

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 24 September 2014
Kings House, 245 Amphill Road, Bedford MK42 9AZ

Members present:

Lorraine Cabel (Chair)	Chair
Sally Morris (CEO)	Chief Executive
Andy Brogan (AB)	Executive Director Clinical Governance & Quality/Executive Nurse
Randolph Charles (RC)	Non-Executive Director
Steve Cotter (SCt)	Non-Executive Director
Steve Currell (SCr)	Non-Executive Director
Alison Davis (AD)	Non-Executive Director
Dr Dawn Hillier (DHi)	Non-Executive Director
Dr Milind Karale (MK)	Executive Medical Director
Nigel Leonard (NL)	Executive Director Corporate Governance
Malcolm McCann (MM)	Executive Director Integrated Services (Essex & Suffolk)
Mark Madden (CFO)	Executive Chief Finance Director
Richard Winter (RW)	Executive Director Integrated Services (Beds & Luton)
Janet Wood (JW)	Non-Executive Director

In attendance:

Brian Arney (BA)	Public Governor
Dee Hunnie (DHu)	Communications, SEPT
Joy Das (JD)	Service User & Carer Governor
Dr Raman Deo (RD)	Consultant Forensic Psychiatrist/Clinical Director
Michael Dolling (MD)	Public Governor
Karen Forrest (KF)	Staff Governor
Paula Grayson (PG)	Public Governor
Cathy Lilley (CL)	Assistant Trust Secretary (Minute Taker)
Maggie Nicholls (MN)	SEPT
Deborah Ridley-Joyce (DRJ)	Public Governor
Larry Smith (LS)	Public Governor
Jim Thakoordin (JT)	Public Governor

The Chair welcomed members of the public, staff and Governors to the meeting. She pointed out that some members of the Board would be piloting a paper-less approach to Board meetings.

Members were reminded of the Trust's vision: providing services in tune with you.

170/14 APOLOGIES FOR ABSENCE

None.

171/14 DECLARATIONS OF INTEREST

None.

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172/14 PRESENTATION: ACHIEVEMENTS OF SEPT FORENSIC MENTAL HEALTH SERVICES

The Board received the presentation from RD, and discussed and noted the content. Presentation attached at Appendix 2.

The Chair thanked and complimented RD on the informative presentation and was particularly pleased to see the inclusion of a focus on physical health of our service users.

173/14 MINUTES OF THE MEETING HELD ON 30 JULY 2014

Subject to the following minor amendment, the minutes were agreed to be a correct record:

145/14: DG presented the Trust’s financial position at month 3, June 2014 which showed a surplus of £1.5m **ahead of** the plan submitted to Monitor of £0.1m.

174/14 ACTION LOG

The Board received the action log and noted progress.

175/14 PERFORMANCE & FINANCE SCRUTINY COMMITTEE ASSURANCE REPORT

The Chair (as chair of the 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 at the 18 September 2014 meeting.

Performance

The CEO advised that 11 actions were due for completion in September and two were outstanding from August 2014, of which six actions were now closed.

The CEO drew attention to the four hotspots which were the same as the previous month, of which three were local based targets rather than national targets. She also reported on six emerging risks, highlighting the IAPT Entering Treatment indicator which had been de-escalated as a hotspot from the previous month and was being classified as an emerging risk due to the issue of a contract query by the Clinical Commissioning Groups. The CEO provided assurance that there were no emerging themes.

With reference to 2.1.2 indicator, SCr asked if the problem for issues with clustering had been identified. The CEO confirmed that that this was the case and as a result actions had been put in place to address the issues.

With reference to 2.14 indicator, DH asked if there were issues with recruiting physiotherapists. The CEO acknowledged there was a challenge as the Trust was not able to compete with the salary package being offered by Trusts in London which is an

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easy commuting distance from the Trust's bases. However, the Trust was looking at other ways of making the overall package attractive, particularly around training and development opportunities.

Finance

MM presented the Trust's financial position at month 5, August 2014 which showed a surplus of £2.6m ahead of the plan submitted to Monitor of £0.1m. This position is due to higher than planned additional income for specialist services. However, the forecast year end position is a £1.9m deficit but a re-forecast will be undertaken during September particularly to take account of any potential costs associated with the transfer of Bedfordshire and Luton mental health services, as well as more accurate estimates of stranded costs in the Essex public health contracts would be known. However, it is expected that the review would improve the forecast.

