

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 24 February 2016
at The Lodge, Runwell Chase, Wickford SS11 7XX

Members present:

Lorraine Cabel (Chair)	Chair
Sally Morris (CEO)	Chief Executive
Andy Brogan (AB)	Executive Director Mental Health & Executive Nurse
Steve Cotter (SCt)	Non-Executive Director
Steve Currell (SCI)	Non-Executive Director
Alison Davis (AD)	Non-Executive Director
Nigel Leonard (NL)	Executive Director Corporate Governance
Mark Madden (CFO)	Executive Chief Finance Director
Malcolm McCann (MMc)	Executive Director Community Health Services & Partnerships
Mary-Ann Munford (MAM)	Non-Executive Director
Janet Wood (JW)	Non-Executive Director

In attendance:

Brian Arney (BA)	Public Governor
Penny Calder (PC)	Occupational Therapist, SEPT
Suzanne Deighton (SD)	Local Security Management Specialist, SEPT
Joy Das (JD)	Service User & Carer Governor
Joanna Eley (JE)	Clinical Lead Health Visiting, SEPT
Max Forrest (MF)	Associate Director Communications, SEPT
Chris Jennings (CJ)	Compliance Officer, SEPT
John Jones (JJ)	Public Governor
Cathy Lilley (CL)	Acting Trust Secretary [Minute Taker]
Kresh Ramanah (KR)	Public Governor
Tracy Reed (TR)	Education Facilitator End of Life Care, SEPT & Staff Governor
Elaine Taylor (ET)	Associate Director Safeguarding, SEPT
Lucia Vambe (LV)	Community Psychiatric Nurse, SEPT
Andy Ward (AW)	Matron, SEPT
David Watts (DW)	Public Governor
Amanda Whitman (AW)	Clinical Effectiveness Manager, SEPT

The Chair welcomed members of the public, staff and Governors to the meeting and reminded members of the Trust's vision: *providing services in tune with you.*

029/16 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Randolph Charles (RC)	Non-Executive Director
Dr Milind Karale (MK)	Executive Medical Director

030/16 DECLARATIONS OF INTEREST

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None.

031/16 PRESENTATION: QUALITY ACADEMY

The Board received a presentation from Andy Brogan, Executive Director Mental Health & Executive Nurse, on the progress of the Trust's Quality Academy which he described as 'a mechanism to capture and sustain the commitment and enthusiasm of our workforce'. It will have an organisation-wide focus on high quality care, clear aligned objectives at every level from top team to front line, employee engagement throughout with team and inter-team working and clear leadership from the front line. The aim is to recruit as many staff as possible from all departments across the organisation at all levels and in all roles to be Quality Champions.

AB confirmed that the work to date has included the development of a training programme, the establishment of a programme board, identification of initial projects and clear links with the Trust's transformation agenda. Progress reports on the Quality Academy will be reported in upcoming editions of Quality Matters and through the Quality Committee.

On behalf of the Board, the Chair thanked AB for the update on this exciting development which coincided with the timely announcement of the establishment of an Improvement Faculty by NHS Improvement and looked forward to receiving further updates on the projects and the Academy.

032/16 MINUTES OF THE MEETING HELD ON 27 JANUARY 2016

The minutes were agreed to be a correct record.

033/16 ACTION LOG

The Board reviewed the action log and noted:

- Nov 237/15: an analysis of the number of staffing vacancies and/or use of bank/agency staff on Fuji Ward had not identified any meaningful correlation with the number of restraints experienced on the ward.

The Board noted the updates on the action log.

034/17 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT

As Chair of the Committee, JW provided assurance that a full and robust debate and scrutiny had taken place on 18 February 2016 on all performance issues and that mitigating actions and monitoring processes had been requested where appropriate. JW highlighted that the Committee had reviewed the Trust's Governance Development Plan which identified the key priorities and high level actions that will support in delivering effective governance arrangements. It was agreed that the plan would provide more clarity regarding merger governance and that an additional priority for 2016/17 would be included in respect of utilising more proactively benchmarking

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information to understand Trust performance and opportunities for improvement or transformation.

