

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 30 April 2014
at Wrest Park, Silsoe, Beds MK45 4HR

Members present:

Lorraine Cabel	Chair
Andy Brogan	Executive Director Clinical Governance & Quality/Executive Nurse
Randolph Charles	Non-Executive Director
Steve Cotter	Non-Executive Director
Steve Currell	Non-Executive Director
Alison Davis	Non-Executive Director
Dr Dawn Hillier	Non-Executive Director
Dr Milind Karale	Executive Medical Director
Nigel Leonard	Executive Director Corporate Governance
Malcolm McCann	Executive Director Integrated Services (Essex & Suffolk)
Mark Madden	Executive Chief Finance Director
Sally Morris	Chief Executive
Richard Winter	Executive Director Integrated Services (Beds & Luton)
Janet Wood	Non-Executive Director

In attendance:

Fozia Batool	SEPT
Susan Butterworth	Public Governor
France Carey	SEPT
Sean Carr	SEPT
T Carter	SEPT
Ann Connolly	Clinical Navigation Nurse
Lesley Cullen	Interim Lead Nurse Serious Incidents
Joy Das	Public Governor
Michael Dolling	Public Governor
Michael Farrington	SEPT
Tony Hancock	SEPT
Dee Hunnie	Communications Manager
Jamie Lea	Estates Manager
Cathy Lilley	Assistant Trust Secretary (Minute Taker)
Amir Lucman	SEPT
Jennifer Mellani	Head of Legal Services & Trust Secretary
Karen Moore	Clinical Audit Manager
Chris Myers	Deputy Director – Children’s Services (Community Health)
J Ogunremi	SEPT
Patrick Osei	Communications
Thilak Ratnayke	SEPT and Staff Governor
Deborah Ridley-Joyce	Public Governor
Paul Rix	Associate Director – Mental Health Services
Helen Smart	Director – Adult Services (Community Health)
Larry Smith	Public Governor
Harry Sookraj	Charge Nurse, SEPT

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The Chair welcomed members of the public, staff and Governors to the meeting and extended a warm welcome to Mark Madden, the Executive Chief Finance Director. Janet Wood reminded members of the Trust’s vision: providing services in tune with you.

066/14 APOLOGIES FOR ABSENCE

Apologies were received from:

Nikki Richardson Executive Director Corporate Services & Customer Services

067/14 DECLARATIONS OF INTEREST

There were no declarations of interest.

068/14 PRESENTATION: INNOVATION IN BEDFORDSHIRE & LUTON

The Chair introduced Chris Myers (Deputy Director Children’s Services - Community Health), Paul Rix (Associate Director Mental Health Services) and Helen Smart (Director Adult Services - Community Health) who presented a snapshot of the innovations introduced in Bedfordshire and Luton highlighting:

- Community Health Services – Adults: Integration of Rapid Intervention Teams/Rehabilitation and Enablement to support the vision to deliver nursing crisis management and rehabilitation services to patients at home that are more responsive, efficient, timely and patient focused. This will result in a multi-skilled workforce that will increase the skill base and competencies of clinicians and support the reduction in hospital admissions; joint visits and assessments will lead to more streamlined and comprehensive care plans; streamline documentation systems to prevent repetition and improve efficiency and increase patient confidence; reduce referrals between services and duplication of services
- Community Health Services – Children’s: Children’s Speech and Language Drop Ins for Under 5s. This service has improved access and resulted in a reduction of waiting times, children being seen quicker (within six to eight weeks) and a wider engagement of harder to reach families particularly in Luton
- Mental Health Services: Health Facilitation Service has Learning Disability Liaison Nurses in both Bedford and Luton & Dunstable Hospitals which will improve access and experience of people with a learning disability when using acute services. Support will be provided to access mainstream health services faster and more effectively.

All presenters paid tribute to the dedication, commitment and energy of their staff who have challenged traditional ways of thinking and introducing new innovative ideas that ultimately provides an improved, more efficient and usually more cost effective service to patients and service users.

On behalf of the Board of Directors, the Chair thanked Chris, Paul and Helen for the informative and interesting presentation, and in particular asked that the Board’s

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recognition of the staff's contribution to the development and support of the innovative approach to our services was shared with team members.

The Board received the presentation, and discussed and noted the content.