Working capital and cash balances remained strong and the Trust's continuity of service risk rating was 4 which demonstrated strong financial health. There were no new emerging risks or hotspots.

The Board confirmed acceptance of assurance provided.

176/14 QUALITY REPORT

AB presented the new Quality Report which provided an overview on aspects of care covering safety, experience and improvement; this supported the Trust's commitment to being open and honest. He highlighted the actions being taken forward including the appointment of a consultant nurse to lead on suicide prevention and to undertake serious incident investigations following a successful pilot.

RC complimented the accessible report and was particularly pleased to see the number of prone restraints had been reduced. He asked if any of these had resulted in physical injuries. AB confirmed that physical injuries to service users/patients were rare and that it was staff who were more likely to incur injuries. He advised that there were strict guidelines which staff were required to follow and that the aim is to reduce the likelihood of restraints. He confirmed that staff were provided with relevant training.

The Board approved the Quality Report.

177/14 MONTHLY SHIFT BY SHIFT STAFFING REPORT

AB presented the monthly staffing report which summarised the planned and actual staffing on a shift-by-shift basis as part of the Hard Truths commitment. He pointed out the report had been updated following agreement at a Board Development Session to include a dashboard covering each of the ward areas showing planned and actual staffing as well as the agreed quality metrics.

AB assured the Board that all hot spot areas had been reviewed to ensure there were no significant concerns relating to the safety and quality of care on individual wards. He advised that a number of ward areas were actively recruiting to vacant post and

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further work was being undertaken on the next full establishment review across all clinical wards.

JW pointed out that some of the figures in the dashboard were not aligned, in particular Beech and Poplar Wards. AB recognised that this report was still evolving and would ensure the necessary amendments were made to the next report.

The Board approved the Monthly Shift by Shift Staffing Report.

178/14 BOARD ASSURANCE FRAMEWORK

The CEO reminded members that the framework (BAF) provided a comprehensive method for the effective management of the potential risks that may prevent achievement of the key aims agreed by the Board. This is a live document which is continually updated.

The Board agreed that a new risk be added to the BAF:

- If the Trust does not have the systems in place or implements them effectively to meet the new statutory duty of candour as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (the Regulations), the Trust may not be compliant with the requirements and incur financial penalties.

The Board also agreed to remove the following risk from the BAF to the Corporate Risk Register (CRR) following a reduction in the current risk rating score:

- 3.1 Differential rates of transfer of services to a new provider by Bedfordshire and Luton Commissioners with loss of income for integrated services provided across Bedfordshire and Luton, and contribution to Back Office.

The Board agreed the scoring as detailed in the report subject to the downgrading of 3.1 as detailed above.

179/14 SUB-COMMITTEES

(i) Executive Team Operational Committee (EOC)

The CEO presented the minutes of EOC held on 22 and 29 July, 5, 12 and 19 August, and 2 and 9 September 2014.

Minutes 5 August page 1: RC requested an update on the relocation of Ashanti. RW reported that all parties involved had agreed to the relocation which was proceeding well. RW agreed to provide a more detailed update to RC.

Minutes of 12 August page 3: SCt queried the Trust’s policy on race equality across the workforce. RW provided assurance that this was part of the Trust’s monitoring processes and was reported on in the Trust’s Equality & Diversity Annual Report. He confirmed that the Trust was compliant with expectations.

Minutes of 19 August page 1: SCt commented that the 32% response rate following the 2014 National Community Mental Health Survey appeared low. The CEO explained that the percentage related to the number of respondents who were contacted and not the total caseload. She pointed out that although this appeared to

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be a low figure, it was in line with the national rate of between 30-34%, and stressed the importance of not using this information in isolation but triangulating with other information and intelligence.

The Chair requested that a presentation on the outcome of the 2014 National Community Mental Health Survey results be arranged for a future Board meeting.

Minutes of 2 September page 5: SCr welcomed the learning identified in the South Essex Avoidable Pressure Ulcer Report and if there was any reputational risk to the Trust. MMc confirmed that the avoidable grade 3 and 4 pressure ulcers identified within South East Essex Community Health Services had fallen below the standard of care expected and this was included on the directorate's risk register. He assured Board members that actions were being taken to address the learning identified and that there were no issues with vacancies in the services.

Minutes of 9 September page 1: AD asked if there was an update on the guidance for gender specific wards. The CEO advised that this was still under investigation.

