

**MINUTES OF A MEETING OF THE
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST
BOARD OF DIRECTORS HELD IN PUBLIC
IN THE CONFERENCE HALL, ST PANCRAS HOSPITAL,
ST PANCRAS WAY, LONDON, NW1 0PE.**

Tuesday 23 May 2017 at 2:00pm

Board Members Present:

Ms Leisha Fullick	Chair
Ms Pippa Aitken	Non-Executive Director
Prof Tom Burns	Non-Executive Director
Ms Caroline Harris-Birtles	Acting Director of Nursing (Non-voting Member)
Ms Angela Harvey	Senior Independent Director
Dr Sue Goss	Non-Executive Director
Dr Vincent Kirchner	Medical Director
Ms Angela McNab	Chief Executive
Mr Kieran Parmar	Non-Executive Director
Ms Sally Quinn	Acting Director of Human Resources & Organisational Development (Non-voting Member)
Mr Andy Rogers	Chief Operating Officer
Mr Darren Summers	Director of Strategy & Business Development (Non-voting Member)
Mr David Wragg	Director of Finance
Mr Patrick Vernon	Non-Executive Director

In Attendance:

Mr Martin Zielinski	Board Secretary (minutes)
Mr Andy Stopher	Deputy Operating Officer

The following attended for the Service User Presentation (Item 17.01.047 only):

Mr Kevin Cann	Medical Devices, Resuscitation & PMVA Lead
Ms Joanne Scott	Voluntary Services Manager

Accompanied by a service user / volunteer.

This meeting was open to the public

GENERAL BUSINESS

17.01.065 Welcome, Apologies & Quoracy

Ms Fullick welcomed those present. She welcomed Mr Rogers to his first meeting, having recently joined the Trust and its Board; and Ms Aitken to her first meeting in her new role as Deputy Trust Chair.

Apologies had been received from Ms Sarah Anderson, Interim Trust Company Secretary.

The meeting was quorate.

Before commencing business Ms Fullick asked that the Board's condolences be recorded for those affected by the previous day's atrocity in Manchester. The Board commended the efforts of all the emergency services in responding to this attack and acknowledged that this event may have an impact on the Trust's service users.

17.01.066 Declarations of Interest

The register of declared interests had been issued as part of the meeting's pack. No changes were requested.

17.01.067 Service User Story: Patient Experience of Restraint

The attending service user volunteer advised that he had previously suffered from 'hearing voices' and he praised the treatment and support he had received from the Trust's service and the Recovery College. He now volunteered each Friday on the trolley shop at Highgate Mental Health Centre. He explained how service users enjoyed having this shop and interacting with those who staffed it. More recently, he had been undertaking debriefing sessions with service users who had been subject to restraint to establish whether restraint could be undertaken in a better and safer way. He had been provided with training to undertake this task and on recording service users' feedback which is added to their individual behavioural support plans. The service user had also undertaken 'break-away' training to enhance his own safety and ability to de-escalate potentially violent situations.

Mr Cann fully supported recently the introduced peer debriefing programme as service users were likely to be more open and comfortable discussing instances of restraint with a peer, rather than a member of staff. Ms Scott advised that there were currently two volunteers trained in restraint de-briefing, with another four currently undertaking training. She added that most of those engaged in this process were existing volunteers and that their familiarity with Trust services had assisted them in undertaking this role. The service user volunteer stated that he had not been restrained personally but agreed that his familiarity with services had assisted him in moving into the debriefing role.

Ms Fullick asked if the information gathered from debriefings was shared with staff. The service user volunteer stated that debriefing feedback was added to service users' behavioural support plans which were used by staff to improve the restraint

processes and the understanding of triggers that may lead to a restraint situation. This increased the potential to act differently and de-escalate a situation before any restraint became necessary. As an example from feedback, he advised that staff simply explaining who they were to a service user in a potential restraint situation could be a simple change that may de-escalate the need for restraint.

Ms Fullick thanked the service user, and supporting staff, for attending and sharing their informative first hand experiences with the Board.

17.10.068 **Minutes from the previous meeting**

The Board reviewed the minutes from its previous meeting and agreed two small amendments.

The Board of Directors AGREED the minutes of its previous public Board on 27 April 2017 as a fair and accurate record of that meeting, subject to the agreed amendments.

17.01.069 **Matters Arising**

The Board reviewed the matters arising from its previous public meeting on 27 April 2017. All of the required actions were notified as completed with the following exceptions and additional comments:

17.01.070 **MA1 & 2: Equality & Diversity Update**

The Board agreed that this piece of work should be more correctly framed as a review of the validity of target setting in relation to detention levels across different ethnic and cultural groups, and to ensure that all detention decisions were purely based on clinical need. Prof Burns commented that such a review could easily absorb significant resources whilst failing to provide any meaningful data. Mr Rogers took this comment on board and advised that he would still discuss this issue with a number of service user groups to ensure that no particular group of Trust service users had a sense of being disadvantaged when accessing services at C&I. This review, part of regular operational activity, did not need to be retained on the next schedule of matters arising.

