

**SEPT**  
**MINUTES OF PUBLIC BOARD OF DIRECTORS**  
**PART 1**  
**held on 31 October 2012**  
**in Epping Hall, St John's Road, Epping, CM16 5JU**

**Members Present:**

Lorraine Cabel	Chair
Randolph Charles	Non-Executive Director
Steve Cotter	Non-Executive Director
Steve Currell	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
Peter Wadum-Buhl	Executive Director of Strategy & Business Development
Richard Winter	Executive Director of Integrated Services – Beds & Luton
Nikki Richardson	Director of Corporate Services/Customer Care
Dr Pauline Roberts	Executive Medical Director

**Also Present:**

Suzanne Robbins	PA to Director of Integrated Services, Essex (Minutes)
Sam Fuller	Patient Experience Manager, SEPT
M Carruthers	Janssen Cilag
Nikki Scarlioli	Macmillan Prostrate Nurse, SEPT
Paul Fielder	Performance Manager, SEPT
Anne Nugent	Head of Clinical Quality, SEPT
Obi McKay	Advanced Clinical Practice Lead
Jan Connor	Senior Performance Manager
Lesley Kitchen	Project Office, SEPT
Chris Brunt	Facilities Officer
Deborah Ridley-Joyce	Public Governor, Central Bedfordshire
Roy Wiggins	Risk Assistant, SEPT
Julia Asher	Clinical Lead, Compliance
Pam Madison	Customer Service Improvement Manager,

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

Members were reminded of the Trust's Vision Statement.

#### **162/12 APOLOGIES FOR ABSENCE**

Apologies were received from Janet Wood, Amanda Reynolds and Alison Davies.

#### **163/12 DECLARATIONS OF INTEREST**

There were no declarations of interest.

#### **164/12 PRESENTATION BY Leanne Fishwick & Cathy Forbes on the First Food Project**

The Board received a presentation on the Food First Project, an initiative set up in Luton and South Bedfordshire. The project has been running for three years, with a team of eight staff covering a population of 450,000 across the area, and has input into 55 care homes and 52 GP practices. Members noted that the effects of dehydration and malnutrition cost the NHS £13 billion annually, and links into areas such as length of stay etc.

Malnutrition and dehydration also link closely with patient safety and patients have poor clinical outcomes. The First Food Project was commissioned to reduce the amount of oral supplements provided to patients at the same time tackling the root cause of malnutrition through carer awareness, training and education for the patients, carers and clinical staff.

As a result of this project over 1000 Social Care staff have been trained in how to support people with malnutrition and dehydration problems.

Board members congratulated Leanne and Cathy for an outstanding project which is proving really positive outcomes for the patients that they are engaged with. It was also recommended that the approach taken by Leanne and Cathy in developing new ideas of responding to the needs of patients can be transferred into other services and the Executive Directors were asked to invite Leanne and Cathy to present at their Service Management Team (SMT) meetings so they can stimulate some ideas in taking forward similar innovative ideas within their Directorate.

Lorraine Cabel thanked Leanne & Cathy for an excellent presentation.

**ACTION:**

- 1 **THE BOARD DISCUSSED and NOTED the above**
- 2 **AGREED that Executive Directors would invite Leanne and Cathy to attend their SMT meetings to explore how this project can help with their service development and also consider other creative/innovative ideas for service development**

**165/12 MINUTES OF THE last meeting held on 26 September 2012**

With minor amendments the minutes of the meeting held on 26 September 2012 were agreed and will be signed by Lorraine Cabel, as an accurate record.

**166/12 MATTERS ARISING**

**i) Recruitment of Mental Health Act Managers**

It was noted that three interviews had been held for the above posts, two of which had resulted in successful recruitment. Other interviews are being arranged for the future. Dr Patrick Geoghegan advised that when staff retire information is included in their retirement packs on how they can become Associate Mental Health Act Managers in order to retain their knowledge and expertise.

