

DRAFT Board of Directors

Minutes of the Board of Directors meeting held in public on Thursday, 24 March 2022 from 1.00pm at Events@No 6, Terrace Room, 6 Alie Street, London E1 8QT and by Zoom

Present:	Mark Lam	Trust Chair
	Paul Calaminus	Chief Executive
	Aamir Ahmad	Non-Executive Director
	Ken Batty (online)	Non-Executive Director
	Tanya Carter	Chief People Officer
	Richard Carr	Non-Executive Director
	Anit Chandarana	Non-Executive Director
	Steven Course	Chief Finance Officer and Deputy CEO
	Professor Sir Sam Everington	Non-Executive Director
	Richard Fradgley	Executive Director of Integrated Care
	Philippa Graves	Chief Digital Officer
	Prof Dame Donna Kinnair	Non-Executive Director
	Edwin Ndlovu	Chief Operating Officer
	Dr Amar Shah	Chief Quality Officer
	Lorraine Sunduza	Chief Nurse and Deputy CEO
	Eileen Taylor	Trust Vice Chair
	Dr Mohit Venkataram	Executive Director of Commercial Development
	Deborah Wheeler	Non-Executive Director
In attendance:	Dawn Allen (online)	Governor
	Roshan Ansari (online)	Governor
	Hajara Begum	Patient Story
	Paul Binfield	Associate Director of People Participation
	Gren Bingham (online)	Governor
	Shirley Biro (online)	Governor
	David Bridle	Medical Director, London Mental Health Services
	Eileen Bryant	Director of Nursing, Primary Care and Beds Community Health Services
	Avz Chitewe	Quality Improvement officer
	Tee Fabikun (online)	Governor
	Derek Feeley	Board Advisor
	Bernadette Fitzharris	People & Culture
	Sonia Kaur	Head of Resourcing
	Norbert Lieckfeldt	Corporate Governance Manager
	Cathy Lilley	Director of Corporate Governance
	Nicki McCoy	Corporate Secretariat Manager
	Glenn Mitchell	Deputy Head of Communications
	Beverley Morris	Governor
	Caroline Ogunsola (online)	Lead Governor
	Jamu Patel (online)	Governor
	Steph Quitaleg	Senior Executive Assistant
	Frank Rohricht	Medical Director, Research and Medical Education
	Archana Sanap	Healthroster Project Manager
	Gill Skrzypczak	Corporate Services Minute Taker

Humira Solomon (online)	Member of the public
Suzana Stefanic (online)	Governor
Felicity Stocker (online)	Governor
Ashley-Ann Walbank	People & Culture

Apologies: Dr Paul Gilluley Chief Medical Officer

The minutes are produced in the order of the agenda

1 Welcome and Apologies for Absence

1.1 Mark Lam welcomed all to the meeting and gave assurance that appropriate infection control and Covid safety checks have been undertaken in the interests of protecting staff and attendees. Hand sanitisers and sanitizing wipes have been provided and social distancing will be observed. Masks should be continued to be worn unless speaking during the meeting.

1.2 Apologies were received from Paul Gilluley, with David Bridle covering in his absence.

2. Patient Story: Quality of Life and Dialog+

2.1 Paul Binfield introduced Hajara Begum, a service user who presented her experience of using Dialog+. She highlighted:

- Dialog+ is a simple intervention to assess life and treatment satisfaction of patients, and to address concerns and need of help in the communication between the service user and clinician in community mental health care
- It has a personalised, needs-based approach that enables service users to effectively utilise their own skills, capabilities and resources to co-produce their care planning.
- She has been using Dialog+ over the past two years as part of her care plan
- It has been important in improving the quality of care around her mental health and has helped her in building relationships with mental health professionals to identify areas of her life that can be improved with support
- She is involved in a Quality Steering Group which supports staff and service users to feel confident in using the Dialog+ approach as she feels strongly that this intervention improves care planning outcomes as well as wellbeing
- Her concerns over the length of time it is taking to introduce the system across the Trust.

2.2 In discussion, the Board:

- Noted Dialog+ is a validated quality of life measure, which it was agreed to implement four-five years ago. It is a tool that can play a key role in achieving one of the Trust's strategic aims to improve quality of life
- Noted the challenges around a need for a culture change, ensuring the technology is aligned and a clear organisational message going forward
- Received assurance that there are commitments through the community mental health transformation programme to replace the current care programme; although this is a complex process, it is the right and important direction of travel for the Trust
- Noted the adaptations that have been undertaken internally to develop use in physical health and disability services, including learning disability, and the keen interest from external partners around further developments

- Supported the use of this intervention, and the opportunities presented by both Dialog+ as well as Trialog for staff and supervision
- Expressed their gratitude to Hajara and Paul for their time and for sharing their experience and valuable insights.

