

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on 28 November 2012
held at Stockwood Discovery Centre, London Road, Luton, LU1 4LX

Members Present:

Lorraine Cabel	Chair
Janet Wood	Vice-Chair
Randolph Charles	Non-Executive Director
Steve Cotter	Non-Executive Director
Alison Davies	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
Andy Brogan	Executive Director of Clinical Governance & Quality
Ray Jennings	Executive Chief Finance Officer
Dr Milind Karale	Medical Director
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
Amanda Reynolds	Executive Director of Partnerships & Social Care

Also Present:

Teresa Matthews	Board Secretary (Minutes)
Faye Swanson	Director of Compliance & Assurance
Cathy Lilley	Trust Secretary
Jamie Lea	Capital Projects Manager
Maggie Nicholls	Head of Clinical Audit
Larry Smith	Governor
Debbie Martin	Locality Manager
Jane Lawson	Associate Director Locality North
Jane McPherson	District Nurse Team Leader
Ola Hill	Compliance Officer
Sylvie Downe	Clinical Group Manager
Ann Purcell	Children's Intermediate Care
Alicia Bulzin	Children's Intermediate Care
Joanne Sims	Head of Assurance

Maxine Forrest	Assistant Director of Communications
Kate Witham	Communications Officer
Karen Hicks	Patient Experience Co-ordinator
Susan Buttterworth	Public Governor
Jackie Gleeson	Public Governor
Deborah Ridley Joce	Public Governor
Steve Porter	Assistant Director
Paul Atherton	HR Advisor
Wendy Atkins	Head of Admin, Beds
Leigh Garraway	Development Manager
Michael Dolling	Public Governor
Trevor Pinder	Member of Public
Jim Thakoordin	Public Governor
Andrew Faulkner	Assurance Assistant
Jodie Hills	Performance Assistant
Paula Grayson	Public Governor
John Jones	Public Governor
Frances Carey	Director of Quality Improvement
Maggie Tyrell	CMHN (Operations)
Sue Ayres	Social Worker
Ros Beyen	Janssen Cilag
Martha Carruthers	Janssen Cilag
Mollie Webb	Finance
Alistair Sims	Finance
Balbir Sobts	Deputy Manager

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

Members were reminded of the Trust's Vision Statement.

186/12 APOLOGIES FOR ABSENCE

Apologies were received from Steve Currell & Peter Wadum-Buhl.

187/12 DECLARATIONS OF INTEREST

There were no declarations of interest.

188/12 PRESENTATION by Dr Jonathan Day on the Short Stay Medical Assessment Unit (SSMU) in Houghton Regis

Dr Jonathan Day presented an update on the Short Stay Medical Assessment Unit in Houghton Regis. Dr Day outlined the geographical area covered by the project which focuses on people aged 75 and over.

Dr Day advised that a clinical utilisation study was carried out by Luton & Dunstable Hospital in 2008 which identified a number of issues on older people in relation to admission to hospital. The results also identified the majority of this age group do not always require acute intervention but sub-acute care within a District General Hospital or similar setting. Dr Day advised based on this report he worked with a local GP practice and reviewed the infrastructure and prepared a business case for a pilot which was approved in 2011.

Dr Day then explained the structure of the pilot which is funded by the Clinical Commissioning Group and SEPT to set the project up which enhances the rapid intervention team looking at admission aversion and early effective discharge. Dr Day stressed that partnership working is key to this project.

The Short Stay Medical Unit has 16 beds with associated clinical pathways and step down facilities. Dr Day then updated on what has changed since the pilot was put in place including attendances at A&E down by 4%, ambulance conveyances down by 8%, average length of stay down by 25%, deaths in hospital down by 20%.

Dr Day advised there is a high level of patient satisfaction, less intensive care packages, fewer readmissions, Junior Doctors available during working hours and out of hours service provided by GPs.

During April to October there were 254 admissions with the average length of stay 9 days. The key factors include integrated working, working across primary and secondary care, joint ownership, change of culture, secondary care moving away from sub acute care, unbundling of tariffs.

Sally Morris commented the impact the programme is notable, but asked whether there has been an increase in admission in other age groups. Dr Day suggested that there seems to be an increase in younger people attending A&E than the 75 years and over.