**THE BOARD**

- 1 **AGREED that Nikki Richardson/Amanda Reynolds to take forward and keep Board members updated on recruitment**

**ii) Board to Board Meeting with NHS Bedfordshire & NHS Luton PCTs**

Dr Patrick Geoghegan confirmed that this meeting had taken place with the outcome of the meeting very positive. Overall the feedback from both PCTs is that the relationship with SEPT is strong and that they have seen real service improvements since SEPT took over.

Dr Patrick Geoghegan also confirmed that following this meeting an Executive to Executive meeting with Luton CCG took place and again this was very positive with a strong message from the CCG that they want to work in partnership with SEPT.

**iii) Service Transformation Implementation Update**

Peter Wadum-Buhl and Dr Pauline Roberts provided a verbal update to the Board and advised that service transformation plans are being rolled out across the Trust. Robust action plans are in place and this has been overseen by both

management and clinical leads as a means of ensuring that the transformation is based on improving clinical outcomes for patients.

One of the biggest challenges facing SEPT's transformation plans is linking in with the newly formed CCGs and bringing them up to speed with where we are with our plans and what we are trying to achieve. Some CCGs are more understanding of our proposals than others. Dr Pauline Roberts gave assurance that ongoing discussions are taking place with all interested parties. Board members asked to be kept up to date and it was agreed a report would be provided at the January 2013 Board meeting setting out clear milestones on transformational delivery dates.

#### **iv) Mountnessing Court Update**

Dr Patrick Geoghegan reminded members at the last meeting one of our Governors, Eileen Greenwood, raised issues regarding the changes taking place at Mountnessing Court and requested assurance that carers/relatives were being involved in any decisions made about the patient care of their relatives. At the time Dr Patrick Geoghegan gave assurance this was happening and was pleased to report that the changes went as planned, service users and carers were fully involved and no concerns have been raised.

In addition, Dr Patrick Geoghegan advised members that Professor Alistair Burns, National Clinical Director for Dementia has recently visited the Trust and met with key clinicians and other staff and was very impressed with the new model of service that has been developed at Mountnessing Court. Members welcomed this feedback.

## **167/12 INTEGRATED QUALITY AND PERFORMANCE REPORT**

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

***Development of a pathway based contract in Bedfordshire & Luton*** - 54% of community clients have a pbr cluster against the target of 75%. Ray Jennings gave assurance that this has been dealt with and our main objective is to ensure we get the data capture correct and therefore this may take some time but is confident by the end of the financial year we should be able to achieve the target.

### **THE BOARD**

**1 AGREED that Ray Jennings & Directors ensure appropriate support is given to front line staff to achieve this target**

**Mandatory Training** – Patrick advised he was pleased to report that this month there has been a significant increase in performance in that we achieved 84% against the target of 100%. He reminded members that at the August meeting we only achieved 77%.

Patrick confirmed a new mandatory and core training system was launched on 1 October 2012. Nine roadshows have been held which were attended by 600 staff. Patrick advised he is confident the new approach will help us improve current performance but reminded Executive Directors present it was their responsibility to ensure every support is given to staff to achieve compliance with mandatory training requirements.

## THE BOARD

- 1 **AGREED that Executive Directors would ensure staff are supported to attend mandatory training as appropriate.**

Dr Patrick Geoghegan then updated members on the emerging risks as follows:

**Pressure Ulcers:** Patrick advised that improved data collection systems are being put in place, and the new method of reporting is still being embedded. Andy Brogan noted that practice and equipment has been found to differ in some areas of the Trust, and additional training is being put in place to support clinical staff to understand and improve practice.

**Appraisals** – At the end of September the Trust has achieved 51% against the 95% target for appraisals. Patrick advised that there have been problems in collecting some of the information and he expects a vast improvement by the October Board meeting.

## THE BOARD

- 1 **AGREED that Executive Directors ensure all staff have appropriate appraisals and that the data is fed into the Performance Report which will be considered at the November Board meeting**

Patrick then updated on the hot spots reported last month as follows:

**Complaints Resolved within Agreed Timescales:** It was noted that that 97% compliance was reported for September compared to 84% in August. Patrick commended the team for this improvement.

**South Essex Crisis Team Activity:** Additional training and new processes have been put in place which have resulted in dramatic improvements. Performance is now 3% above plan and is no longer a cause for concern.

