

**SEPT**  
**MINUTES OF BOARD OF DIRECTORS MEETING HELD IN PRIVATE**  
**PART 1**  
**on 25 APRIL 2012**  
**in Training Room 1, The Lodge, Runwell Chase, Essex**

**Members Present:**

Janet Wood	Vice Chair/Non-Executive Director
Steve Cotter	Non-Executive Director
Dr Dawn Hillier	Non-Executive Director
George Sutherland	Non-Executive Director
Alison Davis	Non-Executive Director
Steve Currell	Non-Executive Director
Ray Jennings	Deputy Chief Executive/Executive Chief Finance & Resources Officer
Nikki Richardson	Executive Director of Corporate Affairs and Customer Service
Andy Brogan	Executive Director of Clinical Governance & Quality
Dr Pauline Roberts	Executive Medical Director
Sally Morris	Executive Director of Specialist Services and Contracts
Malcolm McCann	Executive Director of Integrated Services Essex
Richard Winter	Executive Director of Integrated Services Bedfordshire and Luton

**Also Present:**

Cathy Lilley	Trust Secretary
Penny Bolam	Interim Deputy Trust Secretary
Faye Swanson	Director of Compliance and Assurance (for Peter Wadum-Buhl)

George Sutherland reminded the meeting of the SEPT vision: 'Providing services that are in tune with you'.

**065/12 APOLOGIES FOR ABSENCE**

Apologies were received from Lorraine Cabel, Dr Patrick Geoghegan, Amanda Reynolds, Peter Wadum-Buhl and Randolph Charles.

**066/12 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**067/12 PRESENTATION BY STEVE BRADFORD ON PERINATAL SERVICES**

This item was cancelled.

**068/12 MINUTES OF THE MEETING HELD 28 MARCH 2012**

The minutes were agreed with minor amendments and it was agreed that these would be signed by Janet Wood as a true record.

**069/12 MATTERS ARISING****046/12 Effective HR and Workforce Development Activities,**

Dr Dawn Hillier confirmed that the issues and been discussed and the matter closed.

### 053/12 EDS Objectives

Faye Swanson advised that amendments had been made to reflect the diversity issues raised. Dr Dawn Hillier emphasised that sustainability issues included factors other than environmental ones and agreed to discuss this with Faye outside of the meeting.

#### Actions:

1. Dr Dawn Hillier and Faye Swanson to discuss sustainability issues.

### 070/12 INTEGRATED QUALITY AND PERFORMANCE REPORT Q4

Faye Swanson advised at year end that the Trust had met all contractual and performance targets, however, the Executive Team had identified four hotspots for escalation to the Trust Board. These were:

- **Patient Safety Related Incidents – Reporting Rate**

There were 832 incidents reported in mental health services in Q4, resulting in a 2011-12 outturn of 16 incidents per 1000 bed days compared to the revised national benchmark of 21 incidents per 1000 bed days. In Bedfordshire & Luton, where the reporting rate was lowest, there was evidence of an increase in March 2012.

A variety of actions had been taken in year to encourage increased reporting as this had been a performance issue in subsequent quarters. An audit of clinical notes took place across 6 wards in Bedfordshire & Luton and notes were scrutinised by cross referencing incidents recorded in patient records against those reported on the Datix incident reporting system. The actions being taken to address the current performance would take time to implement and embed before changes were evident and the Trust Board was advised that an update regarding performance would be provided following completion of actions in 3 months' time as part of the Quarter 1, 2012-13 Performance Report.

- **Did Not Attend (DNA) Rates for First and Follow-Up Consultant Clinic Attendances**

During Q4, 16.1% of First Consultant outpatient appointments and 18.8% of Follow-Up Consultant Outpatient were DNA'd compared to the targets of 11.2% and 18.1% respectively.

In South Essex, 17.1% of first outpatient attendances were DNA in Q4, compared to the target of 11.2%, largely attributable to a spike in February when a DNA rate of 20% was experienced. The Follow-up DNA rate was 19.1%.

The DNA rate in Luton had remained high in Q4 at 20.9%, however it was noted that in March 2012 the follow up DNA rate was 16%.

The higher than planned DNA rates were attributed partially to the processes in place for booking patients. It had already been recognised that appointments were made at short notice with different booking systems operating across the Trust. Admin staff/medical secretaries had been reminded to discuss the appointment, wherever possible, with the patient/carer prior to confirmation.

