready at that time.
 - Those fundamentally opposed to vaccination.
- Overlaid with this are the views of our service users, HR staff who were helping to implement the process and managers who had to have difficult conversations with some staff who were threatened by termination of contract.
 - Following the Government announcement to reverse the official guidance on implementing VCOD, bespoke sessions were arranged to offer a space to talk through the emotional impact, aimed at individual groups: initially HR staff, followed by managers and then by wider staff sessions.
 - Feedback from the sessions included that having the space to talk would have been helpful at the beginning of the process, along with many emotional outpourings including feelings of a breakdown of trust within teams, between staff and line managers, trust in the organisation and the NHS as a whole.
 - There was a general lack of appreciation that the Trust was legally bound to mandate vaccinations.
 - Next steps are to learn the lessons, acknowledge the impact and polarity of views, rebuild trust, reinforce our values and expand on compassionate leadership.

7.3 In discussion, the Governors noted:

- Community staff are being directly asked for their vaccination status by service users and/or families before being allowed to carry out treatment on individuals. The confidentiality issues around this will be reflected in the ongoing work.
- The impact was significant across the Trust and is being felt in almost every team so these sessions are planned to continue for some time.
- It is important to remember that over 90% of ELFT's staff had been vaccinated, and that frontline staff in acute settings are already mandated to be fully vaccinated against a range of conditions.

Governors voiced their appreciation for the help and support given to the students working in the Trust during this difficult time.

7.4 The Governors **DISCUSSED** and **NOTED** the report.

8. **Governors' Strategic Priorities: Addressing Inequalities in ELFT and our Wider Communities**

8.1 Richard Fradgley led the discussion, highlighting:

- Evidence of the impact of austerity and poverty on life expectancy, and the link between health inequalities and other factors such as employment and education.
- The fact that the quality and availability of medical care has a limited effect on a community's health status compared to other factors such as housing, employment, availability and affordability of healthy diets, or smoking.
- The mechanism by which adverse childhood experiences influence health and well-being through the lifespan of the individual, and ultimately an untimely death through reduced life-expectancy.
- The significantly higher mortality rate from Covid amongst people from BAME and other minority backgrounds, and the work required to understand the reasons behind this.
- Health inequalities (to be circulated) with indicators around the healthy life expectancy, within the localities served by ELFT. This also contains data relating

to health issues for children across the Trust's geography compared to London and UK wide populations.

Action: Norbert Lieckfeldt to circulate the presentation

- Principles for tackling inequalities are strongly reflected in the Trust's five-year strategy. ELFT has partnered with the Institute of Health Equity (IHE) which supports the Marmot Trust work that is being actively progressed, with particular focus on early pilot projects in Luton and Newham.
- Other examples are initiatives around sub-contracting, encouraging our suppliers to add social value into the work they do. ELFT has been nominated as one of six organisations across the UK to work with the Health Foundation to evaluate work in this area.
- The work to develop culturally competent community mental health services aligned to our Workplace Race Equality Standards framework and people participation leadership.
- The imminent launch of a QI programme aimed at teams to work on tackling specific inequalities in their services, and continuing to deliver on key areas of national and ICS priorities.

8.2 The Council, Board members and those in attendance considered three key questions in smaller group discussions:

1. Which populations or communities do you think are not thriving?
2. Who do we need to work with to make a difference?
3. What should be our key priorities for next year?

