

**SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1**

**held on Wednesday 24 June 2015
at The Park Inn by Radisson Thurrock, High Road, North Stifford RM16 5UE**

Members present:

Lorraine Cabel (Chair)	Chair
Andy Brogan (AB)	Deputy CEO/Executive Director Clinical Governance & Quality/Executive Nurse
Steve Currell (SCI)	Non-Executive Director
Steve Cotter (SCt)	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)
Janet Wood (JW)	Non-Executive Director

In attendance:

Brian Arney (BA)	Public Governor
David Bowater (DB)	Appointed Governor
Sarah Browne (SB)	Deputy Director of Nursing/DIPC
Matt Cope (MC)	HR Adviser, SEPT
Max Forrest (MF)	Associate Director Communications, SEPT
Paula Grayson (PG)	Public Governor
Colin Harris (CH)	Public Governor
Steven Higgins (SH)	Information Analyst, SEPT
Anthea Hockly (AH)	Head of Workforce Planning Education & Training, SEPT
John Jones (JJ)	Public Governor
Cathy Lilley (CL)	Business Administration Manager – Chair's Office (Minute Taker)
Hannah Mould (HL)	PA Chair's Office, SEPT
Ann Nugent (AN)	Head of Clinical Quality. SEPT
Helen Smart (HS)	Director Integrated Adult Services & Lead Nurse, SEPT
Clive Travis (CT)	Public Governor
David Watts (DW)	Public Governor
Roy Wiggins (RW)	Health & Safety Adviser, SEPT
Tony Wright (TW)	Public Governor

The Chair welcomed members of the public, staff and Governors to the meeting. She explained that Andy Brogan, as Deputy CEO, would be representing the CEO in her absence and that Sarah Browne, Deputy Director of Nursing/DIPC, would therefore represent AB.

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

124/15	APOLOGIES FOR ABSENCE
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Apologies for absence were received from:

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Sally Morris (CEO)	Chief Executive
Randolph Charles (RC)	Non-Executive Director
Alison Davis (AD)	Non-Executive Director

125/15 DECLARATIONS OF INTEREST

None.

126/15 PRESENTATION: QUALITY ACADEMY

The Board received a presentation from Richard Winter, Executive Director Integrated Services (Beds), and Helen Smart, Director Integrated Adult Services & Lead Nurse on the development of a Quality Academy which will be the catalyst for organisational quality improvement to support the delivery of the Trust's Quality Vision: *To promote a culture and approach where every member of staff has the passion, confidence and skills to champion and compassionately deliver safer, more reliable care*.

The Board unanimously supported the development of the Quality Academy noting that this would also provide an opportunity to harness the innovation already taking place in the Trust; the Board noted the timeline for the development of the Academy.

On behalf of the Board, the Chair thanked both RW and HS for the work being undertaken in the Academy development, as well as for their informative and interesting presentation.

127/15 MINUTES OF THE MEETING HELD ON 27 MAY 2015

Subject to the rephrasing of 111/15 Fit & Proper Persons Test (1st paragraph), the minutes of the meeting held on 27 May 2015 were agreed to be a correct record.

The Chair advised that she had received a letter from the Trust's Deputy Director of HR confirming that following relevant checks none of its Board members are disqualified from acting as a Director or are undischarged bankrupts as required in the regulations and associated guidance governing the Fit & Proper Persons Test.

Action:

- 1 NL to provide revised wording.**

128/15 ACTION LOG

The Board received the action log and noted progress.

- Mar 057/16 Quality Report: SB advised that the national data benchmarking analysis has now been received and would be incorporated into the July report.

Action:

- 1 July Quality Report to include national data benchmarking analysis (AB).**

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129/15 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT

As Chair of the Committee, JW provided assurance that a full and robust debate had taken place on 18 June 2015 on all performance issues and that mitigating actions and monitoring processes had been requested where appropriate.

