

SEPT

MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD IN PUBLIC
held on 21 November 2012
at the Lodge, Runwell Chase, Wickford SS11 7XX
PART 1

Present

Lorraine Cabel
 Cathy Lilley

Chair
 Trust Secretary

Governors Present

Richard Amner (part)	South Essex Governor
Brian Arney	West Essex Governor
David Bowater	Local Authority Governor
Susan Butterworth	Central Bedfordshire Governor
Robert Calver	Rest of Essex Governor
Sally Carr	Local Authority Governor
Josie Clark	South Essex Governor
Joy Das	Service User & Carer Governor
Paul Delaney	Staff Governor
Tony Fish	Local Authority Governor
Karen Forrest	Staff Governor
Paula Grayson	Bedford Governor
Eileen Greenwood	South Essex Governor
Christina Guy	Thurrock Governor
Shurleea Harding	Southend Governor
Pamela Hintz	South Essex Governor
Evelyn Hoggart	South Essex Governor
John Jones	Bedford Governor
Zoe Loke	Luton Governor
Clive Lucas	Southend Governor
Tracy Reed	Staff Governor
Sue Revell	South Essex Governor
Deborah Ridley-Joyce (part)	Central Bedfordshire Governor
Peter Stroudley (part)	Southend Governor
Mandy Tanner	Service User & Carer Governor
Nic Taylor-Barbieri	Staff Governor
Jim Thakoordin	Central Bedfordshire Governor
Dr Clive Travis	Bedford Governor
Margaret Verity	Thurrock Governor

Directors Present

Andy Brogan	Executive Director Clinical Governance & Quality
Steve Cotter (part)	Non-Executive Director
Steve Currell	Non-Executive Director
Alison Davis	Non-Executive Director
Dawn Hillier	Non-Executive Director
Dr Miland Karale	Medical Director

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Malcolm McCann	Executive Director of Integrated Services Essex
Sally Morris	Executive Director of Specialist Services & Contracts
Amanda Reynolds	Executive Director of Social Care & Partnerships
Nikki Richardson	Executive Director Corporate Affairs and Customer Service
Dr Pauline Roberts	Medical Director
Richard Winter (part)	Executive Director of Integrated Services Bedfordshire & Luton
Janet Wood	Non-Executive Director

In attendance

Julia Asher	Clinical Lead
Gary Blatch	Dementia Strategy Manager
Frances Carey	Director - Clinical Governance & Quality Team
Maxine Forrest	Assistant Director - Communications
Chris Jennings	Compliance Officer
Gail Lilley	Integrated Team Leader
Faye Swanson	Director of Compliance and Assurance
Gail Walker	Integrated Team Manager
Neil West	Associate Director Specialist Services

40/12 APOLOGIES FOR ABSENCE

Apologies for absence were received from the following Governors:

Keith Bobbin	South Essex Governor
Anne Devlin	Partnership Governor
Michael Dolling	Luton Governor
Michael Edmonds	West Essex Governor
Jill Gale	Luton Governor
Jackie Gleeson	Luton Governor
Mayor Dave Hodgson	Local Authority Governor
Mahmood Hussain	Local Authority Governor
Syed Jafari	Service User & Carer Governor
Lynda Lees	Central Bedfordshire Governor
Kresh Ramanah	West Essex Governor
Fiore Sannio	Staff Governor
Patrick Sheehan	West Essex Governor
Prof Michael Shoot	Partnership Governor
Larry Smith	Central Bedfordshire Governor
Sudi Sudarsanam	West Essex Governor
Mavis Webster	Local Authority Governor

Apologies for absence were not received from Mark Tebbs, Partnership Governor, and Dr Thilak Ratnayake, Staff Governor.

41/12 DECLARATIONS OF INTEREST

No declarations of interest were received.

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42/12 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 18 June 2012 were agreed as an accurate record and would be signed by Lorraine Cabel, Chair.