In the longer term, the implementation of the Outpatient Redesign would take over the work of improving care pathways, ensuring that appointments were made in compliance with NICE medication guidelines and reducing DNAs.

An update regarding performance would be provided in three months' time as part of the Quarter 1, 2012-13 Performance Report.

- **Chlamydia Screening**

**Number of positive Chlamydia screenings for 15-24 year olds – South East Essex, West Essex and Bedfordshire**

At the end of 2011-12 the performance in both South East Essex and West Essex was 48% below target. In Bedfordshire the March position had not been released by Public Health but it was anticipated that the target would not have been achieved.

In each area SEPT had regular dialogue with commissioners throughout the year to advise that the targets set were unachievable. The setting of more appropriate and realistic targets for 2012-13 was being progressed through relevant contract discussions.

In response to a question from Dr Dawn Hillier, Fay Swanson advised that although contracts had been signed with commissioners the key performance indicators (KPI's) were still under negotiation but it was expected that more realistic targets would be agreed for the coming year. In response to a query from Steve Cotter, Malcolm McCann advised that failure to achieve the target occurred year on year but the PCT, whilst recognising the difficulties, was reluctant to set a lower target that may be too easy to achieve. Steve highlighted some initiatives that he had seen in other local areas. Malcolm agreed to provide a briefing note to Board members on the initiatives that SEPT had undertaken in this area.

- **Mandatory Training**

At the end of March, 99.8% of Mental Health services staff had undergone all Mandatory Training compared to the target of 100%. Across the Community Health services, 55% of staff had undertaken mandatory training however the data utilised to calculate the position was being validated and therefore assurance regarding the accuracy of this position could not be provided

Recent staff changes had meant that the application of the policy needed to be checked to ensure that the training curriculum was being applied consistently. The data is being checked against the workforce figures so that the target groups can be assessed correctly.

Nikki Richardson advised that the outcomes of the Mandatory Training Review Project were reported to the Executive Team on Tuesday 24th April 2012 together with a detailed plan to improve systems and compliance, which involved the HR, IT and Training departments. Nikki reported that the plan was to be implemented and it was anticipated that it would be fully in place in October 2012.

In response to a question from George Sutherland, Faye Swanson advised that the trajectory for expected improvements from the action plan would be included in the overall review of plans being undertaken as part of the year end process.

Faye reported that, in addition to the four hotspots identified, the Executive Team had highlighted seven issues to be brought to the Board's attention to provide assurance or additional information.

- **Serious Incidents**

The Trust reported 44 serious incidents in total during 2011/12 but following review of three cases the total number of reported serious incidents in Mental Health for 2011/12 was 41, only one more than was reported in the previous year. Andy Brogan highlighted that the figures for 2011/12 included 2 fractures that were not reported in previous years, although the number of unexpected deaths were higher in both Bedfordshire and Luton and Essex during 2011/12.

Weekly monitoring of SIs provided the Executive Team with timely and detailed information about each serious incident as it occurred. In order to ensure that the risk to quality and safety of service delivery were identified and reported appropriately, the Executive Director of Clinical Governance & Quality had reflected on the serious incidents that had occurred in the previous month and during the cumulative reporting period to derive an appropriate risk level. Potential trends were examined by the Medical Director and the Executive Director of Clinical Governance & Quality with assistance from the Deputy Medical Directors. The type of incident, the location, including the team and any other common factors were specifically analysed to determine if any trends or themes had developed in the period. On reviewing the specified criteria in relation to the unexpected deaths no trends, themes or immediate areas of concern were identified.

Sally Morris reported a discussion held at the Executive Operational Committee meeting which had concluded that an increase in unexpected deaths was being seen nationally whilst Dr Pauline Roberts suggested that the next National Confidential Inquiry due in 2014 was expected to reflect this. Dr Roberts advised that changes to internal processes had been made to mitigate risks whilst Andy highlighted the subjectivity of the interpretation of the reporting criteria.

- **18 weeks Referral to Treatment – all community health service specialties**

This issue had been identified as a hotspot last month but had been de-escalated to a medium risk as the reduction to patients waiting for treatment longer than 18 weeks continued as planned. Since December the number of patients waiting over 18 weeks in SEE had decreased from 349 to 165 and in West Essex from 362 to 71. This had been achieved by a thorough validation exercise to identify all true waiters (to exclude those that have for example moved home, already received treatment etc.) and then ensuring those that were waiting received treatment as a priority.