Sally Morris also commented the average length of stay is 9 days and asked whether medication is reviewed and if so whether this has impacted on QIPP savings. Dr Day confirmed there is a Pharmacist on site and medication reviews are part of the project.

Janet Wood commented she noted the pilot is for 1 year and asked what the next stage is. Dr Day commented he will discuss this with the Commissioners but can produce evidence that this is reducing readmissions.

Dawn Hillier asked whether the change in culture has taken place. Dr Day advised he is working with the A&E Department regarding this and the project does ensure there is consideration as to whether to admit or send the patient home. Dr Day also pointed out it is important the culture change takes place within general practice.

Dr Pauline Roberts wished to congratulate Dr Day on this project and hopes that it will continue as there is a reduction in A&E attendance in Bedford and easy access for the over 75s to services.

Dr Milind Karale commented on the importance of communication ie between the SSMU, SEPT and the Luton & Dunstable Hospital. Dr Day commented he has electronic access to the Luton & Dunstable system and therefore can access discharge letters etc.

Amanda Reynolds commented the over 75 population is increasing and this needs to be taken into account in discussions with Commissioners. Richard Winter advised the Commissioners are currently undertaking a system wide bed review and this will be taken into account.

Nikki Richardson commented on the patient experience/user satisfaction and asked Dr Day for the top changes that have had a positive effect on service users. Dr Day advised that patients are requesting to go to the SSMU rather than A&E, feedback from service users has been excellent in relation to the whole patient experience.

Dr Patrick Geoghegan advised this is an excellent project which gives choice to patients and enables them to be cared for in the community. The Unit is very successful as there are some excellent staff working in the SSMU and advised he will work with the CCGs to try and secure funding for this to continue for the local population. This was supported by Board members.

Lorraine Cabel advised this was an excellent project and requested an update on progress at the June 2013 Board meeting.

THE BOARD

- 1 DISCUSSED and NOTED the above**
- 2 AGREED an update on progress would be presented to the June 2013 Board meeting**

189/12 MINUTES OF THE last meeting held on 31 October 2012

With minor amendments the minutes of the meeting held on 31 October 2012 were agreed and will be signed by Lorraine Cabel, as an accurate record.

190/12 MATTERS ARISING**i) Deanery Visit**

Dr Pauline Roberts updated members on the recent Deanery visit to the Trust on 6 November 2012. The visit included a review of training programmes as part of the early work the Deanery is doing in relation to Local Education Training Boards. Pauline confirmed the Trust is awaiting the final report but feedback has been very positive. Lorraine Cabel congratulated the medical and non medical staff for the work carried out to date.

ii) Vision for Nursing Consultation

Andy Brogan confirmed the Trust submitted a comprehensive response the consultation including contributions from Board members, nursing and other professional staff. A range of meetings were held with clinical staff to include a wide range of responses.

191/12 INTEGRATED QUALITY AND PERFORMANCE REPORT

Dr Patrick Geoghegan presented hot spot areas in relation to performance as follows:

Mandatory Training – 84% achieved against a target of 100%. Patrick confirmed good progress has been made in this area with the introduction of the new OLM system as from 1 October.

Steve Cotter commented the target of 100% is high but noted that some areas are performing better than others. Dr Patrick Geoghegan stated it is important this continues to be 100% and the new system will enable staff to plan mandatory training in advance. Nikki Richardson also commented the added advantage of the new system is that staff can view their own training and take personal responsibility to ensure this is up to date.

Appraisals- 83% achieved against the target of 100% and this is a significant improvement.

Dawn Hillier congratulated staff on achieving an increase in appraisals.

In relation to other emerging risks the following were discussed:

Development of pathway based contract - This is now 63% in Beds & Luton and Patrick confirmed the service have stated there will be a vast improvement by the end of the financial year.

Serco/Suffolk - Patrick updated members on the contract with Serco to provide specialist services in Suffolk including paediatric, speech and language therapy and podiatry. Patrick confirmed he has met with staff and is pleased with the work they are carrying out in relation to data collection.

Randolph Charles commented there were 3 adverse incidents reported and asked what the difference is between adverse incidents and serious incidents. Faye Swanson confirmed the serious incidents relate to a higher degree of harm and all other low or moderate incidents are considered to be adverse.

