

Trust Board of Directors Meeting - Part 1

DRAFT Minutes of the Trust Board of Directors meeting held in public on Wednesday, 13 March 2019 at 14:00 at the UNISON Centre, 130 Euston Road, London NW1 2AY

Present:

Marie Gabriel	Trust Chair
Aamir Ahmad	Non-Executive Director
Ken Batty	Non-Executive Director
Paul Calaminus	Chief Operating Officer and Deputy Chief Executive London
Anit Chandarana	Non-Executive Director
Steven Course	Chief Financial Officer and Deputy CEO Luton & Bedfordshire
Mary Elford	Vice-Chair and Non-Executive Director
Dr Navina Evans	Chief Executive Officer
Mason Fitzgerald	Executive Director of Planning & Performance
Dr Paul Gilluley	Chief Medical Officer
Jenny Kay	Non-Executive Director
Lorraine Sunduza	Chief Nurse
Robert Taylor	Non-Executive Director
Eileen Taylor	Non-Executive Director
Dr Mohit Venkataram	Executive Director of Commercial Development
Tanya Carter	Director of HR (non-voting)
Richard Fradgley	Director of Integrated Care (non-voting)
Dr Amar Shah	Chief Quality Officer (non-voting)

In attendance:

Narinder Behal	Presenter
Shirley Biro	Public Governor, Newham
Paul Binfield	Head of People Participation
Natalia Cambell	
Amit Dixit	NExT Director
Rosie Eggleton	Public Governor, Central Bedfordshire
Steve Gladwin	Communications Director
Elizabeth Holford	Corporate Minute Taker
Tracie Jolliff	Director of Inclusion, NHS Leadership Academy
Cathy Lilley	Assistant Director, Corporate Governance
Nicki McCoy	Corporate Secretariat Manager
Beverley Morris	Public Governor, Luton
Toyin Owolabi	Policy Professional
Jamu Patel	Public Governor, Luton
Stephanie Quitaleg	Executive Assistant
Felicity Stocker	Public Governor, Bedford
Damien Vaugh	Public Governor, City of London
Daniel Vittorio	Public Governor, Hackney
Keith Williams	Public Governor, Luton

1 Welcome and Apologies for Absence

- 1.1 Marie Gabriel welcomed all to the meeting.
- 1.2 There were no apologies for absence; Anit Chanderana would need to leave the meeting briefly on urgent business at about 3:15pm.

2 Declarations of Interests

- 2.1 The published Declarations of Interests were noted. Mariel Gabriel highlighted that she was currently the Chair of Norfolk and Suffolk NHS Foundation Trust.

3 Patient Story: Communications – Community Mental Health Teams

- 3.1 Marie Gabriel warmly welcomed Narinder Behal to speak about her experience of seeking help from CMHTs, particularly with regard to communication. Narinder spoke clearly and from the heart about the negative impact on service users when reception facilities, waiting areas and telephone responses are far from adequate, as had been her experience at the Passmore building in Newham.

Narinder highlighted:

- She had been a service user since 1995 and had experienced care ranging from excellent – ‘second to none’ – to poor. Doctors had ‘walked with her’ in her darkest hours and for this she had the utmost regard
 - Her wellbeing and potential to benefit from high quality clinical care had been undermined by her experience of reception and telephone services
 - The importance of first impressions. Experience at reception, as the first point of contact, can have a significant impact on service users
 - The need to ensure immediate, fast and responsive help for vulnerable people; promises that service responsiveness will improve in the future are of no value
 - In her experience, reception staff did not answer the telephone, or messages did not get through to clinical staff, or no phone call was received back. The reception area is crowded, noisy and not an environment that would make anyone in crisis feel less anxious
 - Not being able to get through on the phone is wasteful as well as distressing. A five minute chat may be all that is needed to deal with the crisis.
- 3.2 Paul Calaminus explained what is being done to improve the situation, acknowledging that there is some way to go and that future plans are no consolation to people in crisis now.

