

**SEPT**  
**MINUTES OF PUBLIC BOARD OF DIRECTORS**  
**PART 1**  
**held on 25 July 2012**  
**in the Rufus Centre, Steppingley Road, Flitwick, MK45 1AH**

**Members Present:**

Lorraine Cabel	Chair
Janet Wood	Vice-Chair/Non-Executive Director
Dr Dawn Hillier	Non-Executive Director
Alison Davis	Non-Executive Director
Steve Currell	Non-Executive Director
Steve Cotter	Non-Executive Director
Dr Patrick Geoghegan OBE	Chief Executive/Executive Nurse
Sally Morris	Executive Director of Specialist Services/ Contracts
Amanda Reynolds	Executive Director of Partnerships & Social Care
Andy Brogan	Executive Interim Director of Clinical Governance & Quality
Peter Wadum-Buhl	Executive Director of Strategy & Business Development
Malcolm McCann	Executive Director of Integrated Services – Essex
Richard Winter	Executive Director of Integrated Services – Beds & Luton
Nikki Richardson	Director of Corporate Services/Customer Care
Dr Pauline Roberts	Executive Medical Director
Ray Jennings	Chief Finance officer

**Also Present:**

Teresa Matthews	Board Secretary
Cathy Lilley	Trust Secretary
Helen Smart (Presentation)	Director of Integrated Care – Bedford
Mohammed Bari	Business Analyst, SEPT
Andrea Hone	Clinical Lead – Bedford CRHT
Sylvie Downe	Ward Sister, MHAU, Bedford
Marie Creighton	Governor
Tina Sinnitt	OT Technician
Patrick Sheehan	Governor
Lynn Gudgin	Clinical Lead - Compliance

Dinah Sackey	Performance Department
Karen Jackson	Performance Manager
John Jones	Governor
Michael Dolling	Governor
Maxine Forrest	Assistant Director – Communications
Frank Besag	Consultant CAMHS – LD
Kate Witham	Communications
Lesley Cullen	Head of Infection Control
Joanne Simms	Head of Assurance
Paul Adams	Facilities Officer
Russell Harrison	Project Director
Trish Brodie	Deputy Nurse Manager, IST
Terri Dorman	Practice Development Nurse
Sue Anthony	Practice Development Nurse
Dr Milind Karale	Deputy Medical Director
Garry Rowden	Member of the public

Members were reminded of the Trust's vision statement.

Lorraine Cabel welcomed members of the public, Governors and staff for attending.

#### **141/12 APOLOGIES FOR ABSENCE**

Apologies were received from Randolph Charles, Non Executive Director.

#### **142/12 DECLARATIONS OF INTEREST**

There were no declarations of interest.

#### **143/12 PRESENTATION BY HELEN SMART, DIRECTOR OF INTEGRATED CARE ON REHABILITATION AND ENABLEMENT SERVICES – BEDFORDSHIRE**

Helen Smart advised the Commissioners requested the Trust provided care closer to home. The Trust agreed to this and Helen stated SEPT agreed that the care must be modern, safe, high quality and responsive to the needs of our patients.

The project aimed to stop duplication of care pathways, reduce multiple clinical visits and would ensure improved health outcomes. Patients are risk assessed in their new homes and a key benefit would be patients would then have a choice.

The Rapid Intervention Team would identify patients who require specialist support and deliver this at home wherever possible and with the patient's agreement.

Helen then updated on the proven outcomes ie no delayed transfers of care since November 2011, no complaints or serious incidents, improved patient carer stories and positive feedback, increased productivity by the Rapid Intervention Team over the last 12 months.

The benefits to patients include patients wellbeing is enhanced with familiar surroundings at home, reduced risk of acquiring hospital infections, improved patient and carer experience, increased responsiveness through Occupational Therapy/Physiotherapy, 7 day service, maintained independence and confidence.

Helen then outlined the next steps which is to set up a multi disciplinary team in the North of Bedfordshire, reviewing all the care pathways and identifying gaps to improve services. In addition integration of the rapid intervention and rehabilitation teams with mental health teams and deliver outcomes of the rehabilitation and integration pilot with Central Bedfordshire Council.