The Patient Tracking List (PTL) would be launched across community services by 1 May 2012. This tool would ensure that waits could be managed at patient level proactively by the individual services to ensure that all patients access treatment within 18 weeks.

- **Care Quality Commission ( CQC ) Registration Standards**

The Trust Board was assured that appropriate systems were in place for regular monitoring and maintenance of compliance with CQC registration requirements. As at the end of March 2012 the Trust experienced no significant trust-wide lapses with any registration requirements/standards but some areas of concern had been raised in areas recently visited by the CQC. Discussions with the CQC were on-going in light of the resulting reports and actions had been taken to ensure on-going compliance.

Faye Swanson reported that enhanced governance arrangements had been introduced and action plans would in future be agreed by the Board of Directors and be brought back to the Board for sign off when actions had been completed. Janet Wood requested that CQC update becomes a standing agenda item.

- **Complaints Received by the Trust**

During 2011/12, the Trust received 286 complaints relating to mental health, compared to 261 in 2010/11 and 197 complaints relating to community health services, compared to 235 in 2010/11. In Bedfordshire and Luton mental health services the number of complaints had risen from 103 (2010/11) to 130 this year, an increase of 27 (26%). Each of the community health services had witnessed a fall in the number of complaints of between 9% and 25%. A thematic review of complaints received in 2011/12 would be undertaken by the complaints department and presented to the integrated governance committee in May 2012.

In response to an enquiry from George Sutherland, Nikki Richardson explained that the categorisation as to whether a complaint was justified or non-justified was determined by the department concerned and validated by the Director before the response was forwarded for signature by Dr Patrick Geoghegan. Ray Jennings reminded the Board that a complainant could still make further representation to the Ombudsman if they were unhappy with the outcome of the complaint.

A total of five complaints for mental health were referred to the Parliamentary & Health Service Ombudsman and no actions/recommendations were made on 4. One complaint from Bedfordshire and Luton was under investigation. No complaints in respect of community services were referred to the Parliamentary & Health Service Ombudsman from August/September to March 2012.

In response to questions from George and Steve Cotter Nikki advised that complaints were normally received in writing but were sometimes records of verbal communications and numbers may have increased as the Trust had been encouraging patients and carers to raise any concerns.

Nikki assured Steve Cotter that all complaints were included in the referrals made to Non-Executive Directors (NED) for random selection for review and these were spread across all areas of the Trust for each NED.

In response to a question from Alison Davis, Nikki confirmed that the Trust did collect information on the compliments received. Faye Swanson advised that 3,863 compliments had been recorded in 2011/12 although Nikki highlighted that many went unrecorded.

- **MONITOR Compliance Framework**

The recently published Compliance Framework for 2012/13 included a revision to how Care Quality Commission (CQC) judgements were incorporated within the governance risk ratings (GRR). Monitor applies the impact of the CQC's regulatory activity on the GRR in real time and accordingly, the Trust was advised on 4th April 2012 by Monitor that the GRR had been amended from Amber Red to Green with immediate effect. With all key indicators also being achieved the Quarter 4 GRR for the Trust was Green.

- **2012/13 MONITOR Compliance Framework**

On 30th March 2012 Monitor published the Compliance Framework for 2012/13 which indicated a number of changes for the forthcoming financial year which were briefly summarised:

- Trusts will no longer automatically receive an amber-red risk rating if the CQC find Moderate Concerns or give compliance actions.
- Amber-red rating would be received if the CQC gives a Trust actions with major impacts on patients.
- If Monitor received reports or other evidence from relevant third parties (including the CQC) that highlighted concerns with potential governance implications, and these reports were substantiated through discussion with the trust, Monitor may increase its risk rating to reflect this.
- Once a Trust had resolved an issue and demonstrated sustained improvement, Monitor may remove the increased risk rating.
- All the previous key performance indicators remain, with some minor changes
- Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway, had been introduced which monitored the waiting list for patients on a consultant-led pathway.

- Only 3 of the existing 7 indicators in relations to the Community Information Dataset would be monitored for compliance purposes from 1st April 2012.
- Monitor had indicated that they reserve the right to include two further data items,
  - Patient Identifier Information and
  - Patient Dying at Home, later in 2012/13.

- **Patient Experience 2012/13 – Net Promoter**

In 2012/13 the Trust would be required to introduce measurement of the Net Promoter question. The commencement of utilising the question “How likely is it that you would recommend this service to friends and family?” was a contractual requirement for the Trust through CQUIN (Commissioning for Quality and Innovation) and was also part of NHS Midlands and East’s Patient Revolution ambition.

