

**SEPT**  
**MINUTES OF PUBLIC BOARD OF DIRECTORS**  
**PART 1**  
**held on Wednesday 28 May 2014**  
**in TR1, The Lodge, Runwell Chase, Wickford SS11 7XX**

**Members present:**

|                  |  |
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| Lorraine Cabel   | Chair  |
| Sally Morris     | Chief Executive  |
| 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                                 |
| Janet Wood       | Non-Executive Director   |

**In attendance:**

|                  |   |
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| Brian Arney      | Public Governor   |
| Julia Asher      | Compliance, SEPT  |
| David Bowater    | Appointed Governor  |
| Sarah Browne     | Associate Director, Clinical Governance & Quality   |
| Deborah de Haes  | KPMG  |
| Brian Dean       | Senior Health & Safety Advisor, SEPT  |
| Michael Dolling  | Public Governor   |
| Max Forrest      | Communications, SEPT  |
| Paula Grayson    | Public Governor   |
| Annabel Harris   | Patient Experience, SEPT  |
| Sharan Johal     | Clinical Governance, SEPT   |
| Jane King        | Complaints, SEPT  |
| Cathy Lilley     | Assistant Trust Secretary (Minute Taker)  |
| Obi McKay        | Inpatient Mental Health, SEPT   |
| Jennifer Mellani | Head of Legal Services & Trust Secretary  |
| Fleur Nioboer    | KPMG  |
| Ann Nugent       | Head of Clinical Quality, SEPT  |
| Nick Rolfe       | KPMG  |
| Sue Revell       | Public Governor   |
| Helen Smart      | Director – Adult Services (Community Health) representing<br>Richard Winter, Executive Director Integrated Services<br>(Beds & Luton) |

Lorraine Cabel welcomed members of the public, staff and Governors to the meeting and extended a warm welcome to Helen Smart, Director Adult Services (Community Health) who represented Richard Winter, Executive Director Integrated Services (Beds & Luton). She also welcomed representatives from KPMG who were observing the meeting as part of the external evaluation of the Board.

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

**093/14 APOLOGIES FOR ABSENCE**

Apologies were received from Richard Winter, Executive Director Integrated Services (Beds & Luton).

**094/14 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**095/14 PRESENTATION: SAFER STAFFING LEVELS**

Lorraine Cabel introduced Andy Brogan, Executive Director Clinical Governance & Quality/Executive Nurse, and Sarah Browne, Associate Director Clinical Governance & Quality, who presented an overview of the work undertaken to review nursing establishments, and highlighted the following:

- The National Quality Board new guidance to support providers and commissioners to make the right decisions about nursing, midwifery and care staffing capacity and capability sets out 10 expectations of providers and commissioners of which nine relate directly to providers
- The report only looks at nursing staff; many of the Trust's teams are multi-disciplined
- A weekly task and finish group led by the Executive Director Clinical Governance & Quality/Executive Nurse project-managed the Safer Staffing workstream including the establishment review
- The establishment review included all inpatient wards across the Trust. The approach adopted involved data collection, use of evidence tools, triangulation of results from with professional judgment and scrutiny including benchmarking wards staffing levels across the Trust.

Andy assured the Board that the staffing establishment provided safe staffing levels and the aim was to consider how to move the Trust towards the 'gold' standard.

Andy confirmed that the detailed report would be presented and discussed under agenda item 8(i).

On behalf of the Board of Directors, Lorraine thanked Andy and Sarah for the informative and interesting presentation, and in particular asked that the Board's recognition of the staff's contribution to the development of the report was shared with team members.

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

**096/14 MINUTES OF THE MEETING HELD ON 28 APRIL 2014**

Subject to a minor amendment, the minutes of the meeting held on 28 April 2014 were agreed as an accurate record and would be signed by the Chair of the meeting.

Signed .....

Date .....

