

Trust Board of Directors Meeting - Part 1

DRAFT Minutes of the Trust Board of Directors meeting held in public on Thursday 25 July 2019 at 14:00 at the UNISON Centre, 130 Euston Road, London NW1 2AY

Present:	Name	Title
	Marie Gabriel	Trust Chair
	Aamir Ahmad	Non-Executive Director
	Ken Batty	Non-Executive Director
	Paul Calaminus	Chief Operating Officer and Deputy Chief Executive
	Eileen Taylor	Non-Executive Director
	Steven Course	Chief Financial Officer and Deputy Chief Executive
	Mary Elford	Vice-Chair and Non-Executive Director
	Dr Navina Evans	Chief Executive (CEO)
	Mason Fitzgerald	Director of Planning and Performance
	Dr Paul Gilluley	Chief Medical Officer (part)
	Jenny Kay	Non-Executive Director
	Lorraine Sunduza	Chief Nurse
	Dr Mohit Venkataram	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:		
	Agnes Adenton	Associate Director, Safeguarding Children
	Shirley Biro	Public Governor Newham
	Ian Child	Director of Performance, Liaison Workforce
	Deborah Clark	Named Nurse – Looked After Children (LAC)
	Janette Clark	Associate Director, Safeguarding Adults
	C Daubney	Transformation Director, Liaison Group
	Ade Dosumna	Freedom to Speak Up Guardian
	Janet Flaherty	Head of Communications
	John Hill	Director of Estates, Facilities & Capital Development
	Elizabeth Holford	Corporate Minute Taker
	Cathy Lilley	Associate Director of Corporate Governance
	Nicki McCoy	Corporate Secretariat Manager
	Claire McKenna	Director of Nursing
	Beverley Morris	Public Governor, Hackney
	Christine NoJguna	Community Nurse, Community Health Newham
	Dolscena Osborne	Community Nurse, Community Health Newham
	Samatha Quay	Public Governor, Guys' and St Thomas' NHS FT
	Steph Quitaleg	Senior Executive Assistant
	Janu Patel	Public Governor Luton
	Frank Riedel	Associate Director, Property & Capital Development
	Gaurav Singh	Lead Occupational Therapist, Extended Primary Care Team, Community Health Newham
	Felicity Stocker	Public Governor Bedford Borough
	Keith Williams	Public Governor
	Hazel Watson	Public Governor Newham
	Ernell Watson	Public Governor Newham
Apologies:		
	Anit Chandarana	Non-Executive Director
	Robert Taylor	Non-Executive Director

1 Welcome and Apologies for Absence

- 1.1 Marie Gabriel welcomed all to the meeting, especially those attending for the first time. Introductions were made.
- 1.2 All were reminded that the ELFT Board meeting is a meeting in public at which there is an opportunity for members of the public to ask questions at the end.
- 1.3 Marie advised that the following papers would be deferred to the October 2019 Board meeting:
- Agenda item 9b - annual report on learning from deaths: the Board has asked for further analysis of the information in the report in order better to consider the implications and action needed
Action: Paul Gilluley
 - Agenda item 16 – Audit Committee annual report: as Anit Chandarana, Chair of the Audit Committee, was not able to attend the meeting today
Action: Anit Chandarana.

2 Declarations of Interests

- 2.1 No declarations of interest, other than those published with the papers, were declared..

3 Patient Story

- 3.1 Marie Gabriel explained that due to unforeseen circumstances for the individual concerned, there would be no patient story at this meeting.
- 3.2 The opportunity was taken to share a presentation on 'Co-production in ELFT' which set out the Trust's approach to people participation. The presentation had been developed by service user Adrian Curwen and had been presented with Marie at the Annual NHS Confederation Conference.
- 3.3 Marie highlighted that:
- 'Participation' is a right under the NHS Constitution. Understanding this sets a positive and empowering framework for people participation
 - Clarity of purpose and commitment to resourcing are key to success
 - ELFT always seeks to move beyond traditional ways of engaging people, recognising that service users and carers want to improve services by bringing their individual expertise and experience to bear
 - A fundamental change is to create systematic opportunities for involvement across a range of activities. Examples include service user participation in review of complaint responses, staff selection processes, audit, research, mentoring of Board members and lectures to external bodies
 - Peer Support Workers reflect the belief that service users are experts by experience. There is a strong focus on 'what next' for Peer Support Workers so that their experience opens up further opportunities beyond the mental health
 - Measurement of how people feel about services and how their input has helped the Trust to change is an important principle.
 - The challenge is to use knowledge and insight to generate changes in outcomes
 - ELFT has the most significant investment in people participation of any Trust
 - The Board has a People Participation Committee where a recent debate was held on 'what does recovery mean?'
- 3.4 Paul Calaminus summarised insight gained from a service users discussion of the concept and languages used around 'recovery':

