

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 28 October 2015
at The Lodge, Runwell Chase, Wickford SS11 7XX

Members present:

Lorraine Cabel (Chair)	Chair
Sally Morris (CEO)	Chief Executive
Andy Brogan (AB)	Executive Nurse & Executive Director Mental Health
Randolph Charles (RC)	Non-Executive Director
Steve Cotter (SCt)	Non-Executive Director
Steve Currell (SCI)	Non-Executive Director
Alison Davis (AD)	Non-Executive Director
Dr Milind Karale (MK)	Executive Medical Director
Nigel Leonard (NL)	Executive Director Corporate Governance
Mark Madden (CFO)	Executive Chief Finance Director
Malcolm McCann (MMc)	Executive Director Integrated Services (Essex & Suffolk)
Mary-Ann Munford (MAM)	Non-Executive Director
Richard Winter (RW)	Executive Director Integrated Services (Beds)

In attendance:

Dr Abu Abraham (AA)	Multi-Professional Tutor, SEPT (part)
Brian Arney (BA)	Public Governor
David Bowater	Appointed Governor
Phil Cousins (PC)	Public Governor
Gabriel De Souza (GdS)	Risk Analysis & System Manager, SEPT
Paul Delaney (PD)	Staff Governor
Max Forrest (MF)	Associate Director Communications, SEPT
Shurleea Harding (SH)	Public Governor
Colin Harris (CH)	Public Governor
Chris Jennings (CJ)	Compliance Officer, SEPT
John Jones (JJ)	Public Governor
Cathy Lilley (CL)	Business Administration Manager – Chair’s Office (Minute Taker)
Clive Lucas (CLu)	Public Governor
Gill Parker (GP)	Head of Service, Safeguarding Children, SEPT
Amanda Whitman (AW)	Clinical Audit Manager, SEPT

The Chair welcomed members of the public, staff and Governors to the meeting and reminded members of the Trust’s vision: *providing services in tune with you.*

205/15 APOLOGIES FOR ABSENCE

Apologies for absence were received from:
 Janet Wood (JW) Non-Executive Director

206/15 DECLARATIONS OF INTEREST

None.

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207/15 PRESENTATION: MEDICAL TRAINING & EDUCATION

The Board received a presentation from Dr Abu Abraham, Multi-Professional Tutor at SEPT on medical training and education in the Trust. He highlighted many areas of good practice including the induction template which was also being used in the Deanery and explained the role of the trainers as well as sharing future plans which included promoting SEPT as a centre of academic excellence.

On behalf of the Board, the Chair thanked AA for the interesting and informative presentation, and in particular for joining the meeting during his annual leave.

208/15 MINUTES OF THE MEETING HELD ON 23 SEPTEMBER 2015

Subject to the following amendment to provide clarification, the minutes were agreed to be a correct record:

- 174/15(2) page 3 para 5: to read *If CMA does not receive assurance that there will not be any significant lessening of competition, phase 2 will be implemented.*

209/15 MINUTES OF THE MEETING HELD ON 30 SEPTEMBER 2015

The minutes were agreed to be a correct record.

210/15 ACTION LOG

The Board noted the actions due for October would be covered as agenda items.

211/15 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT

The CEO presented the report on behalf of JW, the Chair of the committee, and provided assurance that a full and robust debate had taken place on 22 October 2015 on all performance issues and that mitigating actions and monitoring processes had been requested where appropriate.

Performance

The CEO stated that the Committee reviews and monitors the progress with the action log each month. All actions due for completion in October were closed and the one outstanding action related to IAPT service which had been reported at previous Board meetings. She also assured the Board that actions were being taken to understand and manage the year to date overspend.

The CEO advised there were nine performance hotspots, covering six areas:

- Quality Account priority – reduction in unexpected deaths
- Consultant outpatient project
- PbR clustering
- Vacancy rates
- Staff appraised
- People entering IAPT services.