Helen confirmed feedback from patients has been excellent and highlighted some of the compliments received with the scores being 10 out 10 on all cases.

Helen stated this is a modern service aligned to the Governments vision of providing care closer to home.

Sally Morris commented this is an excellent initiative and reminded members this has been in place within mental health for a number of years. Helen commented she is reviewing any lessons learned/good practice in mental health that can be transferred into community services.

Andy Brogan stated he will review whether this initiative can be used for older people. Helen commented it is suitable for complex patients. Dawn Hillier stated this is an excellent model and was pleased this is a 7 day service.

Steve Cotter asked if the service expanded would this impact on the scheduling of visits. Helen commented the multi disciplinary team is the single point of contact and therefore appointments are monitored and managed robustly and appointment times are flexible.

Dr Pauline Roberts wished to commend the staff who have been involved in taking this project forward and meeting the needs of the service users.

Dr Patrick Geoghegan commented it is important to publicise this widely and proposed organizing an event locally and inviting key stakeholders, local

politicians etc. Patrick also stated that with more choice for patients to stay at home this may impact on the bed numbers and this must be taken into account.

Patrick also requested that SEPTs Communication Department widely publicise this in the regional and national journals.

Lorraine Cabel thanked Helen Smart for her excellent presentation.

## **THE BOARD**

- 1 DISCUSSED AND NOTED the above**
- 2 AGREED that Communications would publicise this initiative regionally and nationally**

### **144/12 MINUTES OF THE last meeting held on 27 June 2012**

The minutes of the meeting held on 27 June 2012 were agreed and will be signed by Lorraine Cabel, as an accurate record.

### **145/12 MATTERS ARISING**

#### **i) NHS Retirement Fellowships Update**

Amanda Reynolds confirmed this is in hand and the letter has been prepared to send out.

#### **ii) Notification of changes to Board meetings held in public**

Dr Patrick Geoghegan confirmed this is in hand and will be communicated to interested parties.

#### **iii) Financial Plan Assessment**

Peter Wadum-Buhl commented this is included as part of the Board Assurance Framework agenda item.

#### **iii) Trust's Ethical Procurement Policy**

Ray Jennings advised the Trust does not have a specific Ethical Procurement Policy but has circulated information to Board members on action taken in relation to our top suppliers ethics and guidelines. The Trust expects all our suppliers to comply with the Code.

Ray advised that although there is not a formal Policy in place, the Trust does follow guidelines. Peter Wadum-Buhl commented a lot of procurement is via the NHS Framework and asked whether they have a formal policy in place. Ray Jennings advised he will ask the Purchasing Department to follow this up.

**Action: Ray Jennings to ask the Purchasing Department to follow up with the NHS Framework that they follow the Ethical Procurement guidance**

## **146/12 INTEGRATED QUALITY AND PERFORMANCE Q1**

Dr Patrick Geoghegan presented the summary of performance for Quarter 1, 2012/13. Patrick commented the format of the report has been amended in line with comments from Board members and requested feedback from members.

Patrick commented the first quarter demonstrates a very positive position with achievement of the majority of quality, contractual and other targets set by Monitor resulting in a predicted risk rating of green at the end of Q1.

Patrick confirmed the report covers five key areas – quality, contractual position, workforce, partnerships and national regulation. Patrick also reminded members that the report goes through a robust process prior to being presented to the Board ie Senior Management Teams and Executive Team.

**% of complaints resolved within agreed timescales** - During the quarter 59% of complaints were resolved within timescales agreed with the complainant compared to the target of 95%. Patrick reminded members there is no national target, but it has been agreed that on receipt of a complaint timescales must be agreed with the relevant Department and if there is likely to be a delay, this must be agreed with the complainant.

Patrick also reminded members that a review is currently being undertaken by the Business Development Team of the complaints process.

**Early Intervention New Cases** – The performance across the Trust exceeds the Q1 trajectory. In South Essex 20 new cases have been identified compared to the target of 23 and therefore this needs to be addressed. To date there are 4 new referrals on the East team and 3 new referrals to the West. Dr Pauline Roberts advised she has been asked to review this and compare it to the service model in Bedfordshire & Luton but gave assurance this is an excellent service with good outcomes and was confident the target will be met by the end of the financial year. Pauline also stated she will be reviewing the entry criteria to ascertain whether it can be offered to other client groups.