3. Declarations of Interests

3.1 There were no interests relevant to the meeting other than those in the published register.

4. Minutes of the Previous Meeting Held on 27 January 2022

4.1 The minutes of the meeting held in public on 27 January 2022 were **APPROVED** as a correct record.

5. Action Log and Matters Arising from the Minutes

5.1 Action Log

The actions were noted as either closed, in progress or not due and there were no matters arising.

6 Chair's Report

6.1 Mark Lam invited Eileen Taylor and Deborah Wheeler to feedback on recent NED visits.

6.2 Eileen Taylor reported on a virtual visit to the Path to Recovery (P2R) service covering Bedford Borough and Central Bedfordshire, highlighting:

- This is one of the few remaining NHS teams delivering a comprehensive addiction service. It is a multi-disciplinary team undertaking deep investigations into their clients' issues and also working transition to community led initiatives when intensive treatment is no longer required.
- There was clear evidence to demonstrate their work in tackling the social determinants of health including assisting with housing and benefit issues, and providing support to families and friends.
- They are proud of the fact that there was a decrease in deaths during the pandemic; their project in Bedford to house the homeless in hotels during the pandemic; successfully embedding medical teams offering addiction; and mental health services into the hotels for the duration.
- Challenges include the volume of people accessing their service, a need to improve children's services and wanting to improve the voice of the service users. Also their premises are not fit for purpose.
- There is a real sense of team, with service users at the heart of everything they do. It was also encouraging to see how they use mistakes as a way to learn.

6.3 Deborah Wheeler reported on an online visit to Leighton Road Surgery, highlighting:

- A large number of staff joined the call, providing a wide-ranging discussion about the service and in particular their pride in the team work and dedication of staff throughout the pandemic to keep the service running.
- A major challenge to the service exists around GP recruitment and their reliance on short term locums. There is currently no clinical lead, creating gaps in the drive and commitment of the practice. Nurses are working hard to support the patients, covering visits where they can, in the face of increasing demand on the surgery.
- A consultation is underway around themselves and Cauldwell Surgery, which is the subject of staffside challenges. Staff at Leighton Road are happy with the proposals but feel it is being obstructed. Ongoing discussions with Exec

colleagues are taking place to progress and despite this challenge, they continue to be committed to delivering the best patient care they can.

6.4 In discussion, the Board:

- Acknowledged the recent improvement in the CQC rating of Leighton Road Surgery and the need to be more creative around the GP recruitment process.
- Received assurance that work is in place to ease the demand and capacity issues at Leighton Road, expanding staff experience and skills and engaging local consultants to cover vacant GP roles at the practice.
- Noted that this feedback reinforces the benefits of the NED visits, which will recommence face to face imminently.

6.5 The Board **RECEIVED, DISCUSSED** and **NOTED** the reports.

7 Chief Executive's Report

7.1 Paul Calaminus presented the report, highlighting:

- The effect on staff of the Ukraine conflict and the work being co-ordinated to support both them and other NHS organisations with the response.
- Also checking the possible impact of sanctions on our supply chain and reinforcing cyber security with additional protections, due to an expected increased risk.
- Likely to be continued work on healthcare needs for people coming from Ukraine.
- The removal of the Vaccination as a Condition of Deployment (VCOD) stipulation and the emotional impact this has had on staff; a series of events have been coordinated to support staff and teams who were impacted by this. The Trust continues to support the vaccination programme and encourage the take up of the vaccines.

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

8 Core20PLUS5: an approach to reducing health inequalities

8.1 Richard Fradgley introduced the report, highlighting:

- In line with the one of the Trust's core strategies, the Public Health, Quality Improvement and People Participation teams are about to launch a 'Pursuing Health Equity' programme. This will be open to all teams within the Trust to tackle in a practical and focused way any areas of inequality they find in the population.
- The recent workshop on Making Equality Count that brought together staff, staff networks, service users and carers to identify equality priorities for the year ahead.
- Work that the Public Health and Procurement teams have been undertaking to ensure that all contracts the Trust holds have social value elements embedded.
- Recent discussion at the Council of Governors meeting to identify equality priorities.
- The Trust is partnering with Professor Sir Michael Marmot at the Institute for Health Equity (IHE) to develop and take forward our programme of work to understand how best an NHS Trust can implement programmes of work to address the underlying causes of poor health (social determinants) and work to tackle inequalities.
- Working closely with system partners in Bedfordshire, Luton and Milton Keynes and in North East London to develop and mobilise our work to take forward the national inequalities priorities and Core20plus5

