

**SEPT**  
**MINUTES OF PUBLIC BOARD OF DIRECTORS**  
**PART 1**  
**held on Wednesday 29 July 2015**  
**at Wrest Park, Silsoe MK45 4HR**

**Members present:**

Lorraine Cabel (Chair)	Chair
Sally Morris (CEO)	Chief Executive
Andy Brogan (AB)	Deputy CEO/Executive Director Clinical Governance & Quality/Executive Nurse
Randolph Charles (RC)	Non-Executive Director
Steve Cotter (SCt)	Non-Executive Director
Steve Currell (SCI)	Non-Executive Director
Alison Davis (AD)	Non-Executive Director
Dr Milind Karale (MK)	Executive Medical Director
Nigel Leonard (NL)	Executive Director Corporate Governance
Malcolm McCann (MMc)	Executive Director Integrated Services (Essex & Suffolk)
Mary-Ann Munford (MAM)	Non-Executive Director
Richard Winter (RW)	Executive Director Integrated Services (Beds)

**In attendance:**

Brian Arney (BA)	Public Governor
David Bowater (DB)	Appointed Governor
Nikki Brown (NB)	Deputy Finance Director
Michael Coote (MC)	
Max Forrest (MF)	Associate Director Communications, SEPT
Paula Grayson (PG)	Public Governor
Lynn Gudgin (LG)	Clinical Lead, SEPT
Colin Harris (CH)	Public Governor
Steven Inglesfield (SI)	Deputy Director HR, SEPT
John Jones (JJ)	Public Governor
Cathy Lilley (CL)	Business Administration Manager – Chair's Office (Minute Taker)
Jess Lowe (JL)	SEPT
Joseph Ogunremi (JO)	MHA Manager
Stevie Pattison-Dick (SPD)	
Larry Smith (LS)	Public Governor
Elaine Taylor	Associate Director Safeguarding, SEPT
Jim Thakoordin (JT)	Public Governor
Tony Wright (TW)	Public Governor

The Chair welcomed members of the public, staff and Governors to the meeting. She welcomed Nikki Brown, Deputy Finance Director who was standing in for Mark Madden, Executive Chief Finance Officer.

Alison Davis reminded members of the Trust's vision: *providing services in tune with you.*

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**147/15 APOLOGIES FOR ABSENCE**

Apologies for absence were received from:  
 Mark Madden (CFO) Executive Chief Finance Director  
 Janet Wood (JW) Non-Executive Director

**148/15 DECLARATIONS OF INTEREST**

None.

**149/15 PRESENTATION: SEPT CQUIN PROGRAMME 2014/15**

The Board received a presentation from Emma Willey, CQUIN Lead, on the Trust's CQUIN (Commissioning for Quality & Innovation) programme and the impact of the key achievements on improving patient experience. The Board was pleased to note that the Trust had negotiated and implemented 58 different schemes across Essex, Suffolk, Bedfordshire and Luton and had achieved 97% of income, worth £4.9m.

On behalf of the Board, the Chair thanked EW and her team for the informative presentation and for the work being undertaken in ensuring the Trust has a successful CQUIN programme.

**150/15 MINUTES OF THE MEETING HELD ON 24 JUNE 2015**

The minutes were agreed to be a correct record.

**151/15 ACTION LOG**

The Board received the action log and noted progress:

- June 129/15 Finance & Performance: MMc confirmed that IAPT success stories will be included in future education programmes and promotion for IAPT. Action closed
- June 128/15 Quality Report: AB advised that national benchmarking data for restrictive practices, serious incidents and unexpected deaths now included in the Quality Report. Appropriate national benchmarking data for pressure ulcers and falls currently being reviewed
- Apr 096/15 Public/Governor Questions: AB reported that there was no evidence that legal highs are an issue currently within the Trust's clinical services. Action closed.

**152/15 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT**

The CEO presented the report on behalf of JW, the Chair of the Committee and provided assurance that a full and robust debate had taken place on 23 July 2015 on all performance issues and that mitigating actions and monitoring processes had been requested where appropriate.

