

SEPT
MINUTES OF BOARD OF DIRECTORS MEETING
PART I
held on Wednesday 24 April 2013
at Stockwood Discovery Centre, London Road, Luton LU1 4LX

Members Present:

Lorraine Cabel	Chair
Janet Wood	Vice-Chair
Steve Cotter	Non-Executive Director
Steve Currell	Non-Executive Director
Randolph Charles	Non-Executive Director
Alison Davies	Non-Executive Director
Dr Patrick Geoghegan OBE	Chief Executive/Executive Nurse
Sally Morris	Executive Director of Specialist Services/ Contracts/Deputy Chief Executive
Andy Brogan	Interim Director of Clinical Governance & Quality
Ray Jennings	Executive Chief Finance Officer
Dr Milind Karale	Medical Director
Amanda Reynolds	Executive Director of Partnerships & Social Care
Nikki Richardson	Director of Corporate Services/Customer Care
Peter Wadum-Buhl	Executive Director of Strategy & Business Development
Richard Winter	Executive Director of Integrated Services – Bedfordshire & Luton

Also Present:

Teresa Matthews	Board Secretary (Minutes)
Cathy Lilley	Trust Secretary
Ros Bayer	Janssen Cilag
Amanda Brown	MHAU Bedford Joy Das Appointed Governor
Michael Dimov	Lead Clinician CHSB
Anders Carlsson	Project Manager – Janssen Cilag
Paula Grayson	Public Governor
T Carter	SEPT
Ola Hill	Compliance Officer
Irenaeus	Health & Safety Advisor
Karen Jackson	SEPT
John Jones	Lead Governor
Sarah Lapworth	SCSW CRHT, Bedford
Maggie Nicholls	Audit Department
Jason Matthews	Compliance Facilitator
Janki Patel	Business Analysis
Deborah Ridley Jones	Public Governor
Gwendoline Rose	Crystal Ward, Luton
Patricia Sheehan	Governor
Larry Smith	Public Governor

Signed (in the chair for the meeting held 25 May 2013)

Nikki Wilmott
Kate Witham

Head of SI & Quality
Communications

Lorraine Cabel welcomed members of the public, staff and Governors to the meeting.

Members were reminded of the Trust's Vision Statement.

Lorraine Cabel advised that presentations were made to the NHS Heroes and the Baby Friendly Accreditation Award prior to the Board meeting. Members of the Board congratulated all the staff on their achievements.

110/13 APOLOGIES FOR ABSENCE

Apologies were received from Dr Dawn Hillier, Non-Executive Director.

111/13 DECLARATIONS OF INTEREST

There were no declarations of interest.

112/13 PRESENTATION: Dr Milind Karale and Andy Brogan on the Francis Report

Dr Milind Karale presented an update into the Francis Report which highlighted system wide failings in Mid Staffordshire Hospital. This was a comprehensive report with 290 recommendations.

The report highlighted concerns in the system and the issues in relation to Mid Staffordshire which despite numerous concerns the organisation failed to respond.

Dr Karale then highlighted the key themes from the report as follows:

- Negative culture where patients were not the focus
- Patients and carers not heard
- Lack of focus on standards of care
- Effective governance and learning from incidents
- Lack of a professional and nursing staff
- Openness/transparency and candour

All organisations were asked to review the recommendations to identify their position and where improvements can be made. Dr Karale commented the Francis report has stated organisations should not put in place action plans as it is about learning and reflecting to ensure standards of care are high.

The Government's initial response is that they did not accept all of the recommendations but acknowledged the system failed with some core values of the NHS not adhered to.

Signed (in the chair for the meeting held 25 May 2013)

Andy Brogan stated that the Trust's strategic objectives reflect the values of staff and comply with the NHS Constitution. A Task & Finish Group has been established as sub-group of the Executive Team chaired by Dr Karale and himself. Some actions have already been implemented and various workstreams being taken forward.

A gap analysis of the 290 recommendations has been carried out and the Trust is awaiting the Government's final response in the Autumn. Andy confirmed that SEPT has identified 66 actions of direct relevance, agreed priorities and engaged in dialogue at every level of the organisation.

Andy confirmed that the RCN have stated they are not supporting some of the recommendations in the report.