- The Trust's refreshed strategy developed after extensive engagement with service users, carers, staff, Governors and stakeholders, includes a number of key commitments to tackle inequalities

8.2 In discussion the Board:

- Acknowledged the importance of these initiatives and the ongoing work to understand in depth where inequalities exist in areas such as access to services, with focus on the 20% most deprived in our population.
- Noted the benefits of investment in long term conditions, early interventions in schools and embedding the awareness of physical health impacts on mental health within the Trust.
- Noted the importance of understanding where inequalities exist, specifically by place; where the variations are, what is causing these variations and how the work could reduce them, embedding this thinking in everything we do.
- Noted the need for a framework which focuses on specific targets, and the measures required to enable an understanding of where real progress is being made and how these relate to areas our service users and communities think are the real problems.
- Noted the importance of bringing in Triple Aim thinking, Quality Improvement and data in this work.
- Gave an assurance of full Board support in defining the focus on health inequalities and testing our relationships with structures, providing a clear leadership role in this area.

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

9 Quality Report

9.1 Amar Shah presented the update, highlighting:

- Following a recent focus on how well we learn and take action following Serious Incident (SI) reviews, assurance can be given that key recommendations are acted upon and there are good mechanisms for sharing learning across the organisation.
- There are opportunities to create clearer processes around action planning and reducing the volume of actions, to ensure focus on stronger outcomes with work ongoing around this.
- The inclusion of an update on the action plan following the recent CQC inspection, and the Trust's response to the Ockenden Report.
- The annual visit from the Institute for Health Improvement over three days, following which the main reflections will be:
 - Supporting embedding Quality Improvement (QI) into people's every day work, not just around projects.
 - How we use QI in health equity and flow work to bring a systematic approach around measurements, in partnership with service users.
 - Staff experience; helping leaders to support teams to recover and rest, with measures around staff health and wellbeing.

9.2 In discussion, the Board:

- Acknowledged the assurance on SI reviews and noted the intention to bring reports back periodically to Quality Assurance Committee as part of the ongoing evolution of the patient safety strategy.
- Noted the partnering of the QI team with the work of the Sustainability Group and the Green Plan.

- Noted the importance of embedding learning from both the issues and the good practice highlighted in the CQC inspection across the organisation, and ensuring evidence and outcome improvements from the action plans are captured.
- Received assurance that a huge amount of work is ongoing in relation to the CQC findings.
- Commended the revised content of the reports and expressed gratitude to the team for their continually evolving and innovative work.

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

10 Performance Report

10.1 Amar Shah introduced the report highlighting:

- Positive indications around the reduction in incidents of violence and restraint.
- Pressure ulcer peak seen in January is beginning to reduce.
- Improvement in percentage of patients who would recommend our services.
- The beginning of data analysis from Dialog around key quality of life indicators and where we are making a difference, with further granular analysis the next step.
- New visibility on waiting lists and times, showing full numbers and the assurance that they are beginning to reduce. Where there are teams with no reductions, additional support is being provided to understand flow, with the next steps to examine different dimensions to identify groups not receiving equitable care.

10.2 Edwin Ndlovu further highlighted:

- The continuing pressures around bed occupancy and the increasing number of people of people accessing mental health services.
- Work continuing to embed the Integrated Discharge Hubs into the system partnership, ensuring they continue to be fit for purpose and sustainable.
- The increasing demand on children and young people's services, with the continuation of work around enhancing partnerships with social care and third sector voluntary groups, and ensuring our schools mental health teams are able to equip education staff with the ability and confidence to support mental health needs at early stages.

10.3 In discussion, the Board requested an addition to the May performance report which would help the Board to consider how we should be considering our waiting lists with an equality and equity lens.

ACTION: Amar Shah

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

11 Prevention of Future Deaths

11.1 David Bridle presented the report, highlighting:

- An update on actions following the tragic death of an 18 year old male in May 2020 who had previously been under the care of our Bedfordshire CAMHS service, where concerns around his transition to adult services were highlighted by the Coroner.
- This was already a recognised area for improvement within the Trust with more robust systems implemented around administration and earlier arrangements for transition. Also full time transition workers are being put in place with a dedicated person to liaise with the adult services and support every service user and their family as they approach transition.

- There has also been more close and effective engagement with local authorities to provide a system wide focus on the areas of difficulty.

11.2 In discussion the Board:

- Acknowledged the sad impact of this death on family, friends and staff who were involved in his treatment.
- Stressed the importance of ensuring that not only are actions taken forward and embedded, but that the impact is clearly identified as a real measure of our response.
- Noted the importance of learning across the local systems and also with other agencies involved, identifying any patterns and monitoring for assurance.
- Was assured that the issues raised by the Coroner's report had previously been identified as part of the Trust's own investigations.