CQUIN – Patrick confirmed we should receive up to 80% funding by the end of the year and Board members wished to put on record their thanks to staff for this achievement.

CQC - Patrick confirmed the Trust continues to work to ensure all recommendations from action plans are closed down. Patrick stated he was concerned that some action plans are still outstanding but confirmed action is being taken to address this and there should be a significant improvement in the next report.

Dawn Hillier commented there are some red rated minor concerns in relation to Basildon MHU and requested an update on progress in addressing these. Dr Patrick Geoghegan advised the Executive Team will not agree to close down any action plans until the evidence is available. Patrick confirmed he has been given assurance this evidence will be sent to the Compliance Team and therefore any outstanding actions will be closed down.

Lorraine Cabel commented she was pleased with the robust system in place in relation to CQC visits and action plans and the action taken by the Executive Team.

THE BOARD

1 DISCUSSED and NOTED the above Quality & Performance Report

192/12 FINANCIAL PERFORMANCE

Ray Jennings presented the position as at Month 7 (October 2012) and forecast year end financial performance and financial risk rating. Ray confirmed this report also includes financial information in relation the Suffolk services.

Ray confirmed the Trust continues to perform well with a surplus of £10m which is slightly below plan but will decrease as the year progresses especially with the winter period. The Trust has a predicted risk rating of 4.

Ray then updated on two emerging issues – the Trust has been made aware of an historic injury claim in respect of the former BLPT which is approximately £500K which may need to be covered in the current financial year. Amanda Reynolds asked whether this can be challenged. Dr Patrick Geoghegan commented he will review this with Ray and if necessary will challenge the payment.

Ray confirmed he is reassessing the delivery of Cost Improvement Schemes that were due to be delivered as from Month 7 onwards to ensure any additional risks are identified. In addition the funding reduction in respect of Drug & Alcohol services in Bedfordshire remains unresolved. Sally Morris confirmed she has written to the Commissioners outlining the Trust's position and is awaiting a response.

In relation to delegated budgets the mental health inpatient service for older people continues to overspend but there is a plan in place to address this including changes to staffing structures at ward level and changes to management structures. Ray pointed out there may still be additional funding required to address this.

Randolph Charles requested assurance that there is no adverse impact on services in relation to overspends within delegated budgets. Dr Patrick Geoghegan commented patient needs are met for example if one to one observation is required this is provided. Dr Pauline Roberts commented the medical and operational staff in South Essex are reviewing the service needs to take into account any changes.

Dawn Hillier commented within the community health services in South Essex the leadership structures exceed the available funding. Ray Jennings advised this is being taken forward by Malcolm McCann who is reconfiguring internal budgets.

Alison Davies commented that under the section referring to Specialist Services there is reference to freezing vacancies in Child & Adolescent Services while the service redesign is taking place and asked how long this will take? Sally Morris commented some services originally commissioned are now no longer required

and she is working with the Local Authorities and Commissioners in relation to available funding but ensuring this does not impact on patient care.

THE BOARD

- 1. CONSIDERED and DISCUSSED the report/update on the Trust's:**
 - a) Monitor Financial Risk Rating at Month 7 and forecast at year end.**
 - b) Income and Expenditure position by division at month 7 and forecast year end position**
 - c) Contract and Other Income at month 7**
 - d) Delegated Expenditure Budgets at month 7**
 - e) Cost Improvement Programme at month 7**
 - f) Capital Plan at month 7**
 - g) Cash and Working Capital**

193/12 BOARD ASSURANCE FRAMEWORK

Dr Patrick Geoghegan presented the Board Assurance Framework as at November 2012 which provides an update on management of the potential risks that may prevent achievement of the key aims agreed by the Board.

Patrick advised no new changes have been identified since the last report at the October Board meeting.

THE BOARD

- 1 DISCUSSED and NOTED the above**

194/12 SUB-COMMITTEES

(i) Executive Team Operational Committee

Dr Patrick Geoghegan presented the minutes of the meetings held on 16, 23, 30 October and 13 November 2012.