8.3 Feedback from groups included:

- Question 1:
 - Communities from backgrounds of poverty, low income and people with serious mental health issues
 - Victims of austerity; "health is political"
 - Are communities hard to reach or is the Trust hard to access?
 - People with learning disability issues
 - Victims of domestic violence
 - Young mothers and families
 - Understand where trust is an issue and how to build bridges
 - Young black men and the range of deep issues around access to mental health services
 - Data on each community, to establish facts.
- Question 2:
 - Education around healthy eating
 - Groups who are deemed 'hard to reach', who are not accessing or actively decline services, using intelligence available to local authorities
 - Individuals who are not in employment or education
 - Local organisations and community leaders to help with understanding around why the Trust is concerned about their health and encourage engagement and empowerment with education
 - Use our power and influence with other organisations and within the ICS
 - Look to help services outside of the organisation, e.g. support adult social services with our QI programme
 - Help voluntary services and others to develop their own befriending service
 - Connecting young people with organisations we work with
 - Early intervention with local partners: health visitors, schools, GPs, local authorities
 - More work around local employment opportunities.
- Question 3:
 - Offer support for people to articulate inequalities within their communities, using the Marmot approach
 - Work with people to ensure easy access to our services
 - Continue to educate ourselves
 - Staff to adopt Marmot principles in service delivery

- Educating others on how to address inequalities, working with voluntary cultural organisations
- Emphasis on training around prevention
- ELFT should draw on the intelligence of others; local authorities, social services, voluntary organisations
- Find a way to break down barriers created by confidentiality clauses when organisations are using different systems, in order to deliver rapid care and interventions where required
- Empower and support staff to identify issues within their own communities
- Looking at digital systems to support thorough and comprehensive assessments when an individual accesses our services, with robust pathways and processes in place
- Support BAME and people from other minority backgrounds to recover from the physical and economic cost of Covid.

Richard Fradgley thanked all for the insights and practical ideas, which will be collated and developed and will return to the Council when formalised.

Action: Richard Fradgley

8.4 The Council **DISCUSSED** and **NOTED** the report.

9. Report from Communications and Engagement Committee (CEC)

9.1 The Council **RECEIVED** and **NOTED** the report.

10. Any Other Urgent Business and Questions from the Public

10.1 Felicity Stocker: *Question around the patient's complaints process, which continues to be slow. Can NEDs provide assurance whether they are isolated issues and what the Trust is doing to address this?*

Eileen Taylor confirmed this is monitored at the Quality Assurance Committee and it is acknowledged that there have been issues around the promptness of responses due to staffing issues. Recent changes have led to improvements and provided assurance that NEDs are fully aware of the issue and it remains under scrutiny.

Lorraine Sunduza added that there have been changes to the team including additional resources, and processes are being looked at with the QI team to smooth the process between the services.

10.2 Aidan White:

- *What is the Trust currently doing to address growing concern over the digital deficit affecting many service users but especially the elderly and those for whom English is not their first language as the transition to online healthcare gathers pace?*
- *What was the communication strategy/campaign around the change to electronic booking for phlebotomy services in Newham? Were Governors included in this?*
- *What is being done now to mitigate the severe impact the change has had on many service users?*
- *What is our target for appointments i.e. appointments available within X days (current wait is often more than a fortnight) and when will we achieve this?*

Mark advised that Edwin Ndlovu (Chief Operating Officer) and Michael McGhee (Director Community Health Services) could not be present at today but had provided written responses to the questions which had been circulated to all Governors before the meeting.

Aidan White expressed his disappointment at the response and concern that Governors were not notified of this major change in the delivery of a system, affecting 1,000 service

users every day. He felt this brought into question the quality of communications with Governors over changes in the areas they represent.

Mark Lam accepted that this operational change may have been challenging for some service users and that there was some learning for the Trust. While operational decisions are taken daily, there is a balance between Governors' constitutional role versus operational changes that affect Governors' constituents and how to shape the communication around these. There are a number of lessons for ELFT around communications and engagement more broadly around services, particularly as this Trust prides itself on co-design design of services.

Mark highlighted the offer of a meeting between the Edwin, Paul Calaminus and Newham Governors to address this issue further.

Action: Norbert Lieckfeldt to arrange

11. Date and Time of Next Meetings:

- 12 May 2022
- 14 July 2022
- 8 August 2022
- 10 November 2022

All meetings will be held from 5:00 – 7:00pm and will be held virtually (unless otherwise advised)

Meeting closed 7.00pm