

**SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1**

**held on Wednesday 26 March 2014
at The Hawthorn Centre, Rochford Hospital, Union Lane, Rochford SS4 1RB**

Members present:

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| Lorraine Cabel | Chair |
| Andy Brogan | Executive Director Clinical Governance & Quality/Executive Nurse |
| Steve Cotter | Non-Executive Director |
| Steve Currell | Non-Executive Director |
| Alison Davis | Non-Executive Director |
| David Griffiths | Deputy Finance Director (acting Chief Finance Director) |
| Dr Dawn Hillier | Non-Executive Director |
| Dr Milind Karale | Executive Medical Director |
| Nigel Leonard | Executive Director Corporate Governance |
| Malcolm McCann | Executive Director Integrated Services (Essex & Suffolk) |
| Sally Morris | Chief Executive |
| Richard Winter | Executive Director Integrated Services (Beds & Luton) |
| Janet Wood | Non-Executive Director |

In attendance:

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| Brian Arney | Public Governor |
| Julia Asher | Clinical Lead Compliance |
| Joy Das | Public Governor |
| Maxine Forrest | Associate Director Communications |
| Evelyn Hoggart | Public Governor |
| Karen Hussey | Associate Director Engagement |
| John Jones | Lead Governor |
| Cathy Lilley | Assistant Trust Secretary (Minute Taker) |
| Aaron Johal | Clinical Governance & Quality Assistant |
| Sharan Johal | Project Manager Clinical Governance & Quality |
| Mark Madden | Executive Chief Finance Director designate |
| Ann Nugent | Head Clinical Quality |
| Sue Revell | Public Governor (part) |
| Lloyd Thomas | CGI |

The Chair welcomed members of the public, staff and Governors to the meeting and extended a warm welcome to David Griffiths who was acting up as Chief Finance Officer, and Mark Madden the Executive Chief Finance Director designate.

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

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| 046/14 | APOLOGIES FOR ABSENCE |
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Apologies were received from:

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| Randolph Charles | Non-Executive Director |
| Ray Jennings | Executive Chief Finance Director |
| Nikki Richardson | Executive Director Corporate Services & Customer Services |

Signed Date

047/14 DECLARATIONS OF INTEREST

There were no declarations of interest.

048/14 PRESENTATION: STAFF SURVEY RESULTS 2013

The Chair introduced Karen Hussey, Associate Director of Engagement, who presented the results of the 2013 staff survey and reported that the overall results were excellent, with the Trust featuring in the top 20% of the majority of fields when compared with similar Trusts.

There had been an increased return rate of 53% compared to 49% in 2012 and the overall staff engagement score was 3.84% compared to the national average of 3.71%. The scores indicated that the Trust had a high level of motivation and job satisfaction, with staff recommending the Trust as a place to work. The scores also indicated that staff believe the care of service users was a top priority and that staff feel that their roles make a difference to patients.

There were four areas which were the lowest for the Trust; however only one of these scores was below the national average for mental health/learning disabilities Trust.

Further analysis was being undertaken to include equality and diversity and locality breakdown. The results of the analysis will be presented to the Equality & Diversity Steering Group, Operational Management Teams and Corporate Governance Senior Management Team.

The CEO pointed out the importance of the results which provide feedback which in turn helps to improve staff experience so that staff can provide better quality patient care. The Department of Health use the results to ensure that accountability for improving staff experience and wellbeing is part of the new Health & Social Care system. In addition, the CQC uses the results to monitor on-going compliance with essential standards of quality and safety.

On behalf of the Board of Directors, the Chair thanked Karen for the informative and interesting presentation.

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

049/14 MINUTES OF THE MEETING HELD ON 26 FEBRUARY 2014

The minutes of the meeting held on 26 February 2014 were agreed as an accurate record and would be signed by the Chair of the meeting.

50/14 MATTERS ARISING

031/14(iii) Quality & Governance Steering Committee: Dr Dawn Hillier assured the Board that the two risks highlighted at the last meeting had been assigned to the appropriate risk registers.

Signed Date

050/14 ACTION LOG

The Chair presented the action log: two items were on the agenda and one remained open.

