

**SEPT**  
**MINUTES OF PUBLIC BOARD OF DIRECTORS**  
**PART 1**  
**held on 25 September 2013**  
**at the Stockwood Discovery Centre, Luton**

**Members Present:**

Lorraine Cabel	Chair
Janet Wood	Vice-Chair
Steve Cotter	Non-Executive Director
Alison Davies	Non-Executive Director
Steve Currell	Non-Executive Director
Randolph Charles	Non-Executive Director
Dr Dawn Hillier	Non-Executive Director
Sally Morris	Chief Executive
Nikki Richardson	Executive Director of Corporate Services/Customer Care
Richard Winter	Executive Director of Integrated Services - Bedfordshire & Luton
Dr Milind Karale	Medical Director

**Also Present:**

Teresa Matthews	Board Secretary (Minutes)
Cathy Lilley	Trust Secretary
Faye Swanson	Director of Compliance & Assurance
Sarah Browne	Assistant Director of Clinical Governance
David Griffiths	Deputy Director of Finance
John Jones	Lead Governor
Shurleaa Harding	Governor
Mandy Tanner	Governor
Clive Travis	Governor
Rebecca Moses	Intern
Narijan Nedumcheleyam	Information Assistant
Michael Dolling	Governor
Kate Hudson	CAMHS Professional Lead
Miles Clapham	CAMHS Consultant
Jo Meehan	CAMHS
Brian Arney	Governor
Jim Thakoordin	Governor
Julie Asher	Clinical Lead, Compliance
Ireneus	Health & Safety Advisor
Joy Das	Governor
Susan Butterworth	Governor
Steve Porter	Partnerships & Social Care
Dee Hunnie	Communications
Patrick Osei	Communications

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

Members were reminded of the Trust's Vision Statement.

**179/13 APOLOGIES FOR ABSENCE**

Apologies were received from Peter Wadum-Buhl, Andy Brogan, Amanda Reynolds, Malcolm McCann and Ray Jennings.

**180/13 DECLARATIONS OF INTEREST**

No declarations of interest were declared

**181/13 PRESENTATION by Dr Miles Clapham, Jo Meehan & Kate Hudson – CAMHS Team on Reducing Tier 4 Admissions/Keeping Children & Young People Closer to Home**

Sally Morris introduced Dr Miles Clapham, Jo Meehan & Kate Hudson members of the CAMHS Team and advised they have been shortlisted for a national award for the services they provide.

Kate Hudson outlined to Board members an overview of the CAMHS treatment service and advised investment was given to the team in 2011 to help reduce Tier 4 admissions. Kate explained the Aims of the CAMHS Home Treatment team which is to enable face to face access between the hours of 9-5, 7 days a week. The Team provide a rapid response (within 4 hours) following referral and provide intensive support in the early stages of a primary health crisis. A further aim is to gatekeep all admissions and Tier 4 provision in liaison with Commissioners.

Dr Miles Clapham then explained the range of disorders including children and young people with significant psychiatric disorder, psychosis depression, eating disorders, post traumatic stress, anxiety and any other disorder resulting in admission.

The referral system aims to help reduce the number of hospital admissions and the model of intervention is to engage with the children.

The challenges for the service is to keep children out of hospital but there is an increase in referral rates with more complex cases. There is a variance with services across Bedfordshire & Luton and the service are also working with limited resources in line with the Trust's CIP programme.

Jo Meehan then explained the Trust's achievements:

- Rapid response to overdose/crisis cases reducing the workload on clinical teams
- Diversion of cases before presenting to A&E
- Shortlisted for Royal College of Psychiatry team of the year
- Development of Outreach Eating Disorder post
- 2012 Audit results showing improved patient satisfaction

The future developments for the team include:

- Securing a permanent contract for the crisis model
- Expansion of the eating disorder outreach post

- Developing a CAMHS crisis and home treatment service in direct response to Bedford CCG emergency

Jo then highlighted some of the service user feedback which has been very positive.