In the Chair, Board of Directors Meeting

**097/14      MATTERS ARISING**

Any matters arising would be considered under the action log (098/14).

**098/14      ACTION LOG**

Lorraine Cabel presented the action log highlighting that the Safer Staffing Levels update report was an agenda item for this meeting; the remaining actions were for June.

**The Board received and noted the action log.**

**099/14      PERFORMANCE & FINANCE SCRUTINY COMMITTEE ASSURANCE REPORT**

The Chair of the Trust, chaired the Committee meeting held on 22 May 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**

Sally Morris reported on the operational performance of the Trust at month 1, April 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 May 2014, eight actions were closed. The outstanding action – results of internal audit of waiting times data quality – would be presented to the Committee by the end of June.

The Committee received several reports including:

- An assurance report relating to the recurrent cost pressures relating to the in-house facilities contract service. Non-Executive Director members had been concerned that the bid had been incorrectly costed. Following discussions it was agreed that although there were lessons to be learnt for future in-house bid development and challenge processes, the current in-house contract was still more cost effective than the previous contract and other bids received. The Committee was assured that the quality of the in-house service provision is good. The Committee noted that the flexibility afforded to date and required as clinical service contracts are disaggregated in the future would not have been possible if the contract had been awarded to an external contractor. Current cost pressures with the in-house services would be reduced during the year.
- In response to a question by Steve Cotter, Mark Madden clarified and provided assurance that although there were lessons to be learnt for future in-house bid development and challenge processes. The current in-house contract was still more cost effective than the previous contract and other bids received, and the five-year contract would not overspend.
- A briefing on the intranet systems downtime which confirmed that there had been two separate electronic system failures, with the external supplier. The Committee was assured that business continuity plans had been implemented and worked well. Learning had been identified and action was being taken forward to minimise risk of repeat failure.

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- A report on the self-certification arrangements that the Board is required to action was considered. The declarations in respect of general condition 6 and the continuity of services condition 7 of the NHS Provider Licence including the factors that are to be taken into account in making the declaration. The Committee agreed it would recommend to the Board of Directors that a positive declaration should be submitted to Monitor. The approach to approve two further declarations (Corporate Governance Statement and Governor training) were considered as these declarations were to be submitted to Monitor by 30 June 2014.

Sally pointed out that month 1 data provides limited opportunity to accurately identify trends and/or forecast risks. The report covering the April 2014 reporting period, therefore covered fewer measures (60 as opposed to 100) and focused on those measures that have the potential to impact on the quality of service and / or risk breaching regulatory requirements.

Sally drew attention to seven performance hotspots identified as at the end of April of which two were national targets and the remaining five were locally set targets:

- % patients discharged from hospital followed up in 7 days (national target): 93.8% of patients discharged in April were followed up in seven days against a target of 95% with four breaches which were discussed in detail.
- CQC Action Plan Progress: As a result of CQC reviews carried out, the Board of Directors has approved action plans including timescales, which have been submitted to the CQC. These action plans will deliver compliance where minor/moderate concerns had been. The proposal to reconfigure the Weller Wing to enhance the four bedded dormitory arrangement would not meet the July 2014 timescale. However, the Trust was discussing the physical environment with the CCG and a number of options were being considered regarding how Keats Ward and other accommodation is utilised in order to reduce the use of 4 bedded bays
- % of complaints resolved within 30 days (mental health services) and 25 days (community services): for mental health services, 57% (29% last month) of complaints resolved in April were resolved within the local target of 30 days compared to the Trust target of 90%. Performance in each division during April has improved compared to March.
- For community health services, 33% (70% last month) of complaints resolved in April were within the local target of 25 days compared to the target of 100%. Breakdown by locality shows a drop in performance in West Essex, with four complaints missing the local target; however, the longest of those took just 37 days to close. Malcolm McCann confirmed that the complaints were particularly complex and assured the Board that appropriate systems were in place to achieve the stretch timescales for resolution. The Committee was assured that 100% of complaints resolved in April were resolved within the timescale agreed with the complainant which is the national target set out by the Department of Health
- South Essex cancelled clinics (local target) in April: 4% of all MH Consultant Clinics were cancelled due to staff sickness, turnover and problems with the annual leave monitoring grid. Whilst the numbers of clinics cancelled was not

