

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on 30 October 2013
at the Park Inn Harlow, Southern Way, Harlow

Members Present:

Lorraine Cabel	Chair
Steve Cotter	Non-Executive Director
Steve Currell	Non-Executive Director
Alison Davis	Non-Executive Director
Dr Dawn Hillier	Non-Executive Director
Sally Morris	Chief Executive
Andy Brogan	Executive Director Clinical Governance & Quality/ Executive Nurse
Ray Jennings	Executive Chief Finance Officer
Dr Milind Karale	Executive Medical Director
Malcolm McCann	Executive Director Integrated Services (Essex & Suffolk)
Nikki Richardson	Executive Director Corporate Services/Customer Services

Also Present:

Lynda Jackson	Administration Manager (Minute Taker)
Jennifer Mellani	Head of Legal Services & Trust Secretary
Faye Swanson	Director of Compliance & Assurance
Amanda Barlow	Communications
Brian Arney	Governor
Heather Beach	Director Community Services
Sarah Cook-Smith	Compliance Assistant
Stephanie Farr	For Presentation
Samuel Fuller	Patient Experience Manager
Valerie Gamble	Trust Secretary's Office Co-ordinator
Ram Gulrajani	Cardio Respiratory Nurse Specialist
Peter Howlett	Risk Management
John Jones	Lead Governor
Jade Mackie	Information Assistant
Ann Nugent	Head of Clinical Quality
Akshay Patel	Management Accountant
Tracy Reed	Governor
Deborah Ridley-Joyce	Governor
Pam Sabine	Deputy Director Essex & Suffolk Integrated Services
Carl Wilson	Business Analyst
Greg Yates	Management Accountant

Lorraine Cabel welcomed members of the public, staff and Governors to the meeting. Lorraine extended a warm welcome to Jennifer Mellani to her first Board meeting. Jennifer is Head of Legal Services & Trust Secretary for the Trust and will be based at The Lodge. Lorraine also welcomed Faye Swanson to the meeting.

Members were reminded of the Trust's Vision Statement.

207/13 APOLOGIES FOR ABSENCE

Apologies were received from Randolph Charles, Amanda Reynolds, Richard Winter and Janet Wood.

208/13 DECLARATIONS OF INTEREST

No declarations of interest were declared.

209/13 PRESENTATION by Stephanie Farr – Delivering Children’s Services Across Essex, Achievements Over the Past Year, Looking to the Future

Lorraine Cabel introduced Stephanie Farr, Assistant Director of Children and Young People’s Services in Essex.

Stephanie outlined to Board members an overview of the services delivered by the Teams within the South East (universal, targeted and contraceptive and sexual health), west Essex (universal services and sexual health) and Suffolk (targeted).

Stephanie updated members on the health visiting programme and how this is working nationally. Stephanie advised that SEPT has been asked to be an early implementer site sharing good practice. This is a three year programme and ends in 2015. The programme will be externally monitored on a regular basis.

Stephanie advised that Children’s Services in South East Essex are working with the Department of Health on a flu pilot. The Trust is taking part in one of seven national programmes. The business case assumed there would be an 80% uptake whereas the Department of Health have only anticipated 30%. Stephanie commented that the Trust’s calculation is showing the uptake is up to 80% in some schools.

In relation to health visiting services the Trust has new commissioners who have not commissioned this service before. The Trust has developed a close working relationship with them and is currently recruiting more health visitors. The commissioners are very interested in a CBT group which is run by the health visitors.

Stephanie advised she is working on implementing an early intervention programme with midwives and social care teams. This has identified in the ante-natal period a process to assist with stress issues. A tool has also been created showing parents how to interact and talk to their babies. The teams are working closely with families in this regard.

Stephanie updated members on the challenges faced by the Trust caused by the fragmentation of services and the multiple commissioners with whom they have to deal. She advised that the family nurse partnership is going out to procurement and sexual health services are also going out to tender.

Stephanie summarised her presentation by saying they are forging close working relationships with the commissioners, preparing and planning for future tendering opportunities, selecting which services we want to deliver in the future and valuing and motivating the workforce.

Steve Currell asked what is being done in terms of evaluation in relation to asthma and whether this is different in localities. Stephanie responded that hospital avoidance figures are quite high and there is a lot of interest in the model we are working with the East of England.

Dr Dawn Hillier asked that in light of the confusion around commissioning could Stephanie assure members that there are no gaps in the system. Stephanie advised that the commissioners wish to continue with services as they are at present. They want us to achieve more and more each year with less resources which is great challenge.