Steve Cotter commented the rapid response service only runs from 9-5 and asked what service is available outside of these times. Jo explained that there is a CAMHS on call service in place as there is not enough funding to provide out of hours services on a regular basis.

Randolph Charles congratulated the team for being shortlisted for the national award and asked whether children can self refer to the team. Jo explained the team do receive referrals via schools and can also see the children on school premises if required.

Dr Milind Karale stated the team only have the support of 2 Sessions from a Consultant Psychiatrist and this is not enough to treat some of the complex cases. This is a commissioning issue that needs to be discussed with the Commissioners. Richard Winter commented the team have been commended by Commissioners in helping with the Bedford Hospital paediatric emergency issue and this could be the basis for future funding.

Jim Thakoordin, Governor commented this is a very good service and supported the work being undertaken by the team but asked whether the service involves the voluntary sector. Richard Winter commented this will be taken into account.

Joy Das commented there is a shortage of beds in West Essex and asked if there are any plans to increase CAMHS beds in every hospital. Sally Morris advised the Trust's young people's adolescent beds are commissioned via specialist commissioners and the Trust does run an adolescent ward at Rochford Hospital.

Sally advised she will discuss with the Commissioners in relation to developing units in the future as there is a need for a Unit in Bedfordshire.

Lorraine Cabel thanked the team for their presentation.

## **THE BOARD**

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

#### **182/13 MINUTES OF the last meeting held on 31 July 2013**

The minutes of the meeting held on 31 July 2013 were agreed and will be signed by Lorraine Cabel, as an accurate record.

#### **183/13 ACTION LOG**

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

Visit by Leadership Academy in September – Sally Morris advised the visit was cancelled by the Academy.

188/13 – Keogh Review – this is now closed as it is an agenda item today

167/13 – Equality & Inclusion Annual Report – this is now closed as this is an agenda today

165/13 – Update on one stop shop – this is due for an update at the October Board

146/13 – Patient Survey Action Plan – this is due to be presented to the October Board meeting

## **184/13 PERFORMANCE AND FINANCE SCRUTINY COMMITTEE**

Lorraine Cabel as Chair of the Performance & Finance Scrutiny Committee gave assurance in relation to performance issues as at Month 5, August 2013.

Sally Morris advised there are two hot spots identified as follows:

**7 day follow up post discharge** – the follow up rate was 90.2% in August compared to the Monitor target of 95% which means that 5 patients were not followed up within 7 days of discharge. Sally advised this was mainly due to the patients concerned having chaotic lifestyles and it has therefore been agreed that follow up visits should take place at the earliest opportunity to maximise patient safety and to enable further visits within the 7 day window. Sally gave assurance that the Operational Directors have given assurance that action has been taken to address this and that the target will be achieved for the quarter.

**Inpatient pbr clustering** - Sally advised there has been a deterioration in this target with Essex at 77% and Bedfordshire at 82%. Sally also commented there was an announcement last week that pbr for mental health will not take place next year but we are awaiting clarification of this. While clarification is awaited it is important the Trust improves the pbr clustering information and Sally confirmed that Dr Milind Karale is taking this forward with medical colleagues.

Sally then updated members on some of the emerging risks as follows:

**Adult Acute Inpatient Activity (Beds & Luton)** – Sally confirmed that there are significant pressures on adult acute inpatient services with occupancy rates above the 85% threshold. There has also been an increase in the number of Mental Health Act assessments and detentions and this required additional staff resulting in a significant cost pressure. Richard Winter gave assurance that this has been raised with Commissioners but the action being taken by the CCG is not clear. Richard confirmed Declan Jacob, Director of Mental Health Services regularly reviews staffing levels on the wards and the aim is to recruit to permanent staff.

**Complaints** – Sally advised that the Committee were pleased that at the end of August 98% of complaints were resolved within the agreed timescale with 55% being resolved within 30 days.

**Mandatory Training** – Sally advised that compliance is now 95.9%, however, as a result of a recent internal audit the Executive Team has recommended that the target number of staff trained should be increased to 88% which will reduce performance to 90.4%. Sally confirmed that the Performance & Finance Scrutiny Committee have

agreed to the increased target as from October and acknowledged that this might lead to a temporary reduction in overall compliance reported in November.