069/14 MINUTES OF THE MEETING HELD ON 26 MARCH 2014

Subject to a minor amendment, the minutes of the meeting held on 26 March 2014 were agreed as an accurate record and would be signed by the Chair of the meeting.

070/14 MATTERS ARISING

Any matters arising would be considered under the action log (071/14).

071/14 ACTION LOG

There were no items to report under the action log.

The Board received and noted the action log.

072/14 PERFORMANCE & FINANCE SCRUTINY COMMITTEE ASSURANCE REPORT

Janet Wood, Vice Chair of the Trust, chaired the Committee meeting held on 24 April 2014, and provided assurance that a full and robust debate had taken place of all performance issues and that further action had been requested where appropriate.

Performance

The CEO reported on the operational performance of the Trust at month 12 March 2014 as discussed and scrutinised by the Performance & Finance Scrutiny Committee at its meeting on 24 April 2014. She advised that of the nine actions due for completion by April 2014, four were closed, two actions were covered by the assurance reports and three remained opened:

- Executive Team Operational Committee (ET) to consider undertaking a review of 'bureaucracy' (in the context of seeing whether time spent on paperwork by frontline staff could be reduced)
- Results of internal audit of waiting times data quality to be presented to the committee (end May 2014)
- Safer staff metrics/vacancy reporting: monthly monitoring of ward staffing levels to be introduced and to be reported to the Board of Directors at public Board meetings. Reports will also be published on Trust's website and NHS Choices website.

The CEO drew attention to seven hotspots, six of these were the same as those identified as at the end of March 2014 and five were in respect of local targets:

- **% of mental health complaints resolved within 30 days (local target):** 23% (compared with 43% last month) of complaints in respect of mental health services that were resolved in March were resolved within the local target of 30

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days compared to the target of 90%. Performance in each division during March was:

- Bedfordshire & Luton 30% (33% last month)
- South Essex 0% (50% last month)
- Specialist Services 0% (100% last month).

100% of complaints resolved in March were resolved within the timescale agreed with the complainant which was the target set out by the Department of Health. With effect from 1 April 2014 Executive Directors will identify those complaints considered to be complex and will put in place reporting systems to identify these separately.

Non-Executive Directors had undertaken 30 reviews of complaints in the last quarter; the majority of which had a very good or good rating for the thorough and general handling of the investigation. However, in six cases the Non-Executive Director was unable to comment as the investigation report had not been completed. 10 reviews were, however, rated as only satisfactory or fair. The CEO provided assurance that action will be taken to improve the quality of complaint investigation and response

- **Did Not Attend (DNA) rates for first consultant clinic attendances (local target):** The March DNA rate was 16.1% (compared with 17.3% in February) which is higher than the agreed target of 11.2% (YTD 17.4%). The DNA rate for Basildon CCG (where the pilot is being implemented) was 11% (YTD 14.1%) which was the lowest rate of all CCG areas
- **PbR Clustering/development of a pathway-based contract (local target):** The in-patient clustering has improved in both Essex (86% compared with 82% in February) and Beds and Luton (78% compared with 708% in February) compared to a target of 100%. The position remained static for community health in both areas
- **NHS West Essex stretch target for referral to treatment waiting times:** The Trust continued to try and meet this challenging target which was much lower than the national 18 week target. During March 93% of patients waiting were within targets for reduced waiting times agreed by the commissioner. There had been a significant improvement (i.e. reduction) in the number of patients waiting longer than the stretch targets as at the end of March with just three services having patients currently waiting longer than the reduced target
- **IAPT – the proportion of people who have depression and/or anxiety disorders who receive psychological therapies (national target):** The target to be achieved by the end of March was 12.6%. The year-end performance was 10.7% which was an improvement on the rate reported at beginning of March. The CCG target for 2014/15 was 15%; failure to achieve the target could result in a performance notice being issued
- **% staff supervised (local target):** There had been improvement in recorded supervision even though the target had not been achieved. Assurance had been provided by Executive Directors that systems were now embedded for supervision to take place regularly and for records to be updated. A local target of 80% had been agreed for next year.

At the Performance & Finance Scrutiny Committee, Non-Executive Directors raised concern that the hotspots reported had been underperforming for some time. It was pointed out that the year-end position for 2013/14 appeared worse than in previous years; however, most of the indicators under-performing during 2013/14 were new

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indicators with stretch targets. The Board received assurance that it was anticipated that performance would improve in 2014/15 based on the actions in place.