The question would be utilised both within Mental Health and Community Health Services surveys and patients would be asked to score the question on a scale of 0 to 10. The methodology for measurement of the net promoter score differed from the standard measurements utilised by the Trust for monitoring survey results, and in summary the percentage of detractors was subtracted from the percentage of promoters in order to obtain the score.

The net promoter question had not been utilised within the Trust before therefore there was no benchmark upon which to assess the Trusts performance. As the net promoter question focused on the likelihood of a patient recommending a service, concern regarding its use within Mental Health Inpatient Services had been raised by the Executive Team, particularly in relation to its suitability for service users whose admission was under detention.

Nikki Richardson advised that there was an expectation that the Trust would see an improvement in the net promoter score overtime and the Trust was working with the SHA to determine how this should be taken forward for all mental health trusts. Alison Davis suggested that the terminology of the question could be amended slightly to make it more appropriate for detained clients but Nikki explained that the Trust was contractually obliged to use the standard question.

- **Quality and Performance Report - 2012/13 Developments**

A year-end review of the performance reporting requirements and processes followed during 2011/12 would be undertaken by the Director of Compliance and Assurance and Associate Director of Business Reporting to inform development of the Quality and Performance Report Framework for 2012/13. As well as a look back over the past year the review would take into consideration national and contractual reporting requirements for the new financial year, further identification of benchmarks to support monitoring and assessment of performance, and a review of the reporting format to ensure the needs of the organisation continued to be met at all levels. These activities would take place during April and May with a development plan for the year completed by the end of May 2012

**The Board of Directors:**

1. **Discussed the performance hotspots reported for the fourth quarter 2011/12.**
2. **Discussed the overall levels of performance reported in for each theme in the dashboard.**

**Actions:**

1. **Malcolm McCann to provide briefing note on Chlamydia Screening initiatives to Board members.**

**071/12 FINANCE REPORT Q4**

Ray Jennings advised that at the time of preparing the report the Trust's finance department was in the process of finalising the annual accounts for the 2011/12 financial year. As such the figures provided were provisional, although no significant changes were expected. The final position would also be subject to an external audit review as part of the annual accounts process.

Ray reported that at the end of month 12, the Trust was provisionally reporting an actual surplus of income over expenditure of £3.3m. This reflected an over-performance against the current adjusted plan of £1.2m, and related to under-spending on delegated budgets. This performance was forecast to deliver a Monitor risk rating of 4. Ray also reported that the Trust continued to perform well against the cash plan with cash balances of £32.9m versus the planned cash of £15.4m.

Ray highlighted that although the Trust was showing a positive financial performance at Month 12 there was one key issue/exception included within the main report related to the continuing overspend on Inpatient Services (Mental Health) in Essex. This was as a result of high agency/bank usage and slippage on the delay in the closure of the Periphery Homes.

In response to a question from Steve Cotter, Ray confirmed that the reason for the continual overspend had been partially addressed by inclusion of an additional £330k for genuine cost pressures in the budget with the balance to be resolved managerially. Sally Morris confirmed that lessons had been learned and a dedicated project manager was to run major CIP schemes whilst ward matrons were making changes to rostering and rotas to utilise resources more efficiently.

In response to a question from Steve Cotter regarding the overspend on the drugs bill, Ray advised that a CIP scheme to implement prescribing changes was taking longer than envisaged to embed. Separate talks with Andy Brogan and the Chief Pharmacist were being held to discuss this. Ray confirmed that the budget reflected the underlying spend on drugs and an uplift for inflation.

In addition, Ray stated, there was one emerging risk in relation to the presentation section in the annual report and accounts relating to the Local Government Pension Scheme (LGPS) covering the social services staff transferred from the former Bedford, Central Bedfordshire and Luton Local Authorities. At the end of April the Trust was due to receive an annual Actuarial report from the scheme administrators. The impact of this may be positive or negative and the final draft of the account for 2011/12 would be amended once the Actuarial report has been received.

In response to an enquiry from George Sutherland Ray advised that the impact should be a balance sheet adjustment and was not expected to impact on the Financial Risk Rating.

Ray advised that following the acquisition of the Community Provider Services, the Trust had a working capital facility of £24.8m with LloydsTSB, which was due to be renewed in April 2012. The annual cost of the fee is £74,400 (or 0.3% of the amount of the facility) which was extremely competitive when compared to quotes from other banks and reflected the wider relationship that the Trust had with Lloyds TSB. Ray asked that the Board of Directors approved the renewal of the facility for a further year.

