

**SEPT**  
**MINUTES OF BOARD OF DIRECTORS MEETING HELD IN PUBLIC**  
**PART 1**  
**on Wednesday 30 May 2012**  
**in The Hawthorne Centre, Rochford Hospital, Union Lane, Rochford SS4 1RB**

**Members Present:**

Lorraine Cabel	Chair
Randolph Charles	Non-Executive Director
Steve Cotter	Non-Executive Director
Steve Currell	Non-Executive Director
Alison Davis	Non-Executive Director
Dr Patrick Geoghegan	Chief Executive
Dr Dawn Hillier	Non-Executive Director
Ray Jennings	Executive Chief Finance & Resources Officer
Malcolm McCann	Executive Director of Integrated Services Essex
Sally Morris	Executive Director of Specialist Services & Contracts
Amanda Reynolds	Executive Director of Social Care & Partnerships
Nikki Richardson	Executive Director of Corporate Affairs & Customer Service
Dr Pauline Roberts	Executive Medical Director
Peter Wadum-Buhl	Executive Director of Strategy & Business Development
Richard Winter	Executive Director of Integrated Services Bedfordshire & Luton
Janet Wood	Vice Chair/Non-Executive Director

**Also Present:**

Teresa Kearney	Director for Primary Care (standing in for Andy Brogan)
Cathy Lilley	Trust Secretary
Emily Baker	Employee Experience Co-ordinator
Naz Lalmahamode	Clinical Lead, Sydervelt Centre
Suzanne Deighton	Trust Local Security Management Specialist
Bibi Hossenbux	Clinical Lead, Southend CMHT
Frances Stevens	Clinical Lead, Sydervelt Centre
Gaynor Abbott-Simpson	Deputy Director, Community Services
Helen Coomber	Secretary
Julie Gale	Crisis Support Nurse
Lesley Osborne	Facilities Officer (Essex)
Chris Jennings	Compliance Team
Jackie Fisher	Business Analyst
Carolyn Paul	Performance Manager
Kate Witham	Communications Officer
Katie Keen	HR Manager
Kim Shaw	Infection Control Nurse
Shurleea Harding	Public Governor
Eileen Greenwood	Public Governor
Pam Hintz	Public Governor
Michael Dolling	Public Governor
Keith Bobbin	Public Governor
John Jones	Public Governor

Signed.....  
 In the Chair for the meeting held 27 June 2012

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Angela Garrard	Public Health Team NHS South East Essex
Kamla Jassal	O2 Health
Julie Thomas	Major Account Handler, Virgin Media Business

Randolph Charles reminded the meeting of the SEPT vision: *Providing services that are in tune with you.*

### **087/12 APOLOGIES FOR ABSENCE**

Apologies were received from Andy Brogan, Executive Director of Clinical Governance & Quality. Lorraine Cabel welcomed Teresa Kearney, Director for Primary Care who was standing in for Andy Brogan, as well as Governors, staff and members of the public to the meeting.

### **088/12 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **089/12 PRESENTATION BY SARAH BROWN, ASSOCIATE DIRECTOR FOR CLINICAL GOVERNANCE & QUALITY ON HARM FREE CARE**

Lorraine Cabel welcomed Sarah Brown, Associate Director for Clinical Governance & Quality.

Sarah introduced the presentation by providing some background information. She highlighted that in the last decade the NHS had focused on and committed to patient safety but issues remained: nationally there are up to 3000 patient stories each year of complications or harm, some of which are severe.

'Safety Express' started in January 2011 as a nine month programme and NHS Bedfordshire Community Health Services was a pilot site. The composite of harms in Safety Express includes pressure ulcers, harm from falls, CaUTIs (catheter acquired urinary tract infections) and VTE (venous thromboembolism – blood clots). These were selected because:

- They were common harms and were identified as being important to patients and their carers
- Evidence suggested that significant improvements can be made to deliver reductions in all four
- Patients who have one of these harms may be at higher risk of one (or more) of the other harms
- Where there has been a focused effort in reducing one, there may have been a negative impact on others, e.g. there may be a successful intervention to reduce VTE or pressure ulcers but in doing so falls increase
- Delivering harm free care involves one plan to deliver against four common harms across a health economy.

Nationally, the four 'harms' can affect 200,000 patients a year at a cost to the NHS of £430m.