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significant, the CCG has queried whether the Trust's clinic management systems were sufficiently robust as analysis of March and April data shows that it was not just the first day of absence that is resulting in clinic cancellation. Milind Karale provided assurance that clinics should not be cancelled unless no other option was available and that further action was being taken to avoid this going forward

- PbR clustering/development of a pathway-based contract (local target): inpatient clustering has continued to improve in Essex. However, Bedfordshire and Luton has seen a fall in the percentage of inpatients with a valid cluster. Both Coral and Onyx Wards had 38% of patients clustered at month end. Community clustering was static in Essex at 95% with the rate dropping in Bedfordshire and Luton. Milind had followed up the reported performance with doctors concerned and an updated position was reported as 89% overall for inpatients. Individual consultant performance would be monitored closely and performance issues would be recorded as part of the medical appraisal process
- NHS West Essex Revised Stretch Referral to Treatment Waiting Times: these stretch targets were in excess of the national 18 week RTT targets. At the end of April 95% of patients waiting were within targets for reduced waiting times agreed by the commissioner and this KPI was now rated as green. There continued to be a reduction in the number of patients waiting longer than the stretch targets with four services (orthotics, dietetics, bio-mechanics and podiatric surgery) having patients waiting time longer than the reduced target. (112 compared to 146 at the end of March). There had been improvement in the achievement of the national (non-Monitor) 18 week RTT target with just one service, podiatric surgery, experiencing performance below the required 95% target. The CCG are fully aware of current performance and have agreed plans to address orthotic waiting lists. As the target is a contractual requirement it will continue to be identified as a hotspot if targets are not being achieved
- % Staff Supervised (local target): at the end of April 61.37% (52.82% March) of staff had been supervised and 80.27% (70.37% March) had been supervised within the past eight weeks. There continued to be an improvement from last month.. The position reported as at end of April did not take into account the changes agreed to the supervision requirements of non-clinical support staff which, following the change in monitoring systems, confirmed that supervision rates had increased to 67% in past month and 87% in the past eight weeks. West Essex CHS 38.30% (34.67% March) continued to underperform and new monitoring systems were confirmed as being put in place to address performance going forward.

Sally reported that of the seven indicators reported as hotspots as at the end of March, five remained as hotspots as at the end of April. The IAPT national target relating to the proportion of people who have depression and/or anxiety disorders who receive psychological therapies was being achieved and the Did Not Attend (DNA) rates for first consultant clinic attendances (local target) has been downgraded as a hotspot but remained subject to monthly monitoring. The Committee welcomed the improved performance against IAPT targets but noted that increased referrals could lead to increased waiting times. The committee had agreed the need to roll out learning from DNA reviews as quickly as possible.

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Following questions by Dr Dawn Hillier and Randolph Charles, Executive Directors provided assurance that the default position was for patients to have a face to face follow up visits with a telephone call as the fall-back position within seven days. Dawn requested staff supervision rates to be split into clinical and non-clinical staff groups. Andy Brogan confirmed that the Supervision Policy and Procedure was being reviewed to reflect the change of approach and would aim to present these figures at the June Board meeting.

**Action: Andy Brogan**

### **Finance**

Mark Madden presented the Trust's financial performance at month 1 April 2014 and highlighted that historically the first month of the new financial year was not a good indicator of financial performance for the year ahead. With this caveat in mind, the Trust's financial position at month 1 was on plan with an overall income and expenditure surplus of £0.1m. This position assumed 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. The Trust's surplus was, however, slightly below the 2014/15 plan submitted to Monitor by £0.3m, reflecting phasing differences with EBITDA of £1.1 million.