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The Board was assured that relevant actions were being taken to address the hotspots and was pleased to note that none of the hotspots related to national compliance indicators which would require reporting to Monitor at the end of Q2.

The CEO also pointed out there were four emerging risks and confirmed that actions were in place to mitigate the risks:

- Local turnover target rates
- Staff training rates
- NPSA incidents report rates
- Absent without leave (AWOL).

SCu asked if exit interviews were used to identify the reasons for staff leaving the Trust, and also if discussions were held with abscondee to understand the reasons for being AWOL; as in both instances this would help with identifying if there were any trends. AB confirmed that as part of the retention strategy, the staff exit interviews process had been strengthened recently to provide consistency across the Trust with monthly reports being presented at SMTs. AB also advised that it was the Trust's practice to determine why patients abscond.

RC queried how the Board can be assured that appraisals were effective. The CEO explained that the appraisal procedure provided opportunity for ongoing dialogue between appraisee and appraiser, including staff supervision/one to one meetings, as well as other escalation opportunities. NL provided further assurance that appraisal objectives for all staff are cascaded from the Trust's operational objectives set by the Board, and the whole organisation was galvanised towards achievement of the objectives at all levels.

Following a question by SCo regarding the continued vacancy rates, the CEO explained that the Trust was currently exploring ways of using Allied Healthcare Professionals (AHPs) to complement nursing establishments. She confirmed that these are qualified but not registered staff and provided assurance that action continued to be taken to address vacancies.

Finance

The CFO advised that the Trust's financial position at September 2015 was an operating surplus of £3.4m which was behind both the revised and Monitor plan. The current forecast remained at a small deficit of £767k at year end which takes into account known risks including a deficit in the Cost Improvement Programme (CIP) of £3.2m, the continued significant cost pressures in mental health services, and the under achievement of income generation targets in specialist mental health services, as well as the underspend in community health.

The CFO highlighted that Monitor and TDA had introduced new rules for nursing agency spend from 1 October 2015 including an annual ceiling for total nursing spend for each trust and mandatory use of approved frameworks for procuring agency staff. The rules apply to FTs receiving interim support from the Department of Health (DH) and Foundation Trusts (FTs) in breach of their licence for financial reasons. Although the Trust was not required to implement the changes it has been encouraged to comply and has therefore confirmed to Monitor that it will implement the rules.

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Working capital and cash balances remained strong and was above plan mainly due to early settlement of block income from SERCO and Castle Point and Rochford CCG, as well as the settlement of previously disputed prior year outstanding debts.

The Board was pleased to note that the Trust's financial sustainability risk rating was at 4 which demonstrated the strong financial health of the Trust.

The CFO advised the Board that the Trust's membership of the Local Government Pensions Scheme (LGPS) ceased on 31 March 2015 as a result of respective staff members of the scheme TUPEing to East London NHS Foundation Trust as part of the transfer of Bedford and Luton mental health services. The Trust's final cessation assets and liabilities has been calculated as a net liability balance of £2.355m which is £800k more than the original estimate. The Trust has already paid £0.977m of this liability during 2014/15 and was now due to pay the remaining balance.

Based on the Trust's Scheme of Delegation, the Board approved the payment of the balance of the liability of £1.358m.

SCu asked why the LGPS settlement was higher than originally forecast. The CFO explained that this was based on actuarial calculations based on liabilities. He confirmed that these costs were accrued at the time of exiting the services.

The Board:

- 1 Noted the performance and finance report and confirmed acceptance of assurance provided**
- 2 Approved the payment of the balance of the LPGS cessation liability of £1.358m.**

212/15 QUALITY REPORT

AB presented the Quality Report which focused on three key categories: safety, experience and improvement, and highlighted that 97.9% 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. The Board was pleased the Trust consistently continue to achieve a high rate against the national ambition of 95%.

