

**SEPT**  
**MINUTES OF PUBLIC BOARD OF DIRECTORS**  
**PART 1**  
**held on Wednesday 29 April 2015**  
**TR1, The Lodge, Runwell Chase, Wickford SS11 7XX**

**Members present:**

Lorraine Cabel (Chair)	Chair
Sally Morris (CEO)	Chief Executive
Andy Brogan (AB)	Executive Director Clinical Governance & Quality/Executive Nurse
Randolph Charles (RC)	Non-Executive Director
Steve Currell (SCI)	Non-Executive Director
Steve Cotter (SCt)	Non-Executive Director
Alison Davis (AD)	Non-Executive Director
Nigel Leonard (NL)	Executive Director Corporate Governance
Malcolm McCann (MMc)	Executive Director Integrated Services (Essex & Suffolk)
Mark Madden (CFO)	Executive Chief Finance Director
Richard Winter (RW)	Executive Director Integrated Services (Beds & Luton)
Janet Wood (JW)	Non-Executive Director

**In attendance:**

Brian Arney (BA)	Public Governor
David Bowater (DB)	Appointed Governor
Martin Curry (MC)	Head of Organisational Resilience & Business Continuity, SEPT
Joy Das (JD )	Appointed Governor
Max Forrest (MF)	Associate Director Communications, SEPT
Carla Fourie (CF)	Associate Director Social Care & Partnerships, SEPT
Paula Grayson (PG)	Public Governor
Shurleea Harding (SH)	Public Governor
Colin Harris (CH)	Public Governor
John Jones (JJ)	Public Governor
Rachel Laverty (RL)	Human Resources Adviser, SEPT
Cathy Lilley (CL)	Business Administration Manager – Chair’s Office (Minute Taker)
Elaine Taylor (EL)	Associate Director Safeguarding, SEPT
Clive Travis (CT)	Public Governor
Tony Wright (TW)	Public Governor

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

**075/15 APOLOGIES FOR ABSENCE**

Dr Milind Karale (MK)	Executive Medical Director
Mary-Ann Munford (MAM)	Non-Executive Director

**076/15 DECLARATIONS OF INTEREST**

None.

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**077/15 PRESENTATION: THE CARE ACT 2014**

The Board received the presentation from Carla Fourie, Associate Director Social Care & Partnerships, on the implications of the Care Act 2014 highlighting that the legislation modernises the framework of care by bringing in new duties for local authorities and new rights for service users and carers.

The Act aims to make care and support clearer and fairer and to put people's wellbeing at the centre of decisions, and extend personalisation, with the emphasis on preventing, reducing and delaying the need for care and support. It changes the way that people will access the care and support system.

On behalf of the Board, the Chair thanked CF for her informative and interesting presentation on a complex piece of legislation, and was particularly pleased to note the actions being taken by the Trust to implement the legislation in partnership with local authorities.

**078/15 MINUTES OF THE MEETING HELD ON 25 MARCH 2015**

Subject to an amendment to the location of the meeting to Stockwood Discovery Centre in Luton, the minutes were agreed to be a correct record.

**079/15 ACTION LOG**

The Board received the action log and noted progress including:

- 057/15 Quality Report: national benchmarking data now expected June 2015
- 039/15 Draft Annual and Financial Plans 2015/16: the financial plan had been approved by the Board at its March meeting; the draft annual operational plan would be discussed by the Board at its part 2 April meeting as the report was being treated as 'commercial and in confidence'. Action now closed
- 040/15 Francis Report: AB has agreed to provide RC with extracts from the Francis Report which links to the specific recommendations in the action plan. Action now closed
- 036/15 Performance – Sickness Absence: further analysis to determine impact of positive leadership in reducing absence being undertaken; update report will be presented at the May Quality Committee meeting. Action now closed
- 064/15 Board Cover Report: New Board Summary Report introduced at April Board meeting; NL welcomed any feedback or comments and advised that the Report would be extended to all committees. Action now closed
- 009/15 General Workforce Report: RW advised this had significantly changed since the disaggregation of services in Bedfordshire and Luton. One theme was identified relating to the apparent reluctance of staff to declare their sexuality within the relevant paperwork. This will be reviewed by the Equality & Diversity Group to obtain a better understanding of possible reasons for this. Action now closed.

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**080/15 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT**

As Chair of the Committee, JW provided assurance that a full and robust debate had taken place of all performance issues and that mitigating actions and monitoring processes had been requested where appropriate at the meeting held on 23 April 2015.

