

**SEPT**  
**MINUTES OF PUBLIC BOARD OF DIRECTORS**  
**PART 1**  
**held on Wednesday 26 June 2013 at**  
**Wrest Park, Silsoe, Bedford MK45 4HR**

**Members Present:**

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

**Also Present:**

Teresa Matthews	Board Secretary (Minutes)
Cathy Lilley	Trust Secretary
Francis Carey	Director of Quality Improvement
Surann Aidrie	Social Worker
Marcus Baph	Mental Health
Sarah Browne	AD Clinical Governance
Karen Campbell	Chaucer Ward
Sarah Carr	Luton CMHT
Kate Chandler	OD Team
Joy Das	Appointed Governor Marlyn Dias PA
Karen Forrest	Staff Governor
Maxine Forrest	Communications
Anthea Hockly	Corporate Affairs
Chris Howlett	Director of Estates & Facilities
Dee Hunnie	Communications
Paula Grayson	Public Governor
Jan Leonard	Director of ITT
Hugh Johnston	Head of Psychological Therapies
Declan Jacob	Director of Mental Health Services
John Jones	Lead Governor
Tim Keogh	For Presentation

Signed ..... (in the chair for the meeting held 31 July 2013)

Gary Kupshik	Head of Clinical Psychology
Anita Marshall	Support Worker
Karen Moore	Clinical Audit
Jenny Nathan	OD Team
Maggie Nicholls	Head of Clinical Audit
Samuel Ogunrell	CSW
Deborah Ridley Jones	Public Governor
Owen Samuels	Deputy Medical Director
Fiore Sannio	CPN and Staff Governor
Patrick Sheehan	Public Governor
Joanne Sims	Strategy & Business Development
Kresh Ramanah	Public Governor
Larry Smith	Public Governor
Jim Thakoordin	Public Governor
Beatrice Tinkler	CPN
Dan Underwood	Communications
Zoe Ward	Community Care Worker
Kate Witham	Communications

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

Members were reminded of the Trust's Vision Statement.

#### **156/13 APOLOGIES FOR ABSENCE**

Apologies were received from Amanda Reynolds, Executive Director Social Care & Partnerships.

#### **157/13 DECLARATIONS OF INTEREST**

Randolph Charles declared an interest in the Finance report in relation to Bedford Borough Council.

#### **158/13 PRESENTATION by Peter Wadum-Buhl & Tim Keogh on Customer Strategy**

Peter Wadum-Buhl advised that in 2007 staff and service users co-ordinated a customer service strategy including a vision, values and customer service standards. This led to improved customer and staff experience but SEPT has grown over the past few years extending mental health services and acquiring community services and therefore it is time to refresh the customer strategy.

Peter advised a number of listening events was set up with over 955 people and updated on what customers say and the compliments staff would like. The events also highlighted what customers expected and any gap. The events highlighted that it is important to embed the values which are driven by core beliefs. It is also important to recognise that we are here for the people we serve and ensuring health is delivered with appropriate humility. Peter then presented video clips of comments made by staff and service users.

Signed ..... (in the chair for the meeting held 31 July 2013)

Tim Keogh highlighted some of the comments made by people who use the Trust's services and staff within the organisation and what makes a good and bad day for staff.

Tim then explained the improvement cycle approach which includes listening, refreshing the culture, reinforcing change and developing new capabilities.

Peter then advised it is important there is visible leadership and leaders listen, therefore all senior staff within the Trust will be spending one hour per week

- listening to patients and staff
- complimenting them immediately where appropriate and
- help them with any problem solving.

In relation to developing new capabilities, it is important there are information technology (IT) systems in place that are reliable to support staff to deliver good services.

Peter then explained in relation to reinforcing change the intention is to re-launch the celebration of staff achievements as this is important to staff.

Janette Leonard confirmed that she is aware that staff have raised issues regarding IT and has therefore agreed to hold IT listening groups across the organisation to help and support staff. This was welcomed by Board members.

Andy Brogan commented that language is important so that staff and service users are 'talking the same language'. Dr Patrick Geoghegan agreed with this and gave the example of patients wanting staff to use 'kindness' rather than 'compassion'.

Malcolm McCann advised he supported the re-launch of the staff celebration events as this enables staff to share with other members of the Trust, partners and stakeholders the excellent work being undertaken.

Lorraine Cabel welcomed the initiative of senior staff spending one hour per week listening to staff and patients. This was re-echoed by Board members. Cathy Lilley commented it is also important that the customer strategy focuses on internal customers. Peter Wadum-Buhl confirmed this is the case and is just as important.