Performance

The CEO stated that the Committee reviews and monitors the financial, operational and organisational performance of the Trust, and assurance was provided to the Non-Executive Directors (NEDs) that action was being taken to mitigate risks where necessary.

During January there had been three Serious Incidents (SIs) reported in mental health services bringing the total year to date figure to 47 compared to 42 for 2014/15. Assurance was provided that a number of independent reviews had been undertaken but no trends had been identified, and that recommendations from the reviews were being implemented. The Board noted that a Mortality Review Group would be established following a request by the Quality Committee for a further consideration of the results from the various independent reviews to be taken forward in conjunction with the actions arising from the Southern Health Report review.

There were three performance hotspots (vacancy rates, percentage of people entering IAPT treatment and the percentage of users on CPA with a crisis plan in place) out of a total of 87 key performance metrics and the Key Performance Indicators (KPIs) identified in CCG contracts, and the Board was pleased to note that none of the hotspots relate to national compliance indicators. The CEO highlighted the emerging risks discussed which included restraints, sickness absence, local target turnover, submission of the new Mental Health Services Data Set (MHSDS) and the number of consultant appointments cancelled.

In addition, it was not expected that the Trust would be able to confirm compliance with the new access and waiting time standards for Early Intervention of Psychosis (EIP) performance standard as the funding/service re-design has not yet been agreed and it is therefore unlikely that the Trust will start delivering a compliant service from 1 April 2016. Consideration is being given to including this issue on the Trust's risk register as appropriate.

S Co asked about the remit of the Mortality Review Group and how this extended beyond the Trust's current SI review processes. The CEO explained that this Group would review all deaths associated with Trust's services to help identify and understand where and why the deaths occurred, and to identify trends. Retrospective reviews would not be undertaken as there had already been a number of internal and independent reviews.

MAM noted that there had been a slight improvement in the vacancy rate during the year and asked if the reasons for staff leaving were known. The CEO confirmed that detailed reports are now reviewed regularly by the Executive Operational Sub-Committee (EOSC) and HR.

Finance

The CFO advised that the Trust's financial position at January 2016 was an operating surplus of £1.58m which was ahead of revised plan. There was a year to date deficit of £3,085k on the Trust's Cost Improvement Programme (CIPs) with a year-end deficit

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forecast of £3,851k and a recurrent net deficit of £4,502k but this assumes that a further £926k of schemes remain deliverable. The Board noted that the NEDs at the Finance & Performance Committee had sought assurance from Executive Directors in respect of action being taken to mitigate the recurrent CIP deficit.

The continued deterioration of the adverse variance in Specialist Services of £1,190k from £1,165k in the previous month was highlighted. As previously reported, the reasons for the variance include above establishment pay costs in Learning Disability in (LD) patient service, unachieved CIPs and the impact of bed-watch, observations and escorted leave costs at Bedford Prison, and the underachievement against the income target at Robin Pinto and Wood Lea Clinics. There also continued to be a deterioration of the adverse variance in Operational Services (South Essex Mental Health) where the continued use of bank and agency staff significantly contributed to the deterioration. The overall position for Community Services was a cumulative actual of £76.7m against a budget of £78.1m resulting in a net favourable variance of £1.4m.

The Board was pleased to note that the Trust's financial sustainability risk rating was at 4 which demonstrated the strong financial health of the Trust, and that working capital and cash balances remained strong and above plan.

The Board noted that following a request by Monitor, the Trust has agreed a reduced capital spend which will improve the Trust's forecast year end surplus/deficit and cash positions to a £1.4m revenue benefit for 2015/16.

The Board discussed the resource implications to be able to meet the new targets and developments and noted the importance of the current contracting negotiations with commissioners to ensure that realistic expectations were being agreed.

The Board noted the performance and finance report and confirmed acceptance of assurance provided.

035/16 QUALITY REPORT

AB presented the report which focused on aspects of care relating to three key categories: safety, experience and improvement, and highlighted that there was a small increase to 98.68% of patients did not experience any of the four harms covering pressure ulcers, falls, blood clots and urine infections for those patients who have a urinary catheter in place. The Board was pleased the Trust consistently continue to achieve a high rate against the national ambition of 95%.