**Performance Indicator Reviews**- Patrick confirmed that at the April Board meeting there were a number of indicators that had been under performing for a number of months and that a review would take place. Patrick therefore updated on the following:

**Mandatory Training** – a comprehensive review was undertaken and a Steering Group has been established to take forward the identified recommendations.

Patrick confirmed that while the review is taking place some short term action has been put in place ie validation of staff and target training requirements completed and revised disciplinary protocols for training are being prepared for approval by the Executive Team. The Induction and Mandatory Training policy is under further review.

Patrick gave assurance that the data quality has improved but some of the performance has deteriorated with 75% of staff undertaking mandatory training compared to the target of 100%. Action has been taken to address this by the Executive Team with external contractors and other remedial action. Patrick stated that now the systems are robust it is important the target is achieved.

Dr Pauline Roberts commented that it has been agreed that the mandatory training undertaken by medical trainees can be transferred to organisations and should therefore improve the position.

Lorraine Cabel requested that where Directorates are not achieving the targets that this is identified and also which training is outstanding for the September Board meeting. Patrick agreed this would be part of the Performance Report.

**Did Not Attend Rates (DNAs)** – A working group was set up to review this which focused on the potential causes and the booking process. In June there was an improvement and the first quarter rate is 16.6% compared to the target of 11.2%. A Lean project will be undertaken on this as part of the Munich Adherence project.

**Average Length of Stay** – This was reviewed by the SEPT Public Health Consultant which demonstrated that the diagnosis profile of those being admitted varies across the geographical areas of the Trust. A working group was set up which has identified a project to address lengths of stay and is being piloted on Beech Ward in Essex. This project is due to complete within 5 months.

**NPSA Reporting Rates** – a number of actions have been undertaken and continue to be taken by the Risk Management Department to identify the root cause of the decline in incident reporting. An on line training package is being considered and feedback from wards and departments is that they would like to have an understanding of how the reported incidents are used.

**Data Consistency** – This indicator measures the % change in activity volumes recorded from the initial month of reporting to the latest. The latest figures show that South Essex community activity has increased by 2.2%, South Essex Consultant activity by 28%.

Alison Davis stated the report refers to developing indicators further and asked whether these are extra indicators or replacing existing ones. Peter Wadum-Buhl said the main issues with data capture is the inherited community services data

and sometimes the data has to be collected manually. This makes the issue more complicated. Peter confirmed the Trust is working with the national team to develop this further so that staff can have automatic access to data.

Dawn Hillier requested an update on progress with the Outpatients Review. Peter Wadum-Buhl confirmed the patients pathway has been redesigned and pilots are taking place before roll out across the Trust. Dr Pauline Roberts supported this but stated it is also important the new system has support from local Clinical Commissioning Groups (CCGs). The Board requested that Dr Roberts and Peter Wadum-Buhl prepared an update report on how the roll out is taking place and the timeframe we are working to for the September Board meeting.

Peter Wadum-Buhl commented that the project is on target and has met milestones to date, with the focus over the next few months on community services. Dr Patrick Geoghegan commented it is important that this is included as part of the Strategic Health Authority (SHA) benefits realisation paper being prepared.

Steve Cotter asked for an update on chlamydia screening and what the target should be. Malcolm McCann agreed to check on this and update Steve outside of the meeting.

Dawn Hillier also requested an update on the new birth visits. Malcolm confirmed the Trust is achieving this target.

## **THE BOARD**

- 1 DISCUSSED and NOTED the above**
- 2 AGREED an update on the Outpatients Redesign project will be available at the September Board meeting from Dr Roberts & Peter Wadum-Buhl.**

## **147/12 FINANCIAL PERFORMANCE AS AT QUARTER 1**

Ray Jennings presented the financial position as at June 2012 (Month 3) which is in a new format and requested Board members comments on this.

Ray commented this is a very challenging year for the NHS and the economy in general, but advised there are no new material risks to report this month but there are still some areas of overspend within inpatient services . Ray also confirmed there are no issues with the Trust's cash and working capital position.