The CEO reported that 809 actions that contributed to the delivery of the Trusts corporate objectives had been completed with nine of the objectives being green rated (good progress made) and three had been rated as amber (some slippage identified).

Steve Currell asked if the Board was satisfied that the local target of 30 days for resolving complaints was appropriate, bearing in mind the national target was 100 days. The CEO pointed out that the Department of Health target was being met but recognised that although this was a stretching target, it was realistically achievable and appropriate. The review from complaints was particularly useful in identifying and understanding service-related issues. She also pointed out that the aim was to resolve complaints locally in the first instance.

The Chair highlighted the importance of focusing on complaints, particularly in the light of the recommendations from the Francis Report, Clwyd Report, etc, and embedding the lessons learnt.

Dr Dawn Hillier asked that in future clarity was provided regarding the staff groups that had been supervised during March 2014, particularly in the light of the reports on safer staffing as this would help highlight nursing/frontline staff.

Dr Dawn Hillier also asked if the reasons for a 6.3% sickness rate in mental health services was known as this was higher than the national benchmark data for mental health services. Richard Winter confirmed that sickness rates were actively monitored to understand any underlying themes, and overall rates were improving. The split between short term and long term was also identified, with short term sickness rates reducing. A review of thresholds for sickness score was being undertaken to ensure alignment with other organisations. Malcolm McCann also pointed out that information on a ward by ward basis was available.

The Chair reminded members that a report from Nikki Richards, Executive Director Corporate Affairs & Customer Services, had been produced on staff sickness rates, and agreed this should be recirculated. Dr Dawn Hillier requested an update on the actions taken, particularly highlighting the effectiveness of the actions.

Finance

Mark Madden presented the Trust's financial performance at month 12 March 2014. He highlighted that the Trust was in the process of finalising the annual accounts for the 2013/14 financial year. As such the figures presented were provisional at this time; however no significant changes were expected. The final position would also be subject to external audit review as part of the annual accounts process.

The Trust's underlying position at month 12 (March 2014) was a surplus of £1.142m in line with the revised plan approved by the Board of Directors in March 2014 of a surplus of £1m +/- £0.5m, prior to a number of technical accounting adjustments. After accounting for these technical adjustments, the Trust's revised financial position is a deficit of (£225k).

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Cash and working capital balances remained very strong and the Continuity of Service (COS) risk rating is a 4 which demonstrated strong financial health.

Whilst the Trust's overall year-end financial position remained positive, there continued to be significant financial pressures within some divisions and these have been incorporated into the Trust's financial planning process for the new financial year. Overall, delegated budgets for operational services were overspent by £1.5m which were offset by an underspend of £1.0m on corporate services.

There was one new emerging risk and three existing hotspots:

- Inhouse facilities management contract (emerging risk): This was now cumulatively overspent at month 12 by £348k and had been caused by a range of issues including continued losses associated with retail catering that were being addressed via the closure of the Herb Garden restaurant; variations in the bid-price assumed and actual hourly rates of pay for staff; the high use of agency staff resulting from delays in consultation processes and recruitment which should now be resolved; and the need to adjust the contract value for service variations
- Inpatient St Margaret's service (existing hotspot): The position has deteriorated slightly in month 12 with a year-end overspend of £0.4m as a result of expenditure incurred in respect of agency costs
- CIP programme (existing hotspot): The forecast year end deficit remained unchanged from the previous month at £0.8m. The forecast recurrent shortfall for 2013/14 remained at £4.6m and has been addressed as part of the planning shortfall for 2014/15. Of the total recurrent shortfall, £2.6m relates to schemes that were not directly within the Trust's control and which were risk rated as high risk (red) in the original plan
- Bedfordshire and Luton Inpatient Services (existing hotspot): The overspend was running at approximately £0.1m each month; however there was a decline in March with an overspend in the month of £342k. The provisional year-end position was a cumulative overspend of £1.5m. At the previously month's underlying rate of overspend this hotspot had been resolved for 2014/15 but the service were reviewing whether the further deterioration in month 12 was for one-off reasons and any additional recurrent impact.

Action:

- 1 Complaints Report to be recirculated to Board of Directors.

The Board received the report, discussed and noted the content.

073/14	BOARD ASSURANCE FRAMEWORK
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The CEO reminded members that the framework 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 was a live document which was continually updated.

