

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

**held on Wednesday 28 September 2016
at The Hawthorn Centre, Rochford Hospital, Union Lane, Rochford SS4 1RB**

Members present:

Lorraine Cabel (Chair)	Chair
Sally Morris (CEO)	Chief Executive
Andy Brogan (AB)	Executive Director Mental Health & Executive Nurse
Steve Cotter (SCo)	Non-Executive Director
Steve Currell (SCu)	Non-Executive Director
Nigel Leonard (NL)	Executive Director Corporate Governance
Dr Milind Karale (MK)	Executive Medical Director
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)	Vice-Chair/Non-Executive Director

In attendance:

Brian Arney (BA)	Public Governor
Roy Birch (RB)	Public Governor
David Bowater (DB)	Appointed Governor
Max Forrest (MF)	Associate Director Communications
Carolyn Hanna (CHa)	Presenter
Colin Harris (CHs)	Public Governor
John Jones (JJ)	Public Governor
Cathy Lilley (CL)	Trust Secretary [Minute Taker]
Tony Wright (TW)	Public Governor

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.*

176/16 APOLOGIES FOR ABSENCE

Apologies for absence were received from:
 Alison Davis (AD) Non-Executive Director
 Randolph Charles (RC) Non-Executive Director

CL confirmed that the meeting was quorate.

177/16 DECLARATIONS OF INTEREST

There were no declarations of interest.

178/16 PRESENTATION: CARE COORDINATION MODEL

The Board received a presentation from Carolyn Hanna on the Care Coordination Model which is a new project aimed at improving the health and wellbeing of those

Signed Date

living with frailty or complex needs, and maintaining optimum levels of independence through the provision of effective and coordinated care. She highlighted that the project works in collaboration with Castle Point and Rochford (CPR) Clinical Commissioning Group (CCG) and the concept and service model has system buy-in and ownership with all major partners backing the service and vision.

The Board was pleased to note the recognition of benefits and the positive feedback received and, in particular, that the project has recently been shortlisted as a Nursing Times finalist in the HRH The Prince of Wales Award for Integrated Approaches to Care category.

On behalf of the Board, the Chair thanked CH for an interesting and informative presentation, and commented that this was an excellent example of a multidisciplinary integrated service model covering community and primary care.

179/16 MINUTES OF THE MEETING HELD ON 27 JULY 2016

The minutes of the meeting held on 27 July 2016 were agreed to be a correct record.

180/16 ACTION LOG AND MATTERS ARISING

The Board reviewed the action log and noted:

- 135/16 Safer Staffing Report: AB advised that the notable decrease in the sickness absence rates during the month in Meadowview was the result of there having been four staff on long term sickness and three staff on medium term sickness, all now having returned to work.

181/16 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT

As Chair of the Committee, JW provided assurance that a full and robust debate and scrutiny had taken place at the meetings held on 25 August and 22 September 2016 on all performance issues and that mitigating actions and monitoring processes had been requested where appropriate. She pointed out that the Committee had reviewed the increasing number of AWOLs and was assured that those reported in August had result in low or no harm. In addition, assurance was provided that a review of all incidents was currently being undertaken. A preliminary report had been completed identifying the trends and factors so far and remedial action is being taken forward as a result. The final report will be presented to the Quality Committee.

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.

The CEO pointed out that three new indicators had been included in the Quality & Performance report, namely falls, safety thermometer and safer staffing (measures). She also highlighted that the Trust continued to experience some issues with

Signed Date

producing community mental health service data as a result of the CarePlus information system being discontinued and with producing inpatient mental health service data as a result of the switch off of IPM. The Board noted that despite most data being provided to support the mental health KPI contractual requirements, the South Essex CCGs have raised two contract performance notices. Assurance was provided that a remedial action plan has been agreed and the aim is to fully meet contractual requirements for September in October. Failure to achieve this could result in contract penalties but every effort was being made to mitigate this risk.