Steve Cotter and Alison Davis highlighted that the fee was large to get a loan facility that would not be used. Ray advised that the facility had been offered at a very competitive rate because of the Trust's commercial relationship with the bank. Other sources would be

considerably higher and failure to have the facility in place would significantly affect Monitor's Financial Risk Rating.

Ray reported that the 2011/12 final accounts submission date was 31 May 2012, one week earlier than last year, and this would necessitate a change in approval process from the one followed in previous years. The draft accounts are to be considered by the Audit Committee at its meeting on 3 May, where the evidence supporting the going concern statement would also be considered. These would then be considered by the Executive Operational Team at its meeting the following week. The earlier submission date meant that the final audited accounts and Going Concern report would be brought to the May Board Meeting for approval. In order to ensure that Board members had the opportunity to raise any concerns about the draft accounts and Going Concern report, it was proposed that these were circulated to Board members for information following the Audit Committee meeting in early May.

#### **The Board of Directors:**

- 1. Considered and discussed the report / update on the Trust's provisional:**
  - 1. Key Performance Indicators and Overview as at Month 12**
  - 2. Performance on Main Income Budgets**
  - 3. Performance on Delegated Budgets**
  - 4. Performance on CIP and Income Generation Plans**
  - 5. Capital Plans for 2011/12**
  - 6. Performance on the Financial Risk Rating**
  - 7. Capital Plans for 2011/12**
  - 8. Performance on Cash Plans**
  - 9. Performance on Statement of Financial Position (including Debtors and Creditors)**
  - 10. Performance on the Financial Risk Rating**
- 2. Approved**
  - 1. The extension of the Trusts Working Capital Facility with LloydsTSB for a further year, at a cost of £74,400.**
  - 2. That the draft annual accounts for 2011/12 are circulated to Board members to ensure they have the opportunity to review and raise any concerns before the submission of the final accounts.**

#### **072/12 OBJECTIVES UPDATE Q4**

Faye Swanson reminded the Board that for 2011/12 it had agreed 15 Corporate Objectives which supported the four strategic priorities of the organisation. The four strategic priorities for 2011/12 were:

- Delivering High Quality and Safe Services
- Transforming Services
- Efficient and Effective Organisation
- Clear Plans for a sustainable future

Based on the information received, the progress against each Corporate Objective had been assessed. Out of the 888 Directorate objectives due for completion at the end of Q4, 15 were assessed as having a red RAG rating:

A further 139 Directorate Objectives were assessed as making substantial progress, although being incomplete at the end of Q4. This was considered to represent a significant achievement especially during the period of integration of Community Health Services and re-structuring of the organisation.

Approval was sought to defer the completion of seven Directorate actions to 2012/13:

- Successfully deliver Grays Hall Resource Centre upgrade
- User involvement/engagement strategy with agreed milestones, developed and approved
- HR strategy reviewed and approved by Board of Directors
- The average duration of treatment in Core CAMHS will be 26 weeks or less
- The Mid Beds and Dunstable Core CAMHS teams will be redesigned to become a Central Bedfordshire Core CAMHS Team aligned along the Local Authority boundary
- Older people with functional assessment transfer from Chaucer Ward (Weller Wing) progressed to enable delivery in September 2012
- Benefits realisation assessment of IMT Investment completed.

In response to a question from Alison Davis, Sally Morris advised that there was no logical reason for the target of maximum length of treatment for CAMHS to be 26 weeks and confirmed that the Trust would continue to offer the treatment needed for as long as it was required.

**The Board of Directors:**

1. **Noted the progress of the 2011/12 Corporate Objectives as at Quarter 4 2011/12**
2. **Confirmed agreement to carry forward one success measures from 2011/12 to 2012/13**
3. **Confirmed the deferment of completion of 7 Directorate actions to 2012/13.**

**073/12 BOARD ASSURANCE FRAMEWORK [BAF]**

Ray Jennings advised that, in line with the Trust's Risk Management Framework and the associated process for developing the Board Assurance Framework, impact assessments had been undertaken with executive directors on the Trust's agreed corporate aims to identify those that had the highest potential impact on the Trust if they were not achieved. This process identified and assessed the risks to achieving those aims that would be incorporated in the Board Assurance Framework. Ray highlighted that there were some gaps in respect of the finance risks identified that would be addressed following year end completion.

