

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 29 October 2014
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
Steve Cotter (SCT)	Non-Executive Director
Steve Currell (SCr)	Non-Executive Director
Alison Davis (AD)	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
Richard Winter (RW)	Executive Director Integrated Services (Beds & Luton)

In attendance:

Gaynor Abbott-Simpson (GAS)	Associate Director, Community Mental Health Services
Clive Allanso (CA)	Interim Assistant Trust Secretary
Brian Arney (BA)	Public Governor
Denise Cook (DC)	SEPT
Jayne Dalglish (JD)	Manager, Basildon MHU, SEPT
Brian Dean (BD)	Senior H&S Adviser, SEPT
Michael Dolling (MD)	Public Governor
Max Forrest (MF)	Associate Director Communications, SEPT
Vicky Fryer (VF)	Basildon MHU, SEPT
Paula Grayson (PG)	Public Governor
Colin Harris (CHa)	Public Governor
Julie Hickford (JH)	Clinical Audit Assistant, SEPT
Cheryl Hill (CHi)	CPA Manager, SEPT
Evelyn Hoggart (EH)	Public Governor
Cathy Lilley (CL)	Business Administration Manager (Minute Taker)
John Jones (JJ)	Public Governor
Jennifer Mellani (JM)	Head of Legal Services & Trust Secretary
Sue Revell (SR)	Public Governor
Deborah Ridley-Joyce (DRJ)	Public Governor (part)
Donna Roberts (DR)	Management Accountant, SEPT
Tracey Stapley (TS)	Basildon MHU, SEPT
Elaine Taylor (ET)	SEPT
Jim Thakoordin (JT)	Public Governor
Robin Thornton (RT)	Business Analyst, SEPT
David Watts (DW)	Public Governor
Tony Wright (TW)	Public Governor

The Chair welcomed members of the public, staff and Governors to the meeting. She pointed out that some members of the Board would be piloting a paper-less approach to Board meetings.

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

201/14 APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Randolph Charles (RC) Non-Executive Director
Dr Dawn Hillier (DH) Non-Executive Director
Janet Wood (JW) Non-Executive Director

202/14 DECLARATIONS OF INTEREST

None.

203/14 PRESENTATION: COMMUNITY MENTAL HEALTH SERVICES TRANSFORMATION

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

On behalf of the Board, the Chair thanked GA-S on the informative and compelling presentation on the exciting work being undertaken by the Trust which would result in both improvements to patients and staff.

204/14 MINUTES OF THE MEETING HELD ON 24 SEPTEMBER 2014

The minutes were agreed to be a correct record.

205/14 ACTION LOG

The Board received the action log and noted progress including:

- 119/14 Board Committee Structure: NL reported that the Executive Team was reviewing the proposals prior to a full report being presented to the November Board meeting.

Action:

- 1 **Board Committee Structure update report to be presented at November Board meeting.**

206/14 PERFORMANCE & FINANCE SCRUTINY COMMITTEE ASSURANCE REPORT

The CEO 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 23 October 2014 meeting.

Performance

The CEO advised that nine actions were due for completion in October and one was outstanding from September 2014, of which five actions were now closed and four

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remained open. She also drew attention to the five hotspots and four emerging risks, and provided assurance that appropriate action was being taken to address these. Referring to 14 October ET minutes page 4 relating to the actions being taken to improve appraisal figures, SCr asked if Monitor had any concerns. AB confirmed that Monitor was satisfied with the actions being taken.

Finance

MM presented the Trust's financial position at month 6, September 2014 which showed a surplus of £4.1m which was ahead of the plan submitted to Monitor by £0.3m. This position was mainly attributable to higher than planned additional income for specialist services. The Board noted the forecast year end position had been reassessed and had been restated by £3.1m to a surplus of £1.2m in line with the Trust's original Monitor plan.

Working capital and cash balances remained strong and the Trust's continuity of service risk rating was 4 which demonstrated strong financial health. It is anticipated that the Trust will continue to maintain a continuity of service risk rating of at least 3 over the next 12 months. There were no new emerging risks or hotspots.

SCt noted the outstanding contribution of Nikki Brown, Director of Finance Bedfordshire and Luton, in providing the appropriate information for the reforecasting.

