

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 29 January 2014
at Little Havens Children Hospice, Daws Heath, Thundersley SS7 2LH

Members Present:

Lorraine Cabel	Chair
Andy Brogan	Executive Director Clinical Governance & Quality/Executive Nurse
Randolph Charles	Non-Executive Director
Steve Cotter	Non-Executive Director
Steve Currell	Non-Executive Director
Dr Dawn Hillier	Non-Executive Director
Ray Jennings	Executive Chief Finance Officer
Dr Milind Karale	Executive Medical Director
Sally Morris	Chief Executive
Nikki Richardson	Executive Director Corporate Services & Customer Services
Richard Winter	Executive Director Integrated Services (Beds & Luton)
Janet Wood	Non- Executive Director

Also Present:

Cathy Lilley	Assistant Trust Secretary (Minute Taker)
Jennifer Mellani	Head of Legal Services & Trust Secretary
Brian Arney	Public Governor
Dr Amy Bartlett	Principal Clinical Psychologist
Anna Beckwith	Performance Assistant
Hannah Beckwith	Employee Experience Coordinator
Lin Boulter	Organisational Development Programme Manager
Gregory Brown	Clinical Audit Facilitator
Kate Chandler	Head of Organisational Development
Sara Clements	Performance Assistant
Pam Emery	Organisational Development Project Assistant
Maxine Forrest	Associate Director Communications
Paula Grayson	Public Governor
Eileen Greenwood	Public Governor
Pam Hintz	Public Governor
Nigel Hughes	Corporate Learning Manager
Sharan Johal	Project Manager
Mark Madden	Executive Chief Finance Officer (designate)
Charlotte Meek	Employee Experience Administrator
Andrew Mills	
Jennifer Nathan	Organisational Development Programmes Assistant
Ann Nugent	Head of Clinical Quality
Dr Hannah Osborne	Principal Clinical Psychologist
Nikki Reeves	Organisational Programme Facilitator
Sue Revell	Public Governor
Deborah Ridley-Joyce	Public Governor
Jackie Skinner	Education Contracts & Finance Manager
Nic Taylor-Barbieri	Staff Governor

Signed Date

Dr Greg Wood Consultant Clinical Psychologist/Head of SEPT Clinical Health Psychology Service

The Chair welcomed members of the public, staff and Governors to the meeting and extended a warm welcome to Mark Madden, the Executive Chief Finance designate.

The Chair also advised that she was delighted to have just presented certificates for two awards – Investors in People Gold Level Award and Investors in People Health & Wellbeing Good Practice Award. She thanked Lin Boulter and Jenny Nathan from Organisational Development Team, the Employee Engagement Team, Workforce Development Team and Business Support and Customer Service staff for their tremendous efforts in such magnificent achievements, particularly as these demonstrate how staff are supported.

Members were reminded of the Trust’s vision: providing services in tune with you.

001/14 APOLOGIES FOR ABSENCE

Apologies were received from:

Alison Davis	Non-Executive Director
Malcolm McCann	Executive Director Integrated Services (Essex & Suffolk)
Amanda Reynolds	Executive Director Social Care & Partnership

002/14 DECLARATIONS OF INTEREST

There were no declarations of interest.

003/14 PRESENTATION: IMPROVING QUALITY & OUTCOMES: PSYCHOLOGICAL INTERVENTIONS IN STROKE & COPD

The Chair introduced Dr Greg Wood, Dr Amy Bartlett and Dr Hannah Osborne, who presented on psychological interventions in COPD (chronic obstructive pulmonary disease) and stroke services which had improved quality and outcomes and at the same time had achieved significant cost savings.

COPD Psychology QIPP Project

The aim of the COPD Psychology project in South East Essex was to reduce the number of service users and increase the quality of life. There is a prevalence of mental health in COPD – high rates of emotional difficulties, anxiety and depression resulting in poorer outcomes, lower quality of life and reduced ability to manage symptoms. The lack of service provision impacted on admissions, A&E, service use, quality of life and self-management.