**Performance**

The CEO reported that a report on the medical staff productivity project was presented to the Committee who acknowledged that progress had been made in taking forward the recommendations. However, concern was raised with the pace of change and ability of the actions so far to evidence improvement as well as the progress with validating medical caseloads. The Committee recognised the complexities associated with progressing the project. The Board noted that Key Performance Indicators (KPIs) were being introduced to monitor progress which would be undertaken by the Executive Operational Sub-Committee (EOSC) and that an update would be provided to the Finance & Performance Committee in July 2015.

The CEO advised there were five performance hotspots:

- 94% of March's diary sheet were completed compared to a target of 100% and 97% achieved in the previous month
- Overall vacancy rates have continued to fall in March to 11.8% overall compared to 12.2% at the end of February, 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 5.3% compared to a target of 4.4%. An independent consultant has been appointed to review sickness practices and policies and is due to report to EOSC in May
- The Trust was still not achieving the stretch waiting times for treatment in West Essex. However, only 13 West Essex patients began treatment outside of the national target of 18 weeks. The Board noted concern that these stretch targets have been carried forward to 2015/16 contract
- Staff supervision rates had slightly decreased to 88.6% compared to 89.5% in February, against a revised local target of 90%, bringing it into line with other workforce indicators.

The CEO also highlighted some emerging risks related to Serious Incidents. The Board was assured that the relevant actions were being taken to address the hotspots and that the emerging risks were being monitored regularly.

RC asked if there were any trends relating to the number of Absent Without Leave Patients (AWOLs) which he was pleased to note had decreased compared to the previous year. CEO advised there were various reasons and highlighted that all patients returned without harm.

SCu welcomed the work being undertaken to address the vacancy rate which had broader implications than just on staffing rates, such as pressure on finances,

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potential additional stress on staff resulting in increased sickness rates, etc and looked forward to receiving a progress report.

**Finance**

The CFO highlighted that the Trust was in the process of finalising the annual accounts for 2014/15 and as such the figures being reported were provisional although no significant changes were expected. The final position would also be subject to external audit review as part of the annual accounts process.

The Trust’s financial position at month 12, March 2015 was a surplus of £1.0m which is in line with the forecast. After accounting for a technical adjustment, the revised financial position was a surplus of £1.5m. The Trust’s underlying position is therefore below Monitor plan by £0.2m which is mainly attributable to higher than planned delegated expenditure including higher than planned agency and bank staff in month 12.

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.

The CIP position at year end is a deficit of £2.2m. The recurrent deficit position remained at £2.9m which has been factored into the budget setting process for 2015/16.

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

**081/15 QUALITY REPORT**

AB presented the Quality Report which focused on three key categories: safety, experience and improvement, and highlighted that 98.6% 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.

AD asked if there would be an impact on the overall fall figures if the ‘bed days’ for West Essex CHS Wards when included in the figures. AB confirmed this was a timing issue and when included would not have a marked impact on the overall fall figures.

RC congratulated the team on the safety thermometer achievement of 98.6% of patients did not experience any of the four harms and asked if this could be quantified numerically. AB reported that of the 1.4% of people who did experience one of the four harms, majority would not have been severe which suggests strong performance in terms of the quality of care the Trust provides.

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

**082/15 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

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basis as part of the *Hard Truths* commitment. Board members were reminded that the assurance was limited as the national requirement was for us to report on fill rates which did not include bank and agency staff at this time. This will be included in detail in future reports.

AB reminded the Board that the fill rate describes how many registered and unregistered staff are expected on duty and were on duty over the defined period. It does not take account of bank or agency staff but the intention is to include this information in future reports as the metrics were currently being developed.

Although there continued to be a number of hotspots still mainly in South Essex mental health services where there was a lower than expected fill rate, significant improvements had been made with a number of new staff having started or due to start, and wards continued to actively recruit to cover vacant posts. There was one new hotspot for the month – Robin Pinto Unit – where there is a reduced fill rate for registered staff but an increased fill rate for unregistered staff, utilising extra support worker who knows the patients and the unit. The Board were 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.

JW pointed out that the Finance & Performance Committee had stressed the importance of having good KPIs for bank and agency staff.