The CEO also drew the Board's attention to the eight hotspots reported for August 2016 against agreed targets, one of which related to a NHSI indicator, including:

- Early intervention in psychosis access target: the CCG has not made additional funding available to meet the target from 1 April 2016; failure to meet the target in two consecutive months will result in NHSI intervention. The Trust is continuing to work with the CCGs to agree the funding required to meet the new target requirements. The Board noted that the Trust will need to consider potential mitigation if the CCGs do not provide any additional funding
- Restraints: the current number of restraints exceeds the internal benchmark which is based on the number of incidents reported in previous years; however, the Board noted that the figure is below national benchmarking rates
- Bed occupancy: this continued to be a hotspot with high occupancy in acute wards, PICU, LD and Intermediate Care which has potential impact on the quality of care provided. There continues to be low occupancy in older people organic assessment, older people dementia and continuing care which is impacting on contracted activity targets
- PbR cluster data: the Trust had breached three PbR targets; the continued deterioration was identified as a potential risk as contracts for 2017/18 are likely to be based on patient clustering as well as outcomes; assurance was provided that action is being taken to return to previous levels of performance and compliance.

The CEO advised there were several emerging risks including: patient safety related incidents reporting rates; DNA rate community health services; national staff Friends and Family Test scores; vacancy rate % unfilled posts; staff training; % staff supervision; and % staff appraised.

Following questions raised by SCo, SCu and AD relating to the increasing number of restraints, the CEO stated that this was the result of various factors including previous under-reporting, the varying levels of acuity of patients, and the increased use of legal highs. She confirmed that there is a correlation between the sickness and absence rates, and the use of restraints and acuity on wards.

MAM enquired as to the long term effects if patients are not receiving intervention early enough. MK and AB provided assurance that new models of working and appropriate use of resources was being reviewed.

Finance

The CFO reported that the Trust's financial position at month 5 August 2016 was a surplus of £3,259k which was £270k above current revised plan. He advised that the Trust has been identified by NHSI as one of the top performing Trusts financially as a

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Date

result of being ahead of its financial plan. However, the NHSI have been advised that this position is not likely to be sustained as there are a number of reasons why the actual position is better than forecast and the Trust intends that the final position will be in line with the original plan agreed.

The CFO highlighted the hotspots and emerging risks that were similar to the previous months including the Cost Improvement Programme (CIPs) where the target efficiency requirement is £12.7m of which £2.3m is being met from CQUIN leaving a delegated target of £10.436m of which £500k is yet to be identified. In addition there was an adverse variance on year to date income of £150k due to contract delays with the theatre spaces for Podiatry/Podiatric surgery in BCHS and underachievement in relation to non-contractual activity income. The financial position for Operational Services (mental health) also continued to deteriorate with an adverse variance of £535k.

The CFO advised that the net capital programme is lower than plan and it was unlikely that the CapEx would be reached by the end of the year. The cash position was better than expected mainly due to the net impact of receivables and payables being more than anticipated

The Board was pleased to note that the Trust’s financial sustainability risk rating remained at 4 which demonstrated the strong financial health of the Trust as opposed to the planned risk rating of 3.

SCo asked if there were any property risks emerging that could adversely impact on income or performance for the remainder of the year. CFO explained that this was an unpredictable and volatile area that could affect income and/or performance.

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

182/16 QUALITY REPORT

The Board received a report from AB on the proposals for the future reporting of quality related metrics as recommended by both the Quality and Finance & Performance Committees.

AB reminded the Board that its Committees’ effectiveness review identified duplication in respect of quality related data presented to the Quality Committee, Finance & Performance Committee and the Board of Directors. The review also identified that the current Quality Report content to the Quality Committee and Board did not fully meet the needs of the intended audience. In addition, the reduction in the frequency of Quality Committee meetings to bi-monthly also required a refreshed view of quality reporting requirements to ensure good governance arrangements were in place going forward, and existing arrangements were potentially causing a reworking of similar data that impacted on capacity and potentially the accuracy/consistency of data being used for assurance and decision making.