AB advised that the first 90 day action plans for the Sign Up To Safety campaign which aims to strengthen patient safety in the NHS and make it the safest healthcare system in the world, have been completed and the second set of plans have been developed. He highlighted that at the end of Q2 there had been seven avoidable pressure ulcers compared to 20 for the 2014/15 year and that to date there have been no avoidable falls compared to 5 for the whole of the previous year.

AB also reported that at the end of September there had been a total of 119 prone restraints across the Trust. He pointed out that there had been a significant increase in restraints on Maple Ward and assured the Board that appropriate mitigating actions were in place to reduce restraints and increase patient and staff safety.

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

213/15	SAFER STAFFING REPORT
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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. He advised that there continued to be a high percentage use of bank and agency staff; however, provided assurance that a large majority of these staff are known to the wards.

The Board noted the reduction in the number of hotspots relating to fill rates compared to the previous month and received assurance 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.

AB advised that a further review of the minimum staffing and levels of observation was taking place. This would take into account the new guidelines which provide for other professionals being included in establishment figures.

The Board approved the report.

214/15	BOARD ASSURANCE FRAMEWORK (BAF)
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NL 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 EOSC for risks detailed on the BAF and approved the revised wording for two risks (BAF13062001 and BAF 14033001). The Board also noted that a risk assessment would be undertaken in respect of delays to the consultant outpatients' project and the outcome would be identified on the appropriate risk register.

The Board reviewed the BAF ratings and:

- 1 Approved the BAF at September 2015**
- 2 Approved the changes to the wording for risk BAF13062001**
- 3 Approved the changes to the wording for risk BAF14033001**
- 4 Agreed there were no new potential risks for escalation to the BAF.**

215/15	SUB-COMMITTEES
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(i) Quality Committee

The Chair presented the report and provided assurance that robust discussions were held on a number of issues. She advised that the Committee received a detailed report on the work being undertaken in relation to restrictive practice and was pleased to note how the work within this initiative was demonstrating a downwards trend in the use of restraints, including prone restraints. The Chair pointed out that there was now service user involvement with the planning, delivery and evaluation of restraint

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training. She read out a statement from a service user's perspective which was a powerful demonstration of raising the impact of restraints on service users.

The Chair also highlighted the safer staffing trend analysis report which provided data across a sixteen month period. This data and analysis was helpful in providing assurance as well as informing discussion.

The Chair reported that the Committee reviewed and agreed amendments to its terms of reference. She advised that the amendments were minor and provided clarity or alignment with changes to job roles, service provision, etc. She also confirmed that no significant hotspots or risks were identified by the Committee for escalation to the Board of Directors.

AD was pleased to note that the Trust had been invited by the National Team as one of three Trusts to present its work on the Sign Up To Safety campaign at the Patient First Conference in November.

In response to a question by AD, NL advised that the complaints deep dive reviews identified themes and actions to address any issues and these were being taken forward locally. In addition, any training requirements across the Trust were being considered by the organisational development team.

The Board received and noted the report.

216/15 ESSEX MENTAL HEALTH REVIEW

The CEO presented the report on the findings of the Essex Mental Health Review (EMHR). She reminded the Board that in May 2015 commissioners in Essex and the main mental health providers jointly commissioned Boston Consulting Group (BCG) to carry out a formal review of the current state of mental health services against a challenging financial and operational backdrop.

The key findings of the report are divided between those relating to commissioning and those for provision. Overall the report concludes that the status quo is not an option and makes 15 recommendations for commissioners under four headings: simplify the commissioning landscape; create a common language and use to clarify needs and expectations; generate and share more data across the system; and work more jointly.

There are three recommendations for providers: focus on the core portfolio of services; build greater depth of capability; and consider the form and scale required to deliver within the confirmed timeframe. The CEO pointed out that the last recommendation specifically refers to providers considering collaboration or merger, and reminded the Board that the Trust was exploring the potential for a merger with North Essex Partnership University NHS Foundation Trust (NEP).