The Trust's performance against plan is below target at the end of Quarter 1, but this is not a major concern and mainly reflects timing differences around non-

recurrent expenditure, limited slippage on efficiency savings and reduced underspending on delegated budgets.

Ray advised the Trust has a surplus of £5.2m at the end of month 3 with all divisions in surplus. Based on the Trust's current performance the predicted financial risk rating is 4. Ray also gave assurance that the Trust is on target to deliver the planned surplus of £3.3m at the end of the financial year with a risk rating of at least 3.

Ray commented the Trust's target of a surplus of £5.2m is below plan by £1.8m at this stage but this relates to slippage on the Trust's efficiency programme by £0.5m, underspending on delegated budgets and non recurrent expenditure of £1m.

In relation to the Cost Improvement Programme (CIP) the Trust is performing well with 92% of the first quarters CIP programme delivered, with the programme on target to be delivered in full by March 2013. Ray commented there are some schemes that may not be implemented and any shortfall will be covered non recurrently this year. Directors are currently developing a range of new initiatives for consideration.

Ray also proposed presenting at a future Board Development Session on the detailed financial position including CIPs.

Dawn Hillier commented she found the executive summary very useful as it gave assurance against key targets.

Steve Cotter commented on the position in relation to the CiPs at the end of the first quarter and asked whether they are all on target to be delivered. Ray confirmed that some of the major schemes are due to be delivered at the end of the financial year, but any slippage will not impact significantly on this year's financial position. Steve also asked whether the Trust is in a similar position as last year at Quarter 1. Ray commented the plan is based on the CIPs and some cover a 2-3 year period.

Dr Patrick Geoghegan commented that the NHS is going through significant change and the CIPs have been agreed with the PCTS. Some of the new CCGs have raised concern at some of the CIPs and we are meeting with them to discuss this and taking appropriate action where necessary. Lorraine Cabel commented she is aware of this and is pleased that the Sub-Committees are also being pro active in addressing issues ie the Transformation & Finance Sub Committee and Audit Committee in particular.

Dr Patrick Geoghegan requested assurance on what action is being taken in relation to the overspend within mental health inpatient services in Essex. Malcolm McCann commented the position has improved but work is ongoing to

address this with a review being carried out of each ward's expenditure, rotas etc.

Dr Patrick Geoghegan also asked that any overspends are reviewed by the relevant Executive Directors and that appropriate action is taken as the more we can save in all areas the more opportunity we have to balance our finances by the end of the financial year.

#### **THE BOARD:**

- 1 **NOTED Monitor Financial Risk Rating at Month 3**
- 2 **NOTED the Income and Expenditure Account at Month 3**
- 3 **NOTED contract and other income at Month 3**
- 4 **Noted the Cost Improvement Programme at Month 3**
- 5 **Noted the Capital Plan at Month 3**
- 6 **AGREED a Board Development Session would be arranged to discuss the financial plan/Cost Improvement plans in detail**

#### **148/12 CORPORATE OBJECTIVES UPDATE Q1**

Dr Patrick Geoghegan presented an update on the analysis of progress with the Corporate Objectives as at Quarter 1.

Patrick reminded members that the Board agreed 19 corporate objectives which support the five strategic priorities:

- Delivering high quality and safe services
- Transforming services
- Creating an Efficient and Effective organisation
- Workforce Culture and Capability
- Clear plans for a sustainable future

Out of the 126 Directorate actions due for completion only four were assessed as having a red rag rating and Patrick requested Directors advise the Board on the slippage:

***Investigate and consider electronic tagging devices to increase early step down*** – Sally Morris gave assurance that the hand tagging devices pilot is in place with an evaluation to be carried out.

***Implementation of robust referral processes and systems of monitoring appropriateness/timeliness*** - Malcolm McCann has agreed with the service that an audit of referrals will be carried out in the second quarter

***Implement as a minimum bi monthly sessions in clinical bases for teams to identify areas of good practice or reflection on incidents/complaints*** – Malcolm confirmed that this is being taken forward in West Essex and will ensure this is also in place in South East Essex

***IT helpdesk to support front line staff in full implementation of SystemOne and remote working*** - Richard Winter confirmed this relates to mobile working which is now being implemented.