Action:

- 1 **Quality Health to present 2014 National Community Mental Health Survey results at a future Board meeting (SM)**
- 2 **RW to provide detailed update on Ashanti relocation to RC**

(ii) Board of Directors Nominations Committee

The Chair presented the report on the discussions of the Nominations Committee at its meeting on 10 September and advised that it had approved the proposal to continue with the existing interim arrangements for the post of Deputy Chief Executive until the end of September 2015 having taken account of the significant changes and complexity of the activities currently taking place within the Trust. Andy Brogan would therefore continue as Deputy Chief Executive until September 2015 when a review would take place.

(iii) Board of Directors Audit Committee

JW presented the report of the Audit Committee and confirmed that the Council of Governors had approved at its meeting on 17 September 2014 the reappointment of the external auditors for a further twelve months until end September 2015.

SCt pointed out that he had reviewed the Trust's use of consultants and was pleased to advise that the actual costs had dramatically reduced compared with previous two years.

(iv) Quality & Governance Committee

DH presented the report summarising the discussions at the Committee's meeting on 14 August. She highlighted that the Committee had noted that the CQC would review all Trusts for compliance with the duty of candour requirements as part of its assessment process, and that the Head of Legal Services had provided assurances that the Trust was already compliant and the necessary requirements were reflected in Trust policies and procedures.

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180/14 TRUST POLICIES

The following Trust's policies were presented to the Board for final approval:

- (i) External Visits Policy
- (ii) Fire Safety Policy
- (iii) Management of Sickness and Absence Policy
- (iv) Approval and Re-approval of Approved Mental Health Professionals Policy
- (v) Management of Closed Circuit Television (CCTV) within SEPT Policy
- (vi) Recruitment & Selection Policy
- (vii) Disciplinary for Trust Bank Workers Policy
- (viii) Private & Independent Practice for Medical Staff Policy
- (ix) Charitable Funds Policy
- (x) Starting Salary for New Appointments Policy
- (xi) Flexible Working Policy
- (xii) Latex Policy
- (xiii) Deployment of Temporary Workers Policy
- (xiv) Deprivation of Liberty Safeguards (DOLs) Policy
- (xv) Whistleblowing Policy
- (xvi) Reckonable Service Policy.

The Board approved the above policies.

The Board noted that the Code of Conduct for Members of the Board of Directors would be deferred to the next meeting to allow for further consultation.

RC advised that he had reviewed the DOLs Policy and queried if this also applied to children. MK confirmed that this was the case.

Action:

- 1 **Code of Conduct for Board Members to be included on October agenda.**

181/14 TRUST SECRETARY: LEGAL & POLICY UPDATES REPORT

NL presented the Trust Secretary's report on legal and policy updates. He observed that there was a continued drive around governance particularly relating to procurement and tendering, and highlighted the CQC consultations on guidance to help services meet new health and social care regulations, as well as the guidance to tackle restraint.

NL pointed out that there are a significant number of FTs no longer placed under special measures by Monitor but also highlighted that there have been no newly appointed FTs during the last 18 months.

2.5: AD felt reassured that the new draft NMC Code of Conduct for nurses and midwives reflected the fundamental standards of care for nursing.

4.3.2: With reference to the significant increase in the number of children who self-harm, DH asked if there was an opportunity to include IAPT for children in the CAMHS

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tender. The CEO advised that she was not able to answer as the tender was commercial in confidence.

182/14 BOARD OF DIRECTORS COMMITTEE STRUCTURE UPDATE

NL provided a verbal update report on the review of the Board committee structure being undertaken by the project group who had been focusing on the review of the committees' terms of references. The intention is to bring the revised terms of reference to the October Board meeting.

Action:

- 1 **Board Committee Structure update at October Board meeting including revised terms of reference (NL)**

183/14 BOARD OF DIRECTORS ASSESSMENT REVIEW

NL presented the draft action plan which had been developed by a working group established by the Chair following the Board Assessment Review by KPMG. He highlighted that KPMG had observed that the Trust has good governance arrangements in place and had noted the positive steps the Trust takes to regularly review and reflect on governance structures.

The KPMG report identified seven recommendations which inform the action plan. NL pointed out that many of these were already being addressed by the Trust. The project group would monitor the actions and a full report would be presented to the Board when all actions are closed.

The Board agreed the action plan.

