

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 25 June 2014
at Stockwood Discovery Centre, London Road, Luton LU1 4LX

Members present:

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| 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 |
| Alison Davis (AD) | 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) [part] |
| Mark Madden (CFO) | Executive Chief Finance Director |
| Richard Winter (RW) | Executive Director Integrated Services (Beds & Luton) |
| Janet Wood (JW) | Non-Executive Director |

In attendance:

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| Brian Arney (BA) | Public Governor [part] |
| David Bowater (DB) | Appointed Governor |
| Sarah Browne (SB) | Associate Director, Clinical Governance & Quality |
| Susan Butterworth (SB) | Public Governor |
| Lesley Cullen (LC) | Lead Nurse Serious Incidents Investigation, SEPT |
| Joy Das (JD) | Service User & Carer Governor |
| Gabriel de Souza (GS) | Risk Analyst & System Manager, SEPT |
| Michael Dolling (MD) | Public Governor |
| Sharon Eplett (SE) | SEPT |
| William Fitzpatrick (WF) | Patient Experience Coordinator, SEPT |
| Max Forrest (MF) | Communications, SEPT |
| Paula Grayson (PG) | Public Governor |
| Susan Harker (SH) | SEPT |
| Ola Hill (OH) | Compliance Officer, SEPT |
| Cathy Lilley (CL) | Assistant Trust Secretary (Minute Taker) |
| Jennifer Mellani (JM) | Head of Legal Services & Trust Secretary |
| Carrol Morris (CM) | Admin, SEPT |
| Ruth Mullins (RM) | SEPT |
| Maggie Nicholls (MN) | Head of Clinical Audit, SEPT |
| Patrick Osea (PO) | Communications, SEPT [part] |
| Deborah Ridley-Joyce (DRJ) | Public Governor |
| Larry Smith (LS) | Public Governor |
| Sarah Stringer (SS) | SEPT |
| Jim Thakoordin (JT) | Public Governor |

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

Signed

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

114/14 APOLOGIES FOR ABSENCE

There were no apologies for absence.

115/14 DECLARATIONS OF INTEREST

There were no declarations of interest.

116/14 PRESENTATION: SUICIDE PREVENTION STRATEGY

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

The Chair thanked and complimented AB and LC on the informative presentation.

117/14 MINUTES OF THE MEETING HELD ON 28 MAY 2014

The minutes were agreed to be a correct record subject to the following amendments:

- 103/14 Legal & Policy Updates Report (4th para: charitable funds): *add* "Jennifer confirmed the Trust is compliant".

118/14 ACTION LOG

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

- 101/14: Report on the Ruth May visit had been included in Trust Today in May.

119/14 PERFORMANCE & FINANCE SCRUTINY COMMITTEE ASSURANCE REPORT

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 19 June 2014 Meeting.

Performance

The CEO advised that eleven of the thirteen actions due for completion by June 2014 were closed and two actions remained open: reporting of vacancy rates and medical staff productivity report.

The CEO drew attention to the continued issue with the CIP delivery as well as the underperformance of QIPP schemes. The CFO advised that a Project Management Office had been created to coordinate and oversee CIPs, transformation and CQUIN schemes. The CFO assured members that the focus was on the activities that would deliver greatest efficiencies and benefit whilst maintaining quality.

Signed

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NL queried what the IAPT national figures were. The CEO advised that national IAPT figures would be available at the end of the first quarter but was expected to be 11-12% whereas the local target for the Trust was 15%. The CEO also stated that Trust's outcomes were some of the best in the country and based on current resources, it was expected that although the national figure would be achievable on a regular basis, there was concern whether the local target would be achievable without additional financial resource.

DH stated that she was delighted to see the continued improvement in the number of staff supervised and requested that in future the rates are shown for clinical and non-clinical staff. The CEO advised that a reporting system was being developed and anticipated this would be available in the autumn.

RC asked for assurance in relation to the CQC action plan progress for Weller Wing. RW confirmed that a range of mitigating options addressing the issues raised in the CQC report on Weller Wing had been progressed.