The project has achieved its outcomes in eight months and overachieved on all KPIs with a noticeable reduction in hospital admissions and A&E attendance. The outcomes have outperformed other national projects, research base and local services. At the eight month stage, the project cost was £65,000 and the saving was £274,966 resulting in a net financial benefit of £209,966.

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The project demonstrated financial benefit, produced positive clinical outcomes in local service user data and has met patient satisfaction standards and patient need.

Stroke QIPP Project

The project introduced stroke mood, cognition, adjustment screening measures and a pathway for neuro/cognitive, emotional/psychological needs for patient and/or family. It has provided training for MDT members in managing psychological wellbeing and introduced individual and group interventions facilitating adjustment for patients and carers. It has also identified and managed stroke mimics who are high-use patients. Since the psychology service started, there has been a significant positive change with improvements across anxiety levels and depression, and in particular with patient perceived recovery and goals set by patients often related to confidence and management of cognitive/mood problems.

At the eight month stage, the project cost was £88,080 and the saving was £510,528 resulting in a net financial benefit of £422,448.

For both projects, the feedback from patients and staff had been extremely positive and commissioners have also valued the outcomes, although there are ongoing issues with funding.

The detailed presentations together with links to two patient stories on YouTube would be circulated to members after the meeting.

On behalf of the Board of Directors, the Chair thanked Greg, Amy and Hannah for the informative and interesting presentation. She highlighted that both projects provided the opportunity to make substantial savings in the health economy as well as improving outcomes for patients.

The Board received the presentation, and discussed and noted the content.

004/14 MINUTES OF THE MEETING HELD ON 27 NOVEMBER

The minutes of the meeting held on 30 October 2013 were agreed as an accurate record and would be signed by the Chair.

005/14 ACTION LOG

The Chair presented the action log and highlighted one open action – Safeguarding Annual Report (241/13). Andy Brogan advised that a schedule of all annual reports was being developed and that the Board's comments would be taken into account with the next report.

The Board received, discussed and noted the action log.

006/14 PERFORMANCE AND FINANCE SCRUTINY COMMITTEE

The Trust's Chair, as Chair of the Performance & Finance Scrutiny Committee, gave assurance in relation to performance issues as at month 9, December 2013.

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(i) Performance

The CEO advised that robust discussions had taken place and highlighted the following:

- 19 of the 22 actions that were due for completion in December 2013 and January 2014 were closed and the remaining three reported good progress
- The Non-Executive Director review of the complaints process was to be reinstated, thereby providing further assurance of the process in place
- A recent independent external review of critical incidents had been undertaken and confirmed that, going forward, an annual independent external review of serious incident investigations would take place; this would particularly support with the lessons learnt.

The CEO drew attention to six hotspots:

- Did not attend (DNA) rates for first consultant attendances: target of 18.5% was not being met in a number of areas with performance ranging from 14.9% in Thurrock and 22.2% in Luton; assurances were given that vulnerable patients were being managed appropriately and that the review had now been completed and recommendations being taken forward
- Development of a pathway-based contract: this remained below the local targets of 100%. In Beds and Luton inpatient activity in December was 89% clustered and community activity was 85% clustered. In South Essex inpatient activity was 91% clustered and community activity was 89% clustered. However, assurance was provided that mitigation action was being taken within inpatient and community directorates to address the activity levels
- NHS West Essex revised referral to treatment waiting times: stretch targets had been introduced by West Essex Clinical Commissioning Group (CCG). At the end of December 91% of patients had been waiting within the reduced waiting times agreed with the commissioner. Twelve services were affected by these targets and 239 patients had been waiting longer than the target. Action was being taken within existing resources to meet these targets. The Trust was, however, meeting the national referral to treatment target of 18 weeks
- The proportion of people who have depression and/or anxiety disorders who receive psychological therapies: as at 12 January the rate was 7.9% against a target of 12.6% by end March. Weekly monitoring meetings were taking place with the CCG and a recovery plan was being developed; progress would be monitored weekly by the Executive Operational Team (EOC)
- Partnerships performance: at the end of Q3, of the 22 indicators across the six councils, six were rated red, 12 rated amber and four rated green
- Staff supervision: assurance was received that supervision was taking place across the organisation.

