

**SEPT**  
**MINUTES OF PUBLIC BOARD OF DIRECTORS**  
**PART 1**  
**held on Wednesday 27 November 2013**  
**at Wrest Park, Silsoe, Bedford MK45 4HR**

**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 Dawn Hillier	Non-Executive Director
Ray Jennings	Executive Chief Finance Officer
Sally Morris	Chief Executive
Nikki Richardson	Executive Director Corporate Services & Customer Services
Richard Winter	Executive Director Integrated Services (Beds & Luton)
Janet Wood	Non- Executive Director

**Also Present:**

Sarah Browne	Assistant Director Clinical Governance & Quality (standing in for Andy Brogan)
Cathy Lilley	Assistant Trust Secretary (Minute Taker)
Jennifer Mellani	Head of Legal Services & Trust Secretary
Brian Arney	Public Governor
Mary Bentley	SEPT
Michael Dolling	Public Governor
Paula Grayson	Public Governor
Lynne Gudgin	Compliance Officer
Louise Hehir	Quality Health (part)
Dee Hunnie	Communications Manager
Simran Khinder	ACT Team Manager
David Lawrence	Assistant Director Information Technology
Zoe Loke	Public Governor
Kingsley Powell	Community Support Worker
Larry Smith	Public Governor
Jim Thakoordin	Public Governor
Dawn Shadrall	Member of the public
Wing Wong	Member of the public

Lorraine Cabel welcomed members of the public, staff and Governors to the meeting. She also welcomed Sarah Browne, Assistant Director of Clinical Governance & Quality, who was standing in for Andy Brogan, Executive Director Clinical Governance & Quality/Executive Nurse.

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

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Date .....

Chair, Board of Directors

**230/13 APOLOGIES FOR ABSENCE**

Apologies were received from:

Andy Brogan	Executive Director Clinical Governance & Quality/Executive Nurse
Dr Milind Karale	Executive Medical Director
Malcolm McCann	Executive Director Integrated Services (Essex & Suffolk)
Amanda Reynolds	Executive Director Social Care & Partnership

**231/13 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**232/13 PRESENTATION: MENTAL HEALTH & COMMUNITY HEALTH INPATIENT SURVEY RESULTS**

The Chair introduced Louise Hehir from Quality Health who presented the results from the recent mental health and community health inpatient surveys.

Overall the Trust scored well comparatively: there were a number of areas which had seen an improvement over previous years and against the national picture; however, some areas of concern were highlighted. The Trust's Executive Operational Team and senior managers were developing and taking forward specific locality action plans to address these issues. It was also noted that the benefits of any service improvements being implemented were not reflected in the results as the data was not current (almost a year old).

It was agreed that Malcolm McCann and Richard Winter would provide an update at the Board of Directors meeting in January.

On behalf of the Board of Directors, the Chair thanked Louise for her informative and interesting presentation.

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

**233/13 MINUTES OF THE MEETING HELD ON 30 OCTOBER 2013**

The minutes of the meeting held on 30 October 2013 were agreed as an accurate record and would be signed by the Chair, subject to two minor amendments on pages 4 (Hotspots – complaints resolved) and 9 (Report from Trust Secretary).

**234/13 ACTION LOG**

The Chair presented the action log and the following items were discussed:

- 220/13 NHS England core standards for emergency, preparedness, resilience and response – Trust's iconic sties: work was being undertaken
- 220/13 NHS England core standards for emergency, preparedness, resilience and response – Gold Command instructions: Sarah Browne offered to circulate

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these to interested Board members but pointed out that the Trust was not part of the Gold Command plan

- 146/13 Patient survey action plan: the Board requested that a report on the progress against the action plan be presented at the January meeting.

The Board received, discussed and noted the action log.

**235/13 PERFORMANCE AND FINANCE SCRUTINY COMMITTEE**

The Trust’s Chair, as Chair of the Performance & Finance Scrutiny Committee, gave assurance in relation to performance issues as at month 7, October 2013.

**(i) Performance**

The CEO advised that robust discussions had taken place and that actions from previous meetings were either completed and/or taking place. She reported there was one hotspot:

- Development of a contracts-based pathway (inpatients PbR): the rate of clustering for Beds and Luton, and South Essex was below target. The importance of achieving this target which underpins the contractual model to be introduced from 1 April 2014 was stressed, and assurance was given that the quality of clustering was good and a solution to achieving the 100% target was being developed.