The Board received and noted the action log.

051/14 PERFORMANCE & FINANCE SCRUTINY COMMITTEE ASSURANCE REPORT

The Chair, as Chair of this committee, provided assurance that a full and robust debate had taken place of all performance issues and that further action had been requested where appropriate.

The CEO reported on the operational performance of the Trust at month 11 February 2014 as discussed and scrutinised by the Performance & Finance Scrutiny Committee at its meeting on 20 March 2014. She pointed out that Steve Cotter, Non-Executive Director, had undertaken a visit to the Complaints Department, to review storage and access systems and had provided assurance that the systems were thorough and as a result complaints were managed appropriately. This was an action due for completion in February.

The CEO was pleased to report that the **Partnerships Performance** hotspot had been downgraded. In recent meetings with the six local authorities, it was confirmed that they were very happy with SEPT's performance and Central Bedfordshire commented that the Trust was 'far exceeding the adult social care performance'.

The CEO drew attention to six hotspots, five of these were the same as those identified as at the end of December 2013 and January 2014. There were no new emerging risks:

- **% of mental health complaints resolved within 30 days (new stretch target):** The Department of Health (DH) target is to resolve complaints within the timescale agreed with the complainant. 100% of complaints closed in February 2014 relating to mental health services had been resolved within the timescale agreed with the complainant. Local stretch targets had been introduced for complaint response times to ensure that where possible, patients concerns were responded to at the earliest opportunity. The local target agreed for responding to mental health service related complaints had been agreed as 90% within 30 days, introduced on 1 December 2013. At the end of February 2014, 43% of complaints that were resolved in February were resolved within 30 days compared to the target of 90%. Performance in each division was: Beds & Luton 33%, South Essex 50% and Specialist Services 100%. Delays in response times were due to complexity, safeguarding, disciplinary or serious incident investigations. The Executive Team Operational Committee (ET) had agreed that the Trust should continue to aspire to achieve the local stretch targets. The complaints analysis would be reviewed to see if it could be enhanced to identify those complaints considered to be complex and therefore unlikely to meet the local target.

Signed Date

- **Did Not Attend (DNA) rates for first consultant clinic attendances:** The February DNA rate was 17.8% (compared to 17.3% in January) which is higher than the agreed target of 11.2% (YTD 17.6%). The DNA rate for Basildon CCG (where the pilot is being implemented) was 12.8% (YTED 14.7%); however, the rate for Castle Point & Rochford CCG of 8.3% also showed a significant reduction for the second month in a row. It was therefore difficult to establish whether the improvement in Basildon was as a result of the pilot. An independent review of DNAs in four clinics had been commissioned and the recommendations from the Basildon DNA project continue to be progressed. A new appointments module would be rolled out, in the first instance, in the IAPT service in April 2014.
- **Development of a pathway-based contract:** The in-patient clustering had deteriorated since January in both Essex and Beds & Luton and community clustering was static. In South Essex, inpatient activity in February was 82% (85% in January) clustered compared to target of 100%. Community activity was 96% (95% in January) clustered compared to the target of 100%. In Beds and Luton, inpatient activity in February was 70% (75% in January) clustered compared to target of 100%. Community activity was 78% (78% in January) clustered compared to the target of 100%.
- **NHS West Essex stretch target for referral to treatment waiting times:** The Trust continued to try and meet this challenging target which was much lower than the national 18 week target. During February 94% of patients waiting were within targets for reduced waiting times agreed by the commissioner. This was the same as in January. Three out of 12 services achieved the stretch target.
- **IAPT – the proportion of people who have depression and/or anxiety disorders who receive psychological therapies:** The target to be achieved by the end of March was 12.6%. As of 2 March the rate was 9.8% which was an improvement on the position reported last month (8.5%). A high level of action was taking place to respond to the contract query notice issued by the CCG. Assurance was received that the CCG was satisfied that the Trust was taking performance seriously and that action was being taken. The CCG acknowledged that it was unlikely that the 12.6% target would be achieved in Thurrock by 31 March 2014 and had suggested that 10% should be aimed for. A transitional plan has been drafted to achieve the 2014/15 target of 15%.
- **% staff supervised:** At the end of February 41.04% of staff had been supervised within the past four weeks (37.59% January) and 59.28% (47.24% January) had been supervised within the last eight weeks. Following the Board approval of the revised Supervision Policy, the frequency of supervision for non-clinical staff at AFC band 3 equivalent and below would be quarterly with effect from 1 April 2014.