**Partnership Performance – Luton Borough Council:** Patrick reported that for September four indicators were reported as green and three as amber compared to August when a range of indicators were highlighted as hotspots

**CQC Standards:** The unannounced review of Older People's services in Mayfield and Meadowview by the CQC in August identified only minor concerns in four areas. Patrick confirmed that there was no direct impact on patient care, and that an action plan is being taken forward.

Steve Currell advised Board members that prior to the Board meeting he had raised issues with Andy Brogan concerning pressure ulcer management in West Essex. Steve was happy with the response and therefore at this moment in time required no further information.

Steve also raised issues with Nikki Richardson regarding mandatory training and again he was happy with the response and looked forward to further improvements in the Trust performance in this area.

Steve Cotter asked what the significance was of the figures for chlamydia screening on page 14 of the summary document. Patrick explained that the Trust was not part of the negotiations when the targets were set. He added that chlamydia screening is a challenge for everyone. Richard Winter added that action plans were in place for Luton and Bedfordshire. He explained that there is a shrinking 'pool' of people in the relevant age group – lots of people have been tested and do not wish to be tested again. Sally Morris added that the targets were inherited, and that commissioners accept that we will have to renegotiate them.

Dawn Hillier asked whether there were particular areas causing problems in relation to mandatory training. Nikki responded that based on data available at present no particular area has been identified but that work continues. It is hoped that there will a better position reported in October. Peter Wadum-Buhl added there has been difficulty caused by bringing together different processes and systems, and that the simpler integrated system will allow much closer monitoring and give better assurance. Lorraine Cabel said that the fact that the Trust is now dealing with these issues shows that it has dealt with the priorities first. Dawn extended congratulations on the improvement achieved for complaints resolved within agreed timescales.

## **THE BOARD**

**1 DISCUSSED and NOTED the above Quality & Performance Report for Quarter 2 2012/13.**

**168/12 FINANCIAL PERFORMANCE**

Ray Jennings presented the financial position as at Month 6. The Trust is performing satisfactorily and savings targets are being delivered. He confirmed that no new risks have been identified since the last report.

The Mental Health inpatient services in Essex continue to be an issue however, a recovery plan has been developed which is being finalised.

An outstanding issue is the £600,000 reduction in income relating to the Drug and Alcohol service in Bedfordshire, which is being taken forward by Sally Morris.

The Trust is on target to deliver a £3m+ surplus at financial year end. There are no major concerns other than the issues already highlighted.

Steve Cotter asked whether the fact that each of the actual key metrics were down against the planned rating was an issue. Ray responded that more money was needed to be spent to cover Cost Improvement Plans (CIPs), but that this will balance out later in the year. Although the Trust was on a slightly lower curve, indications are that financial end of year targets will be reached. Steve sought assurance that the Trust is not jeopardising next year's position in order to reach target this year. Ray stressed that the Trust is performing very well and there is no cause for concern.

In response to a question from Lorraine Cabel in relation to plans for reducing the over spend in Mental Health inpatient services, Malcolm McCann advised that each ward has been reviewed and the following addressed:

- Management practice where there is scope for improvement
- Grade of staff
- Bank staff use, etc.

This has reduced the over spend in recent months. The rotas have also been strengthened to ensure patient safety is paramount. There are challenging wards, where staff numbers have had to be increased, which has of course increased the over spend. Part of the plan is to set out the genuine over spend, factoring in activity co-ordination, ward costings and appropriate leadership structures. It has taken a couple of months to reach this stage. Patrick Geoghegan stated that if the plan was robust and in the best interests of patient safety, the reprioritisation of funds will need to be considered.

Patrick noted that two CIP project managers are in position. Ray Jennings confirmed that they will be 'hands on' and will have a dual role – to feedback monitoring purposes to advise the Board and to assist operational services to formulate ideas, etc. The investment in resource will deliver savings and will therefore be good value for the money.

