

**SEPT**  
**MINUTES OF PUBLIC BOARD OF DIRECTORS**  
**PART 1**  
**held on Wednesday 25 November 2015**  
**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 (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 Community Health Services & Partnerships
Mary-Ann Munford (MAM)	Non-Executive Director
Janet Wood (JW)	Non-Executive Director

**In attendance:**

Brian Arney (BA)	Public Governor
Charles Boshier	Consultant, Quality Health
David Bowater	Appointed Governor
Max Forrest (MF)	Associate Director Communications, SEPT
Shurleea Harding (SH)	Public Governor
Colin Harris (CH)	Public Governor
John Jones (JJ)	Public Governor
Cathy Lilley (CL)	Acting Trust Secretary & Business Administration Manager – Chair’s Office (Minute Taker)
Daniel Ratchford (DR)	Chief Executive, Quality Health
Gillian Toby (GT)	Staff 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 Gillian Toby who was attending her first meeting in the role of Staff Governor; the Chair reminded members of the Trust’s vision: *providing services in tune with you.*

**231/15 APOLOGIES FOR ABSENCE**

None.

**232/15 DECLARATIONS OF INTEREST**

None.

Signed ..... Date .....

**233/15 PRESENTATION: NATIONAL COMMUNITY MENTAL HEALTH SERVICE USER SURVEY RESULTS 2015**

The Board received a presentation from Daniel Ratchford, Chief Executive at Quality Health on the national community mental health service user survey results for 2015 who highlighted the Trust’s results remained broadly consistent with previous years and in line with national figures, and there were no particular areas of concern. The Board noted the recommended actions which will be taken forward by EOSC.

On behalf of the Board, the Chair thanked DR for the interesting and informative presentation.

**234/15 MINUTES OF THE MEETING HELD ON 28 OCTOBER 2015**

The minutes were agreed to be a correct record.

**235/15 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. Further review to be undertaken and an update will be provided at January meeting
- 132/15 Establishment Review: Initial review undertaken which has been considered by the Executive Operational Sub-Committee (EOSC) and will be presented at Board Development Session; further update to be provided at January meeting
- 010/15 Customer Services Framework: Agreed at Quality Committee that this would be one of the frameworks which underpins and links into the Quality Strategy. Framework will be presented at the February meeting.

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

**236/15 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT**

As Chair of the Committee, JW provided assurance that a full and robust debate had taken place on 19 November 2015 on all performance issues and that mitigating actions and monitoring processes had been requested where appropriate. She reminded Board members that they are welcome to attend a Committee meeting to be assured that the Committee is undertaking its responsibilities as delegated by the Board. In addition JW highlighted that full Committee papers were available on the intranet and also the Board’s ‘Content Locker’.

**Performance**

The CEO stated that the Committee reviews and monitors the progress with the action log each month. No actions were due for completion in November.

There were three performance hotspots (vacancy rates, staff appraised and IAPT) 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

Signed ..... Date .....

indicators which are required to be reported to Monitor at the end of Q3. The Board was assured that relevant actions were being taken to address the hotspots.

The CEO advised that all FTs will be required to start reporting performance in Q4 2015/16 in accordance with the latest technical guidance published by NHS England and Health & Social Care Information Centre (HSCIC) on a new national target – Early Intervention Service: first episode of psychosis treated within two weeks of referral. She assured the Board that the Trust has systems in place to manage this and would be in a good position to report on this as required.

The CEO also highlighted that a new full review of all Essex Mental Health Serious Incidents would be undertaken and in addition the Trust will be working with ARU (Health Partnership) to look at the Trust’s SI review and monitoring systems.

**Finance**

The CFO advised that the Trust’s financial position at October 2015 was an operating surplus of £3.6m 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 £3.4m, 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 has requested all FTs to defer capital expenditure providing there is no impact on service delivery safety. The Trust has therefore advised Monitor that it is able to support this request if required with the suggestion that expenditure could be capped at £3.8m against the current plan of £4.86m.

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 due to the settlement of disputed previous year outstanding debts earlier than anticipated and early settlement of block income.

The Board discussed the continuing challenges with and the continued deterioration against the CIP plan. The Board was assured that all opportunities to identify new efficiency schemes were being taken but noted the challenges. In addition opportunities to secure profitable contribution from new contracts were being sought although this potentially exposes the Trust to more risk.

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

**237/15 QUALITY REPORT**

AB presented the report which focused on three key categories: safety, experience and improvement, and highlighted that 97.65% 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%.

Signed ..... Date .....

There had been no further avoidable pressure ulcers or avoidable falls this year although there had been an increase in the number of unexpected deaths (19 year to date compared to 16 for 2014/15); however, this was reflected in the national increase. A deep dive review was being undertaken to identify the reasons for the increase, such as an increase in the number of mortalities in the community, earlier reporting, etc and if there were any trends.