A 'harm free care guide' has been developed and many resources are available for staff on the Department of Health (DoH) website.

The aim of harm free care is to work collaboratively, breaking down traditional organisational and geographical boundaries to share and learn together in relation to reducing harm from pressure ulcers, falls, CaUTIs and VTE. There is a shared ambition to eliminate harm from these conditions in 95% of all NHS patients by 2012. This results in the need to work closely with acute hospitals, carers, local authorities, patients, etc to make a difference.

Sarah highlighted that measuring baselines and improvement has been a crucial part of the programme and the NHS Safety Thermometer provides a temperature check of what is going on. Design features include:

- Acceptable to frontline staff
- Completion in less than 5 minutes per patient
- Focuses on four harms
- Ability to measure harm free at the patient level
- Ability to be used in any location
- Ability to merge and aggregate data to get a picture of programme progress (i.e. improvement over time).

The Safety Thermometer was being used across the Trust from March 2012 and the results for May were:

- 2153 patients surveyed
- Overall 92% harm free care (3% increase on previous month)
- New harms – 96% harm free care (1% increase on previous month).

The Safety Thermometer pilot data has identified that half a million patients could be saved from these harms by focusing on harm free care and measuring the four harms together. Sarah reported that Trust activities included:

- Pressure ulcers: actively working with NHS Midlands and East and setting up a working group, audits and pathways to ensure a consistent way of working, serious incident reporting all category 2 ulcers to commissioners on a monthly basis
- IST and peer review visits
- Falls: root cause analysis for protocol, training using the Safety Thermometer
- CaUTI: reducing number of catheters to reduce infections, linking with continence teams, working with SHA on standardisation including procedures, audits and training packages
- VTE: VTE assessment within community hospitals, Commissioning for Quality and Innovation (CQUIN).

Sarah concluded by outlining the next steps which included:

- Establishing a harm free care group
- CQUINs
- Pressure ulcer work
- Pilot of Safety Thermometer within mental health services.

Dawn Hillier congratulated Sarah on the interesting presentation and asked if the initiative would be included in a performance report. Sarah confirmed that it has been agreed with the performance team what would be reported on a monthly basis; this went live in April. She pointed out that there were issues with the data which reports against the South East Cluster. However, this issue was being progressed with the SHA.

Dr Patrick Geoghegan reinforced the importance of ensuring the data was relevant and fit for purpose and reflected the geographical spread of the Trust's services. The way the Trust was currently asked to present the data meant that Beds and Luton would be included in the South East Cluster reporting. He agreed that the Board should receive regular reports which included soft quality measures as well as the statistics.

In response to a question by Steve Cotter, Patrick advised that although there will be a small financial gain for the Trust, the main benefit will be about improving the patient experience.

Alison Davis advised that the DoH website includes a wealth of information which could be accessed by staff for training and development purposes. Teresa Kearney confirmed that the Trust's intranet also includes some very good programmes including short 'snap shots' of good practice.

Patrick agreed that the link to the DoH website would be promoted on the intranet to support staff with self-education.

Peter Wadum-Buhl commented that it was a brilliant and practical initiative providing a minimum standard of care. He was, however, concerned about the ability to capture data across services and the systems for services. Sarah advised that a pilot would take place in mental health services and confirmed that they were mindful that the information would not be used as a performance measure; the aim was to identify issues for further investigation. Patrick reinforced the Board's support for the pilot and highlighted the importance of ensuring that the monthly reports accurately reflected the position of mental health services.

In response to a question by Lorraine Cabel, Patrick confirmed that reports would include data on origin of admission so that trends could be monitored and appropriate actions taken to ensure the Trust is fulfilling its duty of care to patients.

Sally Morris commented that it was important to ensure that with the mental health pilot, comparisons were made on a like for like basis and should take account of the structure of the services, e.g. the Trust has a forensic unit and is also unique in having a female unit in Brockfield House and an adolescent unit at Rochford. Sarah confirmed that there is clear patient selection criteria and as a pilot the Trust can chose which areas to trial.

On behalf of the Board of Directors, Lorraine thanked Sarah for an informative and interesting presentation.

**Action:**

- 1 Teresa Kearney to ensure a link to DoH website is included on intranet.
- 2 Board to be updated with progress at October meeting.