The 19 corporate aims had been reviewed and as an outcome of the impact assessment processes it was recommended that 9 were to form the basis of the Board Assurance Framework 2012-13:

- Achievement of quality, regulatory and contractual requirements that ensure the Trust remains compliant and meets commissioner and patient expectation
- Care pathways; protocols, outcome measures and minimum service standards developed in partnership with stakeholders.
- Priority quality and safety improvement activities identified by partners, staff and patients implemented.
- Year 3 milestones of Bedfordshire/ Luton Mental Health Transformation Programme delivered.
- QIPP and other service developments agreed with commissioners delivered.
- Financial plan (including agreed CIPs) delivered.
- Short, medium and long term prioritised plan developed and 12/13 milestones achieved to utilise technology that enhances service quality and improves efficiency.
- Workforce management and development initiatives undertaken that increase quality and productivity, achieve targets and ensure fitness to practice.

- Action taken to build new / enhance existing relationships and partnerships with LA/ PCT and CCG partners.

Alison Davis suggested that the first aim should be reworded by starting the aim with meeting patient and commissioner expectations to put greater emphasis on this.

Faye Swanson reported that the Trust was committed to the continual development and improvement of risk management arrangements and a robust review was undertaken of risks to be carried forward, or amended as well as new potential risk and identification. The outcome from this review process identified a number of key changes to be incorporated in the Board Assurance Framework for 2012-13.

These changes had been incorporated into the April 2012-13 BAF and presented to the Integrated Governance Committee on the 19th April. The committee recommended these changes for approval by the Board of Directors.

Dr Dawn Hillier stated that the team should be highly commended for producing a document to the standard it had, with much improved language, in a relatively short timescale.

**The Board of Directors:**

1. **Reviewed and approved April 2012 of the Board Assurance Framework after making the minor amendments as discussed.**
2. **Approved changes to the BAF format**
3. **Reviewed and agreed the post mitigation target risk scoring setting the risk appetite**

**074/12 SUB-COMMITTEES**

**i. Executive Team Operational Committee**

Ray Jennings presented the minutes of the Executive Team Operational Committee meetings held on:

- 20 March 2012
- 27 March 2012
- 3 April 2012.

In response to an enquiry from Alison Davis arising from the minutes of 3 April, Richard Winter advised that Active Bedfordshire had contacted the Trust to take on the 100 volunteers that worked with it as the scheme had ended. The cost of this was £50k and the PCT had been approached. Discussions were taking place with the Director for Public Health.

**The Board:**

1. **Discussed and noted the minutes of the meetings.**

**ii. Audit Committee**

Janet Wood presented the minutes of the Audit Committee meeting held on 19 January 2012.

**The Board:**

1. **Discussed and noted the minutes of the meeting.**

**075/12 TRUST POLICIES**

Janet Wood reminded Board members that the Executive Team Operational Committee had approved the policies for ratification by the Board. Janet advised that the policies were available to be scrutinised by Non-Executive Directors prior to the Board meeting.

**The Board agreed the ratification of the following policy:**

- **Disengagement Policy.**

**076/12 REPORT FROM TRUST SECRETARY**

Cathy Lilley presented the Trust Secretary's report which provided an update to the Board of Directors in relation to the Regulation and Compliance regime, guidance issued by Monitor and news from the Foundation Trust Network.

Cathy highlighted sections of the Health and Social Care Act 2012 that were to come into effect within two months of Royal Assent and advised that she had made enquiries as to whether there was to be a transition period but was awaiting a response. Cathy also reported on consultations that were taking place and drew attention to the Compliance Framework published by Monitor on 30 March 2012.

Cathy reported that a public governor in Luton had resigned but this vacancy would remain until the public elections later in the year.

**The Board:**

1. **Discussed and noted the Trust Secretary's report.**

**077/12 DIAMOND JUBILEE CELEBRATIONS**

Faye Swanson advised that to complement national events it was proposed that the Trust supported staff in organising events to mark the Queen's Diamond Jubilee. The Trust would organise and host a number of activities which would involve staff, governors/members, service users/patients and carers. It was proposed that the Communications Team, Customer Experience and Corporate Services would work together to organise events and support staff in activities. The Trust would provide specially decorated celebration cakes for all inpatient units in Essex, Bedfordshire and Luton and also purchase, and make available to staff, party packs with bunting, banners and balloons to decorate the wards, clinics and offices.