Finance

The CFO presented the Trust's financial position at month 2, May 2014 which showed a surplus of £0.5m against the plan submitted to Monitor of £0.4m. However, the position assumes that non-delegated budgets would be utilised in full to either manage financial risks in-year or spent in line with planned commitments. 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.

Actions:

- 1 Staff supervision rates to include breakdown by staffing category.**

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| 110/14 | STAFFING REPORT |
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AB presented the monthly shift by shift information required to be presented as part of the delivery of the *Hard Truths* commitments associated with publishing staffing data for nursing, midwifery and care staff.

AB pointed out there were no hotspots for hospital sites with cover across the majority of areas being above 95%. There were some hotspots for a few individual ward areas. However, AB provided assurance that there were no significant concerns with regards to the safety and quality of care on the wards.

The Chair expressed concerns in respect of four of the six individual ward hotspots relating to old age and psychological areas and asked if there were any trends. AB provided assurance that there seem to be no trends at the moment but this would be monitored.

Board members welcomed the opportunity to review the report format and content in more detail at the Board Development Session in September to provide clarity of reporting lines and to ensure it provides the appropriate assurance.

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

Actions:

- 1 Review of report format to be an agenda item at the Board Development Session in September**
- 2 Trend monitoring for individual ward hotspots to be undertaken by AB.**

111/14 SAFEGUARDING SERVICE ANNUAL REPORT 2013/14

AB presented the Safeguarding Service Annual report which outlined the safeguarding activity and developments for 2013/14 across mental health and community health services for children and adult services.

SCt asked if there should be any concern with the exponential increase in allegations of abuse to service users against staff from 18 in 2011/12 to 57 in 2013/14. AB explained that there were various contributing factors to the increase including an awareness and encouragement to complain post Francis. He confirmed that all allegations are individually and fully reviewed.

The Board noted the significant progress highlighted in the comprehensive report and complimented Elaine Taylor and her team on their contributions in strengthening arrangements and championing the safeguarding agenda.

The Board approved the Safeguarding Service Annual Report 2013/14.

112/14 QUALITY UPDATE

AB presented the report which provided an update on Serious Incidents (SIs) including learning and any resulting quality improvements. The report also summarised compliance with reporting timeframes.

The Board noted the areas of learning and the actions taken to address learning from SIs, highlighting the importance and power of peer to peer learning. On AD's suggestion, the Board agreed to review the triangulation of key areas of work, such as SIs, Safer Staffing Levels, etc at the Board Development Session in September

Actions:

- 1 The Board agreed at the next Board Development Session to include discussion on the triangulation of key reports.**

113/14 OUTCOME OF BOARD AWAY DAY SESSION

The Chair presented the report on the outcome of the Board Away Day Session held on 4-5 June 2014 and facilitated by Morgan Eight Consulting. The session focused on Board effectiveness and a review of the Board's performance. The Board also discussed the Trust's five year strategic plan and the outcome of the review of the Trust's committee and sub-committee structures.

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The Chair advised that the full report following KPMG’s independent assessment of the Board and committees would be presented at the Board meeting in July and a summary report would be presented to the Council of Governors in August.

The Board received the report and noted the content.

114/14 QUALITY ACCOUNT 2013/14

The CEO presented the Quality Account 2013/14 prior to its publication on 30 June 2014. The CEO reminded the Board that all providers of healthcare services are required to provide a Quality Account and to include a Quality Report containing similar content within the Annual Report & Accounts. The Quality Account reflects back on what the Trust has achieved in the previous year against what it had set out to do.

DH asked that future reports reflected the strength of the Trust’s partnerships working.

The Board agreed the report was interesting and accessible and thanked staff for the tremendous achievements documented.

Actions:

- 1 Quality Account 2014/15 to include more detailed information about partnership working.**

115/14 BOARD ASSURANCE FRAMEWORK

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 is a live document which is continually updated.