**090/12 MINUTES OF THE MEETING HELD 25 APRIL 2012**

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

**091/12 MATTERS ARISING****066/12 Apologies for Absence**

Dr Patrick Geoghegan advised that both he and Lorraine Cabel were unable to attend the last Board of Directors meeting as they had attended the Sikh Mental Health and Wellbeing Conference in Bedford.

This pioneering partnership project between the Sikh Gurdwara and SEPT explored issues surrounding the Sikh community and mental health. Patrick was delighted to report that the conference was very successful and well attended particularly by leaders of the Sikh faith. He pointed out that as a result of the conference, a private sponsorship deal of £100k had been given to the Sikh Gurdwara to further explore the issues of mental health within the Sikh community in Bedford. In addition, discussions were being held with other faith communities to organise similar events.

Patrick thanked Amanda Reynolds and her team for organising the conference.

**053/12 EDS Objectives**

Dawn Hillier advised that the meeting with Faye Swanson to discuss sustainability issues was outstanding.

**Action:**

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

**(i) Outcome of Learning Disabilities Action Plan**

Dr Patrick Geoghegan was pleased to confirm that the audit team had reported that all requirements had been implemented following an audit on two actions which had been selected by George Sutherland and himself from the Learning Disability action plan.

**(ii) Chlamydia Screening Initiatives Briefing**

Malcolm McCann confirmed that a briefing note on the initiatives that SEPT had undertaken in this area had been circulated to Board members.

**092/12 QUALITY & PERFORMANCE HOTSPOTS**

Dr Patrick Geoghegan advised that the performance framework for the first reporting month of the new financial year faced several challenges which would not apply to succeeding months and therefore the report was 'unique' in relation to both service performance and the reporting of performance information.

Despite these challenges fully detailed reports had been provided to the Service Management Team committees for scrutiny, assurance and escalation of hotspots to the Executive Team. He also reminded Directors it had been agreed at the April Board meeting that the performance of some of the “hot spot” indicators would be reported on quarterly basis to allow time for any issues to be addressed.

Patrick reported no new hotspots had been identified for referral to the Board of Directors since the last report and reminded the meeting that the four hotspots escalated at the end of 2011/12 were:

- NPSA Reporting Rate
- Outpatient Did Not Attend (DNA) Rate
- Mandatory Training
- Chlamydia Screening.

Patrick advised that a full review of all indicators was being undertaken to ensure they remained fit for purpose, realistic and supported effective monitoring. The review would also consider the future format and content changes to support the new Executive Director responsibilities and the management of performance at Senior Management Team (SMT) level.

Members were also asked to note that leads had been identified for key CQUIN indicators in South East Essex and West Essex community services. The CQUIN indicator they are both leading is aimed at ensuring every contact we have with patients' counts and to increase referrals to stop smoking services.

Steve Currell commented that he was encouraged to learn that the issues with mandatory training had been identified and an action plan developed which would help both SEPT and potentially other trusts. He thanked Rachel Webb for this development.

Following a question by Alison Davis, Peter Wadum-Buhl advised that there had been challenges with obtaining data as the systems inherited following the acquisition of community health services were not always fit for purpose and in some cases data had not been collected. However, mandatory reporting requirements were being met and the other areas would be reviewed during the year.

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

- 1 Discussed the performance hotspots reported for the first month of 2012/13.**

### **093/12 FINANCE REPORT**

Ray Jennings highlighted that all organisations had now been consolidated in the financial performance report. He advised that at the end of month 1, the Trust had achieved an actual surplus of £615k, and a Financial Risk Rating (FRR) of 4, across all divisions and although slightly behind plan reflected the challenging year ahead. The forecast year-end surplus remained at £3.3m and FRR at 4 as per the plan.

Ray confirmed that there were no major problems or areas of concern, although he advised that there had been an over spend in inpatient services. He reassured the Board that this was being closely monitored. He also reported that the Cost Improvement Programme (CIP) was on target for month 1 but pointed out that many of these initiatives were due to deliver later in the year.

Ray advised that following the successful tender by the Trust's in-house team for some of the facilities management services, there was a need to invest in more catering equipment and recommended that £206k was spent from the strategic capital allocation within the 2012/13 capital plan. He pointed out that in the long term this would be repaid from the savings made.

Following a question by Steve Cotter, Ray advised that EBITDA margin was being monitored; he expected to see an improvement and therefore a more comfortable risk rating once properties following the merger with community providers, were acquired from April 2013.