Andy then gave examples of action taken by SEPT to date as follows:

- Alert bulletins now have a positive return requirement
- All staff trained to challenge hygiene as part of prevention of infection control
- Staff to raise concerns quickly and anonymously
- Key nurses implemented within all inpatient units

Dr Patrick Geoghegan also advised that in his capacity as Executive Nurse he has written all nurses clarifying their responsibilities and requesting any feedback and also highlighting their personal and professional responsibilities. Listening exercises have been carried out with patients and staff.

Lorraine Cabel commented she was pleased with the action taken to date but asked if there is a timescale to close further actions. Andy Brogan stated the Trust is continuing to take actions but also awaiting the final Government response which will then be included in the action plan. Dr Patrick Geoghegan also stated there will be regular updates to the Board on progress with the recommendations and plans.

Randolph Charles asked how information technology will be used to address some of the issues, i.e. real time information on performance that supports workforce planning and monitors patient safety. Peter Wadum-Buhl stated that IT systems can create efficiencies in relation to data collection. The Integrated Governance & Quality Committee have requested a quality dashboard to be developed and this is in the final stages of completion.

Dr Karale commented it is important to listen and communicate with patients/carers and continue to implement positive changes and learning. SEPT is a listening organisation with a number of initiatives in place, i.e. mystery shoppers, Consultant and service user suppers, stakeholder events already in place. Lorraine Cabel commented as Chair of the Trust she is proud of the initiatives already in place and the action carried out by SEPT prior to the Francis report being published and the work now being undertaken.

The Board therefore formally accepted the actions proposed in addressing the recommendations of the Francis Report. This will involve ensuring that the same message is cascaded from the Board to front line staff. A number of briefings events

Signed (in the chair for the meeting held 25 May 2013)

will take place across the Trust and will be led by senior managers and senior clinicians

It was agreed the Board would be kept up to date on progress on a 3 monthly basis.

THE BOARD

- 1 **DISCUSSED and NOTED the above**
- 2 **AGREED regular updates would be available to Board members**
- 3 **AGREED the presentation would be cascaded to all staff within the Trust**

113/13 MINUTES OF THE last meeting held on 27 March 2013

With some minor amendments the minutes of the meeting held on 27 March 2013 were agreed and will be signed by Lorraine Cabel, as an accurate record.

114/13 MATTERS ARISING

i) Letter to Clinical Commissioning Groups (CCGs) re results of Staff Survey

Nikki Richardson confirmed this has been actioned.

(ii) Update on Medical Complaints

Dr Milind Karale advised he now receives a weekly update from the Complaints Department on any outstanding complaints and there are only 10 open complaints at the current time.

(iii) Trust Secretary to circulate links to Board members regarding publications from Monitor

Cathy Lilley confirmed this has been actioned.

v) Update on the Timeframe in relation to the Carers Strategy

Amanda Reynolds confirmed the timeframe has been updated and gave assurance this includes community services.

115/13 PERFORMANCE AND FINANCE SCRUTINY COMMITTEE

Lorraine Cabel advised the meeting was very positive with robust debate. Dr Patrick Geoghegan presented assurance from the Performance & Finance Scrutiny Committee in relation to performance issues as at Month 12 (March 2013).

Patrick advised an action log is in place which was reviewed by the Committee on 19 March 2013.

Patrick then presented the hotspots agreed by the Committee as follows:

Avoidable pressure ulcers (Community): there have been 5 confirmed avoidable category 3 pressure ulcers identified following root cause analysis (RCA) since 1 January 2013. A target of zero was set as a Strategic Health Authority (SHA)

Signed (in the chair for the meeting held 25 May 2013)

ambition and although not achieved the Trust is one of the best performing Trusts in the region. There are still 57 RCAs to be completed and therefore the final position is yet to be confirmed.

Absent Without Leave (AWOLs): there have been 5 incidents reported in March bringing the annual total to 45. The Performance & Finance Scrutiny Committee discussed this with the Medical Director and Executive Directors of Integrated Services as well as the Director of Estates & Facilities in relation to security issues. The Trust is considering extending the use of CCTV but despite this assurance Patrick confirmed he has requested a review of physical security of acute admission wards to be carried out to ensure that patients are appropriately safeguarded.