AB highlighted the continued progress with the Sign Up to Safety work streams. The projected outturn for avoidable pressure ulcers was 19 which is less than the previous year although the ambition remains at zero. There continued to be a reduction in the number of falls compared to the previous year with 13 year to date compared to 24 in 2014/15 and there has been one avoidable fall during 2015/16. A comprehensive audit which included impact of environment, care planning and risk assessments had been undertaken across all older people's inpatient and rehabilitation units, and the results were currently being analysed. In addition work was being undertaken with the Medicines Management Committee to identify, from an evidence base, those drugs which may have a propensity to contribute to falls.

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The Board was pleased to note that 95% of the 843 responses for the Friends and Family Test in January would positively recommend the Trust across all services. Following a question by SCo, AB confirmed that the respondents may vary from month to month as this is dependent on those patients accessing services in the month in question.

JW acknowledged the significant progress being made through the Sign Up to Safety work streams and asked if there were plans to include additional work streams. AB advised that the work streams reflected the six quality priorities including in the Trust's quality strategy and it was therefore unlikely at this stage that an additional work stream would be developed.

Led by the Chair, the Board discussed the importance of a system-wide multi agency group to lead on SI prevention.

The Board received and discussed the report, and confirmed acceptance of assurance provided.

036/16 SAFER STAFFING REPORT

AB presented the Safer Staffing report for nursing, midwifery and care staff that contained details and a summary of planned and actual staffing on a shift-by-shift basis as part of the *Hard Truths* commitment. He highlighted that the majority of wards in LD, Secure Services and Community Health Services were above 95%.

The Board noted the increase in the number of hotspots and emerging risks relating to fill rates but was assured that there were no concerns with regards to the safety and quality of care on the wards and that mitigating actions were in place. The Board noted that whilst recruitment was being undertaken, site managers on wards were being utilised to provide support alongside ward managers and matrons to ensure wards remained safe.

MAM enquired as to mechanisms which provide assurance that the quality of care provided to patients is of a high standard. JW advised that the Finance & Performance Committee was reviewing the benchmarking data, proxy indicators and how information across the Trust could be triangulated.

The Board approved the report.

037/16 BOARD ASSURANCE FRAMEWORK (BAF)

NL presented the Board Assurance (BAF) report and reminded the Board that the BAF was a living document which was subject to changes, which provided a comprehensive method for the effective management of the potential risks that may prevent achievement of the key aims agreed by the Board.

The Board noted the review, challenge and approval of individual action plans by the EOSC for risks detailed on the BAF and approved the following risk to be escalated to the BAF:

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- As a result of regulatory actions or Governors failing to approve the merger proposal, there is a risk that the merger will not be completed by April 2017 resulting in the benefits identified in the merger proposal (clinical and patient, commissioner and financial benefits) not being delivered.

The Board reviewed the BAF ratings and:

- 1 Approved the BAF at 16 Februar 2015**
- 2 Agreed the recommendations as detailed in table 1 – BAF overview**
- 3 Approved the escalation to the BAF of the following risk:**

As a result of regulatory actions or Governors failing to approve the merger proposal, there is a risk that the merger will not be completed by April 2017 resulting in the benefits identified in the merger proposal (clinical and patient, commissioner and financial benefits) not being delivered.
- 4 Did not identify any potential risks to be escalated to the Corporate Risk Register and/or BAF.**

038/16 SUB-COMMITTEES

(i) Quality Committee

The Chair presented the report of the meeting held on 11 February 2016. She provided assurance that robust discussions were held on a number of issues some of which had already been covered by the Board as separate agenda items including the Quality and Safer Staffing reports.

