

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 27 May 2015
in the Clifftown Room, Saxon Hall, Aviation Way, Southend SS2 6UN

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 Currell (SCI)	Non-Executive Director
Steve Cotter (SCt)	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 (MMc)	Executive Director Integrated Services (Essex & Suffolk)
Mark Madden (CFO)	Executive Chief Finance Director
Mary-Ann Munford (MAM)	Non-Executive Director
Richard Winter (RW)	Executive Director Integrated Services (Beds & Luton)
Janet Wood (JW)	Non-Executive Director

In attendance:

Brian Arney (BA)	Public Governor
Joy Das (JD)	Appointed Governor
Max Forrest (MF)	Associate Director Communications, SEPT
Colin Harris (CH)	Public Governor
John Jones (JJ)	Public Governor
Cathy Lilley (CL)	Business Administration Manager – Chair’s Office (Minute Taker)
Katie Keen (KK)	Assistant Director HR, SEPT
Hannah Mould (HL)	PA Chair’s Office, SEPT
David Watts (DW)	Public Governor
Tony Wright (TW)	Public Governor

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

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

100/15 APOLOGIES FOR ABSENCE

None.

101/15 DECLARATIONS OF INTEREST

None.

102/15 PRESENTATION: RECRUITMENT & RETENTION STRATEGY

The Board received a presentation from Andy Brogan, Executive Director Clinical

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Governance & Quality/Executive Nurse and Katie Keen, Assistant Director HR on the approach the Trust is taking to fill its current vacancies, retain its workforce and reduce its bank and agency usage, with the aim of being an NHS Employer of Choice.

The Board noted both the national and local challenges facing the Trust and also the future plans for both recruitment and retention.

On behalf of the Board, the Chair thanked both AB and KK for their informative and interesting presentation.

103/15 MINUTES OF THE MEETING HELD ON 29 APRIL 2015

The minutes of the meeting held on 29 April 2015 were agreed to be a correct record.

Following a question by SCu in relation to minute no 080/15 Finance & Performance Committee Assurance Report, the CEO confirmed that in March 2015, the Trust had not met the national 18 weeks referral to treatment target in West Essex. However, discussions were being held with the local Clinical Commissioning Group (CCG) regarding opportunities to manage this.

104/15 ACTION LOG

The Board received the action log and noted progress.

- 085/15 Legal & Policy Updates: AB pointed out that he had yet to discuss the 'Bradford' Initiative with MK. Action to be included in the action log
- The Board agreed that actions identified in the Questions and Answers section of the agenda should be included in future action logs.

105/15 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT

As Chair of the Committee, JW provided assurance that a full and robust debate had taken place on 21 May 2015 on all performance issues and that mitigating actions and monitoring processes had been requested where appropriate.

Performance

The CEO highlighted that the Committee had received the following update reports:

- Sickness Absence: an independent review of sickness absence management practice had been undertaken and recommendations identified to strengthen arrangements. As sickness absence performance remained a hotspot, a progress report would be presented in three months
- Recruitment at Robin Pinto Unit: Despite numerous attempts, the Trust had been unable to permanently recruit to vacant posts but assurance was provided that long term agency placements had been agreed and that there were no clinical quality issues
- Vacancies in Essex Mental Health Services: Continued challenges with meeting the revised staffing establishment and although there continued to be some success with recruitment, there had been an increase in the number of

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leavers. A significant recruitment campaign was being planned with a new and more innovative and creative approach being followed, including how the role of the associate practitioner could further support registered staff

- Long Waiting Patients: Assurance was provided that action had been taken to accelerate the validation of caseloads to ensure that patients who had not been seen for over one year were offered an appointment at the earliest opportunity. Action was also being taken to ensure the situation does not re-occur.