Patrick also confirmed that Dr Milind Karale is carrying out a clinical review of the AWOLs that occurred in the year. Patrick gave assurance to Board members that there is also a process in place where the staff follow up patients who are on Section 17 leave to ensure they intend to return within the agreed time.

Complaints resolved within agreed timescale: Patrick confirmed the Committee remained concerned about the complaints resolved within agreed timescale which is below the Trust target. Patrick requested more local resolution to complaints are actioned by Directors.

Did Not Attend rates for First Consultant Clinic Attendances: Patrick commented this will be addressed as part of the redesign of the patients pathway.

Development of a pathway based contract: Patrick stated it is important that patients are clustered correctly otherwise funding will not be received. Dr Milind Karale gave the Board assurance that the Consultants are actioning this.

Mandatory Training: the performance has remained the same as in February and Patrick confirmed that this is being monitored by the Executive Team. The Executive Team have requested that compliance with high risk courses is targeted and that approval to cancel any courses would be required by an Executive Director.

Steve Cotter asked how many staff have been disciplined for not being fully compliant with mandatory training. Nikki Richardson advised that no staff have gone through the formal disciplinary process but staff have received notification in writing that mandatory training must be carried out otherwise the official disciplinary process will commence.

Access to Healthcare for People with a Learning Disability: Patrick commented that this indicator now applies to community (physical healthcare etc). The Trust has been doing work with colleagues in community services but there is still insufficient evidence available to give full assurance to the Board. Patrick highlighted these services have recently been acquired by the Trust and therefore until we have full assurance he is not in a position to confirm we are fully compliant but hopes this will be addressed within the next month. A Task & Finish Group has been established in each division to take forward action required to achieve full compliance. Patrick confirmed this will not impact on the Trust's governance rating.

Signed (in the chair for the meeting held 25 May 2013)

Biggleswade Performance Notice: Patrick advised this was received from Bedfordshire CCG and the Trust is disputing this. A meeting has been set up with key members from SEPT and the CCG to discuss this in detail.

Lorraine Cabel raised concern at the low number of patients in Biggleswade Hospital and how safe this is. Patrick agreed that this will continue to be raised with the Commissioners.

Bedford Health Village: Patrick confirmed contract negotiations are still ongoing with Luton & Bedford CCGs.

116/13 FINANCIAL PERFORMANCE

Ray Jennings advised the annual accounts are currently being finalised for 2012/13 and therefore the figures in the report presented to the Board are provisional and subject to external audit review.

The Trust's surplus position for Month 12 (March 2013) has reduced as per the plan due to the implementation of the non-recurrent Quarter 4 schemes. The unadjusted forecast surplus is approximately £5.4m, however with the potential end of year adjustments may reduce the overall surplus to around £4.3m.

Working capital and cash balances remain strong and all divisions are now broadly in a breakeven position after corporate recharges have been allocated.

Ray advised there are two hotspots in relation to Bedfordshire & Luton inpatient services significant increase in expenditure. This was mainly due to high observations on the ward. Janet Wood commented this was raised at the Audit Committee who are now satisfied that there are controls in place going forward.

Steve Currell commented he understands the pressures on inpatient services in relation to observations but the report shows overspends in Home Treatment Teams and CAMHS and therefore requested an update on this. Ray Jennings commented this relates to a cumulative impact throughout the year and there have been some issues in relation to staffing which has caused some overspends in specific services. Dr Milind Karale reminded Board members that the Crisis/Home Treatment teams also include budgets for the Assessment Unit and this must be taken into account. Dr Patrick Geoghegan stated he has requested a review of the Assessment Unit on staffing, turnover demand etc.

Sally Morris advised that the CAMHS & Children's Services is a very small Tier 2 service and an element of the contract has been reduced, therefore when staff left the vacancies were not filled but gave assurance this has had no impact on patient care.

Dr Patrick Geoghegan commented that where extra funding/staffing is required for specific wards due to clinical need the budgetary information must be separated. This was supported by Board members.

Signed (in the chair for the meeting held 25 May 2013)

Steve Currell requested assurance in relation to the Suffolk underspend due to vacancies. Dr Patrick Geoghegan commented only planned vacancies are retained as this will also reduce the bank and agency expenditure.