43/12 MATTERS ARISING:**i) Francis Inquiry**

Lorraine Cabel advised that there had been a further delay on the release of this report which was now expected to be published in Spring 2013. She confirmed that a formal presentation on the Francis Inquiry would be made to the Council of Governors once the report had been published.

ii) Masterclass and NED/Informal Meeting Update

Lorraine Cabel advised that these meetings had taken place on 10 September 2012. Dr Mel Conway, Consultant Public Health Medicine, and Andy Brogan, Executive Director Clinical Governance and Quality, presented on demography and Dr Dawn Hillier, Non-Executive Director, and Tim Wheeler, Head of Estates, presented on sustainability.

iii) Patient Satisfaction Percentage

Lorraine Cabel reported that Governors had been circulated a response to a question raised at the Council of Governors meeting held on 18 June 2012. She confirmed that the percentage of patients who rated their overall satisfaction with the services as between fair and excellent was 97% and that a wide range of Bedfordshire Community Health Services participated in the survey.

iv) Spot-check Audits for POMH

Lorraine Cabel also pointed out that Governors had been circulated a response to another question raised at the meeting on 18 June 2012. She advised that spot-check audits for POMH 9b was currently under way in learning disability services in Essex and Beds & Luton. POMH have not yet, however, programmed the re-audit of this topic (9c) but have advised it will not be before December 2014.

Actions:

- 1 **Andy Brogan to present outcomes of Francis Inquiry at the next Council of Governor meeting, dependant on the report having been published.**

44/12 CHANGES TO THE BOARD OF GOVERNORS AND ITS COMMITTEES SINCE THE LAST MEETING**i) Council of Governors**

Cathy Lilley reported that the results of the Trust's annual elections were announced at the AGM on 27 September 2012 and confirmed that the following were elected/re-elected to the Council of Governors:

- Public Governors – Bedford
 - Paula Grayson
 - John Jones (re-elected)
 - Dr Clive Travis (re-elected)

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- Public Governors – Central Beds
 - Susan Butterworth (re-elected)
 - Lynda Lees
 - Deborah Ridley-Joyce
 - Larry Smith
 - Jim Thakoordin
- Public Governors – Luton
 - Michael Dolling (re-elected)
 - Jill Gale
 - Jackie Gleeson (re-elected)
 - Zoe Loke
- Public Governor – Rest of Essex
 - Robert Calver (re-elected)
- Public Governors – South Essex
 - Keith Bobbin (re-elected)
 - Eileen Greenwood (re-elected)
 - Evelyn Hoggart
 - Sue Revell
- Public Governors – Southend
 - Clive Lucas (re-elected)
 - Peter Stroudley
- Public Governor – Thurrock
 - Christina Guy
- Staff Governor – Nurses & Midwives Community Health Services
 - Tracy Reed (re-elected)
- Staff Governor – Other Clinical Specialities
 - Karen Forrest (re-elected)
- Staff Governor – Support Services
 - Nic Taylor-Barbieri.

She pointed out that the election for the Staff Governor – Social Worker vacancy had recently taken place and that Paul Delaney had been elected on 13 November 2012.

Cathy also advised the following changes to the Council of Governors since the last meeting:

- Appointments:
 - Partnership Governor: Cllr Sally Carr, Southend on Sea Borough Council
- Resignations/not elected:
 - Public Governors:
 - Marie Creighton, Central Beds
 - Jeanine Cresswell, South Essex
 - Ron Greenham, Luton
 - Dr Naila Khokhar, Southend
 - Vincent Mooney, Central Beds
 - John Pike, South Essex
 - Staff Governors:
 - Alison Childs, Other Clinical Specialities Essex
 - Debbie Martin, Community Health Services Beds
 - Nicholas Richards, Community Health Services South Essex.

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Cathy reported there were two Partnership Governor vacancies and advised that our legal advisers have confirmed the Trust remains compliant with the constitution as several requests have been made to the appointing organisations for replacement Governors and it is their responsibility to put forward a nomination.

ii) Council of Governors Committees

Cathy Lilley tabled the Council of Governors Committee Membership Composition as at November 2012. She reminded the Governors that the appointments to Committees are made by the Chair of the Trust in consultation with the Trust Secretary; all appointments are ratified by the Council of Governors.

The Council of Governors:

- 1 **Noted the contents of the report**
- 2 **Ratified the Council of Governors Committee membership composition.**

45/12 QUALITY, PERFORMANCE AND ASSURANCE REPORT

Lorraine Cabel gave apologies from Dr Patrick Geoghegan, Chief Executive, Sally Morris, Executive Director Specialist Services & Contracts/Deputy Chief Executive, and Ray Jennings, Executive Chief Finance and Resources Officer. However, she was delighted to welcome Malcolm McCann, Executive Director Integrated Services Essex, Neil West, Associate Director of Specialist Services, and David Griffiths, Assistant Chief Finance Manager, to the meeting.