Dr Dawn Hillier stated she was pleased that future staff supervision reports would separate clinical and support services thereby ensuring that there was a focus on the highest risk areas.

Finance

David Griffiths presented the Trust's financial performance at month 11 February 2014. He advised the Trust had achieved a surplus of £3.8m which exceeded the Monitor plan by £0.8m. The surplus would, however, reduce in month 12 as additional expenditure would be incurred for planned essential backlog maintenance and IT

Signed

Date

replacement equipment. The latest forecast outturn was a surplus of £1.0m +/- £0.5m in line with the revised plan approved by the Board in January.

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 and indicating good financial health of the Trust.

The Trust's overall financial position at month 11 was very positive although there continued to be significant financial pressures within some divisions, with delegated budgets for operational services overspent by £0.4m, which has been partially offset by an underspend of £0.9m on corporate services.

There were no new emerging risks or hotspots; however, there were three continuing hotspots:

- Inpatient St Margaret's service: The overspend of £0.3m had been resolved through contract negotiations with commissioners
- CIP programme: Both the year to date and forecast year end deficit remained unchanged from the previous month at £0.8m. The forecast recurrent shortfall for 2013/14 remained at £4.6 million and has been addressed as part of the planning shortfall for 2014/15. Of the total recurrent shortfall, £2.6m related to schemes that were not directly within the Trust's control and which had been risk rated as high risk in the original plan
- Bedfordshire and Luton Inpatient Services: The overspend position of approximately £0.1m each month had improved slightly in month 11 with an overspend of £0.05m. At month 11, the cumulative overspend is £1.16m. This hotspot has been resolved for 2014/15.

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

052/14 BOARD ASSURANCE FRAMEWORK

The CEO presented the Board Assurance Framework and highlighted that the Board were being asked to consider the recommendation to close five risks for 2013/14 and to carry forward four risks to 2014/15.

Following a question by Steve Cotter, the CEO confirmed that there were some IT maintenance and upgrades which were system wide and that future investment would take account of the changes to service provision in Luton. The transitional workstream would ensure that discussions about the IT infrastructure would take place with future providers to maintain continuity.

The Board

- 1 Received the report, discussed and noted the content
- 2 Agreed the risks as recommended by the Executive Team Operational Committee and detailed in table 1 to be closed for 2013/14
- 3 Agreed the risks as recommended by the Executive Team Operational Committee and detailed in table 1 to be carried forward to the 2014/15 Board Assurance Framework
- 4 Agreed there were no further high risks to be escalated to the Board Assurance Framework

Signed Date

5 Approved the scoring as detailed in the report.

053/14 SUB-COMMITTEES

(i) Executive Team Operational Committee (ET)

The CEO presented the minutes of ET held on 18 and 25 February, and 4 and 11 March 2014.

The Board received and noted the minutes of the meetings held on 18 and 25 February, and 4 and 11 March 2014.

(ii) Investment Committee

Janet Wood presented the revised terms of reference for the Investment Committee which had been revised to take account of the involvement of representatives from the Council of Governors in discussions on potential significant transactions; in addition, membership and officers in attendance had been clarified. The Board also noted the draft terms of reference for the Beds & Luton Transitional Board.

The Board

- 1 Received the report, discussed and noted the content
- 2 Approved the revised terms of reference for the Board of Directors Investment Committee.

054/14 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) Policy on Control of Substances Hazardous to Health (COSHH)
- (ii) Locking Doors on Wards Policy.

The Board approved the above policies.

055/14 TRUST SECRETARY: LEGAL AND POLICY UPDATES REPORT

Nigel Leonard presented the Trust Secretary's report on legal and policy updates, and reminded members that a weekly legal and policy update was also now received by the Executive Team Operational Committee (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.