The proposed Quality & Performance Report for the Finance & Performance Committee would include data relating to the previous month and would focus on the

Signed Date

achievement of ‘ambition’ (target). It would also incorporate items not currently reported, i.e. falls, safety thermometer, pressure ulcers grades 1-2 as well as safer staffing. There would be clear identification/allocation of responsibility for follow up.

The proposed Quality Report for the Quality Committee would include an extract from the Quality & Performance Report that would contain proxy measures of quality. There would also be a focus on trends over time including safer staffing trends, as well as detailed narrative reports on quality priorities/ Sign Up to Safety learning lessons. The proposed Scorecard for the Board would replace the current public dashboard and would include safer staffing and quality, as well as finance and potentially the BAF. The assurance reports from the Quality and Finance & Performance Committees would be harmonised and re-focused.

The development and introduction of the new reporting format will take place over a two month period with the aim of presenting the new reports to the Quality and Finance & Performance Committees and the new Scorecard to the Board at their respective meetings in November. During the development period the current Quality Report would not be produced for the Quality Committee and the Board.

The Board supported the new reporting format that would be a more visual, focused, accessible and transparent approach.

In response to a question by the CFO, the Chair confirmed that the change to the frequency of the Quality Committee meetings would be monitored to ensure that it was able to meet its responsibilities.

The Chair thanked AB, Sarah Browne and Faye Swanson for undertaking a complex piece of work.

The Board:

- 1 Received and discussed the report**
- 2 Approved the proposed future reporting arrangements.**

183/16 SAFER STAFFING REPORT

AB introduced 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 Learning Disability, Secure Services and Community Health Services were above 95%. As reported in previous months, a recruitment campaign was ongoing and being monitored through a number of workstreams. AB advised that Trust continued to advertise vacancies via professional publications (including the Irish Nursing Times) and social media, and by attending recruitment fairs.

AB reported that Clifton Lodge remained a hotspot from the previous month and Hadleigh, Maple and Fuji have all be identified as hotspots with Causeway and Beech at Rochford as emerging risks. He assured the Board 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

Signed Date

managers on wards were being utilised to provide support alongside ward managers and matrons to ensure wards remained safe.

MAM acknowledged the enormous pressures in the NHS. She queried why some wards had a high sickness and vacancy rates but the Trust is recognised as being one of the best employers. AB replied that overall the Trust is doing well; the pressures were on inpatient mental health wards which are difficult and challenging environments to work in, and this may not be necessarily appealing. However, the work of the Quality Academy and the recognition of the Quality Champions, some of whom are from the more 'challenging' wards should help raise the profile. The CEO commented that compared to other organisations, the Trust's rates are very good.

MMc commented on the importance of balancing the filling of vacancies but not being over reliant on newly qualified staff who require a significant amount of supervision. AB confirmed that different models of training were being reviewed, such as the Apprenticeship scheme where students are engaged and involved in practice. He pointed out that there is usually one intake a year of about 40-50 newly qualified staff but recognised the pressure on experienced staff and the support required.

The Board:

- 1 Received and discussed the report**
- 2 Approved the report.**

184/16	BOARD ASSURANCE FRAMEWORK (BAF)
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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.

NL pointed out that the EOSC reviewed the BAF at its meeting on 20 September and was recommending:

- The removal of two risks:
 - R1 *If learning from incidents is not embedded, quality and patient safety may not be maintained or improved. The Francis Report and more recently the Southern Health report have re-emphasised the risk to patient safety if learning from SIs is not implemented. This risk will remain on the Clinical Governance & Quality risk register for continued monitoring*
 - R2 *If care is not clearly documented detailing person centred care in line with risk and needs assessments, this may impact on the identification of individual clinical need and a high quality of outcome may not be achieved*
- Reducing the risk rating of two risks to 12:
 - R4 *If record keeping standards are not in line with Trust policy, quality of care may be compromised*
 - R9 *Reduced level of contingency will not be able to mitigate risk of CIP shortfall*
- The escalation of the following risk to the BAF:
 - *There is a potential risk that the introduction of the new NHSI Single Oversight Framework, results in increased intervention by regulators as a result of the Trust failing to meet new thresholds for financial and quality*

Signed

Date

performance required to achieve maximum autonomy under the new monitoring regime

NL also highlighted that the Finance & Performance Committee had considered the hotspots identified within the August 2016 quality and performance report and identified a potential risk associated with continued deterioration of clustering mental health patients. He confirmed a risk assessment would be undertaken and the risk allocated to the appropriate risk register.

