

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 26 February 2014
at Stockwood Discovery Centre, London Road, Luton LU1 7HA

Members Present:

Janet Wood	Non-Executive Director (Chair of the meeting)
Andy Brogan	Executive Director Clinical Governance & Quality/Executive Nurse
Randolph Charles	Non-Executive Director
Steve Cotter	Non-Executive Director
Steve Currell	Non-Executive Director
Alison Davis	Non-Executive Director
Dr Dawn Hillier	Non-Executive Director
Nigel Leonard	Executive Director Corporate Governance
Ray Jennings	Executive Chief Finance Officer
Sally Morris	Chief Executive
Nikki Richardson	Executive Director Corporate Services & Customer Services
Richard Winter	Executive Director Integrated Services (Beds & Luton)

Also Present:

Dr Owen Samuels	Deputy Medical Director (standing in for Dr Milind Karale)
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In attendance:

Brian Arney	Public Governor
Ros Bayan	Janssen
Sarah Browne	Associate Director Clinical Governance and Quality
Susan Butterworth	Public Governor
Joy Das	Public Governor
Michael Dimov	SEPT CHSB
Michael Dolling	Public Governor
Jackie Gleeson	Public Governor
Paula Grayson	Public Governor (part)
Peter Howlett	LSMS Risk Management
Dee Hunnie	Communications Manager
John Jones	Lead Governor
Lynda Lees	Public Governor
Cathy Lilley	Assistant Trust Secretary (Minute Taker)
Jennifer Mellani	Head of Legal Services & Trust Secretary
Marc Mitchell	Janssen
Maggie Nicholls	Head of Clinical Audit
Luke O'Reilly	SEPT Communications
Deborah Ridley Joyce	Public Governor
Dr Johan Schoeman	
Larry Smith	Public Governor
Balbir Soltz	SEPT Purchasing

Janet Wood welcomed members of the public, staff and Governors to the meeting and extended a warm welcome to Nigel Leonard, the new Executive Director of Corporate

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Affairs and Dr Owen Samuels, Deputy Medical Director, who was standing in for Dr Milind Karale.

Alison Davis reminded members of the Trust's vision: providing services in tune with you.

024/14 APOLOGIES FOR ABSENCE

Apologies were received from:

Lorraine Cabel	Chair
Malcolm McCann	Executive Director Integrated Services (Essex & Suffolk)
Dr Milind Karale	Executive Medical Director

025/14 DECLARATIONS OF INTEREST

There were no declarations of interest.

026/14 PRESENTATION: DEMENTIA/MSNAP ACCREDITATION

Janet Wood introduced Dr Johan Schoeman, Clinical Lead for Memory Clinic Services in Luton and South Bedfordshire who presented on the Memory Services National Accreditation Programme (MSNAP) for four of the Trust's memory clinics in Luton, South Bedfordshire, Mid Bedfordshire and Bedford.

He explained that MSNAP accreditation assures staff, service users and carers, commissioners and regulators of the quality of the service being provided with early diagnosis and intervention. MSNAP helps memory services evaluate themselves against agreed standards; award accreditation to services that meet the required level of performance; and support local clinical and service improvement in line with the standards.

In total accreditation takes about six to nine months. The self-review period of approximately three months enables a multi-disciplinary team to review its local procedures and practices against the standards and, if necessary, to make the changes required to achieve accreditation. A summary report of the results from the self-review forms the basis of the discussions at a peer review visit which also provides an opportunity for discussion, sharing of ideas and for the visiting team to offer advice and support.