The Board confirmed acceptance of assurance provided.

207/14 QUALITY REPORT

AB presented the Quality Report which provided an overview on aspects of care covering safety, experience and improvement; this supported the Trust's commitment to being transparent, open and honest, and highlighted the actions being taken forward.

The Chair asked for assurance that the relevant equipment was available for people in their own home to prevent pressure ulcers. AB confirmed that such equipment was available. From recent personal experience, AD endorsed that the equipment was provided within two hours of the request. She also complimented the district nurses in Bedfordshire for their support, advice and promptness of care.

The Board approved the Quality Report.

208/14 MONTHLY SHIFT BY SHIFT STAFFING REPORT

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 and included a dashboard covering each of the ward areas showing planned and actual staffing as well as the agreed quality metrics.

AB 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 individual wards. SCt queried if other Trusts produced a similar level of detail and in the same format for their shift by shift staffing report. AB advised that the level of detail produced varied

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between Trusts. However, SEPT's report had taken account of best practice from Salford Royal NHS Trust who were regarded as leaders in this field. SCt asked how the Trust's staffing rates compared with others nationally. AB agreed to investigate with a view to including in future reports.

The Board approved the monthly Shift by Shift Staffing Report.

Action:

- 1 **Comparison of the Trust's rates with other FTs to be checked with a view to including in future reports (AB).**

209/14 EQUALITY & DIVERSITY ANNUAL REPORT

RW presented the Equality & Diversity Annual Report 2014/15 which detailed the work of the Trust in ensuring compliance with the Equality Act 2010. He advised that a separate report on workforce and staff will be published.

Page 10: AD highlighted that the changes in demographic groups by area within Trust service areas did not include Suffolk and West Essex. RW agreed to ensure these were included.

The Board thanked Steve Porter, Associate Director Social Care & Partnerships for his continue commitment to ensuring the Trust embraces equality and diversity in all our services.

The Board approved the publication of the report on the Trust website, subject to the inclusion of the Suffolk and West Essex statistics as identified above.

Action:

- 1 **Report to include the changes in demographic groups for Suffolk and West Essex (RW).**

210/14 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 escalated to the BAF:

- The transformation programme is not delivering to the levels and timescales as planned and this is putting pressure on the financial position.

The Board noted two new risks had been escalated to the Corporate Risk Register:

- There is a potential financial risk to the Trust if the contract for the Short Stay Medical Unit (SSMU) is withdrawn at short notice
- If the Bedfordshire Community Health Services contract is not signed this may pose a financial risk to the organisation.

The Board agreed:

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- 1 **The scoring as detailed in the report**
- 2 **Transformation programme risk as detailed above to be escalated to BAF.**

211/14 SUB-COMMITTEES

(i) Executive Team Operational Committee (EOC)

The CEO presented the minutes of EOC held on 16, 23 and 30 September, and 7 and 14 October 2014.

Minutes of 16 September page 12: AD asked if there was an update on the issues in relation to the fire alarm at Charter House. NL confirmed that although the system was old, replacement parts have been obtained. He also advised that Charter House was one of the properties affected by the disaggregation and this information would be provided on transfer.

Minutes of 30 September page 1: AD noted the impressive results following the social marketing on referrals to Therapy for You.

(ii) Quality & Governance Committee

SCr presented the report on the Committee's deliberations held on 21 October 2014.

The Board noted the report.

(iii) Investment Committee

In the absence of Janet Wood, Chair of the Investment Committee, the Chair of the Trust presented the report on the Committee's meetings held during September.

The Board noted the report.

212/14 TRUST POLICIES

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

- (i) Information Rights for Detained Patients Policy
- (ii) Management of Fixed Term Contracts Policy
- (iii) PMVA (Prevention and Management of Violence and Aggression) Policy
- (iv) Management of Security Policy
- (v) COSHH (Control of Substances Hazardous to Health) Policy
- (vi) Corporate Health & Safety Policy
- (vii) Non-Clinical Risk Assessment Policy
- (viii) Code of Conduct for the Members of the Board of Directors.

The Chair commented that the Code of Conduct for the Members of the Board of Directors sets out those behaviours expected of the Board and all Directors had been given the opportunity to review and contribute to its development.