**THE BOARD**

1. **CONSIDERED and DISCUSSED the report/update on the Trust's:**
  - a) **Monitor Financial Risk Rating Quarter 2 and forecast at year end.**
  - b) **Income and Expenditure position by division at Quarter 2 and forecast year end position**
  - c) **Contract and Other Income at Quarter 2**
  - d) **Delegated Expenditure Budgets at Quarter 2**
  - e) **Cost Improvement Programme at Quarter 2**
  - f) **Capital Plan at Quarter 2**
  - g) **Cash and Working Capital**

**169/12 CORPORATE AIMS UPDATE**

Dr Patrick Geoghegan presented a report on progress in implementing the Trust's Corporate Aims as at Quarter 2. There are five Strategic Priorities, from which 19 Corporate Objectives were developed, and were agreed by the Board. There were 439 directorate success measures which contributed to achievement of the corporate objectives. Patrick advised that it was important for Board members to reflect that when these were agreed the Board had agreed to consolidate the Trust's position and not pursue new business. The Trust then bid (successfully) for the SERCO contract. It was noted that the majority of the 439 directorate success measures have been achieved. The timescale for completion of Directorate success measures were to be deferred until later in the year. Patrick advised the Board that some of these were outside of the Trust's control and some are areas where it is possible to put back the completion date. He assured the Board there is nothing to cause concern, and that all should be achieved by the end of March 2013.

Randolph Charles extended congratulations on the progress made. He asked about the position for the Ashanti service in Luton, and whether service users there are being further disadvantaged? Patrick affirmed that the building which is owned by the Council is unsuitable for current day use and therefore we need to move into alternative accommodation as soon as possible. He went on to explain SEPT were working closely with the Council in relation to this issue and hoped within the coming months to reach a decision on the way forward.

Randolph went on to raise issues regarding the Community Development Workers (CDWs) and the need for greater clarity on their role in supporting the communities they serve. Dr Patrick Geoghegan advised members that a review is currently taking place and that he was very keen that CDWs are more involved in local communities than they have been in the past. This is something that is

being discussed with the PCT/CCGs and will be part of our contract negotiations for 2012/13.

## THE BOARD

1. **DISCUSSED and NOTED the progress of the 2012/13 Corporate Objectives as at Quarter 2 2012/13 and**
2. **APPROVED the proposals for the deferral of 13 objectives as identified in the report.**

## 170/12 BOARD ASSURANCE FRAMEWORK

Dr Patrick Geoghegan presented the Board Assurance Framework as at October 2012 and updated Board members on the following:

**20% slippage on the CIP Programme:** this is not expected to exceed 12% in the current year, and therefore the impact and likelihood score have been reduced in the risk rating.

**Further £2.8m capital requirement for IT and service transformation:** although additional funding is required for Bedfordshire and Luton this will not affect the current year. Issues anticipated for future years will now be largely resolved through contract extension and property sales. The current risk rating and post mitigation risk rating has therefore been reduced from 12 to 8 and it is recommended that this risk is removed from the BAF.

## THE BOARD

1. **NOTED and APPROVED the reduction and re-rating of the CIP Programme slippage**
2. **NOTED and APPROVED the reduction and removal of the £2.8m capital requirement for IT and service transformation.**

## 171/12 SUB-COMMITTEES

### (i) Executive Team Operational Committee

Dr Patrick Geoghegan presented the minutes of the meetings held on 18 & 25 September and 2 & 9 October 2012.

## THE BOARD

- 1 **NOTED the minutes of the meetings held on 18 & 25 September and 2 & 9 October 2012.**

**ii) Associate Mental health Act Managers Terms of Reference**

Steve Currell presented the above report for consideration by the Board. Members considered the Terms of Reference and these were approved.

**THE BOARD**

**1 APPROVED the Associate Mental Health Act Managers Terms of Reference**

**172/12 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) Equality & Diversity Policy**

A report highlighting changes to the Trust Policy for Equality, Diversity and Human Rights was presented to the Board.

Randolph Charles asked whether there was a need for external validation of the Equality and Diversity policy, as he felt the policy affected a wider area than internal SEPT. Nikki Richardson provided assurance that the policy had been the subject of internal governance and stakeholder approval. Dawn Hillier advised that she had considered the policy and found that it matched the Department of Health (DH) policy, so she did not consider it to be an issue. Patrick Geoghegan added that the Trust's policy reflects national policy and best practice.

