

**SEPT**  
**MINUTES OF PUBLIC BOARD OF DIRECTORS**  
**PART 1**  
**held on Wednesday 27 January 2016**  
**at The Lodge, Runwell Chase, Wickford SS11 7XX**

**Members present:**

Lorraine Cabel (Chair)	Chair
Sally Morris (CEO)	Chief Executive
Andy Brogan (AB)	Executive Director Mental Health & Executive Nurse
Randolph Charles (RC)	Non-Executive Director
Steve Cotter (SCo)	Non-Executive Director
Steve Currell (SCo)	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 Community Health Services & Partnerships
Mary-Ann Munford (MAM)	Non-Executive Director
Janet Wood (JW)	Non-Executive Director

**In attendance:**

Brian Arney (BA)	Public Governor
Keith Bobbin (KB)	Councillor, Essex County Council
Gary Brisco (GB)	Patient Experience Coordinator, SEPT [part]
Christine Cantello (CC)	Patient Experience Coordinator, SEPT [part]
Jane Cheeseman (JC)	Clinical Lead Compliance, SEPT
Anna Davis (AnD)	Volunteer
Max Forrest (MF)	Associate Director Communications, SEPT
Paula Grayson (PG)	Public Governor
Shurleea Harding (SH)	Public Governor
John Jones (JJ)	Public Governor
Cathy Lilley (CL)	Acting Trust Secretary [Minute Taker]
Pam Madison (PM)	Staff Governor
Anthony Marriage (AM)	
Lesley Wackett (LW)	Business Support Manager, SEPT [part]
Scott Waple (SW)	Volunteer
David Watts (DW)	Public Governor
Tony Wright (TW)	Public Governor
Rob Winter (RW)	Patient Experience Manager, SEPT

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

<b>001/16</b>	<b>APOLOGIES FOR ABSENCE</b>
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None.

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**002/16 DECLARATIONS OF INTEREST**

None.

**003/16 PRESENTATION: VALUING VOLUNTEERS**

The Board received a presentation from Maxine Forrest, Associate Director Communications at SEPT, on the role of the volunteer within the Trust. She outlined the wide variety of roles which the 270 volunteers undertake across the Trust and highlighted the innovative ideas being taken forward. The Board was particularly delighted to note that the paper-based volunteer induction has been well-received, which is based on a national model. MF also outlined the 'timebanking scheme'. This allows credits to be earned by giving practical help to others which in turn can be exchanged for support required by the Trust.

A video on 'Valuing Volunteers' was played and the Board was pleased to note that this had been funded by the Trust's charitable funds.

On behalf of the Board, the Chair thanked MF for the interesting presentation which showcased the important role of the volunteer and in particular thanked volunteers for their important contribution and support to the Trust. In addition, the contribution of Lesley Wackett who leads the volunteers was recognised.

**004/16 MINUTES OF THE MEETING HELD ON 25 NOVEMBER 2015**

The minutes were agreed to be a correct record.

**005/16 ACTION LOG**

The Board reviewed the action log and noted:

- 183/15 Memory Service Waiting Times: No evidence that patients are DNA'ing because of the length of waiting times. Following review various reasons were attributed including patients forgetting to attend appointments, patients being transferred to general hospital, appointments were cancelled due to awaiting scan results, etc. Action closed
- 132/15 Establishment Review: Included as a separate agenda item (5d).

**The Board noted the updates on the action log.**

**006/17 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT**

As Chair of the Committee, JW provided assurance that a full and robust debate and scrutiny had taken place on 21 January 2016 on all performance issues and that mitigating actions and monitoring processes had been requested where appropriate. JW highlighted that the Committee had reviewed the progress with achieving the Trust's objectives and noted that some slippage had been identified particularly with the transformation programmes. Assurance was received that action being taken will address the slippage against 10 corporate objectives but it was unlikely the position

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could be recovered in respect of the objectives linked to the transformation programme as some of these programmes had proven to be undeliverable and that the progress was not delivering the expected financial results.