Nigel drew members' attention to the consultation on the DH's proposals for the development of a specific criminal offence of ill-treatment or wilful neglect of patients and service users and the wider implications to the Board and the Trust if this becomes law. In addition, he highlighted the changes to the deprivation of liberty applying to a much wider pool of people who are unable to make decisions about their own care. The Board were assured that the impact on the Trust was being considered by the Mental Health Act Team.

Signed Date

Following a question by Alison Davis, Nigel confirmed that the Trust would be reviewing the 'fundamental standards' below which care should never fail together with the Department of Health's proposals for the development of a new specific criminal offence of ill-treatment or wilful neglect of patients and service users, and the Board would be notified of any implications resulting from the new regulations and legislation.

In response to a question by Dr Dawn Hillier, the CEO advised that the moratorium on mental health commissioning (4.3.2) did not currently have a direct impact on the Trust; the impact would be on organisations developing new services.

Dawn also asked for clarity in relation to the Trust's role with the whole person care model as set out by the Oldham Commission (4.3.6). Richard Winter confirmed that the Trust was engaged with the Better Care Funding projects which would be the catalyst to promote integration. Malcolm McCann also highlighted two Trust initiatives – Pioneer and Frailty Projects – that support better co-ordinated models of care. The CEO suggested that members should be mindful that the BCF itself had potential implications to other funding sources.

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

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| 056/14 | DRAFT CORPORATE AIMS (OBJECTIVES) 2014/15 |
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Nigel Leonard presented the final draft corporate aims (objectives) for 2014/15. He reminded members that the Trust had undertaken a comprehensive planning process since November 2013 in developing these and the Board has been aware of the significant challenges facing the Trust in the next two years. As a result the number of corporate aims has been reduced to enable the Trust to focus on the absolute priorities necessary to deliver the best possible care, respond to financial challenges and ensure the longer term sustainability of the Trust. Eight corporate aims were proposed – four less than in 2012/13 and 11 less than in 2011/12.

In addition to delivering the eight corporate aims, 10 programmes of transformation were required to ensure the Trust remained sustainable. These programmes would require the same level of commitment and contribution from Trust staff and were included in the corporate aims framework.

Dr Dawn Hillier commented that she found the aims to be comprehensively summarised and focused, and was particularly pleased that they had been aligned to the CQC standards.

With reference to transformation programme 8 – establish strategic alliances to deliver services or efficiencies – Dawn asked if the Trust was working in partnership on a whole systems approach. The CEO confirmed that this would be the case and highlighted the examples of the Southend Strategic Alliance and West Essex Frailty Project. She also pointed out that the Trust was discussing with North Essex Partnership Foundation Trust the possibility of sharing back office functions and other service efficiencies.

Signed Date

In response to a question by Dawn, Nigel advised that key success/performance indicators for each corporate aim that would align quality and performance reporting with implementation of the corporate aims would be identified in April 2014 and would be cascaded throughout the Trust.

The Board

- 1 Received the report, discussed and noted the content
- 2 Approved the draft corporate aims (objectives) for 2014/15.

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| 057/14 | CLOSING THE GAP: PRIORITIES FOR ESSENTIAL CHANGE IN MENTAL HEALTH |
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Nigel Leonard presented the report on the recently published national policy document – *Closing the Gap* – which identified 25 priority areas for essential change in mental health services. The report links very closely with the government’s Mental Health Strategy – ‘No Health Without Mental Health’ and aims to bridge the gap between the long term ambition in that strategy and the shorter term priority actions. The report seeks to show how changes in local services and delivery will impact on people’s lives in the next two to three years.

