

**SEPT**  
**MINUTES OF PUBLIC BOARD OF DIRECTORS**  
**PART 1**  
**held on Wednesday 30 November 2016**  
**at The Lodge, Runwell Chase, Wickford SS11 7XX**

**Members present:**

Lorraine Cabel (Chair)	Chair of the Trust
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
Alison Davis (AD)	Non-Executive Director (part)
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 [Chair of the meeting]

**In attendance:**

Brian Arney (BA)	Public Governor
Carolina Beckinsale (CB)	HR
David Bowater (DB)	Appointed Governor
Max Forrest (MF)	Associate Director Communications, SEPT
Colin Harris (CH)	Public Governor
John Jones (JJ)	Public Governor
Cathy Lilley (CL)	Trust Secretary [Minute Taker]
Pam Madison (PM)	Staff Governor/Head of Complaints & Customer Service)
Rob Winter (RW)	Head of Patient Experience
Tony Wright (TW)	Public Governor

LC 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.*

**224/16 APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Randolph Charles (RC)	Non-Executive Director
Nigel Leonard (NL)	Executive Director Corporate Governance

CL confirmed that the meeting was quorate.

**225/16 DECLARATIONS OF INTEREST**

There were no declarations of interest.

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**226/16 PRESENTATION: 2016 NATIONAL COMMUNITY MENTAL HEALTH SERVICE USER SURVEY RESULTS**

The Board received a presentation from Charles Boshier, Business Development Consultant at Quality Health on the national community mental health service user survey results for 2016 who highlighted the Trust's results remained broadly consistent with previous years and overall in line with national figures. There had been a few areas where the results were below previous years and below national figures; however, there were no particular areas of concern. The Board noted the recommended actions which will be taken forward by EOSC.

On behalf of the Board, the Chair thanked CB for an interesting and informative presentation.

**227/16 MINUTES OF THE MEETING HELD ON 26 OCTOBER 2016**

The minutes of the meeting held on 26 October 2016 were agreed to be a correct record.

**228/16 ACTION LOG AND MATTERS ARISING**

The Board noted that there were no outstanding actions.

**229/16 BOARD OF DIRECTORS QUALITY & PERFORMANCE SCORECARD**

The CEO reminded the Board that its Board Committee efficacy review had identified some duplication of information considered by the Board and its standing committees, as well as inconsistent content of assurance reports from those committees. Following a detailed review, it was agreed that the Board would in future receive a Quality and Performance Scorecard to replace the Quality Report and the very detailed assurance report from the Finance & Performance Committee.

The Board considered the Quality and Performance Scorecard that provided a high level summary of performance against quality priorities, safe staffing levels, financial performance and hotspots identified by the Executive Operational Sub-Committee (EOSC) as at the end of month 7 – October 2016. The Board was pleased to note the improvements to the Scorecard that included duty of candour reporting, inpatient deaths explicitly identified in the Serious Incident (SI) reporting section, and overall an improved narrative.

The CEO advised that the Scorecard has been discussed by the Quality and Finance & Performance Committees who are keen to develop the approach further over the coming months but also recognise this would be an evolving process. Feedback will be used to refine the Scorecard as necessary before embarking on further development.

In response to a question by SCu, AB confirmed that learning is identified, taken forward and monitored following an RCA (root cause analysis) to identify if falls could

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have been avoidable. Trends would also be identified, if applicable, both in relation to areas for improvement as well as good practice.

The Chair commented that assurance could be provided that the detail underpinning the Scorecard is overseen and monitored by the Finance & Performance Committee and scrutinised and monitored in detail by the EOSC.

Members welcomed the new format and in particular the visual aspect of the report.

**The Board received and discussed the Quality and Performance Scorecard.**

**230/16 PATIENT-LED ASSESSMENTS OF THE CARE ENVIRONMENT (PLACE)**

The CFO presented the results of the 2016 PLACE assessment for 2016. He reminded the Board that annual PLACE assessments provide evidence towards compliance with infection control, hygiene, privacy and dignity, and premises elements of the CQC standards. Maintaining PLACE standards at either 'good' or 'excellent' is an implicit requirement within commissioning contracts and part of the Trust's objectives.

The CFO outlined the process undertaken this year that saw the PLACE Assessment Team had carried out assessments on 14 sites from 7 April to 6 June; however, no external validators accompanied the team this year. Each site assessment ended with the PLACE team discussing and agreeing the results for each area visited. The Board noted that these results were presented to and signed off by the Trust Board Nominee, Andy Brogan (Executive Director of Mental Health & Executive Nurse) prior to being submitted onto the EFM website to meet the 2016 deadline. The CFO advised that PLACE action plans have been produced and circulated to Unit Managers for completion and confirmed that site visits to review progress are carried out quarterly.