THE BOARD

1 DISCUSSED and NOTED the above

117/13 CORPORATE AIMS 2012/13 OUTTURN

Dr Patrick Geoghegan presented an update on progress achieved with the Corporate Aims at the end of 2012/13. Patrick reminded members that there were 19 corporate objectives with 1305 Directorate actions due for completion at the end of Quarter 4 and only 18 were red rag rated. Patrick stated this is an excellent achievement as none of the red areas are of major concern to the Trust.

Patrick thanked Directors and their staff for this achievement. This was re-echoed by Board members.

Patrick proposed that next year members should focus primarily on ensuring the Trust is delivering the recommendations in the Francis Report and that we achieve financial balance.

Lorraine Cabel fully supported this and requested that this be discussed further at the Performance & Finance Scrutiny Committee. This was supported by Board members.

In addition it was agreed when a recommendation in the report was to roll forward some of the objectives from last year, this be re-visited by the Executive Directors as a means of ensuring they were still relevant and if not they should be removed.

Executive Directors agreed to take this forward.

THE BOARD

1 NOTED the progress of the 2012/13 Corporate Objectives as at Quarter 4 2012/13

118/13 BOARD ASSURANCE FRAMEWORK

Dr Patrick Geoghegan presented the Board Assurance Framework and confirmed impact assessments have been undertaken with Executive Directors on the Trusts corporate aims to identify those that have the highest potential impact on the Trust if they are not achieved. Therefore, 12 corporate aims have been reviewed and 5 rated as high and therefore form the basis of the Board Assurance Framework as follows:

Signed (in the chair for the meeting held 25 May 2013)

- Achievement of quality, regulatory and contractual standards and requirements that ensure the Trust remains compliant and meets patient expectation
- Leadership and accountability structures and systems from the Board to Service Delivery strengthened
- Action taken to ensure the right staff, with the right skills are in the right place at the right time
- Deliver required changes and improvements agreed in QIPP plans, CQUIN and CIPs in partnership with CCGs, Local Authorities and partners.

THE BOARD

- 1 APPROVED the April version of the Board Assurance Framework 2013/14**
- 2 APPROVED the risk scoring as detailed in the report**

119/13 SUB-COMMITTEES

i) Executive Team Operational Committee

Dr Patrick Geoghegan presented the minutes of the Executive Team Operational Committee held on 18 & 25 March and 8 April 2013.

Steve Cotter requested an update on the catering providers as detailed in the minutes of 18 March. Ray Jennings confirmed action has been taken to address this.

Richard Winter updated Board members on the visit to the Trust by Jane Cummings, Chief Nurse of England. Patrick stated Jane was very impressed by the staff she met when visiting wards in Bedfordshire & Luton.

Randolph Charles asked whether a solution has been found in relation to the shower doors at Rochford Hospital. Dr Patrick Geoghegan reminded members that at Rochford there are separate bedrooms with en-suite shower rooms and the doors have now been removed and replaced with collapsible shower curtains. Patrick gave assurance that there is still privacy for the patients as this only relates to doors to bathrooms and not to the doors to the bedrooms.

Alison Davies requested an update on the European Directive in relation to Basildon Hospital. Ray Jennings commented this relates to the water supply at Basildon Hospital which is their site and SEPT use the water supply. Ray confirmed the Trust has done everything possible and raised concern with the Acute Trust.

THE BOARD

- 1 NOTED the minutes of the meetings held on 18 & 25 March and 8 April 2013**

ii) Audit Committee

Janet Wood presented the minutes of the meeting held on 24 January 2013 which were agreed at the Audit Committee meeting on 21 March 2013.

Signed (in the chair for the meeting held 25 May 2013)

Steve Cotter requested an update on the progress with the Audit on the use of Consultants. Janet Wood commented an audit has been carried out with the results available in June 2013. Ray Jennings commented it is very difficult to assess value for money as Consultants are used for specific pieces of work.

THE BOARD

1 DISCUSSED and NOTED the above

iii) Integrated Quality & Governance Steering Committee

Peter Wadum-Buhl presented an update on discussions at the meeting held on 11 April 2013.

Dr Patrick Geoghegan asked whether attendance at the Clinical Governance Steering Committee has improved. Andy Brogan confirmed attendance has improved and this is monitored by the Integrated Quality & Governance Steering Committee.

