

**SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 25 February 2015
Wrest Park, Silsoe, Bedfordshire MK45 4HR**

Members present:

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

In attendance:

David Bowater (DB)	Appointed Governor
Michael Dolling (MD)	Elected Governor
Max Forrest (MF)	Associate Director Communications, SEPT
Irenaeus (I)	Health & Safety Adviser, SEPT
Paula Grayson (PG)	Public Governor
Cathy Lilley	Business Administration Manager (Minute Taker)
Ann Nugent	Head of Clinical Quality and Non-Medical Tutor
Larry Smith (LS)	Public Governor
Jim Thakoordin (JT)	Public Governor
J Ogrenremi (JO)	AHM, SEPT
Patrick Osei (PO)	Communications Assistant, SEPT
Dr Clive Travis (CT)	Public Governor
Tony Wright (TW)	Public Governor

The Chair welcomed members of the public, staff and Governors to the meeting.

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

029/15 APOLOGIES FOR ABSENCE

Alison Davis (AD) Non-Executive Director

030/15 DECLARATIONS OF INTEREST

None.

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031/15 PRESENTATION: CLINICAL AUDIT

The Board received the presentation from Ann Nugent, Head of Clinical Audit and Non-Medical Tutor, and discussed and noted the content.

The Board was pleased to note the impact of the actions taken to embed continuous improvement and that the figures reflect where training has been undertaken. In response to a question by SCt regarding the number of staff who remained in the 'not confident' rating, AB agreed to provide a comparative breakdown of figures, including the number of staff who have not yet been trained. However, he confirmed that the majority of staff had undertaken training.

On behalf of the Board, the Chair thanked and complimented Ann and her team on the excellent work on ensuring that initiatives were being embedded in the Trust to improve quality.

Action:

- 1 AB to provide a comparative breakdown of figures relating to continuous improvement evaluation.**

032/15 MINUTES OF THE MEETING HELD ON 28 JANUARY 2015

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

Page 6 009/15 General Workforce Report: figure reported in the 5th paragraph should read ... *SC stated that the report also indicated that the Trust only appears to have 0.5% of the workforce of Islamic faith which seemed rather low against the population.*

033/15 ACTION LOG

The Board received the action log and noted progress including:

- *020/15 CQC Registration Changes 234/14:* The CEO confirmed that the Trust had received assurance from ELFT that the required registration changes by CQC due to the planned transfer of mental health and learning disabilities services for Bedfordshire and Luton were being managed appropriately.

034/15 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT

JW, as chair of the Finance & Performance Committee, provided assurance that a full and robust debate had taken place of all performance issues and that mitigating actions and monitoring processes had been requested where appropriate at the meeting held on 19 February 2015.

Performance

The CEO advised that there were nine actions due for completion in February 2015 of which three remained open as follows:

- The review of alternative ways of collecting data instead of daily diary sheets to relieve pressures on frontline staff has been deferred to October 2015

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- A verbal report was provided on the progress with rolling out DNA (Do Not Attend) projects in Essex and Bedfordshire and Luton; the main reports will now be presented in March for Essex using end of February 2015 data, and in May for Bedfordshire and Luton.

The CEO confirmed five performance hotspots for January 2015:

- DNA rates for Trust-wide mental health first consultant appointments was 23.6% against a local target of 11.2%
- Clinical staff vacancy rate was 11.7% against a target of 10% which was based on NHS Employers benchmark data; support service vacancy rate was 13.9% (compared with 13.6% in December)
- Sickness absence was 5.3% compared to a target of 4.4%
- Staff supervision rate had increased slightly from December to 88.3% compared to a local target of 95%. The Board were asked to note that other local Trusts achieved a much lower rate; however, actions were in place to improve rates
- The Trust was still not achieving the stretch waiting times for treatment in West Essex and although negotiations regarding funding to meet the stretch target were ongoing, until these were concluded there was a risk that the CCG will issue a contract query. The Board were assured that all patients were treated within the national target of 18 weeks.

The CEO highlighted some emerging risks including Serious Incidents which were being reviewed regularly, IAPT Entering Treatment, Mandatory and Core Training, and Bed Occupancy/Out of Area Placements for Adult Mental Health.