The standards and criteria cover management systems for the service; resources available to support assessment and diagnosis; assessment and diagnosis; and signposting to ongoing care management and follow up. The full set of standards and criteria is aspirational and it is unlikely that any service would meet all of them. Services are therefore are categorised against each standard at one of three levels:

- **Type 1:** failure to meet these standards could result in a significant threat to the safety, rights or dignity of service users and/or would breach the law
- **Type 2:** standards that an accredited service would be expected to meet

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- **Type 3:** standards that an excellent service should meet or standards that are not the direct responsibility of the service

Dr Schoeman was delighted to confirm that the Trust's services in Luton and South Bedfordshire have been accredited as type 3, i.e. services are ranked with the best; accreditation is valid for up to two years, subject to satisfactory completion of an annual self-review. He highlighted the contribution of the multi-disciplinary team involved in the process and recognised Liz Hurst's energy and drive as chair of the team. Dr Schoeman explained that services in Bedford and Mid-Bedfordshire were currently involved in the accreditation process, and that learning from all processes was transferrable across all Memory Clinic Services in the Trust.

On behalf of the Board of Directors, Janet thanked Dr Schoeman for the informative and interesting presentation, and on behalf of the Board of Directors congratulated the Memory Clinic Services on their achievement.

The Board received the presentation, and discussed and noted the content.

027/14 MINUTES OF THE MEETING HELD ON 26 JANUARY 2014

Subject to three minor typographical changes, the minutes of the meeting held on 26 January 2014 were agreed as an accurate record and would be signed by the Chair of the meeting.

028/14 ACTION LOG

Janet Wood presented the action log and it was agreed that the following actions would be shown as completed as they would be standing agenda items:

- 011/14: Francis Inquiry Trust Action Plan (quarterly agenda item)
- 016/14: Safer Staffing.

The Board received, discussed and noted the action log.

029/14 PERFORMANCE & FINANCE SCRUTINY COMMITTEE ASSURANCE REPORT

The CEO reported on the operational performance of the Trust at month 10 January 2014 as discussed and scrutinised by the Performance & Finance Scrutiny Committee at its meeting on 20 February 2014, and highlighted the following:

- Of the four actions due for completion by February 2014, two were closed and two remained open
- Non-Executive Director (NED) visit to complaints department to review storage and access systems to take place before the next meeting
- Review of directorate turnover and vacancy data to be undertaken and variance to be explained/ synopsis of vacancies to be provided in future reports
- An assurance report was received from the Director of Estates & Facilities confirming that good progress had been made to implement the actions agreed to enhance physical security arrangements in some inpatient environments.

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The CEO drew attention to six hotspots:

- Did Not Attend (DNA) Rates for First Consultant Clinic Attendances: January DNA rate of 17.3% was higher than the agreed target of 11.2% (YTD 17.6%) but was a slight improvement on December rate (18.5%). The DNA rate for Basildon CCG (where the pilot project is being implemented) has fallen significantly in January (7.8%) reversing the trend of the previous quarter; however, the rate for Castle Point & Rochford Clinical Commissioning Group (5%) had also fallen dramatically. Rates would continue to be monitored
- Development of a pathway based contract: Inpatient activity for South Essex in January was 85% clustered compared to target of 100%. Community activity was 95% clustered (target of 100%). Inpatient clustering has deteriorated but community has improved since last month. Inpatient activity in Bedfordshire and Luton for January was 75% clustered (target of 100%). Community activity was 78% clustered (target of 100%). This was a deterioration of performance compared to December. Assurance was given that following further changes to IT/data collection systems and weekly monitoring of individual consultants, much improved performance was anticipated
- NHS West Essex Revised Referral to Treatment Waiting Times: During January 94% patients waiting were within targets for reduced waiting times agreed by the commissioner. This was an improvement on the December position. 5 out of 12 services were achieving 100%
- IAPT: As at 13 February the rate for people who have depression and/or anxiety disorders who receive psychological therapies was 8.5% which was an improvement on position reported last month (7.9%); the year-end target was 12/6%. The Trust was implementing a comprehensive recovery plan and put in place new service management arrangements to improve and monitor performance. However, there was a risk that the target would not be met as the target calculation was not based on actual demand
- % Staff Supervised: 37.59% of staff had supervision in January as recorded on the new "tracker" and 47.24% within the previous eight weeks. There had been significant improvement in reporting via the supervision tracker in January compared to December
- Partnerships Performance: Performance across the range of partnership indicators in January was red-rated in Central Bedfordshire, Southend Borough Council and Thurrock Borough Council. Essex County Council is amber rated. January performance for Luton and Bedford Borough had not yet been received. It was noted that in some instances underperformance was due to unrealistic targets. Assurance was given that partnership performance was now integrated with operations and there would therefore be less risk that inappropriate targets would be agreed.