The Board noted that:

- Work is taking place with planners to improve building structures and phone lines. The Passmore building has an old switchboard which means that the Trust’s ‘single point of access’ telephone system cannot be used there
 - Alternative means for communicating with clinical staff are being tried out in Newham and Tower Hamlets, such as daily texts to Care Co-ordinators. Service users can text in ‘scores’ on how they feel. For some people, self-scoring contributes to wellbeing, though the text system may not suit everybody
 - Although it is not possible to expand the cramped reception area, scheduling of appointments is being looked at so that fewer people are there at the same time
 - QI work is taking place with the reception team, learning from what works at the John Howard Forensic Centre where the reception area has been re-designed to much acclaim from patients, families and staff.
- 3.3 In discussion, Board members:
- Thanked Narinder for showing how important the ‘front door’ and style of human contact are and committed to continued work across the organisation to improve culture and behaviour
 - Invited Narinder and other service users and carers to ‘co-work’ in finding how best to improve communication and waiting facilities

- Noted that in some services, mainly physical health and acute mental health wards, volunteers welcome and assist service users. There is scope for more of this in community mental health teams, though confidentiality must be considered
- Recognised that being put on hold on the phone is a bad experience in any circumstances and infinitely worse for someone in mental health crisis
- Requested that tools are developed to track and analyse abandoned phone calls across the Trust
- Identified that high turnover amongst reception staff is a challenge as service users cannot establish a lasting rapport. Investment is being made for training of administrative staff; service users are invited to contribute to the training
- Acknowledged that small improvements must be continually tried out in the period in which building alterations are carried out
- Explained that the Dialog clinical tool allows for a more open and person-centred style of communication between service users and care co-ordinators. The focus is on conversations rather than forms and on prompt intervention when needed rather than at pre-set intervals
- Committed to:
 - Receive an update on progress in three months' time
 - Include a review of service users' experience of telephone communication as part of the People Participation Committee's forward plan.

3.4 Marie Gabriel thanked Narinder gratefully for speaking up about what is not working and for drawing attention to the need for high quality corporate as well as clinical services.

4 Minutes of the Previous Meeting held in Public on 9 January 2019

4.1 The Minutes of the meeting held in public on 9 January 2019 were **APPROVED** as a correct record subject to the following amendments:

- Page 2 Patient Story: add specific reference to the distress created by being medicated when talking therapy was sought and to the poor therapist attitude and lack of advice that a change of therapist was possible
- Page 4 Para. 7.1: Amend 'well on the way to introducing e-prescribing' to 'is implementing e-prescribing'
- Page 7 Para. 9.3: With reference to the Trust Communication Plan, amend 'suggested' to 'the Board requested'.

5 Action Log and Matters Arising from the Minutes

5.1 Action Log

The Board noted the following updates:

- Action Reference 263: A response had been received from NHS England that support is available
- Action Reference 264 Board Assurance Framework: amend action to make it clear that the Board requires information on the potential impact of legal changes to providers
Action: Mason Fitzgerald
- Action Reference 272: Paul Gilluley confirmed that he had met with and written formally to Paul Feary. Action closed
- Additional actions raised at the January Board meeting had been included on the action log.

5.2 Matters Arising

Re: CAMHS patient story (9 January 2019 Board meeting), Paul Gilluley would follow up the issue about appointment times outside school hours.

6 Chair's Report

6.1 Council of Governors

Marie Gabriel highlighted Governors' wish to receive assurance that integrated care is being developed well, to the benefit of the local population. This will be the focus for discussion at the next Governor meeting.

Governors have also selected 'Patient Safety - Serious Incidents' as the local quality indicator for external audit for inclusion in the Trust's annual Quality Account.

On behalf of the Board, Marie Gabriel congratulated Keith Williams on being elected as Assistant Deputy Chair of Governors; he will also be acting Deputy Chair whilst the Deputy Chair is on maternity leave.

6.2 Workforce

Marie advised there is a national focus on workforce and both she and Navina Evans are involved in this initiative.

Staff survey results will be a subject for further discussion and the Trust's results will be circulated to Non-Executive Directors.

Action: Tanya Carter

6.3 Non-Executive Director Visits to Older People's Services in Newham and Tower Hamlets

Aamir Ahmad provided an overview of the visits he had undertaken with Mary Elford:

Sally Sherman and Fothergill Wards in Newham which provide rehabilitation and end of life care, and some mental health care. Overall, the quality of care was excellent. Service users and carers were highly complimentary about the compassionate health care teams, the high quality of leadership and good standard of facilities.

Areas identified for further improvement included:

- Availability of activities at weekends
- Double occupancy rooms
- Lack of nurse prescribers on site and limited access to doctors
- Increase the availability of bereavement services
- Resources for training and development
- Communication of plans for Cazaubon Ward which is currently empty.

In Tower Hamlets, high quality and very responsive care was witnessed, for example, a patient's room had been kitted out as a pub for a 100th birthday party. The Matron was highly regarded by everybody.