The Board was reminded that as previously agreed, and as set out in the revised Risk Management Framework, the full BAF will be presented quarterly going forward and a summary of risks will be provided in the intervening months. In addition, the Board noted the reintroduction of the impact rating process for corporate objectives to provide clarity on those risks to be escalated to the BAF and CRR and agreed the ratings for 2016/17.

The Board reviewed the BAF and:

- 1 Approved the BAF at September 2016**
- 2 Did not identify any updates or changes required to the BAF**
- 3 Noted the review and approval of BAF action plans**
- 4 Agreed the removal of two risks: R1 and R2**
- 5 Agreed the reduction in risk rating for tow risks: R4 and R9**
- 6 Agreed the escalation to the BAF of a risk relating to the Single Oversight Framework**
- 7 Noted the reintroduction of the impact rating process for corporate objectives and agreed the ratings for 2016/17.**

185/16	SUB-COMMITTEES
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(i) Quality Committee

The Chair presented the report of the meeting held on 15 September 2016 and 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 also extended an invitation to Directors who were not members of the Committee to attend a future meeting as an observer. In addition, minutes were available on request.

The Chair highlighted the Committee agreed the proposals for future quality reporting arrangements as outlined in previous agenda items; these would provide greater focus on trends and their meaning. The Committee received a detailed presentation on the Quality Priority – Falls, and was pleased to note the reduction since the introduction of measure but was disappointed that national benchmarking data was not available.

The Committee also approved the final position report in relation to the CQC comprehensive inspection action plans. LC was pleased to advise that a visiting Professor from Southbank University who is also a Non-Executive Director at a neighbouring Trust had attended the meeting and commented how impressed she was with the approach the Trust had taken with preparing for, implementing and monitoring the actions following the CQC inspection and requested a meeting with Faye Swanson and her team to understand our approach in more detail.

Signed

Date

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

(ii) Investment & Planning Committee

The Chair advised that the Committee had met on 20 July 2016 and 6 September 2016 and provided assurance that robust discussions were held on a number of issues and that no risks were identified. She highlighted that the Committee had reviewed the 14 tenders in progress as well as understanding the reasons for an unsuccessful tender and the lessons learnt. In addition, the Committee considered a number of reports including the Estates Strategy and the Sustainable Development & Carbon Management Assurance report.

The Chair pointed out that in view of the significant amount of work to be completed against a tight deadline, the timetable for the FBC is to be raised as a potential risk on the Merger Project Board risk register.

The Board received and noted the verbal update.

(iii) Audit Committee

As Chair of the Committee, JW presented the report of the meeting held on 14 September 2016 and provided assurance that robust discussions were held on a number of issues. She highlighted the Trust’s overall rating of ‘green’ for the LCFS standard self-review tool which is good and the Committee’s approval of an extension to the SFIs, SOs and Scheme of Delegation taking account of the proposed merger. JW confirmed that no risks were identified.

The Board noted the Audit Committee’s Chair’s annual report for 2015/16 that outlined the progress with the work of the Committee including both regular responsibilities as well as the six areas that required exceptional input from the Committee. JW highlighted the role of the Audit Committee with the merger process with NEP where the Committee will play an important role in ensuring that the process and procedures undertaken in respect of the merger follow appropriate governance and best practice. The Committee will continue to seek assurance from both internal and external auditors that the approach to merger is appropriate.