THE BOARD

1 DISCUSSED and NOTED the above

120/13 TRUST POLICIES

Lorraine Cabel advised members of the public, staff and governors that the Trust Policies are presented to the Board for final approval after going through a robust governance process.

i) Information Governance Policies

Peter Wadum-Buhl presented the above Policies which have gone through the correct governance process.

THE BOARD

1 APPROVED the Information Governance Policies

ii) CPA & Non CPA

Dr Milind Karale presented the above policy which has gone through the correct governance process.

THE BOARD

1 APPROVED the CPA & Non CPA Policy

iii) Resolution of Salary Overpayments & Underpayments

Nikki Richardson presented the above policy which has gone through the correct governance process.

THE BOARD

1 APPROVED the Resolution of Salary Overpayments & Underpayments Policy

Signed (in the chair for the meeting held 25 May 2013)

121/13 REPORT FROM TRUST SECRETARY

Cathy Lilley presented the above report which highlights various communications from our Regulators and also a number of consultation documents from Monitor, CQC and the FTN.

Cathy also advised she now presents a regular report to the Integrated Quality & Governance Steering Committee which gives further assurance to the Board.

Cathy updated on the comprehensive review carried out by the Joint Code of Governance Committee who were satisfied that the evidence reviewed provided assurance that the Trust is compliant with the provisions of the Code. The review also identified some actions to strengthen compliance going forward and the Committee were assured that the size of the Council of Governors would be reviewed as part of the Council of Governor Task & Finish Group process.

A sample audit was carried out on each of the seven sections within the Code. Directors and Governors scrutinised the evidence and the Trust was fully compliant with 83 out of 85 provisions. Of the two areas concerned, one is in relation to terms of office and the other NED Board balance.

Cathy updated on the compliance statement to be included in the Annual Report for 2012/13. Board members approved this.

THE BOARD

1 DISCUSSED and NOTED the above

122/13 PERSONALISATION UPDATE

Amanda Reynolds presented an update on progress with the implementation of personalisation across mental health services within SEPT.

Each Local Authority is at a different stage of implementation of personalisation but substantial progress has been made and there are many examples of how personalised outcomes have been achieved for service users and carers.

Amanda advised she Chairs the Personalisation Delivery Board which provides strategic direction jointly with our Local Authority partners in the delivery, progress and development of personalisation. Amanda commented that moving forward it is crucial to continue to work with Local Authority partners to deliver personalised social care.

Amanda wished to put on record her thanks to Operational Teams for the excellent progress in increasing the numbers of people receiving personalised care.

As of 1 April 2013 healthcare can be provided via personal budgets and this will be taken forward by Amanda's Directorate.

Signed (in the chair for the meeting held 25 May 2013)

Alison Davies commented on Section 3.8 where reference is made to the third sector and asked which organisations the Trust is working with. Amanda advised the Care Co-ordinators identify care packages which goes to the Local Authority and then local support is sought from the third sector.

Steve Cotter commented on the increase from 481 personal budgets to 1059 and asked what the percentage of the total number is. Amanda advised the year-end figures are not yet available and will update on this at the May Board meeting. Amanda reminded members that the target is set by the Local Authority who work out the baseline denominator.

Steve Cotter commented there are positive outcomes in having personalised care packages and asked if there are any good news stories that could be published or circulated. Amanda commented the package of care is discussed with individuals and then goes to Panels for agreement and therefore there are good examples available if required.

THE BOARD

1 NOTED the above

123/13 ANNUAL COMPLAINTS REPORT

Nikki Richardson presented a review of the overall performance of complaints handling for Mental Health and Community Health services from 1 April 2012 to 31 March 2013 and Suffolk Community Services for the period 1 October 2012 to 31 March 2013.

Nikki also presented the compliments received by the organisation.

The report identifies the number of complaints received in the last financial year broken down by localities and services. Nikki confirmed only 17 complaints were referred to the Ombudsman with very few requiring further action. This gives an indication that the Ombudsman is happy with the way the Trust is dealing with complaints and any lessons learned are cascaded to staff.