The Executive Team Operational Committee received the draft BAF 2014-15 on 22 April and considered risks identified from the Financial Plan 2014-15 and Operational

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Plan 2014-15. In conjunction with an assessment undertaken, three high and extreme rated risks have been included on the BAF 2014-15. An accumulated high risk for the medium rated finance risks associated with the disengagement from Bedfordshire and Luton mental health would not be included at this stage.

The Directorate Risk Registers will be aligned to the new corporate aims and directorate objectives for 2014-15, and a reporting schedule for all Directorate Risk Registers will be implemented.

The Corporate Risk Register will also be developed in line with recent discussions and agreement from the Quality & Governance Committee and will be presented to ET in June 2014.

Following a question by Steve Currell, Mark Madden assured the Board there were no gaps in assurance but would ensure that the language used in future reports would provide clarity and consistency. In particular, Nigel Leonard and Janet Wood agreed to liaise on the inclusion of records management in the audit plan, and in response to a query raised by Alison Davis, Nigel agreed to amend the wording relating to slippage of CIP programme under aim 3.1.

Action:

- 1 Language used in Board Assurance Framework to be amended to ensure clarity and consistency, particularly in relation to gaps in assurance and slippage of CIP programme (MM/NL)
- 2 NL and JW to liaise regarding inclusion of records management in the audit plan.

The Board

- 1 Received the report, discussed and noted the content
- 2 Agreed the scoring as detailed in the report
- 3 Approved the Board Assurance Framework 2014-15 as recommended by the Executive Operational Committee
- 4 Agreed there were no further high risks to be escalated to the Board Assurance Framework.

074/14 SUB-COMMITTEES

(i) Executive Team Operational Committee (ET)

The CEO presented the minutes of ET held on 18 and 25 March, and 1, 8 and 15 April 2014.

25 March 2014 page 3: Steve Cotter asked if the reasons for the poor use of the CRM system were known. The CEO acknowledged that this was a useful system which would provide intelligence about relationships and meetings with key stakeholders. An improved communications and roll-out plan was being introduced, starting with the training of ET on 6 May.

1 April 2014 page 2: In response to a question by Steve Cotter, Andy Brogan confirmed that as part of the recent ligature audit process, one ward had been given a high risk score and was therefore included on the Directorate Risk Register. He confirmed that all options were being reviewed to mitigate the risk and provided

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assurance that this had been discussed in detail as part of the annual ligature review process.

1 April 2014 page 4: With reference to the joint report on clinical pathways for obesity services, Dr Dawn Hillier asked if the Trust would be considering its approach to co-morbidity and obesity particularly in relation to a co-morbidity pathway for service users with mental health problems. Richard Winter agreed to review the report and its relevance to the Trust.

Action

- 1 RW to review joint report on clinical pathways for obesity services, identifying any relevance to the Trust.

The Board received, discussed and noted the minutes of the meetings held on 18 and 25 March, and 1, 8 and 15 April 2014.

(ii) Audit Committee

Janet Wood presented the report from the Audit Committee which met on 27 March 2014 and highlighted that a report was presented on the performance of the internal auditors, the counter fraud service and the external auditors which concluded that the auditors had provided an excellent standard of service over the previous 12 months.

The internal audit programme is a wide ranging programme covering systems of control in the Trust. The internal auditors presented six reports which had received either a full assurance or a substantial assurance opinion. A previous report had provided limited assurance and identified recommendations to enhance systems. Dr Milind Karale attended the meeting to report back on actions taken to address the problems identified and to provide assurance.

The Chair took the opportunity of recognising the work of the Audit Committee during the year and the assurance it provided to the Board, and particularly the chairmanship by Janet Wood.

The Board received the report, discussed and noted the content.

(iii) Quality & Governance Committee

Dr Dawn Hillier presented the report from the Quality & Governance Committee that provided assurance that the risks that may affect the achievement of the Trust's objectives were being managed effectively, as an integral part of the Trust's agreed assurance system.

At its meeting on 6 February 2014 two risks were identified for further review: firstly the size of the Committee's agenda – this was being taken forward as part of the overall Board of Directors sub-committee governance review; a report was planned for presentation to the Board in June; and the frequency of meetings of the Patient Experience Committee – the Committee has now met and further consideration was being given to its membership.