In response to a question by Steve Currell regarding staff supervision, the CEO confirmed that the recently reviewed Supervision & Appraisal Policy had taken account of the changes to recording supervision. She pointed out that experience had shown that the new tracker system would take time to embed.

With reference to Quality and Safety Information in the Board report, Dr Dawn Hillier asked if restraints were categorised by degree. Andy Brogan confirmed the operational directors' reports categorised the types of restraints and stressed that all restraints were reported and reviewed. A review of the Trust's policy on and approach

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to managing violence and aggression had commenced which would take account of definitions to ensure clarity.

(i) Finance

Ray Jennings presented the Trust's financial performance at month 10 January 2014. He advised the Trust had achieved a surplus of £5.2m which exceeded the Monitor plan by £2.4m. The surplus would, however, reduce over the next two months as additional expenditure would be incurred in respect of commitments already made for essential backlog maintenance and IT replacements, and for other planned non-recurrent items. The latest forecast outturn was a surplus of £0.6m-£1.1m.

Cash and working capital balances remained strong and the Trust's Continuity of Service Risk Rating continued at 4, this being the highest possible level.

There were no new emerging risks or hotspots; however, there was one continuing risk and three continuing hotspots:

- Existing risk: 'Integrated Services Epping' team, West Essex Community Services: The service was overspent by £0.3m at month 10. The position had not deteriorated since last month, and the underlying cost pressures causing this overspend were being addressed through contract negotiations with commissioners
- Hotspot: Inpatient St Margaret's service: There had been no further deterioration in the financial position, and the underlying issue should be resolved through contract negotiations with commissioners
- Hotspot: CIP programme: Both the year to date and forecast year end deficit remained unchanged from the previous month. The forecast recurrent shortfall for 2013/14 remained at £4.6 million and had been factored into the planning shortfall for 2014/15. £2.6m of this shortfall was related to schemes that were not directly within the Trust's control and which were risk rated as high risk (red) in our original plan
- Hotspot: Bedfordshire and Luton Inpatient Services: The service continued to overspend at approximately £0.1m each month. At month 10, the cumulative overspend is £1.1m.

The Board received the report, discussed and noted the content.

030/14 BOARD ASSURANCE FRAMEWORK

Nigel Leonard presented the Board Assurance Framework and highlighted the following:

- The major contracting concern related to the risk associated with the Bedfordshire and Luton mental health contracts and the agreement of a joint transfer date to ensure continuity of service resulting in an increase in the post mitigation risk scoring. In response to a question by Dr Dawn Hillier, Nigel confirmed that the critical risk was about disaggregation and transition and would be reflected in the BAF – either as a new risk or under the commentary
- The post mitigation risk scoring for the potential 25% slippage year on year to deliver the CIP programme had been reduced.

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Alison Davis asked for confirmation that the gaps in assurance relating to the reliability of data quality to enable effective decision making were being addressed. Ray Jennings advised that internal audit had been undertaken and the draft report would confirm there were no issues.

The Board

- 1 Received the report, discussed and noted the content
- 2 Approved the Board Assurance Framework as at February 2014.

031/14 SUB-COMMITTEES

(i) Executive Team Operational Committee

The CEO presented the minutes of the Executive Team Operational Committee held on 21 and 28 January, and 3 and 11 February 2014.