Dr Dawn Hillier expressed disappointment with the staff supervision figures and asked what actions were being taken to improve this figure. Nikki Richardson explained that the Supervision and Appraisal Tracker had recently been introduced; as the system embeds and as staff awareness of the tracker grows, the percentage of data recorded would increase. Richard Winter reminded members that a similar pattern had been seen with the introduction of the Mandatory Training Tracker system but this was no longer an issue.

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The CEO reported that out of 12 corporate objectives, three were progressing well, there was slippage with seven and two were not progressing sufficiently. She advised that the EOC had approved extensions to a number of the target dates as well as removing some of the success measures as they could no longer be taken forward due to circumstances beyond the Trust's control. The CEO gave assurance that progressing objectives was a priority and progress would continue to be monitored closely.

(ii) Finance

Ray Jennings presented the Trust's financial performance at month 9, December 2013. He advised the Trust had achieved a surplus of £4.7m which reflected the low level of expenditure to date on non-recurrent schemes. However, during the last quarter it would be necessary to commit this expenditure which would result in a deterioration of the Trust's position by the end of quarter 4.

Whilst delegated budgets were overspent by £0.7m at month 9, this was primarily due to the non-recurrent transfer of £1.3m of delegated budget underspends to central budgets to fund essential backlog maintenance expenditure in the final quarter. Cash and working capital balances remained strong and the Trust's Continuity of Service Risk Rating continued to be at 4, the highest possible level indicating good financial health of the Trust.

Ray confirmed there was one new emerging risk in relation to a £0.4m overspend in Integrated Services Epping, part of Adult Services within West Essex Community Services. This was mainly due to overspends from the district-wide Tissue Viability service caused by pressure relieving equipment purchases and equipment decontamination costs. This would be raised with commissioners during contract negotiations. In addition, there was an overspend in the Epping Integrated Care Team due to vacancies being covered by bank and agency staff; however assurance was provided that recruitment to fill the posts had commenced.

Ray provided an update on three existing hotspots:

- St Margaret's inpatient services: the current overspend had continued; however, the position remained stable in month 9 as funding for winter beds had been received
- CIP programme: both the year to date and forecast year end deficit continued to deteriorate by approximately £0.1m in December. Additionally, the forecast recurrent shortfall had increased to £4.6m following a detailed review; this will be reflected in the planning shortfall for 2014/15
- Beds & Luton inpatient services: the rate of overspending continued with a £1m overspend in month 9 which was due to increased levels of observations resulting from increased caseload complexity requiring the use of bank and agency staff as well as using temporary staff to cover vacancies and absences. The ongoing recruitment campaign to fill these posts permanently was expected to reduce the overspending trend.

Ray advised that although the Trust continued to face financial challenges, the actions being implemented were positively impacting on the Trust's ability to deliver its financial plan.

Signed Date

The Board received the report, discussed and noted the content.

007/14 BOARD ASSURANCE FRAMEWORK

The CEO presented the Board Assurance Framework and reminded members that as this was a live document, it was continually updated.

Following the announcement that Luton CCG did not shortlist SEPT to go forward in the procurement process for mental health services, the CEO recommended an increase of risk scoring from 20 to 25 for the following:

- Luton Community and Mental Health Services will be subject to retendering in April 2014, with the exception of specialist services in Luton. Community and Mental Health Services in Bedfordshire may be subject to retendering in August 2014
- Changes in commissioning and increased complexities may lead to service provision becoming fragmented as commissioners look to test the market.