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## Performance

The CEO reported that the Committee reviews and monitors the progress with the action log and was pleased to confirm that all actions had been completed. There were seven performance hotspots of which two related to a national compliance indicator which required to be reported to Monitor. The Board was assured that relevant actions were being taken to address the hotspots. She highlighted:

- % Seven Day Post Discharge Follow Up: during Q1 the compliance rate was 94.3% against Monitor's threshold of at least 95%. This will be reported to Monitor as a breach of governance requirements. Assurance was provided that a new system of daily monitoring of discharge follow up was being implemented
- Vacancy Rates: continued challenges with meeting the revised staffing establishment. A significant recruitment programme was being launched which should result in an improvement with successful recruitment
- Sickness Absence: the Q1 rate of 5.14% was above the Trust's target of 4.4%. A new sickness management policy was being developed that included lower trigger points for managing sickness which should result in an improvement in sickness absence
- Mixed Sex Accommodation Breach: during the Care Quality Commission (CQC) comprehensive inspection, two breaches were identified. Action was taken to address the breaches and assurance provided that the breaches did not affect patient safety
- Referral to Treatment Waiting Times: stretched waiting time targets in West Essex continued not to be met. These stretch targets have been carried forward into the 2015/16 contract and were therefore likely to continue to pose a risk to the Trust. However, the 18 week referral to treatment target was being met by all services within an eight week stretch target
- IAPT Entering Treatment: the target of 3.75% of patients to have entered treatment during Q1 had not been met by the services within three of the four Essex-based Clinical Commissioning Groups (CCGs). Recovery plans had been/were in the process of being developed and shared with the CCGs. In addition, the Trust was not achieving the target recovery rates in the IAPT services of 50%; the performance in Q1 was 38%.

The CEO also provided an update on the previous month's hotspots including:

- % of Adult Admissions Gatekept by CRHT: although for June this was at 100%, the rate achieved for the first quarter was 93% compared to Monitor's target of 95%. This would therefore be reported to Monitor as a breach of governance requirements
- % Staff Supervision: a significant improvement was reported for June where 92.6% of staff received supervision in line with policy compared to the target of 90% and 87.6% achievement in May.

In response to a question from SCo about the Trust's approach to filling the vacancy rates and the promotion of the Trust as being a place where people want to work, AB agreed the importance of raising the Trust's profile. He pointed out that the Trust had consistently been in the top 100 NHS places to work and regularly received high scores in the Friends & Family Test. However, the Board recognised the challenges

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with recruitment particularly in mental health services as well as increased demand across the NHS from a diminishing pool of qualified nurses.

MAM suggested that there could be a huge benefit in the training of psychology graduates whose roles would complement mental health services. MMC advised that a reconfiguration of the workforce and pathways will result in an increase in the number of clinical psychologists in teams.

### **Finance**

NB advised that the Trust's financial position at Q1, June 2015, was an overall income and expenditure surplus of £1.7m which was ahead of the Monitor plan of £1.2m but below revised plan of £1.8m. The current forecast was a small deficit of £767k at year end which takes into account known risks including a deficit in the Cost Improvement Programme (CIP).

There were three emerging risks as at month 3:

- CIPs: a year-end deficit of £3.2m was forecast with a £2.9m net deficit on a recurrent basis against the 2015/16 plan assuming a further £6.3m of schemes remain deliverable
- Operational Services (Essex & Suffolk) – Psychology: the budget was overspent which was mainly attributable to the IAPT services and constraints under the 2015/16 contractual agreement. Actions were being implemented to address the issue
- Operational Services (Essex & Suffolk): the budget was overspent by £318k; this was being offset by Bedford & Luton which was underspent by £417k.

Working capital and cash balances remained strong and although below plan, does not currently present the Trust with any cash flow difficulties. The capital expenditure was as planned for month 3, although the actual YTD capital expenditure was slightly below plan due to a delay in the payment of some of the Trust's contract invoices. The Board was assured that this was a timing issue and posed no risk to the Trust.

The Trust's continuity of service risk rating was 4 which indicated the strong financial health of the Trust.

**The Board noted the performance and finance report and confirmed acceptance of assurance provided.**

<b>153/15</b>	<b>QUALITY REPORT</b>
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AB presented the Quality Report which focused on three key categories: safety, experience and improvement, and highlighted that 97.9% of patients did not experience any of the four harms covering pressure ulcers, falls, blood clots and urine infections for those patients who have a urinary catheter in place. The Board was pleased to note that this was against a Safety Thermometer national target of 95%.

