

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 30 July 2014
at The Lodge, Runwell Chase, Wickford SS11 7XX

Members present:

Lorraine Cabel (Chair)	Chair
Sally Morris (CEO)	Chief Executive
Andy Brogan (AB)	Executive Director Clinical Governance & Quality/Executive Nurse
Randolph Charles (RC)	Non-Executive Director
Steve Cotter (SCT)	Non-Executive Director
Steve Currell (SCr)	Non-Executive Director
Dr Dawn Hillier (DH)	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)
Richard Winter (RW)	Executive Director Integrated Services (Beds & Luton)

In attendance:

Brian Arney (BA)	Public Governor
Amanda Barlow (ABw)	Communications, SEPT
Elsbeth Clayton (EC)	Associate Director Learning Disabilities, SEPT
Chris Clifford (CC)	Purchasing, SEPT
Matthew Conway (MC)	Deputy Ward Manager Keats House, SEPT
Joy Das (JD)	Service User & Carer Governor
Paul Delaney (PD)	Staff Governor
Michael Dolling (MD)	Public Governor
Vicky Gordon (VG)	Purchasing, SEPT
David Griffiths (DG)	Deputy Chief Finance Officer, SEPT [standing in for Mark Madden]
Paula Grayson (PG)	Public Governor
Eileen Greenwood (EG)	Public Governor
Shurleea Harding (SH)	Public Governor
Michael Harrison (MH)	Student Associate Practitioner, SEPT
Pam Hintz (PH)	Public Governor
Chris Jennings (CJ)	Compliance, SEPT
John Jones (JJ)	Public Governor
Cathy Lilley (CL)	Assistant Trust Secretary (Minute Taker)
Shoenagh Mackay (SM)	Clinical Lead Learning Disabilities, SEPT
Obi McKay (OM)	Practice Development Nurse, SEPT
Jennifer Mellani (JM)	Head of Legal Services & Trust Secretary
Kresh Ramanah (KR)	Public Governor
Deborah Ridley-Joyce (DRJ)	Public Governor
Nic Taylor-Barbieri (NTB)	Staff Governor
Jim Thakoordin (JT)	Public Governor
Rachel Webb (RWb)	Director Business Development, SEPT
Emma Willey (EW)	Service Development Manager, SEPT
Tracy Wright (TW)	Matron Basildon MHU, SEPT

Signed

Date

The Chair welcomed members of the public, staff and Governors to the meeting and in particular David Griffiths, Deputy Chief Finance Officer who was standing in for Mark Madden, Executive Chief Finance Officer.

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

140/14 APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Alison Davis (AD) Non-Executive Director
Mark Madden (CFO) Executive Chief Finance Director
Janet Wood (JW) Non-Executive Director

141/14 DECLARATIONS OF INTEREST

There were no declarations of interest.

142/14 PRESENTATION: 2013/14 COMMISSIONING FOR QUALITY & INNOVATION (CQUIN) PROGRAMME OUTCOMES

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

The Chair thanked and complimented RW on the informative presentation and, on behalf of the Board, congratulated everyone involved in delivering the CQUIN programme.

143/14 MINUTES OF THE MEETING HELD ON 25 JUNE 2014

The minutes were agreed to be a correct record.

The Chair pointed out that a new format for the minutes was being piloted and requested feedback from members of the Board.

Action:

- 1 Board members to provide feedback on new format of minutes.

144/14 ACTION LOG

The Board considered the action log noting the completed actions and receiving the following update:

- 118/14 Information on Trust involvement with local partners: MM confirmed a meeting had been arranged with RC.

Signed

Date

145/14	PERFORMANCE & FINANCE SCRUTINY COMMITTEE ASSURANCE REPORT
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The Chair (as chair of the Committee) provided assurance that a full and robust debate had taken place of all performance issues and that further action had been requested where appropriate at the 24 July 2014 meeting.

Performance

The CEO advised that seven of the eight actions due for completion by July 2014 were closed and one action remained opened: presentation of future finance schedules/reports.