Steve Currell commented on Page 5 of the report it states that the Volunteer Policy would be presented at the July Board meeting. Nikki Richardson commented this has been slightly delayed due to meetings with service users but will be available for the September Board. Dr Patrick Geoghegan commented that Nikki Richardson is reviewing the work the volunteers are carrying out within mental health and community services.

## **THE BOARD**

- 1 NOTED the progress of the 2012/13 Corporate Objectives as at Quarter 1**
- 2 AGREED the Volunteer Policy would be presented to the September Board meeting**

## **149/12 BOARD ASSURANCE FRAMEWORK**

Dr Patrick Geoghegan presented the Board Assurance Framework as at July 2012.

Patrick confirmed the Executive Team have reviewed all risks in detail and proposed downgrading the following risk.

If learning from incidents is not embedded quality and patient safety may not be maintained and improved.

Andy Brogan gave assurance that mitigating action had been implemented.

The Board approved the downgrading of this risk.

Patrick advised that work is ongoing reviewing all Directorate risk registers and integration logs.

## **THE BOARD**

- 1 **DISCUSSED and NOTED the above**
- 2 **APPROVED the risks included within the Board Assurance Framework**
- 3 **APPROVED the removal of the above risk**

## **150/12 SUB-COMMITTEES**

### **(i) Executive Team Operational Committee**

Dr Patrick Geoghegan presented the minutes of the Executive Team Operational Committee held on 19 June and 3 & 10 July 2012 and advised no new risks were identified.

Alison Davis requested an update on the Mental Capacity Act (MCA) /Deprivation of Liberty (DOLs). Peter Wadum-Buhl commented this is a very complex area and the Trust has agreed additional funding to support this. Peter also advised this is a national issue and presented a challenge to clinicians.

Dr Pauline Roberts advised training is important for staff and also good legal advice. Pauline added it relates mainly to the older peoples services and the PCTS are operating differently in different areas.

Amanda Reynolds commented that the MCA/DOLs action plan is being progressed and is very challenging but with the extra input, this will be taken forward. Dr Patrick Geoghegan commented he was pleased with the work to date but it is important there is independent advice available. Patrick asked Amanda if she could arrange for a Lead at the Department of Health to present at a future Board Development Session.

Dawn Hillier requested an update on the Quality Improvement Fellows. Andy Brogan commented there will be two posts seconded into the Trust funded by the Department of Health, one for medical and one for nursing to take the lead on specific quality improvement work.

Dawn Hillier commented in the minutes of 10 July the presentation from Quality Health states feedback from younger people is very negative and asked how we can improve this. Dr Patrick Geoghegan reminded members this relates to national results and the Trust will prepare an action plan to address this via the membership office who will liaise with colleges/schools etc. Sally Morris commented that within the CAMHS service the feedback has been very positive and therefore the expectation may differ when they move into adult services.

Dawn Hillier commented the outcome of the survey also raised the issue that patients treated with dignity and respect is below the national average and asked what action is being taken to address this. Dr Patrick Geoghegan confirmed he has asked the Operational Directors to take action and has requested a breakdown within localities from Quality Health which should be

available for the September Board meeting. Alison Davis commented there may also be useful information via other stakeholders eg Impact.

## **THE BOARD**

- 1 **NOTED** the minutes of the meetings held on 19 June, 3 July and 10 July.
- 2 **AGREED** that Amanda Reynolds would arrange for a Lead on MHA/DOLs to present at a future Board Development Session
- 3

### **(ii) Audit Committee Terms of Reference**

Janet Wood presented the revised Terms of Reference for the Audit Committee. Lorraine Cabel requested one amendment to read 'Council of Governors'. With the above amendment the Audit Committee Terms of Reference were approved.

## **THE BOARD**

- 1 **APPROVED** the Terms of Reference

### **(iii) Integrated Quality & Governance Committee**

Peter Wadum-Buhl presented the minutes of the meeting held on 19 April 2012. Peter then summarised the discussion at the meeting on 21 June.

## **THE BOARD**

- 1 **APPROVED** the minutes of the meeting held on 19 April 2012

## **151/12 TRUST POLICIES**

### **i) Electro Convulsive Treatment (ECT)**

Dr Pauline Roberts presented the above policy which has gone through the correct governance process and is in line with national guidance.