The 2015/16 forecast outturn had worsened from amber to red for eight projects, representing a significant issue as the in-year transformation programme contribution to Cost Improvement Plans (CIPs) will be approx. £4m lower than target and the recurrent impact about £6m lower than target; this will put additional pressure on the 2016/17 CIP programme against the challenging finances for the year. Assurance was provided that the Executive Operational Sub-Committee (EOSC) and the senior leadership team are reviewing ways of addressing this shortfall.

### **Performance**

The CEO stated that the Committee reviews and monitors the financial, operational and organisational performance of the Trust, and assurance was provided to the Non-Executive Directors that action was being taken to mitigate risks where necessary.

There were three performance hotspots (vacancy rates, percentage of people entering IAPT treatment and the percentage of users on CPA with a crisis plan in place) out of a total of 68 key performance metrics and the KPIs identified in CCG contracts, and the Board was pleased to note that none of the hotspots relate to national compliance indicators which are required to be reported to Monitor at the end of Q3. The CEO highlighted the emerging risks discussed which included shorter and long term care data, restraints, sickness absence and local target turnover.

The Board was assured that relevant actions were being taken to address the hotspots and to mitigate the emerging risks. The Board was also pleased to note that all KPIs in the Risk Assessment Framework (RAF) issued by Monitor as proxy measures of quality had been achieved.

SCo commented that the vacancy rates within Finance and Resources appear high at 16.6%. The CEO explained that this group includes estates and IT, and one action relating to the potential merger will be to review staffing requirements across corporate back office which should result in financial savings.

MAM asked for assurance that the Trust was doing everything it could to address staff shortages to minimise the impact on staff morale. The CEO confirmed that every effort was being made to address the recruitment challenge, including, for example the recruitment of bank and agency staff to permanent status. As reported previously, the challenge is that all Trusts were competing in the same limited market. Any problems with morale would be managed through line managers and senior management teams. She was pleased to advise that positive feedback had been received from trainees during the recent Deanery Visit which was an indicator of positive morale amongst staff.

### **Finance**

The CFO advised that the Trust's financial position at December 2015 was an operating surplus of £1.7m which was ahead of revised plan by £200k. There continued to be a deterioration of the CIPs with an increase in the year end forecast deficit to £3.8m compared to £3.6m in November, equating to a £4.5m deficit on a

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recurrent basis. He also highlighted the continued deterioration of the adverse variance in Specialist Services to £1,165k from £805k in the previous month. As previously reported, the reasons for the variance include above establishment pay costs in Learning Disability in (LD) patient service, unachieved CIPs and the impact of bed-watch, observations and escorted leave costs at Bedford Prison, and the underachievement against the income target at Robin Pinto and Wood Lea Clinics. There also continued to be a continued deterioration of the adverse variance in Operational Services (South Essex Mental Health) where the continued use of bank and agency staff significantly contributed to the deterioration.

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, and that working capital and cash balances remained strong and above plan.

SCu asked if the £11.m cumulative expenditure on agency staff as at month 9 was seasonal. MMc advised that this was the case and reflected the winter period. The CFO confirmed that the reduction in agency spend is part of a CIP and explained that the aim is to reduce agency expenditure through improved recruitment; in addition, the introduction of the nationally agreed agency price caps should benefit the Trust.

SCo asked if we cover any back office vacancies with agency. The CFO confirmed that critical services, such as cleaners, IT, would be back-filled.

In response to a question by MAM, the CFO confirmed that the options for maximising potential income generation from the Trust's forensic services were regularly considered and implemented.