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

186/16	SEPT/NEP MERGER UPDATE
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The Board received an update report from NL on the progress of the SEPT/NEP merger proposals. He pointed out that although the ‘formal’ due diligence phase had been closed, this was an ongoing process and any outstanding actions will be taken forward through the risk framework. Overall, the recommendation from the Merger Project Board and accepted by both NEP and SEPT Boards was that at this stage no risks had been identified from the due diligence process that changed the underlying rationale for merger.

Signed Date

NL reported that work had commenced on the drafting of the Full Business Case (FBC) that will be scrutinised by the Investment & Planning Committee as it would be a significant transaction prior to being submitted to the Trusts' Board meetings in November. He pointed out that Governors on the Council of Governors Significant Transactions Group had been invited to attend the Investment & Planning Committee in line with the agreed process for Significant Transactions.

NL also advised that the process for the formal appointment of the Interim Board was under way and on schedule to be established by early November. In addition, he pointed out that there had been good engagement with staff, Governors, members, service users and carers and the public on the proposed new vision and values recommended by the Board with over 700 responses to date. The online survey deadline had been extended to 3 October 2016.

The Board noted the significant engagement undertaken on the options for the name of the new merged organisation and was especially pleased to note the good feedback from staff. The Board noted that the most popular choice was Essex Partnership University NHS Foundation Trust and unanimously ratified this recommendation.

In response to a question by SCo, NL acknowledged that although there are cultural differences, the two Trusts were working cooperatively on the merger process and provided assurance that the Merger Project Board was driving through the merger process. The CEO pointed out that to ensure more effective working, the Merger Project Board had agreed to appoint one Trust Secretary to provide support.

The Board:

- 1 Received and discussed the progress report**
- 2 Confirmed the name of the merged organisation as Essex Partnership University NHS Foundation Trust.**

187/16 NATIONAL AND LOCAL SYSTEM UPDATES

The CEO provided a verbal update on the national and local systems progress including Sustainability and Transformation Plans (STPs), West Essex ACO and the Essex Mental Health Strategy development. She highlighted that the national planning guidance had recently been published which is more prescriptive and includes details of how the NHS operational planning and contracting processes will now change to support the STPs. How this affects the Trust is still unclear as from a footprint point of view, SEPT is involved in three STPs.

The CEO reminded the Board that an update on the Mid & South Essex Success Regime was being presented by Andy Vowles, Programme Director for the Essex Success Regime, in Part 2. She also advised that good progress continued to be made with the Essex Mental Health Strategy although this was slightly behind schedule.

The Board noted the verbal update.

Signed

Date

188/16 FIVE YEAR FORWARD VIEW

The Board received an update report from NL on the recent publication *Implementing the Five Year Forward View for Mental Health* from NHS England that outlines the timeframes and funding to deliver the programmes of work which will transform mental health services. It also sets out the objectives to be achieved by 2020/21 and provides detail on implications for workforce and how data and payments will be used to drive and monitor the change.

NL highlighted the implications to the Trust including the operational plan for 2017/18 and how its involvement with the three system-wide STPs, with the Essex-wide bid for community perinatal investment, and the pursuing of the merger with NEP support the requirements of the Five Year Forward View for Mental Health.

The Board received and noted the report.

189/16 BOARD GOVERNANCE UPDATE

NL introduced an update on a range of governance and procedural issues, and publications.

NL highlighted that the Single Oversight Framework had been published setting out NHS Improvement's approach to overseeing FTs and Trusts to help determine the level of support needed to deliver high quality, sustainable healthcare services with the aim of helping providers attain and maintain CQC ratings of 'good' or 'outstanding'. The SOF replaces the Risk Assessment Framework.

The Board also noted the consultation on the proposals to strengthen the management of conflicts of interest to clamp down on inappropriate behaviour in the NHS and particularly the potential administrative pressures if the recommendations are introduced.

NL advised that there had been a number of publications and guidance documents covering culture and leadership, care models, MCPs and STPs, and finance including the NHSI publication of the financial 'reset' that describes new financial special measures for Trusts; NHSE and NHSI policy proposals on the national tariff for the next two years; and the publication of the Healthcare Education & Training tariff.