AB advised that the Sign Up To Safety workstreams were demonstrating tangible benefits following the implementation of the first 90 day action plans. He also highlighted that in October approximately 95% of the 1249 responses would positively recommend the Trust across all services.

Referring to the graph on Trust-wide restrictive practice incidents on page 6 of the report, SCu asked if the Trust was undertaking a benchmarking exercise to help identify any learning and good practice. AB confirmed that the Trust has undertaken various benchmarking reviews with other Trusts as well as taking account of nationally available data. He pointed out that a like for like comparison was not always possible due to different reporting approaches. However, reviews have identified that the Trust is performing favourably compared to other Trusts.

In addition, SCu asked if there was any correlation between the number of staffing vacancies and/or use of bank/agency staff on wards with the number of restraints. AB recognised that for Fuji Ward there is a particularly challenging service user group and agreed to review.

AD asked if there was a specific issue which resulted in the low attendance on the Train the Trainer programme. AB explained there were various reasons including the enormous pressure on operational services and the ability to release staff for training.

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

**Action:**

- 1 Review number of staffing vacancies and/or use of bank/agency staff on wards with the number of restraints on those wards to identify any correlation (AB).**

<b>238/15</b>	<b>SAFER STAFFING REPORT</b>
---------------	------------------------------

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 Learning Disability, Secure Services and Community Health Services were above 95%.

The Board noted there was only one hotspot relating to fill rates and was assured that there were no concerns with regards to the safety and quality of care on the ward and that an active recruitment campaign was in place.

**The Board approved the report.**

---

Signed ..... Date .....

**239/15 EQUALITY & DIVERSITY WORKFORCE INFORMATION REPORT**

AB presented the annual Equality & Diversity Workforce Information Report and reminded the Board that the Trust is legally required to monitor, analyse and publish equality and diversity statistics about its workforce. The information covers the protected characteristics within the Equality Act 2010 and presents data relating to staff in post, starters, promotions, leavers, recruitment, employee relations and appraisals, as well as by contractual arrangements and pay bandings.

AB advised that the Trust uses the Equality Delivery System (EDS II) which is a performance framework aimed at delivering better outcomes for patients and for achieving better working environments for staff which are personal, fair and diverse. He confirmed that an action plan will be developed following further analysis of the data and will be monitored by the Equality & Diversity Sub-Committee.

AD enquired as to whether the report includes staff who have caring responsibilities in the medium to long term. AB replied that this was not covered but could be considered in future. However, the information would be dependent on staff agreeing to share this information.

In response to a question by RC, AB explained that the large number of leavers was attributable to the high volume of staff TUPEd following the disaggregation of services in Beds and Luton.

Following a question by SCo, the CEO provided assurance that there is no positive discrimination within the Trust; staff are not promoted on the basis of their background.

**The Board:**

- 1 Approved the report subject to final amends to some of the figures**
- 2 Delegated responsibility for the changes in the report to AB.**

**240/15 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 and de-escalation of two risks from the BAF:

- If fill rates are not achieved for safer staffing there is a safety and reputational risk for the Trust (BAF 15042101)
- If the Trust does not have systems in place or implements them effectively to meet the new statutory duty of candour as set out in the Health & Social Care Act 2008 (Regulated Activities) Regulation 2014, the Trust may not be compliant with requirements and incur financial penalties.

Signed .....

Date .....

In addition, the Board approved the recommendation for the escalation of a new risk from the Corporate Risk Register (CRR) to the BAF as follows:

- If the Trust does not have 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.

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

- 1 Approved the BAF at October 2015**
- 2 Approved the revised scoring and de-escalation of risk BAF 15042101**
- 3 Approved the revised scoring and de-escalation of risk BAF 14091603**
- 4 Agreed the escalation of a new risk to the BAF in relation to business continuity systems and potential industrial action.**

## **241/15 SUB-COMMITTEES**

### **(i) Quality Committee**

The Chair presented the report of the meeting held on 12 November 2015 and provided assurance that robust discussions were held on a number of issues. She highlighted the case study of a patient who killed herself after being discharged from the mental health assessment unit which demonstrated the complexity of the work within the assessment unit, the challenges staff experienced in assessing what patients tell them as well as the importance of recognising cultural differences. The Committee received assurance that detailed action plans were in place through a Sign Up to Safety Workstream to take forward the lessons learnt.

The Chair advised that the Committee received a detail report on the early detection of the deteriorating patient work and was pleased to note an increased use in the modified early warning scoring system (MEWS) to monitor vital signs (physical health observations) resulting in the early detection of physical deterioration.