In response to a question by the Chair, Ray Jennings confirmed that the Trust had been keeping Monitor apprised of the contract situation with Luton.

Following a question by Steve Currell in relation to the Trust achieving performance targets in line with patient, commissioner and other stakeholder expectations and deliver high quality services, Andy Brogan gave assurance that there were no gaps in quality of care and, in addition, Richard Winter confirmed that the signing of contracts was expected imminently.

Randolph Charles asked for assurance that learning from serious incidents was being embedded and that there were improvements in quality and safety. Andy Brogan recognised that some learning was less tangible and therefore difficult to demonstrate. However, he gave an example of where the practice for managing pressure ulcers had changed and as a result there had been a 75% reduction. Dr Milind Karale also highlighted that the consistently positive CQC reports also demonstrate that learning was being embedded.

The Board

- 1 Received the report, discussed and noted the content
- 2 Approved the Board Assurance Framework as at January 2014 subject to an increase in the risk scoring from 20 to 25 for:
 - (i) Luton Community and Mental Health Services will be subject to retendering in April 2014 with the exception of specialist services in Luton. Bedfordshire Community and Mental Health Services may be subject to retendering in August 2014
 - (ii) Changes in commissioning and increased complexities may lead to service provision becoming fragmented as commissioners look to test the market.

008/14 SUB-COMMITTEES

(i) Executive Team Operational Committee

The CEO presented the minutes of the Executive Team Operational Committee held on 19 and 26 November 2013, 3 and 17 December 2013, and 7 and 14 January 2014.

Signed Date

She also presented the Committee's revised terms of reference following proposals from the Integrated Quality & Governance Steering Committee.

Following a question by Steve Cotter relating page 7 17 December 2013 minutes, Nikki Richardson advised that the savings and efficiencies resulting from the introduction of in-house legal service was being monitored.

Randolph Charles referred to 10 December 2013 minutes where it was noted that new staff would in future be asked to pay for CRB checks and asked for the justification of this initiative. Nikki Richardson advised that this was a cost savings initiative and that other trusts were also taking this approach. She confirmed that this would not, however, apply to volunteers.

The Board

- 1 Received, discussed and noted the minutes of the meetings held on 19 and 26 November 2013, 3 and 17 December 2013, and 7 and 14 January 2014
- 2 Approved the revised terms of reference.

(ii) Audit Committee

Janet Wood presented the revised terms of reference for the Audit Committee as part of the annual review process to ensure the Committee continues to operate within the *Audit Committee Handbook* guidance; she advised the review had also taken account of Monitor's *Code of Governance* which had been updated and reissued in December 2013

The Board

- 1 Received and noted the report
- 2 Approved the revised terms of reference.

(iii) Integrated Quality & Governance Steering Committee

Ray Jennings presented the assurance report by the Integrated Quality & Governance Steering Committee that the risks which may affect the achievement of the Trust's objectives are being managed effectively, as an integral part of the organisation's agreed assurance system.

The Committee had undertaken the annual review of its terms of reference resulting in a number of changes. However, following recent internal legal advice that Committee membership should only consist of members of the Board, it was proposed that membership would comprise only Executive and Non-Executive Directors of the Board; all others would be 'in attendance'. In addition, Executive Director job titles would be changed to reflect the new Executive structure.

Steve Currell also highlighted that the revised terms of reference reflected the suggested Committee name change to Quality & Governance Committee.

The Board

- 1 Received and noted the report
- 2 Approved the revised terms of reference including the Committee's name change, subject to the changes Committee membership as outlined above.