Ray also confirmed that more had been spent on agency staff than usual as a result of the changes in structure. He expected that this would continue for some time during the year.

In response to a question by Alison Davis, Malcolm McCann agreed to identify reasons for the consumables overspend.

Following concerns expressed by Lorraine Cabel about the QUIPP and CIP savings targets, Sally Morris reassured the meeting that although there was an element of risk, every effort was being made with commissioners to deliver the scheme.

Malcolm McCann also advised that both he and Amanda Reynolds would be refreshing discussions with Local Authority colleagues who were aware of and keen to address the financial challenges. Malcolm also reported that there had been some movement with the CIP plans in South East Essex and West Essex and as a result there was a refreshed Quality Impact Assessment for the CIP. Dr Patrick Geoghegan advised that he was organising regular meetings with the commissioners to maintain dialogue and Lorraine Cabel offered to attend meetings with the Chairs and Chief Executives if this proved necessary.

**Action:**

- 1 Malcolm McCann to identify reasons for the consumables overspend.**

**The Board of Directors:**

- 1 Considered and discussed the report/update on the Trust's:
 
  - (a) Monitor's Financial Risk Rating at month 1 and forecast at year-end**
  - (b) Income and expenditure position by division at month 1 – April 2012**
  - (c) Memorandum detail for Income & Expenditure Account and CIP performance at month – April 2012**
  - (d) Key indicators from the Statement of Financial Position.****

**2 Approved:**

- (a) **The capital investment of £206,000 from the strategic allocation for the purchase of two coffee machines and 37 trolleys as part of the mobilisation facilities management.**

<b>094/12 ASSURANCE FRAMEWORK</b>
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The Board Assurance Framework (BAF) provides a comprehensive method for the effective management of the potential risks that may prevent achievement of the key aims agreed by the Board.

Dr Patrick Geoghegan advised that Aim 4.2 (*if transition plans are not implemented in a timely and effective manner this may impact on the provision of high quality services*) should be removed from the framework following recommendation from the Executive Team (ET) that the risk had been downgraded.

Patrick also asked the Board to note that substantial assurance had been received following an internal audit by Parkhill on the review of evidence to mitigate risks in the BAF. The audit opinion stated that there was a robust system of internal control designed and operating in a way that gave a reasonable likelihood that the system's objectives would be met.

**The Board of Directors:**

- 1 Reviewed the Board Assurance Framework at 22 May 2012**
- 2 Reviewed and approved the changes to the existing risk scoring recommended by the Executive Operational Committee as detailed within the report**
- 3 Noted the positive assurance provided by the Internal Audit review of the BAF.**

<b>095/12 SUB-COMMITTEES</b>
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**(i) Executive Team Operational Committee**

Dr Patrick Geoghegan presented the minutes of the Executive Team Operational Committee meetings held on:

- 17 April 2012
- 24 April 2012
- 1 May 2012
- 15 May 2012.

In response to an enquiry from Dawn Hiller arising from the minutes of 1 May, Patrick confirmed that the changes to the Private Patient Income (PPI) cap under the new Health & Social Care Act 2012 could provide excellent opportunities to generate additional income which could support NHS activity. He confirmed that any income surplus would have to be reinvested into the Trust which would help maintain other services. ET would be setting up a group once the detail of the Act was announced to review how this could be taken forward.

Dawn also asked for assurance that there would not be an increase in costs and that there would not be an impact on the time spent with patients as a result of the number of visits that CQC would be undertaking. Patrick acknowledged the concerns and pointed out that we were not in a position to change the regulation. Although the visits could be a distraction, preparation for visits should be embedded as part of normal working practice. However, he pointed out there would be an investment to support compliance.

Following a further question by Dawn, Patrick confirmed that NEDs would continue to be involved in the Quality/Patient Safety "spot check".

Alison Davis expressed concern about the incorrect information that had been shared with the Trust's partners/stakeholders following the Safeguarding and Looked After Children inspection in Bedfordshire. Peter Wadum-Buhl explained this had been the result of misinterpretation of the results which had been mistakenly attributed to the Trust. This had now been corrected and the Trust had received an apology. However, it highlighted the need to ensure this was quality checked in future.