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. Assurance was also provided that appropriate procedures were in place or were being developed to ensure the Trust meets the Duty of Candour, Fit & Proper Persons Test and the Freedom to Speak Up requirements.

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

### **(ii) Charitable Funds Committee**

RC presented the report of the meetings held on 5 and 18 November 2015 and provided assurance that robust discussions were held. He highlighted that 15 bids were approved at a cost of £19k out of a total of 24 bids considered and requested feedback from a number of the successful bids at their next meeting to ascertain the benefits to patient experience and the Trust as a result of the bid approval.

RC reported that at the extraordinary meeting held on 18 November, the Committee reviewed in detail the Open Arts bid and following due consideration and clarification with staff who also attended the meeting, agreed to recommend to the Board of Directors that the bid of £35k be approved in line with the Trust's Detailed Scheme of Delegation. In reaching this decision, the Committee recognised the positive results

Signed .....

Date .....

the project had on helping patients with recovery and their wellbeing and without this bridging the service would close. The funding, however, is predicated on the basis of finding alternative funding sources.

SCo asked what controls were in place to ensure the Open Arts project find other funding sources. SCu confirmed that both Trust staff and external consults were working together to support with accessing additional funds.

**The Board:**

- 1 Received and discussed the report**
- 2 Approved the Open Arts bid of £35k on the basis that external funding sources would continue to be explored.**

**242/15 ESSEX SUCCESS REGIME**

The CEO provided a verbal update on the progress with the Essex Success Regime (ESR) as established by NHS England (NHSE), Monitor and the NHS Trust Development Authority (TDA). She reminded the Board that Essex had been designated as a ‘success regime’ because of the challenging circumstances affecting health and care in Essex, including the financial sustainability of arrangements for the commissioning and delivery of services, as well as the quality and performance of these services. The aim of the regime is to provide additional support and direction to local health and care systems, to identify and address systemic issues across the system, and to implement an improvement process.

The CEO reported that at a meeting of stakeholders held earlier this month, it was advised that following the initial diagnostic review, it had been agreed that the regime would focus on Mid a South Essex including the two unitary authorities of Southend and Thurrock.

The CEO advised that the current systems leaders meeting will be replaced by the ESR group with representation from providers, CCGs and also attended by Boston Consultancy Group who have been appointed to take forward the second phase of the review. The Chair also pointed out that following the unsuccessful recruitment of the Essex Programme Director, there is recognition of the need for a senior leader to lead the oversight group which will develop the delivery plan for the ESR.

The Board expressed disappointment and frustration with the lack of pace with implementing the ESR and in particular the exclusion of West Essex in the regime.

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

**243/15 SYSTMONE BUSINESS CASE**

Item deferred to Part 2 Board of Directors meeting to be held in private.

**244/15 SEPT/NEP MERGER PROPOSALS UPDATE**

NL presented a verbal update on the exploration of a potential SEPT/NEP merger to create a new Foundation Trust providing specialist mental health and community

Signed ..... Date .....

services. He summarised the steps involved in the merger including the actions and communications planned and undertaken to date including meetings with clinicians, Governors and Board to Board (B2B), and advised that a more detailed and accelerated timeline had been drawn up.

Following the submission of the Strategic Options Case (SOC), Monitor has requested a challenge session with both Trusts in early December. NL confirmed that both Trusts were on target to submit the Outline Business Case (OBC) and Long Term Financial Model (LTFM) in January.

NL reminded the Board that a significant influence on whether the CMA would instigate level 2 of the review are the merits of the merger based on the clinical benefits and perceived lessening of competition. Further guidance from Monitor is expected to be published in the new year.

Following a question by SCo, NL advised that CMA’s decision would not be influenced by the ‘argument’ of an organisation not being sustainable in the medium term.

MMc asked if an information sharing and barrier agreement had been signed. NL confirmed that this was being reviewed and would be in place by the new year.

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

**245/15 CQC INSPECTION VISIT UPDATE**

The CEO was delighted to confirm that the overall rating for the Trust following the CQC comprehensive inspection was ‘good’ and advised that the announcement was made at the Trust’s Star Awards evening on 18 November.

The Trust received ratings of ‘good’ for the mental health services as being effective, caring, responsive and well-led; with ‘requires improvement’ for mental health services as being safe. The Trust also received a rating for each core service all of which received a rating of ‘good’ with the exception of Older People’s Mental Health Community Services which was not rated due to a lack of evidence collected.

The CQC identified only three areas which the Trust must improve on including ensuring that practices amounting to seclusion or segregation are recognised and managed within the requirements of the Mental Health Act Code of Practice; actions must be taken to reduce restrictive interventions particularly on Fuji Ward where the number of prone restraints was high; and arrangements for food provision at acute mental health and forensic inpatient services must be reviewed to ensure patients have sufficient choice and receive food of good quality. The report also included a number of areas which the Trust ‘should’ improve on.