Andy Brogan advised data on 'looked after children' was not included in the charts shown by Stephanie. Stephanie advised this is very high on the agenda and she works closely with the safeguarding teams.

Alison Davis asked what support there is for young families. Stephanie said there is strong support in place.

Sally Morris thanked Stephanie for an excellent presentation. Sally said she had recently visited the services and that Stephanie had under played some of the good things the staff have done. Sally also pointed out there are many challenges for the Trust especially the impact of commissioning and ongoing funding but gave assurance the Trust will work with Commissioners to agree a way forward.

Lorraine thanked Stephanie for her very interesting and informative presentation and asked Stephanie to thank her team for the excellent work they are doing.

THE BOARD

1 DISCUSSED and NOTED the above

210/13 MINUTES of the last meeting held on 25 September 2013

The minutes of the meeting held on 25 September 2013 were agreed subject to the rephrasing of the Mandatory Training paragraph on page 5 and will be signed by Lorraine Cabel, Chair, as an accurate record.

211/13 ACTION LOG

Lorraine Cabel presented the Action Log and the following items were discussed:

- The patient survey action plan is not due until the November Board.
- 165/13 Update on one stop shop: this is now closed as it is an agenda item today.

212/13 PERFORMANCE AND FINANCE SCRUTINY COMMITTEE

Lorraine Cabel as Chair of the Performance & Finance Scrutiny Committee gave assurance in relation to performance issues as at Month 6, September 2013.

Sally Morris advised there are three hot spots identified as follows:

DNA Rates for First Consultant Attendances: Sally advised that there is a deterioration in the figures for September. A long discussion had taken place by the committee and they are satisfied with the action being taken.

Inpatient PbR Clustering: Sally advised there has been a discussion around the importance of collecting accurate information going forward. In other organisations if the clustering is not done correctly money is being taken out of mental health services. Dr Milind Karale is currently taking this forward with the Consultants.

Appraisals: Sally reported that at the end of October the number of completed appraisals should be at 95%, but at the end of September was at 51%. This is the same as last year. It is thought that the implementation of the new system is taking time to embed, however, the figures were updated yesterday and the figure is now 71%.

Sally then updated members on last month's hot spots as follows:

% Seven Day Post Discharge Follow-up: Sally confirmed that the Monitor target had been achieved and steps had been put in place going forward to continue meeting the target.

Complaints Resolved: Sally advised that the Committee were pleased that at the end September there was an improvement on the August figures. However, she felt that there were some areas where we could improve further. Steve Currell raised the question of sickness absence monitoring and requested assurance that the systems in place were sufficiently robust. Andy Brogan and Steve Currell commented that following their CQC visit last week, they were satisfied that the systems they reviewed were sufficiently robust. They spoke with staff and patients all of whom felt well supported. Sally remarked that sickness absence, monitoring and good practice would be discussed in detail at SMTs.

Dr Dawn Hillier was very pleased there are processes in place but was very surprised that the food score in the Friends and Family Test was low. She queried if this was the result of the change of contractor. Sally confirmed that this was the case and although we had not changed contractor, the contract had been taken over by an organisation we had not chosen. The patients' criticism was that the menu was limited and the food was not as 'nice' as it used to be. The Trust's concerns were being taken forward with the contractor by Chris Howlett. Ray Jennings stated that the patients' concerns were many and varied. Quantity was an issue which could easily be improved but quality was not so easy as this was subjective.

Dr Dawn Hillier raised the question of the day service reviews in Bedford and requested an update on this. Sally confirmed that this was commissioned by Bedford Borough Council and this will be presented to the Overview and Scrutiny Committee in Bedford.

Steve Cotter asked whether the Trust can learn anything from its relationship with SERCO. Sally Morris responded that there are some lessons we can learn, i.e. in relation to dependencies and any lessons learned will be cascaded across the organisation.

THE BOARD

1 DISCUSSED and NOTED the above

213/13 FINANCIAL PERFORMANCE

Ray Jennings presented the Trust's financial performance at Month 6 – September 2013 which is showing a surplus of £2.1m. Ray advised this represents good performance and is above Monitor planned performance. However, the Trust has not been able to make the usual investments in backlog maintenance and IT. Ray recommended that the Trust continues to be cautious about committing significant expenditure in this area until the underlying position improves. Cash and working capital balances remain strong.

Ray advised that there were two new hot spots:

West Essex: Clinical services overspend has now increased to £0.3m and in patients overspend has increased to £0.4m. This is mainly caused by the cost of agency staff to cover vacancies, staff absence and one to one observation for some complex patients. Management are working on implementing a series of measures to address the overspend and discussions have been held with Commissioners.