The CEO updated members on last month’s hotspots:

- DNA (do not attend) rates for fist consultant attendances: the rate for October was 18.9% against a target of 11.2%; however, it was noted that the average for mental health Trusts was 30% as reported in the *HSJ*. Assurance was provided that work was being undertaken to achieve the Trust’s target
- Appraisals: at the end of October 88.7% of staff had been appraised against a target of 95%; however during the first two weeks of November this had improved to 95.7%. Assurance was provided that the focus was on ensuring that staff received the appropriate training and supervision, as recommended by the Francis Report.

The CEO confirmed that there were no new emerging risks.

Question - restraints incidents (report 2.4.6): Randolph Charles asked if bank/temporary staff were required to undertake restraints training before working on wards. The CEO provided assurance that all staff, including bank/temporary, have to undertake relevant mandatory training to be able to work on wards, including how to carry out restraints.

In response to a question by Randolph regarding the underrepresentation of black male categories, the CEO advised that Andy Brogan monitors ethnicity and there had been no concerns. She pointed out, however, that several of the Trust’s wards were either all or predominantly had white/female inpatients.

The CEO also highlighted that the number of restraints reflected various contexts, for example, holding someone in a chair when receiving personal hygiene treatment, and did not just include being physically restrained in a prone position. Sarah Browne also

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pointed out that the figures reported related to the number of times restraint was used and not the number of patients who had been restrained.

The Chair provided further assurance that restraints incidents had been reviewed in detail by the committee and highlighted that there were various reasons why restraints had been applied, for example, to protect the service user or member of staff.

Question - mandatory Training (report 2.4.3): Steve Currell asked for assurance that, set against the backdrop of the issues raised at Mid-Staffs and most recently Colchester Hospital, the Trust was only engaging bank staff who had completed their mandatory training. Richard Winter confirmed that staff had been advised of the need to ensure that any bank staff who were not up to date and compliant with their training should not be engaged. The CEO recommended that an audit be undertaken to ensure only bank staff who had completed their mandatory training were being employed.

Question - South Essex IAPT (report 2.4.9): Following a question by Steve Currell regarding the request for support from the East of England IAPT Intensive Support Team, the CEO remarked that the Trust has the best recovery rates in the country and assured members that there were no concerns. She pointed out that the aim of the invitation was to validate the work of the Trust and to any identify improvements.

Question - Annual Health Checks (report 2.4.12): In response to a question by Dr Dawn Hillier, Richard confirmed that the annual physical health checks for patients who had been inpatients for more than one year included malnutrition as well as hydration, and also focused on obesity and not just weight loss.

**(ii) Finance**

Ray Jennings presented the Trust’s financial performance at month 7, October 2013. He advised the Trust had achieved a surplus of £2.9m and although this was slightly ahead of the Monitor plan, non-recurrent IT and backlog maintenance continued to be below planned level. However, over the coming months it would be necessary to commit this expenditure which would result in a deterioration of the Trust’s position by the end of quarter 3. Cash and working capital balances remained strong.

Ray reported that despite the severe financial restraint for this year, the Trust was performing reasonably well and would move into the next financial year in a reasonably good supporting position. He pointed out that overall contracts were overspent but the Trust was working with commissioners to identify ways of addressing this going forward.

Ray confirmed there were no new hotspots and one new emerging risk was identified in the high usage levels of agency staff across the Trust. Directors have been asked to review the usage levels with a view to limiting requirements as far as it was safe and practical to do so.

Ray updated members on three existing hotspots that continued to cause concern:

- Inpatients services – St Margaret’s: although the overspend had reduced due to budget transfers from another service, the underlying trend of overspending remained unchanged

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Chair, Board of Directors

- CIP programme: there had been a further deterioration in the year to date achievement and the deficit against plan had increased from £0.2m to £0.4m. However, the end of year deficit forecast had improved from £0.9 to £0.7m due to implementation of CIP schemes for Trust services in South East Essex Community and a forecasted improvement in the Central Bedfordshire Council S75 contract
- Beds & Luton Inpatient Services: the rate of overspending in the month had decreased to £0.02m following receipt of additional income from Bedfordshire Clinical Commissioning Group (CCG) for special observations in respect of continuing healthcare beds at Fountains Court between April and October 2013.