Dawn also reported that at an extraordinary meeting held on 15 March 2014, the Committee validated the self-assessment against the Corporate Governance

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Statement which confirmed there were no significant gaps in compliance. The Committee also received the final Internal Audit report on the Statement commissioned from Mazars internal auditors as a means of providing independent assurance to support the Board in making its declaration of compliance/non-compliance with the Statement. The report provided full assurance and no recommendations were made. Dawn pointed out, however, that Monitor no longer required the Statement in the current format. If Monitor were to request self-certification against the Statement after three months, a further self-assessment would need to be undertaken to be able to provide assurance to the Board.

At its meeting on 10 April 2014 the Committee reviewed its terms of reference and agreed to recommend approval to the Board of Directors. With reference to the assurance report from the Mental Health Act Committee that identified one significant risk, Steve Currell, as Chair of this Committee, assured the Board that following the risk assessment, mitigating controls and actions had been put in place including a training programme for relevant staff.

The Chair also took the opportunity of recognising the work of the Quality & Governance Committee during the year and the assurance it provided to the Board, under the chairmanship of Dr Dawn Hillier.

The Board

- 1 Received the report, discussed and noted the content
- 2 Confirmed acceptance of assurance given in respect of risks and the action identified
- 3 Approved the Quality & Governance Committee's revised terms of reference.

075/14 TRUST POLICIES

The Chair advised members of the public, staff and Governors that the following Trust policies were presented to the Board for final approval after going through a robust governance process:

- (i) Policy for Cardio-Pulmonary Resuscitation
- (ii) Non-Clinical Risk Assessment Policy (RM11)
- (iii) Probationary Periods Policy
- (iv) Retirement Policy
- (v) Executive Director Lead Allocation Policy.

The Board noted that the Executive Director Lead Allocation Policy had been updated following the changes to the Executive Director structure and portfolios.

The Board approved the above policies.

076/14 TRUST SECRETARY: LEGAL AND POLICY UPDATES REPORT

Jennifer Mellani presented the Trust Secretary's report on legal and policy updates, and reminded members that a weekly legal and policy update was also now received by the Executive Team Operational Committee (ET) to ensure that the Trust was updated in a timely fashion, to enable the Trust to respond to consultations within the required timeframe and for these to be monitored by ET.

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Jennifer reported that the Trust had responded to the consultation on *Introducing the Statutory Duty of Candour* on 23 April and a copy of the response was available from the Trust Secretary Office. She also drew members' attention to Monitor's changes to the Appendix C of the Risk Assessment Framework which details the approach Monitor takes to assess the risks in a transaction. This includes a revised threshold for 'significant transactions' from 25% to 40% and highlights the importance of earlier involvement by Monitor. Jennifer confirmed that the definition of 'significant transactions' has been incorporated in the redrafted constitution which was subject to approval by the Board of Directors and Council of Governors.

With reference to how Trusts manage complaints and the requirement for the process to be clearer, Jennifer confirmed that she was reviewing with Nigel Leonard the training requirements for the Complaints Team.

The Board received the report, discussed and noted the content.

077/14 BOARD OF DIRECTORS SCHEDULE OF BUSINESS 2014/15

The Chair presented the schedule of business for the Board of Directors meetings for 2014/15 which details the essential business items to be considered by the Board, and had taken into consideration governance and compliance requirements as well as other local and national priorities. Feedback from the Executive Team Operational Committee had also been included.

Andy Brogan requested that the Safer Staffing Levels assurance report be presented bi-annually in May and November. In addition, Dr Milind Karale would liaise with Cathy Lilley regarding the inclusion of GMC's expectation that the Board is apprised of licensing arrangements for doctors.

Action

- 1 Updated schedule to be circulated to the Board (CL)

The Board

- 1 Received the report, discussed and noted the content
- 2 Subject to the above amendments and inclusions, the approved the schedule of business for Board of Director meetings 2014/15

078/14 BOARD OF DIRECTORS DEVELOPMENT SESSIONS

The Chair presented the report which outlined the proposed changes to the Board of Directors Development Sessions for 2014/15 and ongoing, highlighting that the intention is to hold fewer but full day events. She pointed out that additional meetings including Board away days would be organised as required.

The Board received the report and noted the content.