Malcolm McCann reminded the meeting that the purpose of this report was to provide the Council of Governors with the opportunity to hold the Board of Directors to account for the performance of the report.

Hotspots

Malcolm advised that as at the end of September two hotspots were referred to the Board of Directors: development of a pathway-based contract (Beds & Luton) where 54% of community clients have a PbR (payment by results) cluster compared to the target of 75%; and mandatory training where 84% of staff have received training compared to target of 100%.

In addition, the Board was advised of two emerging risks: Serious Incidents – Pressure Ulcers where 118 Grade 3 and 4 Pressure Ulcers reported in quarter 2 compared to 51 in quarter 1; and appraisals where 51% of staff have had an appraisal compared to a target of 95% by the end of October. However, Malcolm advised that recent figures have shown a significant improvement.

Finance

David Griffiths provided the Governors with a summary of the financial position of the Trust at the end of quarter 2 which showed a surplus of £9.495m against a planned surplus of £11.657m. However, he assured the Governors that the overall performance of the Trust was sound and he was confident that the Trust would achieve its planned surplus of £3.3m at the end of the financial year.

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David advised that the Board of Directors was required to submit a quarterly compliance report to Monitor and based on quarter 2 performance and the Financial Risk Rating for the quarterly return was 4 (where 5 is the highest and 3 is satisfactory) and the Governance Rating had remained at green.

Operations

Neil West presented an update on the Beds & Luton and Essex mental health services performance during quarter 2. He confirmed that all contractual activity requirements were being met and highlighted some of the activity to demonstrate the levels being undertaken, including:

- Medium and Low Secure Forensic Services delivered ensuring that the contract capacity of 112 beds was met
- Child & Adolescent Mental Health Services (Beds & Luton) delivered:
 - 15,165 contacts compared to plan of 13,536
- Child & Adolescent Mental Health Services (South Essex) delivered:
 - 6,605 contacts compared to plan of 6,794
 - Contract capacity of 9 beds provided
- IAPT (Improving Access to Psychological Therapies) delivered:
 - 21,800 completed treatments compared to plan of 19,654.

Neil pointed out that commissioners have expressed their satisfaction about how quickly our patients were moving through the pathways in the Medium and Low Secure Forensic Services. He also highlighted that the CAMHS service was exceeding performance overall, and although demand was beginning to exceed capacity this had been raised with commissioners.

He also shared information on the local projects agreed with commissioners to improve quality by reviewing and modernising service delivery, providing a recovery focused mental health service and improving the patient experience (Commissioning for Quality and Innovation – CQUIN). Projects include:

- Secure Forensics and CAMHS T4 (7 projects)
 - Clinical dashboards for specialist services
 - Shared pathway – recovery and outcome
 - Secure PbR
- CAMHS (3 projects)
 - Improving the patient experience (patient revolution)
 - Safety thermometer
 - Single gateway.

Community Health Services - Essex

Malcolm McCann provided the Governors with an update on the performance of Community Health Services in Essex. He assured the Governors that there was compliance with all contractual requirements in all areas in Essex Community Health Services; activity was ahead of plan and this reflected the hard work and commitment of staff. Malcolm highlighted the following levels of activity:

- South Essex Mental Health Services delivered:
 - 75,481 community contacts against a plan of 74,162
 - 14,229 day hospital attendances against a plan of 14,481
 - 65,562 occupied bed days against a plan of 57,583

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- South East Essex Community Services delivered:
 - 238,572 adult contacts against a plan of 217,522
 - 65,822 women and children's contacts against a plan of 66,646
- West Essex Community Services delivered:
 - 128,411 adult contacts against a plan of 115,187
 - 23,707 children's services contacts against a plan of 24,561.

Malcolm also shared with the Governors information regarding local indicators of quality, such as complaints and compliments, as well as information on the schemes agreed with commissioners to improve quality (CQUIN) including improving the patient experience, making every contact count, safety thermometer, pressure ulcers and VTE (venous thrombo-embolism).

He highlighted that the Trust had worked with local authority (LA) partners in Essex, Southend and Thurrock to identify key priorities for the financial year and had compiled new performance frameworks for all LA partners. All performance targets were being achieved and rated as green.