The Chair highlighted:

- the case study covering a patient supported by the Trust’s Learning Disability Therapy Team that demonstrated the positive difference technology made on the patient’s quality of life and how this helped with her recovery
- the excellent work being undertaken to achieve the national ambition to reduce pressure ulcers. She highlighted that an informative report had been presented by the Specialist Nursing Services manager and Tissue Viability Nurse who demonstrated how work had resulted in a reduction in the number of avoidable pressures within the Trust
- the Committee was assured that there were no concerns to safety and the quality of care on wards with regards to the hotspots identified in terms of safer staffing
- that all Board Directors have signed their Fit & Proper Persons declarations and passed the relative tests
- that assurance was provided that appropriate actions were being taken to address the issues identified following the limited assurance received following an internal audit of clinical handovers
- the Committee had requested further consideration be undertaken for the escalation of a risk to the CRR in relation to the criteria for determining the seriousness of risk in relation to the bed capacity and Rapid Response.

In response to a question by SCo, assurance was provided that the Trust was proactively reviewing ways of using technology to improve the quality of patient

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care/service provision through its own internal digital technology review group as well as working external bodies, including the Health & Wellbeing Academy and ARU.

The Board received and noted the report, and confirmed acceptance of assurance provided in respect of risks and action identified.

(ii) Audit Committee

JW presented the report of the meeting held on 28 January 2016 and provided assurance that the duties of the Committee which include governance, risk management and internal control had been appropriately complied with.

JW pointed out that the Committee had focused on reviewing in detail the twelve internal audit final reports and in response to a question by AD, provided assurance that appropriate actions were in place in respect of the five reports which had received limited assurance.

The Board received and noted the report, and confirmed acceptance of assurance provided in respect of risks and action identified.

(iii) Mental Health & Safeguarding Committee

SCu presented the report of the meeting held on 12 February 2016 which focused on safeguarding, the CQC MHA Audit Report, Associate Hospital Managers (AHMs) and CQC.

LC asked for an update on the concerns raised by AHMs in relation to detained patients not being able to finish their psychology sessions in the community if discharged. SCu confirmed that assurance has been provided that this was being reviewed. He advised that future reports would include a summary of actions including progress and outcomes.

The Board received and noted the report, and confirmed acceptance of assurance provided in respect of risks and action identified.

039/16 ESSEX SUCCESS REGIME UPDATE

The CEO presented the report from Monitor, Trust Development Authority (TDA) and NHS England on the progress with the Essex Success Regime which had been issued on 22 January 2016. The report also included a summary of the challenges which will need to be tackled, overview of aims and next steps.

The Board received and noted the report.

040/16 SEPT/NEP MERGER PROPOSALS UPDATE

NL presented an update report on the progress of the SEPT/North Essex Partnership University NHS FT (NEP) merger proposals. He reminded the Board that the Outline Business Case (OBC) had been submitted to Monitor on 8 January and that a risk relating to the merger had been approved for inclusion on the BAF.

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Meetings between Monitor's review team and members of the Strategic Alliance Working Group and Project Team were held during week commencing 15 February, and in addition, Monitor had spoken with lead commissioners. Prior to the formal feedback meeting on 11 March, Monitor shared some initial headline informal feedback and guidance, which included the importance of undertaking thorough due diligence processes particularly for clinical due diligence and having clarity about the full benefits of the merger.

NL confirmed that written feedback will be provided after the meeting on 11 March and that regular update reports on the merger will be provided at both Boards' meetings.

The Board received and noted the progress report.

041/16 BOARD OF DIRECTORS ANNUAL SELF-ASSESSMENT 2016

The Chair presented the update action plan following the Board's self-assessment undertaken during 2015 and highlighted the excellent progress made.

The Chair outlined the proposal for the Board to undertake an internal self-assessment for 2016 rather than an external assessment as originally planned. The Board unanimously agreed to this taking account of the report from the CQC following the Trust's comprehensive inspection that rated the Trust overall as 'good' including 'good' for well-led, the governance due diligence which will take place during the merger with NEP process and that the next external independent review is not actually due until 2017/18,

The Board also agreed the timeframe for the self-assessment and to follow the same internal self-assessment framework and questions used in 2015.