Jim Thakoordin thanked Lorraine and Board members for providing high quality services to patients but asked that members of the public also be given an opportunity to raise any issues. Lorraine thanked Jim for his comments and advised that members of the public are encouraged to attend public Board meetings, they can also attend constituency meetings, Take it to the Top etc. Lorraine also commented that Governors play an important role in encouraging members and the wider public to attend various meetings within the Trust.

Sally Morris commented it is important to note that prior to the publication of the Francis report the Trust had already put listening events in place and they were very useful in providing direct feedback from patients and carers back into the Trust.

Signed ..... (in the chair for the meeting held 31 July 2013)

Joy Das commented it was an excellent presentation which was very informative and benefits staff and patients.

Larry Smith, Public Governor welcomed the presentation but requested to better understand some elements of the feedback. Lorraine suggested that Larry met with Peter Wadum-Buhl outside of the meeting.

Steve Cotter commented it is important that all staff within the Trust have the opportunity to be aware of the refreshed Customer Strategy. Dr Patrick Geoghegan gave assurance a video will be part of discussions with front line staff and the Strategy available to all staff.

#### **THE BOARD**

- 1 DISCUSSED and NOTED the above**
- 2 AGREED an update would be given to members at the January 2014 meeting**
- 3 Peter Wadum-Buhl to meet with Larry Smith, Public Governor**

#### **159/13 MINUTES OF the last meeting held on 29 May 2013**

The minutes of the meeting held on 29 May 2013 were agreed and will be signed by Lorraine Cabel, as an accurate record.

#### **160/13 ACTION LOG**

Cathy Lilley presented the Action Log and the following items were discussed:

- Health & Wellbeing Academy: A presentation will be given to the July Board meeting on the joint venture between SEPT and Anglia Ruskin University (ARU). This will then be presented to the Council of Governors at a future meeting.
- Mickey Payne Foundation: Dr Patrick Geoghegan confirmed the next meeting of the Health & Wellbeing Academy is taking place at the end of July and this is on the agenda.
- Financial Overspend: This is reported and actioned within the Financial Report.
- Patient Survey Action Plan: This is planned to be reported to the Board at the November 2013 meeting.

#### **161/13 PERFORMANCE AND FINANCE SCRUTINY COMMITTEE**

Lorraine Cabel advised the meeting was very challenging with robust debate. Dr Patrick Geoghegan presented assurance from the Performance & Finance Scrutiny Committee in relation to performance issues as at Month 2 (May 2013).

Patrick reported the Committee have only identified one hot spot as follows:

Signed ..... (in the chair for the meeting held 31 July 2013)

**Absent without Leave (AWOL):** Patrick advised that there were 12 AWOLs in May 2013 meeting the definition of the AWOL criteria.

Dr Milind Karale confirmed he has carried out a review of AWOLs that occurred during 2012/13 and the findings identified 7 recommendations which were discussed in detail and the Performance & Finance Scrutiny Committee where members requested these recommendations be implemented and given priority. Milind gave Board members assurance that the recommendations have been cascaded to staff via a joint memo from himself and Andy Brogan

Dr Patrick Geoghegan commented the Executive Team also agreed a process to strengthen the current procedure. This would involve staff making contact with the patient at a specific time during their leave period reminding them of the agreed time for their return to the ward. This will give the patient and relatives an opportunity to request an extension to the leave if necessary. If an extension is agreed this would be based on clinical risk and a decision made by the nurse in charge of the ward concerned. If staff are worried that a patient may not return within the agreed timeframe they would need to implement appropriate action to have the patient returned. Board members were pleased with this additional action being taken by the Trust.

**Complaints:** Dr Patrick Geoghegan wished to congratulate Dr Milind Karale and colleagues for addressing the previous issues in relation to complaints. Steve Currell also wished to congratulate Nikki Richardson and her team for supporting the Medical Directorate in significantly reducing the time taken to resolve complaints. This was supported by Board members.

Dawn Hillier requested an update on the outpatient redesign project which should improve the Trust's Did not Attend (DNA) rate. Peter Wadum-Buhl advised Commissioners have started to implement pilots within some community teams within Essex. In Bedfordshire & Luton discussions are ongoing with Commissioners in relation to adapting the model. In the meantime Dr Milind Karale and Rachel Webb are taking specific actions to manage DNAs, i.e. text reminders etc. Patrick also stated that if patients do DNA the Consultants will use this time to contact the patient and check on the reasons why they did not attend for their appointment.

Dawn also commented on 2.3.3 and asked what action is being taken to address the median time taken for SEPT incidents to reach the NRLS which is 112 days identified as the worst performance in the cluster group. Peter advised that when an incident report is generated it is passed to managers to take appropriate action and sign off. Peter explained there was a backlog due to restructures and action has been taken to address this to ensure this does not re-occur in the future. Malcolm McCann gave assurance that Operations will ensure managers respond appropriately in the future.