- In other cultures, recovery has a very different meaning from the one used in NHS mental health policy and practice
- The term 'recovery' can be confusing, what is actually meant is 'quality of life' and living the fullest possible life
- For some people 'recovery' carries connotations of cuts to services
- One school of thought is that 'not everyone can or has to recover'. The emphasis should be on individual goals. Only service users can talk about and envisage what for them is 'recovery'
- People are unique and need to use their own language about what they would like to aim for
- The focus should be on hopes, opportunities, strengths and how to use them
- 'Recovery' can imply failure if a person does not recover according to popular perceptions of what recovery means
- Stigma and loneliness are barriers to fulfilment
- The rather rigid ideas and structures that have been established to enable recovery need to be re-considered.

In discussion the Board:

- Concurred with the views of service users, that the service user is best placed to guide the way forward
- Noted that the factors that help improve individual and population health are complicated and external to the Trust (e.g. employment, education, housing, social connectedness). This applies to physical as well as mental health
- Recognised that leadership is key to success and commended the Associate Director of People Participation, Paul Binfield, for his excellent work and commitment, and asked that their thanks are formally extended to him
- Noted that People Participation Awards are taking place in August 2019
- Supported the 'rights based' approach to participation
- Agreed that the presentation should be circulated.

Action: Cathy Lilley

3.3 The Board **RECEIVED** a presentation on, **NOTED** and **DISCUSSED** ELFT's approach to people participation.

4 Minutes of the Previous Meeting held in Public on 23 May 2019

4.1 The Minutes of the meeting held in public on 23 May 2019 were **APPROVED** as a correct record.

4.2 It was clarified that PSF stands for Provider Sustainability Fund. This is a fund from which ELFT receives additional resources if it meets the control total surplus set by NHS Improvement.

4.3 The Board requested that the standard practice of using a term in full, followed by its abbreviation in brackets the first time it is used in a paper, be used systematically.

5 Action Log and Matters Arising from the Minutes

5.1 Progress with the action log was noted. No additional matters were raised.

6 Chair's Report

6.1 Council of Governors

Marie Gabriel explained that the Council meeting on 9 July 2019, Governors had decided to delay a discussion on suicide prevention to allow time feedback from the recent conference to be taken into account.

Governors strategic discussions at this meeting focussed on:

- Population health
- Staffing, including the impact of vacancies on staff
- Young people and transition to adult service, especially how discharge takes place.

The programme of Governor workshops and development opportunities is being reviewed to ensure they enable Governors to keep up to date.

6.2 Chair's Activity

Marie commented on the changes in NHS environment:

- A regional structure is being established
- Sustainability and Transformation Partnerships (STPs) have an increasingly influential role
- The NHS Long Term Plan has been published, within which STPs must set their own five year plans. This presents risks and opportunities for ELFT. A Board Development Session will be held to consider these.

Action: Cathy Lilley

6.3 Recognition

On behalf of the Board, Marie congratulated:

- Anit Chandarana on inclusion in the Ethnic Minority Role Model 2019 listing
- Navina Evans who has been named as one of the 2019 '50 Women to Watch' in the Female Financial Times Stock Exchange (FTSE) Board report.

6.4 Non-Executive Director (NED) Visits to Services: Newham Talking Therapy Services

Eileen Taylor summarised findings from a positive visit at which clinical and non-clinical staff discussed service quality, staff experience and the Trust's strategy.

The Board noted:

- Contact is made with people referred within 24 hours and initial assessment takes place within three to four days. However, improvements could be made in respect of waiting times for initial assessments as these exceed the target because referrals exceed available appointments
- Group sessions are valuable given long waiting lists for individual assessment and treatment
- Digital CBT is performing well, allowing faster access to treatment
- Staff are motivated by the Improving Access to Psychological Therapies (IAPT) approach to assessment and recovery
- Staff are aware of ELFT's strategy and its focus on Quality Improvement (QI) and population health. They seek to reflect the strategy in their work
- There is cross-Trust collaboration to improve value and population health: Gateway teams in Tower Hamlets and Newham are co-located; the support and performance teams make good use of new technology
- There would be value in campaigning for more group sessions to help reduce waiting times
- 'Remote' assessment and treatment has the benefit of freeing up time and space.
- There is scope to improve relationships and understanding of the service amongst GPs, especially with regard to the value of interventions that are not traditional 1:1
- Response times when computers do not function need to be improved
- Payscales in Newham are lower than for adjacent boroughs classed as 'Inner London' and this affects recruitment
- For some service users, there is no clear pathway and the Gateway Team finds that they therefore sometimes 'fall through the tracks' (e.g. people who have been described as possibly having 'personality disorder').