The Board was pleased to note that this year's assessments resulted in all sites improving in all categories and the Trust had performed above the national average in all categories which demonstrated the Trust's commitment to invest in providing high quality environments and 'hotel' services for patients.

In response to question by AD, the CFO confirmed that the actions included in Appendix 2 were on a rolling programme with periodical reviews. AD commented that in her opinion the Assessment Unit in Bedford looked 'tired'.

**The Board of Directors received and discussed the report.**

**231/16 BOARD ASSURANCE FRAMEWORK (BAF)**

On behalf of NL, the CEO 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.

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The CEO reported that the EOSC reviewed the BAF and Corporate Risk Register (CRR) at its meeting on 22 November 2016 and confirmed that there were no recommended changes to the risk scores in the BAF or CRR. However, the EOSC agreed three risks for escalation to the CRR. Discussions focused both on the Trust's own risk register as well as the risks relating to the proposed merger. She advised that the EOSC had also agreed to undertake a review of risk action plans that support the BAF to ensure they are mitigating risk appropriately.

In response to a query by AD, the CEO outlined the challenges with the response time by police in relation to the risk that Essex Police do not attend inpatient wards or investigate incidents consistently within inpatient areas following a 999 emergency call from staff which may impact on patient and staff safety. In particular she highlighted the tension with Section 136 and the pressure this is putting on the relationship with the police. The Chair provided assurance that this issue had also been identified by the Health, Safety & Security Committee reporting into the Quality Committee who had escalated the issue to the EOSC for inclusion on the CRR.

Referring to R8 relating to CIP, MAM queried the rating level. The CFO explained that this was the original risk rating score.

**The Board reviewed the BAF and:**

- 1 Approved the summary of the BAF at November 2016**
- 2 Did not identify any updates or changes required to the BAF**
- 3 Noted the review and approval of the CRR by the EOSC including the escalation of three risks.**

**232/16 SUB-COMMITTEES**

**(i) Finance & Performance Committee**

JW as Chair of the Committee presented the report of the meeting held on 24 November 2016 and provided assurance that the performance and governance arrangements of the Trust as at October 2016 were subject to appropriate and robust scrutiny. She reminded members that an assurance report would now be provided following the changes to the quality and performance reporting arrangements.

JW advised that the Committee meets monthly and reviews 94 KPIs. She reported that there continued to be issues with the production of mental health service data. The potential risk has been escalated to the CRR and assurance was provided that action was being taken to resolve issues as soon as possible. JW pointed out that she had requested that a robust data quality audit programme be implemented at the earliest opportunity.

JW also highlighted that there had been an increase during the year with the number of hotspots and emerging risks. This was acknowledged by the CEO who advised that mental health services particularly were experiencing increasing challenges associated with demand and complexity; there was also a number of new targets introduced as a result of the new Single Oversight Framework (SOF) which has been identified as a potential risk on the BAF; and there was an increasing external scrutiny on performance.

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The Board noted that the Committee had approved changes to the Trust’s Complaints Policy and approved a new policy for the Development, Review, Monitoring and Control of Trust Approved Documents of Policies for EPUT as part of the harmonisation of policies activities.

MAM acknowledged the huge pressure on management capacity to manage the demands and complexity of the new targets and asked for assurance that this was being both monitored and managed. The CEO acknowledged the challenges and pressures and that support was provided by the Compliance & Performance Team that had robust processes and systems in place.

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

**(ii) Quality Committee**

The Chair presented the report of the meeting held on 17 November 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 reported on the detailed presentation on pressure ulcers as one of the Sign Up to Safety workstreams and highlighted the reduction since the introduction of measures. She also pointed out the positive feedback from CQC on the Trust’s CQC comprehensive inspection action plan as well as the presentation on the Safer Care Pathway that had resulted in an improvement in safety communication and caseload management for Acute Adult Mental Health.

In addition, the Committee had identified a potential risk with regards to ensuring there is appropriate sequencing and triangulation of data in the new Quality and Performance Scorecard, and referred to EOSC to give further consideration as to how to manage this in the short term to ensure trends are identified and forward projections included. The Committee also received the critical incident review report on AWOLs in Adult Inpatient Services in Basildon MHU; this review had been referred into the Committee by the Finance & Performance Committee and as Chair of this Committee, JW confirmed that appropriate assurance had been received that the issues had or were being addressed.

The Chair commented on the good progress with the implementation of the Quality Strategy and the launch of the Quality Academy and was particularly pleased to advise that a Quality Champions Conference was planned for 11 January with speakers who are leading figures in relation to quality improvement across the NHS.

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

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**(iii) Investment & Planning Committee**

The Chair presented the report of the meeting held on 7 November 2016 and provided assurance that robust discussions were held on a number of issues and that no risks were identified.