Community Health Services - Bedfordshire

Malcolm reported on the performance of the Bedfordshire Community Health Services on behalf of Richard Winter, Executive Director Integrated Services Beds & Luton. He again gave assurance that activity levels for the majority of services were successfully being met and provided statistical information on the level of activity including:

- Bedfordshire & Luton Mental Health Services delivered:
 - 85,855 community contacts against a plan of 71,905
 - 33,077 occupied bed days against a plan of 31,299
- Bedfordshire Community Services delivered:
 - 160,316 adult contacts against a plan of 147,862
 - 69,605 women's and children's contacts against a plan of 74,528 (the accuracy of this figure was being discussed with commissioners.

Malcolm also provided an update on the local indicators of quality and confirmed that the 18 week referral to treatment stood at 100%. He pointed out that although the Chlamydia screening figure was low it did not reflect the actual service performance. This is a national target and there are issues with the way in which it has been set. Malcolm pointed out that other Trusts were also not achieving the target and expected that the target would need to be renegotiated..

There were 12 CQUIN schemes for Beds & Luton including improving the patient experience, dementia, safety thermometer, and development and pilot of weekend support services.

Malcolm advised that the Trust had also worked with LA partners in Bedford, Central Bedfordshire and Luton to identify key priorities for the financial year and had compiled performance frameworks for all LA partners which were broader than those for Essex. Overall the performance was strong with 14 targets being rated as green; however, there were 8 rated as amber and efforts were being made to improve these.

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Corporate Aims 2012/13

Malcolm reminded the Governors that the Board of Directors had agreed five strategic priorities for the Trust for 2012/13:

- Delivering high quality and safe services
- Transforming services
- Creating an efficient and effective organisation
- Workforce culture and capacity
- Clear plans for a sustainable future.

These were supported by 15 corporate aims that were actioned through 439 success measures that were scheduled for completion by end of quarter 2 of which:

- 327 were fully completed
- 99 were partially completed
- 13 were identified for deferral.

Malcolm assured the Governors that appropriate action was being taken to support future achievement of the 13 success measures that had been deferred. He acknowledged, however, that the results to date were a significant achievement and recognised the contribution of staff.

In summary as at the end of quarter 2 the Board of Directors was assured that:

- Appropriate compliance actions were being taken as a result of CQC visits
- Corporate aims were on track to being completed by year-end
- Local quality targets were being achieved
- Contracted activity levels had been delivered
- Overall financial performance was good.

Following a question by Eileen Greenwood, Malcolm explained that a minor concern does not relate to the quality of care provided but, for example, to systems and processes. A recent 'minor' concern related to the Trust not having adequate signposting for advocacy.

Jim Thakoordin requested that the performance papers were circulated prior to the meeting to provide sufficient time for reading.

In response to a question by Jim Thakoordin, David Griffiths confirmed that as a Foundation Trust any surplus is reinvested into the services provided to the local community including, for example, capital developments.

Clive Lucas asked for explanations about some acronyms used during the presentation; Malcolm advised that:

- PbR (Payment by Results) is where a commissioning body agrees to contract a provider to achieve particular agreed outcomes. Under this system funding is usually realised at the end of a contract or when specific results have been achieved. This is due to commence in 2013 for Mental Health Services
- CQUIN (Commissioning for Quality and Innovation) is a payment framework enabling commissioners to reward excellence by linking a proportion of the providers' income to the achievement of local quality improvement goals. Currently this amounts to 2.5% of contract value for delivering additional quality measures during the year. These targets are set with the commissioners at the beginning of the financial year. Malcolm stressed,

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however, that the focus remains on quality of care and not just on the achievement of additional income

- VTE (Venous Thromboembolism) is DVT (Deep Vein Thrombosis) and pulmonary embolism together. It is essential to provide appropriate care and treatment to prevent this from happening.

Following a question by Bob Calver, David Griffiths advised that the slippage in the planned surplus was due to Cost Improvement Plans (CIPs) taking longer to implement than originally identified in the plans. As mentioned in his presentation, it was expected that the Trust would achieve its planned surplus of £3.3m by year end.

Paula Grayson asked if there would be any consequences with commissioners for over-delivering? Malcolm McCann confirmed that there would be regular communication with commissioners if the Trust was either over or under-achieving outside the threshold.

Zoe Loke enquired about the Trust expansion plans as the five year strategic plan indicated that the Trust aimed to have a £500m turnover by 2015. Malcolm McCann advised that during the last two years FTs had been encouraged to bid for services as they arise. The Board of Directors take into account many factors when considering expansion particularly if the Trust can ultimately add value, as with the bringing together of mental health and community health services under one management to provide integrated and improved quality of services. The next few years will be focusing on consolidation and integration of current service provision and developing relationships with commissioners.