## **THE BOARD**

- 1 **APPROVED** the policy but agreed Dr Pauline Roberts would re-present to the September Board outlining the various guidance adhered to

### **ii) DVLA**

Dr Pauline Roberts presented the above policy which has gone through the correct governance process. Steve Cotter asked what the Trust's position is in

relation to a person deemed unsuitable to drive and they continue to drive. Dr Pauline Roberts advised if concerns are raised by Consultants they advise the patients not to drive, but each individual case is different and based on judgement as these are complex issues.

## THE BOARD

### 1 APPROVED the above policy

#### iv) Copying Letters to Patients

Dr Pauline Roberts presented the above policy which has gone through the correct governance process. Steve Cotter asked how clinicians use their judgement to withhold information. Dr Pauline Roberts commented they do have a right to withdraw third party information but what can be withheld is very limited. After discussion it was agreed Dr Pauline Roberts would review this policy and re-present to the September Board meeting.

## THE BOARD

### 1 AGREED that the Policy would be reviewed and re-presented to the September Board meeting

## 152/12 REPORT FROM TRUST SECRETARY

Cathy Lilley presented the above report which is in a new format with the first section updating on the Constitution/Governance issues and the second section updating on regulation/compliance from Monitor and the FTN.

**Governance – Constitution** – Cathy gave assurance that the governance arrangements are regularly reviewed in line with best practice and the Trust therefore remains compliant with the Governance Statement in the Forward Plan Financial Return.

**Consultations-** Applying for FT Status – Cathy advised this consultation sets out Monitors proposals to make changes to this section of the publication. The consultation runs until 5 September 2012 and Cathy confirmed she will liaise with the Compliance Team to co-ordinate a response.

**Monitor Publications** – Cathy updated on a number of publications ie Schedule 6 of the Terms of Authorisation, Learning and Implications from Peterborough and Stamford Hospitals, Learning and Implications from University Hospitals Morecambe Bay. Dr Patrick Geoghegan requested Ray Jennings review the

implications from Peterborough & Stamford to identify any lessons learned and update at the September Board meeting.

Dr Patrick Geoghegan advised that Chris Hopson has been appointed as the Chief Executive of the FTN replacing Sue Slipman. Patrick has written to Chris on behalf of the Trust congratulating him on his appointment and inviting him to visit SEPT.

#### **THE BOARD**

- 1 DISCUSSED AND NOTED the above**
- 2 AGREED Ray Jennings would review the Peterborough & Stamford report to see if there any implications for the Trust**

#### **153/12 SERCO/SUFFOLK UPDATE**

Malcolm McCann advised that following Board approval contracts have now been signed with Serco for the provision of a number of community services in Suffolk. Malcolm wished to thank Sally Morris, Ray Jennings and Rachel Webb for their help in negotiating the contract. Malcolm stated that as from 1 October responsibility for a range of services ie podiatry surgery, children's services and speech and language therapy would be with SEPT.

Dr Patrick Geoghegan advised he and Malcolm are meeting with the staff on 10 August and will arrange for Board members to meet with staff at a later date.

#### **THE BOARD**

- 1 DISCUSSED and NOTED the above**

#### **154/12 PRIVATE PATIENTS INCOME UPDATE**

Ray Jennings updated members on the implications for the Trust in relation to the Health & Social Care Act 2012 regarding to receipt of non NHS income, including income from private patients.

Ray advised that the Health & Social Care Act 2012 has removed the restrictions in relation to a private patient income cap, but requires a number of tests before a Foundation Trust is able to generate significant additional income.

Ray advised the tests include 'principle purpose test' which means that a Foundation Trust is not able to generate more than 50% of income. There is also a 'significant interference test' which ensures that non NHS activities are not undertaken to the detriment of NHS services.

Dr Patrick Geoghegan commented he has asked for a working group to be set up to take this forward and agree action. Patrick will then convene a larger Strategic Think Tank meeting.

Janet Wood commented it would be useful to carry out some of the clinical governance tests. Lorraine Cabel supported this, but stated it is important the Trust agrees principles to take this forward which the Board should approve. Patrick gave assurance to members that this is an opportunity to maintain front line services.