**THE BOARD**

**1) APPROVED the Equality and Diversity Policy**

**iii) Media Policy**

Peter Wadum-Buhl presented the above policy which has gone through the correct governance process.

**THE BOARD**

**1 APPROVED the Media policy**

**173/12 REPORT FROM TRUST SECRETARY**

In the absence of Cathy Lilley (Trust Secretary) Dr Patrick Geoghegan presented the report to the Board and gave assurance that there were no matters of concern. A Board Development Session is scheduled for 7th November where further discussion can be held.

**Private Patient Income** – Patrick reported that this has now been replaced with Non NHS Income. Patrick advised he has established a group who are considering what these opportunities could bring to the Trust. Patrick agreed to keep Board members updated and will be inviting Steve Cotter to consider any proposals put forward by the group.

**THE BOARD**

- 1 **DISCUSSED AND NOTED the above**
- 2 **AGREED that Dr Patrick Geoghegan would keep Board members updated on progress with the Non NHS Income**

**174/12 PLANNING CYCLES 2013/14**

Peter Wadum-Buhl presented the above report which reviews last year's process and proposes a timetable for 2013/14. The Board noted the engagement of frontline staff, service users, Governors, and stakeholders in the development of the Annual Planning Cycle.

Steve Cotter referred to page 3 of 7, paragraph 3 and paragraph 5 (3), and queried the drivers. Peter Wadum-Buhl explained that in the two areas where the scores were slightly lower – staff had commented that they did not feel the operational activities were focussed. Based on this feedback the content had been changed slightly.

Dr Patrick Geoghegan raised concern that Suffolk staff would be asked to travel to Essex for the events in their first year with the Trust. Peter confirmed that there is a small event scheduled to take place in Suffolk, which includes Board members. Dr Pauline Roberts commended the fact that positive feedback is being received and that the paper covers the financial climate. Patrick asked that it is ensured that staff based in Suffolk are supported and included in the Annual Planning Cycle.

**THE BOARD**

- 1) **DISCUSSED the proposal for the 2013/14 planning cycle and planning event structure**

- 2) **REQUESTED** relevant clarification surrounding the proposal for 2013/14
- 3) **AGREED** the 2013/14 proposed planning cycle and
- 4) **AGREED** the 2013/14 planning event structure proposed, subject to the concerns raised by Patrick Geoghegan in relation to Suffolk-based staff.
- 5 **AGREED** that Peter Wadum-Buhl would ensure the inclusion of Suffolk based staff in the Planning Cycle

## **175/12 VISION FOR NURSING CONSULTATION**

Andy Brogan presented the above report which provides a summary of the Consultation feedback from the NHS Commissioning Board, which exists to develop a culture of compassionate care, creating a new vision for nurses, midwives and care-givers. It was noted that the Trust has 3,700 staff in nursing roles, and Andy stated that it is vital that the Board respond to the consultation, which is focussed on the behaviours and values of nurses, and echoes ours as a Trust. He added that there is a range of actions and behaviours set in the '6 C's, comprising Care, Compassion, Competence, Communication, Courage and Commitment.

It was important that other disciplines are also involved and contribute to the Consultation. As a result of this Amanda Reynolds will be discussing it with her Social Work colleagues and Dr Pauline Roberts/Dr Milind Karale, as Medical Directors, will be sharing this with medical staff and asking for comments which will be included in the Trust response.

Dawn Hillier welcomed the report and reminded members it was important the Board took an interest in the recommendations particularly in relation to how the physical recommendations will be rolled out across the Trust. Dr Patrick Geoghegan gave assurance to Dawn that this will be the case and advised members that he is personally chairing the Senior Nurse Group in his capacity as Chief Executive/Executive Nurse and was pleased that Dawn will be a member of this group so that we can keep the Board updated on progress.

Lorraine Cabel welcomed this approach and emphasised the importance that we attract the right calibre of people into nursing.