The Board discussed the governance and risk management arrangements to support the transfer of services to alternative providers where the safety of services could be compromised. The Trust has prepared a commercial agreement (Heads of Terms) setting out the terms of the transfer of service to new providers. This is yet to be signed by the CCGs. However, assurance was given that this is being monitored closely through regular meetings involving the CCGs and now also the local authorities, as well as through a number of internally established working/project groups.

RC queried whether the legal support received by Hempsons had been useful and added value. The CFO confirmed that the legal advice provided by Hempsons relating to the commercial agreement was useful and helpful with negotiations.

The Board agreed the scoring as detailed in the report and that there were no further high risks to be escalated to the BAF.

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116/14 SUB-COMMITTEES**(i) Executive Team Operational Committee (EOC)**

The CEO presented the minutes of EOC held on 20 and 27 May, and 10 June 2014.

Minutes of 20 May at page 3: SCt queried the reason for RW's objections to not continuing with option 1. RW confirmed that following further discussions relating to the CQC's new inspection approach, he supported not continuing with option 1.

DH asked if the new CQC's inspection regime would result in an increase in workload. The CEO stated that regardless of the CQC's inspections, staff are expected to deliver services in accordance with good quality standards in any event, but recognised that there may be an increase closer to the CQC's visits (where announced).

Minutes of 27 May at page 2: RC commented on the relevance of including Equality Impact Assessment on the new Board reports' cover sheet. The CEO clarified that this would not be relevant to all reports but advised this would be taken into account in the guidance notes.

Minutes of 27 May page 3: SCt queried the amount of financial incentives removed from the Staff Recognition Scheme. NL advised that the financial incentive is £20 and confirmed that a survey's findings identified that the key driver for staff is the 'recognition' rather than any financial driver.

(ii) Audit Committee

JW as Chair of the Committee presented the assurance report following a meeting of the Committee on 27 May.

(iii) Quality & Governance Committee

DH as Chair of the Committee presented the assurance report following a meeting of the Committee on 12 June 2014.

AD asked if the increased trend in relation to the number of claims was the result of increased publicity by 'no win no fee' personal injury lawyers or other factors. JM advised that although the number of claims had almost quadrupled compared to the previous three years, no particular reasons had been identified. JM pointed out that other trusts have also seen a similar increase; this may be due to the current financial climate, the Francis inquiry and the availability of free legal support.

(iv) Investment Committee

AD presented the assurance report following a meeting of the Committee on 11 June 2014 which she had chaired in JW's absence.

117/14 TRUST'S POLICIES

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

- (i) Supervision & Appraisal
- (ii) Hospitality & Sponsorship Provided by the Pharmaceutical Industry/Related Companies, and Contact with Company Representatives

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- (iii) Occupational Health
- (iv) Mental Capacity Act 2005 (MCA)
- (v) Referral to Treatment Access.

SCr queried whether the new Supreme Court Judgment on Deprivation of Liberties (DOLs) had been taken into account in the review of the MCA Policy. NL assured that it had been.

The Board approved the above policies.

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| 118/14 | TRUST SECRETARY: LEGAL AND POLICY UPDATES REPORT |
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JM presented the Trust Secretary's report on legal and policy updates.

JM drew the Board's attention to the NHS Litigation Authority *Saying Sorry Guidance* and advised that a review of the existing complaints procedure would take account of this guidance as well as the statutory duty of candour requirements.

JM confirmed that the Trust is complying with the DH's and CQC's requirements to review our patients' care and treatment in light of the Supreme Court's ruling on DOLs. The Legal Department provided advice to mitigate any risk.

DH queried whether this review is extended to community patients as well as inpatients. JM said that she will be liaising with the Safeguarding Team on this point to confirm actions taken or planned in relation to community patients and the application of the new "acid test" as per the Supreme Court judgement.

NL also confirmed that a comprehensive action plan had been developed which was monitored at regular meetings led by AB and himself. In addition, this has been highlighted as a risk on the Corporate Risk Register.