The Chair asked for an update on the control totals. The CFO explained control totals have been introduced by the centre on all Trusts to bring the whole of the NHS back into financial balance. Monitor had sent a letter requesting the Trust makes a £2.1m surplus for 2016/17 as opposed to the £1.2m deficit identified in the financial plan, therefore creating a large gap. The Trust has until 8 February to make a decision and further discussions will be held in part 2 of the Board meeting as to whether to comply with the control total or remain with the figure based on its own planning assumptions.

NL enquired as to the effect of control totals on other organisations. The CFO explained that Trusts' views will differ depending on their situation; some have significantly detrimental control totals while the control totals for others introduce an improved position. He pointed out that a £1.8bn sustainability and transformation fund primarily for acute trusts in deficit has been released to support financial recovery. However, to access this, the acute Trusts have to sign to the new control total.

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

**007/16      QUALITY REPORT**

AB presented the report which focused on aspects of care relating to three key categories: safety, experience and improvement, and highlighted that there was a small increase to 98.26% of patients did not experience any of the four harms

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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%.

The reduction in the number of unavoidable pressure ulcers continued, and that the trajectory for pressure ulcers was the same as the previous year although the Trust's ambition remained at zero. AB advised there had been continued success with the implementation of falls prevention initiatives which has resulted in a decrease in the number of falls particularly those where people fall with no harm, and highlighted there had been 13 falls year to date compared to 24 for 2014/15.

AB also pointed out that there had been an increase in the overall number of restraints from the summer period following a period which saw a reduction in numbers. This was due to a few very challenging patients in one or two wards, and actions were being implemented to support this. The CEO also commented that this increase is partially attributable to the issues with the use of legal highs – the use of which is difficult to detect and affects were unpredictable; restraint would therefore be used for the safety of both the patient and staff.

The Board was pleased to note that 96% of the 616 responses for the Friends and Family Test would positively recommend the Trust across all services.

Following a question by SCu, the CEO provided assurance that there are robust governance systems in place so that both she and her Executive Directors would be in a position to answer questions assuredly relating to deaths and unexpected deaths within the Trust. She provided examples of the work being undertaken to inform the Trust including the review of the Trust's position against the recommendations in the Southern Health review and the lessons learnt. In addition, the EOSC is sighted on the investigations of unexpected deaths reports and is aware of the numbers involved.

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

<b>008/16</b>	<b>SAFER STAFFING REPORT</b>
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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 highlighted that the majority of wards in LD, Secure Services and Community Health Services were above 95%.

The Board noted the increase in the number of hotspots and emerging risks relating to fill rates but was assured that there were no concerns with regards to the safety and quality of care on the wards and that mitigating actions were in place.

RC asked if the shift by shift staffing report included the forensic services in Bedfordshire. AB confirmed that both units were included in the reporting and advised that there were issues with the recruitment and retention of staff and provided assurance that actions were in place to address the challenges including the recent recruitment of a clinical lead.

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Following a question by SCo regarding the potential bureaucracy with the twice daily SitRep calls, AB provided assurance that these were an integral part of the monitoring of and accountability for staffing numbers and was widely supported by matrons.

**The Board approved the report.**

## **009/16 ESTABLISHMENT REVIEW**

The Board received a report from AB on the nursing establishment review of all inpatient areas in line with the expectations within the Safer Staffing guidance. He advised that since the last establishment review in May 2015, further guidance had been published from NICE; however, there remains clear direction of ensuring that Trusts deliver safe, consistent and quality care. A letter from Jane Cummings, the Chief Nursing Officer, outlined five key areas of focus for the Nursing Workforce Strategy for 2015/16 covering permanent staff, efficiency, planning, progression and career escalator, and multi-professional working. The letter encourages Trusts to ensure a holistic assessment of staffing is undertaken with staffing levels being based on the needs of patients rather than a narrower focus on numbers.

AB highlighted the work being undertaken on establishments and skill mix, and how the role of the Band 4 Associate Practitioner (AP) can be further utilised in the Trust. The Board noted that the Trust is presently below national average for registered staff within adult ward as identified in the national mental health benchmarking. An overview of the presently funded and recommended establishments was provided by AB, which included increases in Bronte Place, the Mental Health Assessment Unit and Gloucester Ward.