Nikki commented one concern highlighted in the report is the time taken to respond to complaints. This is monitored closely and time agreed with the complainants. The Trust has introduced a 30 day timescale for completion of complaints but if the complaint is complex an extension can be agreed in liaison with the complainant.

Nikki reminded members that the Performance & Finance Scrutiny Committee and the Integrated Quality & Governance Steering Committee also monitor complaints particularly in relation to any trends/themes and action is taken to address this when necessary.

Dr Patrick Geoghegan reminded members it is important to carry out local resolution to complaints where possible. This was supported by Board members. Steve Currell commented that the Local Resolution complaints are not included in the figures and

Signed (in the chair for the meeting held 25 May 2013)

therefore this increases the total numbers. Patrick advised Local Resolution complaints are not recorded formally.

Nikki confirmed the report identifies work being undertaken in the next 12 months ie review of Complaints Procedure and working with clinicians to review systems.

Steve Currell commented that on Page 10 of the report it states 67 complaints were re-opened and asked as part of the ongoing work next year will this be addressed. Nikki commented there are reasons why complaints are re-opened and any trends/themes will be investigated.

Lorraine Cabel commented there is an increase in complaints relating to staff attitude and many complainants seem to be using the same terminology to describe their experience. Lorraine requested assurance that staff attitude is dealt with. Nikki commented work is undertaken as part of the Customer Service initiative working with specific staff groups but the complaints refer to very random staff groups. It is therefore important that customer service standards are embedded across the organisation and monitored as part of supervision and appraisal.

Dr Patrick Geoghegan reminded members the Trust has a value based approach to recruitment and that he does arrange for patients to feedback their experiences to the clinical teams.

Patrick then read out to Board members a letter he had received from a service user's relative which was very complimentary of the Trust and the care received. The relative had asked Patrick to read this to the Board and copy to interested parties.

THE BOARD

1 DISCUSSED and NOTED the above

124/13	MONITOR PROVIDER LICENCE
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Sally Morris updated members on the Provider Licence issued by Monitor and outlined the implications for the Trust. The terms of the authorisation have been replaced by the Licence for all Foundation Trusts effective from 1 April 2013.

All Foundation Trusts must comply with the Licence and if breached a monetary penalty (up to a maximum of 10% of turnover) will be imposed, the Trust would be required to take steps to restore the position and Monitor could revoke the Licence.

Sally reminded members this was discussed at a previous Board Development Session and the Trust will be carrying out a mapping exercise against existing assurance processes already in place in the organisation. This will be taken forward by the Trust Secretary as part of the governance process.

Dr Milind Karale commented on Continuity of Service Conditions and asked what effect this will have on the organisation going forward. Sally advised this only impacts on disposal of assets and a process is already in place within the Trust to take this forward.

Signed (in the chair for the meeting held 25 May 2013)

Dr Patrick Geoghegan commented on the General Conditions section where it states the Trust is required to have “fit and proper persons” as Governors and Directors. Patrick stated it is important Governors are “fit and proper persons” and therefore it is important the recruitment process for Governors is robust. Cathy Lilley agreed to review this and update the Board in May on any action required to strengthen this process.

Steve Cotter commented on the monetary penalty of up to 10% of turnover. Ray commented this will be at Monitor’s discretion but the fine must take into account any impact on patients.

THE BOARD

1 NOTED the above

125/13 MEMORANDUM OF UNDERSTANDING – EMERGENCY PREPAREDNESS

Andy Brogan updated members on the arrangements for the Emergency Preparedness , Resilience and Response within the health sector from April 2013 due to changes in the Health & Social Care Act.

Transitional arrangements for the revised model for emergency preparedness, resilience and response have been in place since October 2012. Andy reminded members that the Trust is not a first level responder but works in partnership with other agencies when there is a major incident. In terms of implementation of the new arrangements Local Area Teams now cover a larger geographical area.

THE BOARD

1 DISCUSSED AND NOTED the above

126/13 THURROCK FINAL CARE QUALITY COMMISSION REPORT

Dr Patrick Geoghegan presented the final report received from the Care Quality Commission following inspection of Trust services at Thurrock Hospital.

THE BOARD

1 NOTED the above

127/13 MONITOR’S QUARTERLY COMPLIANCE REPORT

Cathy Lilley presented the Quarter 4 Compliance Monitoring Report due for submission on 30 April 2013.