The Chair commented that all organisations were feeling the impact of years of significant financial cutbacks and pressures. She pointed out that she had heard that organisations who were doing better in health economy might be asked to assist with others and asked for the Trust’s view and also who would manage this. Ray recognised the cumulative impact of 4-5% year on year funding reductions resulting in 16-25% reduction in real terms over the years. Although Government had put money back into the NHS not all providers would receive this. Acute Trusts and commissioners were under greater difficulty at this stage and it was possible that Trusts with a surplus, like SEPT, would be asked to assist. However, Ray was not able to advise who would coordinate this.

The Chair also highlighted concerns about patients being held in one place because of lack of funding and asked for assurance of the Trust’s ability to respond particularly if there was a bad winter. Richard Winter assured members that the Trust had robust contingency plans in place and was working in partnership with Bedfordshire Hospital and commissioners to ensure capacity plans were aligned. He pointed out that the Trust had been given additional monies from Bedfordshire health system to help with A&E pressures. He advised that similar discussions were being held by Malcolm McCann for Essex services.

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

**236/13 BOARD ASSURANCE FRAMEWORK 2013-14**

The CEO presented the Board Assurance Framework and advised there had been no change to the risk scoring from the previous month’s report. She pointed out that the Executive Operational Committee had agreed that the risk scoring for Aim 1.1 (implement system for unified records) would remain the same until the new Mobius system had been fully implemented within both Bedfordshire and Essex.

The Board

- 1 Received the report, discussed and noted the content.
- 2 Approved the Board Assurance Framework as at November 2013.

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**237/13 SUB-COMMITTEES**

**(i) Executive Team Operational Committee**

The CEO presented the minutes of the Executive Team Operational Committee held on 22 October, and 5 and 13 November 2013.

She also presented the Committee’s revised terms of reference and following a question by Steve Currell, confirmed that the quorum of 50% referred to the Executive Directors only. In response to a question by Steve Cotter, Sally agreed to make terms of reference bullet point 2 more explicit to cover patients and patient care.

Subject to these two amendments, the Board approved the revised terms of reference. The CEO agreed to circulate the updated terms of reference.

The Board

- 1 Received, discussed and noted the minutes of the meetings held on 22 October, and 5 and 13 November 2013
- 2 Approved the revised terms of reference.

**238/13 TRUST POLICIES**

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

**(i) Assured Safe Catering (Food Hygiene) Policy**

Ray Jennings presented the above policy which had been subject to the correct governance processes.

The Board approved the Assured Safe Catering (Food Hygiene) Policy.

**239/13 REPORT FROM TRUST SECRETARY**

Jennifer Mellani presented the Trust Secretary’s report and pointed out that the format of the report had changed to focus on legal/policy updates. An appendix had been included summarising news relevant to Foundation Trusts.

Jennifer highlighted the Government’s response to the Francis Inquiry recommendations and advised that a review focusing on legal and corporate governance implications would be undertaken by the Trust Secretary. The CEO pointed out that this would complement the review being undertaken by the existing working group which had been set up following the Francis Report publication. It was agreed that an assurance report on the actions and recommendations being taken forward by the Trust would be presented at a Board meeting on 29 January 2014.

Alison Davis enquired about potential liability of the Trust for breach of openness. The CEO advised the implications of this would be reviewed in more detail.

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

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**240/13 STRATEGIC DIRECTION 2014-17**

The CEO presented the proposed Strategic Direction for the Trust covering the planning period 2014-17 and pointed out that she had the opportunity of sharing the Strategic Direction with the Council of Governors at its meeting on 20 November 2013. The current Strategic Direction was last developed in early 2011 covering the planning period 2011-15. However, recent changes in leadership provided the opportunity to review the vision, particularly to take account of the significant impact of NHS reforms thereby ensuring the Trust remains responsive and proactive in meeting the changing needs of its patients/service users. In addition, Monitor now required Trusts to submit a two-year plan by 4 April 2014 and a five-year plan by mid-June 2014; previously Trusts were required to produce a Strategic Plan with granular details for year 1 and an overview of years 2 and 3 going forward, and to submit this plan by the end of May each year.