SCI asked if the Trust was benchmarking areas where there were low levels of sickness absence to see if good practice and any learning could be replicated in other areas of the Trust. AB advised that this should be picked up by the external review and a report would be presented at a future Finance & Performance Committee meeting.

RC queried the Trust's ability to influence change and improvements in areas which were out of the Trust's control such as in the community. SM reminded the Board that the Trust's ambition is to work towards zero avoidable pressure ulcers and will continue to work with other agencies and national leads on achieving this goal.

MMc pointed out that the Quality Committee meeting at its meeting in February, noted a significant number of unavoidable pressure ulcers in South Essex compared to West Essex and the Committee requested further work to understand the prevalence.

MAM requested clarification regarding the IT issues as highlighted in the staff supervision report. SM advised that the issues related to a delay in updating the IT system and confirmed that action continued to be taken to reinforce the importance of undertaking supervision and updating relevant systems.

Finance

The CFO presented the Trust's financial position at month 10, January 2015 which showed a surplus of £5.5m which was inline of the plan submitted to Monitor for 2014/15. The year-end forecast remained at £1.2 million surplus which was consistent

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with the original Monitor plan and with month 9 forecast; however, it was reliant on the key assumptions happening by the end of 2014/15 financial year, mainly the expected expenditure within non-delegated budgets and the Bedfordshire and Luton disaggregation.

Working capital and cash balances remained strong and the Trust's continuity of service risk rating was 4 which indicated the strong financial health of the Trust.

The CIP position was a year to date deficit of £1.2m, a deterioration of £0.3m from the previous month predominantly due to delays in the implementation of transformational schemes within Essex mental health. The forecast year end deficit of £2.9m remained unchanged from January. There were no new emerging risks or hotspots.

MMc advised that Church View and Westley Wards were scheduled to close by early March as part of the CIP programme and recognised that although it has taken time for the project to come into fruition, there would be recurrent savings from April 2015.

With regards to the disaggregation of Bedfordshire and Luton mental health and learning disability services, the CFO reported that the Business Transfer Agreement was still to be agreed and there were additional issues relating to conflicting advice on the costs of the Government Pension Scheme obligations.

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

035/15 QUALITY REPORT

AB presented the Quality Report highlighting that 98.5% of patients did not experience any of the four harms covering pressure ulcers, falls, blood clots and urine infections for those patients who have a urinary catheter in place; this was against a national target of 95%.

The Trust had signed up to the national campaign 'Sign up to Safety' which was a national safety campaign launched in June 2014 to strengthen patient safety in the NHS and make it the safest healthcare system in the world. The Trust had aligned the objectives of this campaign within our Quality Strategy and Quality Plan. A launch event was being planned for the May Board meeting and the National Campaign Director for Sign Up for Safety, Dr Suzette Woodward, would be attending.

AB highlighted the number of Grade 3 pressure ulcers had increased for the period April 2014 to January 2015 and a report had been discussed in detail at the Quality Committee.

AB confirmed that restrictive practices work stream continued, focusing on benchmarking, auditing, and identifying learning and best practice. He pointed out that the Board was required to be sited on the types of interventions used in restrictive practices, including physical restraints, and this was being arranged for the next Board Development Session in March.

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The Board were pleased to note that 98% of respondents on the Friends and Family Test describe themselves as 'likely' or 'extremely likely' to recommend the service they received. SCt suggested that the graphics included in the report should be reviewed to ensure it reflects appropriate representation and findings. AB agreed to take this forward.

RC enquired how representative of the population were respondents to the Family and Friends Test. AB offered to share this information with RC.

MAM asked if the potential number of respondents was known. MF explained that the number of unique patient contacts is known and agreed to send to MAM.

The CEO pointed out that the Friends and Family Test was a voluntary survey and was one of a number of mechanisms for feedback, and pointed out that it can take several reminders to receive a 3% return.

SCI asked if there was a formula for understanding if the response was statistically significant. The CEO confirmed that this was the case especially as this figure was included in national statistics and provided a good indicator of the Trust's position.

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

Action:

- 1 Training on interventions used in restrictive practices to be provided at next Board Development Session**
- 2 Future reports to include representative graphics (AB)**
- 3 AB to share FFT respondents demographics with RC**
- 4 MF to send the number of unique patient contacts to MAM**

036/15 SAFER STAFFING REPORT

AB presented the Safer Staffing report that contained details and a summary of planned and actual staffing on a shift-by-shift basis as part of the *Hard Truths* commitment.