Andy Brogan requested comments be sent to him by 7 November.

### **THE BOARD**

- 1 **DISCUSSED** and **NOTED** the above

- 2 AGREED that Amanda Reynolds would seek advice from Social Work Colleagues and Dr Pauline Roberts & Dr Milind Karale would seek advice from medical staff and feedback to Andy Brogan**

#### **176/12 ASSOCIATE MENTAL HEALTH ACT MANAGERS REPORT**

Steve Currell presented the above report. Members congratulated and thanked Steve and the Associate Mental Health Act Managers for their commitment and all their hard work over the past 12 months which was evident by the activities highlighted in the report.

Dr Patrick Geoghegan asked Steve what the criteria was for visiting wards as it appeared that some wards which were non-acute and had fewer detained patients often had more visits than those wards where there was a high number of patients detained under the Mental Health Act.

Steve advised that while there is a criteria he agreed there was a need to re-visit whether or not the criteria met the current demands and therefore agreed to discuss with Amanda Reynolds and consider what changes need to be made so that the Associate Mental Health Act Managers focus on key issues.

Randolph Charles asked whether or not there was a greater number of people from BME background detained under the Mental Health Act in comparison to non BME groups. It was agreed that Steve would discuss this with Amanda Reynolds and identify any trends and that this would be included in future quarterly reports to the Board.

Dr Pauline Roberts reported that the main focus for ethnic minorities is access to care. Pauline added that detained patients tend to have better outcomes than those not detained so they may be receiving better care.

Lorraine Cabel, on behalf of the Board, asked Steve to pass on thanks to the Associate Mental Health Act Managers for all their hard work and reminded Board members that these were volunteers. She also thanked Steve for his effective Chairmanship of the Associate Mental Health Act Managers Committee.

#### **THE BOARD**

- 1 DISCUSSED and NOTED the above**

#### **177/12 MEDICAL REVALIDATION/EDUCATION AND TRAINING UPDATE**

Dr Pauline Roberts presented an update to the Board to confirm the organisation's readiness for Medical Revalidation which commences for all Doctors in the UK from 3 December 2012.

Pauline went on to explain to members the process colleagues have gone through over the past 12 months in getting us in a state of readiness for medical revalidation. Pauline also highlighted and thanked Board members for the financial support given to her Department so that we could achieve the deadline for implementation.

Pauline emphasised this is something new and there will be changes in the roll out but the process we have in place is robust and the Trust will achieve the recommendations set by the General Medical Council (GMC) and the Department of Health (DoH) in relation to revalidation.

One of the concerns raised was the impact this could have on Doctors who are not revalidated and need a period of time for training. If they were to achieve revalidation status this could mean Doctors being away from the workplace for a period of time and replacements needed by agency Doctors or by other means. This will have cost implications yet no funding is being made available to Trusts.

Dr Patrick Geoghegan asked that Sally Morris raise this at future contracting meetings and ask for advice on what support the CCGs will give organisations such as SEPT in relation to medical revalidation.

Dr Pauline Roberts also updated members on training developments for Trust medical staff and it was agreed that a quarterly report would be presented to the Board.

## **THE BOARD**

- 1 DISCUSSED AND NOTED the above**
- 2 AGREED that Dr Pauline Roberts will provide an update on Training & Education at the January 2013 Board meeting**

## **178/12 MEDICINES MANAGEMENT ANNUAL REPORT**

Andy Brogan presented the Medicines Management Annual Report. The report highlighted all the activity that has taken place within the Trust in medicines management. Andy explained the role of the Medicines Management Committee and the improvements that have been achieved since we have had an in-house pharmacy service.

Members questioned why there was no input from Forensic Services into the Medicines Management Committee and Andy advised that this is something that has been highlighted to the Clinical Director/Director of the Service and a Forensic Medical staff members will be attending future meetings.

Steve Cotter asked whether the Trust is spending more on medicines this year. Ray Jennings advised this is not the case and there was a slight underspend in the last year.

Members were pleased to see the robustness of controls the Trust has in place in relation to medicine administration.