CIP Programme: The CIP programme for 2013/14 has deteriorated further. Ray confirmed that Directors are now taking action to address the forecast in-year deficit.

Ray then outlined the existing hotspots:

SERCO: Ray confirmed that the matter has now been resolved and was no longer a hotspot.

Bedfordshire & Luton inpatient services: This has continued to increase this month, but at a reduced rate due to the management controls which have been implemented.

Bedfordshire & Luton Section 75: Following a meeting yesterday this issue has now been resolved.

Ray continued by outlining the emerging risks as follows:

Dementia Challenging Behaviour Pathway Redesign QIPP Scheme: This is proving to be very difficult to achieve, but the delay is for reasons out of the Trust's control. The shortfall this year will be about £0.3m and next year about £1.3m. The Clinical Commissioning Group (CCG) recognises the need to resolve this next year. Ray asked members to consider the recommendation to non-recurrently reduce the Essex Mental Health division's planned surplus from £1.1m to £0.8m. He explained that this would cover the 2013/14 shortfall on this QIPP Scheme. Following discussion, the Board approved the recommendation.

Key issues for Consideration: Ray commented that at the end of month 6, September 2013 the Trust had achieved a financial risk rating of 3 against the planned risk rating of 4.

Dr Milind Karale raised a concern regarding the debtor balance of £17.8m at the end of month 6. Ray Jennings confirmed that this is caused by new systems in place and there are no issues in obtaining the monies.

Dr Dawn Hillier was concerned at the high usage of bank and agency staff in Bedford, Luton and west Essex and requested assurance that the quality of service is being maintained. Andy Brogan said that he can give assurance in Bedford as at any time of the day the Trust is aware of numbers and grades of staff on duty. This is part of the quality control measures in place. Malcolm McCann confirmed Andy's response and added that the agency staff we use are consistent but gave assurance recruitment is ongoing to substantive posts.

THE BOARD

- 1 **RECEIVED, DISCUSSED and NOTED the report**
- 2 **APPROVED the recommendation to non-recurrently reduce the Essex Mental Health division's planned surplus from £1.1 million to £0.8 million as a means of covering the 2013/14 shortfall on the Dementia Challenging Behaviour Pathway Redesign QIPP scheme.**

214/13 BOARD ASSURANCE FRAMEWORK 2013-14

Sally Morris presented the Board Assurance Framework which monitors high risks within the organisation which are identified via a robust process through the sub-committee structure.

Sally proposed two changes following a review by the Executive Operational Team who had recommended that the risk scoring is increased to 20 for the following:

- Changes in commissioning and increased complexities may lead to service provision becoming fragmented as commissioners look to test the market.
- Community and Mental Health Services in Luton and Bedfordshire may be subject to retendering in April 2014.

The above two proposed changes were approved by the Board.

THE BOARD

- 1 **RECEIVED, DISCUSSED and NOTED the report**
- 2 **APPROVED the Board Assurance Framework as at October 2013**
- 3 **APPROVED the recommendations from the Executive Operational Team to increase the risk scoring to 20 as detailed in the Board Assurance Framework**

215/13 SUB-COMMITTEES

(i) Executive Team Operational Committee

Sally Morris presented the minutes of the Executive Team Operational Committee held on 16th, 23rd and 30th September and 7th and 14th October 2013.

Alison Davies commented the minutes of 30 September make reference to the updated ECC Section 75 Agreement and the continuation of the current secondment arrangements. Alison wished to know if there were any problems with the seconded staff. Malcolm McCann confirmed there were no issues with seconded staff. It was proposed to remove the 50% liability clause pending resolution by the long stop date of August with Essex County Council. Following a meeting yesterday this matter has now been resolved.

Steve Cotter queried how we monitor safe staffing levels within mental health as the minutes state we use professional judgement. Andy Brogan responded by saying that monitoring is regularly carried out by lead nurses and visits by Senior Clinicians and management teams. Sally Morris also advised the Trust receives external assurance in the form of CQC unannounced visits which to date have confirmed that the Trust is compliant with staffing levels.

Dr Dawn Hillier noted that there were no prescribing nurses at the Cumberledge Intermediate Care Centre (CICC) and that the consultants are not always available. Malcolm McCann confirmed the Trust has a contract with a local GP who provides medical input to the Centre. Dr Milind Karale gave assurance that the level of medical cover for the ward is acceptable.

THE BOARD

1 **NOTED the minutes of the meetings held on 16th, 23rd and 30th September and 7th and 14th October 2013.**

(ii) Audit Committee

Alison Davis presented the minutes of the Audit Committee meeting held on 28 May which were agreed at the meeting on 5 September 2013.