Marie Gabriel thanked Eileen Taylor for her excellent verbal report.

6.5 **Non-Executive Director Visits to Services: Improving Access to Psychological Therapies (IAPT)**

Jenny Kay summarised findings from a visit Aamir Ahmad with to IAPT which had much in common with those of Newham Talking Therapy Services.

The Board noted:

- Staff, formerly from Compass CIC, had made a positive transition to ELFT and commented on the positive culture and improved support services such as IT, as well as the improved partnership and commissioner relationships
- Quality of staff was excellent although some senior staff had been lost partly due to the fast change process
- Online self-referral is welcomed by service users and staff but waiting lists are still 18 weeks
- There is further work to be done to make the service more accessible, for example, for people who are deaf or who are seeking support in relation to gender identity
- The team is taking forward innovative work but there is a need for support to reduce waiting lists, reaching out to communities to ensure people do not fall through the gap, to help GPs have a better understanding of the services and think about digital solutions.

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

7 **Chief Executive's Report**

7.1 Navina Evans drew the Board's attention to key points from her report:

- The large number of national awards to teams and individuals from ELFT, and visits from prominent NHS leaders, all testifying to ELFT's positive reputation
- 100% renewable energy is now used on 100% of ELFT's sites
- A celebration was held to recognise and say thank you to the key role volunteers and Governors play at the Trust
- Positive feedback and assurance on e-prescribing, which is being rolled out across the Trust; demonstrable benefits include safety (no errors) and time-saving
- Brexit preparations would resume
- The numbers national conferences and celebrations where ELFT has had success
- ELFT participation in London Pride and Black Pride in Hackney.

7.2 The Board:

- Noted that in relation to Brexit:
 - Action required has not changed from that already commenced and report to Board at previous meetings: supplies are being re-checked and there is continued encouragement of staff to register for resettlement
 - Risks may evolve with regard to how people behave with each other both internally and externally. A climate may be indirectly created in which some of the population see staff and service users as 'not English'. It was essential that the Trust must continue to communicate its values
- Noted plans are being developed to recognise staff achievements and success
- Discussed the case for prioritising efficiency and quality of water supply. The next focus would be on carbon neutral gas, now that 100% renewable energy has been achieved. Water will be included in the longer term plan.

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

8. **Quality Report**

8.1 Amar Shah introduced the Quality Report which was in two parts: quality assurance as exemplified by clinical networks for sharing and learning and the 2019/20 Quality

Improvement Plan.

8.2 **Clinical networks for sharing and learning**

Amar Shah invited questions on his analysis of the role of networks in quality assurance, especially for smaller teams.

In discussion, the Board:

- Commended the format and detail in the report which assisted the Board in its assurance role
- Noted that participation partly depends on individual enthusiasm and how networks can be 'systemised' to make them 'business as usual' and less dependent on individuals
- Noted an update report will be provide to Quality Assurance Committee on internal and external peer learning
Action: Amar Shah
- Noted that non-clinical staff participate in networks and that professional networks exist at national level. ELFT is a national leader ('centre of excellence') with regard to people participation networks
- Noted the variation as to whether staff have protected time to take part is being addressed through the use of digital solutions
- Received assurance that learning is shared across the Trust through the Learning Lessons meetings as well as conferences. In addition, there are monthly research meetings at Barts which are not confined to junior doctors
- Considered the rationale and value in separating out staff wellbeing from the 'triple aim', noting that staff wellbeing is also encompassed by initiatives such as 'Enjoying Work'.

8.2 **2019/20 Quality Improvement Plan**

The Board supported the objectives of the Quality Improvement Plan and requested future reports include outcomes measures for QI objectives.

Action: Amar Shah

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

- 9
- a. **SI Annual Report 2018/2019**
 - b. **Learning From Deaths Annual Report 2018/19 (not taken)**
 - c. **Suicide Prevention Update**

9.1 **SI Annual Report 2018/2019**

Paul Gilluley presented the Serious Incidents Annual Report for 2018/19 which analysed incidents occurring in ELFT between 1 April 2019 and 31 March 2019.