Faye reported that to further promote fundraising activities, the Trust would invite staff to dress 'up' (red/white/blue or diamond theme) or 'down' on the Friday before the bank holiday weekend and donate £1 each to the Trust's Charitable Funds. Where appropriate, staff would be encouraged to organise 'street' parties, coffee mornings or afternoon teas for patients/service users and colleagues. The Communications Team would publicise these events internally and in the local media where appropriate.

In response to an enquiry from Dr Dawn Hillier Ray Jennings advised that the cost of the celebrations would be borne from existing budgets.

**The Board of Directors:**

1. **Noted the report.**

**078/12 END OF LIFE PROGNOSTIC INDICATORS FOR PEOPLE WITH DEMENTIA**

Andy Brogan reminded the Board of the presentation given in January on the end of life diagnostic indicators. Andy advised that there was a number of groups across the Trust

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Signed.....

In the Chair for the meeting held 30 May 2012

dealing with end of life care and it had been anticipated that a single protocol could be developed. However it had been identified that this was not possible due to a number of local factors in each area although a single Do Not Resuscitate (DNR) Policy had been agreed

In response to a question from Alison Davis, Andy confirmed that good practice was shared across the Trust and all areas were working to the gold standard of the Liverpool End of Life Care Pathway,

**The Board of Directors:**

1. Noted the report.

### 079/12 STAFF SURVEY RESULTS

Toni Martin, from Quality Health outlined the national results from the staff survey for 2011. In all but 2 of the areas SEPT was above the national profile in 2011. The 2 areas in which SEPT performance was below the national average were:

- Able to do the job to the standard they are pleased with achieved 59% against a national profile of 62%
- Staff injured or unwell because of work related stress achieved 33% against a national profile of 31%

However, comparisons with 2010 show that in all but 2 of the areas the staff perception had deteriorated. The 2 areas where there was marked improvement were:

- Received equality/diversity training in last 12 months up from 46% to 75%.
- Received training on infection control in last 12 months up from 66% to 78%.

Toni advised that there were marked differences between the five areas of the Trust and reported that Quality Health was, at the request of the Trust, providing a breakdown of the results in a report for discussion by the Executive Team.

Toni reported that for many areas the Trust remained in the best 20% of Trusts including:

- Team working
- Well-structured appraisals
- Quality of job design
- Feeling valued
- Communication
- Staff motivation
- Staff involved in incidents were treated fairly
- Violence and harassment
- Infection control and hygiene.

Toni highlighted that areas of improvement had been:

- Equality and Diversity
- Health and safety
- Flexible working.

Whilst areas that had deteriorated included:

- Opportunity to develop
- Job satisfaction

- Work related stress.

Toni advised that the Trust should wait for the detailed report on the five areas of the Trust and then have structured plans to address 3 or 4 issues in each. Nikki Richardson confirmed that HR would be drilling down in the information that the report provided to produce action plans that would be monitored in the first instance by her senior management team and then by the executive Operational Committee.

George Sutherland highlighted that the survey undertaken the previous year was just after the acquisition and merger of BLPT and that of 2009 could be a better comparator.

In response to an enquiry from Steve Currell, Nikki Richardson confirmed that the survey had been issued to staff within days of the acquisition of Bedfordshire Community Health Services and the consultation on restructuring having started. Toni provided statistics of the number of staff from the different areas that had responded to the survey. This showed that of the 450 responses approximately 47% had come from the Community Health Services. The Board were in agreement that the results were very positive when these circumstances were taken into account.

In response to an enquiry from Steve Cotter, Toni advised that the Trust results had been made available to the Executive Team in January but the delay in presentation to the Board had enabled Quality Health to compare these with the national figures issued by the Department of Health in March 2012.

#### **The Board of Directors:**

- 1. Noted the report.**

### **080/12 JOINT CODE OF GOVERNANCE ASSURANCE REPORT**

Cathy Lilley advised that the purpose of the Code of Governance issued by Monitor in April 2010 was to assist FTs in improving governance practices by bringing together the best practice of public and private sector corporate governance. The Code set out a common overarching framework for the corporate governance of FTs and complemented the statutory and regulatory obligations required of them.

Cathy reported that the Code contained main and supporting principles and provision, and also imposed some specific disclosure requirements upon FTs in their Annual Report which Trusts are expected to meet in full. Monitor also required FTs in their annual report to include a statement that:

- reported on how the Trust applied the main and supporting principles of the Code
- confirmed that the Trust complied with the provisions of the Code or, where it did not, provided an explanation of why it had departed from the Code.