The CEO reported that all participating organisations supported the recommendations in the report with the exception of Thurrock Council. In response to a question by SCu, she advised that the NHS England Local Area Team (LAT) was keen that the

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review recommendations were adopted across all organisations and would be working towards appropriate resolution.

The EMHR Steering Group will continue to ensure recommendations will be implemented and monitored, and within the Trust the specific provider recommendations will be taken through the Executive Operational Sub-Committee (EOSC).

MAM commented that this was an excellent report as it helped provide an understanding of the whole local mental health landscape. She asked if there was any indication of the recommendations from the national report which was due to be published at the end of the calendar year. The CEO advised that there had not been any updates in relation to the national report but expressed her hope that there would be an investment in mental health services.

With regards to the recommendation of more joint working, AD asked if the Competitions Market Authority (CMA) would take account of the commissioning recommendations. The CEO replied that she did not believe this to be the case.

The Board received and noted the report.

217/15 CQC INSPECTION VISIT UPDATE

The CEO advised that the draft report was now expected at the beginning of November following which the Trust would then have ten days to check the factual accuracy and respond to CQC. The final report would be published following consideration by CQC of the Trust's response. She expected the Quality Summit with the CQC to be held in early December.

The Board noted the verbal report.

218/15 LEGAL & POLICY UPDATES

NL introduced the Legal & Policy update report and highlighted that NHS Providers had recently launched a suite of publications which set out its vision to expand the role of community health services with a greater focus of patient care in the home through an improved supply of trained and skilled professionals, clinical and pharmacy settings to relieve some of the pressure placed upon hospitals. He pointed out that, linked to this, the CQC has welcomed the NICE guidance for the social care sector on how to plan and deliver person-centred care for older people living in their own homes.

NL also reported on the new duties under the Health and Social Care (Safety & Quality) Act which came into force on 1 October 2015 which introduces new duties for organisations working collaboratively to share service user information, as well as the use the NHS number across the health and social care landscape.

In response to question by AD regarding the leading models of dementia care (report item 2.6), NL agreed to circulate relevant information to the Board.

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With reference to 2.4 of the report – telephone support psychological wellbeing and work feasibility pilot evaluation – the Chair asked if there was an evidence base that this type of intervention works, and what cohort of people were being targeted. The CEO was not able to comment on this particular model, but advised that telephone support is provided through the Trust’s IAPT services which have demonstrated some positive outcomes.

The Board received and noted the report.

219/15	ANNUAL PLANNING TIMETABLE 2016/17
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NL presented the proposed arrangements and timetable for the Annual process for 2016/17; he pointed out that the proposals were subject to confirmation from Monitor on the planning cycle submission dates and requirements which were expected to be broadly in line with previous years.

The Board noted that the approach will be to continue with the review of strategic drivers and options for the Trust in the medium term, and that the planning process will be influenced by the decisions to explore a potential merger as well as key local decisions arising from the Essex Success Regime and Essex Mental Health Review.

NL advised that a small number of planning events would be organised in January and February 2016 and will include locally held public member constituency meetings.

The Board:

- 1 Received and noted the report**
- 2 Approved the annual planning timetable for 2016/17.**

220/15	BOARD GOVERNANCE UPDATE
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The Board received an update from NL on a range of governance and procedural issues including the planned reduction in the number of Executive Directors with effect from 1 November 2015 from seven to six. Assurance was provided that the Board remained balanced and there was no requirement to implement any changes to the constitution. Interim arrangements have been put in place following the recent departure of the Head of Legal Services & Trust Secretary

NL also reported that the Trust was well-placed in meeting all aspects of the CQC *well-led review* following a review of Trust arrangements. He reminded the Board that as reported at last month’s meeting, a report outlining the options for the independent assessment in line with Monitor’s *Well-Led Governance Framework* would be presented at the February 2016 Board meeting.

The Board received and noted the report.