**The Board:**

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

**(ii) Integrated Governance Steering Committee**

Peter Wadum-Buhl presented the minutes of the Integrated Quality and Governance Steering Committee meeting held on 23 February 2012 and advised that since this meeting, a review had commenced on how the committee and its sub committees efficacy to ensure that the risks that may affect the achievement of the Trust's objectives were being managed effectively.

**The Board:**

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

**(iii) Associate Mental Health Act Managers Committee**

Steve Currell presented the minutes of the Associate Mental Health Act Managers Committee held on 5 October 2011 and 31 January 2012 and pointed out that the annual report would now be presented to the Board in July.

Dr Patrick Geoghegan requested assurance that the challenge of recruiting Associate Hospital Managers to cover the Beds and Luton areas was being addressed and queried whether this should be included on the BAF or another risk register. Amanda Reynolds acknowledged that although there were some issues an interim plan had been put in place where Essex-based Managers were providing cover. Patrick suggested that some of the recently retired members of staff might be interested in this role and Amanda agreed to follow up this approach but was mindful that recruitment needed to reflect the diverse community that the Trust served.

Peter Wadum-Buhl recommended this issue be included on the risk register and an assessment of the risk undertaken to identify the threshold and whether it should be included on the BAF.

Patrick requested that Amanda reports back on progress to the Board at a later date.

**Action:**

- 1 **Steve Currell to present the AMHAM annual report at the Board of Directors meeting in July**
- 2 **Recruitment of Associate Hospital Managers to be included on risk register**
- 3 **Amanda Reynolds to report back to the Board on the progress with the recruitment of Associate Hospital Managers in Beds and Luton.**

**The Board:**

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

## 096/12 TRUST POLICIES

Lorraine Cabel reminded Board members that the Executive Team Operational Committee had approved the Spiritual & Pastoral Care Policy for ratification by the Board. Lorraine advised that the policy was available to be scrutinised by Non-Executive Directors prior to the Board meeting.

In response to a question by Randolph Charles, Amanda Reynolds confirmed that she would be able to provide some patient stories to demonstrate how the policy worked in practice.

**Action:**

- 1 **Amanda Reynolds to provide examples of patient stories that demonstrate how the Spiritual & Pastoral Care Policy worked in practice.**

**The Board:**

- 1 **Agreed the ratification of the following policy:**
  - **Spiritual & Pastoral Care Policy.**

## 097/12 MYSTERY SHOPPER CONFERENCE UPDATE

Nikki Richardson reported on the progress of the various mystery shopper initiatives which aim to capture real time feedback from service user and carers about their experience of using SEPT mental health services. Mystery shoppers retain their anonymity which was important to ensure honest and accurate feedback was provided. Feedback would be provided to the relevant directorate to identify actions to improve, for example, services and communication. It is intended to roll out the mystery shopper initiative across the community services.

Nikki advised that a very successful mystery shopper conference was held in March and provided an opportunity for SEPT to share how the initiative had been improving the patient's experience. Much interest was generated across the NHS and the intention is to hold a national conference this November.

Alison Davis commented that this was a worthwhile initiative and suggested that it was also a good opportunity to work with community groups which would provide access to volunteers from less easily accessible communities.

Dr Patrick Geoghegan also recommended looking at how faith communities could support the initiatives particularly as the statistics showed that there were some areas of under-representation.

In response to a question by Steve Cotter on the low scores for the question on waiting room areas, Patrick confirmed that there was an understanding of the requirements for waiting rooms but the focus was on upgrading buildings that SEPT would retain.

Patrick stressed the importance of ensuring there was a feedback loop with the mystery shoppers so that they were aware of the actions undertaken as a result of their feedback.

Janet Wood commented that the percentages were powerful but pointed out that it would be helpful if the number of respondents were included as it would help to contextualise the feedback.

Lorraine Cabel congratulated the team involved with the mystery shopper conference. She had received excellent feedback from a governor who had shared with her that a service user had been inspired to think about their life differently which had helped with their recovery.

**Action:**

- 1 **Nikki Richardson to arrange for the number of respondents to be included in future reports.**

**The Board:**

- 1 **Discussed and noted the contents of the report.**

**098/12 SOCIAL CARE VISION FOR SEPT**

Amanda Reynolds presented the report on the work being undertaken to develop the Social Care Vision for SEPT and agreed workforce standards for delivering this vision that will be embedded into the wider corporate strategy. Substantial progress had been made during the last eighteen months in working towards ensuring that a robust workforce was employed that was fit to practice social work in the Trust.