Signed Date

009/14 TRUST POLICIES

The Chair advised members of the public, staff and Governors that the following Trust policies were presented to the Board for final approval after going through a robust governance process:

New policy:

- (i) Travel & Business Cost

Revised policies:

- (ii) Time Off in Lieu
 (iii) Placement & Work Experience
 (iv) Whistleblowing
 (v) Protection of Pay
 (vi) Records Management
 (vii) Clinical Coding
 (viii) Investment (the definition of significant transactions was noted)
 (ix) Adverse Weather
 (x) Conduct & Capability.

The Board approved the above policies.

010/14 REPORT FROM TRUST SECRETARY

Jennifer Mellani presented the Trust Secretary's report and provided an update on a number of legal and policy issues, in particular:

- Governance review: this proposed guidance is designed to support trusts in gaining assurance that they are well led and therefore able to continue to meet patients' needs and expectations in challenging circumstances
- Licensing of independent providers: this will potentially increase the number of competitors in the market and may therefore have an impact on the Trust's forward planning strategy
- CQC's fresh strategy – *Raising standards, putting people first*: CQC have included the implementation of the Mental Capacity Act as part of their routine hospital care and home inspections as part of its new approach to regulation; this would apply to all healthcare providers, not just mental health providers.

The Chief Executive pointed out that Monitor recommends that all trusts should obtain an external review its Board' effectiveness every three years. In the light of the changes to the structure of the Board over recent months, she proposed that the review be postponed for a further few months. Members agreed to the change in timetable and the Chair highlighted that the review would need to be completed by the end of June to align with the performance appraisals of the Non-Executive Directors and the Chair.

The Board

- 1 Received the report, discussed and noted the content
- 2 Agreed the report name change to Legal and Policy Updates Report
- 3 Agreed the change to the external review of the Board's effectiveness to June.

Signed Date

Action: Lorraine Cabel, Sally Morris and Nigel Leonard to action the external independent review of Board effectiveness for completion by end June 2014.

011/14 UPDATE ON FRANCIS REPORT

Andy Brogan presented an update on the work of the task and finish group, comprising Executive Directors and Directors, which was established to review and reflect on the Francis Inquiry’s findings to identify recommendations of direct relevance for the Trust. The group has also considered the Berwick and Keogh reports which further examined patient safety and experience, as well as the Government’s response to the Francis Inquiry: *Hard Truths – the journey to putting patients first*.

Andy stressed that the common fundamental ethos of all the publications was the need for the NHS to foster an open and transparent culture where there was zero tolerance of harm, problems were detected and acted upon quickly, and employees were given support to learn but held to account for wrong-doing.

The group has developed a revised action plan in which 63 recommendations are identified directly relevant to SEPT. The gap analysis against the initial recommendations as well as the Government’s response identified no ‘red’ rated risks but identified where further strengthening could take place. The gap analysis results were:

- 43 recommendations – fully compliant
- 8 recommendations – partially compliant
- 12 recommendations – new requirements.

Andy advised the group would continue its oversight of progress against the actions identified and report any concerns or delays in implementation.

Randolph Charles congratulated Andy and the team for the comprehensive review which had been undertaken in a timely manner. He suggested that it would be more appropriate to show actions as being ‘compliant’ rather than ‘completed’. Andy agreed to change the action plan accordingly.

The Board received the report, discussed and noted the content.

Action: Completed actions to be shown as ‘compliant’ on action plan

012/14 INPATIENT MENTAL HEALTH COMMUNITY SERVICE USER SURVEY ACTION PLAN

Richard Winter presented an update on the action taken in response to the Quality Mental Health Community Service User Survey 2013 in Bedfordshire and Luton. The overriding position demonstrated an improved trajectory across the vast majority of domains. The results confirm the trust was particularly strong in information sharing and involving patients in decisions about their care, and there had been an increase in those in receipt of talking therapies. The action plan was being monitored monthly by

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Director of Mental Health, Declan Jacob, and quarterly by Richard Winter to ensure progress against tasks and identified improvements.

The Chief Executive confirmed that Malcolm McCann would present the action plan for Essex at a future meeting.