The Board:

- 1 Received and noted the report**
- 2 Agreed the Board's self-assessment review for 2016 would be undertaken internally following the same framework as used for 2015**
- 3 Agreed the timeframe for the 2016 internal self-assessment.**

042/16 THE FIVE-YEAR FORWARD VIEW FOR MENTAL HEALTH (5YFV)

The Board received a report from the CEO on the *Five-Year Forward View for Mental Health: a report from the independent Mental Health Taskforce to the NHS in England* which sets out a number of priority areas for action, including the improvement of crisis care and physical health outcomes, and the need to invest an additional £1bn by 2020/21 to generate significant savings, building on the £280m investment each year already committed to drive improvements for children and young people.

The CEO highlighted the implications of this report, the new system-wide Sustainability & Transformation Plans (STPs) and the future commissioning intentions will have on the Trust which is well placed to respond to these priorities. However, she pointed out that funding variations as well as differing demands in each locality may lead to variations in the range of service developments requested by commissioners.

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The Trust was anticipating additional stretch targets for mental health provision and physical health over the planning period to 2021.

The Board received and discussed the report, and noted the implications on the Trust's operational plan and objectives for 2016/17.

043/16	IMPLEMENTING THE FORWARD VIEW: SUPPORTING PROVIDERS TO DELIVER
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NL presented the report on the newly published guidance on *Implementing the Forward View: supporting providers to deliver* which had been issued by NHS Improvement (formerly Monitor).

The Board noted that in response to the 5YFV the Government has pledged an additional £8.4bn of real-term investment in the NHS by 2020 which is heavily weighted to earlier years of the spending period. The intention is to give NHS service providers a window of opportunity in which to invest in lasting improvements in the quality and efficiency of care to sustain higher standards as funding growth slows.

The 5YFV identifies a number of development areas for the period to 2021 including a focus on transformation covering quality, access, finance, sustainability, workforce and leadership, technology and research. NHS Improvement will support providers through a new oversight model, developing the right relationships, autonomy for successful FTs and evidence-based improvement approaches.

The Board noted the challenges facing providers through to 2020 which includes delivering patient care of outstanding quality, meeting NHS Constitution access standards, returning to financial balance and eliminating unwarranted variation across all these areas, whilst at the same time making the transformation needed to ensure long-term sustainability.

NL advised that the Trust has been working towards the areas of transformation identified in the 5YFV as demonstrated through our strategic priorities, corporate aims and transformational programmes. He assured the Board that a number of initiatives identified are already well under way and that the Trust is well placed to meet the challenges identified by the target date of 2021. In addition, the Trust's strategies and frameworks will be revisited to ensure they are fit for purpose and the Operational Plan for 2016/17 will be changed to reflect the new guidance.

The Board received and discussed the report, noting the implications of the new guidance on the Trust's Operational Plan for 2016/17.

044/16	LEGAL & POLICY UPDATES
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NL introduced the Legal & Policy update report highlighting the number of reports and guidance from the centre that support the drive for transformation and change, as well as intervention from Monitor (NHS Improvement) to move troubled Trusts into turnaround.

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Referring to 2.11 of the report relating to Monitor’s investigation into NEP because of concerns over the quality of services and state of finances, SCu asked if the Trust would be undertaking its own due diligence as part of the merger process. The CEO provided assurance that this would be the case. In addition, in the spirit of openness and transparency it was hoped that any findings would be shared.

The Board received and noted the report.

045/16 USE OF CORPORATE SEAL

The Board noted that the corporate seal had been used on one occasion since the last meeting:

- 17 February 2016: lease in respect of 30-31 Pickwick Close, Laindon.

04616 CORRESPONDENCE TO THE BOARD SINCE THE LAST MEETING

None.

047/16 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER

The Board noted there were no new risks identified.

048/16 BOARD OF DIRECTOR SCHEDULE OF BUSINESS 2016/17

NL presented the Board of Directors 2016/17 meetings schedule of business which details the essential business items to be considered but does not preclude the Board from considering any other issues it wishes to discuss or to vary the schedule.

The Board received and approved its schedule of business for its meetings for 2016/17.