The CFO provided assurance that the increases in establishment will not create additional cost pressures as there was already an overspend to ensure that the Trust maintains the delivery of safe services.

**The Board:**

- 1 Received and discussed the report**
- 2 Approved the recommendations to increase establishments in Bronte Place, the Mental Health Assessment Unit and Gloucester Ward.**

## **010/16 BOARD ASSURANCE FRAMEWORK (BAF)**

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 scoring of two risks and the de-escalation of one risk from the BAF:

- If learning from incidents is not embedded quality and patient safety may not be maintained or improved. Scoring reduced to 12 but to remain on BAF
- Risks of commissioners levying additional income reductions over and above the 1.9% tariff deflator. Scoring reduced to 9 and to be removed from BAF

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Following a question by the Chair, the CEO reminded the Board that the current policy for risks to be included on the BAF is a risk scoring of 10 or higher and therefore recommended that the rating for the risk relating to the Trust not having business continuity systems in place to manage the impact of any potential industrial action by junior doctors, safe care may not be delivered to service users be reviewed. The Board recognised the volatility of this particular risk which could see variations within the reporting month.

In addition, the Board noted the escalation of two new risks to the Corporate Risk Register (CRR):

- Potential risks in respect of staffing levels, staff competencies, patient experience and impact on normal contracted levels of activity have been identified associated with opening escalation beds on behalf of local acute Trusts in a crisis situation that could result in breaching CQC standards, health and safety legislation and incur complaints/claims
- As requested by the Quality Committee, the findings and recommendations identified in the review of patient deaths in the care of Southern Health could identify gaps in the Trust's processes for reviewing mortality which will require significant action.

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

- 1 Approved the BAF at 21 January 2015**
- 2 Approved the revised scoring of risk BAF 13060607**
- 3 Approved the revised scoring and de-escalation of risk BAF 15042105**
- 4 Agreed the scoring of risk BAF 15111801 should be reviewed.**

**Action:**

- 1 Scoring for risk BAF 15111801 (business continuity systems in place in relation to potential industrial action by junior doctors) to be reviewed to ensure it is of the appropriate level for inclusion on the BAF, or if not, that it is recommended for de-escalation (NL).**

<b>011/16</b>	<b>SUB-COMMITTEES</b>
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**(i) Quality Committee**

The Chair presented the report of the meetings held on 10 December 2015 and 14 January 2016. She provided assurance that robust discussions were held on a number of issues some of which would be covered by the Board as separate agenda items including the report on Safer Staffing, Establishment Review, and the Southern Health Review.

The Chair shared the case studies of patients and families supported by the Palliative Care Support Team which demonstrated the complexity of care the team provides at a very difficult time in the patients' lives. Both cases highlighted supporting patients with differing needs and also demonstrating the holistic care in supporting the whole family. In addition, the Committee felt that these case studies demonstrated the excellence of the Trust's front-line staff and the use of their initiative.

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The Chair advised that a detailed report on the work being undertaken to reduce the number of falls and the degree of harm from falls across the Trust's older people's inpatient and rehabilitation units was received. The Committee was encouraged by the improvements reported and, in particular, was delighted with the statistical process control. The tensions with safeguarding recommendations to minimise and/or prevent falls and a patient's deprivation of liberty, together with the actions taken as well as future actions were noted.

The Chair reported that the Committee was assured that there were no concerns to safety and the quality of care on wards with regards to the hotspots identified in terms of safer staff.