Following discussion the Medicines Management Annual Report was approved. Members asked Andy to pass on thanks to the Chief Pharmacist, Hilary Scott for doing an outstanding job over the past year.

## **THE BOARD**

- 1 **APPROVED the Medicines Management Annual Report**

## **179/12 MONITORS QUARTERLY REPORT**

Patrick Geoghegan presented the Quarter 2 Compliance Monitoring report.

Steve Cotter asked Ray Jennings to explain the large variance in employee expenses. Ray Jennings responded that it was a technical issue in that the template did not allow for some developments which occurred later. He clarified that Monitor are aware of the issue.

## **THE BOARD**

1. **RECEIVED and NOTED the Quarter 2 Compliance Report**
2. **APPROVED the inclusion of Financial Performance Declaration 1 and delegate authority to the Chief Executive to sign the Board Statement on behalf of the Board of Directors**

## **180/12 USE OF CORPORATE SEAL**

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

17 October 2012 – Lease of Unit 2 Doolittle Mill, Froghall Road, Amptill

## **THE BOARD**

- 1 **NOTED the above**

**181/12 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING**

Lorraine Cabel confirmed correspondence in relation to the Board Self-Assessment evaluation report was circulated to members. Lorraine requested members respond to this within the agreed timeframe.

**182/12 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER**

None.

**183/12 QUESTIONS FROM MEMBERS OF THE PUBLIC/STAFF/GOVERNORS**

John Jones, Governor, Bedford asked whether there are properties within the SEPT estate which are subject to private finance initiatives, and what happens when the contract periods come to an end? Ray Jennings responded that there are three such properties within the Trust. The properties will revert to the NHS with no additional costs.

John Jones then asked whether as a Foundation Trust (FT), SEPT is subject to corporation tax or whether it is likely to become so. Ray Jennings explained that the Health & Social Care Act allows FTs to attract private income and confirmed that corporation tax does not alter the position, as FTs are exempt from corporation tax when providing core healthcare services. He further confirmed that where the Trust is not providing healthcare services it will and is currently liable for such tax where business is of an entrepreneurial nature (particularly if bidding against other providers to deliver these services) and therefore in competition with the NHS. The Trust is already subject to corporation tax, although at this stage there is no necessity to pay.

John Jones then asked the Board of Directors to confirm that following a suicide in Leighton Buzzard where a patient had not been admitted to hospital, the Trust was doing things differently to avoid similar instances in the future? Andy Brogan responded that the position of the Trust is that any patient with a clinical need to be admitted will get a bed, by whatever means necessary – he stressed that this remained the position of the Trust. Dr Pauline Roberts reinforced this point by adding that there has never been any management pressure on medical staff to make decisions based on anything but clinical judgement and that the Trust must always seek the least confined environment possible.

As with all cases of suicide a full review will be carried out in line with national policy. The recommendations are closely monitored by the Clinical Governance Committee, Integrated Quality & Governance Steering Committee and the Executive Team. Patrick confirmed he randomly selects action plans for internal/external audit as appropriate as a means of seeking additional assurance that actions are being translated into practice.

<b>184/12 ANY OTHER BUSINESS</b>
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### **Francis Report**

Dr Patrick Geoghegan advised members that it is likely that the Francis report will be published in January 2013.

Patrick went on to share with members the ongoing work within the Trust in monitoring the quality of services we provide and the assurance that we have from both internal and external agencies as a means of giving additional assurance to the Board. Patrick advised that he has requested that Andy Brogan and Dr Pauline Roberts establish a Task & Finish Group and they prepare an update for the January Board meeting highlighting how we performance manage quality across the organisation and to re-consider the content of the Mid-Staffordshire report and give assurance to the Board that the issues raised in this report are monitored within the Trust.

### **THE BOARD**

**1 NOTED the above**

**2 AGREED an update on the outcome of the Task & Finish Group be presented to the January 2013 Board meeting**

<b>185/12 DATE AND TIME OF NEXT MEETING</b>
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The next meeting will take place on 28 November 2012 at Stockwood Discovery Centre, Luton.

Lorraine Cabel thanked everyone for attending and closed the meeting at 4.55.

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