The CEO drew attention to the five hotspots which were the same as the previous month of which three were local based targets rather than national targets. She also reported on one emerging risk: Serious Incidents (other than pressure ulcers) in Community Health Services and provided assurance that there were no emerging themes.

SCr noted that the increase in the Trust's sickness absence and asked if there were any lessons to be learnt from the report in the Trust Secretary's Report (agenda item 6d) where nationally NHS sickness levels had reduced. AB confirmed that an initial review had been undertaken using the 'Bradford' score and that external good practice would also be looked at.

DH stated that she was delighted that the split in supervision data for clinical and non-clinical staff was now included in the report.

Finance

DG presented the Trust's financial position at month 3, June 2014 which showed a surplus of £1.5m ahead of the plan submitted to Monitor of £0.1m. This position is due to higher than planned additional income for specialist services. However, the forecast year end position was £1.9m deficit which takes into account a range of potential costs associated with the transfer of Bedfordshire and Luton mental health services, the loss of a number of public health contracts, slippage on the Cost Improvement Programme (CIP), and the release of non-delegated budgets.

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

The Board confirmed acceptance of assurance provided.

146/14	INFECTION CONTROL ANNUAL REPORT 2013/14
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AB presented the Infection Control Annual Report which outlined the activity of the Infection Prevention and Control Team for 2013/14 and provided assurance that the Trust has robust, effective infection prevention and control services in place. This ensured compliance with relevant regulatory requirements including the CQC Essential Standards Outcome 8.

Signed

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DH asked for assurance that the monitoring of the use of sharp safe devices to manage risk would be maintained. AB confirmed that there would be continued focus on educating staff to minimise risk and that the use of retractable needles and other alternative safety products would continue.

The Board approved the Infection Control Annual Report and complimented the team on a very comprehensive report.

147/14 ANNUAL REPORT ON APPRAISAL & REVALIDATION OF DOCTORS WITH PRESCRIBED CONNECTION TO SEPT

MK presented the annual report on the implementation of revalidation within the Trust for 2013/14. 148 of 151 doctors had completed their annual appraisal for the year 2013/14. Of the three doctors who had not completed their appraisal, one had been reported to the GMC for non-engagement with the process. MK, however, provided assurance that the Trust was fully compliant with all regulations.

SCt queried the meaning of 'lack of engagement of doctor' on page 12 of the report. MK provided assurance that this meant engagement with appraisal process due to a lack of understanding of the importance and implications.

SCr asked if there was a direct link between doctors' appraisals and the quality of care provided. MK expressed his view that there was a direct link and provided assurance that processes were in place to ensure the quality appraisers were in place.

The Board approved the submission of the Appraisal and Revalidation of Doctors with prescribed connection to SEPT Annual Report together with the annual audit and statement of compliance to the higher level Responsible Officer at NHS England.

148/14 TRUST WORKFORCE PLAN

AB presented the Trust's Workforce Plan for 2014/15 for approval and submission to Health Education England – East of England by 4 August 2014.

The Board noted that the complexity of the current contracting environment had increased the difficulty of making forward staffing projections and that the contract terminations in relation to Mental Health and Learning Disability Service in Bedfordshire and Luton. For clarity, AB explained that the workforce figures only excludes Forensics and not CAMHS.

DG confirmed that the trajectories had been reconciled with the numbers included in the annual and two-five year plans.

SCt asked if the disaggregation of services in Bedfordshire and Luton would have an adverse impact on the employment 'fill' rates. AB reported that to date the Trust had been successful in recruiting nurses but recognised that there could be an potential impact.

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DH queried if 'leadership' was included under workforce priorities. AB explained that the Trust is required by HEE to identify the skills and competencies required by professionals. The Trust would address leadership development as part of its organisational development programmes.

The Board congratulated Anthea Hockly, Head of Workforce Development, and her team for the development of a comprehensive plan which is consistent with the Trust's one, two and five year plans.

The Board approved the Workforce Plan for 2014/15 for submission to HEE – EoE.