The Board identified four strategic priorities:

- Quality services
- Quality workforce
- Innovative and transformational approach to efficiency and effectiveness
- Sustainability of service provision.

Steve Currell commended the comprehensive document and suggested that the information included in the introduction would benefit a wider audience as it provided a clear overview of the context in which the Trust was operating and the challenges faced including the cost pressures.

In response to a question by Steve Currell, Ray Jennings confirmed that opportunities for income generation and initiatives would be considered as a way of meeting the Strategic Direction. Janet Wood provided assurance that the Investment Committee would review any such opportunities and would work with Governors as appropriate, following the approach agreed by the Council of Governors at its meeting on 20 November.

Following comments from Steve Cotter and Dr Dawn Hillier, the CEO agreed that the Strategic Direction should be aligned to the Trust's strategies. The CEO also stated that she wished to add to the conclusion section following the Board discussion.

The Board

- 1 Received the report, discussed and noted the content
- 2 Approved the Strategic Direction 2014-17 subject to minor changes to the conclusion.

**241/13 SAFEGUARDING SERVICE ANNUAL REPORT**

Sarah Browne presented the Safeguarding Service Annual Report that outlined the safeguarding activity and developments for 2012/13.

Dr Dawn Hillier commented that she found the report informative and asked that Elaine Taylor, Associate Director Clinical Governance & Quality, and her team be

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commended for the work in this important area. She requested that examples/case studies be included in future reports to provide clarity.

Steve Currell echoed Dawn’s comments and in particular, as children’s champion, pointed out that although there was always room for improvement, the report exemplified the work being undertaken by the Trust.

With reference to the statistics detailed on page 14 of the report – allegations of abuse by clients against staff – the CEO assured members that although there had been an increase from 18 in 2011/13 to 33 in 2012/13, the Trust regularly monitored this area; in addition external assurance could be provided as CQC had also confirmed that they were satisfied with the processes in place.

In response to a query raised by Alison Davis, Sarah confirmed that all reports, policies and protocols were circulated prior to meetings (and not tabled at meetings – page 7 refers).

The Chair requested that the objectives in the report’s Forward Plan 2013/14 should be more robust and include success measures/outcomes to provide clarity on what was trying to be achieved. In addition, she asked that the report be presented to the Board earlier as many of the objectives were due to be or had been completed.

The Board

- 1 Received the report, discussed and noted the content
- 2 Approved the Safeguarding Service Annual Report for 2012/13.

**242/13 MEDICINES MANAGEMENT ANNUAL REPORT**

Sarah Browne presented the Medicines Management Annual Report which provided an update on progress relating to the medicines management agenda during 2012/13 including the work of two separate Medicines Management Committees that covered mental health and learning disabilities services, and community health services.

The report also included a high level analysis of how the Trust spends resources on drugs within the mental health and learning disabilities services. However, the same level of detail or accuracy was not available for community health services due to the continuing lack of equivalent data for these services and to issues of budgetary responsibility and ownership of FP10 prescription data by PCTs. The report also included assurance that the Trust was fulfilling its responsibilities in relation to controlled drugs.

Janet Wood remarked this was an excellent report that evidenced the Trust’s approach to openness and honesty, supporting the duty of candour requirement. She also acknowledged the reduction in costs which exemplified Hilary Scott’s, Chief Pharmacist, dedication to the service and asked that she be commended for the quality of the service provided.

Randolph Charles echoed the above and queried if the reduction in drug costs resulted from an increased use of alternative procedures, such as talking therapies. Sarah advised that medication was one part of a patient’s treatment which also considered physical health and wellbeing.

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In response to a question by Randolph, the CEO confirmed that the in-house pharmacist services covered South Essex only.

Alison Davis asked if learning was shared between the two different committees. Sarah confirmed that it was being considered.

Dr Dawn Hillier advised that she had attended a Nurses Prescribing Conference recently with the Chair where there had been an interesting presentation on the use of antibiotics. She pointed out that she would have liked to have seen more reference to what the Trust is doing on redesigning the use of antibiotics in the community. The CEO pointed out that Teresa Kearney was involved with the strategy review of the use of antibiotics in the community which was taking place at a national Government level and this would be included in the 2013/14 report.