Regarding the waiver of standing orders Steve Cotter wanted assurance that several quotations are requested before a purchase is made. Ray Jennings responded that this is usually the case but it is not always appropriate.

(iii) Integrated Quality & Governance Steering Committee

Dawn Hillier advised the minutes of the meeting held on 15 August were approved on 17 October. Dawn advised that no significant risks were identified by the committee and provided a summary of discussions held at the October meeting.

A mental health CQC visit had taken place and actions were in place to deliver improvements in two areas. The committee looked at the analysis of the three reasons for complaints. Staff attitude remains the main problem and a task and finish group has been established. Dawn confirmed we are learning from the Francis, Keogh and Berwick reports.

Dawn commented that she would like to simplify and shorten the name of the Committee. Lorraine Cabel said she was delighted that Dawn wanted to simplify the name of the committee and welcomed an update at the next meeting.

THE BOARD

1 **DISCUSSED and NOTED the above**

216/13 TRUST POLICIES

Lorraine Cabel advised members of the public, staff and governors that the Trust policies are presented to the Board for final approval after going through a robust governance process.

Fraud and Bribery

Ray Jennings presented the above policy which has been subject to the correct governance processes.

THE BOARD**1 APPROVED the Fraud and Bribery Policy****Purchase and Use of Mobile Communication Devices**

Ray Jennings presented the above policy which has been subject to the correct governance processes.

THE BOARD**1 APPROVED the Policy for the Purchase and Use of Mobile Communication Devices****HR Reference**

Nikki Richardson presented the above policy which has been subject to the correct governance processes.

THE BOARD**1 APPROVED the HR Reference Policy****Corporate Statement and Policy on Health and Safety**

Ray Jennings presented the above policy which has been subject to the correct governance processes.

THE BOARD**1 APPROVED the Corporate Statement and Policy on Health and Safety**

Alison Davis commented that she thought the policy template was very good and found the policies very easy to read.

Dr Dawn Hillier requested assurance that at Trust policies are updated within the correct timescales. Faye Swanson confirmed that all policies are reviewed at least six months before the end of their expiry date. However, it is not always possible to complete the necessary reviews within the six month period due to their complexity and/or changes in external situations. If this is the case an extension is requested via the Executive Operational Team.

217/13 REPORT FROM TRUST SECRETARY

Jennifer Mellani presented the above report which highlights various communications from our Regulators and also a number of consultation documents from Monitor, the CQC and the FTN. Jennifer commented that the format of the report will change from next month following recommendation from the Chair and CEO and will include advice on any relevant guidance and information the Board should be made aware of. Additionally it will provide recommendations and highlight any risks.

Steve Cotter raised the issue of Foundation Trusts' mergers, the benefits for local patients and the guidance Monitor will be issuing in due course. Sally Morris responded that the interests of the patients were not currently portrayed in the best way. She expects that we may see more guidance from Monitor. She felt it did seem to preclude mergers going forward.

THE BOARD

- 1 **DISCUSSED and NOTED the above**

218/13 UPDATE ON ONE STOP SHOP

Dr Milind Karale advised he had taken a paper to the Executive Operational Team meeting which had been approved. A small group had been set up, but unfortunately due to commissioning arrangements it is not possible to proceed until the commissioning intentions are clearer. Currently different projects are under different providers.

THE BOARD

- 1 **NOTED the above**

219/13 MONITOR COMPLIANCE REPORT Q2 UPDATE

Ray Jennings advised that we have to submit two declarations to Monitor; one on finance and one on governance. The Trust has to declare that the Board is satisfied with a financial risk rating of 3 for this year and next year. In relation to governance the Board has to declare that there are no risks anticipated and the rating is within achievement. In addition to the above targets the Trust has to meet all the standards of the CQC. Ray confirmed that we are fully compliant and can therefore submit the declaration to Monitor.

Sally Morris confirmed that during Quarter 2, she has kept Monitor fully informed, under Exception Reporting, of the situation in Bedford and Luton.

THE BOARD

- 1 **DISCUSSED and NOTED the above**
- 2 **APPROVED that the Trust will continue to maintain a continuity of service risk rating of at least 3 over the next 12 months.**

- 3 **APPROVED** that plans in place are sufficient to ensure on-going compliance with all existing targets (after the application of the thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards.
- 4 **APPROVED** the Exception Report to Monitor

220/13 NHS ENGLAND CORE STANDARDS FOR EMERGENCY, PREPAREDNESS, RESILIENCE AND RESPONSE

Andy Brogan presented an update on the Trust's preparedness in relation to major incidents. Andy reported that this applies more to acute hospitals and the Trust plays a supportive role for major incidents.