149/14 APPOINTMENT OF CONSULTANT PSYCHIATRISTS

RC reported that following interview on 11 July 2014 the Appointments Panel recommended that Dr Shanika Mellor be appointed as Consultant in CRHT (East) and Dr Pranveer Singh as Consultant in CRHT (West) subject to HR clearances.

The Board received the report and approved the appointments.

150/14 SAFER STAFFING UPDATE

AB presented the monthly staffing report which summarised the planned and actual staffing on a shift-by-shift basis as part of the Hard Truths commitment. He assured the Board that all hot spot areas had been reviewed to ensure there were no significant concerns relating to the safety and quality of care on wards.

AB reminded the Board that a review of the quality metrics and reporting aligned to the staffing report would be further discussed at the Board's development session on 10 September.

DH advised that at a national level consideration was being given to the development of workshops for NEDS to support with interrogating the reports.

The Board approved the publication of the information on the SEPT and NHS Choices websites.

Action:

- 1 A review of the quality metrics and reporting aligned to be discussed at the Board's development session on 10 September.**

151/14 BOARD ASSURANCE FRAMEWORK

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

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

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Date

- If the Trust is unable to meet the commissioner and patients' expectations in delivering the West Essex Frailty Project this may impact on the Trust's reputation to undertake future transformation programmes.

The Board also agreed to remove the following risks from the BAF to the Corporate Risk Register (CRR):

- 1.2: If the Trust does not meet the expectations of patients and commissioners, this may potentially impact on the confidence of stakeholders in the Trust's ability to deliver high quality services
- 1.3: If data quality is not robust this may impact on effective decision making, monitoring of targets and compliance with regulators.

The Board agreed the scoring as detailed in the report subject to the escalation to the BAF of the West Essex Frailty Project risk.

152/14 SUB-COMMITTEES

(i) Executive Team Operational Committee (EOC)

The CEO presented the minutes of EOC held on 17 and 24 June, and 1, 8 and 14 July 2014.

Minutes of 24 June at page 1: RC queried whether there was any evidence of people abusing the use of extensions in the complaints process. NL provided assurance that there was no evidence of abuse. A paper proposing a different reporting and monitoring mechanism taking account of complex cases was being taken to ET w/c 4 August.

Minutes of 1 July at page 5: SCr asked for an update regarding Meridian Productivity. The CEO advised that the proposal presented by the organisation following a meeting on 23 July was being reviewed.

Minutes of 8 July at page 1: SCt asked for clarity regarding the provision of training sessions for staff by a Barrister in Law. The CEO advised that following the recent Safe Care Conference it was felt that the presentation on care planning and record keeping would also be beneficial to staff. JM confirmed that a Barrister in Law was the same as a Barrister.

153/14 TRUST POLICIES

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

- (i) Volunteer Policy
- (ii) Missing Inpatients Policy
- (iii) Reimbursement of Governor Out of Pocket Expenses Policy
- (iv) Council of Governors Policy for Engagement with the Board of Directors where there is disagreement and/or concerns regarding performance
- (v) Seclusion, Segregation and Restricted Access Policy
- (vi) Infection Prevention and Control Policy
- (vii) Use of Handheld Metal Detectors Policy

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Date

RC queried whether volunteers were required to pay for the CRB checks. NL assured that this was not the case.

SCr advised that in his role as Senior Independent Director he had reviewed in detail the Council of Governors Policy for Engagement with the Board of Directors where there is disagreement and/or concerns regarding performance.

The Board approved the above policies.

154/14 TRUST SECRETARY: LEGAL & POLICY UPDATES REPORT

JM presented the Trust Secretary’s report on legal and policy updates.

With regards to 2.6 NICE ‘red flag’ events which will act as a trigger for considering increasing staff numbers, AB pointed out that this related to the acute system. However, the implications to the Trust would be reviewed by AB and JM.

DH suggested that the Trust should consider identifying those complaints which could be considered a ‘red flag’ event. JM assured the Board that robust systems were in place for tracking the reasons for complaints and any that particularly highlighted safety issues would be reviewed by the appropriate Executive Director.