AD asked if the Expert Advisory Group (EAG) would be able to monitor public health following its recommendations relating to the public 'looking after themselves'. JM to look into this.

RC queried what local agreements the Trust had signed up to, if any, following the Concordat. The CEO stated that the Trust is working at a local level with various partners, for example, joint action plans with the police both in Beds and Essex. However, the Trust had not yet signed any local agreements.

Actions:

- 1 JM to confirm how EAG will monitor its recommendations**
- 2 Information on the Trust's involvement with local partners to be shared with RC (RW/MM)**
- 3 JM to confirm review of community patients in light of the Supreme Court judgement on DOLs.**

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| 119/14 | NEW BOARD OF DIRECTORS COMMITTEES' STRUCTURE |
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The Report sought the Board's approval to:

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- 1 implement the new Committees' structure outlined in the report
- 2 establish a task and finish group to progress the implementation of the new structure. The Board was asked to note that the proposed membership should include the Associate Director of Clinical Governance & Quality in place of the Head of Serious Incidents
- 3 delegate authority to the EOC to have operational oversight of the task and finish group.

The Board approved all of the matters above.

The Board also agreed that Non-Executive Director chairs of the Committees would be involved in the review of the terms of reference for that Committee as well as the information and reports received by the Committee. An update report would be presented at the Board meeting in September.

Action:

- 1 **Update report to be presented at the Board meeting in September.**

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| 120/14 | CLOSING THE GAP UPDATE |
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NL presented an update on the progress made on the 25 priority areas for essential change in mental health services. The Board particularly commented on the comprehensive summary of the impact of the policy document on SEPT services across localities and the actions being taken by commissioners and other agencies.

With regards to priority 4 (Government will tackle inequalities around access to mental health services) DH acknowledged the work being undertaken in Beds and Luton and asked how this was being addressed in Essex. MM advised that local authorities were responsible for inequalities and this was at an embryonic stage within Essex.

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| 121/14 | SUICIDE PREVENTION STRATEGY |
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AB presented the Suicide Prevent Strategy which sets out the plans to further reduce the incidence of suicide in the Trust's patient population. The strategy takes account of key findings from national and local reviews as well as the cross-government outcomes strategy.

MK offered to circulate a copy of the multi centric study lead by Oxford University on effective Community Treatment Orders in response to SCr's request.

The Board approved the Suicide Prevention Strategy.

Action:

- 1 **Research report on CTOs to be circulated by MK.**

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| 122/14 | CQC MENTAL HEALTH ACT 1983 FOCUSED VISITS |
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NL presented the report which outlines the findings and actions taken to ensure the Trust is implementing the MHA and Code of Practice in relation to the visit to The Coppice in Bedford on 14 March 2014. Overall it was a very positive report

Signed

Date

complimenting staff and highlighting the activities programme, catering and up to date care plans. The report highlighted one concern in relation to the environment.

The report for the visit to London Road on 3 June was expected imminently.

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

123/14 MONITOR SELF-CERTIFICATION

The Board noted the Trust's compliance with the statement requirements and approved a positive declaration in respect of the Corporate Governance Statement.

The Board also noted the additional declaration relating to governors' training and the actions taken to confirm compliance including a self-assessment and assurance statement from the Lead Governor, as well as reviews by the Quality and Governance Committee, EOC and the Performance and Finance Scrutiny Committee. The Board approved the positive declaration in respect of governors' training.

108/14 USE OF CORPORATE SEAL

The Corporate Seal had not been used since the last Board meeting.

109/14 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING

None.

109/14 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.

110/14 ANY OTHER BUSINESS

The Chair and the CEO took the opportunity to congratulate staff on achieving the AIMS Accreditation for Memory Services National Accreditation Programme and also for Learning Disabilities in Beds & Luton, and recognised 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.

111/14 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS

See Appendix 1

112/14 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Wednesday 30 July 2014 at 11:00 in Training Room 1, The Lodge, Runwell Chase, Wickford SS11 7XX.