Mark confirmed there were no new emerging risks or hotspots and updated members on the emerging risk and two hotspots reported in month 12, March 2014:

- The in-house facilities management contract was overspent in month 1 by £44k, which was a higher monthly run rate than the average monthly position in 2013/14. Actions were being taking to address and mitigate the continued trend of overspending
- Bedfordshire and Luton inpatient services were slightly overspent in month 1 by £30k. This was significantly reduced from the average monthly overspend last year of £125k, reflecting both the additional funding that was made available for 2014/15 and actions taken by the service. The residual pressure related to high levels of unfunded observations, which was being considered as part of the Safer Staffing project
- There was an £0.4m adverse variance of actioned CIPs against plan, although it was recognised that a proportion of this related to timing differences between implementation of CIPs and formal adjustment of the CIP through the financial budgetary process. Of this total, £0.15m relates to the additional QIPP targets agreed with South Essex commissioners, with a further £0.1m relating to corporate services, although corporate services were reporting a net underspend. Directors were aware of the need to ensure that all CIPs, or alternatives if appropriate, were implemented as planned.

**The Board received the report, discussed and noted the content, and confirmed acceptance of assurance provided.**

**The Board agreed the following actions:**

- 1 Staff supervision rates to be split into clinical and non-clinical staff**
- 2 Future reports to be reviewed to ensure sufficient detail was included to provide clarity.**

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**100/14 BOARD ASSURANCE FRAMEWORK**

Sally Morris 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. Board Assurance Framework (BAF) respected key risks and is continually updated.

The Executive Team Operational Committee reviewed the Board Assurance Framework (BAF) 2014/15 on 20 May 2014 and considered two potential risks for escalation to the BAF. The first related to new safer staffing requirements and work undertaken to align rotas and budgets. Under new reporting requirements the Trust is required to publish safer staffing discussions, statistics and performance by June 2014. There may be a potential risk to the quality of care and the Trust's reputation if the Trust is unable to comply with the new reporting arrangements. The second potential risk related to Deprivation of Liberty (DoLs) and specifically the implications arising from recent new case law.

Following discussion the Executive Team agreed to escalate both risks to the Corporate Risk Register; as assurance was provided by lead Directors that mitigating actions had been identified and close monitoring of progress would be undertaken.

**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 Team Operational Committee**
- 4 Agreed there were no further high risks to be escalated to the Board Assurance Framework.**

**101/14 SUB-COMMITTEES****(i) Executive Team Operational Committee (ET)**

Sally Morris presented the minutes of ET held on 22 and 29 April 2014, and 6 and 13 May 2014.

Minutes 22 April 2014 (page 3): Steve Currell, as Chair of the MHAM Committee, requested a copy of the online survey on how police support people experiencing mental health crises. Dr Milind Karale pointed out that it was not always possible to share information submitted on line, but confirmed that he would provide feedback.

Minutes 6 May 2014 (page 1): In response to a request by Steve Cotter, it was agreed that information and demonstration on the Trust's new website would be presented at the next Board Away Day.

Minutes 6 May 2014 (page 4): Steve Currell requested an updated on the conference call with Monitor on 30 April. Sally Morris explained that Monitor recognised it was a good plan and that mitigating actions had also been identified. The Trust was currently waiting for formal feedback from Monitor.

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Following a request by Steve, Sally briefed the Board on the visit by Ruth May who was particularly impressed with the work by the Trust on safer staffing. It was agreed that a more detailed update would be included in '*Trust Today*'.

Minutes 13 May 2014 (page 4): In response to a question by Steve Currell, Malcolm McCann felt the announcement that local CCGs will have the opportunity to co-commission primary care in partnership with NHS England was an important strategic development which should lead to more integrated services. However, he recognised this would be a significant challenge.