28 January 2014:

- Dr Dawn Hillier stated she was pleased a six monthly report on the quality education and training would be presented to the Board
- In response to a question by Steve Cotter on the No Smoking Policy, Andy Brogan assured members that the Trust was compliant with NICE guidance but further review was being undertaken
- Steve Cotter asked for clarification about the costs and impact on the Trust of extended study leave. Andy Brogan advised that the costs and length of study leave time varied but pointed out that in the majority of cases, the study was a professional requirement. Although some organisations try to introduce caveats to minimise any financial impact caused by staff leaving the organisation, Nikki Richardson stated that these were not enforceable. She pointed out that the Trust, however, required a percentage contribution from the individual where appropriate

3 February 2014:

- Following a request by Dr Dawn Hillier, Nigel Leonard agreed to circulate the *Closing the Gap* summary to Non-Executive Directors. He pointed out that a report would be presented at the March Board meeting.

11 February 2014:

- Steve Cotter asked if managers could initiate legal costs in their own right. Nigel Leonard confirmed that guidance was provided in the Trust's Standing Financial Instructions. The legal protocol introduced controls so that the Legal Team could monitor the level of expenditure and mitigate any further expenditure by managing queries through the in-house expertise.

The Board received, discussed and noted the minutes of the meetings held on 21 and 28 January, and 3 and 11 February 2014.

(ii) Audit Committee

Janet Wood presented the report from the Audit Committee which provided assurance that the duties of the Committee which include governance, risk management and internal control have been appropriately complied with.

The Board received the report, discussed and noted the content.

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(iii) Quality & Governance Steering Committee

Dr Dawn Hillier presented the assurance report of the Quality & Governance Committee that the risks which may affect the achievement of the Trust's objectives were being managed effectively, as an integral part of the organisation's agreed assurance system. She highlighted two risks:

- Assurance of NICE compliance within community services: this was being taken forward by Andy Brogan
- Ability of the current membership of the Mental Health Act Committee to fully discharge the delegated responsibilities of the Committee appropriately: this was being taken forward by Nigel Leonard.

The Board received the report, discussed and noted the content.

(iv) Remuneration Committee

Janet Wood presented the report from the Remuneration Committee which summarised the key discussions at its meeting held on 10 February 2014. She pointed out that although the Committee's terms of reference were due for review, the Board was being asked to extend the review date to align with the review being undertaken on the Board of Director's committee governance arrangements subject to a minor amendment so that HR representation would in future be provided by the Deputy Director of HR in line with the Board of Directors Nominations Committee terms of reference which were approved in January 2014.

The Board:

- 1 Received the report, discussed and noted the content
- 2 Approved the extension to the Remuneration Committee's terms of reference review date to 31 March 2014 subject to the change of HR representation to the Deputy Director of HR.

(v) Nominations Committee

Janet Wood presented the report from the Nominations Committee which summarised the key discussions and decisions at its meeting held on 20 February 2014 and highlighted:

- Interim Chief Finance Officer cover arrangements: David Griffiths, existing Deputy Chief Finance Officer, would act up during the period 20 March, when the current CFO would be leaving the Trust due to retirement, to 9 April when the new CFO commences
- Interim Deputy Chief Executive Officer arrangements: Andy Brogan would take up the role of interim Deputy CEO to ensure cover and continuity for an initial period of three to six months.

The Board received the report, discussed and noted the content.

032/14 TRUST POLICIES

The Chair advised members of the public, staff and Governors that the following Trust policies were presented to the Board for final approval after going through a robust governance process:

- (i) Organisational Change Policy
- (ii) Supervision & Appraisal Policy

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- (iii) Pan-Essex Joint Policy relating to Section 136 Mental Health Act 1983 MH&LD
- (iv) Mental Health Act 1983 Policy
- (v) Leave Policy and Procedure
- (vi) Purchasing Department Policy for Requisitioners CP8

The Board approved the above policies.

033/14 TRUST SECRETARY: LEGAL AND POLICY UPDATES REPORT

Jennifer Mellani presented the Trust Secretary’s report on legal and policy updates, and pointed out that a weekly legal and policy update was also now received by the Executive Operational Team (ET) to ensure that the Trust was updated in a timely fashion, to enable the Trust to respond to consultations within the required timeframe and for these to be monitored by ET.