Steve Currell commented on Page 4 of the report it states that the maximum income for non NHS activity could be up to 49% of total Trust income. Ray confirmed that the Trust can generate 5% per year and if more is required this must be agreed with Monitor and the Council of Governors.

Amanda Reynolds commented this could include income under Section 75 agreements but raised concern that funding from statutory services could be deemed as private income. Ray stated this is speculation at this stage and we should await further guidance which is expected in October.

## THE BOARD

- 1 **DISCUSSED AND NOTED the above**
- 2 **AGREED that Dr Patrick Geoghegan would establish a group to look at taking forward the opportunities as a result of non NHS income**

## 155/12 ASSOCIATE MENTAL HEALTH ACT MANAGERS ANNUAL REPORT

Steve Currell presented the above Annual Report on the work carried out by the Associate Mental Health Act Managers. Steve updated on the visit programme and managers hearings but advised due to timing issues of preparing reports some of the information is not available in relation to mental health act activity.

Steve also updated on the integration work of hospital managers and advised due to increasing numbers of Community Treatment Orders(CTOs) hearings a new arrangement to streamline management of hearing panels has been developed to improve the process of arranging them.

Richard Winter commented that on Page 6/7 the activity numbers are very consistent over the year and asked whether this is correct. Steve agreed to check and advise Richard outside of the meeting.

Steve Cotter requested an update on recruitment. Steve Currell commented recruitment is currently taking place in Bedfordshire & Luton with interviews in place.

Amanda Reynolds commented the CTO activity has increased. Dr Pauline Roberts commented this has not impacted on preventing admission to Hospital when required.

Lorraine Cabel thanked Steve Currell and his team for the work they are doing but requested Steve re-present the report to the September Board meeting with all the detail included.

## **THE BOARD**

- 1 DISCUSSED AND NOTED the above**
- 2 AGREED the report would be re-presented to the September Board meeting**

## **156/12 APPOINTMENT OF MEDICAL DIRECTOR**

Lorraine Cabel updated members on the outcome of the Interview Panel for the Medical Director position when Dr Pauline Roberts retires on 31 March 2013.

Lorraine advised the panel recommend Dr Milind Karale be appointed as Medical Director as from 1 April 2013. This was supported by Board members.

Dr Milind Karale thanked the Board for their support and also wished to put on record his thanks to Dr Pauline Roberts for her leadership and support. This was re-echoed by Board members.

## **THE BOARD**

- 1 APPROVED the Appointment of Dr Milind Karale as Medical Director as from 1 April 2013**

## **157/12 INFECTION CONTROL ANNUAL REPORT**

Andy Brogan presented the Infection Control Annual Report. The report outlines the current position, achievements of the team, compliance with the Code of Practice and future workplan.

Andy confirmed there have been significant achievements throughout the year and the team also supported a range of initiatives in relation to physical healthcare.

Dr Patrick Geoghegan commented the report states that West Essex community services do not have a dedicated nurse and asked what action is being taken to address this. Andy Brogan commented this was a non funded post but is now in place from existing resources and the Trust is therefore compliant. Patrick was pleased with the action taken but requested that Sally Morris raise this with the Commissioners to ensure the Trust is appropriately funded.

Patrick wished to thank members of the Infection Control team for the work they do in this area

## **THE BOARD**

### **1 DISCUSSED AND NOTED the above**

## **158/12 CQC VARIANCE TO REGISTRATION**

Peter Wadum-Buhl presented a variation on the Trusts registration. The changes required are as follows:

Registered location of 'Lime Trees' will need to change name to 'Luton and Central Bedfordshire Mental Health Unit'

Services currently based at Oakley Court will move to the new Mental Health Unit  
No services are now at 42 Kimbolton Road or Warley Periphery Housing and no service at Oakley Court from 21 August 2012.

## **THE BOARD**

### **1 APPROVED the CQC variance to registration**

## **159/12 MONITOR Q1 COMPLIANCE REPORT**

Cathy Lilley presented the above Quarter 1 Compliance report for submission to Monitor.

Cathy confirmed the Trust is compliant in relation to financial performance, quality and governance with no exceptions to report.