The Board noted that:

- There was an increase in incidents in the year, in the context of organisational growth and a culture of improved reporting
- There had been a 26% increase in incidents investigated as Serious Incidents (SIs) and a reduction in panel investigations
- Relatively high rates of incidents in Bedfordshire (per 10,000 population) may be accounted for by slower discharge of patients back to primary care, resulting in a higher proportion of the population in contact with services at any one time
- Excellent progress in filling nursing vacancies in Bedfordshire inpatient wards. Agency staffing is therefore unlikely to be factor underlying relatively high incident rates.

In discussion, the Board requested that:

- An update report be presented at the next meeting to include contextual data that

would enable interpretation of numbers, trends and possible explanatory factors, illustrated by case studies, e.g. figures showing the relationship between organisational growth and reported incidents and number of incidents in proportion to demand and activity, data demonstrates relationship between incidents and factors such as agency staff and stability of teams.

- The Quality Assurance Committee would receive a more detailed report on the relationship between caseloads and incidents
- Assurance is provided that the Trust meets NHS England governance requirements, for example, meeting report completion deadlines.

Action: Paul Gilluley

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

9.3 **Suicide Prevention Update**

Paul Gilluley introduced the Suicide Prevention update which covered three areas: national headlines on suicide prevention, ELFT trust wide work on suicide prevention, and partnership work with stakeholders.

The Board expressed concern about the structure and content of the report which made it difficult to distinguish which parts applied to ELFT and to suicides on inpatient wards in particular.

In discussion, the Board noted that:

- ELFT is taking a 'train the trainers' approach to improving staff skills in suicide prevention
- A suicide prevention event was held on 9 July 2019 which included powerful stories from service users; Governors had also attended this event
- One of the Council of Governors strategic priorities/ambitions for 2019/20 is for the Trust to reduce suicides in inpatient wards to zero
- The Trust is contributing to the Bedfordshire, Luton and Milton Keynes (BLMK) and London STPs' plans to support zero suicide aspirations for mental health in inpatient units a Trust plan to STP's overall suicide prevention plans. There will be a specific target stated for the ELFT
- ELFT's contribution to achieving the national target (10% reduction in suicide 2017-2021) will be monitored by the STP
- Additional funding to support suicide reduction is only available to organisations who currently perform badly; ELFT is not in this category.

With regard to specific communities and populations, the Board noted that:

- The category of Lesbian, Gay, Bisexual, Transgender, and Queer (or Questioning)+ LGBTQ+ is broad. Systems of monitoring sexual orientation and identity are of limited value because of individuals' subjective choice about how they wish to be described
- Work is taking place in Bedfordshire LGBT community looking at population health and how to facilitate an improvement in the quality of life.

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

10 **Safeguarding Annual Report 2018/19**

10.1 Lorraine Sunduza and Claire McKenna introduced the report and invited Janette Clark and Agnes Adenton to summarise progress and challenges.

10.2 The Board noted that:

- In 2018/19 there had been a focus on an external review which had highlighted the need for investment in the safeguarding team

- Janette and Agnes as Heads of Safeguarding of Adults and Children respectively had experienced the benefits from funding of new posts and new ways of working. Work with District Nurses had resulted in positive feedback about learning and supervision
- Action had been taken to ensure a 'Think Family' approach in every intervention and to integrate safeguarding across seven local authorities
- The 'Think Family' conference, which covered safeguarding for adults and children, was positively evaluated by Clinical Commissioning Groups (CCGs) and local authorities
- Compliance with Level 3 training is on course to meet the planned trajectory
- There are challenges in training a large cohort of staff especially in view of staff turnover. Training need not be classroom based
- ELFT works closely with Looked After Children (LAC) Teams
- Child and Adolescent Mental Health Services (CAMHS) investment in safeguarding has yielded benefits, for example in Hackney, where integration now works better
- Multiple types of IT systems across organisations causes challenges with obtaining a picture of the full journey of a child for Serious Case Review purposes
- There are challenges in ensuring ELFT's voice is heard within partnership safeguarding governance systems.