**AWOLs-** Sally advised that in August there were 5 AWOLs which represents a significant reduction compared to those reported in Quarter 1. Sally confirmed that the action taken appears to be having a positive impact and Andy Brogan is now obtaining benchmarking information from other mental health organisations.

**CQC Review Luton Central Bedfordshire Mental Health** – Sally advised the CQC had carried out an un-announced review of the above services on 30 July 2013 with the final report being received confirming that 5 standards were inspected and all were found to be compliant. No improvement actions have been identified.

Dawn Hillier congratulated all staff concerned in relation to the above visit and pleased with the improvements made but asked whether the Trust will be in breach of Monitor's targets in relation to the 7 day post discharge follow up. Sally commented that if we do not reach the Monitor target of 95% this will mean one penalty point however if there are no other issues this will not impact on the Monitor rating. Lorraine Cabel gave assurance that the Performance & Finance Scrutiny Committee will monitor this closely.

Sally also presented revised Terms of Reference of the Committee with minor changes.

## THE BOARD

- 1 **DISCUSSED AND NOTED the above**
- 2 **APPROVED the revised Terms of Reference**

## 185/13 FINANCIAL PERFORMANCE

David Griffiths presented the Trust's financial performance at Month 5 – August 2013 is a surplus of £1.6m which represents performance slightly above Monitor plan. However, expenditure on IT and backlog maintenance is below planned level and if this had been fully committed the surplus would be below plan. David recommended that the Trust continues to be cautious about committing significant expenditure on IT and back log maintenance until the underlying position improves. Cash and working capital balance remain strong and all divisions continue to make a positive contribution to the Trust's overheads and surplus.

David updated on the following hot spots:

**Overspend on Bedfordshire & Luton inpatient services** – this has continued to increase this month with the total overspend of £600K. The overspend is mainly due to the use of temporary staff to undertake special observations and to cover staff supervisions. Richard Winter gave assurance that tight controls are in place to monitor this.

**Funding in respect of Suffolk redundancy costs** – confirmation is awaited that all costs incurred by the Trust will be reimbursed.

**Bedfordshire & Luton Section 75 £400K budget deficit** - this consists of £260K of savings that have now yet been implemented and £140K of expenditure on Approved Mental Health Professionals (AMHP) service. A detailed action plan is in place in respect of the AMHP service and was presented to the Local Authorities but the situation has not yet been resolved.

David then outlined the emerging risks as follows:

**CIP Programme** – the CIP programme for 2013/14 now has a deficit against the plan of £0.8m, in addition £1.7m of brought forward CIPs from 2012/13 also require addressing. Directors are now working on alternative plans.

**West Essex divisional adjustment** – the overspend on clinical services has increased to £0.2m mainly due to the significant adverse variance on the inpatient services caused by agency expenditure to cover vacancies, staff absence and one to one cover.

**Dementia Challenging Behaviour Pathway Redesign QIPP Scheme** – From December the income has been effectively reduced by £0.3m recurrently. It was anticipated that the pathway redesign would lead to reduced bed numbers in relation to continuing healthcare in the current year. David explained it is now unlikely that this will be possible by December and therefore the Trust is in discussion with Commissioners to look at ways of delivering this shortfall.

Steve Currell commented he noted that in relation to CIPs that the Directors have been asked to put alternative schemes in place but asked what action has been taken to date. Richard Winter commented progress on the CIPs is monitored within his Directorate on a weekly basis and it has been recognised that some of the schemes may not be achievable, therefore alternative schemes are being considered.

Sally Morris commented she has arranged a meeting with Executive Directors to discuss the CIP programme in detail and to discuss alternative schemes. Following this debate any agreements will be discussed with the Leadership Team to ensure delivery of the schemes within the agreed timescales.

Janet Wood commented she is pleased action is being taken to address the CIPs that are now not deliverable. Lorraine Cabel also commented that all schemes must be quality impact assessed and if Commissioners delay in making decisions this can impact on the lead in time and this must be taken into account.