**The Board received, discussed and noted the minutes of the meetings held on 22 and 29 April 2014, and 6 and 13 May 2014.**

**The Board agreed the following actions:**

- 1 MK to share feedback on the 'have your say on police powers on mental health' survey**
- 2 Demonstration of the new Trust's website at the Board Away Days in June**
- 3 A detailed report on Ruth May's visit to be included in *Trust Today*.**

## **102/14 TRUST POLICIES**

Lorraine Cabel advised members of the public, staff and Governors that the following Trust policy was presented to the Board for final approval after going through a robust governance process:

- (i) Disclosure and Barring Service (DBS) and Recruitment of Ex-Offenders Policy.

Following a question by Alison Davis, Andy Brogan agreed to confirm if the legal requirement is for five-yearly checks; however, the Board noted and agreed with the Trust's approach to adopting three-yearly checks.

**The Board approved the above policy.**

**The Board agreed the following action:**

- 1 AB to confirm if the legal requirement relating to DBS is for five-yearly checks.**

## **103/14 TRUST SECRETARY: LEGAL AND POLICY UPDATES REPORT**

Jennifer Mellani presented the Trust Secretary's report on legal and policy updates. Jennifer reminded members that a weekly legal and policy update is also received by the Executive Team Operational Committee (ET) to ensure that the Trust is updated in a timely fashion, and respond to consultations within the required timeframes. The report was now also circulated to the SMTs and Senior Managers for information and actions

Jennifer advised that the Legal Department was reviewing the Deprivation of Liberty Safeguards (DoLS) judgment. Jennifer also commented on the Care Bill 2014 which highlights that it is a criminal offence for a healthcare provider to supply or publish false or misleading information.

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Nigel Leonard drew members' attention to the key themes which were starting to emerge from policy documents and decisions. This included initiatives to enable organisations to come together. In addition, there was a focus on governance and leadership with new whistleblowing guidance for health and social care. Monitor had also committed the Trust Development Agenda and the CQC which develop a single view of what good leadership looks like for NHS providers.

In response to a question by Janet Wood relating to policy changes on the regulation and governance of charitable funds, Jennifer confirmed that there are no changes to be made to the Charitable Funds Committee and the Trust was therefore compliant.

Following a question by Steve Cotter on whether the new guidance from Monitor on the asset register and disposal of assets for providers of Commissioner Requested Services was relevant to the assets disposal involved in the disaggregation of Bedfordshire and Luton Mental Health Services, Nigel assured members that the Trust was compliant with the guidance following a review by the Director of Estates and Facilities.

It was agreed that Monitor's *Well-led framework for Governance Reviews* would be circulated prior to discussion at the Board Away Day.

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

**The Board agreed the following action:**

- 1 **JM to circulate Monitor's *Well-led framework for Governance Reviews*.**

**104/14 SAFER STAFFING LEVELS**

Andy Brogan presented the report on the work undertaken to review nursing establishments within all the inpatient areas as detailed in the Safer Staffing guidance. He reiterated that this builds on the work that had been undertaken during recent years and in particular the significant investment in staffing.

The report addresses the requirements of the National Quality Board guidance on determining safer staffing levels and the requirements to publish staffing data. Andy explained that the guidance details the process undertaken as part of all inpatient areas and details of each wards current funded establishment and recommended staffing establishment. The recommended safer staffing establishments are based on senior clinical staff utilising professional judgment and scrutiny to triangulate the results of evidence from the national toolkit with local knowledge of what is required to achieve better outcomes for their patients.

Andy pointed out that a 19% absence cover has been included in the establishments for planned and unplanned leave. It was therefore not expected that wards will staff to full establishment to allow cover for all shifts required. The absence cover was presently being discussed nationally as to whether a national figure will be set. The Board noted that recommended establishments within the mental health wards only cover the first 1:1 observation; there has been an increase in the number of observations required on a shift by shift basis across the Trust due to the increase independency of patients.