THE BOARD

- 1 NOTED the minutes of the meetings held on 16, 23, 30 October and 30 November 2012**

(ii) Trust Governance Structures

Faye Swanson presented proposed changes to the Board of Directors sub-committee governance structure. Dr Patrick Geoghegan reminded members that at a recent Board Development Session a number of options were discussed and as a result the proposed structure was presented for approval. Patrick reminded

members that this proposal delegates greater responsibility and accountability to the Sub-Committees of the Board.

Faye advised the proposal is to establish a new Committee known as the Performance, Finance and Scrutiny Committee which will meet on the Thursday prior to the monthly Board meeting to consider the Performance Report. This Committee will be chaired by the Chair of the Board, Lorraine Cabel with two Non-Executive Directors and the Chief Executive in attendance.

Patrick commented the Committee will have powers to request the Director/Senior Manager/Senior Clinician to attend this Scrutiny Committee if there are any areas of concern .

Lorraine Cabel commented she was pleased with the proposal as this strengthens the governance arrangements in the Trust.

Randolph Charles asked what the difference is between the Audit Committee and the Performance, Finance & Scrutiny Committee. Dr Patrick Geoghegan commented the Audit Committee has a wider remit and the Scrutiny Committee will consider the Performance Report in detail. Faye Swanson commented the Audit Committee will give assurance to the Board that processes are working so at times there may be a slight overlap between Committees.

Faye also updated on the dissolution of the Joint Code of Governance which would be a sub committee of the Council of Governors and the dissolution of the Cash Management Committee which would be incorporated into the Investment Committee. It was also agreed that the Associate Mental Health Act Managers Committee would report to the Integrated Governance & Quality Committee. It was noted there was no change to the Board of Trustees.

THE BOARD

- 1 APPROVED the dissolution of the Transformation & Finance Committee as a Sub Committee of the Board**
- 2 APPROVED the establishment of a Performance & Finance Scrutiny Committee as a Sub-Committee of the Board of Directors**
- 3 APPROVED the dissolution of the Joint Code of Governance Committee and recommended this would be a sub-committee of the Council of Governors, subject to their agreement in February 2013.**
- 4 APPROVED the dissolution of the Cash Management Committee as a sub-committee of the Board and agreed its functions to be carried out by the Investment Committee**

(iii) Integrated Quality Governance Steering Committee Terms of Reference

Faye Swanson presented an update on the meeting held on 1 November 2012. Dr Patrick Geoghegan advised that with the new governance structures in place there would be two Co-Chairs of this group – Dawn Hillier and Peter Wadum-Buhl.

Faye also presented the Terms of Reference for approval. It was agreed to include the Medical Director as a member of the Committee. With the above amendment the Terms of Reference were approved.

THE BOARD

1 APPROVED the Terms of Reference for the Integrated Quality Governance Steering Committee

195/12 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) Supervision & Appraisal Policy

Nikki Richardson presented the above policy which has gone through the correct governance process. Dawn Hillier commented this was a very robust policy.

THE BOARD

1 APPROVED the Supervision & Appraisal Policy

i) Major Incident Policy

Andy Brogan presented the above policy which has gone through the correct governance process. Dr Patrick Geoghegan commented he will be meeting with Martin Curry and arrange for him to attend a future Board Development Session to update members on emergency planning.

THE BOARD

1 APPROVED the Major Incident Policy

ii) S135 Policy

Amanda Reynolds presented the above policy which has gone through the correct governance process.

THE BOARD

1 APPROVED the S135 Policy

iii) Maintaining High Professional Standards Policy

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

THE BOARD

- 1 APPROVED the Maintaining High Professional Standards Policy**

196/12 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.

THE BOARD

- 1 DISCUSSED and NOTED the above**

197/12 PERSONAL, FAIR & DIVERSE UPDATE

Amanda Reynolds presented the above report updating members on progress within the Trust on addressing inequalities and the wider work being taken forward in relation to the Equality Act.

Amanda also updated members on the outcome of a visit from Professor Carol Baxter who represents the NHS Employers Network.

Dawn Hillier commented the target is to sign up to 300 staff as PFD champions and asked whether there is a plan in place to achieve this. Amanda advised that Jo Debenham is attending SMTs and other forums highlighting this work and signing up staff.

Lorraine Cabel advised she was pleased with the work carried out to date and the National Lead was also very impressed with the progress made.