Steve Currell commented on the overspend within Bedfordshire & Luton inpatient service where some of the overspend was due to agency staff. Steve commented that when staff are suspended cover is put in place and therefore the Trust is paying twice and requested assurance that the Trust follow policy in relation to suspending staff. Nikki Richardson gave assurance that the policy is adhered to and staff will only be suspended as a last resort and if HR staff have any concerns this is escalated to her to discuss with the relevant Executive Directors.

## THE BOARD

### 1 DISCUSSED and NOTED the above

**186/13 BOARD ASSURANCE FRAMEWORK 2013-14**

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

Sally proposed two changes as follows:

The Executive Team reviewed the following risk and recommended that it is further expanded to include the Bedfordshire locality:

Public health services across Essex will be subject to retendering and the Trust may not retain these contracts in the future.

The Executive Team also considered the cumulative number of high risks associated with the delivery of the Suffolk Specialist Services contract and recommends that this is escalated to the Board Assurance Framework as follows:

There is a potential risk to the reputation of the Trust if the organisation is unable to continue the delivery of specialist community services in Suffolk due to contractual complexities with the Prime Contractor.

The above two proposed changes were approved by the Board.

**THE BOARD**

- 1 APPROVED the Board Assurance Framework as at September 2013**
- 2 AGREED the addition to the Public Health to include the Bedfordshire locality**
- 3 APPROVED the recommendations from the Executive Team to escalate the Suffolk Specialist Services contract risk to the Board Assurance Framework**
- 4 APPROVED the risk scoring as detailed within the report**

**187/13 SUB-COMMITTEES****(i) Executive Team Operational Committee**

Sally Morris presented the minutes of the Executive Team Operational Committee held on 22 & 29 July, 12 & 19 August, 2 & 9 September 2013.

Alison Davies commented the minutes of 22 July make reference to anonymous concerns raised and requested an update. Sally Morris advised a full investigation was undertaken and all staff have had an opportunity to put forward any concerns.

Dawn Hillier requested an update on the Liverpool Care Pathway. Dr Milind Karale advised he prepared a paper for the Executive Team updating members on the current position but that further guidance is expected to ensure the care pathway is providing appropriate care. Sarah Browne commented that Andy Brogan has set up a Task & Finish Group to take this forward and very few areas within the Trust use the Liverpool care pathway which is mainly used in Acute Hospitals.

Dawn Hillier commented she noted that the Executive Team will be using a Follow Up system rather than an action log and requested an update on this. Sally Morris commented because the Executive Team is a weekly meeting and discussed a significant number of agenda items it would be too time consuming to discuss the Action Log at each meeting. Members have agreed a follow up system would be put in place to ensure that all actions are addressed.

Randolph Charles requested an update on the Ashanti consultation. Steve Porter commented the Local Authority have commissioned the Consultation after which a decision will be made on the use of Ashanti.

Randolph Charles also requested an update on progress with 7 day services. Dr Milind Karale commented there is a debate taking place at national level but this mainly relates to Acute Trusts. There are no plans for mental health at this stage in relation to introducing a 7 day service but it is important to put this in place where clinics will be useful at weekends as not all services will be required 7 days a week. Milind pointed out that ARU together with the University College London Partnership (UCLP) are taking forward a 7 day service project and the Trust will be included as part of the outcome discussions.

## **THE BOARD**

### **1 NOTED the minutes of the meetings held on 22 & 29 July, 12 & 19 August, 2 & 9 September 2013**

#### **ii) Audit Committee**

Janet Wood presented the minutes of the Audit Committee meeting held on 28 May which were agreed at the meeting on 5 September 2013.

Steve Cotter requested an update on the value for money for Consultants. Janet Wood advised that the Audit Committee review this every six months to ensure the Trust is receiving value for money.

#### **iii) Integrated Quality & Governance Steering Committee**

Dawn Hillier advised the minutes of the meeting held on 13 June were approved on 15 August. Dawn provided a summary of discussions held at the August meeting.