The CEO provided assurance that the task and finish groups would be implementing and monitoring action plans to address all the CQC ‘must dos’ and ‘should dos’, as well as to take forward any learning. She also confirmed that action was being taken to meet the legal requirement for publishing the Trust’s ratings at all premises/ locations from which services are provided which has to be completed within 21 days of the report publication.

Signed .....

Date .....

The CEO commended the contribution of the staff and the Board in this excellent achievement, and in particular acknowledged the work of the Compliance Team who oversaw the whole process. The Board asked that its congratulations to the staff on the excellent achievement be minuted.

The Chair and Non-Executive Directors also wished to recognise the CEO's and Executive Directors' role in driving forward the inspection which had demonstrated good leadership and determination in seeking the best quality care for patients.

JW asked if there was a timeframe for completing the 'must' and 'should' dos and if there was a monitoring process by CQC. SM expected that the Quality Summit with CQC on 11 December would confirm the requirements.

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

**246/15 LEGAL & POLICY UPDATES**

NL introduced the Legal & Policy update report and highlighted the numerous CQC-related articles including the consultation on Trusts' CQC fees which could increase by up to 75% as it appears the CQC is moving towards a full-cost recovery model. The CEO confirmed that the Trust has responded to the consultation highlighting the additional cost pressure on Trusts and also recommending the introduction of a tiered costing approach based on Trusts' CQC ratings which would recognise Trusts who receive a 'good' rating or above paying less than those who receive a lower rating.

In addition, NL reported on the King's Fund briefing which reported that large-scale changes to mental health services are a 'leap in the dark'. These changes are having a negative impact on patient care and causing mental health trusts additional pressure. He also pointed out the report Parliamentary & Health Service Ombudsman (PHSO) report which identified that there were many unresolved complaints being taken to the PHSO which could have been resolved locally resulting in minimum delay. He assured the Board that the Trust had robust complaints processes in place and as part of the review framework, learning is identified and actions implemented.

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

**247/15 USE OF CORPORATE SEAL**

The Board noted that the corporate seal had been used on one occasion (Lease of Skyway House, Takeley) since the last meeting.

**248/15 CORRESPONDENCE TO THE BOARD SINCE THE LAST MEETING**

None.

**249/15 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.

Signed ..... Date .....

**250/15 ANY OTHER BUSINESS**

None.

The Chair said she was delighted with the success of the inaugural Star Awards evening which took place on 18 November and because of the proximity to the celebrations advised that there would be no staff recognition awards for November.

**251/15 DATE AND TIME OF NEXT MEETING**

The next meeting will take place on place on Wednesday 27 January 2016 at 10:30 at The Lodge, Runwell Chase, Wickford SS11 7XX.

**252/15 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.**

**253/15 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 13:10

**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>
BA	Suggestion in the Essex Mental Health Review that SEPT may not be compliant with the Care Act (ref page 15: <i>Care Act Compliance – feedback included concerns that the two providers were not yet fully compliant with the Care Act</i> )	SM: Concerns raised by Essex County Council (ECC) about a specific issue relating to safeguarding response which conflicted with Section 75 Agreement. Trust working with ECC to manage this.	-
BA	CQC Intelligent Monitoring reports for	NL: Review to align complaint recording systems	-

Signed .....

Date .....

	Nov 2014 and Jun 2015 have both noted a risk against 'fully and partially upheld complaints' and the recent CQC inspected noted that 'not all informal complaints were recorded'	taking place. Focus is and will continue to be on resolving issues locally. However, complaints resolved locally are technically not a formal complaint. Total of 13 complaints received by the Ombudsman in 2014, and 11 in 2015 of which 8 were not upheld.	
BA	If complaints are marked as a risk factor on IMM	NL: It is based on the number referred as well as the number upheld or partially upheld. For the Trust this has meant a reduction of 2. However, note this was not rated as a risk by CQC following recent comprehensive inspection.	-
JJ	BAF (appendix 1) Risk BAF15042103 (CIP): despite the current non-achievement of CIP targets why the current risk rating has remained the same as the initial risk rating	MM: Can maintain financial forecast because of the other controls in place and that is why post mitigation has been reduced. If controls weaken then will review whether post mitigation is correct	-
JJ	BAF (appendix 1) Risk BAF15042101 (fill rates): correction to calculations on page 5 – should read $4 \times 2 = 8$ (and not 12)		NL: BAF to be amended
DB	Commended quality of the services following recent Quality Visit to John Bunyan House. In addition undertook a food sampling visit at Woodlea Unit and again found the quality of the food to be of a high standard with appropriate portion size.		-

Signed .....

Date .....