Ray Jennings confirmed this is in line with the final draft Annual Accounts for the Trust.

Signed (in the chair for the meeting held 25 May 2013)

Dr Patrick Geoghegan reminded members the Access to Healthcare Monitor target is not fully compliant and this will be reported to Monitor but there is no material impact on the overall governance rating.

THE BOARD

1 NOTED the above

128/13 USE OF CORPORATE SEAL

Dr Patrick Geoghegan confirmed the Corporate Seal has not been used since the last Board of Directors meeting.

THE BOARD

1 NOTED the above

129/13 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING

Lorraine Cabel advised no correspondence has been circulated to Board members since the last meeting.

130/13 APPOINTMENT OF CONSULTANT PSYCHIATRISTS

Dr Patrick Geoghegan updated on two recent Appointment Panels for Consultant Psychiatrists with the recommendation to appoint Dr Lalana Dissanayake and Dr David Middleton.

The Board approved the appointment of Dr Lalana Dissanayake and Dr David Middleton.

THE BOARD

1 APPROVED the above appointments

131/13 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER

None.

132/13 QUESTIONS FROM MEMBERS OF THE PUBLIC/ STAFF/ GOVERNORS

Joy Das asked whether the Trust has any plans to put in place a Hotel/Hospital, i.e. a step down facility. Dr Patrick Geoghegan confirmed this has previously been discussed with Commissioners but due to funding constraints no investment can be made at the current time.

Signed (in the chair for the meeting held 25 May 2013)

Larry Smith commented he recently visited Biggleswade Hospital and stated this is an extremely well run facility with dedicated staff and asked for an update on the future of this Hospital.

Dr Patrick Geoghegan advised that when SEPT took over services this was a rehabilitation unit but there are now more services available in the community for patients. Discussions are ongoing with Commissioners who are currently carrying out a bed review after which a decision will be made by the Clinical Commissioning Group.

Larry Smith raised concern at Local Authorities requesting people commission their own care and this is means tested, therefore some patients may be required to pay for their care. Amanda Reynolds commented if patients are eligible for healthcare support they will receive this but if deemed eligible for social care support this is not free. Amanda also commented that some elements are free ie patients detained under Section.

Peter Wadum-Buhl asked what the mechanism is if people think they are not being treated fairly. Amanda advised the Care Co-ordinator will take this forward with the Local Authority.

Paula Grayson asked what plans does SEPT have to extend the scope of the crisis team to attend people with mental ill health who have a need for urgent intervention and support and are over 65 years of age?

Richard Winter commented that the Trust have been in discussions with commissioners in relation to removing any radical difference between patients under 65 and those over 65 who need our services. Clinicians involved in assessing patients will make their decision based on clinical need and not age. Therefore we are not subject to boundaries when it comes to meeting the needs of patients. However, from a commissioning point of view, there were clear demarcations on what services are commissioned for various care groups, however this has now been addressed as part of the review of the mental health strategy for Bedford and Essex with the desire to move to a more clinically led service.

Paula also asked at what point both in elapsed time and lack of healing progress, do Community Nurses assist the service users whom they regularly visit, to negotiate a way through the health system to achieve a successful health outcome?

Richard Winter advised that the Community Nurses work in partnership with GPs who have overall responsibility for the care of the patient who we provide services to. Our Community Nurses regularly feedback to the GPs on progress being made. It will be up to the GP in consultation with the patient and Community Nurses to decide on the plan of action in place to support the patient through their recovery. Throughout intervention by our Community Nurses appropriate information is shared with the patient regarding other appropriate organisations and services that could assist them.

Signed (in the chair for the meeting held 25 May 2013)

133/13 ANY OTHER BUSINESS**Weymarks – Removal of Location to CQC**

Dr Patrick Geoghegan confirmed the Trust no longer provides services from this location and therefore an application must be made to the CQC to de-register Weymarks as a location.

The Board approved to de-register Weymarks from the Trust CQC Registration.

THE BOARD

- 1 APPROVED the variation application to de-register Weymarks**

134/13 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Wednesday 29 May 2013 at The Bell Hotel, High Road, Bell Common, Epping CM16 4DG.

Signed (in the chair for the meeting held 25 May 2013)