Action:

- 1 **Final report to be presented to the Board when all actions are closed (NL)**

184/14 BOARD OF DIRECTORS DEVELOPMENT SESSIONS

NL presented the proposed timetable for Board Development Sessions for 2014-16 and highlighted that there would be two half-day sessions on 12 November 2014 and 11 February 2015 to focus on annual and strategic planning.

The Board agreed the timetable of dates.

185/14 BOARD OF DIRECTORS MEETINGS 2015/16

NL presented the proposed timetable for Board of Director meetings for 2015/16 and pointed out that the proposed locations reflected the changes to the scope of the Trust's services as well as the localities served.

The Board approved the timetable of dates and rotation of locations.

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186/14 CQC MENTAL HEALTH ACT 1983 FOCUSED VISITS

NL presented the report which outlined the findings and actions taken to ensure the Trust is implementing the MHA and Code of Practice following the visits to Fountains Court – Bedford, Alpine Ward – Brockfield House, Rawreth Court, Wood Lea Clinic and Fuji Ward – Brockfield House and provided assurance that where required actions were being taken forward by lead Directors. Members of the Board noted that there were no actions identified following the visit to Wood Lea Clinic.

In response to a question by AD regarding the Intensive Care Suite on page 8 of the Alpine Ward report, the CEO provided assurance that the Trust's policy and procedure for the use of Seclusion, Segregation and Restricted Access was under review and legal advice has been provided.

The Board discussed and noted the report.

187/14 DUTY OF CANDOUR UPDATE

NL presented the update on the duty of candour report which provided an overview of the regulation. He advised that as reported at the Quality & Governance Committee, the Being Open Policy and Procedure has been reviewed and redrafted to take account of the new regulations, and the Trust is therefore compliant with the necessary requirements. Further consideration is being given to other policies and procedures which may need to be reviewed to take account of the new statutory duty of candour.

DH asked when the new regulations are due to come into force. NL advised that the original intention was October 2014 but no specific date has been set.

DH queried if the Being Open/Duty of Candour training module had been rolled out across the Trust. NL confirmed that this module, which included both face to face and online training, would be finalised once the regulations come into force.

The Board discussed and noted the report.

188/14 AUDIT COMMITTEE ANNUAL REPORT 2013/14

JW presented the annual report of the Audit Committee for the period 1 October 2013 to 30 September 2014. She highlighted that the Committee had scrutinised the arrangements for the systems to provide robust assurance to the Trust in relation to safer staffing. In addition, although payment by results is not currently the financial currency, a robust system for clustering activity had been developed which would prepare the Trust when/if the PbR currency is implemented.

The Chair thanked the Audit Committee for their detailed work in ensuring the Trust's processes and systems were robust in providing assurance to the Board. In particular she thanked JW for her strength of leadership.

The Board approved the annual report.

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189/14 CLOSURE OF CQC ACTIONS: BASILDON MHU

MMc presented the report on the completed actions following the CQC review of compliance at Basildon MHU in January 2014.

The Board agreed that the actions to address compliance concerns had been completed and approved the report for submission to the CQC confirming compliance and seeking a re-review to close the actions.

190/14 USE OF CORPORATE SEAL

The Corporate Seal had been used on one occasion since the last Board meeting.

191/14 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING

None.

192/14 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.

193/14 ANY OTHER BUSINESS

None.

194/14 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS

See Appendix 1

195/14 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Wednesday 29 October 2014 at The Lodge, Runwell Chase, Wickford SS11 7XX at 10:30.

196/14 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.

The meeting closed at 13:00.

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Appendix 1**Governors/Public Query Tracker (Item 194/14)**

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
JT	Requested that more time/further opportunity be provided to review and understand statistics in presentation		LC to discuss with SM opportunity for meeting request
MD	Complemented the administration team for the efficient production of Board papers		
JD	Asked if the revisit by CQC to Basildon MHU would be advised	MMc confirmed that any visit would be unannounced	

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Appendix 2: Board of Directors Part 1 Papers