In response to a question from SCo, AB indicated that although further and more detailed information on bank and overtime will be included in future reports, the assurance will remain limited due to the lack of any nationally agreed evidence based tools to determine nurse staffing levels in community and mental health. Although a modified tool is utilised, it is primarily professional judgement that is being used to determine the staffing establishments. However, Board members were reminded that the Trust also reviews serious incidents, including falls and pressure ulcers, to determine if staffing has any significant impact on these. AB provided assurance that there did not seem to be any correlation in areas that had been identified as hot spots and any significant increase in serious incidents.

MMc highlighted that there were other skilled and qualified staff who contributed to safer services, as well as other initiatives such as increased review meetings, and AB agreed to look at ways in which this data could be captured to provide additional assurance to the Board.

**The Board approved the report.**

**Action:**

- 1 AB to review ways in which additional data/information could be presented to provide additional assurance on safer staffing.**

**083/15 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

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comprehensive method for the effective management of the potential risks that may prevent achievement of the key aims agreed by the Board.

The Board noted that following a risk assessment of the technical illegal detention of patients, the risk had been included on the Corporate Risk Register (CRR), not the BAF.

The CEO pointed out that the Board had agreed at its March meeting those risks to be carried forward to the 2015/16 BAF which also included four of the five quality risks identified in the draft one year operational plan. She confirmed that a number of meetings had been held with lead Directors to fully assess potential high risks associated with the corporate aims for 2015/16 and outcomes from these discussions have formed the basis of the BAF and CRR for the new financial year.

**The Board reviewed the BAF ratings and:**

- 1 Approved the draft BAF at April 2015**
- 2 Noted the technical illegal detention of patients risk should be included on the CRR**
- 3 Noted the potential new risks for escalation to the CRR**
- 4 Agreed there were no new potential risks for escalation to the BAF.**

**084/15 SUB-COMMITTEES**

**(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 including the Suicide Prevention Implementation Plan. The Committee stressed the importance of ensuring there was a focus on culture, behaviours and perceptions embedded throughout the Trust, and that the Suicide Prevention Strategy and implementation plans should capture system wide collaborative initiatives.

The Chair reported that the Committee was pleased to note the reduction in the number of prone restraints for 2014/15, achieving both the nationally and locally set aims. In addition the Committee received a report on the independent Serious Incident Review and welcomed the recommendations which would be taken forward by the Executive Operational Sub-Committee.

The Board noted that there were no significant risks requiring escalation.

**The Board noted the report.**

**(ii) Audit Committee**

As Chair of the Audit Committee, JW presented the report of the Committee's discussions held on 26 March 2015 and assured the Board that the Committee was confident its duties were being appropriately complied with.

JW highlighted the review of the Board of Directors Standing Orders and the Standing Financial Instructions, Detailed Scheme of Delegation and the Scheme of Reservation & Delegation and highlighted the importance of ensuring Directors were sighted on and familiarised themselves with these documents.

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Item 8: RC asked for a further explanation on how cost effective the local counter fraud service was. The CFO advised that it was a partly value based judgement as it is difficult to assess the financial effectiveness of what the service prevents. However, this was a tendered service so the cost effectiveness is regularly reviewed.

Item 3: AD asked if there were any concerns regarding the outstanding 28 responses. JW confirmed that there were no concerns as these were low risk recommendations and a progress report would be presented at the next Committee meeting.

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

**The Board discussed and noted the report.**

**085/15 TRUST SECRETARY: LEGAL & POLICY UPDATES REPORT**

NL introduced the report and advised that in addition to the report being considered by the EOSC on a weekly basis who takes forward any key actions arising from the Legal & Policy Update, the report is circulated to the Senior Leadership Team and in addition a small working group meets on a fortnightly basis to monitor progress against key items which impact on the Trust.

Item 2.27: SCu asked if the Trust was taking any action with regards to the 'Bradford' initiative which is being reported as potentially saving thousands of people with serious mental illness from an early death. AB confirmed that the EOSC had agreed that MK would contact Bradford District Care Trust which is behind the scheme to find out more information.

In response to a question by AD about the issuing of a Care Certificate from 1 April 2015, AB confirmed that the Trust has plans in place to launch the Care Certificate for unregistered care assistants and support workers.

**The Board discussed and noted the report.**

**086/15 EQUALITY & DIVERSITY UPDATE**

RW presented an update report on the progress and work being undertaken by the Trust on the new Race Equality Standard. The standard was being implemented in order to challenge workforce activity in a number of areas, in particular within BME groups, with the aim of working towards a health service which is innovative, engaging and respectful to staff irrespective of race, and which ultimately results in an improved patient experience of our services. He advised that with effect from April 2015, Trusts will be expected to complete metrics to understand the gap between BME and White staff experiences, and to make recommendations to close the gap. This will be reported through the Equality & Diversity Group to the EOSC.