Performance

AB highlighted the following performance hotspots and assured the Board that relevant actions were being taken to address the hotspots:

- **Serious Incidents (Mental Health):** the Trust has commissioned three reviews of SIs two of which have been completed and the outcomes/actions plans have been presented to the Quality Committee. In addition a high level review of 10 recent incidents was being undertaken in addition to standard root cause analysis of an individual incident; initial findings are that SIs have occurred in different teams and different localities, with no immediate trends identified. An external review of case notes will also be undertaken.
- **Adult admissions gate-kept by CRHT:** the compliance rate for April and May was now 91% compared to Monitor's target of 95%, and it was forecasted that the June performance would not raise the performance above 95% across the three months in the first quarter. The Board noted this will be reported to Monitor as a breach of the governance requirements. In addition, the annual plan submitted to Monitor included a declaration that no risk was associated with any of the Risk Assessment Framework indicators. Monitor will therefore also be advised of the changing position and details of the action plan which will be developed to ensure this target is met in future.
- **Vacancy rates:** continued challenges with meeting the revised staffing establishment, although there continued to be some success with recruitment.
- **Staff supervision/mandatory and core training:** staff supervision compliance rate had continued to fall in most areas with the exception of Bedfordshire Community Health Services. There also continued to be challenges with the mandatory and core training with variations at service and course level. Assurance was provided that staff who are bank only, who are not compliant with training requirements and have not worked over the past three months, will be discharged from the bank. JW advised that the Committee agreed that Service Directors who fail to achieve improvement by June will be asked to attend future meetings to discuss individual service performance.
- **IAPT entering treatment:** the monthly target for patients entering treatment is 1.25% which was a straight line projection of the annual target and not seasonally adjusted. A meeting has been held following a contract query regarding performance raised by Thurrock CCG and a recovery plan developed which is awaiting sign-off by the CCG.

SCu asked if the Trust was aware of the reasons why referrals were not being made into IAPT treatment from primary care. MMc highlighted that the Trust had undertaken a tremendous amount of work in promoting and encouraging access to the service during the last 12 months but this had not yet translated into referrals. He advised that the Trust was working with Thurrock CCG to identify lead GPs to run a short-term pilot.

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SCu suggested that ‘success’ stories should be included in the communications and MK and MMc agreed to consider how to build this in.

MAM noted that ‘appraisals’ had been identified as an emerging risk. AB advised that last year the majority of appraisals were completed by October. However, a 12 month rolling target was being introduced, to support the revalidation of nurses’ requirement which was based on appraisal, and it was therefore recognised that there would be a time lag for the first year.

Action:

- 1 Include ‘success’ stories with IAPT communications/plans (MK/MMc)**

Finance

The CFO advised that the Trust’s financial position at month 2, May 2015 was an overall income and expenditure surplus of £1.3m which was ahead of the Monitor plan although it was expected that there would be break even position by year end. There were no new emerging risks or hotspots although it was noted that the IAPT service was overspending and assurance was provided on action being taken to address this.

Working capital and cash balances remained strong although lower than for month 1 and lower than the planned position for month 2. This variance against plan was mainly due to cash received from NHS, trade and other receivables lower than plan, actual pay and agency cost higher than plan, and settlement of NHS trade and other payables lower than plan. The Trust’s continuity of service risk rating was 4 which indicated the strong financial health of the Trust.

The CFO pointed out that there was a year to date deficit of £1,214k on the Cost Improvement Programme (CIP). On a recurrent basis, the Trust was reporting a deficit of £35k but this assumed that a further £10.7m of schemes remain deliverable. The Board discussed the continued challenges in meeting the CIP targets totalling £12.2m for 2015/16 and was assured that action continued to be taken to identify suitable schemes to deliver the requirement.

The Board also discussed the potential quality initiatives identified through the Quality Academy which could generate income through CQUINs and produce savings as well as improving quality. The Board recognised there would, however, be minimal impact for 2015/16 due to timing of the launch of the Academy and also noted the challenge and importance of engaging with and receiving by in from both the Clinical Commissioning Groups (CCGs) and clinicians for any service transformation schemes.