079/14 BOARD OF DIRECTORS EXECUTIVE SUMMARY COVER REPORT

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Jennifer Mellani presented the proposed draft executive summary report that accompanies full reports to the Board. The draft has been developed taking account of best practice and examples from other Trusts. The CEO highlighted that prior to review by the Quality & Governance Committee, the proposed report should be considered by the Executive Team Operational Committee, and it was agreed this would be included in the development timeline.

In response to a question raised by Alison Davis, Nigel Leonard confirmed that completion guidance notes would be provided once the report template has been finalised and agreed. All members felt this was an improvement on the current format and the Chair was particularly pleased to see the link to the Trust's strategic priorities.

Members agreed to provide comments to Nigel and/or Jennifer.

Action

- 1 Draft executive summary report to be reviewed by Executive Team Operational Committee (NL)

The Board received the report, discussed and noted the content.

080/14 MONITOR QUARTER 4 COMPLIANCE REPORT

Mark Madden presented the Quarter 4 compliance report for 2013/14 for Monitor which provided a financial overview for the year end, and detailed the Trust's position so that the Board could consider the submission of the financial governance declaration, governance statement and exception reporting.

The Board

- 1 Received the report, discussed and noted the content
- 2 Approved the submission of the following statements to Monitor:
 - The Board anticipates that the Trust will continue to maintain a continuity of service risk rating of at least 3 over the next twelve months
 - The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forward
 - The Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor which have not already been reported.

081/14 COMPLAINTS & COMPLIMENTS ANNUAL REPORT 2013/14

Nigel Leonard presented the report which provided a review of the overall performance of complaints handling in the Trust for mental health and community health services across Bedfordshire, Essex and Luton for the period 1 April 2013 to 31 March 2014 as well as Suffolk community services for the same period.

The report provides a statistical analysis of complaints and includes commentary on the lessons learnt and how these were shared with staff. The report also includes a brief summary of compliments received by the Trust.

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Nigel drew members' attention to the recommendations outlined in the Francis and Clwyd/Hart reports in respect of complaints handling which have been adopted by the Trust including the review of the Complaints Policy and Procedures which have been simplified to reflect the diversity of mental health and community services. In addition, during the year complaints master classes were held to train senior staff new to complaints investigations and this training will be enhanced during the year with further training by Jennifer Mellani.

With reference to page 10 of the report, Dr Dawn Hillier requested how many of the dissatisfied complainants were referred to the Ombudsman. Nigel agreed to identify this number in the report.

Steve Cotter suggested that the report would be enhanced by the inclusion of anecdotes on how complaints have been resolved. In addition, under section 11 of the report, he asked whether the development of an information pack to provide clarity about roles and responsibilities so that patients would know who to go to on the ward if they had an issue had been successful. Both Nigel and Richard Winter advised they would assume this action had been successful as no further complaint(s) had been received regarding this issue following the development of the pack.

In response to a question by Randolph Charles, Nigel agreed to ascertain if the demographics of complainants can be identified.

The Chair asked that the summary of the Non-Executive Directors involvement in the review process as detailed on page 8 section 8 included reference to copies of the reviews were also sent to the Chair and relevant service Director for sign off.

Action:

- 1 Complaints & Compliments Annual Report to be updated to include number of dissatisfied complainants which went to the Ombudsman, inclusion of anecdotes, and demographic breakdown of complainants.

The Board

- 1 Received the report, discussed and noted the content
- 2 Subject to the inclusion of the above suggestions, approved the Complaints & Compliments Annual Report for 2013/14.

082/14 MONITOR'S CODE OF GOVERNANCE – TRUST COMPLIANCE

Jennifer Mellani presented an update and assurance report on the Trust's compliance with the provisions in Monitor's *NHS Foundation Trust: Code of Governance* (December 2013) in preparation for the inclusion of the 'comply/explain' principles and necessary disclosures as part of the Trust's forthcoming annual report 2013/14 submission.

Jennifer outlined the stages to the review process which included a detailed self-assessment by the Trust Secretary Office and an internal independent assessment undertaken by the Council of Governors Governance Committee with invited Board members. This Committee was satisfied that the Trust is compliant with the *Code* and

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noted the actions that were being planned to strengthen compliance and/or to be made clearer for consistent application particularly in relation to new and/or amended provisions. The Committee was also assured that the disclosure statements would be independently assured by the auditors.