Randolph Charles stated he was pleased with the introduction of the Crisis Care Concordat and asked what actions the Trust would be required to take. Both the CEO and Richard Winter advised that this agreement would bring huge challenges to the Trust, e.g. in relation to the beds availability, but conversations had already commenced with key parties in Bedfordshire and a work plan developed. Richard highlighted the need for clarity regarding the definitions and safety, to avoid confusion. Although in support of the agreement, the CEO expressed concern about the impact of the lack of parity of esteem and funding that could affect the Trust’s ability to meet requirements. In his role as a Councillor, Randolph offered to raise this at the next policy meeting.

The Board received the report, discussed and noted the content.

034/14 HEALTH & WELLBEING BOARD SOUTHEND – STRATEGIC ALLIANCE

The CEO presented the report on the proposed strategic alliance with the Southend Borough Council, Southend CCG, Southend Acute Hospital Trust and SEPT. These organisations have agreed to a transformational change programme through the strategic alliance to achieve the primary aim of Southend being the healthiest town in England by 2020 for all residents from birth to old age. This will be achieved by commitment to the vision, building on existing initiatives and trialling new ways of working.

Dr Dawn Hillier stated she fully supported this initiative and hoped that it would be replicated with other Health & Wellbeing Boards, as local health economies would benefit.

In response to a question by Steve Cotter, the CEO explained that the aim for Southend being the healthiest town in England by 2020 was aspirational.

The Board

- 1 Received the report, discussed and noted the content
- 2 Agreed to support the Strategic Alliance.

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035/14 FRANCIS REPORT ACTION PLAN UPDATE

Andy Brogan presented an update on the work of the task and finish group, comprising Executive Directors and Directors, which was established to review and reflect on the Francis Inquiry's findings to identify recommendations of direct relevance for the Trust. The group meets monthly to review the action plan and identify further areas of work required.

Last month 63 recommendations were reported as having been identified as being of direct relevance to provider trusts. Of these 63, a gap analysis against the initial recommendations and latterly the Government's response was undertaken. This identified no 'red' rated risks but did identify where further strengthening could take place. Progress against the action plan was as follows:

- Fully compliant – 45 recommendation
- Partially compliant – 6 recommendations all within agreed timescales
- New requirements – 12 recommendations with agreed timescales to progress work.

In recognition that the remaining 18 recommendations will take time to embed, the Board agreed that reports should in future be presented on a quarterly basis.

The Board received the report, discussed and noted the content.

036/14 SAFER STAFFING

Andy Brogan presented an update report on the work being undertaken with regards to Safer Staffing – how to ensure the right people with the right skills are in the right place at the right time.

Andy advised that although this was a considerable challenge for the Trust, good progress was being made with weekly meetings with the task and finish group to project manage the work and highlighted the progress on the nine expectations of providers which were relevant to the Trust.

The Task & Finish Group will continue to monitor progress against the project plan, which is on track with the timeline for inpatient services. It is proposed that community services would be included as a second stage of the project in line with work being taken forward nationally.

Alison Davis asked if this work included care staff/the whole workforce. Andy explained that at this stage it applied to nursing staff only but expected that next stages will include care staff.

The CEO stated that she was very pleased with the excellent work being undertaken but expressed disappointment with the lack of parity of esteem for mental health where NHS England's decision to cut the amount of money the sector will receive in tariffs for its service and to increase staffing from April will have a financial impact on the Trust.

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The Board agreed this would be a standing agenda item and an update would be provided at its next meeting.

The Board received the report, discussed and noted the content.

037/14 BANKING SERVICES

Ray Jennings presented the report on the Trust's banking arrangements. The Trust receives its day to day banking services from Lloyds Bank plc who in September 2013 changed its name from Lloyds TSB Bank plc. As a result of the name change, the Board was required to pass a number of resolutions to confirm agreement to continue with existing accounts and conditions. In addition, following a number of job title changes within the Finance Department, the list of authorised signatories for the accounts has been updated.