Dr Patrick Geoghegan commented at the annual conference call with Monitor no issues were raised and he has a follow up call with Monitor to discuss governance arrangements on 31 July.

## **THE BOARD**

### **1 DISCUSSED and NOTED the above**

- 2 **APPROVED** the inclusion of Quality Declaration 1
- 3 **APPROVED** the inclusion of Governance Declaration 1
- 4 **APPROVED** the compliance report for submission to Monitor

#### **160/12 USE OF CORPORATE SEAL**

Dr Patrick Geoghegan advised the Corporate Seal has been used on the following occasions since the last meeting:

4 July 2012- Refurbishment of Warrior House Contract 1 & 2

#### **THE BOARD**

- 1 **NOTED** the above

#### **161/12 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING**

No correspondence has been circulated.

#### **162/12 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER**

None.

#### **164/12 BIGGLESWADE HOSPITAL UPDATE**

Richard Winter advised there are currently four patients in Biggleswade Hospital and Commissioners are undertaking a bed review.

Dr Patrick Geoghegan raised his disappointment at some of the local press coverage as there are no plans to close the Hospital or sell the land. Patrick also reminded members that the Hospital does run other services and SEPT only runs two wards.

Lorraine Cabel supported this and stated it is the Commissioners responsibility to take the lead on this.

#### **THE BOARD**

**1 NOTED the above****165/12 PROPOSED CHANGES TO TERMS AND CONDITIONS**

Nikki Richardson presented the proposed changes to the national Terms and Conditions of service (Agenda for Change).

Nikki commented the main changes are in relation to mileage allowances paid to NHS staff. There is no specific action required in respect of the proposed changes on pay and sick pay at this time.

Alison Davis asked whether the new rates take into account the increase in fuel charges. Nikki Richardson commented this does take this into account and will be reviewed twice yearly.

**THE BOARD****1 DISCUSSED AND NOTED the above****166/12 QUESTIONS FROM MEMBERS OF THE PUBLIC/STAFF/GOVERNORS**

John James, Governor asked the following questions:

Volunteers – he is aware of the work being carried out and the expanding role within mental health and community services but asked what plans are in place to use them. Nikki Richardson commented there is already a lot of activity taking place and to date there are 255 volunteers available. Nikki advised an induction programme is being prepared and a handbook being developed.

Community Development Workers (CDWs) – what processes are in place to measure the effectiveness of CDWs – Amanda Reynolds advised the service is funded by health Commissioners who are now reviewing the model of service. The Trust ensures there is regular supervision in place, regular team meetings etc.

Policies – Service Users not consulted as part of the approval process eg the Electro Convulsive Treatment (ECT) policy. Dr Pauline Roberts commented the policy must follow NICE guidance and Royal College guidelines on provision of ECT. The College links closely with service user groups on the guidance.

Dr Patrick Geoghegan commented that it is dependent on what the policy is whether service user involvement is required ie service users would be involved in the Volunteer Policy.

Suicides – There are already processes in place to report suicide rates to the Council of Governors – Andy Brogan commented Serious Incident (SI's) investigations identify any root cause analysis, any contributory factors and any lessons learned. Andy gave assurance that the Trust share lessons learned across the organisation and met with individual teams involved in an SI. Andy also advised that Dr Patrick Geoghegan randomly audits an action plan to check on this

Andy confirmed he will brief the Council of Governors as he has done previously at the next meeting in November.

Michael Dolling, Governor asked the following questions:

Bedfordshire Probation service – requested an update on the forensic service. Dr Patrick Geoghegan advised Dr Owen Samuels, Clinical Director and Neil West, Assistant Director of Forensic Services is following this up and offering support to the Probation Service.

Section 136 – numbers have increased from 2010/11 and asked what the reason for this was. Dr Patrick Geoghegan suggested that Amanda Reynolds review this and advise Michael outside of the meeting.

New legislation – Michael suggested information on this be provided on a quarterly basis. Cathy Lilley agreed to include this in the information provided to Governors

#### **167/12 ANY OTHER BUSINESS**

There was no other business.

#### **168/12 DATE AND TIME OF NEXT MEETING**

The next meeting will take place on 26 September 2012 at 1.30pm at the Basildon Holiday Inn, Festival Leisure Park, Basildon, Essex

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