AB reported there were a significant number of hotspots mainly in South Essex where areas are showing a lower than expected fill rate; however, this is entirely due to the changes in the establishments agreed by the Board in November 2014 to ensure there would be two registered nurses in stand-alone units on night shifts as it was felt that this would improve the quality of services. He assured the Board, however, that there are no significant or major safety concerns on these wards, and on monitoring incidents, there has not been any areas that would cause concern.

Staff were actively recruiting where possible but the Board noted that there was a lead time of up to six months particularly as there was a national shortage in staff and also the seasonal period could have an impact on the timeline. AB advised that the lead time for recruitment would in future be factored into the reporting timeline.

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SCt pointed out that the sickness rates were high in some wards. Both MMc and RW confirmed that robust procedures were in place to monitor sickness levels and to support staff and included the involvement of HR and managers and discussions at ward managers and one to one meetings.

AB pointed out that there had been two falls within one ward but assured the Board that this was not related to the number of registered staff available.

The Board noted that the staffing levels and sickness were regularly monitored and there were no significant safety and/or quality concerns as a result of the staffing levels.

The Board approved the report.

037/15 BOARD ASSURANCE FRAMEWORK

The CEO presented the Board Assurance (BAF) report which was last reviewed by ET on 17 February. She 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.

SCI queried why the rate for corporate back office was being reduced. The CFO explained that this was not a risk for 2014/15 and would therefore be factored in as an additional CIP for 2015/16.

MAM enquired as to the challenges with the West Essex Frailty Project which appeared to be delaying progress. MMc acknowledged the achievements to date with the project with the Trust as the lead provider and highlighted this was partly attributable to the project infrastructure and the small dedicated team. He advised, however, that the CCG was now looking at the possibility of one provider of integrated services in West Essex, and the commissioning intentions were expected mid-March. An update would be provided to the March Board meeting.

The Board reviewed the BAF ratings and approved:

- a new potential risk for inclusion on the BAF relating to if actual staffing levels fall below planned levels on shifts, there is a potential risk that the Trust may not meet its own revised internal target and as a result there may be impact on patient safety and quality
- an increase in the risk scoring the risk reflecting the increase in Serious Incidents (SIs)
- an increase in the risk scoring for the potential risk relating to the compromise of the safety of services in relation to the outstanding areas for agreement set out in the Business Transfer Agreement with the new provider for Bedfordshire and Luton mental health services
- the reduction in scoring of the Trust's ability to reduce its corporate back office by £11m following the withdrawal of the provision of mental health and learning disabilities services in Bedfordshire and Luton.

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The Board reviewed and approved the changes in the Board Assurance Framework.

Action:

- **MMc to provide an update on West Essex CCG’s commissioning intentions at March Board meeting.**

038/15 SUB-COMMITTEES

(i) Quality Committee

The Trust’s Chair, as Chair of the Quality Committee, presented the assurance report following the meeting held on 12 February 2015. She highlighted that the Committee opened with a review of a patient story to help the Committee focus on ensuring patients were at the forefront of any discussion. This would in future be a standing agenda item.

The Chair reported that the Committee had requested the Quality Strategy be reviewed and updated, for presentation at the March Committee meeting. In addition, the Committee had commissioned a report on Pressure Ulcers to help understand the reasons for the fluctuations in numbers across areas.

The Board noted that there were no significant risks requiring escalation to the Board.

The Board noted the report.

(ii) Audit Committee

As Chair of the Audit Committee, JW presented the report of the Committee’s discussions held at its meeting on 29 January 2015, and assured the Board that the Committee was confident its duties which include governance, risk management and internal control have been appropriately complied with. The Board noted that there were no new risks to be included on the Board Assurance Framework.

The Board noted the report.

(iii) Mental Health & Safeguarding Committee

As Chair of the Mental Health & Safeguarding Committee, SCI presented the report of the Committee’s discussions held at its meeting on 23 January 2015, and assured the Board that there were adequate and appropriate governance processes and controls in place to ensure the Trust was working within the relevant legal requirements, and to ensure that children and adults are safeguarded from abuse.

SCI pointed out that a new Code of Practice is due to come into effect on 1 April and confirmed that preparations were underway to ensure the Trust’s readiness.