10.3 In discussion, the Board:

- Expressed thanks for the comprehensive report and presentation of main points
- Received clarification that although targeted work is in progress with regard to people who might suffer from self neglect, there is no programme at present to assess vulnerability and capacity for homeless people
- The impact of safeguarding supervision systems is audited twice yearly
- Noted that ELFT Clinical Lead for Mental Health Law works with teams on mental capacity and Deprivation of Liberty Safeguards
- Noted that assurance with regard to safeguarding for communities where ELFT has sub-contracts, e.g. Cambridgeshire Community Services is formally monitored via the performance management framework and the Partnership Board for Luton and Bedfordshire.

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

11 People Plan

11.1 Tanya Carter introduced the People Plan which sets out progress with regard to capacity and capability, leadership, collaborative working and staff engagement.

11.2 In response to comments and requests for assurance, the Board noted:

- All Trusts, including ELFT, have been challenged to meet the apprentice numbers threshold and to there gain the most from the apprenticeship investment. However, eight new social work apprentices are to start in September 2019 and is considering innovate ways of using the levy
- It would be too ambitious to expect to close the gap between actual number of apprentices and the original target number, at present. An update will be included in the next People Plan report to the Board

Action: Tanya Carter

- Consideration is being given to recognising long service; currently there are approximately 400 staff members who have worked within the NHS for between 20 and 40 years. Work is currently taking place to check length of service for staff who have transferred between services
- The number of staff leaving the Trust after one year is static, despite a programme of work on this. Reasons include work/life balance, and promotion opportunities
- ELFT currently ranks fifth in London on staff engagement (formerly third) out of 20+ Trusts. The GoEngage platform is expected to improve engagement. Findings from quarterly surveys will supplement the annual NHS staff survey. The Trust's ranking in

relation to mental health and community health Trusts to be confirmed.

Action: Tanya Carter

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

12 Safer Staffing Report

12.1 Lorraine Sunduza introduced the Safer Staffing report.

12.2 In response to questions and requests for assurance, the Board noted that:

- In instances where staffing is identified as below 'safe levels', using national measurement methodology, subsequent review has shown that shifts were adequately staffed
- Sickness levels are factored into calculations
- The national measurement methodology that ELFT is obliged to use does not fit well with the way mental health wards are staffed. Professional experience and judgement are also involved
- Staffing numbers are also based on clinical need
- Questions arise as to what ELFT is doing for an inpatient deemed only to need four hours of care per day. The focus should be on how data about staffing levels helps the Trust to improve care.

The Board concluded that few useful interpretations can be made from the data which is based on averages and externally imposed measurements.

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

13 Infrastructure Plan (Digital and Estates)

13.1 Steven Couse introduced John Hill and Daniel Woodruffe who presented the Estates and Digital Plans respectively.

13.2 Estates Plan

John Hill summarised the direction of the Estates Plan: to come out of poor buildings, to make all the estate fit for purpose and to ensure that use of buildings is adapted in response to the Digital Plan. Full details were provided in the slides included with the Board papers.

13.3 Digital Plan

Daniel Woodruffe summarised the aim of the Digital Plan, which is being implemented in conjunction with the Estates Plan. Work is in progress to:

- Move to cloud-based record storage and mobile access
- Understand from individual teams what technology would support their role
- Complete roll out of EMIS mobile working and development of apps that make 'sense' to front line users

There is evidence of benefits:

- Needing fewer desktop computers which, with the cost of licences, come to £1000 each
- Funding freed up from needing fewer desks and computers is being used to improve the office environment
- Mobile record keeping enables records to be kept up date, with real time information available to teams and analytical services
- Clinical staff can spread their data entry time across the day rather than fitting it in at the end of the day
- Monitoring shows that there has been no recourse to evening work to enter data.

Daniel invited staff from East Ham Care Centre who have been at the forefront of digital working to speak about their experience.

Christine Nojguna (Community Nurse), Dolscena Osborne (Community Nurse) and Gaurav Singh (Occupational Therapist) explained to the Board how digital working had made a positive difference:

- EMIS data can be recorded in your own time without having to travel back to the office
- Time is saved by not having to return to, or phone the office, to obtain information from a patient's wider healthcare records, or to check on appointment bookings
- The tablet enables staff to check and obtain the most up to date information remotely
- Patients appreciate that you can spend more time with them
- If, for example, a patient is not at home/does not open the door, a check can be made in the overall system to see if there is a conflicting appointment
- Not only is the quality of the time spent with patients better but more patients can be seen.