**The Board received and noted the report, and confirmed acceptance of assurance provided in respect of risks and action identified.**

**(ii) Mental Health & Safeguarding Committee**

SCu presented the report of the meetings held on 28 October and 16 December 2015. He confirmed that discussions were held on a number of issues and provided assurance that the risks that may affect the achievement of the Trust's objectives and impact on mental health and safeguarding are being managed effectively. He advised that the Committee would be reviewing its responsibilities as detailed in its terms of reference to ensure that they focus on assurance and any operationally-based requirements would be delegated to the appropriate sub-committee(s).

SCo asked if the shortage of Mental Health Act Managers (MHAMs) was in Essex or Trust-wide. SCu replied that the main shortage was in Essex and confirmed that a series of interviews had been planned to fill the gaps.

**The Board received and noted the report, and confirmed acceptance of assurance provided in respect of risks and action identified.**

**(iii) Investment & Planning Committee**

The Chair presented the report of the meetings held on 20 November and 7 December 2015 and on 19 January 2016. She provided assurance that robust discussions were held on a number of issues including a review of successful/unsuccessful tenders and the lessons learnt following the unsuccessful IAPT tender. The Committee was pleased to note the Trust has been successful in two bids: Essex Sexual Health Services and Primary Care Services to Care Homes in Southend; the latter bid is a joint bid with Provide as the lead bidder and two acute Trusts.

The Committee also received an update on services disaggregation/mobilisation and was pleased to note the successful transfer of the Southend Drug & Alcohol Service to CRI, the national drug and alcohol charity, and received assurance that the transfer of the Thurrock IAPT services was on track for 1 April 2016. The Chair also pointed out that the Committee had received a comprehensive presentation and held robust discussions on the draft operational plan for 2016/17 and that this would be considered by the Board in its part 2 meeting.

The Board noted that the Kent Community Health Services contract had been awarded to Virgin, and discussed the challenges with competing with private sector

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organisations and the importance of providing cutting edge and innovative service solutions.

**The Board received and noted the report, and confirmed acceptance of assurance provided in respect of risks and action identified.**

<b>012/16</b>	<b>SEPT/NEP MERGER PROPOSALS UPDATE</b>
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NL presented an update report on the progress of the SEPT/North Essex Partnership University NHS FT (NEP) merger proposals. He reminded the Board that the Outline Business Case (OBC) seeking approval to progress with the formal merger with NEP was agreed at its extraordinary meeting held in private on 16 December 2015.

NL advised that the final OBC which was submitted to Monitor on 8 January 2016 contains a significant amount of information which is commercially confidential to both Trusts; the OBC received today is a redacted summary for the public. He pointed out that a general letter of support from all commissioners in Essex had been provided. The Board noted that Monitor will now review the OBC and will require further meetings with both Boards before completing their review which will culminate in a formal letter outlining any areas of concern and confirming whether a referral to the Competition Markets Authority (CMA) should be made.

In response to a question by RC regarding the recently published report from the CQC following the comprehensive inspection at NEP which identified it as 'requiring improvement', the CEO reminded the Board that following discussions with Monitor and the CQC, it had been agreed that SEPT would provide support to NEP to help improve ratings and the quality of its services.

**The Board:**

- 1 Received and discussed the report**
- 2 Confirmed the decision to progress with a formal merger with NEP.**

<b>013/16</b>	<b>NATIONAL REVIEWS UPDATE</b>
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AB presented the summary of the Southern Health independent review undertaken by Mazars and the letter from Dr Mike Durkin and Professor Sir Bruce Keogh, NHS England, regarding self-assessment on avoidable mortality.

The Mazars report published in December 2015 identified a number of issues regarding reporting and investigations for mental health and learning disability deaths. 39 recommendations were made relating to Southern Health (including leadership and Board oversight, quality of investigation reporting, involvement of families, multi-agency working and information management), commissioners and national (aimed at NHS England).

AB advised that work is currently taking place on reviewing the full report and to identify any learning including actions to be taken forward. He confirmed that a number of areas of work have already been taken forward and provided assurance against a number of recommendations within the report such as the allocation of a

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Family Liaison Officer to engage with the family, offer support and link with RCA investigators.