The CEO advised there were six performance hotspots:

- % of adult admissions gatekept by CRHT: during April 80% of admissions to adult wards were gatekept by CRHT compared to Monitor's target of 95%. Assurance was provided that the breaches were a unique occurrence and that actions were in place to ensure no further breaches
- Overall vacancy rate slightly increased to 12.05% in April, compared to 11.8% in March, against a target based on NHS Employers' benchmark data of 10%. The Board noted that concerted efforts were being made to improve the recruitment rates and acknowledged that the recruitment of nurses was difficult nationally
- Sickness absence was 5% compared to a target of 4.4%
- Staff supervision rates had slightly decreased to 86.3% compared to 88.9% in March, against a revised local target of 90%
- Mandatory training at the end of April was 89% against a target of 90%
- The Trust was still not achieving the stretch waiting times for treatment in West Essex although some progress had been achieved. The Board noted that these stretch targets have been carried forward to 2015/16 contract.

The CEO also highlighted three emerging risks:

- How Did We Do Surveys (local indicator)
- IAPT Entering Treatment (national indicator)
- IAPT Recovery Rates (national indicator)

The Board was assured that the relevant actions were being taken to address the hotspots and emerging risks.

SCu asked for assurance that in terms of risk there were no registration or certificate issues for staff who have not undertaken their mandatory training. The CEO confirmed that there were no issues or risks. She explained that there was sometimes a delay in the training tracker being updated following training being undertaken.

SCo asked how many patients were affected by the Long Waiting Patients issue. MK confirmed that there was approximately 1900 of which 450 had been removed from the caseload following validation. The CEO provided assurance that actions were in place to address the situation.

Finance

The CFO advised that the Trust's financial position at month 1, April 2015 was an overall income and expenditure surplus of £0.3m; however, pointed out that the first month of the new financial year was not a good indicator of financial performance for

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the year ahead particularly as non-pay can be very unpredictable and final agreement and sign-off of key contracts for 2015/16 were still to be concluded. The Trust's underlying position is therefore below Monitor plan by £0.3m which is mainly attributable to higher than planned delegated expenditure and non-delivery of CIPs expected to start delivering from month 1.

There were no new emerging risks or hotspots although there were a number of areas that have adverse variances in month 1 including:

- Inpatient Services Essex: £50,000 due to spend on agency predominantly within Older Peoples Inpatient Services
- Psychology: £26,000 due to under-funding of IAPT services
- IM&T: £30,000 mainly attributable to spend on computer software contracts and ad hoc consultancy costs
- Adults and Children's Services Suffolk: £63,000 due to retrospective charges related to 2014/15.

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

SCu highlighted a £0.6m overspend in employee expenses for month 1. The CFO explained that this was mainly due to additional costs for planned services as well as to non-planned expenditure.

The Board discussed the continued challenges in meeting the Cost Improvement Programme (CIP) targets totalling £12.2m for 2015/16 which includes brought forward schemes from 2014/15 of £2.4m that predominantly relate to the closure of two wards within Essex Mental Health Services.

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

106/15	QUALITY REPORT
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AB presented the Quality Report which focused on three key categories: safety, experience and improvement, and highlighted that 98.4% of patients did not experience any of the four harms covering pressure ulcers, falls, blood clots and urine infections for those patients who have a urinary catheter in place; this was against a national target of 95%. He highlighted that the Trust also continued to score well in the Friends & Family Test with 84% of respondents likely or extremely likely to recommend the service they receive.

SCu noted that a person-centred Falls Prevention Pathway had been developed which incorporated an observation tool to assist in the formulation of a robust care plan and asked if the effectiveness of this would also be covered by the risk relating to Care Plans on the Board Assurance Framework (BAF). AB agreed to seek clarity.

AD asked for a definition of falls. AB confirmed that a fall would include a situation where a person was found on the floor but the cause is not necessarily known.