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

130/15 QUALITY REPORT

SB 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

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Safety Thermometer national target of 95%. She highlighted year to date there have been no avoidable pressure ulcers and that the Trust also continued to score well in the Friends & Family Test with 96% of respondents likely or extremely likely to recommend the service they receive, compared with 84% for April.

SB reported that the Sign Up To Safety Campaign was successfully launched on 27 May with the National Director and representation from services for each of the work streams. 90 day actions plans were being finalised for each work stream.

JW noted that the Trust undertakes a root cause analysis (RCA) to identify how all grade 3 and 4 pressure ulcers occurred and if found to be avoidable. She asked how long the RCA process would take. SB advised an RCA would take about 60 days in total.

SCo was pleased to note the Trust’s Safety Thermometer high percentage score and queried if other Trusts also achieved a similar score. SB explained that it was difficult to benchmark against other Trusts as there was not a consistent approach to reporting following the reclassification of pressure ulcers and would therefore not be a like for like comparison.

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

131/15 SAFER STAFFING REPORT

SB 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. She advised that there continued to be a high percentage use of bank and agency staff; however, provided assurance that following a deep dive review, 95% of these staff are known on the wards.

The Board was pleased to note the reduction in the number of hotspots compared to the previous month, and was assured that there were no concerns with regards to the safety and quality of care on the wards and that an active recruitment campaign was in place.

SCu asked if the sickness rates data, including the reasons for sickness, were taken into consideration in the review of staffing levels. AB confirmed that data was used collectively as the aim was to undertake a holistic review so that risks can be identified. MMc also reported that an in-depth piece of work to understand the areas where there were high sickness rates was being undertaken.

The Board approved the report.

132/15 ESTABLISHMENT REVIEW

SB presented the report on the work undertaken as part of the third nursing establishment review of all the inpatient areas in line with the expectations within the Safer Staffing national guidance. She pointed out that further work was being undertaken which included a review of the full multi-disciplinary team (MDT) within establishments, a review of the use of absence cover and the review of the efficiency

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of the clinical workforce. The Board noted there were no recommendations to change any of the establishment until the reviews are completed.

AB advised that the report on the proposed changes to the establishment would be presented at the November Board meeting. The Chair requested that if there were any issues which needed to be brought to the Board's attention, then these should be presented in a timely fashion as appropriate.

The Board reviewed the report and:

- 1 Agreed there would be no changes to the establishment until further work is undertaken**
- 2 Agreed the actions proposed in the report.**

Action:

- 1 Report on the proposed changes to the establishment to be presented at November Board meeting (AB).**

133/15	QUALITY ACCOUNT 2014/15
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SB presented the Trust's final Quality Account 2014/15. Subject to an amendment on page 47 (total number of All Complaints should read 377) the Board approved the Quality Account 2014/15 for publication on the NHS Choices and SEPT websites.

The Chair advised that she had received a question from BA regarding the Open Complaints Performance Indicator table on page 46 of the Quality Account: *Using the figures in the table, can you please clarify how the figure of 49 outstanding complaints was arrived at and is this the correct figure?*

NL provided assurance that the figures were correct and explained that the figures did not appear to reconcile as there are two categories not reported in the table: complaints which have been through the process but are not upheld and some complaints which have been logged as 'formal' complaints, have been resolved locally. NL confirmed these categories would be included in future to provide clarity.

The Board commended Faye Swanson, Director Compliance & Assurance, and her team on the excellent report, and thanked AB and SB for their significant involvement in the production of the Quality Account.

The Board approved the report subject to agreed minor amendments.