The Board discussed the number of deaths recorded at Southern Health and in particular the challenges with data management and timing for recording deaths, and was pleased to note that further work was being undertaken on the Trust's data systems for recording deaths.

In response to a question by SCo, AB recognised that the number of deaths quoted in the Mazars report for Southern Health was high but pointed out that these related to a five year period and included community services. In addition, Southern Health services covered a large geographical area and a large population. He provided assurance to the Board that the Trust has robust processes in place for the reporting and investigation of serious incidents (SIs) which included the sharing and embedding of learning from incidents and the links to training.

AB updated the Board on the request from NHS England for all Trusts to complete an initial self-assessment of their avoidable mortality using the tool provided. NHS England is seeking to establish a standardised methodology for reviewing deaths in hospital with the aim of identifying themes for improvement within the organisation. He highlighted that the NHS Mandate includes an intention to publish avoidable mortality by Trusts and the Government intends to reform the death certification process.

Following a question by RC, the Chair provided assurance that the Board has robust processes in place and has the opportunity to understand the issues affecting mortality and to provide appropriate and strong challenge. This can be demonstrated through the monthly reports received and discussions held at the Quality Committee in relation to SIs and unexpected deaths, as well as at Board meetings and Board Development Sessions. MAM reinforced this by providing an example of the discussions held by the Quality Committee on the day the issue with Southern Health was announced where it was requested that these issues were placed on the appropriate risk register.

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

<b>014/16</b>	<b>NHS MANDATE</b>
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The Board received a report from NL on the newly implemented NHS Mandate and outlined the implications this has for the Trust's operational plan for 2016/17. He highlighted that there was some cross over in his report with agenda item 7(e) Emergency Resilience Update.

NL stated that the mandate sets out the Government's objectives and requirements for NHS England to 2020 including its budget thereby setting the direction for the NHS, helping to ensure the NHS is accountable to Parliament and the public. The objectives are underpinned by specific deliverables to be achieved in the short-term for 2016/17, and to be achieved in the long term by 2020 or beyond. The mandate will be refreshed each year to ensure the objectives and requirements are up to date and to agree new deliverables.

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The mandate is directly linked to the Trust’s operational plan for 2016/17 which will therefore continue to evolve as more national guidance is received. NL pointed out that the outcomes and recommendations from the Strategic Essex Mental Health Services Review and the Essex Success Regime will impact on the Trust’s planning and the delivery of the transformational agendas. The Board noted that a number of the requirements had already been taken forward by the Trust.

In response to a question by AD, NL stated that in his opinion the additional £10bn additional funding per year would be used to drive greater efficiencies with the aim of steering the NHS back into balance.

AD asked if there would be a coordinated approach across the public sector to support the objective of preventing ill health and supporting people to live healthier lives. NL believed that there would be a more holistic approach and advised that a system-wide public health planning process including local authorities was being introduced.

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

**015/16 ANNUAL PLANNING UPDATE**

NL presented the report on the Trust’s annual planning process for 2016/17 which included the proposed timetable and arrangements.

The Board noted that the Trust will continue with the review of strategic drivers and options for the organisation in organisation in the medium term. NL reminded the Board that it has already dedicated time over the last year to discuss the strategic positioning of the Trust in the medium and long term as part of the joint working with North Essex Partnership University NHS FT.

NL advised that the operational plan will be influenced by national policy and local decisions arising from work on the Essex Success Regime and the Strategic Essex Mental Health Review. In addition, every health and care system is required to come together to create its own ambitious local blueprint for accelerating the implement of the Forward View. This will take form of a five year Sustainability and Transformation Plan in line with the Five Year Forward View.

The Board was assured that the Trust was well placed to meet the requirements of this year’s planning process which included consultation with stakeholders and Governors.

MAM suggested that discussions on system transformational framework plans/system leadership could be included at a future Board Development Session once central guidance is published.