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In the Chair, Board of Directors Meeting

The establishment tables cover the inpatient areas across mental health, learning disability and community health services. There were three further inpatient areas that at present have not been included due to the integrated establishments aligned to the services, namely Biggleswade, The Coppice and prison healthcare.

Andy confirmed that the establishments identified in the report have been agreed to allow minimum safer staffing levels on each shift. This will require additional funding on some ward areas which were under established as identified through overspends within the operational budgets. Although staffing levels have been reviewed and in most areas increased, the qualified ratio within the majority of ward areas does not meet the 'best practice standards' of 1:8 ratio. However all ward areas have been reviewed by the Executive Director Clinical Governance & Quality/Executive Nurse with the relevant lead nurse and senior clinical staff to utilise professional judgment and agree minimum safer staffing establishments. The report identified that Trust services were safe.

Andy confirmed that an exception report will be presented to the Board every six months with effect from June 2014. Details of staffing establishments will be published on the Trust's website and NHS Choices. In addition, Safe Staffing boards will be displayed outside each ward in the Trust's inpatient areas which inform patients, visitors and staff of the current level of nursing staff in that ward on that day.

Members of the Board reviewed and discussed the report in detail, and in particular considered the potential financial risk relating to the introduction of safer staffing levels and the requirement for an action plan to mitigate risks. The Board noted, however, that further detailed information relating to finances was required and agreed that this would be discussed in further detail at the Board Away Days in June. Sally, however, assured members that the current levels of staffing were safe.

The Board thanked the staff who had contributed to the development of this report, in particular Sarah Browne, Ann Nugent and Sharan Johal.

**The Board**

- 1 Received the report, discussed and noted the content**
- 2 Agreed the recommendations outlined in the establishment reviews subject to limitations and further discussions at the Board Away Day.**

**The Board agreed the following action:**

- 1 Financial risks and mitigating actions relating Safer Staffing Levels to be discussed at Board Away Day.**

**105/14 DUTY OF CANDOUR**

Nigel Leonard presented the report which outlined the actions the Trust was taking to meet the Duty of Candour requirements. He reminded members that a training session by Hempsons took place on 7 May which explained in detail the content of the new statutory Duty of Candour, how it will work and the requirements on the Trust. In addition to the Board, invited members from the Complaints, Legal and SI teams together with senior clinicians to attend the training event

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Nigel advised that the Executive Team Operational Committee would be progressing the action plan to ensure the Trust meets the Duty of Candour requirements. The plan focused on the introduction of a training programme to ensure all staff are aware of the requirements as well as a review of the key policies and procedures which would build on the good practice already in place.

Nigel agreed to present a progress report to the Board on 24 September 2014.

In response to a point raised by Alison Davis, Nigel confirmed that it is a criminal offence for any registered medical practitioner, nurse, allied health professional or director of an authorised healthcare organisation to knowingly obstruct another individual in the performance of their statutory duties.

**The Board received the report and noted the content.**

**The Board agreed the following action:**

- 1 Progress report to be presented at the September Board meeting (NL)**
- 2 Notes from the Hempsons training session to be circulated (CL).**

#### **106/14 CQC MENTAL HEALTH ACT 1983 FOCUSED VISITS**

Nigel Leonard presented the report and reminded members that the CQC is required to monitor the use of the Mental Health Act 1983 (MHA) to provide a safeguard for individual patients whose rights are restricted under the Act by looking across the whole patient pathway experience from admission to discharge. When a MHA focused visit had taken place the CQC submit to the Trust a MHA Monitoring Visit report and a Provider Action Statement for completion. These focused visits are reviewed by the MHA Committee and any learning is disseminated through Service Management Teams and lead Directors.

The report to the Board outlines the findings and actions taken to ensure the Trust is implementing the MHA and Code of Practice in relation to the visits to Willow Ward on 28 January 2014 where two actions were identified and Onyx Ward on 28 March 2014 where three actions were identified.