Steve Cotter requested an update on the Information Assurance Framework. Faye Swanson advised KPMG undertook a review of the governance systems last year and stated the management systems were entirely appropriate but requested the Trust introduce a data quality assurance framework whereby for every indicator the Board receives there is some level of independent assurance on data quality. The indicators are listed in the Framework which is a live document to enable inclusion of internal and external data reports. The first report was presented to the Integrated Quality & Governance Steering Committee and internal audit are currently carrying out a review of the data quality in relation to 11 indicators which has not yet been completed. Faye reminded Board members this is good practice to have independent assurance on each indicator.

**188/13 TRUST POLICIES**

Lorraine Cabel advised members of the public, staff and governors that the Trust Policies are presented to the Board for final approval after going through a robust governance process.

**Fire Safety**

David Griffiths presented the above policy which has gone through the correct governance processes.

**THE BOARD****APPROVED the Fire Policy****Registration Authority**

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

**THE BOARD****APPROVED the Registration Authority Policy****Appeals to Hospital Managers Mental Health Act 1983**

In Amanda Reynold's absence the above policy was discussed. It was noted this had gone through the correct governance process.

**THE BOARD****APPROVED the Appeal to Hospital Managers Mental Health Act 1983 policy****189/13 REPORT FROM TRUST SECRETARY**

Cathy Lilley presented the above report which highlights various communications from our Regulators and also a number of consultation documents from Monitor, CQC and the FTN.

**THE BOARD****1 DISCUSSED and NOTED the above****190/13 UPDATE ON VOLUNTEERS**

Nikki Richardson presented an update on the progress made within the volunteer service. Nikki reminded members the service was re-launched with two events in November 2012 in Essex and Bedfordshire & Luton.

Alison Davies commented she was pleased that there is training in place for volunteers but asked if staff have capacity to offer help and support if required by the volunteers. Nikki commented some Managers have requested volunteers to support their services and it is therefore expected they would offer help and support if necessary.

Dawn Hillier asked how much it is costing to run the volunteer service. Nikki advised the Trust does work very closely with other volunteer agencies and the resource within SEPT to take this forward is very small.

Lorraine Cabel congratulated Nikki and her team for their achievements.

## **THE BOARD**

### **1 NOTED the above**

#### **191/13 STAFFING LEVELS ASSURANCE REPORT**

Sarah Browne presented a report providing assurance to the Board of safe staffing levels within the Trust services. The recent Keogh review makes specific recommendations for the Directors of Nursing of NHS Trusts to report on safe and appropriate staffing levels to the Board twice yearly.

The Keogh review makes specific recommendations including ward by ward minimum staffing levels, staffing establishments and vacancies, systems of daily assurance for nurse staffing levels on shift by shift basis.

Sarah advised it is recognised in mental health that there is little evidence for determining both the levels of staff in terms of numbers, grade and skill mix as the majority of evidence relates to acute services. However, staffing levels within the Trust have been determined by a combination of professional judgement, dependency and benchmarking with other similar organisations.

Dawn Hillier commented that when reviewing the skill mix it is important to take into account other professions ie support workers, therapists as the Keogh review also makes reference to unregistered support staff, associate practitioners etc.

Steve Currell commented there does seem to be some inconsistency in the benchmarking information with other Trusts. Sarah Browne commented some organisations have already undertaken work looking at the dependency of patients to ensure the right skill mix is available for shifts and this has been agreed with Commissioners.

Steve welcomed this but stated it is important if professional judgement is made to address any deficits in the skill mix that this is monitored and any issues raised with the Commissioners. Sarah Browne commented the professional judgement is usually made by the Ward Sister/Charge Nurse and Senior clinicians who agree the appropriate safe staffing levels taking into account any one to one observations.

Sally Morris gave assurance to the Board that in Bedfordshire & Luton the Director of Mental Health checks twice daily on the staffing levels within the inpatient services to ensure they are appropriate. Despite this there is an overspend in this area which is currently being addressed. Within South Essex a similar exercise is being carried out and therefore gave assurance that any concerns are flagged up to the Director of Nursing or relevant Executive Director.