134/15	BOARD ASSURANCE FRAMEWORK (BAF)
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AB 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 Board noted the review, challenge and approval of individual action plans by the Executive Operational Sub-Committee (EOSC) for risks detailed on the BAF and approved an increase in the risk scoring for two risks: quality of record keeping, and

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bank and agency staff as a result of vacancies and sickness. The Board also noted the potential new risks as identified from the development of directorate objectives which were reviewed by EOSC for escalation to the Corporate Risk Register (CRR) as detailed in the report.

The Board reviewed the BAF ratings and:

- 1 Approved the BAF at June 2015**
- 2 Agreed an increase in the risk scoring for two risks: quality of record keeping, and bank and agency staff as a result of vacancies and sickness**
- 3 Agreed there were no new potential risks for escalation to the BAF.**

135/15	SUB-COMMITTEES
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(i) Quality Committee

The Chair presented the report of the meeting held on 11 June 2015 and provided assurance that robust discussions were held on a number of issues. In particular she shared the patient story relating to a complaint about aspects of care of a patient within Bedfordshire Community Health Services. The Committee were assured that following a lessons learnt case review which included working closely with members of the family, learning had been identified and cascaded across the services.

The Chair also highlighted the report on the second CQC Intelligence Monitoring for mental health trusts had placed the Trust into Band 3 (of 4, with 4 being the lowest risk) which represented an improved position on the November results which placed the Trust in Band 2.

The Board noted the report.

(ii) Mental Health & Safeguarding Committee

SCu, as Chair of the Committee, presented the report of the meetings held on 28 May and 11 June 2015 and provided assurance that robust discussions had taken place on a number of issues.

NL pointed out that a training programme reflecting the changes in law and the Mental Health Act (MHA) 2014 was being developed and mapping of staff was taking place. A new mandatory MHA e-learning programme is to be rolled out to the relevant staff groups.

Referring to the report on the CQC inspection of Safeguarding Children and Looked After Children (LAC) in Bedford, the Chair enquired if this was a particular issue being reviewed by the CQC or standard practice. NL confirmed that there was an increased focus by the CQC in this area. AB assured the Board that there had been a strong Trust focus on the LAC services and advised that there had been positive feedback regarding the Trust's LAC services with no concerns reported.

The Board noted the report.

(iii) Audit Committee

As Chair of the Audit Committee, JW presented the report of the Committee's discussions held on 26 May 2015 which focused on the review of the final Annual

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Report and Accounts 2014/15 and the assurance reports following internal and external audits. She assured the Board that the Committee was confident its duties which included governance, risk management and internal control were being appropriately complied with.

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

The Board noted the report.

136/15	TRUST SECRETARY: LEGAL & POLICY UPDATES REPORT
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NL introduced the report and highlighted that there continued to be a focus on regulatory regimes and governance. He pointed out that the report included a summary of discussions at key Board meetings for Monitor, NHS TDA and NHS England, and asked Board members to provide any feedback outside of the meeting. NL advised that EOSC will be taking forward any key actions arising from the Legal & Policy Updates report.

The Board discussed and noted the report.

Action:

- 1 Board members to provide feedback on preport items to NL outside of meeting (all).**

137/15	WORKFORCE RACE EQUALITY STANDARD (WRES)
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SB presented the WRES baseline metrics report which is the official document which all NHS providers are required by NHS England to publish on their public-facing websites by 1 July 2015. The report shows good progress in many areas and also identifies areas for improvement. The report is only the baseline and work will commence to establish reasons for the variance in staff experience resulting in the development of an action plan. Progress updates will be provided in the first annual report on the WRES in April 2016.

In response to a question by SCo, AB confirmed that recruitment is based on competencies and abilities.

The Chair asked if the reasons for the conclusion reached on page 6 of the report that the relative likelihood of BME staff entering the formal disciplinary process compared to white staff is over five times greater were known. AB advised that this would be covered in the independent review being undertaken. He pointed out that this was a similar proportion of people who are referred to regulatory bodies.