13.4 In discussion, the Board noted that:

- Mobile working has not led to staff feeling cut off or lonely, quite the reverse. The office at East Ham Care Centre has been refurbished and designed as open plan, with tables where tablets can be docked. Staff members can sit and work together. There is a staff kitchen and time saved through mobile working means a proper lunch break can be taken
- The Skype facility on the tablet can be used to communicate if, for example, there are delays
- There are still some areas to be developed, for example using mobile working equipment to write/send letters, access Datix, etc
- 50-60 Community Mental Health Team staff are piloting an app for use with RiO which has only just been made available by the supplier

13.5 Marie Gabriel thanked the presenters for explaining what the Digital Plan means in practice and commented that the Board wishes to ensure that the Trust is enabling staff to determine their future working style.

13.6 The Board **RECEIVED** and **NOTED** the plans.

14 **Strategic Activity**

14.1 Richard Fradgley highlighted the implementation framework for the NHS Long Term Plan:

- ELFT is working with STPs to develop plans for submission by 27 November 2019
- The Board will receive a draft plan at the October 2019 meeting.

14.2 In discussion, the Board noted:

- The Trust is represented at Borough-based partnerships, allowing some opportunity for innovations at ELFT to be fed in, but the structure and tasks are complex. The short timescale and partnership processes are a constraint
- The STPs are aware of our Digital Plans
- The importance of more systematic voluntary sector involvement within STPs; relationships in London are more mature but is less evident in the Bedfordshire, Luton and Milton Keynes (BLMK) STP.

14.2 The Board **RECEIVED**, **DISCUSSED** and **NOTED** the strategic activity report.

15 **Integrated Quality and Performance Report**

15.1 Mason Fitzgerald introduced the non-finance part of the report.

Board discussion focussed on rates of use of prone restraint which had doubled over two years despite a concerted programme of action.

The Board noted that:

- Use of prone restraint is most prevalent in City & Hackney and Forensic Services. Work is in progress to determine the reasons
- The way in which use of prone restraint is measured varies nationally. Restraint may be used for 10 seconds, as part of a suite of interventions, or for two minutes, but the recorded level is the same
- Vulnerability to the possible adverse effects of prone restraint varies
- The QI programme to reduce use of restrictive practices continues. Repeat of QI processes to include newer staff, is needed.

The Board received a verbal update on progress with a dashboard showing performance against service user led standards:

- The findings from piloting standards in Bedford have been presented to the Quality Assurance Committee
- Teams who participated in the pilot found it a positive experience
- Not all teams achieved 'gold' accreditation.

15.2 Steven Course highlighted main points from the finance report.

Due to the times scale for producing figures after the month end, and the dates and sequencing of meetings, the month 3 figures presented to the Board had not been considered by the Finance, Business and Investment Committee (FBIC).

The Board noted that:

- Reported position is £34k better than plan. The favourable net surplus variance of £201k was better than the target of £167k due to STF payments for 2018/19 being paid in 2019/20
- There is some risk to income arising from lower than planned for bed occupancy in NHS England specialist services contract
- Spend, as set out in the Financial Viability plan, is on track
- Prudent assumptions had been made with regard to risk of not receiving outcomes-based income for Bedfordshire community services
- Agency over-spend remains high for Bedfordshire and Luton mental health services and for Newham community services
- Agency expenditure in corporate services (HR, IT and estates) improved in month 3. From September 2019 corporate services will not be allowed to employ agency staff.

The Board discussed the implications of constraints set on the capital programme and requested that a briefing be circulated.

Action: Steven Course

16 Trust Board Committees

a Audit Committee:

- Chair's assurance report: 23 May and 9 July 2019
- Audit Committee Annual Report 2018/19 (deferred to October meeting)
- Approved minutes: 30 April and 23 May 2019

b Mental Health Act Committee:

- Chair's assurance report: 6 June 2019
- Approved minutes: 7 February 2019

c People Participation Committee:

- Chair's assurance report: 20 June 2019
- Approved minutes: 21 March 2019

d Quality Assurance Committee:

- Chair's assurance report: 1 July 2019
- Information Governance Annual Report 2019
- SIRO Annual Report 2018/19
- Approved minutes: 13 May 2019

16.1 The Board **NOTED** the minutes and reports from Board Committees. The Audit Committee Annual Report 2018/19 would be deferred to October meeting.

17 Any Other Urgent Business: *previously notified to the Chair*

17.1 There was no urgent business.

Marie Gabriel asked that distribution of business between part 1 and part 2 of the agenda be considered.

Action: Cathy Lilley

18 Questions from the Public

18.1 There were no questions.

19 Dates of Future Meetings:

Thursday 3 October 2019
Thursday 28 November 2019
Thursday 30 January 2019
Thursday 26 March 2020