The Chair reported that the Committee had reviewed 13 tenders that were in progress and was pleased to advise that the funding application for Perinatal Community & Mental Health Service (PCMHS) had been successful. The Committee had also reviewed and approved three bids under the Trust's Capital Project Programme, and had also approved the Sustainable Development & Carbon Management Committee's terms of reference.

The Chair also advised that the Committee had reviewed SEPT's Operational Plan at its extraordinary meeting on 23 November 2016.

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

**(iv) Audit Committee**

JW as Chair of the Committee presented the report of the meeting held on 3 November 2016 and provided assurance that the duties of the Audit Committee, which include governance, risk management and internal control, have been appropriately complied with. No new risks had been identified for inclusion on the BAF or for bringing to the Board's attention.

JW advised that the Committee had received a presentation from the Trust's Principal Guardian on the Freedom to Speak Up initiative and the role of the guardians. She highlighted the key issues discussed that included a progress report from Internal Audit; the reports from the External Auditors on the 2015/16 Charitable Funds Accounts and the 2016/17 Audit Plan; financial instruments; and the merger. In addition the Committee approved the procedure for Monitoring of Internal & External Audit Contract Protocols.

JW pointed out that consideration was being given to the year-end accounts and in the light of the potential merger with NEP, and the process for this.

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

**(v) Charitable Funds Committee**

On behalf of Randolph Charles who is Chair of the Committee, MAM presented the report of the meeting held on 16 November 2016 and provided assurance that robust discussions were held on a number of issues and no risks were identified.

MAM advised that the Committee had received an update on the Trust's charitable funds and investments and highlighted that confirmation has now been received from East London NHS FT that their funds are to be managed by Barts and the London Charity that operates outside of the NHS charities regime. As such, the Department of Health (DoH) has confirmed that SEPT is able to grant these funds to the charity

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which the Committee agreed would be based on the December valuation. The Board noted that the Committee had delegated authority to liquidate investments to the Financial Trustee/CFO.

**On the request of the Committee, the Board approved the following bids as these were in excess of the Committee's delegated authority:**

- 1 The South East Essex and West Essex cancer relief services bids totalling £100k in respect of the provision of Schwarz rounds and HOPE courses respectively**
- 2 The bid from Brockfield House for the provision of an outdoor fitness park costing £11,600.**

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

**(vi) Interim Board**

The CEO presented the report from the Interim Board to provide assurance that as a standing committee of both NEP and SEPT Boards is discharging its terms of reference and responsibilities effectively, and that the risks that might affect the achievement of its responsibilities are being managed effectively. She reminded the Board that prior to the completion of the merger, the Interim Board is constituted as a committee of both NEP and SEPT Boards and has no delegated executive powers relating to statutory and regulatory powers of the Board.

The CEO reported on the inaugural meeting of the Interim Board that took place on 21 November and highlighted that the Interim Board's register of interests was received together with a paper that outlined the role of the Interim Board Director that provided clarity of responsibility between the role of the Board Director as a member of both a unitary Board as well as the Interim Board. In addition the Interim Board reviewed its terms of reference for approval by both Boards. She confirmed that the Interim Board had approved its committee governance structure including terms of reference that had been based on SEPT's current governance arrangements.

The Board was also advised that the vision, values and strategic objectives for the new Trust had been approved and noted that further work would be undertaken on the behaviours expected from staff that underpin the values. An update was also provided on the talent management and succession planning implementation plan. In addition, the Interim Board had received an update on the budget allocated to the merger transaction, reviewed the risk register noting that risks continued to be identified and managed, and received a general merger project update. The Interim Board had received working drafts of the Full Business Case (FBC) and the Post Transaction Integration Plan (PTIP).

**The Board:**

- 1 Received and noted the report**
- 2 Approved the Interim Board of Directors terms of reference**
- 3 Confirmed acceptance of assurance provided in respect of action identified.**

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**233/16 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 there was confusion in the system which was being compounded by the contracting rounds that are required to be completed by 23 December 2016. It was clear that there are large gaps and it is expected many organisations are likely to go into arbitration on one or more contracts. This will put additional pressure on STPs and although there is collaboration, there are tensions with the contracting rounds.

The Board discussed the issues in relation to STPs and commented on the apparent focus on resolving the A&E/acute trusts financial challenges. Members acknowledged that this was a fluid and complex situation.

**The Board noted the verbal update.**

**234/16 SFI: APPROVAL OF HIGH VALUE INVOICE**

The CFO presented the report that sought approval for a high value invoice of £4m to NHS Property Services. He summarised the long running dispute with NHS Property Services over the level of charging for properties occupied primarily for the delivery of community services. Whilst agreement had been reached on the payments due for 2015/16, no invoices have been paid relating to 2016/17 as NHS Property Services proposes to change the basis for charging, and this has not yet been agreed by SEPT and no payment made to date.