Lorraine Cabel also reported that the Trust has a growth strategy which takes account of any opportunities in the current environment. Once the Health & Social Care Act comes into force on 1 April 2012, the Board of Directors will work closely with Governors on the vision and criteria for looking at potential opportunities taking account of the best interests of the Trust.

The Council of Governors noted the contents of the presentation.

Action: Cathy Lilley to circulate copies of the presentation after the meeting.

46/12 SIs AND SUICIDES UPDATE

Andy Brogan presented an update on Serious Incidents (SIs) covering how they are managed, trends and actions being taken in the Trust. He assured the governors that suicides in mental health services are a rare event and pointed out that it is not necessarily a reliable measure of the quality of mental health services provision.

Andy explained that an SI is defined as an incident in NHS funded care that resulted in unexpected death (not natural causes), serious harm (continuous period of 28 days), allegations of abuse, loss of personal/organisational information, adverse media coverage, 'Never Event'. He confirmed that the Trust's Adverse Incident Reporting policy and procedure (which includes SIs) complies with the SHA SI policy and National Framework for Reporting and Learning from SIs Requiring Investigation (July 2010).

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Andy explained the Trust's SI process which is a complex and difficult decision-making process and provided an update on the national trends for SIs and advised that the national suicide rate is based on 2010 figures. Although rates had fallen over time for both sexes and all age groups, these varied across different Strategic Health Authorities.

He reported that the National Confidential Inquiry defines a 'patient' suicide as occurring for a person who has had contact with mental health services within the 12 months prior to death and 27% of all suicides during 2000-2010 were patient suicides. There have been a higher number of patient suicides in the community – almost twice the number in the past three years which nationally reflects the changes in the nature of care provision, and the focused work on ward environments to reduce opportunities for suicide which has had a positive impact on the reduction of inpatient deaths.

14% of patient suicides are known to have refused drug treatment within the month prior to death and 27% of patient suicides missed their last contact with services. However, overall there is a decrease in rates but it is anticipated that the figures will increase due to the impact of the recession.

Andy outlined the actions being taken by the Trust and assured Governors that learning from SIs is shared across the organisation through learning summaries, Learning Lessons Review Group, and staff learning events. Reports on SIs and associated learning are presented to Operational Governance Groups, Executive Team, Clinical Governance Committee and the Trust Board. The learning from SIs also informs the Patient Safety and Quality Workstreams and the Clinical Audit programme.

In response to a question by John Jones, Andy Brogan advised that the Emergency Beds policy had not changed; he reconfirmed that a bed will be provided for anyone who needs one based on a clinical decision. He advised that changes have been made to the implementation of the procedure and internal monitoring processes.

In response to a question by Susan Butterworth on the accessibility of services, Andy Brogan advised that the new outreach teams are refreshing the internal response framework. The challenge, however, is that some people do not turn up for an appointment; this is a national problem. Dr Pauline Roberts also pointed out that patients have a choice to have treatment or not. However, the Mental Health Capacity Act now places onus on the Trust to make some assessment of the individual's capacity to make a choice. The outreach team is reviewing the different methods of engagement.

Pam Hintz raised the issue about access to drug and alcohol services. Dr Pauline Roberts acknowledged that substance misuse is a problem and that the drug and alcohol services, which used to be part of mental health services, have become fragmented over time.

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In response to a request by Zoe Loke, Lorraine Cabel reported that in addition to general meetings of the Council of Governors which will focus on Governors' statutory responsibilities, briefing sessions would be held bi-monthly where there would be opportunity for more detailed presentations and discussions on key areas of interest. A plan of meetings and presentation subjects for the year would be developed.

The Council of Governors noted the presentation.

Action: Briefing sessions annual plan to be developed.

47/12 DEMENTIAL STRATEGY UPDATE

Gary Blatch, Dementia Strategy Manager, provided a comprehensive update on the national and regional dementia strategies and reported on some of the initiatives introduced across South Essex which are aimed at promoting awareness, improving diagnosis rates, improving the information given on dementia, enhancing the environment and ensuring staff are sufficiently knowledgeable, in order to provide first class care. Governors would be sent a paper copy of the presentation for future reference.