Signed Date

113/14 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 13:50.

Signed

Date

Appendix 1**Governors/Public Query Tracker (Item 111.14)**

| Governor /Member of Public | Query | Assurance provided by the Trust | Actions |
|-----------------------------------|--|--|-----------------------|
| JD | Whether the Trust would continue to deliver services in Beds/Luton after new providers appointed. | The CEO confirmed that the Trust would not be contracted to provide mental health services in Beds and Luton. However, the Trust would continue to provide low secure specialist services as these were commissioned by NHS England. | |
| MD | Concern about length of Board meeting | The Chair said that a high volume of issues had to be discussed but Agenda would be reviewed. | Agenda to be reviewed |
| SB | Concerns raised by a carer with herself but not with the Trust as the carer does not feel comfortable in bringing a complaint. | The CEO said that the Trust encourages people to raise concerns/ complaints which improve standards. This matter to be dealt with by RW. | SB to liaise with RW |

Signed

Date

Appendix 2: Board Papers

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|--------|---|-------|---|
| 117/14 | Minutes of the last meeting held on 28 May 2014 | |  #3 Minutes Part 1 May 2014 DRAFT.pdf |
| 118/14 | Action Log | |  #4 Action Log Part 1.pdf |
| 119/14 | Assurance Report from Performance & Finance Scrutiny Committee | SM/MM |  #5a - Performance and Finance Scrutiny |
| 110/14 | Safer Staffing Report | AB |  #5b) Safer Staffing Report.pdf |
| 111/14 | Safeguarding Annual Report | AB |  #5c) Safeguarding Annual Report 2013- |
| 112/14 | Quality Update | AB |  #5d) Quality Update Report.pdf |
| 113/25 | Outcome of Board Away Day Session | LC |  #5e - Outcome of Board Away Day Ses: |
| 114/14 | Quality Account 2013/14 | SM |  #5f - Quality Account Report 2013  #5f Quality Account Report 201314 - 25.0t |
| 115/14 | Board Assurance Framework | SM |  #6a - BAF Report.pdf  #6a - BAF - Appendix One - 25.0t |
| 116/14 | Sub-Committees (i) Executive Team Operational Committee | SM |  #6bi ETMins 10 June 2014 - Part 1.pdf  #6bi ETMins 20 May 2014 - Part 1.pdf  #6bi ETMins 27 May 2014 - Part 1.pdf |
| | (ii) Audit Committee | JW |  6b(ii) Audit Committee Report.pd |
| | (iii) Quality & Governance Committee | DH |  #6biii - Quality & Governance Committ |

Signed

Date

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| | (iv) Investment Committee | JW |  #6biv) Investment Committee -June 201 |
| 117/14 | Trust Policies (i) Supervision & Appraisal (ii) Hospitality & Sponsorship (iii) Occupational Health (iv) Mental Capacity (v) 18 Weeks Referral | AB MK NL NL MM |  #6ci - TB Report - Supervision & Apprais  #6cii - TB Report - Hospitality & Sponsor  #6ciii - TB Report - Occupational Health F  #6civ - TB Report - Mental Capacity Act -  #6cvi - TB Report - Referral to Treatment |
| 118/14 | Report from Trust Secretary | JM |  #6d) Trust Secretary Report.pdf |
| 119/14 | Proposed New Structure of Sub-Committees of the Board of Directors | JM |  #6e) Appendix One.pdf |
| 120/14 | Closing the Gap Update | NL |  #7a - Closing the Gap.pdf |
| 121/14 | Suicide Prevention Strategy | AB |  #7b) Suicide Prevention Strategy. |
| 122/14 | CQC MHA Focused Visit | NL |  #8a) - CQC MHA Focused Visit.pdf |
| 123/14 | Monitor Self Certification Declaration | MM |  #8b)- Monitor Self Certification Report - |
| | Presentation: Suicide Prevention Strategy | AB/ |  A Brogan L Cullen Presentation for Trus |

Signed

Date