Alison Davis commented that NHS England are looking at iconic sites in addition to prisons and queried what process is in place for iconic sites. Andy Brogan advised that we have plans in place for prison healthcare services but not for iconic sites. He will investigate this and email an update to Board members.

Relating to the query of how community services fit into the other identified associated plans Andy responded that it is not applicable to community services.

Lorraine Cabel advised the Board that the Gold Command instructions explains in detail about responders and where the Trust fits in. Lorraine therefore requested Andy forward this information to members.

THE BOARD

- 1 **APPROVED** sign off of the current levels of preparedness against the NHS England Core Standards for Emergency Preparedness, Resilience and Response

221/13 ROCHFORD HOSPITAL – CQC COMPLIANCE REVIEW

Malcolm McCann presented the Compliance Review Report received from the CQC and said he was very pleased the Trust was fully compliant in all areas. The actions raised at the previous inspection in December 2012 were now compliant and therefore closed. Malcolm wanted to put on record his thanks to the ward staff and their teams for their hard work. Sally re-echoed the congratulations on behalf of the Board.

THE BOARD

- 1 **DISCUSSED** and **NOTED** the report

222/13 USE OF CORPORATE SEAL

Sally Morris confirmed the Corporate Seal has been used on the following occasions:

- Sale of Garage (No5) at Mollards Court between SEPT and Kenneth Christy

- Transfer of Deed Garage (No 4) Mollards Court, South Ockendon between SEPT and Paul Fillary
- Land Registry Transfer of Registered Title, 32 to 38 Kimbolton Road, Bedford and Land at rear of 32 to 40 (even) Kimbolton Road, Bedford
- Sale of 32 to 38 Kimbolton Road and land at the rear of 32 to 40 (even) Kimbolton Road, Bedford between SEPT and J K Koterha and A Singh
- Grant of lease of 117/119 Mollards Lane, South Ockendon between SEPT and East Homes Limited
- Transfer deed No 5 Garage Mollards Lane, between SEPT and K Christy
- Essex County Council and SEPT Section 75 Partnership Agreement
- Grant of Supplemental Lease, 60, 62 and 64 Collingdon Street, Luton

THE BOARD

1 NOTED the above

223/13 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING

None.

224/13 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER

None.

225/13 CHAIR'S ACTION

Lorraine Cabel confirmed that, as agreed by Board members, she had taken Chair's action last week to ensure letters were sent to Luton and Bedfordshire CCGs outlining the Trust's response to their notice on contract and confirmation of tenders Letters were also sent to Local Authorities and to Governors to ensure they are fully briefed.

226/13 ANY OTHER BUISINES

None.

227/13 QUESTIONS FROM MEMBERS OF THE PUBLIC/ STAFF/GOVERNORS

John Jones asked what checks and monitoring are in place to manage pain in patients with dementia in receipt of our care within the community. John commented this is not always recognised and treated because the behaviour of the patient can sometimes mask the behaviour of someone in pain.

Malcolm McCann advised that he has spoken with a psycho-geriatrician regarding the increasing numbers of people with dementia which is difficult to identify. The current approach for clients who are receiving help in the community is close working with the GP, liaison with their carers and family and a physical assessment undertaken by the

team. Dr Milind Karale commented that pain is noticeable by changes in behaviour and the Consultants monitor their patients carefully.

John Jones asked that given the NHS England requirements of all health providers set out in "Transforming Participation in Health and Care" (September 2013), and the central position of the next phase of the Equality Diversity System in these transformations, who will be taking on the necessary outreach work to reduce health inequalities now the Community Development Workers have been notified their posts are being made redundant?

Sally Morris advised the Executive Team has not yet signed off this proposal and is due to consider it on 5th November. Notwithstanding this, Community Development Workers were funded by the Clinical Commissioning Groups and it is they who will have a leading role in deciding how any gaps left by the proposal to deliver CDW activities in a different way will be met.

For our part SEPT will work closely with all statutory providers in partnership to look at pooling ideas, and resources, where appropriate, to establish where the gaps are and how together we can prioritise these for address and close them. This will be led from our side by our Equality and Diversity Steering Group.

228/13 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Wednesday 27 November 2013 at 11.00am at Wrest Park, Silsoe, Bedford MK45 4HR

229/13 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

1 NOTED and AGREED the RESOLUTION

Signed Date