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

**016/16 EMERGENCY RESILIENCE UPDATE**

AB presented the report on the statement of Trust readiness for the preparation in four specific areas in relation to a potential major incident. He pointed out that these areas

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primarily relate to acute trusts and their ability to respond to major incidents and confirmed that the Trust was a secondary respondent.

The Board reviewed the report and confirmed that it was assured the Trust was fully prepared to respond to and provide support in the event of a major incident.

The Chair pointed out that in preparation for the Junior Doctors' strike earlier in the month she had taken Chair's action on the provision of a statement of readiness that the Trust is fully prepared in relation to a major incident.

**The Board:**

- 1 Received and discussed the report**
- 2 Approved the current levels of preparedness**
- 3 Approved the statement of readiness.**

**017/16 BOARD OF DIRECTORS GOVERNANCE UPDATE**

The Board received an update report from NL on a range of governance and procedural issues.

NL provided an overview of the Board's Standing Committees' annual effectiveness review and highlighted that a short supplementary questionnaire would be circulated to Board members to complete for those Committees where they are not a member. An overall analysis of the feedback will be presented at the April Board meeting.

NL reported the progress with the Freedom to Speak Up Principal Guardian election with the successful candidate being announced at the February Board meeting. The Board was pleased to note that there were currently four nominations.

NL confirmed that all Board members have signed their Fit & Proper Persons Test (FPPT) declarations and passed the relative tests. He pointed out that following a review by the EOSC, it was recommended that Directors who are senior officers within the Trust with Director in their title but are not members of the Board will not be required to complete the FPPT declaration and tests.

AD enquired if there was a similar FPPT process for very senior managers (VSMs) in the Trust bearing in mind their delegated responsibilities from Executive Directors. NL confirmed that there were various processes in place to ensure VSMs met FPPT requirements including the interview process, appraisal and supervision.

**The Board:**

- 1 Received and discussed the report**
- 2 Approved the recommendation that Directors (who are not members of the Board) are not required to complete the FPPT declaration and tests.**

**018/16 CQC INSPECTION VISIT UPDATE**

The CEO presented the action plan for the implementation of the findings of the CQC comprehensive inspection for the Trust's services when the CQC rated the services provided as 'good'. The Trust received 16 reports confirming an overall rating for the

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Trust as well as a rating for each core service which were all rated as ‘good’. The CQC identified just three areas in which the Trust ‘must’ improve and a number of areas in which the Trust ‘should’ improve.

The CEO advised that the findings of the inspection were discussed at a Quality Summit held on 12 December 2015 with the CQC, Monitor and partners. An executive Task & Finish Group led the development of an action plan which was reviewed and approved by the Quality Committee on behalf of the Board in line with its delegated responsibilities, and was submitted within the required 28 days. She was pleased to advise that Monitor had considered the action plan and had provided positive feedback; feedback is awaited from the CQC. The Board noted that neither regulatory body approves the action plan as it is the Trust’s responsibility to take action to achieve compliance with CQC standards; the regulators have to be assured on its completeness.

The CEO highlighted that the Trust had taken forward some actions immediately after the inspection resulting in some issues already being resolve; the majority of actions are due to be completed by May and the aim is to close all actions in September. The Quality Committee will oversee the progress.

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

**019/16 LEGAL & POLICY UPDATES**

NL introduced the Legal & Policy update report and Board members agreed to ask any specific questions relating to the report outside of the meeting.

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

**020/16 MONITOR’S QUARTERLY IN-YEAR COMPLIANCE REPORT (Q3)**

Referring to the performance and finance updates reported under agenda item 5(a), CFO presented the Q3 Monitor Compliance Report relating to the Trust’s financial position, governance and performance for the Board’s review and approval.