Nigel highlighted the steps the Trust was taking to implement these priorities:

- Waiting times: the Trust has robust monitoring arrangements and response times are dependent on individual CCG contracts. Planned changes to the provision of community services and inpatient services in Essex should have a positive impact on all waiting times
- Access inequalities to mental health services: the Trust has links with the Veterans workstreams and in Bedfordshire has worked closely with the local authority in providing additional support. The Trust has also targeted vulnerable groups through the CQUIN process, including BME to identify issues of service inequality and to develop strategies to improve access and support for these groups.
- Better integration of mental health and physical health care: the Trust has developed very close links between physical health practitioners and mental health services to support the improvement in mental health care including screening. In planning for the future the Trust will seek to explore these synergies and identify further opportunities for service integration on a horizontal and a vertical basis, providing the Trust with a good opportunity to secure funding from Health & Wellbeing Boards who will be tasked to deliver greater transformation and integration between mental health and physical healthcare services
- Improved access to psychological therapies for children and young people: the drive towards improving uptake will expand to children’s services
- Frontline services response to self-harm: the introduction of new KPIs for A&E departments will have a greater emphasis on the Trust’s A&E liaison service.

Alison Davis asked the Trust worked with other organisations to gain efficiencies. Nigel confirmed that the Trust works with other organisations in receiving feedback from service users. Malcolm McCann also pointed out that the Trust’s joint work with Anglian Ruskin University on the recovery college should be included in the report.

Signed Date

The Board recognised the lack of parity of esteem in mental health, particularly in relation to financial investment and that some of the priorities were whole system reform, but were committed to ensuring the implementation of those priorities directly relating to the Trust within the resources available.

Action:

1 Nigel agreed to provide a progress update at the June Board meeting.

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

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| 058/14 | MENTAL HEALTH COMMUNITY AND INPATIENT SERVICE USER SURVEY 2013 |
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Malcolm McCann presented an update on the response and actions to the Quality Health Mental Health Community and Inpatient Service User Survey 2013 in South Essex. The results had been analysed in line with national benchmarking, but also looked at the results from the previous year in order to determine areas that had improved and areas that fell below the national average and therefore required improvement. He highlighted the following:

- Staff respondents indicated that the Trust was above or on par with the national average in all but two domains scoring 97% on clients feeling the person listened carefully to them compared to the national average of 96%
- The Trust was below on 'trust and confidence' in the person with clients not feeling they had enough time to discuss care and treatment
- Overall, results show an improvement in the level of involvement and understanding of patients' care plans, e.g. 78% understood their care plans compared to 73% nationally; 92% felt their views were taken into account when deciding what was in their care plan compared to 88% nationally. However, more work will be needed to help patients managed solely in outpatients clinics to further identify that the letter that follows an outpatient appointment is in effect their care plan.

Malcolm confirmed that the action plan addresses any areas where performance has dipped or where improvements can be made. Good progress against the action plan was being made and following a detailed analysis of the results, the overriding position demonstrates an improved or maintained position in south Essex across the majority of domains.

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

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| 059/14 | USE OF CORPORATE SEAL |
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The CEO reported that the Corporate Seal had been used on three occasions since the last Board meeting.

The Board received the report and noted the content.

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060/14 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING

None.

061/14 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER

None.

062/14 ANY OTHER BUSINESS

CQC Compliance Review: Basildon Mental Health Unit

Malcolm McCann presented the compliance review report received from the CQC following inspection of Trust services at Basildon MHU on 30-31 January 2014.

The review was undertaken by an inspection team which included an expert-by-experience member of the public and a Mental Health Act Commissioner who found the service was compliant with three of the standards reviewed but issued a minor concern relating to 'staffing' and moderate concern against 'records' on Hadleigh Ward. The Board was presented with the detailed action plan, developed by a multi-disciplinary task and finish group, to address the concerns and to ensure full compliance in future.

Assurance was given that all vacancies are being recruited to within the next few weeks and that the issues raised in relation to records had been addressed.

There was compelling evidence from patients and relatives to show that people were complimentary about the service, with patients stating: "My recovery has not been easy, but I am now positive about the future", "The staff are nice and help me with my bath" and "The staff listened to me and have helped me".

The Board

- 1 Received the report, discussed and noted the content
- 2 Approved the action report for submission to CQC by 3 April 2014.

063/14 QUESTIONS FROM MEMBERS OF THE PUBLIC/STAFF/ GOVERNORS

There were no questions from members of the public, staff or governors.

064/14 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Wednesday 30 April 2014 at Wrest Park, Silsoe, Bedfordshire MK45 4HR.

Signed Date

065/14 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 12:45.

Signed Date