Following a question by Alison Davis, Ray assured members that internal processes were in place to manage any potential risk relating to the list of authorised signatories and that the approach taken by the Trust was in line with standard business practice.

The Board:

- 1 Noted the update on the Trust's exchequer and clients' money banking arrangements
- 2 Approved the resolutions outlined in appendix 1 in respect of continuing the main exchequer bank account with Lloyds Bank plc
- 3 Approved the resolutions outlined in appendix 2 in respect of continuing the clients' money bank account with Lloyds Bank plc
- 4 Approved the list of authorised signatories in appendices 3 and 4 in respect of exchequer funds and clients' money respectively.

038/14 CQC COMPLIANCE REVIEW: CHURCHVIEW HOUSE

The CEO presented the report on the CQC Compliance Review report on Churchview House. The review was undertaken by an inspection team which included an expert-by-experience inspector who found the service was compliant with all five standards and no compliance actions had been identified. The Board asked that congratulations be passed to the staff.

The Board received the report, discussed and noted the content.

039/14 USE OF CORPORATE SEAL

Sally Morris reported that the Corporate Seal had not been used since the last Board meeting.

040/14 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING

None.

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041/14 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER

None.

042/14 ANY OTHER BUSINESS

There was no further business to discuss. However, Janet Wood advised that this would be Ray Jennings' last Board meeting and on behalf of the Board of Directors thanked him for his financial stewardship and leadership, and wished him a long happy and healthy retirement.

043/14 QUESTIONS FROM MEMBERS OF THE PUBLIC/STAFF/ GOVERNORS

John Jones asked how many SEPT young mental health inpatients have been located anywhere other than a Children's and Adolescents' Mental Health Ward? If any, where did these service users receive their healthcare in terms of the type of ward? Was their healthcare location within the SEPT geographical area or elsewhere and if elsewhere, the distance from their parents or carers?

The CEO reported that for February 2013 to February 2014, 45 young people had been admitted and sent out of area as no CAMHS service available in Bedfordshire and Luton), with the nearest in Northampton (24 miles away) and the furthest 161 miles away. She recognised that the average distance was 40 to 60 miles was not acceptable and advised that this was being raised with commissioners.

There was a total of 67 not admitted to CAMHS of which 63 went on to Paediatric Wards, and of the remaining four, three went to an Assessment Unit/Ward but did not require an overnight stay and the one young person, aged 17 and extremely violent, was admitted to an Adult Ward for one night. The CEO pointed out addition safeguarding was provided through one-to-one staffing on the Assessment Unit for young people under 18 years.

John Jones asked about the emergency bed situation – what is the process for finding a bed and is it acceptable when A&E is an unsuitable place to wait?

Richard Winter acknowledged that there were some delays in the system. The Trust was liaising with Psychiatric Services in Bedford and Luton, and was working closely with A&E at Luton & Dunstable and Bedford Hospitals on the process.

Michael Dolling asked if the Trust had considered using spare capacity in local authority premises which could be effectively used for clinical arrangements, particularly as these were usually easily accessible to the public.

The CEO responded that resources and services were reviewed as part of the Section 75 Agreements with local authorities, and confirmed that the Trust would work with the new provider for Luton services on the various options. Nigel Leonard also advised

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that the Trust's Director of Estates and Facilities was working closely with colleagues in Bedford and Luton on how to utilise and share accommodation.

044/14 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Wednesday 26 March 2014 at The Hawthorn Centre, Rochford Hospital, Rochford SS4 1RB.

045/14 RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC AND PRESS

In accordance with provision 14.20.2 of the Constitution and paragraph 18E of Schedule 7 of the NHS Act 2006, the Board of Directors resolves to exclude members of the public from Part 2 of this meeting having regard to commercial sensitivity and/or confidentiality and/or personal information and/or legal professional privilege in relation to the business to be discussed.

The Board noted and agreed the resolution.

The meeting closed at 12:50.

Signed Date