The Board received the report, discussed and noted the content

Action: Update on Essex action plan to be presented at a future Board meeting.

013/14 PATIENT EXPERIENCE SURVEY (INCLUDING THE FRIENDS AND FAMILY TEST) UPDATE

Nikki Richardson presented the report on the progress of the delivery of a new unified system of regular feedback from patients to front line staff.

Over 350 teams have received feedback through this survey and reports have been sent out at a team level on a regular basis since the start of quarter 3 in 2013/14. Managers discuss feedback with the team and use it as an opportunity to reflect on practice and identify improvements. Positive feedback is shared and used to reinforce good practice. Teams also look for improvements based on both positive and negative feedback. She added that the Patient Experience Team would carry out analysis on a full data set to develop a robust set of indicators that can be used to coherently summarise service users' responses and monitor performance on an ongoing basis.

Nikki highlighted that since the first implementation in 2012, comments have been overwhelmingly positive about Trust services. She also pointed out that the Trust had been an early implementer of the NHS Friends and Family Test which has now been formally recognised by NHS England.

In response to a question by Steve Cotter, Nikki confirmed that any obvious issues were being addressed immediately, such as the food on inpatient units which regularly scored poorly compared with other indicators. Nikki also confirmed that the information was included in team's dashboards.

Nikki extended her thanks to the Patient Experience Team for enthusiastically driving this work forward; this was echoed by Board members.

The Board received the report, discussed and noted the content.

014/14 CUSTOMER SERVICE FRAMEWORK

Sally Morris reminded members that the initial customer service strategy was co-created by patients and staff and approved in March 2008. It set out a strong commitment by the Board to improving the experience of those using and those working in services delivered by the Trust. Over the past five years the Trust had made significant progress in its ambitions to offer consistently great customer service.

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She explained that the customer service framework was integral to and supports the delivery of the Trust's Quality Strategy and sits alongside and complements the Patient Engagement Strategy, the Nursing Strategy and Workforce Strategy.

In early 2013, the Trust started the process of refreshing its approach to customer service and listening exercises were held. As a result a draft customer service framework developed and considered by Board Members at a Board development session in November 2013. The Chair and Chief Executive revised the structure of the draft document and actions have been refined following comments received.

The Chair led the thanks of the Board for the aspirational and user-friendly document.

The Board

- 1 Received the report, discussed and noted the content.
- 2 Approved the Customer Service Framework 2014-15.

015/14 QUARTER 3 COMPLIANCE REPORT 2013/14 FOR MONITOR

Ray Jennings presented the report and financial commentary covering the quarter 3 period for financial and governance performance and explained that the Board is required to sign off a number of assurance statements about the functions of the organisation for submission to Monitor. The Chair confirmed the report was discussed in detail at the Performance Finance & Scrutiny Committee who were assured by the processes followed.

The Board

- 1 Received the report, discussed and noted the content.
- 2 Approved the submission of the following statements to Monitor:
 - (i) The Board anticipates that the Trust will continue to maintain a continuity of service risk rating of at least 3 over the next twelve months
 - (ii) The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of the thresholds) as set out in Appendix A of the risk Assessment Framework; and a commitment to comply with all known targets going forwards
 - (iii) The Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor which have not already been reported
- 3 Approved the submission of one-off exception report containing data set in section 2.4 and appendix 2 of the report

016/14 CQC FINAL REPORTS

The Board received three CQC Compliance Review reports and discussed the excellent feedback from all three reports. The Chief Executive highlighted that the proposed format of future CQC inspect visits was escalating from five or six inspectors visiting for two days to 50 plus individuals who would spend up to five days assessing the environment, staff and services.

Signed Date

(i) Clifton Lodge, Westcliff on Sea, Essex

The Chief Executive advised that the CQC found that the service was compliant with all four standards reviewed and no compliance actions had been identified.