The Board also noted the good progress with the implementation of the Board of Directors Committees' effectiveness review action plan and agreed that a full update report would be presented at the October Board meeting, noting that this will not take account of the good practice from the PwC well-led review of NEP as originally planned as there has been a delay with the publication and sharing of the report.

The Board:

- 1 Received and noted the report**
- 2 Agreed that a full update report on the actions identified following the Board's Committees' effectiveness review be presented at the October Board meeting (NL).**

Signed

Date

In the Chair, Board of Directors Meeting

Page 10 of 15

190/16	SENIOR INFORMATION RISK OFFICER (SIRO) ANNUAL REPORT 2015/16
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As the SIRO, the CFO presented the SIRO Annual Report for 2015/16. The report identifies the activities and achievements of the information governance agenda during the year including organisational compliance with legislative and regulatory requirements relating to the handling of information including compliance with the Data Protection Act 1998, Freedom of Information 2000 and compliance with the Information Governance (IG) Toolkit at level 2.

The Chair confirmed that the report had also been reviewed and approved by the Quality Committee.

The Board was pleased to note that during 2015/16 there had been no incidents or breaches reported to the Information Commissioner's Office (ICO) and commended the small dedicated Information Governance Team on their excellent work and achievements.

The Board:

- 1 Received and noted the report**
- 2 Approved the continued commitment to support the compliance arrangements to attain a level 2 IG Toolkit requirements during 2016/17.**

191/16	ANNUAL PLANNING 2016/17
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The Board received an update report from NL on the planning guidance published from NHS England and NHS Improvement (NHSI) on 22 September 2016. He advised that the guidance details how the NHS operational planning and contracting processes will now change to support the Sustainability & Transformation Plans (STPs) and the 'financial reset'. It reaffirms national priorities and sets out the financial and business rules for both 2017/18 and 2018/19.

To support the STP process and embed the 'financial reset', the guidance details that the annual NHS planning and contracting round will now be streamlined significantly with the aim of providing greater certainty and stability, simplifying processes and ensuring they are more joined up, cutting transaction costs, and supporting partnership and transformation. The timetable has been brought forward to provide certainty earlier with submission deadline of 23 December 2016 for both 2017/18 and 2018/19 operational plans.

NL provided assurance that the Trust is well placed to meet the requirements of this year's planning process. However, the NHSI timeline does not align to the Trust's Board meetings and the Board will therefore be requested to delegate authority to the Chief Executive, Executive Director Corporate Governance and the Executive Chief Finance Officer to make any final adjustments to the draft operational plan and the final operational plan in November prior to submission

The Board received and noted the report.

Signed

Date

192/16 CQC INSPECTION ACTION PLAN UPDATE

The CEO presented a summary report of the progress made by the Trust in response to the recommendations made by the CQC following its inspection of services carried out in June/July 2015. She pointed out that the report presents the position agreed by the Executive Operational Sub-Committee and the Quality Committee to be reported to the CQC as at September 2016.

The Board noted the compliance process that had been followed in order to provide sufficient assurance of the final position and that there had been learning from the inspection. This process consisted of two assurance 'tests' carried out on each recommendation: Test 1 'have the actions been completed as reported?' and Test 2 'is there evidence that the action taken has engendered change/improvement?'. In respect of Test 1, both the EOSC and Quality Committee were satisfied that action was taken as agreed in respect of all recommendations except five; in respect of Test 2, there was just one recommendation where no assurance was available.

The Board approved the recommendations in the report and action plan, noting that for the seven areas where full assurance had not been provided that action taken had resulted in change/improvement, that ongoing action and appropriate monitoring arrangements would be established. Sustainability KPI/monitoring arrangements would also be implemented to minimise the risk of issues identified by CQC in 2015 being identified again in any future inspection.

The Board therefore agreed that there was sufficient assurance available to recommend closure of all but one CQC recommendation taking into account the action taken and the assurance available on the difference it has made.