THE BOARD

- 1 DISCUSSED and NOTED the above**

198/12 HILLSBOROUGH INDEPENDENT PANEL REPORT

Andy Brogan presented a brief summary of issues raised following the Hillsborough Report in respect of health emergency service response and the Trust's preparedness in the event of a major incident.

Andy updated on some of the key findings and advised these have been reflected in the Major Incident Policy.

THE BOARD**1 DISCUSSED and NOTED the above****199/12 ORGANISATIONAL DEVELOPMENT STRATEGY**

Nikki Richardson presented the Organisational Development Strategy which outlines the actions required to ensure the Trust Values and Service Standards are consistent, in line with the Strategic Direction and ensures there is the capability and capacity to deliver the strategic priorities of the Trust's Annual Plan.

The Strategy links to the New Vision for Nurses, Midwives and Care-givers and underpinned by six fundamental values:

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Dawn Hillier congratulated Nikki and her team for an excellent Strategy but asked whether the Trust is confident that the Equality & Diversity strategy is embedded within the Organisational Development Strategy. Nikki Richardson commented it is clear within the Strategy that our values are embedded in everything we do ie training events, presentations etc.

Steve Cotter commented Priority 4 refers to high standards of leadership and asked how the Trust is developing existing and potential leaders. Nikki advised the Trust has a very robust leadership programme in place at all levels including

aspiring leaders, developing senior leadership roles etc with the intention that most staff will attend one of these programmes.

Steven Cotter asked how we use some of our leaders creatively for specific projects. Dr Patrick Geoghegan commented the Trust is excellent at identifying good leaders and will develop staff where appropriate ie attending leadership programmes and other courses. Patrick also confirmed potential leaders can also be identified via appraisals.

Patrick advised Board members he is Chair of the Essex Workforce Partnership Group and the new National Leadership Academy is currently being re-launched where new competency standards will be set at every level. Therefore in the future to obtain a position staff will need to have achieved a specific qualification before applying for a post. Patrick confirmed this will standardise the level of competence across the NHS and will be built into future leadership programmes.

THE BOARD

1 APPROVED the Organisational Development Strategy

200/12 CLINICAL AUDIT ANNUAL PLAN

Andy Brogan updated members on the Clinical Audit activity that has taken place during 2011/12 in relation to clinical audits and national and local priorities. Andy explained that most of the audits are undertaken by front line staff and clinical staff in addition to every day work supported by a small expert clinical audit team.

Andy explained the outcomes of audits are discussed at the Clinical Governance Committee, Senior Management Teams where clinical/managerial action is agreed and any shortfall in practice identified.

Andy also advised the Audit Plan includes work going forward and he has discussed with Peter Wadum-Buhl and Faye Swanson that this is linked to wider clinical priorities and Quality Accounts.

Dawn Hillier wished to congratulate front line staff for carrying out these audits. Janet Wood stated from an Audit Committee perspective the new approach ie linking this to corporate aims, CIPs etc is the right way forward.

THE BOARD

1 APPROVED the Clinical Audit Annual Report for 2011/12

201/12 WINTERBOURNE ACTION PLAN

Malcolm McCann presented the above action plan which sets out how the Trust has responded to the issues raised following the enquiry into the Winterbourne Hospital. The report also highlights the areas of good practice within the Trust services and that we are rated green in all areas.

Dr Patrick Geoghegan advised members that the Executive Team have requested an audit be undertaken on the use of restraint which should be available in January 2013.

Alison Davies asked under Section 3 in relation to relatives/carers whether there is a definition of "when appropriate". Richard Winter and Malcolm McCann agreed to clarify this and update at the January Board meeting.

Alison also pointed out it would be useful to include reference to the advocacy services and the support they give to patients. Malcolm McCann commented the CQC visits do demonstrate we provide advocacy services and will therefore reflect this in the action plan.

Amanda Reynolds commented she was pleased with the level of scrutiny in place in relation to Learning Disability services but pointed out there are similarities with CAMHS and Medium Secure Forensic Services and this will be taken forward via the Clinical Governance Committee.

Dr Patrick Geoghegan confirmed the Executive Team will identify a workplan to take forward audits on similar services and agreed an update would be available at the May 2013 Board meeting.