(ii) Mayer Way Short Stay Medical Unit (SSMU), Houghton Regis, Beds

Richard Winter commented that the report was very positive with the CQC finding that the service was compliant with all five standards reviewed and no compliance actions were identified.

(iii) Woodlea, The Glades, Bromham, Beds

Andy Brogan reported that the CQC found the service was compliant with all three standards reviewed and no compliance actions had been identified.

The Board received the three reports, discussed and noted the content.

016/14 SAFER STAFFING

Andy Brogan presented the report on safer staff and reminded members that the Francis Inquiry made a series of recommendations in relation to staff capacity and capability recognising that safe, appropriate staffing levels were fundamental to delivering high quality care. The Keogh, Cavendish and Berwick reports have also built on these recommendations.

The Trust's Safer Staffing Task and Finish Project Group, comprising lead nurses, staff from human resources and workforce, operational services and IT, would be responsible for taking forward the guidance from the National Quality Board in relation to nursing, midwifery and care staffing capacity and capability. The guidance aims to support organisations in making the right decisions and creating a supportive environment where staff are able to provide compassionate care. The review would provide the Trust with the opportunity to ensure we have the right people, with the right skills, in the right place at the right time to improve the quality of services.

Andy advised that meetings had been arranged with the Chair and Non-Executive Directors to agree assurance mechanisms in relation to expectation 1: Boards take full responsibility for the quality of care provided to patients, and, as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staff capacity and capability. He also highlighted that a bi annual report would in future be provided to the Board.

Andy also confirmed that he will bring a detailed report in relation to actions in progress to the February Board meeting.

The Board received the report, discussed and noted the content.

Action: Update on action plan to be presented at February Board meeting.

017/14 USE OF CORPORATE SEAL

Sally Morris confirmed the corporate seal had been as detailed in the report.

Signed Date

The Board received the report and noted the content.

018/14 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING

None.

019/14 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER

None.

020/14 ANY OTHER BUSINESS

(i) CQC Compliance Review: Weller Wing, Bedford

Richard Winter presented the report and advised that the CQC had reviewed compliance with six standards. He reported the Trust was compliant with four of the standards with one minor and one moderate concern were identified; these both relate to issues of privacy and dignity. The concern in relation to the walkway was remedied immediately and Richard confirmed that an action plan was being developed.

The Chief Executive informed the meeting that an extraordinary meeting of the Board of Directors had been convened on 4 February 2014 to sign off the action plan which would be returned to CQC within the deadline.

The Board received the report, discussed and noted the content.

021/14 QUESTIONS FROM MEMBERS OF THE PUBLIC/STAFF/ GOVERNORS

Paula Grayson asked when the Trust would be in a position to incorporate the priorities outlined in the Department of Health's recent publication *Closing the Gap* into organisational practice.

The Chief Executive advised that the EOC had already had initial discussions on the report and a detailed review of the twenty-five priorities would be undertaken. She pointed out, however, that many of the practices were already embedded in the Trust. A progress report would be presented to the Board of Directors at its meeting in March.

However, the Chief Executive shared her concerns over the consistent financial squeezing of mental health services provision as many trusts were losing income in real terms and commissioners were looking for further savings as part of QIPP initiatives. She expressed it was therefore essential that there was financial commitment from the Government.

Action: Update on review of Trust's position against the priorities to be presented at March Board meeting.

Signed Date

022/14 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Wednesday 26 February 2014 at Stockwood Discovery Centre, London Road, Luton LU1 7HA at 11:00.

023/14 RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC AND PRESS

In accordance with provision 14.20.2 of the Constitution and paragraph 18E of Schedule 7 of the NHS Act 2006, the Board of Directors resolves to exclude members of the public from Part 2 of this meeting having regard to commercial sensitivity and/or confidentiality and/or personal information and/or legal professional privilege in relation to the business to be discussed.

The Board noted and agreed the resolution.

The meeting closed at 13:10.

Signed Date