17.01.071 No further matters arising were raised in addition to those listed on the presented schedule.

17.01.072 **Chief Executive's Report**

Ms McNab presented her regular report taking the majority of its content as read. She highlighted a small number of key items and recorded her thanks to the Trust's ICT Team for their efforts over a recent weekend which had ensured that the Trust's systems remained safe and unaffected by the ransomware software virus that had affected so many other trusts.

Ms Fullick referred to the update on the recent Council of Governors' meeting and said that she would now work with the Lead Governor and the Council's Steering Committee to establish what more should be done to support the Governors understanding of, and engagement with, this issue.

There was one reported use of the Trust seal.

The Board of Directors RECEIVED and ACCEPTED the Chief Executive's update report, and RATIFIED the reported use of the Trust seal.

QUALITY IMPROVEMENT, SAFETY AND EXPERIENCE

17.01.073

CQC Action Plan Update

Ms Harris-Birtles presented this item advising that this 'must-do' action plan had been reformatted to make the content clearer and more precise in detailing the required actions, their status, and responsible officers. She added that initial feedback from staff with action responsibility had been positive. The action plan had been taken to the previous week's Quality Committee, where it had been subject to detailed consideration and further refinement. It had also been shared with Commissioners, via the Clinical Review Group, and their feedback had been positive. It would remain a live document, subject to regular update, to assist in monitoring and to provide assurance that these 'must-do' actions remained on track or had been completed. Consideration had also been given to adding those actions BRAG rated as 'red' to the Trust's risk register. Ms Harris-Birtles confirmed to Ms Fullick that the updated plan better supported staff in understanding where they could act to make improvements and would assist in ensuring that appropriate evidence had been gathered to demonstrate improvements when the CQC next visit the Trust. Ms Harris-Birtles was now working on a CQC governance plan to ensure that the Trust was appropriately prepared for the CQC's next inspection. She would **bring this to the next Board** meeting.

Ms Harris-
Birtles

Dr Goss, as Quality Committee Chair, fully supported this updated plan. She added that, going forward, she would like to see more time spent on actually embedding improvements, rather than planning to do so. She also highlighted the need to understand where simple actions could easily be taken to address CQC concerns, along with those areas where improvements may be blocked by external factors and require alternative solutions to be found. She added that this plan, whilst ensuring corrective action and evidence collection was in place, did little to assure the Board that preparations for the next CQC inspection were being well-led and managed. Ms Harris-Birtles advised that this would be covered in the paper coming to July 2017's Board.

Mr Parmar proposed that the stated aim of having 'evidence of progress against actions identified' should more correctly seek to ensure that the required outcome had actually been achieved. Dr Kirchner assured him that management did have a focus on achieving results and desired outcomes had been achieved for those actions BRAG rated as 'blue' on the action plan. Ms Harris-Birtles added that this live document would be continually developed to provide an even clearer link between actions and outcomes.

The Board discussed several of the actions within the plan in detail, along with the Trust's understanding of the CQC action plan expectations.

Ms Fullick concluded this item by acknowledging how helpful this discussion had been and was pleased to note that a further plan on preparing for the next CQC inspection would be provided at the next Board. She highlighted that she, and the Board, would like to see the Trust obtain a 'good' rating when next inspected.

The Board of Directors RECEIVED, ACCEPTED and SUPPORTED the presented CQC 'must-dos' action plan.

17.01.074 **Staff Survey 2016**

Ms Quinn presented this report on the 2016 staff survey results. She highlighted significant increases in staff response and engagement rates and she took the Board through the top five and bottom five items where feedback had demonstrated most and least improvement. She added that she would bring an update report back to the Board in six months' time.

Ms Fullick commented that the Board was pleased to note the reported improvements evident in this year's staff survey report. She added that the CQC had placed significant importance on the results reported in previous staff surveys.

Mr Vernon highlighted that it was an on-going journey to improve and support staffing issues and noted that other London trusts faced the same staffing pressures as C&I. He asked if anything was being done to address such matters on a London-wide basis. Ms McNab advised that the Cavendish Group, which she attended, discussed workforce issues affecting London but not to this level of detail. Ms Quinn added that she attended London HR Directors meetings and such issues were regularly discussed in that forum. In addition, she was working with the Trust's Equality & Diversity Lead to explore the potential introduction of 'respect at work advisors' to assist in identifying and addressing a wide range of staff concerns throughout the Trust.