The Board:

- 1 Received and discussed the report**
- 2 Agreed the recommended final position to be reported to the CQC.**

193/16 STATEMENT OF COMPLIANCE FOR REVALIDATION (DOCTORS)

MK presented the report on the revalidation of doctors. He reminded the Board that as the designated body it has the responsibility to ensure that it is compliant with the Medical Professional (Responsible Officers) Regulation 2010 (as amended in 2013) Act.

MK advised that 91.9% of doctors with a prescribed connection to the Trust had undertaken an annual appraisal at 31 March 2016 compared with 94.6% in the previous year. However, he pointed out that the decrease was attributable to the changes in the calculations definitions; however, the Trust's completed appraisal rate for 2015/16 is higher our peers.

The Board noted the action plan in the report to improve the appraisals for category 1A for the next appraisal reviews.

The Board:

- 1 Received and discussed the report**

Signed

Date

- 2 Approved the compliance statement as set out in Annex E of the report which would be signed and submitted by the CEO on behalf of SEPT as the Designated Body to the Higher Responsible Officer at NHS England.**

194/16 JUNIOR DOCTORS STRIKE

MK advised that the report had been prepared prior to the calling off of the junior doctors' strike for October; however, the paper provided assurance that appropriate contingency plans were in place to manage the impact of the industrial action to ensure that a safe service would be provided.

The Board noted the report.

195/16 USE OF CORPORATE SEAL

The Board noted that the seal had not been used since the last meeting.

196/16 CORRESPONDENCE TO THE BOARD SINCE THE LAST MEETING

The Board noted that there had not been any correspondence to the Board since the last meeting

197/16 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.

198/16 ANY OTHER BUSINESS

None.

199/16 DATE AND TIME OF NEXT MEETING

The next meeting will take place on place on Wednesday 26 October 2016 at 10:30 at The Lodge, Runwell Chase, Wickford SS11 7XX.

200/16 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.

Signed

Date

201/16 STAFF RECOGNITION SCHEME

The Chair and CEO were delighted to present certificates to:

- **Individual ‘In Tune’ Awards**
 - Adewale Abass, Clifton Lodge
 - Arunas Baltuska, Clifton Lodge
 - Lisa Dique, Admin Hub, Brockfield
 - Elisa Hall, Paediatric Community Nurse Team, Rochford
 - Dawn Hyslop, Admin, 0-19 Team South Beds 3, Dunstable
 - Shepherd Mabhena, Clifton Lodge
 - Josette Milligan, Community Matron, Ammpthill Health Centre
 - Kim Penn, Corporate Affairs, The Lodge
 - Helen Woods, Therapy for You, IAPT Services

- **Team ‘In Tune Awards’**
 - Admin Hub, Brockfield
 - Lisa Dique
 - Natalie Heath
 - Hayley Parmenter.

202/16 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 12:50.

Signed

Date

Appendix 1: Governors/Public Query Tracker (Item 202/16)

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
JJ	Referring to the Single Oversight Framework, enquired if it was known which 'band' the Trust would be put in	CFO advised that initial review and assumptions indicate the Trust would be a level 2 (with 1 being 'outstanding'); it will be formally assessed in October and is based on the actual performance from the previous month	-
JJ	Referring to the Single Oversight Framework, asked if those Trusts assessed with a high banding (i.e. level 1) would be required to support Trusts where there are concerns	CEO recognised that this would be a challenge for the Trust particularly with the additional demands of the merger; however, it was anticipated that there would be very few Trusts who would achieve this banding	-
JJ	Referring to the Finance & Performance Committee report page 5, queried if any of the five unexpected deaths in mental health services reported related to inpatients	AB confirmed that these did not relate to inpatients	Future reports to identify if unexpected deaths related to inpatients
JJ	Asked if the number of times the duty of candour has been implemented could be shared in the future	CEO pointed out that this was not a national reporting requirement; however, in the spirit of openness and transparency options for providing this would be reviewed	Review possibility of providing duty of candour data

Signed

Date