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

**243/13 CQC COMPLIANCE REVIEW: BROCKFIELD HOUSE**

The CEO presented the compliance review report from CQC following the inspection of services at Brockfield House on 10 and 11 October 2013. CQC reviewed compliance with four standards at four wards and concluded that the service was compliant with no actions or recommendations identified. She was delighted with the report which reinforced the high quality of care provided by staff at Brockfield House.

Dr Dawn Hillier also commended the report and asked that staff be congratulated on this achievement which was a good example of performance sustainability.

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

**245/13 USE OF CORPORATE SEAL**

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

The Board received the report and noted the content.

**246/13 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING**

None.

**247/13 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER**

None.

**248/13 CHAIR'S ACTION**

None.

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**249/13 ANY OTHER BUISINES**

None.

**250/13 QUESTIONS FROM MEMBERS OF THE PUBLIC/STAFF/ GOVERNORS**

Paula Grayson asked which elements of outreach and the monitoring and mitigation of health inequalities previously provided by the Bedfordshire Community Development Workers (CDWs), would no longer be carried out in future when the Community Mental Health Teams take over some elements of their work. She also asked which organisations would provide outreach, monitoring and mitigation of health inequalities.

Richard Winter advised that he had a comprehensive response which he would send to Paula. He pointed out that the service was originally established as part of a national initiative set up to address health inequalities and aimed to engage with the local communities and offer support to a wide range of professionals to help improve access, outcomes and experiences of mental health and social care for Black and Minority Ethnic (BME) Groups. As such the service provides advice and information or general support to all working age teams in Bedfordshire and Luton. He pointed out that monitoring of health inequalities was not undertaken by CDWs and as the service was commissioned and funded by the Clinical Commissioning Groups (CCGs), it was incumbent on them to monitor any health inequalities. Richard confirmed that the functions of this service would be integrated into the Community Mental Health Teams which currently duplicate some of the work of the CDWs.

Following a request by Jim Thakoordin, the CEO confirmed that Governors could request copies of the Trust Secretary report.

Jim Thakoordin asked for more locality based information that would support his role as a Public Governor representing a specific location. The CEO pointed out that performance and finance information by locality had been already been presented to the Council of Governors at its meeting on 20 November. She felt, however, that this would not be appropriate for the Strategic Direction as this focused on the Trust’s vision and strategic priorities. Sally suggested that more general local information was available in the Joint Strategic Needs Assessments which analyses the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within local authority areas.

The Chair also suggested that a meeting for Governors interested in understanding how the Strategic Direction translates into local plans could be arranged on request.

Zoe Loke asked if the Quality Health inpatient survey report provided an accurate reflection of the services provided. The CEO explained that the survey was one of a number of ways in which the Trust can gauge how services were valued and/or perceived by patients. She recognised, however, that by the timing of the release of the results often meant they were out of date as in many cases action had already been put in place to address any issues raised. Additional real-time feedback was available, however, through other surveys and questionnaires managed by the Patient

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Experience Teams as well as through the analysis of compliments and complaints, and through any regulatory visits and reviews such as CQC visits.

In response to a request by Larry Smith for locality based information on Trust services, Cathy Lilley recommended that this be taken forward by the Membership Task & Finish Group as part of the Governors' toolkit.

Michael Dolling explained that he was a member of the Crime & Police Panel in Bedfordshire and asked if the Trust was providing the police with training in the handling of suspected mentally ill patients to ensure that quality training was provided. The CEO advised that training was already provided by staff to the police.

Following a question about the adequacy of nutritional meals in Trust's canteens, the CEO confirmed that this was monitored and was a key consideration when identifying new caterers or renewing contracts. Sarah Browne pointed out that the Food First Team's aim was to minimise the use of supplements and to encourage a healthy diet which was considered in the individual's care plan and monitored through health checks.

**251/13      DATE AND TIME OF NEXT MEETING**

The next meeting will take place on Wednesday 29 January 2014 at Little Havens Children's Hospice, Daws Heath, Thundersley SS7 2LH.

**252/13      RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC AND PRESS**

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

The Board noted and agreed the resolution.

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Chair, Board of Directors