Mr Parmar was pleased to note that action was being taken to address the less positive feedback received from the R&R Division. He also commented that an action plan must be an effective tool aimed at achieving desired outcomes, which were not guaranteed purely by having an action plan in place. Ms

McNab assured him that actions against Divisional plans were regularly reviewed at Senior Leadership Team Meetings and that senior staff were held responsible for achieving required improvements. Her longer-term aim was to ensure that all staff with management responsibilities were effectively managing those within their teams and were alert to, and addressing, any potential staff issues at the earliest opportunity. Ms Fullick added that such action was supported by the cultural changes being embedded throughout the Trust to support all staff to be open, empowered and responsible for their actions.

The Board of Directors RECEIVED and ACCEPTED the presented 2016 Staff Survey and SUPPORTED the presented action plan contained within the document.

17.01.075 **Infection Control Annual Report**

Ms Harris-Birtles presented this report which summarised the work of the Trust's infection control team over the last year and set out their work plan for 2017/18. She acknowledged that this was a lengthy report, which was necessary to fulfil the full range of reporting requirements. She highlighted key points advising that there had been no cases of MRSA blood infection or C.difficile infection within C&I during the last year. She acknowledged that the Trust's scores were lower than those reported for the previous year. She advised that these scores possibly reflected the impact of changes to the Infection Prevention and Control Audit Tool, along with changes to audit personnel and processes. She advised the Board on the actions being taken to address areas with lower audit scores.

Dr Goss commented that this report had been discussed in detail at the previous week's Quality Committee.

Ms Fullick stated that, as a member of the Resources Committee, she had been regularly advised that Engie's cleaning of the Trust had been good and that feedback on cleanliness from PLACE inspections had also been positive. As cleaning was key to infection controls, she queried why the result in this report were inconsistent with other feedback. Ms Harris-Birtles advised that all of the reviews she mentioned were conducted for different purposes, using different criteria. Mr Wragg added that the infection control report required significantly more detailed testing than Engie's performance monitoring. Ms Fullick commended this well written and presented report and requested that the issue she raised be **discussed further at the next meeting of the Resources Committee.**

Mr Wragg

Dr Goss commented that the Trust's cultural change programme was key to improving infection control as staff would become more empowered to address infection controls concerns quickly and at source, where appropriate. Ms Harris-Birtles concurred but added that not all Trust services were provided in Trust owned premises and it had been acknowledged that this could impede prompt action to address

simple cleaning or infection control issues. She added that the Trust was working to facilitate prompt action in such areas.

The Board of Directors RECEIVED and ACCEPTED the Annual Infection Control Report.

17.01.076

Learning from Patient Deaths: New National Guidance

Ms Harris-Birtles advised that the Board were required to be made aware of this new guidance and of the action being taken by the Trust to comply with the issued framework. She highlighted that this guidance had been discussed in detail at the previous week's Quality Committee and highlighted key actions already being taken at C&I. She invited comments and questions from the Board.

Dr Kirchner highlighted that aspects of this guidance were evidently aimed at acute trusts and would be more difficult to implement within mental health. He added that some of the terms used such as 'avoidable death' had not been clearly or fully defined and that a number of issues had to be worked through, such as establishing when and how a deceased's family could be engaged with in a reasonable and meaningful way.

Dr Goss advised that Prof Burns had agreed to be the Trust's Non-Executive Lead for mortality governance and learning from patient deaths. This met a requirement of the guidance.

Dr Kirchner confirmed to Mr Wragg that CareNotes contained the necessary data to fulfil the reporting requirements of this guidance, although data more than eight years' old was likely to be paper based and more difficult to access, should it be required.

The Board of Directors RECEIVED and ACCEPTED the provided paper on the new national guidance on learning from patient deaths.

OPERATIONAL PERFORMANCE

17.01.077

Month 1, 2017/18 – Financial Position

Mr Wragg advised that, by the date of this meeting, he had only received final data on payroll costs for month 1. He advised that at the end of April 2017 payroll costs had contributed a £50k surplus, against a planned £153k surplus. Non-pay data was still being finalised but early indications were that the actual position would be £100k adrift of the planned position due to a number of outplacements requiring to be made during that month. A full and more detailed report would be available for the next Board.

The Board of Directors RECEIVED and ACCEPTED the initial update provided on the month 1, 2017/18 financial position.

17.01.078 **HR & Workforce Report Q4, 2016/17**

Ms Quinn presented this quarterly report to the Board. She highlighted that the Trust's staff vacancy rate had reduced to 9.2%. The staff turnover rate had also reduced in this quarter although it had risen again during March 2017 due to a spike in the number of leavers. She advised that overall bank and agency usage had increased during March to cover the number of staff taking leave at the end of the annual leave year. She added that her team were working to improve the management of annual leave to spread it across the year and reduce year-end spikes in future years.