RW agreed to present an update report at the Board of Directors meeting in July.

**The Board noted the report.**

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**Action:**

- 1 Progress report to be presented at July Board meeting (RW).

<b>087/15</b>	<b>FREEDOM TO SPEAK UP REVIEW</b>
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NL presented the report detailing the work being undertaken within the Trust to establish a working group to implement the principles and recommendations identified in the recent *Freedom to Speak Up* review by Sir Robert Francis QC. He reminded the Board that the review identified 20 principles and associated actions, and confirmed that the Trust would be responding to the Department of Health's (DoH) consultation paper which has been issued to help form the government's response to the review.

The Board welcomed the CEO's prioritisation of the development of an open, honest and compassionate organisational culture by working in partnership with staff at all levels and was particularly pleased that a task and finish group had been established to review and implement the principles. The group will make recommendations to strengthen the arrangements to support staff in raising concerns or issues, and developing a culture of honesty and openness.

AD asked if the terminology relating to 'blame free' used in the actions section of the report was appropriate and whether it should be about 'fairness'. NL confirmed that this was current national terminology.

The CEO pointed out that an initial review had confirmed that the Trust complies with many of the 20 principles demonstrating that good practice was already in place and although the majority of the principles were operationally focused, there were four where the Board has direct accountability.

**The Board discussed and noted the report.**

**Action:**

- 1 Progress report to be presented at the July Board meeting (NL).

<b>088/15</b>	<b>REVIEW OF CONSTITUTION</b>
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NL introduced the report on the updated version of the Trust's Constitution and Standing Orders for the Board of Directors.

NL reminded Board members that both the Council of Governors and the Board had approved the changes to the Trust's constituencies and composition of the Council of Governors that will take effect from 1 October following the changes to the Trust's service provision and this was now reflected in the revised Constitution. He highlighted other key changes to the Constitution including the inclusion of the statutory fit and proper persons test and that the Standing Orders (SOs) will no longer form part of the Constitution and therefore any amendment to the SOs will not require an amendment to the Constitution. The SOs had also been amended to reflect the Trust's tendering and contracting policies and procedures.

NL assured the Board that the appropriate review processes had been undertaken and that the Trust's legal advisers, Hempsons, have confirmed that in their opinion the

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amendments are compliant with current legislation and relevant regulatory guidance. He advised the changes will be presented to the Council in May 2015 for approval.

NL also proposed a change of review date in order to manage the production of a number of key reports at year end with the next review of the Constitution and Council's SO being August 2018, and Board's SOs in September 2018.

The Chair thanked all who contributed to this review and in particular NL and CL who had led the comprehensive and complex review in a timely and effective manner.

**The Board:**

- 1 Approved the proposed changes to the Constitution and Standing Orders for the Board of Directors**
- 2 Agreed that the annual review date for the Constitution is extended to August 2018**
- 3 Agreed that the annual review date for the Standing Orders for the Council of Governors is changed to August 2018**
- 4 Agreed that the annual review date for the Standing Orders for the Board of Directors is changed to September 2018.**

**Action:**

- 1 Revised Constitution and Standing Orders to be presented to Council of Governors on 20 May 2015 for approval (NL).**

**089/15 NON-CONSOLIDATION OF CHARITY ACCOUNTS**

The CFO presented the report on the non-consolidation of the Charitable Funds accounts into the Trust's main accounts for 2014/15. He confirmed that the materiality review of the net assets of the Charity compared to the Trust's net assets has been undertaken and had not identified any issues.

**The Board approved the non-consolidation of the Trust's Charity accounts into the main Trust accounts for the 2014/15 financial year.**

**090/15 MONITOR Q4 COMPLIANCE REPORT**

The CFO presented the Q4 financial, governance and performance report for submission to Monitor and reminded the Board that it had approved the financial plan for 2015/16 which forecasts a continuity of service risk rating of 3 over the next 12 months.

The Board was pleased to note that the Trust had continued to perform well against the agreed financial plan and is forecast to achieve a continuity of service risk rating of 4 for Q4 and had achieved all of the Monitor KPIs in the same quarter.