Steve Currell also wished to put on record his thanks to members of the Performance & Finance Scrutiny Committee which is working well and taking action to address any issues/concerns raised.

## THE BOARD

### 1 DISCUSSED AND NOTED the above

Signed ..... (in the chair for the meeting held 31 July 2013)

**162/13 FINANCIAL PERFORMANCE**

Ray Jennings presented the Trust's financial performance as at the end of May with a surplus of £900K although allowing for commitments later in the year this would reduce to £150k. The Trust currently has a risk rating of 4 which reduce to 3 later in the financial year.

Randolph Charles declared an interest in this section and left the meeting for this part of the discussion.

Ray commented there are no new hot spots and only one emerging risk in relation to the Section 75 contracts relating to Central Bedfordshire and Bedford Borough Council which are in deficit by approximately £0.4m. Just over £0.1m of savings have been proposed but yet to be approved by the Local Authorities.

Randolph Charles re-joined the meeting.

Ray confirmed all divisions remain in surplus with a very small deficit in Bedfordshire & Luton. There are no major concerns in relation to delegated budgets with the exception of inpatient services for older people in Bedfordshire & Luton which is mainly due to additional staffing requirements.

In relation to the Cost Improvement Programme (CIPs) there is some slippage but this is allowed for within the overall financial plan.

In relation to the deficit of £191K this has been addressed and would have no impact on the CIP programme. Sally Morris gave assurance that the CIP plans will be delivered and the £191K will be made within existing budgets.

Patrick also advised Board members that a review of over activity is taking place across the Trust to ensure we what we are delivering is in line with the contract. If this is not the case this will be discussed with commissioners. Sally Morris confirmed this has been raised with commissioners and advised them that over activity is just as much a risk as under activity.

Dawn Hillier requested assurance that there is no surplus in capital funds. Ray Jennings commented the capital plan is set at the minimum surplus required by Monitor but they are now planning to change the risk rating regime and therefore all organisations will now take this into account and reduce surpluses where appropriate.

Ray also advised the Trust has a number of buildings and also funding available for essential equipment. Patrick re-echoed this and advised that if there any requests for equipment to make our patients safe then this funding will be made available. Lorraine Cabel welcomed this and confirmed she is satisfied with the Trust's investment into the estate to support the patient safety agenda.

Signed ..... (in the chair for the meeting held 31 July 2013)

Alison Davies commented on 8.2.2 in relation to PCT debtors and asked whether this has been resolved. Ray commented the main issues are resolved and any residual differences will transfer to CCGs.

#### **THE BOARD**

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

#### **163/13 BOARD ASSURANCE FRAMEWORK 2013-14**

Dr Patrick Geoghegan presented the Board Assurance Framework which monitors high risks within the organisation which are identified via a robust process through the sub-committee structure.

Patrick requested the Board consider the risk in relation to mandatory training is removed from the Framework as there has been good progress made against training targets following the embedding of new procedures and systems to monitor and improve training attendance. This was supported by the Board.

Patrick also brought to the Board's attention Aim 1.1 in relation to a specific piece of work being undertaken by the Integrated Governance & Quality Steering Committee in relation to SI's in Essex which will enhance data quality

Steve Currell commented there was discussion at the Audit Committee in relation to the proposed 10 days for audits and whether this was sufficient time. Janet Wood gave assurance that this has been increased to 18 days and therefore this will be amended in next month's report.

Patrick was also pleased to advise Board members that an early review of the Board Assurance Framework has been carried out by Deloitte and this has received substantial assurance. Lorraine Cabel commented this is excellent news as this is an independent audit.

Dawn Hillier commented that in relation to Aim 3.1 changes in commissioning that the current score is 10 and asked whether this was the correct score due to the issues in relation to the Luton contract. Sally Morris commented at the current time the Trust is in manage dialogue and would be escalated at a later stage if necessary. Peter Wadum-Buhl wished to put on record his thanks to Joanne Sims who was in the audience for her hard work in preparing the Board Assurance Framework. This was re-echoed by Board members.

#### **THE BOARD**

##### **1 APPROVED the May version of the Board Assurance Framework 2013/14**

#### **164/13 RISK MANAGEMENT FRAMEWORK**

Peter Wadum-Buhl presented an overview of proposed changes to the Risk Management Framework which include feedback from Internal Audit and changes to the Compliance Framework.