221/15	FREEDOM TO SPEAK UP REVIEW
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NL presented the report on the progress for the appointment of the Trust’s Freedom to Speak Up (FSU) Guardian and Local Freedom to Speak Up Guardians. He explained that an election process for the appointment of the FSU Guardian would be

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implemented which would be similar to the election process held for Staff Governors. This approach would contribute to the FSU Guardian as being as independent and representative of all staff groups. The intention was for the election results to be announced at the January Board of Directors meeting.

The CEO highlighted the importance of this role and also that the Trust would introduce an innovative recruitment process which would be open and transparent. The Board was reminded that the FSU Guardian will report to the CEO and would present to the Board on an annual basis.

The Chair asked the length of the FSU Guardian term of office. NL confirmed that appointment would be for one year.

The Board received and noted the report.

222/15 MONITOR COMPLIANCE REPORT Q2

The CFO presented the Q2 financial, governance and performance compliance report for submission to Monitor. He provided assurance that the recommendations were considered and agreed by the Finance & Performance Committee on 22 October 2015.

The CFO pointed out that there had been a few changes to the Risk Assessment Framework (RAF) effective from August 2015 including a new four level financial sustainability risk rating and the introduction of a value for money governance trigger. He highlighted that the Trust was predicting a Monitor financial sustainability rating for 4 for Q2 and that the Trust had achieved all of the Monitor Key Performance Indicators (KPIs). In addition, the Trust had re-forecasted its capital plan for 2015/16 to enable the Board to make a declaration that the spend for the remainder of the year would not be materially different from the amended forecast.

The Board approved the following statements for submission to Monitor:

- 1 The Board anticipates the Trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months**
- 2 The Board anticipates that the Trust’s capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in this financial return**
- 3 The Board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the RAF; and a commitment to comply with all known targets going forward**
- 4 The Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor which have not already been reported.**

223/15 USE OF CORPORATE SEAL

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

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224/15 CORRESPONDENCE TO THE BOARD SINCE THE LAST MEETING

None.

225/15 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.

226/15 ANY OTHER BUSINESS

None.

227/15 DATE AND TIME OF NEXT MEETING

The next meeting will take place on place on Wednesday 25 November 2015 at 10:30 at The Lodge, Runwell Chase, Wickford SS11 7XX.

228/15 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.

229/15 STAFF RECOGNITION SCHEME

The Chair and CEO were delighted to present certificates to:

- **Individual 'In Tune' Awards**
 - Caroline Arthur, Adult Social Care Leadership Team
 - Christine Cantello, Patient Experience Coordinator (two nominations)
 - Justine Marsh, Occupational Therapist Holly Wheelchair Service
 - Sandra Robinson, Parkinson's Administrator
 - Michelle Snooks, Health Visitor, Epping Clinic
 - Emma Stoneman, South Beds Podiatry Manager
 - Tina Waller, Rochford Appointments
 - Robert Winter, Patient Experience Manager

- **Team 'In Tune' Awards**
 - Communications Team
 - Risk Management Team

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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 Chair also took the opportunity of thanking those Governors who have stood down during the year and for their support and helpful contributions made to the Council of Governors and the Trust. She presented Paul Delaney, Staff Governor Social Workers, and Clive Lucas, Public Governor Southend, with a thank you gift.

In addition, the Chair and the CEO on behalf of the Board, thanked RW for his significant contributions to the Board, the EOSC and to the success of the Trust, and wished him well in his retirement. RW was also presented with gifts from his fellow Directors.

230/15 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS

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

The meeting closed at 12:55

Appendix 1

Governors/Public Query Tracker (Item 230/15)

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
JJ	Asked why the average length of stay was not reducing	AB commented that there can be fluctuations with this indicator; however, recognised that the Trust’s rate was above national average. He provided assurance that the discharge data was regularly reviewed and plans were in place to reduce the length of stay.	-
JJ	Asked why the fill rate for unregistered staff for Robin Pinto for September was 127%	AB advised this could be due to observation levels required	AB to provide update to JJ

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Date