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In response to a question by RC regarding prone restraints, AB advised there continued to be a focus on reducing restrictive practices which included eliminating prone restraints. He pointed out, however, that there has nationally been a change of emphasis as it has been recognised that it is the application of restraint that is the risk. A working group was currently reviewing the policy and procedure for the Prevention and Management of Violence and Aggression, as well as the related training package with a view to enhancing the Trust’s current de-escalation techniques with the aim of reducing the use of restrictive practices.

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

Action:

- 1 AB to seek clarity regarding the inclusion of the falls prevention pathway in the care plans risk on the BAF.

107/15 SAFER STAFFING REPORT

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

AB reminded the Board that the fill rates are based on the revised staffing levels following the Board review of establishments in November and describes how many registered and unregistered staff are expected on duty and were on duty over the defined period. He advised that the work was continuing to be undertaken on developing a wider set of metrics that would include a more detailed breakdown of bank and agency staff. This deep dive report would include both statistical information and narrative to provide context.

The Board noted there continued to be a number of hotspots particularly in Essex Mental Health Services where there was a lower than expected fill rate and was assured that there are no significant or major safety concerns on these wards, and on monitoring incidents, there has not been any areas that would cause concern.

The Board also noted the actions being taken to improve both recruitment and retention as highlighted in the presentation at the beginning of the meeting.

The Board approved the report.

108/15 BOARD ASSURANCE FRAMEWORK (BAF)

The CEO presented the Board Assurance (BAF) report and reminded the Board that the BAF was a living document which was subject to changes, which provided a comprehensive method for the effective management of the potential risks that may prevent achievement of the key aims agreed by the Board.

The CEO confirmed that the ‘technical illegal detention patients if section renewal paperwork is not completed in line with requirements’ risk had been removed from the BAF and was included on the Corporate Risk Register (CRR).

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The Board reviewed the BAF ratings and:

- 1 Approved the BAF at May 2015**
- 2 Agreed there were no new potential risks for escalation to the BAF.**

109/15	SUB-COMMITTEES
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(i) Quality Committee

The Chair presented the report of the meeting held on 12 April 2015 and provided assurance that robust discussions were held on a number of issues. In particular she shared the patient story within the Bedfordshire Community Health Dietetics Service which highlighted the positive impact the streamlined pathway was having on patients as well as on improving communications and working relationships between internal and external staff.

Following a question by AD, the Chair confirmed that the Physical Healthcare for Inpatients policy and procedure would be replaced as a guideline.

The Board noted the report.

(ii) Investment Committee

The Chair presented the report of the meeting held on 22 April 2015 and provided assurance that robust discussions had taken place on a number of issues including lessons learnt on successful and unsuccessful tenders.

The CFO pointed out that the process for including Governors in the significant transactions discussions, as agreed by the Board of Directors and Council of Governors, through the Governor Investment Risk Panel in relation to the CAMHs Essex tender had been effective.

The Board noted the report.

(iii) Mental Health & Safeguarding Committee

As Chair of the Mental Health & Safeguarding Committee, SCu presented the report on the Committee's discussions held on 30 April 2015 and assured the Board that the Committee was discharging its terms of reference and delegated responsibilities effectively, and that the risks that may affect the achievement of the Trust's objectives and impact on quality were also being managed effectively.

MAM expressed concern that a risk had been identified that there Trust did not have a Safeguarding Children's Lead Person in post mental health. AB provided assurance that although there was not an individual lead person, there were systems in place to cover the work and responsibilities of this role.

The Board noted the report.

(iv) Audit Committee

As Chair of the Audit Committee, JW presented the report of the Committee's discussions held on 7 May 2015 and assured the Board that the Committee was confident its duties which included governance, risk management and internal control were being appropriately complied with.

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The Board noted that there were no new risks to be included on the BAF.

The Board noted the report.

110/15	TRUST SECRETARY: LEGAL & POLICY UPDATES REPORT
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NL introduced the report and highlighted that mental health continued to be a focus within many of the policy updates.