Pam Hintz expressed concern that iPads may not be appropriate for people in the later stages of Dementia. She also pointed out the emotional and psychological challenges that carers experience on leaving a loved one in continuing care and was disappointed that there was limited support networks in place, particularly as the 'caring with confidence' courses had stopped.

Action: Malcolm McCann offered to look at this and would provide Pam with a detailed answer.

Eileen Greenwood pointed out that at a recent conference it was reported that 43% of people with dementia are not diagnosed and asked what the Trust is doing to identify this and educate people in the signs of dementia. Gary advised that teams are working with GPs and CCGs locally, attending meetings, etc to raise awareness.

In response to a question by Josie Clark on Trust's activities with the younger age-group, Gary advised that the Memory Service Teams work with the individual and their families, irrespective of age and access to services is currently being reviewed.

Deborah Ridley-Joyce asked if similar activities were taking place in Beds & Luton. Richard Winter advised that there is a CQUIN on dementia which focuses on memory assessment. However, he would meet with Gary Blatch to discuss the good practices currently being implemented in Essex and agreed to report back to the Council of Governors' meeting in June on the lessons learnt and the impact on the dementia activities in Beds & Luton.

Action: Richard Winter to present update on dementia activities in Beds & Luton at the Council of Governors meeting in June.

The Council of Governors noted the presentation.

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48/12 CQC**i) The Role of the CQC**

Frances Carey, Director of Quality Improvement, presented an overview of the role of the Care Quality Commission (CQC) and pointed out that the CQC was consulting on its strategy for 2013-2016 including its approach to building better relationships with the public and organisations providing care. Governors would be sent a paper copy of the presentation for future reference.

Joy Das enquired as to who monitors and/or audits the CQC. Francis advised that scrutiny of the CQC is by the Public Accounts Committee.

The Council of Governors noted the presentation.

ii) Trust Update

Faye Swanson reported that at the last Council of Governors' meeting clarification of the coordination process for Governors' CQC scrutiny visits was requested.

She reminded Governors that all Trust services are currently registered with CQC as required by law and as part of this registration process, the Trust must remain compliant with the CQC's Essential Standards of Quality and Safety. During the past two years Governors have attended scrutiny visits of Trust services and these have focused on compliance with the standards. These visits have helped to gain a different perspective on the provision of services and how they are compliant with the Standards.

Faye presented the proposal for a calendar of planned visits for a 12 month period together with the booking process which would allow a greater number of Governors a better opportunity to complete a visit. In addition guidance notes had been developed which set out the expectations, clarifying the key parts of the process including what Governors need to do during a visit, how feedback is obtained and what information Governors should be providing before completing a visit.

Governors will be kept informed of all future visits, completed visits and feedback on a regular basis through a regular report at the Council of Governor meetings. The report will also provide information on any issues identified by Governors during their visits and what action has been taken.

Faye took the opportunity to introduce Chris Jennings, Compliance Officer, and Julia Asher, Clinical Lead, two key people in the Compliance Team who will be supporting the visit process.

Lorraine Cabel pointed out that this is an important way for Governors to receive assurance of compliance and recommended that Governors attend one of these visits.

The Council of Governors noted the report.

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49/12 WORKSMART IN ACTION

Tracy Reed, Education Facilitator for End of Life Care – SEPT West Essex, outlined how Work Smart works in action in West Essex. She explained that West Essex covers a 389 square mile radius with a population of circa 280,000. The Community Integrated Teams in Harlow, Epping and Uttlesford work with numerous partners/service providers including four acute hospitals, mental health services (NEPT), five hospices including specialist palliative care and MacMillan nurses, 40 GP practices, two out of hours doctors services, East of England Ambulance Service, cancer information service, social care and Essex Social Services, voluntary services and 70 care homes.

Recognising that there is a large number of people/services involved in the care of a patient, 'virtual ward' working was introduced with the aim of linking services, improving communications and the sharing of information and data. Consent, however, is required from the patient to share information which includes contact details, diagnosis, care pathway, key worker, care and documents in place, who is involved in the care, update of condition and expectations, etc. Daily 'ward' meetings are held with as many members of the integrated team and key workers looking after the patient.

The benefits of 'virtual ward' working include improved coordination of care, integration of services, ability to access information from a hot desk with less travel time and increased cost savings, team/partnership working, reduction of duplication and shared learning ultimately improving the quality of services for the patient.