**The Board confirmed that the following statements be submitted to Monitor:**

- 1 The Board anticipates the Trust will continue to maintain a continuity of service risk rating of at least 3 over the next 12 months**
- 2 The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds)**

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**as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards**

- 3 The Board confirms there are no matters arising in the quarter requiring an exception report to Monitor which have not already been reported.**

**091/15 ELIMINATING MIXED SEX ACCOMMODATION (EMSA)**

AB presented the report which detailed the action taken by the Trust to ensure that it remains compliant with the DoH standards in relation to EMSA. He explained that since 2009 there has been an intensive drive to eliminate mixed sex accommodation and a number of measures were in place to support local delivery of this commitment.

AB explained that in order to support the Board with making the annual declaration, senior managers have completed a self-assessment for their relevant inpatient areas, the results of which have demonstrated the Trust’s full compliance. He provided further assurance from the Director of Estates & Facilities who has confirmed that the built estate is compliant with the DoH principles. In addition, the Associate Director responsible for the complaints service has provided assurance that no complaints relating to sharing mixed sex accommodation had been received during the year.

AB advised that this would be the last year that the Board would be asked to approve the declaration of compliance due to changes in reporting requirements.

**The Board approved the declaration of compliance.**

**092/15 USE OF CORPORATE SEAL**

The CEO advised the Board that the seal had been used on 21 occasions since the last Board meeting as detailed in the report. She explained that the reason for the high number was due to the transfer of services to East London Foundation Trust.

**The Board noted the report.**

**093/15 CORRESPONDANCE TO THE BOARD SINCE THE LAST MEETING**

None.

**094/15 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.

**095/15 ANY OTHER BUSINESS**

The Chair took the opportunity of thanking the CEO and Executive Operational Directors for their exceptional work and commitment in ensuring the safe and effective transfer of the mental health services in Bedfordshire and Luton to East London NHS Foundation Trust.

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**096/15 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS**

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

**097/15 DATE AND TIME OF NEXT MEETING**

The next meeting will take place on place on Wednesday 27 May 2015 in Saxon Hall, Aviation Way, Southend on Sea SS2 6UN at 10:30.

**098/15 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.**

**099/15 STAFF RECOGNITION SCHEME**

The Chair and CEO were delighted to present certificates to:

- **Individual ‘In Tune’ Awards**
  - Ian Lawrence – Systems Manager, Systems Development Team
  
- **Team ‘In Tune’ Award**
  - Employee Experience Team
    - Hannah Beckwith
    - Sam Bolton
    - Jo Debenham
    - Charlotte Meek
    - Rob Winter
  
  - Contact Centre
 

<ul style="list-style-type: none"> <li>▪ Tony Barwick</li> <li>▪ Susan Barwick</li> <li>▪ Heidi Crawford</li> <li>▪ Julie Davies</li> <li>▪ Sophie Forrest</li> <li>▪ Julie Gibbs</li> <li>▪ Elaine Goldman</li> <li>▪ Hollie Harrison</li> <li>▪ Benetta Hilton</li> <li>▪ Eunice Kenealy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Justina Owen</li> <li>▪ Angela Phinn</li> <li>▪ Gail Porter</li> <li>▪ Fran Sacchi</li> <li>▪ Barbara Singleton</li> <li>▪ Danielle Smith</li> <li>▪ Vanessa Steadman</li> <li>▪ Emma Trueman</li> <li>▪ Jane Vallis</li> <li>▪ Michelle Webb</li> </ul>
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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.

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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 12:50

## Appendix 1

### Governors/Public Query Tracker (Item 051/15)

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
Clive Travis	Expressed concern about the viability of Robin Pinto Unit following the disaggregation of services in Beds & Luton	SM confirmed that the Unit was integral to the forensic services which the Trust was continuing to provide and was therefore not affected by the disaggregation. However there are pragmatic issues which are being discussed with ELFT. NL advised that the Trust was investing in estates work on the Unit as part of this year's capital programme	
Clive Travis	Having visited over 50 psychiatric wards around the country and noting that there were reports about people presenting following taking legal high, asked if there was an issue for the Trust	AB advised that this was not something that had been captured but agreed that this was an area which should be reviewed in more detail	
Clive Travis	Asked if the Trust intended to use animal assisted therapy	MMc advised that the Trust uses a dog which visits Mayfield Ward. AB highlighted that a major barrier to using animals was infection control	
David Bowater	Noted that he was not able to publicise the Staff Recognition Awards for two members of staff in Central Beds due to purdah restrictions		

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