Lorraine Cabel commented the report reflects what could be seen as at times conflicting guidance from national bodies in terms of empirical evidence. It will therefore be important that the Trust positions itself appropriately as soon as possible.

Randolph Charles commented on the statement 'minimum staffing levels' and requested that this be amended. Sally advised she had already requested this to be changed to 'appropriate staffing levels' rather than minimum. This was supported by Board members.

## **THE BOARD**

### **1 DISCUSSED AND NOTED the above**

#### **192/13 UPDATE ON THE KEOGH REPORT**

Sarah Brown presented an update on the key findings of the Keogh review. The report highlights that within the Trusts reviewed there were areas of good practice but also areas for improvement.

The review identified key themes and although mainly relating to Acute Trusts there are some common challenges for all NHS organisations, therefore, 8 ambitions for improvement within two years were identified.

Dawn Hillier commented on one of the actions relating to Boards of provider organisations, Executives and Non-Executives taking collective responsibility for quality across each service line and asked how this will be taken forward.

Lorraine Cabel commented it is important to wait until national guidance is available and this will then be discussed at a future Board development session. Lorraine pointed out the Trust already has robust systems and processes in place. Sally Morris commented this includes the Performance Report, quality meeting with CCGs, internal CQC visits, internal audits etc.

## **THE BOARD**

### **1 NOTED the above**

#### **193/13 EQUALITY AND DIVERSITY ANNUAL REPORT**

In Amanda Reynold's absence, Randolph Charles and Dawn Hillier presented the above report. Dawn wished to thank Steve Porter for his contribution and work in preparing the report.

Dawn advised the report updates the Board on the work of the Trust in ensuring SEPT is compliant with the Equality Act.

Sally Morris commented this is a much improved document and outlines the diverse services and services users the Trust supports.

Randolph Charles advised the report has also received input from the Non-Executive Directors.

In relation to Page 38, Appendix 7 reference is made to the Trust providing equal opportunities for career progression or promotion with a completion date of September 2013. Randolph agreed to discuss with Amanda outside of the meeting whether this has been actioned.

Steve Cotter commented he noted from the report a Sikh Conference had taken place and therefore asked how many Christian conferences have been held. Steve Porter confirmed the Trust has run the Black Christian Churches Conference and also some multi-faith conferences.

Steve Cotter also pointed out on Page 28 of the report under the section religious beliefs that there did not seem to be many Muslims included. Randolph Charles agreed to raise this at the next Steering Committee.

With the above amendments the Board approved the Equality & Inclusion Annual Report

## **THE BOARD**

### **1 APPROVED the Equality & Inclusion Annual Report**

## **194/13 CUSTOMER CARE STRATEGY UPDATE**

Sally Morris reminded members that a presentation was given at the June Board meeting on the refreshed Customer Care Strategy. Sally advised a further report has been presented to the Executive Team who have requested further analysis of the findings prior to giving staff feedback.

Sally advised she has also requested more debate with the Board on the messages from the Listening Exercises and how these will be implemented within the Trust. Sally therefore proposed this be discussed at a future Board Seminar Session. This was supported by Board members.

## **THE BOARD**

### **1 AGREED this would be discussed at a future Board Seminar session**

## **195/13 WORKFORCE PLAN**

Nikki Richardson presented the Board with progress on the Trust Workforce plan which was submitted to the Health Education East of England. The plans were produced through consultation with Service Directors and the Trust submitted an over-arching plan for the organisation with trajectories and detailed narrative explaining the under-pinning initiatives. A separate plan was submitted in relation to Suffolk services. Nikki also advised the full plan is available to Board members if required.

Alison Davies asked whether the recommendations from the Keogh, Berwick and Francis report in relation to staffing/workforce plans have been taken into account. Nikki Richardson gave this assurance.