2.9: The CEO highlighted that ET had considered a report following a review of the Trust’s safeguarding procedures taking account of the findings and recommendations of the NHS investigation reports into Jimmy Savile as recommended by Monitor (2.9 refers). AB confirmed that an update would be provided to the Board in the next Safeguarding quarterly report.

2.10: SCr asked if the Trust would be responding to the consultation on the proposed changes to the Mental Health Act 1983 Code of Practice. NL confirmed that this would be the case and that there was a large amount of evidence in the Trust that would contribute to a comprehensive response.

2.11: NL advised that there would be no impact on the Trust following the changes to the Friends & Family Test as appropriate systems were already in place

Action:

- 1 AB and JM to review impact of NICE ‘red flag’ events on Trust’s staffing numbers.**

155/14 AIMS ACCREDITATION PRESENTATION

The Chair and the CEO took the opportunity to congratulate staff on achieving the AIMS Accreditation for Learning Disability Services in Essex (Keats House and Bryron Court, Heath Close) and Mental Health Services in Essex (Clifton Lodge, Maple Ward, Meadowview and Churchview House). They acknowledged the hard work that had contributed to the achievement which demonstrated the provision of excellent quality of care focusing on the needs of the service user/patient, and highlighted that it was unprecedented to receive this level of accreditation in just one year.

Signed Date

156/14 QUALITY STRATEGY

AB presented the Quality Strategy for 2014/19 and year one implementation plan. The strategy is one of a number of strategies being taken forward across the Trust, aiming to deliver quality improvements in a transparent and measurable way covering four domains: safe care, positive experience of care, effective care/outcome focused care and well-organised and responsive care. These domains link with the Trust's Quality Account, Annual Plan and CQUINs to ensure a standardised approach and a robust governance framework.

The Board approved the Quality Strategy for 2014/19 and complimented Sarah Browne and team on the comprehensive aspirational strategy.

157/14 PATIENT ENGAGEMENT & EXPERIENCE STRATEGY

NL presented the Patient Engagement and Experience Strategy. He highlighted the importance of patient engagement to the Trust and reminded the Board that the CEO is the Chair of the Patient/Carer Experience Steering Group.

SCt asked for clarity on the Trust's policy on smoking on wards. AB confirmed that the policy was currently being reviewed taking account of feedback from patients, service users and staff, and would be presented to the Board in the autumn. He recognised the challenges particularly with regards to patients'/service users' needs but these had to be balanced against statute and NICE guidance.

In response to a question by RC, RW provided assurance that the Trust is committed to the principles of equality and diversity. He provided an example where staff were rotated within the Onyx Ward to balance the equality and diversity of the patients. RW and NL agreed to share more examples with RC.

The Chair highlighted the Board's endorsement of the strategy as detailed on page 8 and in particular that the Board will act as 'engagement champions'. She advised that 'Board visibility' would be discussed at the September Board development session.

The Chair requested that reference to the Chair, Non-Executive Directors and senior clinicians is included in the Take It To The Top section on page 15 of the strategy.

The Board approved the Patient Engagement and Experience Strategy subject to the above changes.

Action:

- 1 NL and RW to discuss examples of actions taken to address equality and diversity within the Trust with RC**
- 2 Board visibility to be reviewed at Board development session on 10 September**
- 3 NL to ensure strategy is updated to take account of feedback on the Take It To The Top events.**

Signed

Date

158/14 MEMBERSHIP STRATEGY

RW presented the Membership Strategy which focuses on quality engagement with members and ensuring that membership is representative of the communities the Trust serves.

DH recommended that the strategy also included local level understanding to meet the needs of the different constituencies and demographics.

The Board congratulated Cathy Lilley and the Director/Governor Membership Task & Finish Group on the comprehensive strategy that would in particular support Governors' statutory accountability to both the public and staff members as well as the public.

The Board noted the revised strategy.