AB highlighted that year to date there had been four avoidable pressure ulcers reported which was the same as in the previous year. He assured the Board that that a root cause analysis is undertaken for grade 3 and 4 pressure ulcers and/or severe

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harm falls to identify how the incident occurred and if found to be avoidable. He also advised Serious Incident investigations are also undertaken to identify possible root causes and any learning that can be implemented and embedded within the clinical teams across the Trust.

AB advised that at the end of June there had been 57 prone restraints across the Trust which was similar to the previous year. However, the aim was to reduce the use of restrictive practices including prone restraints and provided assurance the restraint was not being used unnecessarily. The Board was pleased to note that based on national benchmarking data for prone restraint in mental health services, the Trust was in the lower quartile.

AD asked if the definition of avoidable unexpected deaths included deaths from physical health issues. AB confirmed these are not regarded as a serious incident.

With reference to the prone restraint/face down restraint benchmarking information, MAM asked if it was possible to drill down to identify the organisations. AB advised that this detail was not known.

**The Board discussed the report and confirmed acceptance of assurance provided.**

**154/15 SAFER STAFFING REPORT**

AB presented the Safer Staffing report for nursing, midwifery and care staff that contained details and a summary of planned and actual staffing on a shift-by-shift basis as part of the *Hard Truths* commitment. He advised that there continued to be a high percentage use of bank and agency staff; however, provided assurance that following a deep dive review, a large majority of these staff are known on the wards.

The Board noted a slight increase in the number of hotspots relating to fill rates compared to the previous month but was assured that there were no concerns with regards to the safety and quality of care on the wards and that an active recruitment campaign was in place.

SCo asked how the twice per day teleconference calls assurance process worked. AB explained that the calls, which lasted between 15-20 minutes, were chaired by either MMc or Sue Waterhouse (SW) and AB, and all matrons were in attendance. These calls provided an opportunity for any issues or concerns to be raised, and actions identified or taken to address these issues/concerns. A RAG rated report would be drafted summarising the call which would be monitored by either MMc or SW. Detailed ward by ward figures were also available on the intranet. SM commented that this was a practical application which helped to improve the planning process. AB offered Non-Executive Directors the opportunity to observe a call.

**The Board approved the report.**

**155/5 BOARD ASSURANCE FRAMEWORK (BAF)**

The CEO presented the Board Assurance (BAF) report and reminded the Board that the BAF was a living document which was subject to changes, which provided a

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comprehensive method for the effective management of the potential risks that may prevent achievement of the key aims agreed by the Board.

The Board noted the review, challenge and approval of individual action plans by the Executive Operational Sub-Committee (EOSC) for risks detailed on the BAF and noted that the risk rating for Priority 4 Transformation Programme remained at 20 and not 12 as implied in the report. The Board agreed the revised risk scoring of Aim 7 risk of Commissioners levying additional income reductions over the 1.9% tariff deflator which remained at 12.

The Board also noted that two risks on the Corporate Governance Directorate Risk Register would not be escalated to the Corporate Risk Register at this stage.

**The Board reviewed the BAF ratings and:**

- 1 Approved the BAF at July 2015**
- 2 Agreed the revised risk scoring for Aim 7 risk of Commissioners levying additional income reductions over the 1.9% tariff deflator**
- 3 Noted Priority 4 Transformation Programme risk scoring remained at 20**
- 4 Agreed there were no new potential risks for escalation to the BAF.**

<b>156/15</b>	<b>SUB-COMMITTEES</b>
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**(i) Quality Committee**

The Chair presented the report of the meeting held on 16 July 2015 and provided assurance that robust discussions were held on a number of issues. She shared the case study and the positive outcome of a patient's journey within the Adult Learning Disability Services which clearly demonstrated how the services successfully worked with the family and the patient to help him through his challenges so that he could move to a new home, despite initial resistance.

The Chair highlighted the report on the falls quality priority and the work being undertaken on falls management and prevention across the Trust. The report identified the significant impact and harm a fall can have on a patient, with a high mortality rate for those who, for example, fracture their neck or femur.

The Chair also mentioned the piloting of a new approach to clinical risk training in crisis teams and first response teams with the aim of reducing suicides among patients.