The report identified the initiatives that have provided a steer for the work and also the aims of the vision which included:

- Setting a standard of excellence for social care within the Trust
- Ensuring compliance with employer standards
- Clarifying direction and purpose of staff
- Inspiring commitment and enthusiasm for social care across SEPT

- Engaging the Trust from Board level to frontline practitioners in transformation required to provide integrated approaches and personalised services.

Amanda recognised that the active engagement and involvement of frontline practitioners had been core to developing the vision and the first annual conference for social workers was held in January where more than 130 staff attended. The event identified the priorities for social workers which included reclaiming their identity and working with communities and complex individuals. The social workers were also clear about personal progression – they wanted professional career pathways but not leading to management.

Alison Davis congratulated Amanda on the report and the work which had taken place. She enquired as to whether there was a template from a current professional system that could be transferred across as she was particularly concerned about the timeframe of the programme. Amanda recognised the challenges and, following a request by Dr Patrick Geoghegan, agreed to review the timeframe to see if any areas could be fast-tracked.

Dawn Hillier asked whether any learning could be taken across from social workers to nursing in respect of supervision of nursing standards. Nikki Richardson advised that the Supervisory and Appraisal Policy, which was work in progress, would apply equally to all staff. Dr Pauline Roberts clarified that the policy would not, however, apply to medical staff who were required to be revalidated.

Following a question by Randolph Charles, Amanda advised that there were a large number of people who were interested in training for the social worker profession. The challenge was to ensure that individuals were able to transfer what they learn in university into the workplace.

Dr Patrick Geoghegan requested that Amanda provide an update to the Board in six months' time.

**Action:**

- 1 Amanda Reynolds to present an update on Social Care Vision for SEPT at the November Board meeting.**
- 2 Amanda Reynolds to revisit time frame for completing actions and include in November update.**

**The Board:**

- 1 Noted the contents of the report and supported the work being progressed.**

**099/12 BIG SOCIETY**

Amanda Reynolds advised that the report provided an update following an earlier presentation to the Board in 2011. She reminded the Board that Big Society was about:

- community engagement
- encouraging people to take more control of their lives

- the delivery of local services in a way and at a time that the local people need and want
- seeing people as equals and enabling them, when they can to resolve their own issues.

The Trust has some very good examples of Big Society and an action plan has been developed to provide a way forward to continue to capture the essence of Big Society and embed it in the work of SEPT for the improvement of its services and the service users, carers and staff experience.

Alison Davis commended the work being undertaken by the Trust and pointed out a good example of partnership working is CHUMS (Child Bereavement and Trauma Service), a social enterprise which came out of Luton PCT.

Dr Patrick Geoghegan highlighted three success stories of how the Trust was engaging with the local communities: MIND (Thurrock), Growing Together (Southend) and Impact (Luton). In all three cases the Trust had given financial support which provided additional opportunities for the organisations to secure funding for their future.

Dawn Hillier pointed out there were clear links with good corporate citizenship philosophy and recommended this should be incorporated in the Big Society initiatives. Amanda agreed to discuss with Dawn how the connections could be made.

In response to a question by Randolph Charles, Amanda advised that it was expected that personalisation would be cost effective. A pilot was currently taking place in community health services which would help us to understand the impact on main stream services and also any learning opportunities. Patrick pointed out the challenges of more personal care and personalised budgets which was being encouraged within the Health & Social Care Act.

In response to a question by Steve Cotter, Patrick confirmed from his observations the gyms across the Trust were well used.

Nikki Richardson stated that volunteers were a fundamentally important part of the service provided to the local community. She recognised that there was a lot of work involved with their co-ordination and a mapping exercise was currently being undertaken in the Trust to identify appropriate projects for volunteer involvement, as well as to encourage recruitment. Patrick reinforced the importance having an appropriate policy and of ensuring that volunteers were not exposed to vulnerable positions and also that patients were not put at risk.

Patrick requested that a report be presented to the Board on volunteers detailing the numbers and the activities they are involved in.