The Board:

- 1 Received the report**
- 2 Approved the publication of the report on the Trust's website in line with NHS England requirements.**

Action:

- 1 Progress report to be presented at April 2016 Board meeting (AB).**

Signed

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138/15 CQC INTELLIGENCE REPORTING

The CFO presented the report which provided information on and analysis of the Trust's second Intelligence Monitoring Report for mental health trusts published by the CQC on 11 June 2015 and as previously advised by the Chair, confirmed that the final report placed the Trust in Band 3 (banding from 1-4 with 1 being the highest risk).

He advised that there were three indicators out of a total of 64 indicators against which the Trust's observed performance was worse than expected and therefore identified as a risk. In November 2014, the CQC Intelligence Monitoring Report contained 57 indicators of which five were identified as a 'risk' and 1 indicator as an 'elevated' risk. This resulted in the Trust being placed into Band 2.

The Board was particularly pleased to see the improved position on the November 2014 results.

The Board received the report.

139/15 USE OF CORPORATE SEAL

The Board noted that the corporate seal had not been used since the last meeting.

140/15 CORRESPONDANCE TO THE BOARD SINCE THE LAST MEETING

None.

141/15 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.

142/15 ANY OTHER BUSINESS

The CFO updated the Board on the positive quarterly telephone discussion with Monitor who indicated that, based on the Trust's history and the forecasted break-even position, including the identification of risks and mitigating actions, the Trust's annual plan would be accepted by Monitor without the need for indepth scrutiny. NL also advised that there was also a brief discussion on the Essex Success Regime as Monitor has a lead role in this process.

143/15 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS

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

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In the Chair, Board of Directors Meeting

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144/15 DATE AND TIME OF NEXT MEETING

The next meeting will take place on place on Wednesday 29 July 2015 at Wrest Park, Silsoe MK45 4HR at 10:30.

145/15 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.

146/15 STAFF RECOGNITION SCHEME

The Chair and CEO were delighted to present certificates to:

- **Individual 'In Tune' Awards**
 - Kirsty Evans, Secure Services, Brockfield House
 - Jane O'Neill, HR Assistant, Thurrock Community Hospital
 - Sharon Dyer, Reception, The Lodge
- **Long Service Award**
 - Alan Fullbrook, Maintenance Craftsman, Estates Dept, Pride House (30 years).
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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 12:35

Appendix 1**Governors/Public Query Tracker (Item 143/15)**

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
John Jones	Referring to agenda item 6(b)(ii), JJ asked for the definition of DoLs	NL explained this was the acronym for <i>Deprivation of Liberty Safeguards</i> .	

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John Jones	Referring to agenda item 5(a) Finance & Performance Committee page 2, JJ asked if the SI relating to the multiple stab wounds had been reported to the police and asked if an update could be provided to the Council of Governors	AB confirmed that the police had been advised as part of the SI investigation and agreed to provide an update to the Council of Governors meeting once the investigation has been completed	Update report on SI to be provided to Council of Governors
David Watts	Asked why the Crises Team/police-related pilot taking place in Basildon and Rochford was taking so long to implement	MMc was pleased to advise that the early intervention service pilot in Essex during the winter which brings the police together with nurses with the intention of reducing number of patients going to Section 136 will be fully funded permanent service going forward	
Brian Arney	Referring to page 47 of the Quality Report, BA asked if it was possible to be advised of the 'seriousness' of those complaints which fell within the 'top three complaint themes' as these totalled 50% of all complaints	NL provided assurance this was being monitored through the Quality Committee and would therefore be able to provide this information	Provide more detailed information relation to the seriousness of complaints
Paula Grayson	Commented on her involvement in the Food Audit at the Archer Unit where she confirmed that in her opinion the food was excellent, tasty, healthy and of appropriate portion sizes. She was also impressed by the care and attention given to patients in relation to mealtimes.		
Colin Harris	Pointed out the forthcoming Take It To The Top publicity had included an incorrect date		NL to ensure publicity includes the correct date of 7 July

Signed

Date