Signed ..... (in the chair for the meeting held 31 July 2013)

Randolph Charles commented the report was excellent but asked what the difference is between SMTs and SMGs. Sally Morris commented SMGs (Service Management Groups) report to SMTs (Service Management Teams).

Peter wished to put on record his thanks to Joanne Sims for preparing this document. This was re-echoed by Board members.

## **THE BOARD**

### **1 APPROVED the Risk Management Framework for 2013-14**

## **165/13 SUB-COMMITTEES**

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

Dr Patrick Geoghegan presented the minutes of the Executive Team Operational Committee held on 20 May, 3 and 10 June 2013.

Alison Davies requested an update on the presentation made on Quality Surveillance Groups (QSG) on 10 June. Dr Patrick Geoghegan confirmed the QSGs have been set up within the LAT regions. Patrick advised the Executive Team raised concern that if any issues or concerns are raised in relation to SEPT we will not be notified and therefore will not be able to respond or address any issues. Patrick also advised members that the Executive Team also stated that there could be a conflict of interest from Local Authorities and CCGs who are also providers of services.

Dawn Hillier requested an update on restraint. Sally Morris gave assurance that within Secure Services where restraint is needed the procedure is carried out in accordance with Trust policy. Richard Winter and Malcolm McCann also gave assurance that any restraints are reported and monitored and to date there have been no untoward incidents reported. Malcolm also added this is part of mandatory training for staff. Nikki Richardson supported this and advised the Training Department continually review this to ensure the Trust has relevant training in place. Dawn Hillier asked whether bank staff are also trained in restraint. Peter Wadum-Buhl commented if staff (permanent or bank) are not trained they will not participate in the restraint and the policy is to de-escalate the situation and only use restraint in exceptional circumstances.

Steve Cotter requested an update on the One Stop Shop. Dr Milind Karale confirmed this is in the process of being established in liaison with Operational Services commencing with a pilot in Bedford. Milind confirmed this was at the request of GPs and stakeholders and agreed to update members on progress at the October Board meeting.

## **THE BOARD**

- 1 NOTED the minutes of the meetings held on 20 May and 3 & 10 June 2013**
- 2 AGREED that Dr Milind Karale would update members on progress at the October Board meeting**

### **(ii) Integrated Governance & Quality Steering Committee**

Signed ..... (in the chair for the meeting held 31 July 2013)

Peter Wadum-Buhl presented a summary of the meeting held on 13 June 2013 where the minutes of 11 April 2013 were approved.

Dr Patrick Geoghegan was pleased that the Committee have agreed to remain at NHSLA level 1 but this will continue to be monitored. This was also supported by Board members.

Patrick was also pleased to note that the Committee is receiving information from the Associate Mental Health Act Managers.

Peter commented this was the first Sub-Committee to be chaired by a Non-Executive Director and is pleased with the progress made to date with the format of the committee being cascaded to other sub-committees. Dawn Hillier supported this and confirmed the Committee is functioning well.

**(ii) Audit Committee**

Janet Wood presented the minutes of the meeting held on 21 March 2013 and 2 May which were agreed at the Audit Committee meeting on 28 May 2013.

**THE BOARD**

**1 DISCUSSED and NOTED the above**

**166/13 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) Policy for the Development, Review, Monitoring and Control of Trust Approved Documents**

Peter Wadum-Buhl presented the above Policy which has gone through the correct governance process. Steve Currell confirmed he has reviewed the policy in detail and has no concerns/issues to raise.

**THE BOARD**

**1 APPROVED the above Policy**

**167/13 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 confirmed she now provides a regular report to the Integrated Governance & Quality Steering Committee and assurance will be provided to the Board via this sub-committee in the future.

Signed ..... (in the chair for the meeting held 31 July 2013)

Cathy brought to the Board's attention an update on the provider licence and confirmed the Trust is compliant with all the conditions that are applicable to the organisation.

## **THE BOARD**

**1 DISCUSSED and NOTED the above**

### **168/13 EQUALITY AND INCLUSION ANNUAL REPORT**

This was deferred until the July Board meeting.

## **THE BOARD**

**1 NOTED the above**

### **169/13 APPOINTMENT OF CONSULTANT PSYCHIATRISTS**

Steve Currell advised an Appointments Committee met on 30 May 2013 to interview for a Consultant Psychiatrist in Older Peoples Mental Health. The panel recommended that Dr Shalini Agrawal be appointed. This was approved by Board members.

## **THE BOARD**

**1 APPROVED the appointment of Dr Shalini Agrawal as Consultant Psychiatrist for Older Peoples Mental Health**

### **170/13 MEDICAL TRAINING UPDATE**

Dr Milind Karale presented an overview of the educational activities undertaken across the Trust covering clinical education and training for medical and non-medical staff. The training and education is co-ordinated by the Multi Professional Tutor via the multi professional training committee.