**The Board:**

- 1 Received and noted the report**
- 2 Approved the submission of the following statements to Monitor:**
  - 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 Risk Assessment Framework (RAF); and a commitment to comply with all know targets going forwards**
  - The Board anticipates that the Trust will continue to maintain a financial sustainability risk rating of at least 3 over the next twelve months**
  - 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**

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- **The Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per table 3 of the RAFT) which have not already been reported.**

**021/16 USE OF CORPORATE SEAL**

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

**022/16 CORRESPONDENCE TO THE BOARD SINCE THE LAST MEETING**

**NHS Preparedness for Major Incidents**

As discussed under agenda item 7(e) on Emergency Resilience, the Chair confirmed that due to the tight timescales she had taken Chair's action on 6 January 2016 with regards to the approval of the Trust's current levels of preparedness in relation to a potential major incident, as required by the National Director of Commissioning Operations.

**023/16 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.

**024/16 ANY OTHER BUSINESS**

None.

**025/16 DATE AND TIME OF NEXT MEETING**

The next meeting will take place on place on Wednesday 24 February 2016 at 10:30 at The Lodge, Runwell Chase, Wickford SS11 7XX.

**026/16 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.**

**027/16 STAFF RECOGNITION SCHEME**

The Chair and CEO were delighted to present certificates to:

- **Individual 'In Tune' Awards**
  - Hannah Courtier, Administrator, Rochford Hub
  - Anthony Flaherty, Project Manager, Pride House
  - Cathy Lilley, Acting Trust Secretary & Business Administration Manager

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- Lillian Stearn, Podiatry Team, North Bedfordshire
- **Stars Awards: Chair’s Award (Highly Commended)**
  - Sue Underwood, Reception, The Lodge
- **Long Service Awards**
  - Deborah Brown, Clinical Lead Drugs & Alcohol Service – 30 years
  - Frances Kay, Dementia Specialist Nurse – 33 years
  - Revi Kutty, Community Mental Health Nurse – 41 years.

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.

**028/16 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 13:20

**Appendix 1  
Governors/Public Query Tracker (Item 230/15)**

<b>Governor /Member of Public</b>	<b>Query</b>	<b>Assurance provided by the Trust</b>	<b>Actions</b>
PG	How might SEPT be using the Health Education England’s new <i>District &amp; General Practice Nursing Service, Education and Career Framework</i> to support care closer to home for Community Nurses?	AB confirmed there is a range of career and training pathways for community-based staff with specific programmes in place. Two members of staff form each of the community services are currently on this pathway.	-
PG	How is SEPT rolling out the new <i>National Dementia Core Skills Education &amp; Training Framework</i> for staff?	AB confirmed that the Trust’s dementia training for staff is aligned to the Framework, for example tier 2 in the framework is covered by an e-learning programme. Plans for further training are being reviewed and will be embedded into ongoing training; any advanced training	

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		requirements will be negotiated with universities.	
PG	Will SEPT be signing up to the Learning Disability Employment pledge?	MF confirmed that the Trust has signed up.	-
JJ	Asked if numbers of prone restraints will be re-introduced in the Quality Report?	AB confirmed that the structure and content of the Quality Report is currently being reviewed to ensure that it provides the appropriate amount of information and assurance to the Board without duplicating information with other Board reports, and the inclusion of these figures can be included if required. This figure is however included in the reports reviewed by the Quality Committee.	-
JJ	Enquired as to the level of staffing in Biggleswade Hospital.	CEO explained there are currently no beds in Biggleswade; staff who previously worked in the hospital have been deployed into Archer Unit or the community. There are ongoing reviews about the future of the hospital and it is expected that through the current round of contract negotiations the future of the hospital will be agreed.	-
DW	Asked about the process for agreeing the provision of services.	CEO provided assurance that the Trust holds robust conversations during the contracting negotiations with commissioners highlighting areas of concern and challenges with regards to the provision of and increasing demand for services. However, the Trust has to respond to commissioners' requirements.	-

Signed .....

Date .....