Ms Aitken queried the reason for the increase in leavers during March 2017. Ms Quinn commented that an increasing reason given by leavers was that they were choosing to move to live and work outside of London. Ms Aitken stated that this was an important point and should be noted in relation to the Trust's plans to develop the St Pancras site and for its Outline Business Case. Such data may support proposals to use surplus NHS land to provide more supported housing for staff. Mr Wragg commented that the Trust was in line with the London mental health trusts average staff turnover rate of 18%. He added that acute trusts generally had lower turnover rates so housing costs were not the only factor impacting the retention of NHS staff in London. Ms Quinn commented that turnover may be impacted by the number of band 2 staff leaving the Trust who often cited the lack of career opportunity as their reason for leaving. Ms Harris-Birtles added that the Trust was out of sync with most NHS trust in retaining band 2 posts. Trust programmes on apprenticeships and to support internal promotion and retention had been put into place in an attempt to address the number of leavers.

Ms Harvey asked whether there was any update on how staff from other EU nations had been affected since the EU referendum. Ms Quinn advised that an initial review after the referendum had identified 7.5% of the C&I workforce were EU nationals and it would be appropriate to revisit this statistic to **establish if there had been any change**. She added that it had had been noted by the London HR Directors Network that the number of EU nationals applying for NHS posts had reduced.

Ms Quinn

Dr Kirchner commented on sickness absence stating that anxiety and depression were the highest causes for staff sickness, which subsequently impacts on temporary staff requirements. He added that any visit to mental health services demonstrated the difficulties faced by our staff in undertaking their duties and it was not surprising that sickness rates were higher than those reported for acute trusts.

In relation to employee relations cases, Ms Quinn advised that she was looking forward to reviewing the next quarter's data to establish whether the introduction of the 'Our Staff First' policy had made any impact.

Ms Fullick welcomed this report and was pleased to note the efforts to improve disability awareness and equality within the recruitment process and across the workforce.

The Board of Directors RECEIVED and ACCEPTED the

final quarterly HR and Workforce Performance Report for 2016/17.

17.01.079 **Board Performance Report Q4, 2016/17**

Mr Stopher presented this re-formatted report to the Board. He advised that the content was still being developed to provide the Board with the most informative and useful performance information in line with the 'Single Oversight Framework', which had been viewed positively by the CQC. He invited feedback from the Board on the format and content of the report.

Mr Wragg noted that the average length of stay on treatment wards had been trimmed to only report those with a stay of between 3 and 50 days. He added it would be interesting to have data on the number of service users outside these parameters, along with details on how long those exceeding 50 days had been in treatment. Mr Stopher advised that this information, along with other more detailed data, would be **presented in the next report.**

Mr Rogers /
Mr Stopher

Dr Goss welcomed the new element of benchmarking between boroughs that would allow addressing action to be focused on those teams that were performing less well. She also referred to her earlier comments on the need to have action plans that were clearly focused on achieving performance improvements.

Dr Kirchner welcomed this fresh approach to reporting and supported the increased ability to breakdown and report data for specific service areas and service user cohorts allowing the detail of underlying issues to be identified and addressed where necessary. CareNotes supported the collection and analysis of such detailed data.

Ms Fullick commended the reporting on inpatients but commented that they only made up 3% of the Trust's service users. The Trust's community services made up most of its workload and equally faced demand pressures. She would like to see **more focused reporting on community services** to provide the Board with a greater oversight of Trust-wide performance. Mr Stopher took this on Board and proposed that **community waiting time data** may prove informative and useful for the Board.

Mr Rogers /
Mr Stopher

At the request of the Board, Mr Stopher provided a more detailed explanation of what constituted a 'delayed transfer of care'.

The Board discussed how this document indicted a different level of IAPT performance to that reported publicly. Mr Rogers advised that this report provided current IAPT performance data whilst the published data had a three month time lag before being publicly available. It was acknowledged that the Board needed to see current data but also had **to be aware of what was being reported externally.** It was also acknowledged that delayed transfers impacted on the Trust 'length of stay' statistics and improving the latter was a key focus of the Trust's quality improvement programme.

Mr Rogers /
Mr Stopher

Mr Stopher concluded by advising that, in future, performance would be reported at every meeting rather than quarterly. This was welcomed by the Board.

The Board of Directors RECEIVED and ACCEPTED the final quarterly Board Performance Report for 2016/17.