Lorraine Cabel thanked Tracy for an informative presentation and commented that she had looked at a 'virtual ward' in action and was impressed by the opportunities and improvements provided by this way of working.

The Council of Governors noted the presentation.

The following Governors left the meeting:

- Richard Amner
- Deborah Ridley-Joyce
- Peter Stroudley.

50/12 REPORT FROM THE MEMBERSHIP DEVELOPMENT STRATEGY GROUP

Shurleea Harding and John Jones presented the Membership Development Strategy Groups (MDSGs) report.

The groups held a joint SEPT editorial panel meeting where discussions focused on ideas for content for the next issue of *SEPT News* which is scheduled for publication in the new year. Shurleea pointed out that all Governors are welcome to join this meeting as views, ideas and offers to write/obtain articles would be valued.

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Public member meetings had been held in all constituencies during October and November. Attendees heard about the range of community services that SEPT provides in some of the localities, and where and how to access them. In addition, they learnt about how SEPT provides mental health social work services to support people achieve recovery and independence. Feedback has been positive with attendees commenting that they found the presentations informative and interesting, and particularly liked the interactive format. An overall analysis including feedback by locality would be undertaken for consideration by the MDSGs and the Constituency Groups.

At recent Essex and Beds & Luton MDSG meetings the groups again looked at where current gaps in membership exist and at future membership recruitment activities.

To support a more focused membership recruitment approach by locality, a separate meeting of the West Essex Governors was held and included the Communications Officer for West Essex and the Patient Experience Coordinator covering West Essex. The group reviewed the membership marketing collateral including key messaging and support materials, as well as discussing recruitment opportunities for the coming year. A membership 'toolkit' would be developed for use across all constituencies and a rolling action plan would be drawn up for the next 12-18 months. This action plan would provide a template to be used for all constituencies.

The two MDSGs also discussed during a joint session in early November the opportunity for Governors to attend the MDSG meetings particularly as it was the responsibility of Governors to support with the recruitment as well as engagement of members.

John pointed out that there was no limit to the number of Public Governors on the MDSGs, and encouraged Governors to join the meetings as Governors' local knowledge was invaluable to the recruitment and engagement activities. In addition, membership activities supported the accountability and communication loop with members.

The Council of Governors noted the report.

51/12 COUNCIL OF GOVERNORS REMUNERATION COMMITTEE TERMS OF REFERENCE

As Chair of the Council of Governors Remuneration Committee, John Jones advised that the terms of reference for the Remuneration Committee had recently been reviewed taking account of best practice and also alignment with other Trust committees. The recommended amendments were minor and mainly provided clarity and consistency, and reflected best practice.

Approved:

- 1 The Council of Governors ratified the adoption of the revised terms of reference for the Council of Governors Remuneration Committee.**

Signed.....

Date.....

52/12 AMENDMENTS TO THE CONSTITUTION

Cathy Lilley presented the amendments to the Trust's constitution. She advised that the changes concern those required to ensure the constitution complies with the amendments to the NHS Act 2006 (Health & Social Care Act 2012) that will come into force on 1 October 2012, namely:

- The continuation of the body corporate known as Monitor (*pages 5, 8*)
- Change from the 'Board of Governors' to the 'Council of Governors' (constitution already amended)
- Requirement for the principal purpose (i.e. provision of goods and services for the health service in England) to be stated in the constitution (*pages 6-7*)
- Introduction of the new legal duty to ensure that income of NHS funded goods and services is greater than income from other sources (*page 32*)
- Introduction of additional oversight and scrutiny by the Council of Governors over activities generating non-NHS income (*page 32*)
- Replacement of HM Treasury with Secretary of State as regards giving guidance over FT accounts (*page 31*).

As the Trust now provided specialist community health services in Suffolk (with effect from 1 October 2012), the constitution had been amended to take account of an additional constituency for Suffolk as the Trust's constitution requires the composition of the Council of Governors to represent the community it services. The Suffolk constituency would be represented by one elected Governor (*pages 4, 10, 36 and 39 refer*). This is consistent with the approach to including a constituency for Rest of Essex following the extension of our community health services three years ago.

Cathy confirmed that the changes had been approved by the Board of Directors at its meeting on 26 September 2012 and had been subject to scrutiny by the Trust's legal advisers, Hempsons LLP, who had confirmed that in their opinion the amendments were compliant with the NHS Act 2006 as at 1 October 2012 and relevant guidance issued by Monitor.