The Board noted that the next CQC intelligent monitoring reports for Trusts that provide mental health services was due to be published on the CQC website on 11 June, prior the Trust's CQC inspection visit at the end of June. The CEO advised that indicators currently pointed to an improvement in the Trust's ratings.

The Board discussed and noted the report.

111/15	FIT & PROPER PERSONS TEST
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NL presented an update report on the implementation of the Fit & Proper Persons Test (FPPT) as detailed in the action plan. He advised that in March 2015 the CQC had issued further guidance that is now central to both registration and inspection. The Board was advised that although CQC has recognised that individuals may be 'fit' for their roles, the CQC could take the view that overall our Trust Board may demonstrate a 'lack of fitness'.

The Board discussed the report and was assured that the Trust had appropriate actions in place to meet the FPPT requirements, noting that the action plan had been shared with the CQC. In addition, the Board considered and agreed the recommendation to extend the FPPT declaration to include other Directors (not on the Trust Board) on very senior manager contracts, noting that this was in line with good practice and that advice had been provided by the Trust's legal advisers.

AD noted that the CQC will not undertake a FPPT of a Director or determine what is serious mismanagement or misconduct. NL confirmed that the onus is on the provider to ensure it has undertaken all the necessary FPPT checks in the discharge of its responsibilities in relation to the appointment, management and dismissal of its Directors under the new regulation.

The Board

- 1 Noted and discussed the report**
- 2 Agreed that the FPPT declaration should be extended to include Directors (not on the Trust Board) on very senior manager contracts.**

112/15	SAVILE REPORT
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AB presented the report which outlined the findings and recommendations of the Savile Report, and included an update on the action plan that had been developed to address the recommendations that applied to the Trust. The recommendations included the management of visits by VIPs and celebrities, volunteer and agency staff

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recruitment process, and safeguarding training for volunteers. The CEO provided assurance that all visits to Trust sites were supervised.

The Board was assured that the Trust currently complies with many of the recommendations, there were no serious concerns with existing processes, has identified where improvements can be made and developed an action plan to implement the improvements. The Board noted that Monitor expects an update on the progress of the Trust’s action plan by 15 June and noted that the action plan was progressing within Monitor’s requirements as well as the required timeframe.

In response to a question by MAM, AB confirmed that volunteers have safeguarding training in place; however, the Trust had identified an opportunity to strengthen this by providing access to the Trust’s e-learning system as this would help to track and monitor progress, ensuring that updates are completed in a timely fashion.

The Board:

- 1 Discussed and noted the report**
- 2 Agreed that a formal response can be sent to Monitor.**

113/15 COMPLAINTS ANNUAL REPORT 2014/15

NL presented the Complaints Annual Report for 2014/15 which also included a section on compliments received by the Trust, and highlighted that the number of complaints received during 2014/15 as well as the number of referrals to the Parliamentary & Health Service Ombudsman had both slightly decreased from the previous year. In addition 98% of complaints had been responded to within the agreed timescales with complainants. He pointed out that Mazars had undertaken an internal audit of the controls in place over complaints in the Trust, resulting in a classification of substantial assurance being awarded.

The Board welcomed the continued reduction in the number of complaints and that the report included examples of patient stories as well as identifying key themes, namely ‘unhappy with treatment’, ‘staff attitude’ and ‘communication’, mirroring national trends. The Board was particularly pleased that the number of compliments had significantly increased from 2013/14.

SCu commented on the number of complainants who had completed the complaints process feedback questionnaire (57 completed out of 217 questionnaires distributed) and in particular that there were over 50% who indicated a negative experience. NL advised that the negative experiences were mainly due to the investigator not keeping the complainant informed for progress and provided assurance that appropriate action was being taken to improve communication.

SCo requested that future reports included a balance of patient stories and particularly ones which had provided challenge and the actions taken by the Trust, including learning.

AD was pleased to note that the aims for 2015/16 included the triangulation of information and suggested that this included views from staff.