GOVERNANCE / STRATEGIC DEVELOPMENT

17.01.080

Draft Annual Report 2016/17

Ms McNab introduced the draft annual report for the Board's approval. She was satisfied that it gave a good account of the range of activities undertaken by the Trust and had a strong focus on research, reflecting the Trust's strategic priorities. She added that the Trust's external auditors were satisfied with the presented content, whilst acknowledging that it was still to be subject to a detailed proof read and the addition of appropriate photographs.

Ms Fullick concurred with Ms McNab, adding that the report was better presented and a more engaging read than it had been in previous years. She thanked all the staff who had been involved in its production and Mr Salmon for pulling all the content together.

Dr Goss considered the report as good but felt that it should have more evident content on the Learning Disability Services. Camden Council had commented on the lack of such content in the Trust's Quality Accounts. Ms McNab agreed that **more detail should be added** on this service.

Ms McNab
(Mr Salmon)

Ms Harvey pointed out that Ms Quinn's Board attendance record was incorrectly stated as she had not been in post all year and could not have been expected to attend all of the Board meetings held that year. Mr Salmon agreed to **correct this**.

Ms McNab
(Mr Salmon)

Mr Salmon also assured Ms Harvey that the report included comment on supporting EU national staff and that the range of pictures added to the report would appropriately reflect the community served by the Trust.

Mr Vernon suggested that there should be specific mention of the Mental Health Law Committee, given the important requirements of the Mental Health Law Act. Mr Salmon advised he would **re-visit this**.

Ms McNab
(Mr Salmon)

The Board of Directors APPROVED the Trust's Annual Report 2016/17, subject to the agreed actions being taken.

17.01.081

Draft Annual Accounts 2016/17

Mr Wragg presented the draft annual accounts to the Board and recommended that they should be formally adopted. He advised that there had been no material changes to the previously seen draft accounts and that the final reported financial position at year-end was a normalised surplus of £67k.

The accounts had been reviewed by the Audit & Risk Committee in the previous week. Mr Wragg commended the detailed and structured review of the accounts at that meeting led by Mr Parmar as the Committee's Chair.

It was highlighted that external audit had reviewed the accounts and would be providing an unqualified opinion. They had requested three adjustments to net off related debit and credit balances. These changes had been undertaken and did not impact on the reported income and expenditure position. External audit had commented that the Trust had erred on the side of being prudent in retaining reserves but not to the extent that this would become a formal issue. Mr Wragg advised that external audit had commended the Finance Team on their work and in providing them with the necessary information to undertake their review. He also advised that internal audit had provided a 'Head Of Internal Audit Opinion' providing positive 'significant assurance with minor improvements' on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

Mr Parmar supported Mr Wragg's summary and advised that the Audit & Risk Committee recommend that the Board adopt the 2016/17's annual accounts.

Ms Fullick thanked Mr Wragg and the Finance Team for their work in producing a timely and accurate set of accounts.

The Board of Directors APPROVED and ADOPTED the presented Annual Accounts for 2016/17.

17.01.082

Draft Final Quality Accounts 2016/17 & Quality Priorities 2017/18

Ms Harris-Birtles presented this item. She advised that this document had been subject to a detailed review by the Quality Committee earlier that week and that the Trust was awaiting external audit's final report in support of these Quality Accounts. She added that the auditors did not foresee having any concerns in relation to these accounts.

Dr Goss was pleased with 2016/17's Quality Accounts, saying that they demonstrated the progress and achievements made over the last year and presented a clear set of priorities going forward into 2017/18. She did query some details. She noted that the accounts stated that the Trust had achieved a reduction in non-clinical transfers but then commented that there has been some reduction making it unclear what target had been met. In addition, the accounts stated that C&I had increased its staffs' understanding of the Mental Health Capacity Act, whilst this aim continued to be a priority for 2017/18. On this basis it was difficult to determine what the target was in relation to improving staff understanding and whether it had been achieved, given further action was required this year. It was agreed that **these points should be quickly reviewed.**

Ms Harris-
Birtles

Dr Goss was pleased to note that Camden's Overview & Scrutiny Committee had provided feedback for inclusion in this year's Quality Accounts. They had commented that they would like to see more on risk assessment, Learning Disabilities Services and increased evidence that the Trust's activities were connected to the wider local community. Ms Fullick

considered that the Trust was very embedded within its local community, although maybe this could be more clearly demonstrated. It was agreed that Camden Council's feedback would be taken into account when preparing the next year's Quality Accounts.

The Board of Directors APPROVED the Trust's Quality Accounts 2016/17, subject the agreed actions being taken.

17.01.083 **Draft Board Assurance Framework 2017/18**

Ms Harris-Birtles presented this item and took the Board through the principal objectives set out in the framework, which had previously been discussed and agreed at an earlier Board seminar. She also assured the Board that it would be ensured that all of the risks associated to these objectives, with a risk score of '12' or above, were included within the Trust's risk register.