The Board approved the above policies.

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213/14 TRUST SECRETARY: LEGAL & POLICY UPDATES REPORT

JM presented the Trust Secretary's report on legal and policy updates. She assured the Board that although there had been a delay nationally with the implementation of the statutory duty of candour, the Trust continued to work towards future-proofing compliance.

2.4 CQC mental health care survey findings: SCr queried if the Trust had undertaken its own survey to provide national comparisons. SM confirmed that the results of the survey which were in line with national averages, would be included in the presentation by Quality Health at the November Board meeting.

2.7 Government to revise FOI Code: SCr applauded the changes to promote greater openness of the outsourcing of public services and asked if these changes would create a greater demand on resources and costs. NL anticipated there would not be an increase in the current level of requests.

The Board discussed and noted the report.

214/14 REVIEW OF CONSTITUENCIES

NL presented the update report on the review of the Trust's constituency structure and composition of the Council of Governors which was being led by the Executive Director Corporate Governance and the Head of Legal Services & Trust Secretary.

The Board noted that the working group intended holding its first meeting before the Council of Governors meeting on 12 November 2014 so that an update could be presented at this meeting.

The Board discussed and noted the report including the timeframe.

Action:

- 1 **Working Group to meet prior to 12 November 2014 (NL/JM)**

215/14 UPDATE REPORT ON THE TRUST VOLUNTEERS

NL provided the update report on the status of Trust volunteers, and highlighted the range of activities supported by volunteers as well as future initiatives.

The Board expressed their appreciation for the significant contribution made by its volunteers.

The Board discussed and noted the report.

216/14 COMPLIANCE REPORT FOR Q2 2014/15 FOR MONITOR

MM presented the Quarter 2 Compliance Report for 2014/15 for Monitor. The Board agreed the declarations confirming the Trust had taken the appropriate action to meet Monitor's self-certification requirements.

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

217/14 DUTY OF CANDOUR UPDATE

NL presented the update on the work currently being undertaken within the Trust in preparation for the coming into force of the statutory duty of candour and pointed out that the implementation date had been delayed, awaiting Parliamentary approval. He assured the Board that there were no compliance issues as the statutory duty of candour was not law yet.

MK asked if a policy would be developed to cover the statutory duty of candour requirements, particularly as the 'harm' thresholds imposed by the Regulations which would trigger the statutory duty were the same for the contractual duty. JM confirmed that the Trust's Openness Policy was being redrafted to include statutory duty of candour thresholds and requirements.

AB advised that a training package had been developed to support and guide staff.

The Chair asked what the Clinical Commissioning Groups' monitoring arrangements were if the statutory duty was also being built into contracts. AB advised that the monitoring procedure was not yet known but assured the Board that appropriate systems and guidance would be introduced once the requirements were advised.

The Board discussed and noted the report.

218/14 USE OF CORPORATE SEAL

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

219/14 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING

None.

220/14 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.

221/14 PAPERLESS BOARD

NL provided a verbal progress report on the review of the software packages to support a paperless Board meeting. The Executive Team was currently considering the options with a proposal to be presented to the Board at its meeting in November.

Action:

- 1 **Paperless Board proposal to be presented at November Board meeting (NL).**

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222/14 ANY OTHER BUSINESS

None.

223/14 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS

See Appendix 1.

224/14 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Wednesday 26 November 2014 at Stockwood Discovery Centre, London Road, Luton LU1 4LX.

225/14 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 12:30.

226/14 STAFF RECOGNITION SCHEME

The Chair and CEO were delighted to present certificates to the following members of staff who had been nominated for the SEPT *In Tune* Award:

(i) Individual *In Tune* Award

- Jane Dalglish – Manager, Eating Disorder Service, Basildon MHU
- Natasha Dominique – Ward Manager, Meadowview Unit, Thurrock Hospital
- Dr Feena Sabastian – Old Age Psychiatrist, Rochford Hospital
- Jacky Weston – Community Nursery Nurse & Health Visiting Assistant, Epping Clinic Health Visiting Team, St Margaret’s Hospital, Epping

(ii) Team *In Tune* Award

- Paediatric Speech & Language Therapy Services, Suffolk with Lesley Clayton, Peta Cook, Sandra Smith and Matthew Tarr representing colleagues
- Eating Disorder Service, Basildon MHU with Jane Dalglish, Vicky Fryer and Tracey Stapley representing colleagues.