The Board noted the report.

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039/15 TRUST SECRETARY: LEGAL & POLICY UPDATES REPORT

NL introduced the report and highlighted that the updates continued to focus on mental health and learning disabilities services.

The CEO advised that a Task & Finish Group was being established to review Sir Robert Francis' report on *Freedom to Speak Up* and to identify any actions the Trust will need to implement. A progress report would be presented at the March Board meeting.

The CFO updated the Board on the National Tariff for 2015/16 and advised that following objections from NHS FTs, Monitor and NHS England have decided to offer providers the choice of options of either 'enhanced tariff option' or 'default tariff rollover', with a deadline of Wednesday 4 March 2015. He expressed concern over the lack of clarity and guidance on how the planning guidance commitments to parity of esteem and increased mental health funding will be met. In addition, both options still represented significant financial risk for the Trust in 2015/16.

The CFO also advised that as a result of the uncertainty with the National Tariff, the deadline for draft submissions of the annual plan and been extended from 27 February to mid-April. The Trust's draft plan would therefore be considered by the Board at its March meeting.

RC asked if the Board would have sight of the Trust's response to the consultation on the proposed changes to the NHS Constitution. NL confirmed that the Trust's feedback would initially be considered by ET, and would also be circulated to the Board.

The Board discussed and noted the report.

Action:

- 1 CEO to present an update on the Freedom to Speak Up Review Task & Finish Group at March Board meeting**
- 2 Draft annual plan to be presented at March Board meeting (CFO/NL)**
- 3 Board to be circulated with the Trust's response to the consultation on the NHS Constitution (NL)**

040/15 FRANCIS REPORT UPDATE

AB provided an update on the progress with the action plan developed in response to the Francis recommendations and subsequent Berwick and Keogh reports. He reminded Board members that the initial work identified four themes which were linked to longer-term practice and cultural changes, namely use and quality of information, safer staffing, duty of candour, and culture.

AB advised that good progress had been made with delivering the actions with only four outstanding actions. The Board were assured that these were subject to considerable ongoing work having progressed into separate work streams or operational services. The Board acknowledged the significant progress that had been made and agreed that the action plan should be closed, noting that an audit would be

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undertaken in six months and the outcome would be reported to the Quality Committee.

SCt queried the extent of the roll out of Mobius. RW confirmed that it had been rolled out in Luton but would not be implemented in Bedfordshire due to the impending disaggregation of services. MMc also confirmed that Mobius had been rolled out in some areas in Essex with a due completion date of mid-2015.

RC asked if the action plan could include 'key words' from the Francis recommendations for ease of reference. SM explained that the plan was developed taking account of the recommendations not only from Francis but also Berwick and Keogh reports. However, AB advised he would be able to provide this information.

The Board noted the report and approved the closure of the Francis action plan.

Action:

- 1 AB to provide RC with an action plan highlighting 'key words' from the Francis recommendations.**

041/15	FIT & PROPER PERSON TEST
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NL presented the report detailing the implementation of the Fit & Proper Person Test within the Trust. He reminded the Board that detailed discussions regarding implementation had taken place both at the Board Development Session on 11 February as well as by the Executive Team.

He provided assurance that the Trust already has established processes in place for both the Board and staff and is therefore in a strong position to ensure the Trust is meeting its regulatory requirements. However, an action plan has been developed to ensure the Trust meets the regulations and it is anticipated the actions will be completed by end of June 2015.

NL also advised that a declaration has been prepared, with legal support, which will be signed annually in March by all Board Directors and will be retrospective for 2013/14. He also reminded the Board that at its Development Session it was agreed that independent checks would be undertaken on a three-year basis.

The Chair recognised the amount of work which has been undertaken to ensure the Trust meets the regulatory requirements and thanked those involved for their diligence.

The Board noted the report and agreed that:

- 1 The Fit & Proper Persons Test is restricted to Board Directors only**
- 2 The declaration should be completed annually and will be retrospective for 2013/14**
- 3 Independent checks would be undertaken on a three-year basis and would include enhanced DBS, a check on professional registers and occupational health check, and a check on the insolvency register at Companies House for barred Directors.**

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Action:

- **Process for FPPT declaration to be implemented (NL)**

041/15 CHAIR & CEO DIVISION OF RESPONSIBILITIES

The Chair introduced the report which outlined the division of responsibilities between the Trust's Chair and Chief Executive, and in accordance with Monitor's *Code of Governance* provision A.2.1. She pointed out that a document detailing the roles had been developed using good practice guidance and provided clarity around the different but complementary leadership roles.