In response to Ms Fullick, Mr Wragg assured the Board that the priorities stated in the framework were aligned to the Trust's two year operational plan that had been previously agreed by the Board and submitted to NHS Improvement in December 2016.

The Board discussed the number and nature of the risks contained within the framework. They also agreed that the stated risk scores were appropriate, acknowledging that these would remain under review going forward.

The Board of Directors APPROVED the Trust's Board Assurance Framework for 2017/18.

17.01.084 **Draft Annual Certificates and Corporate Governance Statements 2016/17**

Ms McNab introduced this document which set out a number of annual declarations and corporate governance statements required of the Trust as part of regular year-end processes.

Ms Fullick took the Board through the return with the Board considering and confirming its agreement to each statement in turn.

Mr Wragg commented that there were several references to 'Monitor' which should now read 'NHS Improvement' and that this should **be corrected**.

Ms McNab
(Ms Anderson)

Ms Harvey also recommended that Mr Rogers should be **named in the return** along with the other responsible Directors, rather than the statement of his job title.

Ms McNab
(Ms Anderson)

The Board of Directors APPROVED the Trust's Annual Certificates and Corporate Governance Statements for 2016/17.

17.01.085 **Trust Travel Plan Briefing**

Mr Wragg advised that the Trust's travel plan was still being developed. He had been pleased to note that a related, and recently issued, survey gathering data on work connected travel had already been completed by 20% of staff. The Board were pleased to be advised that initial feedback indicated that a high proportion of staff walked or cycled as part of their working day.

The Board of Directors RECEIVED and ACCEPTED the provided briefing on the Trust's Travel Plan.

SUB-COMMITTEES

Quality Committee

17.01.086 • **Verbal briefing from meeting on 16 May 2017**

Dr Goss advised that many of the items discussed at this recent Committee meeting had already been heard earlier on in this agenda. She added that other key topics that had been considered were violence on wards, the sharing of learning from serious incidents and the removal of blockages to the Quality Improvement programme. The Committee had also discussed how new quality improvement projects could be identified, with Dr Kirchner adding that a key aspect of this programme was to promote and ensure staff engagement and ownership of such projects.

17.01.087 • **Approved minutes from meeting on 10 April 2017**

These were taken as read.

The Board of Directors RECEIVED and ACCEPTED the briefing and minute from its Quality Committee.

OTHER BUSINESS

17.01.088 **Any Other Business that the Chair Considered Urgent**

There were no other items of business.

17.01.089 **New Risks Identified During the Meeting or Referred to/from Sub-Committees**

No new risks were identified at this meeting.

17.01.090 **Items for Communication to the Trust**

The following items **should be communicated** throughout the Trust, or to the individuals concerned, as appropriate:

Mr Summers

- The Board thanked the Trust's ICT Team and contractors for their hard work in ensuring that C&I's ICT systems remained secure and unaffected by the recent widespread ransomware computer software virus;

- The Board thanked all the staff for their assistance in the timely production of a well presented Annual Report, Annual Accounts and Quality Accounts. A few key points from the annual report should be **highlighted to staff** with this point.
- The Board appreciated receiving a first-hand presentation on restraint from a previous service user who now volunteered within the Trust de-briefing other service users who had been subject to restraint and the Board commended the importance of the learning fed back from these sessions.
- The Board received with interest a well presented Annual Infection Control Report 2016/17, and supported the infection control action plan for 2017/18.

(Mr Salmon)

17.01.091 **Date of Next Meeting**

15 June 2017.

17.01.092 **CLOSE**

The Chair declared the meeting closed at 4:57pm

I certify that these are fair and accurate minutes of the stated meeting.

.....
(Trust Board Chair)

.....
(Date)

Note: Board minutes are numbered sequentially throughout the calendar year.

**MINUTES OF AN EXTRAORDINARY MEETING OF THE
CAMDEN AND ISLINGTON NHS FOUNDATION TRUST
BOARD OF DIRECTORS HELD IN PUBLIC
IN THE CONFERENCE HALL, ST PANCRAS HOSPITAL
ST PANCRAS WAY, LONDON, NW1 0PE.
Thursday 15 June 4:00pm**

Board Members Present:

Ms Leisha Fullick	Trust Chair
Ms Pippa Aitken	Deputy Trust Chair
Ms Angela Harvey	Senior Independent Director
Prof Tom Burns	Non-Executive Director
Dr Vincent Kirchner	Medical Director
Ms Angela McNab	Chief Executive
Ms Sally Quinn	Acting Director of Human Resources & Organisational Development (Non-voting Member)
Mr Andy Rogers	Chief Operating Officer
Mr Darren Summers	Director of Strategy & Business Development (Non-voting Member)
Mr David Wragg	Director of Finance
Mr Patrick Vernon	Non-Executive Director