Nigel confirmed that the Trust has comprehensive action plans underpinning the action statements and monitoring of progress was undertaken by SMTs and overseen by the MHA Committee, the relevant Executive Director and the Trust's Compliance Team.

In response to a question by Steve Cotter, Dr Milind Karale clarified that all patients have a personalised activity plan which was a balance of activities, including the use of the gym.

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

#### **107/14 MONITOR SELF-CERTIFICATION 2014/15**

Mark Madden presented the report on the Trust's annual self-certifications and explained that this was a requirement under the NHS Provider Licence, Risk

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## Assessment Framework and the Health & Social Care Act 2012.

The self-certifications were previously incorporated into the Annual Planning process but because of revised timescales and arrangements introduced this year, the process had been delayed by Monitor. Three separate templates were made available by Monitor on 30 April to enable FTs to submit their declarations:

- General condition 6 and Continuity of Services condition 7 of the NHS provider licence: three declarations required by 30 May 2014.
- Corporate Governance Statement: declaration required by 30 June 2014.
- 'Other' declarations including Academic Health Science Centres and training of governors: two declarations required by 30 June 2014.

Mark confirmed that the declarations required by 30 May 2014 in respect of general condition 6 and continuity of services condition 7 of the NHS Provider Licence have been considered by the Executive Team Operational Committee and Performance & Finance Scrutiny Committee. Both sub-committees of the Board have recommended that the Trust is compliant with the requirements.

The declarations will be signed by the Chair and CEO on behalf of the Board of Directors having regard to the views of Governors. The Operational Plan 2014-16 which confirms the continuity of service rating has been shared with the Council of Governors and their comments taken into account in its development. The declarations were also shared with the Council of Governors at its meeting on 22 May 2014.

Dr Dawn Hillier advised that the Quality & Governance Committee at its meeting on 12 June 2014 to review the self-assessment of the 'other' declarations, and would report back to the Board at its meeting on 25 June 2014.

### The Board

- 1 **Received the report, discussed and noted the content**
- 2 **Approved the declarations set out in the report in respect of general condition 6 and continuity of services condition 7 of the Trust's NHS Provider Licence.**
- 3 **Noted the requirement to submit two further declarations to Monitor in respect of the Corporate Governance Statement and 'other' declarations (AHSCs and Governor training) by 30 June 2014.**

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| <b>108/14</b> | <b>USE OF CORPORATE SEAL</b> |
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Sally Morris advised that the Corporate Seal had been used on one occasion since the last Board meeting as detailed in the report.

**The Board received the report and noted the content.**

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

Lorraine Cabel reported that she had circulated several emails relating to the Board of Directors Away Day since the last meeting on 28 April 2014.

**109/14 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER**

**110/14 ANY OTHER BUSINESS**

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

Paula Grayson asked under which of the future strategic priorities and objectives for 2014/15 set out in the Quality Account, will there be actions to address the health inequalities of ethnically diverse service users/patients.

Sally Morris explained that all strategic priorities, and particularly those relating to services, focus on good quality and effective care for all patients so would not discriminate by categorising patients. She advised that it was the role of commissioners to determine how to commission in respect of health inequalities. Lorraine Cabel suggested that further information could be found in the CCGs' commissioning plans which were available on their websites.

Following a question by Michael Dolling about the local provision and availability of beds, Sally advised that providers were nationally experiencing pressure around the availability of beds. The ideal situation would be to provide a bed in the patient's locality but this was not always possible and the Trust would therefore source a bed in another area. She confirmed that the patient would be return to a local bed when one became available. Discussions were currently being held with Bedfordshire CCG on capacity and future requirements.

**112/14 DATE AND TIME OF NEXT MEETING**

The next meeting will take place on Wednesday 25 June 2014 at 11:00 in Stockwood Discovery Centre, London Road, Luton LU1 4LX.

**113/14 RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC AND 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.

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In the Chair, Board of Directors Meeting