Jennifer highlighted there are two areas which require explanation as they are not in line with the wording of the *Code* albeit compliant with Monitor's requirements as formal approval by Monitor had been received, namely:

- **Code Provision B.1.2:** *“At least half the board, excluding the chairperson, should comprise of non-executive directors determined by the board to be independent.”*

Explanation:

The Trust's Board comprises seven Non-Executive Directors and seven Executive Directors. This is not in line with B1.2 of the *Code*. However, Monitor considered acceptable that in the event of parity on the Board between Executive and Non-Executive Directors, the chair should have a second casting vote. The constitution provides for the chair to have a second casting vote and on that basis the constitution is in line with Monitor's recommendations.

- **Code Provision B.7.1:** *“In the case of re-appointment of non-executive directors, the chairperson should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Any term beyond six years (e.g. two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (e.g. two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence”.*

Explanation:

The Trust's constitution allows for the chair's term of office to be for two four-year periods. These arrangements are considered acceptable by Monitor who have reviewed and approved the constitution. Going forward the updated standing orders include changes to the chair's term of office from two four-year terms to two three-year terms subject to annual reappointment after that in line with provisions in the *Code*. This change will not affect the validity of the current chair's term of office which will come to an end on 3 March 2016.

The Chair thanked Nigel Leonard, Cathy Lilley and Jennifer Mellani for the detailed review and assurance provided and highlighted that this was a good example of Director and Governor interaction.

The Board

- 1 Received the report, discussed and noted the content
- 2 Confirmed acceptance of assurance given as evidence that the Trust complies with the provisions of the *Code*
- 3 Agreed the exception statements to be included in the Trust's annual report 2013/14.

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083/14 ELIMINATING MIXED SEX ACCOMMODATION

Andy Brogan presented the report which provided confirmation of the action taken to ensure the Trust remained compliant with the Department of Health standards relating to eliminating mixed sex accommodation (EMSA).

The Trust has made an annual declaration of compliance approved by the Board of Directors since 2011 and in line with reporting requirements has been published on the Trust's website. Andy advised that the results of a self-assessment by senior managers for their relevant inpatient areas have confirmed full compliance with the standards. Assurance was also provided by the Director of Estates and Facilities that the built estate is compliant with the DoH principles. In addition the Associate Director of Business Management & Customer Service responsible for the complaints service has provided assurance that no complaints relating to sharing mixed sex accommodation have been received from 1 April 2013 to date. Andy also confirmed that there have been no breaches reported for 2013/14.

The Board

- 1 Received the report, discussed and noted the content
- 2 Confirmed acceptance of assurance given as evidence that the Trust complies with the EMSA standards
- 3 Approved the EMSA annual declaration of compliance.

084/14 SAFER STAFFING LEVELS

Andy Brogan presented the report which summarised the actions taken and provided an overview of the progress, work in hand and planned in relation to safer staffing following the publication by the National Quality Board (NQB) of the 10 expectations around delivering safer staffing, of which nine relate to service providers.

A task and finish group, led by the Executive Director Clinical Governance & Quality/ Executive Nurse, was established to monitor and progress the project, and meets weekly. Andy highlighted the good progress made against each of the nine expectations and was confident the national reporting timescales would be met.

In addition, nationally developed evidence-based tools have been applied across all inpatient units in both community and mental health services. Meetings were progressing in each area to triangulate the recommendations from the tools with professional judgment and a full report detailing the outcomes of the review, recommendations on safer staffing levels and the potential financial implications will be presented to the Board at its May meeting. Monthly reporting would commence in June.

Steve Cotter applauded the significant work that had been undertaken by the team and asked what mechanisms were being considered to display the information on staffing each shift. Andy confirmed that in addition to the boards being rolled out across all inpatient areas, the information would be included on the Trust's website with a link to NHS Choices website.

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Dr Dawn Hillier also recognised the progress made by the team particularly in a short timescale. Following a question by Dawn, Andy confirmed that the current focus was on nursing staff for mental and community health inpatient services and once embedded would roll out the same approach across the Trust.

In response to a question by Randolph Charles, Andy advised that the proxy measures for success were being discussed with the Chair and Dawn.

The Chair commented this was a high profile exercise and one of the biggest challenges facing the NHS. She recognised that it would mature over time and stressed that reports to the Board should not be involved at an operation level but focus on understanding KPIs and exception reporting.

The Board

- 1 Received the report, discussed and noted the content
- 2 Agreed the actions to be taken forward.