The CFO advised that following discussion with NHS Property Services, it is proposed that the Trust should make a payment on account of £4m (expected charge for use of properties is in excess of £8m per annum) to ease cash flow issues. He pointed out that the Trust's SFIs require the Board to approve the payment of any invoice in excess of £1m.

Following a question by SCo, the CFO confirmed that the £4m was a payment on account and a credit note would be raised once the invoicing levels have been agreed. He stressed that this was not a payment in advance.

**The Board:**

- 1 Received and discussed the report**
- 2 Approved the payment of £4m on account to NHS Property Services.**

**235/16 FINAL CHARITABLE FUND ANNUAL REPORT AND ACCOUNTS 2015/16**

The CFO presented the final Charitable Fund annual report and accounts for 2015/16. He confirmed that these had previously been considered by the Audit Committee and that the independent examination undertaken by the Auditors did not require any changes to be made to the overall value of the charity stated on the Statement of Financial Activities or the balance sheet.

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In the Chair, Board of Directors Meeting

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The Board noted the approval process and that the audited annual report and accounts are required to be submitted to the Charity Commission in advance of the deadline of 31 January 2017. The Board approved the Charitable Fund annual report and accounts for 2015/16 together with the Letter of Representation to the Auditors.

**The Board:**

- 1 Received and noted the report**
- 2 Approved the Charitable Fund annual report and accounts for 2015/16 together with the Letter of Representation to the Auditors.**

**236/16 USE OF CORPORATE SEAL**

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

**237/16 CORRESPONDENCE TO THE BOARD SINCE THE LAST MEETING**

The Chair confirmed that Chair’s action had been taken in relation to a high value invoice for NHS Property Services of £1,030,819.99 for St Margaret’s Hospital site relating to 2015/16 as under the Trust’s SFIs and Detailed Scheme of Delegation, the Board is required to approve all payments over excess of £1m. Correspondence had been circulated to the Board on 16 and 17 November 2016.

**The Board noted the update.**

**238/16 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.

**239/16 ANY OTHER BUSINESS**

None.

**240/16 DATE AND TIME OF NEXT MEETING**

The next meeting will take place on place on Wednesday 25 January 2017 at 10:30 at The Lodge, Runwell Chase, Wickford SS11 7XX.

**241/16 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.**

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**242/16 STAFF RECOGNITION SCHEME**

The Chair and CEO were delighted to present certificates to:

- **Individual ‘In Tune’ Awards**
  - Lee Bevan, ESR & Workforce Information Officer
  - Catherine Blanchard, Nutrition and Dietetics – The Food First Project
  - Elizabeth Brough, District Nurse – Skyways House, Takely
  - Francesca Brown, Nutrition and Dietetics – The Food First Project
  - Rhianydd Jones, Nutrition and Dietetics – The Food First Project
  - Rachel Singleton, Recruitment
  - Louise Summers, Clinical Unit Manager – Poplar Unit, Rochford Hospital
  - Sarah Wocka, Nutrition and Dietetics – The Food First Project
  
- **Team ‘In Tune Awards’**
  - Senior Team Rochford Hospital:
    - Cheryl Hill
    - Tracy Wright
  - Elpitha Group Facilitators
    - Pat Alexander
    - Helen Elia

**243/16 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 12:35.

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**Appendix 1: Governors/Public Query Tracker (Item 243/16)**

<b>Governor /Member of Public</b>	<b>Query</b>	<b>Assurance provided by the Trust</b>	<b>Actions</b>
JJ	<b>PLACE (appendix 2 refers):</b> Noted that 14 site assessments had taken place over 13 sites. Queried if any of these related to Woodlea Clinic	-	CFO to confirm to JJ
JJ	<b>Finance Report:</b> Queried the Capital Expenditure figures which currently were showing a YTD position of £1,029 compared to a YTD plan of £2,699 with the annual plan of £5,011k	CFO explained that there were over 540 schemes in progress and expenditure was expected to be incurred later than originally planned. He confirmed that there were £1.1m schemes not yet presented	-
BA	<b>Quality &amp; Performance Scorecard:</b> Asked how many complaints have been upheld and partially upheld YTD compared with last year		PM to share figures directly with BA
BA	<b>Quality &amp; Performance Scorecard:</b> Noted that whilst the numbers in relation to medication omission are down on last year, the trend is upwards for this year	MK confirmed that the Trust was aware of the issues that were the result of issues within two Wards. He advised that staff were undergoing competency assessment training for medication	-
TW	<b>STPs:</b> Expressed concern around the ability of the STPs to produce the savings originally identified and required of them	CEO explained that one of the advantages and drivers for the merger is that savings can be made without impacting on front line services. She also pointed out that there was potential for savings with the alignment of CCGs in the Essex Success Regime. It was acknowledged that the STPs have lost some credibility but the Trust does not have the power to work against the system regime	-

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