Minute Ref No	Agenda Item	Lead	Report
172/14	Presentation: Achievements of SEPT Forensic Mental Health Services		 BoD 24 Sept 14 Presentation.ppt
173/14	Minutes of the last meeting held on 30 July 2014		 #3 Minutes Part 1 30 July 2014 DRAFT FIN
174/14	Action Log		 #4 Action Log Part 1 following July 2014 m
175/14	Performance & Finance Scrutiny Committee Assurance Report	SM/MM	 #5(a) - PFSC Assurance Report - 2
176/14	Quality Report	AB	 #5(b) Quality Report.pdf
177/14	Monthly Shift by Shift Staffing Report	AB	 #5(c) Safer Staffing Report.pdf
178/14	Board Assurance Framework	SM	 #6(a) - Board Assurance Framework
179/14	Sub-Committees (i) Executive Team Operational Committee (ii) Nominations Committee (iii) Audit Committee (iv) Quality & Governance Committee	SM LC JW DH	   #6(b)(i) - ET Mins 2 #6(b)(i) - ET Mins 19 #6(b)(i) - ET Mins 5 September 2014 Part August 2014 - Part 1 August 2014 - Part 1    #6(b)(i) - ET Mins 9 #6(b)(i) - ET Mins 29 #6(b)(i) ET Board September 2014 - Part 1 July 2014 - Part 1 Report - Part 1 Septe    #6(b)(i) ET Follow Up #6(b)(i) ET Mins 12 #6(b)(i) ET Mins 22 Part 1 Log.pdf August 2014 - Part 1 July 2014 - Part 1 pc    #6(b)(ii) Board of #6(b)(iii) Audit #6(b)(iv) - QGC Directors Nominations Committee Board Ass Meeting.pdf

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<p>180/14</p>	<p>Trust Policies (i) Responding to External Visits (ii) Fire Safety (iii) Sickness Absence (iv) AMHP (v) CCTV (vi) Recruitment & Selection (vii) Disciplinary for Trust Bank Workers (viii) Private & Independent Practice (ix) Charitable Funds (x) Starting Salary (xi) Flexible Working (xii) Latex (xiii) Deployment of Tem Workers (xiv) DOLs (xv) Whistleblowing (xvi) Code of Conduct for Board Members <i>(withdrawn)</i> (xvii) Reckonable Service</p>	<p>MM NL AB MMc MM AB AB AB AB AB AB NL AB NL AB</p>	<p>   #6(c)(i) - TB Report - External Visits Policy - PReport - Fire Policy - Sickness Absence Pr #6(c)(ii) - TB #6(c)(iii) - TB Report    #6(c)(iv) - TB Report - AMHP Policy - SepteReport - Disciplinary RReport - Private & Inc #6(c)(vii) - TB #6(c)(viii) - TB    #6(c)(x) - TB Report #6(c)(xi) - TB Report #6(c)(xii) - TB - Starting Salary Polic- Flexible Working PolReport - Latex Policy    #6(c)(xiii) - TB #6(c)(xiv) - TB #6(c)(xv) - TB Report - Deployment Report - DOLs Policy Report - Whistleblowi    #6(c)(xvi) - TB #6(c)(xvii) - TB #6cix - TB Report - Report - Code of ConReport - Reckonable Charitable Funds Poli   #6cv - TB Report - #6cvi - TB Report - CCTV Policy - SeptemRecruitment & Selecti</p>
<p>181/14</p>	<p>Trust Secretary: Legal & Policy Updates Report</p>	<p>NL</p>	<p> #6(d) Trust Secretary Report Sep</p>
<p>183/14</p>	<p>Board of Directors Assessment Review</p>	<p>LC/SM</p>	<p> #7(b) KPMG Action Plan Board Report.pd</p>
<p>184/14</p>	<p>Board Development 2015/16</p>	<p>NL</p>	<p> #7(c) Board of Directors Developer</p>
<p>185/14</p>	<p>Board Meetings 2015/16</p>	<p>NL</p>	<p> #7(d) Board of Directors Meetings 20</p>
<p>186/14</p>	<p>CQC MHA Focused Visits</p>	<p>NL</p>	<p> #8(d) - CQC Action Basildon MHU - 24.09</p>
<p>187/14</p>	<p>Duty of Candour Update</p>	<p>NL</p>	<p> #8(b) Duty of Candour Update Rep</p>
<p>188/14</p>	<p>Audit Committee Annual Report 2013/14</p>	<p>JW</p>	<p> #8(c) 2013 - 2014 Annual Report from tl</p>

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189/14	CQC Basildon MHU Report	MMc	 #8(d) - CQC Action Basildon MHU - 24.09
190/14	Use of Corporate Seal	SM	 #9(a) - Corporate Seal - Sept 2014.pdf

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