Action:

- 1 CL to update strategy to include 'local level understanding' prior to submission to the Council of Governors for approval.**

159/14 CQC MENTAL HEALTH ACT 1983 FOCUSED VISITS

NL presented the report which outlined the findings and actions taken to ensure the Trust is implementing the MHA and Code of Practice following the visits to London Road, Luton; Cedar House, Bedford; Fountains Court, Bedford; and Alpine Ward, Brockfield House and provided assurance that where required actions were being taken forward by lead Directors.

The report for the visit to Rawreth Court on 18 July was expected in early August.

SCr and SCt requested assurance that the issues relating to the badly implemented transition to electronic records had been addressed and did not have a wider impact. RW advised that the issues occurred on the day the new system was being implemented and confirmed that the migration had now been satisfactorily implemented with no impact on patient care. The CEO assured the Board that comprehensive training on the new systems for staff had been provided including refresher training and drop-in clinics. DG also pointed out the Audit Committee was monitored compliance and that an internal audit had been undertaken last year which provided limited assurance.

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

160/14 COMPLIANCE REPORT FOR QUARTER 1 2014/15 FOR MONITOR

DG presented the Quarter 1 Compliance Report for 2014/15 for Monitor and agreed the declarations confirming the Trust had taken the appropriate action to meet Monitor's self-certification requirements.

The Board received and approved the declarations as detailed in the report for submission to Monitor.

Signed

Date

161/14 CLOSURE OF CQC ACTIONS: BEDFORD HEALTH VILLAGE

RW presented the report on the completed actions following the CQC review of compliance at Bedford Health Village in January 2014.

The Board agreed that the actions to address compliance concerns had been completed and approved the report for submission to the CQC.

162/14 CLOSURE OF CQC ACTIONS: WELLER WING

RW presented the report on the completed actions following the CQC review of compliance at Weller Wing in December 2013. The CEO pointed out that although an action plan has been put in place, there is one action which has commenced but not fully completed. She therefore recommended that as the Board would not be meeting in August, it delegated responsibility for approving the report for submission to CQC to EOC as this would allow for the action plan to be fully implemented.

The Board agreed that the actions to address compliance concerns had been completed and, subject to full implementation of the action plan, approved the report for submission to the CQC.

Action:

- 1 EOC to approve report for submission to CQC following full implementation of the action plan.**

163/14 CLOSURE OF CQC ACTIONS: BEDFORD PRISON

AB presented the report on the completed actions following the CQC review of compliance at Bedford Prison in February 2014.

The Board agreed that the actions to address compliance concerns had been completed and approved the report for submission to the CQC.

164/14 USE OF CORPORATE SEAL

The Corporate Seal had been used on three occasions since the last Board meeting.

165/14 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING

None.

166/14 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER

The Board noted there were no new risks identified.

Signed Date

167/14 ANY OTHER BUSINESS

NL was delighted to advise that Monitor had recommended that another Foundation Trust should discuss with SEPT our approach to the interaction between the Board and Council of Governors as the good practice within the Trust had been recognised.

168/14 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS

See Appendix 1

169/14 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Wednesday 30 July 2014 in Room S2, King's House, 245 Ampthill Road, Bedford MK42 9AZ.

170/14 RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC & PRESS

In accordance with provision 14.20.2 of the Constitution and paragraph 18E of Schedule 7 of the NHS Act 2006, the Board of Directors resolves to exclude members of the public from Part 2 of this meeting having regard to commercial sensitivity and/or confidentiality and/or personal information and/or legal professional privilege in relation to the business to be discussed.

The Board noted and agreed the resolution.

The meeting closed at 13.20.