THE BOARD

- 1 DISCUSSED and NOTED the above**
- 2 AGREED a further update would be available at the May 2013 Board meeting**

202/12 SAVILE ALLEGATIONS

Andy Brogan presented a briefing on the Savile allegations following a letter from Sir David Nicholson who is seeking assurance that organisations have in place a robust process to protect the interest of patients.

The Trust Safeguarding Team have reviewed processes within the Trust and can give assurance there are robust arrangements in place to reduce the risk of abuse occurring.

Andy confirmed the Trust has a process in place relating to VIP celebrities and special visitors when visiting Trust sites.

THE BOARD

1 DISCUSSED and NOTED the above

203/12 USE OF CORPORATE SEAL

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

- 30 October 2012 – Lease of Avalon Bungalows to Family Mosaic Housing Association
- 30 October 2012 – Lease of Gallimore Lodge to Family Mosaic Housing Association
- 30 October 2012 – Lease of The Coach House to Family Mosaic Housing Association
- 30 October 2012 – Lease relating to 60, 62 & 64 Collinghurst Luton
- 13 November 2012 – Underlease John Bunyan House
- 13 November 2012 – Lease Part of Kempston Health Centre
- 13 November 2012 – Underlease – Unit 6 Doolittle Yard
- 13 November 2012 – Lease Part of Steppingley Hospital
- 13 November 2012 – Underlease – part of Ground Floor, Houghton Regis Health Centre
- 13 November 2012 – Underlease – Part of Enhanced Services Centre – Bedford Health Village
- 13 November 2012 – Underlease - Part of Ground Floor Queens Park Health Centre
- 13 November 2012 – Underlease – Queensborough House
- 13 November 2012 – Underlease part of Ground Floor Florence Ball House

THE BOARD

1 NOTED the above

204/12 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING

Lorraine Cabel confirmed correspondence in relation to Chairs action in relation the Multi Professional Deanery Tutor.

205/12 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER

None.

206/12 QUESTIONS FROM MEMBERS OF THE PUBLIC/ STAFF/GOVERNORS

John James asked for copies of the Trust Policies as it is important Governors are kept updated on what is included in the policies. Lorraine Cabel commented there are a significant number of policies and therefore requested that if Governors required a specific policy they could contact the Trust Secretary. Dr Patrick Geoghegan advised that a list of policies is available if required.

Jim Thakoordin requested an update about working in collaboration with Serco and asked if there is a protocol in place in relation to working with the private sector. Dr Patrick Geoghegan commented that the national policy is now to encourage better collaboration between the public and private sector in the best interests of patients. Patrick stated there are strict rules in place in relation to the business we provide in conjunction with Serco but gave assurance that the services will be to the SEPT standard.

Jim asked a further question in relation to ensuring equality in relation to access to services and asked what action the Trust is taking in respect of this. Dr Patrick Geoghegan commented SEPT employs a Consultant in Public Health, Dr Mel Conway to lead on this inequalities in health, but this is reliant on Commissioner priorities. Amanda Reynolds advised the Trust does cover a diverse community and her Directorate are leading on this and have prepared a work programme which is monitored by the Equality & Diversity Steering Group which includes working with faith communities and age discrimination.

Nikki Richardson also advised that in relation to the workforce the Equality & Diversity Steering Group monitor this closely to ensure there is no discrimination against any particular staff group. Nikki gave assurance that the Trust's workforce is very diverse and therefore able to take forward the service agenda. There are also a number of Diversity Champions across the organisation.

Michael Dolling (Governor) requested an update on Ashanti. Dr Patrick Geoghegan commented the building is not owned by SEPT and therefore the decision has been made by the Commissioners to relocate this. Amanda Reynolds commented she is working jointly with Luton Borough Council in relation to this and at a recent Stakeholder event it was agreed to establish a Stakeholder forum which has met on a number of occasions.

Susan Butterworth requested clarification on some of the SSMU statistics ie acute admissions to A&E and asked whether these were based on patients postcodes. Leigh Garraway advised this depends on which practice the patients are registered with.

207/12 ANY OTHER BUSINESS

There was no other business.

208/12 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Wednesday 30 January at 1.30pm at the Culver Centre, Daiglen Drive, South Ockendon, Essex, RM15 5RR

Signed Date