The review process to establish if the Trust was compliant was in two parts:

1. The Joint Code of Governance Working Group, whose purpose is to ensure that a regular review is undertaken of Monitor's Code of Governance and make recommendations to the Board of Directors and Board of Governors on any matters of compliance or non-compliance, met on 2 April 2012 to undertake an initial review of the evidence that existed within the Trust. The Group scrutinised the Code disclosure requirements for the Annual Report and were happy with progress made to date. The Group were also reassured that the disclosure statements would be independently assured by the auditors.

2. The Trust Secretary had also undertaken a comprehensive review of each of the Code provisions, systematically collecting evidence against each provision and in some cases identified actions to strengthen and/or maintain compliance going forward.

Cathy confirmed that in her judgement there was strong evidence that the Trust was compliant with all the provisions with the exception of:

“At least half the Board of Directors excluding the Chair should comprise of Non-Executive Directors (A.3.2).”

Cathy explained that the constitution allowed for a maximum of ten Non- Executive Directors, including the Chair, and ten Executive Directors, including the Chief Executive Officer. The Chair would have a casting vote. This arrangement was considered acceptable by Monitor.

The report made a number of recommendations to further strengthen compliance.

#### **The Board of Directors:**

1. **CONSIDERED** the findings of the Trust Secretary’s review of the Trust’s compliance with the Foundation Trust Code of Governance as pre requisite assurance to the Board of Directors in the preparation of the Trust’s Annual Report 2012/13.
2. **CONFIRMED** acceptance of assurance given as evidence that the Trust complied with the provisions of the Code or, where it does not, there was sufficient explanation as to why it had departed from the Code.
3. **AGREED** the recommended actions to maintain or further strengthen compliance.

#### **081/12 USE OF CORPORATE SEAL**

Ray Jennings reported that the Trust Corporate Seal had been used on:

##### **2 April 2012**

- Deed of Variation - Mental Health & Learning Disability Contract South West & East Essex PCT
- Deed of Variation - South East Essex Community Services Contract
- Deed of Variation - Mental Health & Learning Disabilities NHS Bedfordshire & Luton
- Deed of Variation - NHS Bedfordshire Community Services
- Deed of Variation - West Essex Tier 3 CAMHS – Standard Contract for Mental Health & Learning Disabilities.

##### **12 April 2012**

- Land Registry Transfer of Land at Rochford Hospital to South East Essex PCT
- Underlease of Pearl House, Castle Road, Rayleigh, Secretary of State, SEPT and South East Essex PCT
- Counterpart Licence to underlet – Pearl House, Castle Road, Rayleigh MC Nominees Ltd, Secretary of State, SEPT and South East Essex PCT.

##### **16 April 2012**

- National Variation Deed 2012/13 NHS Standard Community Services Contract West Essex PCT.

In response to an enquiry from Alison Davis Sally Morris advised that the variations were in respect of current contracts.

**The Board of Directors:**

1. **NOTED** the use of the Corporate Seal.

**082/12 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING**

Janet Wood reported that there had been no correspondence circulated since the last meeting.

**The Board of Directors:**

1. **NOTED** the above.

**083/12 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER**

No new risks had been identified that required inclusion on the Trust Risk Register.

**084/12 BOARD OF DIRECTORS ANNUAL MEETING SCHEDULE**

Cathy Lilley advised that in order to ensure that the Board of Directors was able to discharge its responsibilities effectively the Trust prepared an annual Board schedule for its meetings. A draft was presented for discussion and comments. Cathy stated that the schedule had been prepared taking into consideration the governance and compliance requirements of the Trust as well as other local and national priorities. In addition it had also been compiled using past history of Board agendas and minutes. Janet Wood requested that any changes to the Board Schedule be referred to Cathy.

**The Board of Directors:**

1. **Discussed and approved the Annual Meeting Schedule.**

**085/12 ANY OTHER BUSINESS**

George Sutherland highlighted that he had expected that the outcome of the audit of the item selected from the Learning Disabilities action plan for would have been included on the agenda for the April meeting. Nikki Richardson reported that the audit had been carried out and Dr Patrick Geoghegan had discussed the outcomes at the Executive Operational Committee meeting held on 24 April 2012.

**086/12 DATE AND TIME OF NEXT MEETING**

The next meeting of SEPT Board of Directors is at 10.00 on Wednesday 30 May 2012 at 10.00 in Hawthorne Centre, Rochford Hospital, Union Lane, Rochford SS4 1RB.