The Board noted the report and approved the document detailing the division of responsibilities between the Chair and CEO.

042/15 VIEWS OF MEMBERS AND GOVERNORS REPORT

The Chair presented the report which demonstrates that the Trust has robust procedures in place for ensuring that the views of Governors and members are communicated to the Board as a whole. The report provides assurance that the Trust is meeting Monitor's *Code of Governance* provision E.1.3. She advised that this report will be presented annually.

The Board noted the report which will be presented annually.

043/15 USE OF CORPORATE SEAL

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

044/15 CORRESPONDANCE TO THE BOARD SINCE THE LAST MEETING

None.

045/15 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.

046/15 ANY OTHER BUSINESS

- (i) **Bedfordshire & Luton Mental Health Services:** The CEO provided a verbal update on progress with the disaggregation of these services to East London Foundation Trust (ELFT) on 1 April 2015. She assured the Board that the Trust was actively supporting the CCGs and ELFT to facilitate an effective and safe transfer. However, the Business Transfer Agreement which needs to be in place for the transfer to occur was still outstanding although she hoped this would be finalised by the end of the month particularly as ELFT had indicated its Board would be meeting to consider the outcome of its due diligence review.

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The CEO highlighted the importance of the agreement to safeguard staff's future and the quality of care to the patient, as well as protecting the Trust.

- (ii) **Pre-election Period:** NL advised the Board that purdah begins on 30 March and will end when a new government is formed and provided assurance that future agendas and reports would take account of regulatory requirements.

047/15 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS

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

048/15 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Wednesday 25 March 2015 at Stockwood Discovery Centre, London Road, Luton LU1 4LX

049/15 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

050/15 STAFF RECOGNITION SCHEME

The Chair and CEO were delighted to present certificates to:

(i) Individual 'In Tune' Awards

- Pat Nash – Dietetic Assistant Practitioner: Nutrition and Dietetic Home Enteral Feeding Service (HETF), Luton & South Bedfordshire
- Naomi Haywood – Administration Officer, Wood Lea Clinic

(ii) Team 'In Tune' Award

Wood Lea Clinic, Clinical Care Assistants:

- Marie Greig
- Lynne Munday
- Matt Wilson

(iii) Long Service Awards

- Penny Webb – Community Mental Health Nurse Older People, The Lawns Resource Centre, Biggleswade
- Yvonne Hawkins - Specialist Community Public Health Nurse (School Nursing), Bedford West 5-19 Team, Kempston Clinic
- Laura Richards, Community Psychiatric Nurse, Mid-Beds CMHT (Spring House)

Signed

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- Joan Jones - Triage Sister, Rapid Intervention Team, Woburn Road, Kempston
- Julie King - Senior Practitioner Nurse, Rapid Intervention Team, Woburn Court, Kempston
- Jo Holt - Team Leader, School Immunisation and Vaccination Team, Kempston Clinic.

The Staff Recognition Awards are the official way for the Board, colleagues, patients and carers, to recognise those who demonstrate, above and beyond, their commitment to delivering excellent service. The Staff Recognition Scheme promotes the Trust's vision - 'Providing services that are in tune with you' and values - Positive, Welcoming, Respectful, Involving, Accountable, Kind.

The meeting closed at 12:40

Appendix 1

Governors/Public Query Tracker (Item 051/15)

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
Larry Smith	Asked the communications plan for advising patients of the changes in provider of mental health and learning disability services for Beds and Luton	SM assured the meeting that the Trust had a communications plan in place and was keeping patients, staff, governors and stakeholders updated with the disaggregation but was unable to confirm an exact date for the transfer as this was still not known. However, communications were planned once the announcement was made by East London NHS FT	
Michael Dolling	Asked if the Fit and Proper Persons Test requirements also applied to Governors	NL confirmed that there was a partial requirement which would be covered in the revised Code of Conduct for Governors and also in the process for appointing/electing new Governors	Check inclusion in Code of Conduct for Governors

Signed

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