Steve Cotter commented the plan makes reference to the head count being lower in March 2018 and asked whether this is correct. Nikki Richardson commented this is the case as the plan takes into account skill mix, CIPs etc. Sally Morris also advised the plan assumes that some of the services may not be managed by the Trust in the future.

## **THE BOARD**

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

#### **196/13 INFECTION CONTROL ANNUAL REPORT 2012/13 AND INFECTION CONTROL STRATEGY 2013/16**

Sarah Browne presented an update on the work undertaken by the Infection Control team in the year 2012/13, the workplan for 2013/14 and the Strategy for next two years.

The Annual report outlines the Trusts compliance with the Health and Social Care Act, Code of Practice and compliance with Criterion 8 of the Care Quality Commissions Essential Standards.

Lorraine Cabel requested an update on Page 10 in relation to all staff working to the same policies. Sarah Browne confirmed this relates to Suffolk policies and this has been addressed

## **THE BOARD**

### **1 APPROVED the Infection Control Annual Report 2012/13 and the Strategy for 2013/15**

#### **197/13 APPOINTMENT OF CONSULTANT PSYCHIATRIST**

Steve Currell advised an Appointments Panel met on 30 September 2013 to interview for the post of Consultant Psychiatrist in Forensic Services. Steve advised the recommendation from the panel is to appoint Dr David Ho.

This was approved by Board members.

## **THE BOARD**

### **1 APPROVED the appointment of Dr David Ho as Consultant Psychiatrist in Forensic Services**

#### **198/13 APPOINTMENT OF CONSULTANT PSYCHIATRIST**

Janet Wood advised an Appointments Panel met on 5 September to interview candidates for the post of Consultant Psychiatrist in Older Peoples Mental Health.

The panel recommended that Dr Feena Sebastian be appointed. This was approved by Board members.

**THE BOARD**

- 1 APPROVED the appointment of Dr Feena Sebastian as Consultant in Older Peoples Mental Health**

<b>199/13 CHIEF EXECUTIVE/NON EXECUTIVE DIRECTOR SERIOUS INCIDENT AUDIT</b>
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Alison Davies advised she and Dr Patrick Geoghegan (former Chief Executive) selected a Serious Incident to be audited to check on implementation of the recommendations. Alison was pleased to advise that the audit demonstrated significant improvements have been made and it was clear that the recommendations are now embedded in the organisation.

**THE BOARD**

- 1 NOTED the above**

<b>200/13 ANNUAL REPORT FROM AUDIT COMMITTEE</b>
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Janet Wood presented a review of progress undertaken by the Audit Committee covering the period 1 October 2012 to 30 September 2013. Janet commented this was a successful year with good internal and external audit reports received which provides assurance to the Board.

Lorraine Cabel wished to put on record her thanks to Janet as Chair of the Audit Committee and members of the group for their hard work which was much appreciated. This was re-echoed by Board members.

**THE BOARD**

- 1 DISCUSSED AND NOTED the above**

<b>201/13 CQC CHANGES</b>
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Faye Swanson requested Board members consider a variation of the Trust's CQC Registration for the purpose of de-registering Doolittle Mill as a location and adding Luton & Dunstable Hospital and Spire Harpenden Hospital as locations the Trust provides services from.

The Board approved the above.

**THE BOARD**

- 1 APPROVED the Variation application for adding Luton & Dunstable Hospital as a separate location**
- 2 APPROVED the variation application for adding Spire Harpenden Hospital as a separate location**
- 3 APPROVED the variation application for de-registering Doolittle Mill as a separate location**

**202/13 LUTON AND BEDFORDSHIRE MHU – CQC COMPLIANCE REVIEW**

Sally Morris presented the Board with the Compliance Review Report received from the Care Quality Commission (CQC) following inspection of the Luton & Central Bedfordshire Mental Health Unit (MHU) in July 2013.

Sally advised that the service was compliant with all 5 standards reviewed and no compliance actions identified. Sally wished to congratulate all staff concerned. This was supported by the Board.