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.

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Appendix 1**Governors/Public Query Tracker (Item 227 /14)**

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
JT	Requested copy of CQC report on mental health care survey findings (Trust Secretary Report 2.4 refers)		CL to liaise with FS and send to JT
MD	Paperless Board: Asked if electronic devices would be available for public in attendance at Board meetings		Further consideration to be given to paperless facilities for the public at Board meetings (NL)
MD	Noted the excellent work of the Luton Arts Project and thanked RW for extending the funding period to 1 April 2014. He asked if the new provider could be urged to support the worthy scheme.		RW to take this forward with the new providers in Luton and provide an update on the response
JJ	Requested Quality Report noted if SI was in custody or in prison for clarity		AB to consider inclusion of definition and split in figures for clarity
JT	Involvement of governors at Board sub-committees and/or groups to use expertise		Consideration of governor involvement various Trust meetings being taken forward by the workplan task and finish group, with advice from NL

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Appendix 2: Board of Directors Part 1 Papers

Minute Ref No	Agenda Item	Report
203/14	Presentation: Community health Services Transformation	
204/14	Minutes of the last meeting held on 24 September 2014	 #3 Minutes Part 1 Sept 2014 DRAFT.pdf
205/14	Action Log	 #4 Action Log Part 1 following Sept 2014.p
206/14	Performance & Finance Scrutiny Committee Assurance Report	 #5a - PFSC Assurance Report - 2
207/14	Quality Report	 #5b Quality Report.pdf
208/14	Monthly Shift by Shift Staffing Report	 #5c Safer Staffing Report.pdf
209/14	Equality & Diversity Annual Report	 #5d - Board Equality Diversity Annual Repr
210/14	Board Assurance Framework	 #6a - Board Assurance Framework
211/14	Sub-Committees (i) Executive Team Operational Committee (ii) Quality & Governance Committee (iii) Investment Committee	 #6b(i)a ET Board  #6b(i)b ETMins 16  #6b(i)c ETMins 23 Report - Part 1 Octob September 2014 - PaSeptember 2014 - Pa  #6b(i)d ETMins 30  #6b(i)e ET Minutes 7  #6b(i)f ETMins 14 September 2014 - Pa October 2014 - Part 1 October 2014 - Part  #6bi ET Follow Up  #6b(ii) QGC  #6b(iii) Investment Part 1 Log.pdf Assurance Report -O Committee.pdf

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<p>212/14</p>	<p>Trust Policies (i) Responding to External Rights for Detained Patients (ii) Fixed Term Contracts (iii) PMVA (iv) Security (v) COSHH (vi) Corporate Health & Safety (vii) Risk Assessment (viii) Code of Conduct</p>	<p>   #6c1 - TB Report - #6c2 - TB Report - #6c3 - TB Report - Information for Detai Fixed Term Contracts PMVA Policy - Octobe</p> <p>   #6c4 - TB Report - #6c5 - TB Report - #6c6 - TB Report - Security Policy - Octo COSHH Policy - Octot: Corporate Health and</p> <p>  #6c7 - TB Report - #6c8 - TB Report - Non-Clinical Risk Asse Code of Conduct Polik</p>
<p>213/14</p>	<p>Trust Secretary: Legal & Policy Updates Report</p>	<p> #6d Trust Secretary Report October 2014</p>
<p>214/14</p>	<p>Review of Constituencies</p>	<p> #6e Report on Constituencies Octob</p>
<p>215/14</p>	<p>Volunteer Update</p>	<p> #7a Volunteer Update.pdf</p>
<p>216/14</p>	<p>Q2 Compliance Report for Monitor</p>	<p> #8a - Q2 Compliance Report.pdf</p>
<p>217/14</p>	<p>Duty of Candour</p>	<p> #8b Duty of Candour Update Rep</p>
<p>218/14</p>	<p>Use of Corporate Seal</p>	<p> #9a Corporate Seal Board paper.pdf</p>

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