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

12 Mental Health Units (Use of Force) Act (Seni's Law)

12.1 Lorraine Sunduza presented the update, highlighting:

- This Act largely impacts on all mental health units around the responsibility to ensure transparency and openness in the use of chemical, physical or mechanical restraint, reduce the use of restrictive practices and work with care staff around 'time to think'; as well as on the wearing of body cams by the police.
- Paul Gilluley as Chief Medical Officer will be the named Board lead with Lorraine as Chief Nurse being the restrictive practice Board lead.
- A task and finish group has been set up to plan the implementation and will report back to Quality Assurance Committee, and a coms plan is being developed.
- The focus is on putting patients at the centre but also supporting staff and other service users, recognising the links this has to violent and aggressive behaviour.

12.2 In discussion the Board:

- Received assurance that there is an allowance within the Act for training and development to take place after the commencement date of 31 March 2022.
- Noted the connection to inequalities work, in looking at protected characteristics and beginning to measure the disproportionate amount of restraints for specific groups, and links in with the ongoing QI programme around reducing restraints.
- Noted that the required recording measures will help with benchmarking.
- Recognised the tragic circumstances surrounding the death of Seni, and the tireless campaigning of his family to produce this important and necessary piece of legislation.

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

13 People Plan Update

13.1 Tanya Carter the update, highlighting:

- Publication of the quarterly Pulse survey results; a 16% response rate, 71% of staff would recommend ELFT as a place to work, 68% would recommend it as a place to receive care, an engagement score above the Picker average. Next survey will be in April.
- The establishment of a wellbeing forum with actions around accessibility and improved communications ongoing, following feedback from an audit on the services.

- The launching of a wellbeing survey to ascertain staff knowledge of the services, the impact and other areas that could be included in the offer.
- Work has commenced to develop a loans policy, recognising the financial difficulties caused by the current economic climate.
- Recruitment to the post of Head of Equality Diversity & Inclusion who starts in June; this role will straddle both staff and service users.

13.2 In discussion the Board:

- Noted the increase in grievances and disciplinary cases against BAME staff; however, received assurance that further analysis is underway with the QI team to establish whether it really is an increase or a special cause variation within our tolerance. Results will be taken to the Boards Appointments and Remuneration Committee.
- Noted the overall decrease in the number of discipline cases for both white and BAME staff.
- Was assured that even though there is a gap in the time between the staff survey closing and the results being published, People & Culture business partners are already using the data to plan work with the Directorate Management Teams.
- Commended the Trust values which shine through in the work of the People & Culture team.

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

14 Finance Report

14.1 Steven Course presented the report to the end of January 2022, highlighting:

- Reporting a net surplus of £578k, with the plan for breakeven by year end on track.
- Cash balance is £156m.
- Remain in the lowest risk Category 1 of the NHSE Oversight Framework.
- The financial viability improvement programme is £1.7m behind plan.
- A significant amount of unspent investments for 2021-2022 have been placed with CCGs and local authorities under Section 256 agreements, enabling us to access these funds to be spent on areas of most benefit in 2022-2023.
- UK Cloud remains a risk for which a provision has been made.
- Issues remain around temporary staffing, particularly in Bedfordshire mental health and community services.
- There are a number of projects to fund going forward, including the digital strategy.

14.2 In discussion the Board:

- Acknowledged the need to be realistic around the anticipated financial challenges, and to be prepared to respond to even more restraint.
- Commended the Chief Finance Officer and the Finance team in achieving the constructive approach with Borough partners around the Section 256 agreements.

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

15 Trust Board Committees

15.1 The Board **RECEIVED** and **NOTED** the assurance reports from:

- Appointments & Remuneration Committee
- Audit Committee
- Finance, Business & Investment Committee
- Integrated Care and Commissioning Committee

- Quality Assurance Committee

15.2 Anit Chandarana reported on assurances given by the Chief Finance Officer and the external auditors that this year's accounts remain on track to be completed in time; and will continue to be monitored.

16 Board of Directors Forward Plan

16.1 The Board **NOTED** the plan.

17 Any Other Business

17.1 None.

18 Questions from the Public

18.1 Questions received will be fully responded to offline.

19. Dates of Future Meetings

- Thursday 26 May 2022
- Thursday 28 July 2022
- Thursday 29 September 2022
- Thursday 24 November 2022
- Thursday 26 January 2023
- Thursday 30 March 2023

All meetings will commence at 1300 hrs with a tea-time presentation and continue to be held in person with a video conference facility until further notice.

The meeting closed at 3.20pm