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The Board:

- 1 **Approved the Trust's Complaints Annual Report for 2014/15.**

Action:

- 1 **Complaints Annual Reports to include a range of patient stories (NL)**
- 2 **Triangulation of information to include staff views (NL).**

114/15	MONITOR SELF-CERTIFICATION 2015/16
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The CFO introduced the report that outlined the actions taken and required to meet Monitor's self-certification requirements under the NHS Provider Licence, risk Assessment Framework and the Health & Social Care Act 2012 in addition to those made as part of the Annual Plan submission. He highlighted that of the four self-certifications, three applied to the Trust, namely:

- General Condition 6 of the NHS Provider Licence (submission due 29 May 2015)
- Corporate Governance Statement (submission due 30 June 2015)
- Training of Governors (submission due 30 June 2015).

The Board:

- 1 **Received the report and noted the actions taken to meet the self-certification requirements as well as the submission deadlines**
- 2 **Agreed the declarations in respect of General Condition 6 of the NHS Provider Licence**
- 3 **Agreed the declaration in respect of the Corporate Governance Statement**
- 4 **Agreed the declaration in respect of the Training of Governors.**

115/15	CQC REGISTRATION
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The CFO presented the report that detailed the changes to the Trust's registration with CQC in relation to those sites where the Trust provides services. The Board noted that these registrations are completed via application forms submitted to CQC and these were available from the Trust Secretary's Office.

The Board:

- 1 **Received the report and noted that there were minor changes to the Trust's Statement of Purpose**
- 2 **Approved the submission of applications to vary the Trust's registration with the CQC as set out in the report.**

116/15	USE OF CORPORATE SEAL
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The Board noted that the corporate seal had not been used since the last report presented on 29 April 2015.

117/15	CORRESPONDANCE TO THE BOARD SINCE THE LAST MEETING
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None.

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118/15 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER

The Board noted there were no new risks identified.

119/15 ANY OTHER BUSINESS

NL advised that it was intended to publish Board members' expenses on the Trust's website as part of the Trust's approach to openness and transparency. He advised that these expenses were also reviewed regularly by the Audit Committee.

120/15 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS

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

121/15 DATE AND TIME OF NEXT MEETING

The next meeting will take place on place on Wednesday 24 June 2015 at The Park Inn Radisson Thurrock, High Road, Stifford RM16 5UE at 10:30.

122/15 RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC & PRESS

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

The Board noted and agreed the resolution.

123/15 STAFF RECOGNITION SCHEME

The Chair and CEO were delighted to present certificates to:

- **Individual 'In Tune' Awards**
 - Dee Susans, Senior Sister Mayfield Ward, Thurrock Community Hospital
- **Team 'In Tune' Award**
 - Rawreth Court
 - Wendy Burnham
 - Jackie Littlefield
 - Suzanne Samuel
 - START Rehab/Reablement Southend
 - Karen Aylott
 - Carolyn Hanna
 - Shirley Lough
 - Dawn Ryley

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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. These awards are a positive way of the Board remaining 'in touch' with front line staff.

The meeting closed at 12:40

Appendix 1

Governors/Public Query Tracker (Item 120/15)

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
John Jones	With reference to the Investment Committee assurance report, JJ was pleased to note the Trust was successful with two tenders and asked what services these related to	LC confirmed that these were Southend Sexual Health and School Age Immunisation Services for Essex. She pointed out that the Trust had also successfully won the Essex Drug & Alcohol Services tender	
David Watts	Asked how the interview/selection process for medical staff took account of the 'soft' skills required in working with patients/service users	SM confirmed that there is a service user representative on the interview panel for all consultant posts; this role focuses on relationship management and empathy. It was also noted the recruitment process was value-based as well as technical competencies requirements	
Joy Das	Asked how the results of the election will impact on the Trust's finances	SM advised that she did not believe that there would be any additional monies available directly to the Trust or provider organisations. In addition, there would be additional pressures as a result of the 'blurring' of the Health & Social Care Act	

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