In Attendance:

Mr Malcolm McFrederick	St Pancras Transformation Programme Director
Ms Terri Burns	Trust Company Secretary
Mr Martin Zielinski	Board Secretary (minutes)

This meeting was open to the public

The following Trust Governors were present during this meeting:

**Ms Hagir Ahmed; Mr David Barry (Lead Governor); Ms Doris Daly; Prof Angela Hassiotis;
Ms Farah Khan; Mr Andy Murphy; Ms Saira Nawaz; Prof Wendy Savage; and Mr Roger
Searle**

GENERAL BUSINESS

17.01.093 Welcome, Apologies and Quoracy

Ms Fullick welcomed all in attendance to this extraordinary public Board meeting. She was particularly pleased to see so many Governors in the audience. She also welcomed Ms Burns to her first Board, having recently joined the Trust to undertake the role of Trust Company Secretary.

Apologies had been received from Non-Executive Directors Dr Goss and Mr Parmar, and from Ms Harris-Birtles who had recently been appointed as Director of Nursing.

The meeting was quorate.

17.01.094 Declarations of Interest

The register of declared interests had been issued as part of the meeting pack. No changes were requested.

17.02.095 Minutes & matters arising from the previous meetings.

(No minutes or matters arising were taken at this meeting. These would be considered at the next scheduled meeting on 27 July 2017)

STATUTORY/REGULATORY & STRATEGIC/GOVERNANCE

17.02.096 Presentation on the Outline Business Case (OBC) for the redevelopment of the St Pancras Hospital site

17.02.097 For the benefit of the public Ms Fullick explained the business of the meeting. She notified the audience that, at a preceding private session, the Board undertook a detailed review of the OBC and agreed it for submission to NHS Improvement. It would be for NHS Improvement to approve, or reject, the submitted OBC. She added that NHS Improvement had advised the Trust that it would be inappropriate to discuss the detail of the OBC in public at the present time as it may be subject to challenge and change prior to being approved. This process may take several months. She assured those present that there would be multiple opportunities for all stakeholders to take part in future consultations as the process moved forward into the preparation of a Full Business Case (FBC), assuming that the OBC was approved. The FBC would set out the actual plans to be used in the development of the Trust's services and estate, unlike the OBC which still contained a range of potential options.

17.01.098 Ms Fullick introduced Mr McFrederick and invited him to provide a presentation to the Board on the St Pancras Redevelopment. Mr McFrederick took the Board through a number of slides that set out the function of the OBC and the full process behind obtaining the required approval to commence the Trust's redevelopment works. He explained the structure of the OBC and its required content. He also highlighted how the OBC fully supported the Trust's vision for the future provision of services and a range of critical success factors that it was designed to

achieve. He then explained how the options contained within the OBC had been appraised, which included consultation with, and input from, a wide range of stakeholders including Trust service users, staff and Governors. It was clear that the majority of those who had been consulted had favoured the option to re-provide the inpatient services currently provided at St Pancras on land next to the Whittington Hospital. He set out the proposed timeline for the redevelopment programme which, if that option was agreed, would aim for building work to commence at the Whittington in 2019 with subsequent work at St Pancras starting in 2021. The latter was only able to commence once St Pancras' inpatients had been moved off-site to the newly built facilities. He advised that each major step in the development would be subject to consultation, with the first public consultation being on the re-provision of inpatient services away from St Pancras Hospital. This consultation was required to be led by the CCG. There would then be a number of subsequent consultations on the works to be undertaken at St Pancras and in the provision of two new community service hubs.

- 17.01.099 Dr Kirchner highlighted that most of the Trust's estate was dated and not ideal facilities for the provision of healthcare. The Trust's redevelopment programme aimed to address this and meet public expectation for modern healthcare services. He highlighted that the programme aimed to improve all of the Trust's services and facilities, not just the St Pancras Hospital site. The Trust would maintain its existing bed base with the St Pancras acute services located in new high quality premises and with increased integration of community mental health services with other community services, assisting in the reduction of any perceived stigma associated with accessing mental health services. Redevelopment work also aimed to support the centralisation of research work allowing learning to be effectively and promptly shared between academics and clinicians, ultimately benefiting service users.
- 17.01.100 Mr Wragg added that the option to create new inpatient facilities on the Whittington site made the most economic sense and would maintain the Trust's future financial sustainability.
- 17.01.101 Ms Fullick advised that the Board faced a considerable work load in moving the redevelopment programme forward. Assuming the OBC was approved, the next steps would be to work with the London Borough of Islington to obtain planning permission to build new inpatient facilities on the Whittington site. Similar work would then be required with the London Borough of Camden to secure planning permission to develop the St Pancras site. Ms Fullick concluded by stating that she hoped to be able to advise the Council of Governors that the OBC had been approved at their next meeting in September 2017. In acknowledgement of the audience, which consisted of a number of Trust Governors, she broke with normal meeting protocol and allowed questions from the public seats.
- 17.01.102 Governor Prof Wendy Savage had noted that there would be some land disposal later in the redevelopment programme. She stated that the Governors supported the NHS retaining ownership of St Pancras site for the public good.