#### **Action:**

- 1 Amanda Reynolds and Dawn Hillier to discuss Big Society and good corporate citizenship**
- 2 Amanda Reynolds and Nikki Richardson to present an update on volunteers to the Board at its September meeting.**

**The Board:****1 Noted the contents of the report.****100/12 SAFEGUARDING ANNUAL REPORT**

Teresa Kearney presented the Safeguarding Service Annual Report 2011/12 which included both safeguarding children and adult services across mental health and community health services in SEPT, and reflected the continuing commitment by the Trust in the safeguarding agenda. She highlighted the following:

- There had been significant improvement in both the adult's and children's safeguarding initiatives: compliance levels had increased from 62% to 90% from January to July 2011 but since then it has been consistently at 95%.
- Independent external audits on six cases resulted in good/excellent gradings across all cases none of which were judged inadequate.
- Enhanced working relationships with partner organisations including local authorities safeguarding adults' and children's boards resulting in the implementation of services which benefit both the clients and our staff.
- Successful integration with community health services with all teams remaining positive and enthusiastic.
- Associate Director for the Safeguarding Team was invited to speak at a high profile national conference which provided the opportunity to share SEPT's good practice examples on the safeguarding audit investigation process and the service user feedback system.

Janet Wood congratulated the Safeguarding Team on its activity which demonstrated that safeguarding is given the highest strategic priority in the Trust, enhancing patient safety, and this has been reinforced by internal audits. Steve Cotter also commended the work and particularly the initiatives which had been integrated as part of 'business as usual'. He did, however, point out that there were 'invisible statistics' where adults and children were self-sufficient as a result of the work undertaken by the Trust.

Following a question by Steve Cotter regarding financial abuse, Teresa Kearney confirmed that the Trust works with all partners to raise the awareness of financial abuse to ensure it was reported at an early stage and a training programme has been implemented to support this. Amanda Reynolds acknowledged that financial abuse was a significant issue across all communities but particularly vulnerable people with mental health problems. There was joint working with the police but they have limited powers. However, the Department of Health has recommended at all safeguarding boards are put on a statutory footing so that financial abuse would become a crime.

Lorraine Cabel concluded by thanking the Safeguarding Team led by Andy Brogan and Elaine Taylor, Associate Director Safeguarding. She pointed out that although the report provided an overview of the complexity and breadth of the initiatives, these were also demonstrated by the activity being undertaken: the Trust was actively reporting on 11 local authority safeguarding boards, our staff attend 30 monthly meetings, and there were 103 safeguarding leads.

**The Board:**

- 1 Noted and approved the Safeguarding Service Annual Report 2011/12.**

**101/12 ANNUAL REPORT & ACCOUNTS 2011/12**

Ray Jennings presented the final Annual Report and Accounts for the year ended 31 March 2012. He highlighted that due to different deadlines for the submission of the annual accounts (31 May) and the limited assurance report on the 2011/12 quality report (25 June), the audit certificate could not be signed until the completed of the limited assurance report on the quality report, although the auditors would be in a position to sign the audit opinion.

Ray was pleased to report that following a thorough and rigorous audit process only minor changes were required to the draft documents. The changes were mainly presentational and did not materially impact the financial statements or the Trust's reported financial performance; an explanation of the 'going concern' issue was also included in the report.

Ray agreed to incorporate further minor typographical changes identified by Lorraine Cabel and Dawn Hillier prior to submission by the close of business. Ray advised that the report will be laid before Parliament on or before 20 July 2012 after which it will be presented to the Council of Governors.

Steve Cotter recognised the work involved in producing the report and congratulated Ray Jennings and the Finance Team.

**The Board:**

- 1 Considered and approved the final Annual Report and Accounts for year ended 31 March 2012**
- 2 Considered and approved the proposed disclosure statement in relation to 'going concern' for inclusion within the Annual Report and Accounts for 2011/12**
- 3 Considered and approved the Letter of Representation.**

**102/12 UPDATE OF FIVE YEAR FINANCIAL PLAN**

Ray Jennings reminded the Board that at its meeting in March the Directors approved the Trust's financial plan for 2012/13 to 2016/17 subject to finalising the annual accounts, contract negotiations and budget setting. There were no significant changes to the plan that impact on the surplus or the Trust's overall risk rating.

However, Ray pointed out that there were two required changes:

- The Trust has been successful in negotiating a scheme to provide a reconfigured dementia service in South Essex which is anticipated to deliver a QIPP saving of £1.6m (as required by South Essex Mental Health Commissioners)
- The surplus required from years 2 – 5 has to be increased to circa £4m to retain a minimum FRR of 3.