Areas for a further improvement, highlighted by carers, included:

- Difficulty in finding places for patients to be discharged to, though staff go to great lengths to find somewhere suitable
- There is spare space that needs to be developed into a facility patients can utilise
- Succession planning so that future Matrons are as excellent as the current one.

The Board noted:

- An occurrence in which a patient had had to return to St George's hospital for treatment following a hip operation. This was unusual. The patient should have been treated in Newham with medical cover provided by Barts Health.
- Training of nursing associates: 18 new Associates qualified on 1 March 2019. Awareness of the programme is being raised.

6.3 **Buurtzorg Nursing**

An update on the evaluation of the Buurtzorg Nursing Project in which District Nurses work holistically with nurses and GP partners was provided:

- Qualitative and quantitative evaluations are in progress
- Benefits are being evaluated from the patient perspective
- Methods of evaluating financial benefits are under-developed.
- The 'spirit' of the Buurtzorg model is an important element that could be 'added' to other services
- The project was funded by Health Education England. Guys and St Thomas NHS FT are to continue funding in their local Buurtzorg project
- A detailed report has been presented to the Quality Assurance Committee
- A working group is being convened, including GP partners, to consider how to take the model forward.

6.4 The Board **RECEIVED, DISCUSSED** and **NOTED** the Chair's report

7 **Chief Executive's Report**

7.1 Navina Evans highlighted:

- Workforce Wellbeing Guardian principles and Workforce Wellbeing Guardians are to be established in each NHS Trust
- ELFT is now providing a package of support to Norfolk & Suffolk NHS FT (NSFT), extending its former 'buddying' arrangement
- In partnership with Primary Care GP services at The Greenhouse Practice, services for homeless people and vulnerable individuals are to be provided in Hackney by ELFT
- Brexit contingency planning is in progress
- A joint venture with the London Borough of Newham has been established to improve health facilities: 'Health and Care Space Newham'.
- The ELFT awards ceremony had provided the opportunity to recognise staff achievements, including those who responded to the fire at Bedford Health Village (at which no-one was hurt).

7.2 The Board thanked Diane Aston and Janet Flaherty for the excellent organisation of another successful staff awards ceremony.

Marie Gabriel congratulated Amanda Piper, Housekeeper on Sally Sherman Ward at East Ham Care Centre who had won a national Unsung Hero Award.

Thanks were also given to Mohit Venkataram who had completed his work as Chief Executive of Newham GP Health Collaborative.

7.3 The Board requested that a response on how the Trust acknowledges long service is presented to the Appointments & Remuneration Committee.

Action: Tanya Carter

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

Anit Chandarana left the meeting at 15:07.

8. **Quality Report**

8.1 Amar Shah introduced his report which focussed on assurance based on service users feedback, the 'Enjoying Work' programme and indicators of population health.

- 8.2 In response to questions and comments, the Board:
- Noted that systems for obtaining feedback from integrated care partners, to inform quality measures, are not yet developed
 - Requested that information from service user feedback is triangulated with findings from complaints
 - Noted that ELFT's QI microsites are frequently accessed by users outside the Trust, indicating that they are considered a valuable resource
 - Observed that the new service user feedback questions are not as revealing as the existing ones; it is important to retain a measure of 'kindness', against which service users have consistently scored ELFT highly
 - Requested that the Quality Plan and findings from service user feedback be triangulated with priorities in the People Participation Plan, e.g. information about service users' experience of Peer Support Workers
 - Noted that Integrated Care Services are being accelerated based on the neighbourhood model tested in 'Vanguard' service pilots in Tower Hamlets.

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

9 Strategic Activity

9.1 Mason Fitzgerald introduced his report, highlighting that:

- There is a move to further integration at national and local level. STP areas will have a single operational plan
- The Board Development Programme will focus on how to achieve the Trust's population health ambition
- A Directorate Management Team away day had been held focused on improving staff experience and included a review of the staff survey results. Meaningful and passionate discussions were held about the challenges faced by staff groups. Key actions were identified to be taken forward
- The last in a series of Annual Plan engagement events had taken place. The findings will be reflected in the draft plan to be presented to the Board in May 2019
- Luton Council had withdrawn its involvement from Bedfordshire, Luton & Milton Keynes STP; work is ongoing to minimise any impact so that residents in Luton are not adversely affected.