085/14 REVIEW OF CONSTITUTION AND STANDING ORDERS

Jennifer Mellani presented the report on the review of the Constitution and Standing Orders for the Board of Directors and Council of Governors.

The last update to the Constitution took place on 26 September 2012. The new redraft of the Constitution replaces the existing version in its entirety and had been carried out for the purpose of adopting Monitor's Model Constitution format (as amended in July 2013 to reflect the requirements of the NHS Act 2006 – as amended by the Health and Social Care Act 2012). The Standing Orders for the Board of Directors and Council of Governors have also undergone major redrafting to ensure compliance with the NHS Act 2006, the Health and Social Care Act 2012, regulatory guidance and best practice.

The Constitution and the two sets of Standing Orders have been reviewed by the Executive Team Operational Committee and the Director/Governor Governance & Quality Task & Finish Group. Both the EOC and the T&F Group have recommended that the Constitution and the Standing Orders are approved by the Board.

The Chair took the opportunity of recognising the robust review undertaken by Jennifer and Nigel Leonard, and in particular the contribution of Governors in the review process.

The Board

- 1 Received the report, discussed and noted the content
- 2 Approved the redrafted Constitution and Standing Orders.

086/14 USE OF CORPORATE SEAL

The CEO advised that the Corporate Seal had been used on four occasions since the last Board meeting as detailed in the report.

The Board received the report and noted the content.

Signed Date

087/14 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING

None.

088/14 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER

None.

089/14 ANY OTHER BUSINESS

Dr Milind Karale advised members that the Multi-Professional Education Department Trust was organising a Safe Care: Striving for High Clinical Standards Conference on 27 June 2014 and will circulate invitation and details to the Board.

Action

- 1 Safe Care Conference invitation to be circulated to Board of Directors (MK).

090/14 QUESTIONS FROM MEMBERS OF THE PUBLIC/STAFF/ GOVERNORS

In response to questions by Michael Dolling, Public Governor, the CEO advised that the tendering process for the Luton mental health services contracts was still taking place and announcement expected by the beginning of September. She confirmed the shortlisted organisations have been announced.

The CEO also advised that the transfer of buildings were included as part of the regular ongoing discussions with both Luton and Bedfordshire CCGs; fortnightly meetings were held with senior officers and a number of workstreams have been set up to manage the transfer of services, mirroring the Trust's Disaggregation Project Board looking at performance, finance, assets and buildings. In addition, she confirmed the Trust was discussing the date for the transfer of services with both CCGs and was pressing for the date to be coterminous. She stressed that during the transitional period, the Trust would continue to focus on the delivery of safe and quality services, ensuring that patients, services and staff were looked after, and managing reputational damage. The CEO also pointed out that there would be additional complications if more than one provider was appointed particularly in relation to shared services.

The CEO confirmed she would continue to keep Governors and staff updated of the position for both Luton and Bedfordshire mental health services.

Following a question by Jim Thakoordin, Public Governor, Lorraine Cabel confirmed that equality and diversity was an integral part of Board reporting. She also advised that a Governor workplan would be developed to support Governors in identifying opportunities to meet their statutory duties, and this could include consideration of Governor attending relevant Trust meetings, and how this would support their

Signed Date

responsibilities. This would be discussed in more detail at the next Council of Governors meeting on 22 May 2014.

In response to a question by Susan Butterworth, Public Governor, regarding mental health patients who were having serious episodes being held in police cells, particularly young people, the CEO confirmed that all Trust services have section 136 suites where individuals are held for assessment. However, for some providers who do not have such facilities, then a nominated area of safety such as a police cell would be used.

On behalf of another Governor, Susan Butterworth asked if there was any particular reason for partnership performance being red-rated in Central Beds during January and what has happened as a consequence of this. Richard Winter advised that at the end of the year this was rated as amber. The main issue was with direct payments where the Trust achieved 76% against a target of 100% but recognised this was a stretch target.

Following a question by Larry Smith, Public Governor, Richard Winter confirmed that the direct payments in question were social care.

091/14	DATE AND TIME OF NEXT MEETING
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The next meeting will take place on Wednesday 28 May 2014 in TR1, The Lodge, Runwell Chase, Wickford SS11 7XX at 11:00.

092/14	RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC AND PRESS
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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 13:15.

Signed Date