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Ms Aitken responded advising that should Moorfields Eye Hospital move on to the site, which was a likely option, it was expected that this NHS organisation would want the freehold to the part of the site it developed. The use of land not used by C&I, or other NHS organisations, would have to be considered and agreed with the Trust's development partner, which was still to be appointed. It was expected that the local authority would demand some housing provision on the site and this may involve the sale of some land or a joint development between C&I and its development partner. Any decision on such matters would be fully consulted upon once the OBC has been approved and before any development activity took place.

- 17.01.103 Governor Ms Hagir Ahmed queried what control the Trust would retain over redevelopment plans. Ms Fullick assured her that the appointed development partner would be one that shared the Trust's values. Ms Aitken added that the Trust, working with the development partner, would be in a position to influence what was built on the site. It was too early to predict the final built profile of the St Pancras site as all proposals would have to be worked through with the development partner and subject to wide consultation.
- 17.01.104 In response to Ms Harvey, Ms Fullick confirmed that there was no additional NHS funding available to support the Trust's planned service improvements. Any decisions on St Pancras land sales would be made on the basis of obtaining the maximum benefit to invest in and improve C&I's services. The Trust had been fortunate in, after a great deal of effort, obtaining the freehold of the St Pancras site and should use this in the best way possible to support and improve its services. She acknowledged the important role the Governors played in supporting the Trust claim to obtain the site's freehold. Ms McNab added that all decisions on the land owned by the Trust would have advantages and disadvantages which would have to be worked through, with consideration given to the impact each option would have on future investment and the Trust's redevelopment plans.
- 17.01.105 Ms McNab, in response to Prof Savage, advised that the successful sale of part of the St Pancras site to Moorfields Eye Hospital would be insufficient to fund the Trust's full redevelopment programme. Ms Fullick added that the London Borough of Camden were expected to require some commitment to housing provision at St Pancras before agreeing any proposal to develop the site, including any planned by Moorfields. Dr Kirchner added that the Board fully understood the argument to retain the freehold for the St Pancras site but that related decisions would have to be weighed up against the ability to fund effective and first class mental health care into the future. Such decisions could only be debated once the full facts and figures associated to final development plans were pulled together in preparation of the FBC.
- 17.01.106 Lead Governor, Mr David Barry, reminded everyone that there had already been many opportunities for Governors to consult on the Trust's redevelopment plans prior to the completion of the OBC and that there would be many more as the FBC was developed. He highlighted the need for clarity on the role of the Council of Governors in this process and clear guidance on when

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Governors would be required to commit to decisions associated with any significant transactions related to development programme. He encouraged Governor, and stakeholder, involvement in all future consultations as this was a positive opportunity to have a voice on the future provision of mental health services within Camden and Islington.

17.01.107 Mr McFrederick advised that, in relation to the future architecture and design of the Trust's sites, work was only at the earliest stages. The NHS did provide guide specification for all service requirements which would be fully worked through with an appointed development partner.

Ms Fullick thanked Mr McFrederick for his presentation and work on the Trust's OBC submission.

17.01.108 **The Board of Directors RECEIVED and ACCEPTED the provided update on the Trust's Outline Business Case and the process undertaken in the preceding private session to approve its submission to NHS Improvement.**

OTHER BUSINESS

17.01.109 **Any Other Business the Chair considers urgent**
(None)

17.01.110 **New risks Identified During the Meeting or Referred from Sub-Committees**
(None)

17.01.111 **Items for Communication to the Trust**

Ms Fullick advised that notification of the approval of the Trust's OBC would be posted on its public website.

Mr Summers /
Communications

DATE OF NEXT MEETING

17.02.075 27 July 2017.

CLOSE

17.02.076 Ms Fullick thanked all those that who had attended, both Board members and public, and announced the meeting closed at 4:45pm.

I certify that these are fair and accurate minutes of the stated meeting.

.....
(Trust Board Chair)

.....
(Date)

Note: Board minutes are numbered sequentially throughout the calendar year.