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

10 People Participation Priorities Update Report

10.1 Paul Binfield updated the Board on the development of people participation roles and priorities.

The Board commended the work of the People Participation Team and in discussion, noted that:

- People Participation Leads (PPLs) had been appointed for Central Bedfordshire and for IAPT services. Recruitment is in progress for a PPL for Perinatal Services. A Bedfordshire CAMHS post has been added to the structure
- A briefing session will be held for new Non-Executive Directors on rights based and recovery focussed services
- A priority is to expand availability of Peer Support Workers in physical health services, such as continence services, and in wider locations. The use of PSWs will be monitored through the Workforce Committee reporting to the Appointments & Remuneration Committee
- Definitions of co-production are not consistent, and true recovery as opposed to

- clinical recovery remains an unachieved goal
- The impact of peer support could be further demonstrated by extending audit methods and using digital communications such as the planned patient portal enabling communication between service users, carers and health teams
- Existing evidence on impact includes feedback on 'have we done what we said we would do'
- An academic paper on the qualitative impact of peer support has been published
- There are variations between localities in patient participation leadership. These differences are being addressed by driving standards up all round
- Although participation of people with learning disabilities is well supported in Newham and Tower Hamlets, further opportunities need to be created in Bedfordshire.

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

11 Integrated Quality and Performance Report

11.1 Mason Fitzgerald highlighted key points from the quality and performance report.

The Board noted that with regard to non-financial indicators:

- Tower Hamlets' IAPT' targets now being met
 - A report on the findings from the national staff survey would be presented to the Board at its next meeting
 - There are national proposals for new targets, including a target of three day rather than seven day follow-up of people discharged from inpatient wards
 - ELFT remains in the NHS Improvement Single Oversight Framework category 1, meaning that all national targets are met
 - Population health measures need to be made clearer in reports
 - The Quality Committee is to receive a report on the impact of action to reduce detentions under the Mental Health Act of people from BAME groups as part of the Trust's CQUIN requirements
 - The current performance for flu vaccinations is 60% against a target of 75%; this equates to 500 more people than last year but this is based on a larger staff base. Efforts continue to achieve the target with additional communications which will stress responsibilities for those in direct caring roles
 - Performance on responding to referrals from GPs is slipping but an improvement is expected in February 2019 figures following medical recruitment. Trends in CMHT figures are also affected by medical recruitment
 - The Board will review the BAF risks at its next development session to ensure they remain relevant
 - Second waits for psychology appointments are considered in detail at directorate performance meetings. The Board will receive further detail at a future meeting
- Action: Mason Fitzgerald**

11.2 Steven Course highlighted key points from the finance part of the performance report.

In discussion, the Board noted that:

- Underlying net surplus of £5.281m compared to planned net surplus of £6.563m
- The Trust has a £1.35m non-recurrent shortfall against its Control Total target. There was a small improvement in the position from December 2018 to January 2019 and the Trust is on track to meet the £8.5m Control Total
- Income is £1.4m behind plan, mainly due to shortfalls in planned out of area patient income, though this is partially offset through associated commissioner contracts and better than expected recovery of overseas patient income
- Although CRES performance has improved, £1.9m worth of schemes have not been identified in year

- Cash reserves remain favourable at £80.5m
- Over-expenditure in Bedfordshire community services following acquisition in April 2018 was planned for, pending realisation of benefits from transformation after year one. Risk remains to the extent that the pace of transformation cannot be fully controlled by ELFT
- Estates and waste reduction plans are reported on in detail to the FBIC which takes responsibility for scrutiny on behalf of the Board. The Board requested to see the Estates Plan
Action: Steven Course
- In 2019, QIPP savings will still be deducted from Trust income but a risk share in contracts now mean that schemes need to be jointly actioned with the CCG or the funding will be returned to the Trust.

11.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the Integrated Quality and Performance Report.

12 Brexit Plans Update Report

12.1 Paul Calminus gave a presentation on preparations for Brexit

The Board noted that:

- Support is being provided to staff members who are EU nationals or whose family are EU nationals in recognition of the unsettling effect of Brexit negotiations and possible impact on emotional wellbeing
- Impact on workforce is uncertain and therefore unsettling for staff. Although the Trust has figures on staff who are EU nationals (595), no information is available on, for example, partners who are EU nationals
- There are no risks to ELFT from data flow regulations as none of the Trust's data is stored or processed in the EU
- The Trust is conducting a stocktake of medical devices and supplies and plans to have full stock on 29 March 2019
- Contingency plans are being tested and a formal Brexit plan is ready to be finalised
- Regular Brexit communications are sent to staff and Governors. From 18 March 2019 there will be weekly staff briefings. Staff have been advised that they may, at some stage, be asked to be flexible about annual leave arrangements.