049/16 ANY OTHER BUSINESS

Freedom to Speak Up Principal Guardian Election Results

The CEO announced the results of the Trust’s Freedom to Speak Up Principal Guardian, appointed through an election process that was voted for by all members of staff across the Trust (substantive, bank, agency and contracted). She expressed her personal pleasure with the level of interest in both the Principal and Local Guardian roles.

The CEO stated that high on the Board’s agenda is the Trust’s approach to clinical safety, and openness and transparency and highlighted that the Trust already has in place a number of mechanisms to enable staff to raise issues (I’m Worried facility on the intranet, the Whistle-blowing Policy, etc).

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There were six nominees for the Principal Guardian role and the CEO confirmed that Suzanne Deighton had been elected as the Trust's Principal Guardian with effect from 1 April 2016 for one year with 34.7% of the vote. The other candidates were:

- Kathy Swearingen (16.8% of the vote)
- Penny Calder (15%)
- Jo Eley (13.95%)
- Dean Hall (10.6%)
- Amanda Whitman (8.8%).

The CEO took the opportunity of thanking all the nominees for putting themselves forward and was pleased to confirm that they have all agreed to become a Local Guardian demonstrating their commitment to the Freedom to Speak Up initiative.

050/16 DATE AND TIME OF NEXT MEETING

The next meeting will take place on place on Wednesday 30 March 2016 at 10:30 at The Lodge, Runwell Chase, Wickford SS11 7XX.

051/16 RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC & 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.

052/16 STAFF RECOGNITION SCHEME

The Chair and CEO were delighted to present certificates to:

- **Individual 'In Tune' Awards**
 - Sue Davis, PA to Clinical Nurse Specialist, Secure Services
 - Olgah Gopo, Staff Nurse Aurora Ward
 - Hannah Mould, Business Administration Support Office, Chair's Office
 - Karen Turner, IT Service Desk Engineer
 - Karen Waldoock, Disability Resource Centre, Bedfordshire
- **Team 'In Tune' Awards**
 - Alpine and Lagoon Wards, Brockfield House
 - Maple Ward, Rochford Hospital
- **Long Service Awards**
 - Judith Hurry, Head of Universal Children's Services – 38 years
 - Anne Moss, Thurrock Memory Service – 34 years
 - Tracy Reed, Education Facilitator for End of Life Care – 35 years
 - John Webb, Primary Care Therapist – 41 years.

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The Staff Recognition Awards are the official way for the Board, colleagues, patients and carers, to recognise those who demonstrate, above and beyond, their commitment to delivering excellent service.

The Staff Recognition Scheme promotes the Trust's vision - 'Providing services that are in tune with you' and values - Positive, Welcoming, Respectful, Involving, Accountable, Kind. These awards are a positive way of the Board remaining 'in touch' with front line staff.

053/16 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS

Questions from member of the Public, Staff and Governors are detailed in Appendix 1.

The meeting closed at 12:40.

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Date

Appendix 1: Governors/Public Query Tracker (Item 053/16)

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
JJ	Finance & Performance Committee 3.5 page 7: asked for more clarity regarding the non-payment of some NHS Property Services invoices	MM advised that a detailed property by property review of the schedule (amounting to £8m) was being undertaken as there are concerns that the records do not accurately reflect the occupancy of buildings	-
JJ	Safer Staffing Report: queried if the number of beds at Robin Pinto and Woodlea are accurate – currently shown as 14 and 8 respectively	AB to confirm correct figures	Subsequent to meeting AB confirmed that the reported figures were correct and had been changed to reflect the number of commissioned beds rather than the number of beds being utilised
JD	Asked when the merger was expected to be finalised	CEO advised that based on the current timeframe this was expected to be 1 April 2017 but was subject to various key milestones in the project plan including the submission of the FBC and review by Monitor	-
BA	Enquired as to the number of patients who were surveyed in relation safety thermometer audit and the percentage compared to the number of patients treated within the same timeframe	AB confirmed that for February 2050 patients were surveyed out of approximately 15,000 contacts during the month	-
BA	Enquired as to how relevant the number of patients surveyed in the Friends & Family Test is in relation to the total number of patients treated	-	AB to review and advise BA

Signed

Date