Ray stressed the importance of monitoring the position and agreed to provide an update at the Board's November meeting.

**Action:**

- 1 **Ray Jennings to present an update on the Trust's Five Year Financial Plan at the November Board meeting.**

**The Board:**

- 1 **Noted and approved the amendment to the Financial Plan for 2012/13 to 2016/17.**

### **103/12 TRUST SECRETARY REPORT**

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

Cathy reported that there were two new Governors in May: a Service User and Carer Governor for West Essex had been appointed and a Staff Governor for Community Health Services South East Essex had been elected uncontested. There were two vacancies for Public Governors and one vacancy for a Staff Governor (Social Workers); these vacancies would remain until the public elections later in the year.

Nikki Richardson suggested that it would be helpful if the impact of the consultations on the Trust and recommendations as to whether the Trust should be responding to the consultations be included in future reports.

**Action**

- 1 **Cathy Lilley to include consultation impact and recommendations in future Trust Secretary reports.**

**The Board:**

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

### **104/12 USE OF CORPORATE SEAL**

Dr Patrick Geoghegan advised that the Trust Corporate Seal had not been used since the last meeting.

**The Board:**

- 1 **Noted the above.**

### **105/12 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING**

Lorraine Cabel reported that there had been no correspondence circulated since the last meeting.

**The Board:**

- 1 **Noted the above.**

## **106/12 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER**

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

### **The Board:**

- 1 Noted the above**

## **107/12 ANY OTHER BUSINESS**

Malcolm McCann was pleased to advise that a bid for QIPP long term conditions year of care had been submitted.

## **108/12 QUESTIONS FROM MEMBERS OF THE PUBLIC**

John Jones, Public Governor, stated that the Health & Social Care Act would require all Board of Directors meetings to be held in public and asked if the Trust proposed being ahead of the game. In addition, he requested that the timings for all meetings were regularised and to take into consideration the travelling time.

Lorraine Cabel confirmed that this would be discussed in Part 2 of the Board of Directors meeting. She stressed it was important to ensure there were an appropriate number of meetings to transact the business of the Trust and this would be included in the deliberations as well as the alignment of timings. Lorraine agreed to advise Governors and stakeholders of the final outcomes.

John Jones enquired as to why the Ashanti Services lunch club had been moved to Bury Park Community Centre and in particular who authorised this, who was consulted and were any additional costs incurred.

Amanda Reynolds explained that the lunch club had moved as part of a pilot at the beginning of May as the original accommodation did not provide adequate facilities and was not fit for purpose; in addition, the lease was not being extended as it did not meet minimum requirements. She shared photos of the accommodation in a slide presentation and also confirmed that service users and staff had been consulted prior to the move which had been authorised by Gail Dearing, Associate Director Social Care and Partnerships Management, and herself.

John Jones also pointed out that it was his understanding that the Ashanti Services policy document was overdue for updating and asked when this would be reviewed and if what input would be helpful from service users or governors to achieve this.

Amanda advised that the operational policy, including the terms of reference, was currently being reviewed and would involve stakeholders and Governors. Discussions with Ashanti were due to take place on 14 June and the Trust was also working with commissioners on the review.

Richard Winter pointed out that the changes to the lunch club were a marked improvement on the original facilities; he did recognise, however, the concern over the possible closure of services and/or changes to services but reinforced that the Trust is working with all stakeholders in the review.

Eileen Greenwood, Public Governor, congratulated the Trust on its vision for social care and asked if any work was being undertaken with GPs and practice nurses in early diagnosis of dementia. Richard Winter advised that discussions were taking place but were in an embryonic stage. Malcolm McCann added that it had been agreed there would be more funded posts attached to CCGs which would improve education and support the dementia strategy and pathways. A presentation on dementia services and developments would be given at the next Council of Governors meeting.

**Action:**

- 1 Lorraine Cabel to advise Governors and stakeholders of outcomes of discussions regarding Board of Directors meetings held in public**
- 2 Malcolm McCann and Richard Winter to present update on dementia services and developments at a Council of Governors meeting.**

Lorraine Cabel thanked everyone for attending the meeting.

**109/12 DATE AND TIME OF NEXT MEETING**

The next meeting of SEPT Board of Directors is at 10:00am on Wednesday 27 June 2012 at The Lodge, Runwell Chase, Wickford SS7 11XX.

The meeting closed at 12.20pm.