12.2 The Board **RECEIVED** and **NOTED** the contents of the presentation.

13 Learning From Deaths Q3 Report

13.1 Paul Gilluley introduced the report which covered the period Oct-December 2018:

- All service user deaths are reported on Datix
- Unexpected service user deaths are subject to investigation
- 50% of expected deaths are subject to a Structured Judgement Review (SJR)
- 134 expected deaths were reviewed in Q2 (out of 268 deaths of patients in contact with our services):
 - 73% were known to Community Health Services
 - Themes included elderly, chronic complex conditions, died in acute hospital
 - Six were found to have had insufficient end of life care plans; this is being addressed through local meetings with other stakeholders to improve end of life care pathways
- Investigations in Q3 have revealed the similar themes as in Q2
- Majority of expected deaths occur after our service users are admitted to acute hospital where we do not have routine access to records; currently exploring ways of joint learning with stakeholders including acute hospitals and primary care through

- quarterly meetings where shared cases are discussed
- Exploring with acute hospitals ways to share their findings when reviewing the death of one of our patients in their care.

In discussion, the Board noted:

- That deaths of people with learning disabilities often occur at a young age
- There is a national backlog of LeDeR investigations
- Locally there is large backlog in Bedfordshire although Hackney and Newham are catching up
- The Trust is negotiating with local CCGs and Safeguarding to see how we can assist and support with LeDeR reviews. Two staff are already trained and carrying out investigations.

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

14 Trust Board Committees

- Audit Committee: Approved minutes 26 November 2018 and Chair's Report 7 January 2019
- Mental Health Act Committee: Approved minutes 4 December 2018 and Chair's report 7 February 2019
- Quality Assurance Committee: Approved minutes 10 December 2018 and Chair's Report 28 February 2019

14.1 The Board requested to receive the final internal audit programme for the 2019/20.

Action: Mason Fitzgerald

15 Any Other Urgent Business

15.1 No urgent business had been notified to the Chair.

16 Questions from the Public

Keith Williams, Public Governor, Luton

Question 1: With reference to the patient story, would it be valuable for duty workers to triage patients in crisis?

Response: Work is in progress in each borough/county to determine which team/professional could offer the best help in a crisis.

Question 2: Do Governors have a role in addressing or advocating for complaints?

Response: Governors should direct the complainant to contact PALS.

Question 3: How many homeless people in Tower Hamlets have mental health problems?

Response: Work in Tower Hamlets is one of the localities where we provide the whole care pathway including primary care, mental health and community health services. The intention is to review and learn from this work and roll out as appropriate in the Trust.

Question 4: With regard to the Mental Health Act, the CQC has identified a gap in distribution of information to patients about their rights. How is the Trust addressing this?

Response: ELFT has met with the CQC and found that the problem is a national one which arises because service users report that they cannot make use of legal information when acutely ill. The Trust is working with service users to find the best point at which to provide information; a QI approach is being used.

Shirley Biro, Public Governor, Newham

Question 5: How well is the extended mental health crisis line in Newham working?

Response: The new crisis service is currently being set up and will be evaluated to determine whether service users feel they are getting through to the right person.

Beverley Morris, Public Governor, Hackney

Question 6: With reference to the patient story, use of text communication was mentioned though some people may not wish to text or have a mobile phone. It is important that a qualified member of staff is available to pick up the phone.

Response: It is accepted that texting would not work for everyone and the text system will not be imposed. The Single Point of Access telephone system involves a 'bank' of people to answer calls, all of whom are trained and qualified.

Question 7: How many of the Trust's suppliers are outside the EU and what will happen if staff have to pay £65 application fee? Is the Trust a hostage to suppliers?

Response: Application fees for staff have been abolished; prior to this the Trust had paid the £65 application fee. Four suppliers to ELFT are reliant on flows across EU borders. The Trust has seen information on their stocks and mitigation plans, and is satisfied. The Government has been clear to expect an increase in prices.

Question 8: Please could service users be informed if there are changes to the crisis telephone number.

Response: Service users will be provided with this information.

Jamu Patel, Public Governor, Luton

Question 9: The patient story shows that access to crisis services depends on what is available in local towns. Governors have been involved in stakeholder sessions to design services with the CCG in Luton. Is there any update?

Response: The trial service is expected to be confirmed, i.e. the use of the 111 system.

17 Date of the Next Trust Board Meeting:
Thursday 23 May 2019 at 14:00

The meeting closed at 16:45