Signed

Date

Appendix 1**Governors/Public Query Tracker (Item 166/14)**

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
JJ	Whether the Trust would transfer its membership database to new providers in Beds & Luton	CEO confirmed that as these were not patient records there would be no requirement to share or transfer membership information particularly as the Trust would continue to provide services in Beds and Luton.	
PG	What % of consultant psychiatrists use the original/updated Lester tool	MK advised that all doctors are aware of the Lester tool. When new tools are available these will be embedded following guidelines. This will be demonstrated by CQUINs.	
MD	Does the Trust have strong relationships with partner organisations to support discharged inpatients	MK confirmed that all patients will have a care plan that will/may have links to partner organisations/services	MD to send examples of concern to CEO
MD	Requested a breakdown of membership statistics by constituency be included in Membership Strategy	CL confirmed this information was reviewed quarterly by the CoG Membership Committees	CL to include end of year statistics by constituency in the Membership Strategy

Signed

Date

Appendix 2: Board of Directors Part 1 Papers

Minute Ref No	Agenda Item		Report
Presenta tion	CQUIN Presentation		 BoD CQUIN Update 2013-14 (30 07 14).p
143/14	Minutes of the last meeting held on 30 July 2014		 3 Minutes Part 1 June 2014 FINAL AP
144/14	Action Log		 4 Action Log Part 1 following June 2014 r
145/14	Assurance Report from Performance & Finance Scrutiny Committee	SM/MM	 5(a) - PFSC Assurance Report - 3
146/14	Infection Control Annual Report	AB	 5b Infection Control Annual Report.pdf
147/14	Annual Report on Appraisal & Revalidation of Doctors with prescribed connection to SEPT	MK	   5(c) Annex E - Statement of complia 5(c) Annex E - Statement of complia 5(c) Annex E - Statement of complia
148/14	Workforce Plan	AB	 5(d) Workforce Plan.pdf
149/14	Appointment of Consultant Psychiatrists	RC	 5(f) Appt Consultant Psychiatrists (RC).pdi
150/14	Safer Staffing Update	AB	 8(g) Safer Staffing Update.pdf
151/14	Board Assurance Framework	SM	 6(a) - BAF - Appendix One - 30.0.
152/14	Sub-Committees Executive Team Operational Committee	SM	   #3 ET minutes 17 June 2014 - Part 1.pc #3 - ETMins 8 July 2014 - Part 1.pdf #3 ET minutes 1st July 2014 - Part 1.pdi    #3 ETMins 14 July 2014 - Part 1.pdf #3 ET minutes 24 June 2014 - Part 1.pc Board Report - Part 1

Signed

Date

153/14	Trust Policies (i) Volunteer Policy (ii) Missing Patients (iii) Governors Expenses (iv) Council of Governor Policy for engagement with Board of Directors (v) Seclusion (vi) Infection Control (vii) Hand Held Metal Detector		   6(c) - TB Report - 6(cii) - TB Report - 6(ciii) -TB Report - Volunteering Policy - :Missing Patients Polic,Governor Expenses P    6(civ) - TB Report - 6(cv) - TB Report - 6(cvi) Infection CoG and BoD engage Seclusion Policy (2207; Control.pdf  6(cvii) - TB Report - Handheld Metal Deter
154/14	Report from Trust Secretary	JM	 6(d) Trust Secretary Report July 2014.pdf
156/14	Quality Strategy	AB	 7a Quality Strategy July 2014.pdf
157/14	Patient Experience Strategy	NL	 7b - Patient Engagement & Experi
158/14	Membership Strategy	RW	  7(c) Membership 7(c) Membership Strategy 2014-15 DR Strategy.pdf
159/14	CQC MHA Focused Visit	NL	 8a - CQC Focused Visit.pdf
160/14	Monitor's Quarterly In-Year Compliance Report (Q1)	MM	 8b Monitor's Quarterly In-Year Crr
161/14	Closure of CQC Actions – Bedford Health Village	RW	 8(c)- Closure of CQC Actions - Bedford Hez
162/14	Closure of CQC Actions – Weller Wing	RW	 8(d) - Closure of CQC Actions - Weller
163/14	Closure of CQC Actions – Bedford Prison	AB	 8(e) Closure of CQC Actions - Bedford Pris
164/14	Use of Corporate Seal	SM	 9a -Corporate Seal Board Paper.pdf

Signed

Date