Steve Currell welcomed the report which outlines the training for medical staff which links with performance.

Lorraine Cabel raised her disappointment that Essex Universities do not offer learning disability nurse training. Dr Patrick Geoghegan commented there is a national drive that learning disability training should be more of a social model than a medical model but advised the Essex Workforce Partnership Group will be negotiating with local universities in relation to training and it is up to Trusts to identify what training is required via higher education.

Patrick commented he was pleased that the Quality Improvement Fellow is working on the physical health for mental health service users.

Dawn Hillier commented that the Trust's Customer Strategy should be taken into account when agreeing training courses. Patrick commented the strategy should be

Signed ..... (in the chair for the meeting held 31 July 2013)

seen as an integral part of medical staff training and Dr Milind Karale agreed to take this into account.

#### **THE BOARD**

**1 NOTED the above**

#### **171/13 APPROVAL OF QUALITY ACCOUNT 2012/13**

Peter Wadum-Buhl presented the final Quality Account 2012/13 which has been presented in draft at the April Board meeting. This has also been circulated to CCGs, Healthwatch, Health Overview & Scrutiny Committees and the Council of Governors for comments.

Peter advised there has been very positive feedback especially from Healthwatch in Luton and Local Authorities and the statement from Governors demonstrates the transparency between the Board of Directors and Council of Governors.

After discussion the Board approved the Final Quality Account 2012/13.

#### **THE BOARD**

**1 APPROVED the Quality Account 2012/13**

#### **172/13 DE-REGISTERING OF URGENT CARE CENTRE WITH THE CQC**

Peter Wadum-Buhl presented a proposed submission to the CQC to de-register the Urgent Care Centre at Princess Alexandra Hospital as we no longer provide services from this site. This was approved by the Board.

#### **THE BOARD**

**1 APPROVED the variation application to de-register the Urgent Care Centre**

#### **173/13 USE OF CORPORATE SEAL**

Dr Patrick Geoghegan confirmed the Corporate Seal has been used on the following occasions:

- Lease Renewal 15-17 Cardiff Road, Luton
- Lease Renewal 14 Bull Lane, Rayleigh
- 10 Year Lease 283 London Road, Westcliff.

#### **THE BOARD**

**1 NOTED the above**

#### **174/13 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING**

Signed ..... (in the chair for the meeting held 31 July 2013)

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

### **175/13 BOARD OF DIRECTORS MEETING SCHEDULE OF BUSINESS 2013/14**

Cathy Lilley presented the schedule of business for the Board of Directors meeting for 2013/14.

After discussion this was approved by Board members.

#### **THE BOARD**

- 1 APPROVED the Board's meeting schedule of business for 2013/14**

### **175/13 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER**

None.

### **176/13 QUESTIONS FROM MEMBERS OF THE PUBLIC/ STAFF/GOVERNORS**

John Jones, Lead Governor commented the elimination of mixed sex accommodation is in place throughout the NHS but one Governor recently visited the Short Stay Medical Unit (SSMU) where there were only 2 male occupants but the female beds were full. The staff have advised this is normal utilisation of beds and therefore John asked how this will be addressed.

Richard Winter commented the Trust has had no breaches in relation to mixed sex accommodation and the Trust is commissioned for 11 female and 10 male beds within the SSMU based on an average length of stay of 5-6 days with an occupancy rate of approximately 80%. Richard confirmed that most bedrooms have en suite facilities. Dr Patrick Geoghegan commented that where there have been challenges, it is in the buildings we have acquired and which were old and not designed with modern requirements in mind. Where SEPT have developed new buildings all requirements of single sex accommodation are automatically in place. Patrick also pointed out the Trust has spent a significant amount of money investing in existing buildings so that we are equally compliant with the Act.

### **177/13 ANY OTHER BUSINESS**

#### **End of Year Review with Monitor**

Dr Patrick Geoghegan updated on the end of year review by Monitor who stated they have no concerns about SEPT. Patrick wished to put on record their thanks to the Board and Council of Governors and all Trust staff for their hard work in achieving such a compliment from Monitor. This was re-echoed by Board members.

#### **THE BOARD**

- 1 NOTED the above**

Signed ..... (in the chair for the meeting held 31 July 2013)

**178/13      DATE AND TIME OF NEXT MEETING**

The next meeting will take place on Wednesday 31 July 2013 at the Hawthorn Centre, Rochford Hospital.

The meeting closed at 15.45pm.

Signed ..... (in the chair for the meeting held 31 July 2013)