The Council of Governors:

- 1 **Noted the contents of the report and agreed that the appropriate process was being followed in reviewing the Trust's constitution**
- 2 **Unanimously approved the proposed changes to the constitution.**

53/12 GOVERNOR COORDINATOR ROLES

Lorraine Cabel advised that the role of a Governor Coordinator would be to work with the Trust Chair and Trust Secretary to contribute to an effective communication and feedback loop with the Council of Governors. The role would, for example, coordinate items for Council of Governors meetings agendas, provide feedback following Governors' informal meetings (where appropriate), etc. In addition, the Governor Coordinators would liaise with Governors locally to seek views, encourage engagement, chair Governors' informal meetings, coordinate responses to consultations, etc.

Signed.....

Date.....

This role has primarily been informally undertaken by John Jones. However, following consultation with Essex Governors, it is proposed that there would be two Governor Coordinators representatives – one for Beds & Luton and one for Essex. John would continue with this role representing Beds & Luton and would officially take up position with effect from 2 January 2013. An election for the Essex Governor Coordinator would be held with a view to the role being effective from 2 January 2013.

The Governor Coordinator will serve a maximum of two terms (up to three years per term) subject to satisfactory review at the end of each term in line with the Lead Governor role.

The Council of Governors noted the presentation.

Action: Cathy Lilley to circulate the Governor Coordinator (Essex) election arrangements.

54/12 HEALTH & SOCIAL CARE ACT UPDATE

Lorraine Cabel was pleased to announce that the Board of Directors and Council of Governors Joint Away Day would take place on 18 January 2013 (venue and times to be confirmed). She advised that the main purpose of the day would be to look at the implications of the Health & Social Care Act 2012 on the role of Governors and how they can effectively hold the Board of Directors to account for the performance of the Trust via the Chair and Non-Executive Directors.

Lorraine recommended that a 'Design Group' of Governors would be set up to initially look at the issues to be covered and these would be shared with all Governors for comments and opinions. These topics would also provide a priority list of issues to build into the Away Day programme.

Action: Cathy Lilley to coordinate the arrangements for the Design Group and the Away Day.

55/12 ANY OTHER BUSINESS

Lorraine Cabel advised that demolition work would be commencing on the old Runwell Hospital site with effect from 26 November 2012. The work will affect the buildings either side of the road between the roundabout at the end of the Chase and the Trust HQ building. The demolition work will be screened off and the contractors carrying out the work do not expect this to cause any disruption to Trust activities or staff parking.

During the Christmas week, the derelict building opposite the lodge main entrance will be demolished. During the demolition work, which is expected to take 3-4 days, the parking bay will be taken out of use and approximately 10 parking spaces in the informal car park opposite the Lodge will be taken out of action.

Signed.....

Date.....

The Runwell Hospital site is currently owned by the Homes and Communities Agency (HCA), subject to receipt of planning permission, the HCA hope to sell the site for housing development. The demolition work is commissioned by the HCA and is expected to continue on the main hospital site until March 2013.

56/12 QUESTIONS & ANSWERS SESSION

Following a question by Joy Das, Malcolm McCann confirmed that the Urgent Care Unit at the Princess Alexandra Hospital (PAH) had moved into A&E and for the time being would co-exist with A&E; staff would be transferred to PAH.

57/12 DATE AND TIME OF NEXT MEETING

Lorraine Cabel advised that the next meeting of the Council of Governors would take place on Wednesday 20 February 2013 at 17:30 at the Rufus Centre, Steppingley Road, Flitwick MK45 1AH.

58/12 DATES OF FUTURE BOARD OF GOVERNORS MEETINGS

Lorraine Cabel advised that future meetings for the Council of Governors were to be held on the following dates; all meetings commence at 17:30 unless otherwise stated:

- **Wednesday 19 June 2013** – Training Room 1, The Lodge, Runwell Chase, Wickford SS11 7XX
- **Wednesday 4 September 2013** – Stockwood Discovery Centre, London Road, Luton LU1 7HA
- **Wednesday 20 November 2013** – Rufus Centre, Steppingley Road, Flitwick MK45 1AH
- **Wednesday 12 February 2014** – Training Room 1, The Lodge, Runwell Chase, Wickford SS11 7XX

The AGM will take place on Thursday 12 September 2013 in Essex (venue/time TBC).

Signed.....

Date.....