**THE BOARD**

**1 DISCUSSED and NOTED the above**

**203/13 USE OF CORPORATE SEAL**

Sally Morris confirmed the Corporate Seal has been used on the following occasions:

Deed of Grant of Easement land at Whichellos Wharf  
Lease of 1 Wharf Close between SEPT and Family Mosaic  
Lease of 295 Long Lane, Grays between SEPT and Family Mosaic  
Lease of 19 Fairview Road Basildon between SEPT and Family Mosaic

**THE BOARD**

**1 NOTED the above**

**204/13 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING**

Lorraine Cabel advised correspondence was sent out to Board members in relation to Chairs action on Managed Bank Services.

**205/13 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER**

None.

**206/13 QUESTIONS FROM MEMBERS OF THE PUBLIC/ STAFF/GOVERNORS**

Joy Das requested an update on the discussions in relation to patients admitted with complex issues. Sally Morris advised that some patients are admitted via Acute Hospitals and therefore the model of care is adapted to reflect this.

Michael Dolling asked whether any Directors receive as part of their contract 'golden handshakes'. Sally Morris gave assurance that this is not the case.

Michael Dolling also asked whether Non-Executive Directors receive training. Lorraine Cabel commented Non Executives have a continuous personal

development plan and place with agreed objectives and within this there is an element of training as well as Board development sessions.

Clive Travis asked whether research has been carried out to identify why patients Abscond Without Leave. Dr Milind Karale commented that the majority of AWOLs relate to patients returning late with zero harm and ward staff do discuss reasons with the patients concerned.

Mandy Tanner asked whether all patients are seen face to face as part of the 7 day discharge follow up. Sally Morris commented it is a requirement to contact all patients within 7 days but the Trust tries to make this face to face but there are sometimes circumstances where this is not possible ie if the patient moves etc.

John Jones asked that given the significant level of work related stress identified via the staff survey are there plans in place to monitor this and identify the areas this is high. Nikki Richardson commented there is a slight increase outlined in the results of the patient survey in the number of staff suffering from work related stress but for a mental health organisation the number is still low. The average score is 41% and the Trust scored 33%. Actions have been put in place to break the information down into geographical areas.

Nikki also advised the Trust has launched a Stress Workbook which is a self help guide for staff. As part of appraisal this is discussed and therefore hopes the results will improve in the next staff survey.

John Jones asked that given the size of the Trust what is the process to manage utilisation of space ie inpatient facilities at Whichellos Wharf and The Cottage. Richard Winter commented discussions have taken place with Commissioners who have indicated they will be carrying out a rehabilitation bed review and will ensure The Cottage is included. Richard also gave assurance that Chris Howlett, Director of Estates regularly monitors usage of the Trust buildings. Janet Wood also confirmed that the Investment Committee undertake a review twice yearly of the vacant estate and agree whether to sell or rent specific properties. Dawn Hillier commented usage of buildings is also monitored via the Carbon Reduction group.

Paula Grayson asked how the Trust's general charitable funds are assigned especially when no specific actions are requested by the donors. David Griffiths advised during the last financial year £60K of available funds was allocated from the general purpose fund for SEPT patients and staff. David advised the use of the funds must be for the benefit of staff and patients, supporting medical research, professional development of staff etc.

David gave examples of charitable fund allocations to the Open Arts project, purchase of medical equipment, contribution to staff retirement functions.

## **207/13 ANY OTHER BUSINESS**

### **Addendum to the Annual Report & Accounts**

Sally Morris advised that when the Annual Report was produced in moving from a word document to a pdf some of the information was omitted. This was in relation to Director expenses and a clause should be included in the report as follows:

Executive Director & Non Executive Director Expenses – Total expenses reimbursed to Executive and Non-Executive Directors were £40,354 in 2012/13, an average of £2,200 per Director. These costs primarily related to travel costs incurred by Directors in visiting the Trust's services in Bedfordshire, Essex, Luton and Suffolk.

**208/13 DATE AND TIME OF NEXT MEETING**

The next meeting will take place on Wednesday 30 October 2013 at 11.00am at Park Inn, Harlow, Essex CM18 8BA.

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