**The Board noted the report.**

**(ii) Investment & Planning Committee**

The Chair presented the report of the meeting held on 30 June 2015 and provided assurance that robust discussions had taken place on a number of issues. She advised that the Committee had reviewed and approved two strategies: Estates Strategy which would be received by the Board as an agenda item, and the IM&T Strategy which would be presented at the September Board meeting.

The Chair highlighted that the Committee would be receiving a report on the lessons learnt following the loss of the CAMHS service. She also pointed out that the

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Committee was pleased to note the capital investment to support the Robin Pinto infrastructure and improvement scheme.

**The Board noted the report.**

**157/15 TRUST SECRETARY: LEGAL & POLICY UPDATES REPORT**

NL introduced the comprehensive report and highlighted the key themes included compliance information, national focus on cost reduction, and a number of initiatives relating to collaboration across organisations in the local health economies. In addition, there were recommendations about the practical implementation of previously reported policies and legislation (2.27 mental capacity and deprivation of liberty and 2.35 freedom of information law).

With reference to 2.30 multilateral gain/loss sharing mechanism, SCu asked if this was an opportunity or a threat to the Trust. SM commented that it would depend on how it was applied; however, this approach was not without risks.

With reference to 2.1 health ombudsman report on NHS complaints handling failures, RC asked if there was any public guidelines on ‘good’ complaints handling and what this looks like. NL confirmed that guidelines were available which the Trust refers to and monitors its practice.

With reference to 2.12 easing the pressure on NHS beds, RC asked if there was any learning from the Cedarwood example which the Trust could benefit from. MMc advised that the Trust already has a similar system in place in Essex and the Board recognised the need to improve the promotion of the good work delivered by the Trust.

**The Board discussed and noted the report.**

**158/15 FREEDOM TO SPEAK UP REVIEW**

The Board received a progress report from NL on the work of the Freedom to Speak Up Review Task & Finish Group. He pointed out that the Group were reviewing a number of key policy documents, including the Whistleblowing Policy. The Trust was also finalising the procedure for the appointment of the Principal Guardian.

The Board reviewed the comprehensive action plan and noted the substantial progress made by the Group recognising that this was fundamentally a cultural shift geared towards clinical safety.

AD noted that the Whistleblowing Policy was being reviewed and amended to take account of the vulnerable groups of staff named in the Freedom to Speak Up Review, and the provisions aligned with the recommendations in the Francis Report. Due to the significance of these changes, AD queried if the Board would be required to approve the updated policy. NL recommended that due to its importance, the Board be sighted on the policy. The Board agreed to this proposal.

In response to a question by SCu relating to the progress with the Group’s action plans, NL confirmed that there were a few actions outstanding and that the Group was

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expected to complete its work by the end of August when final recommendations would be presented to the EOSC. A further Board update would also be provided in October 2015.

Following a question by MAM in relation to the confidential clauses in Settlement Agreements, SM explained that this applied to individuals leaving the Trust by way of redundancy or mutual agreement to leave in relation to the sharing of knowledge/information outside of the Trust employment. She provided assurance that following review by the Deputy Director of HR, there were no areas of concern.

**The Board received and discussed the report.**

**Action:**

- 1 Whistleblowing Policy to be presented at a future Board meeting (NL)**
- 2 Update report on Freedom to Speak Up Review to be presented at October Board meeting (NL)**

**159/15 ESTATES STRATEGY 2015-2020**

NL presented the draft Estates Strategy for 2015-2020 which had been subject to a comprehensive review. He advised that the Trust was in a strong position having financially invested in the estates as well as taking the opportunity of upgrading and also reducing the number of premises.

NL pointed out the new strategy recognises the current flexibility required as competition is a key part of commissioner plans and major policy changes, including the Essex Success Regime, the Essex Mental Health Review and the future plans of the new NHS Property Services.

NL highlighted the potential savings to be made through the careful management of the Trust's estate which would help to protect front line services. There are two key transformation programmes due to be delivered during 2015/16 and 2016/17: to reduce the amount of office accommodation across the organisation and to improve the roll out of WorkSmart to enable people to work differently.

SCo noted that the report identified cost pressures of £800k deliverable in 2016/17. NL confirmed that this was included in the transformation programme and although currently on plan to deliver, was not without risk.

MAM commented that the importance of the quality of the environment and was pleased to note plans to update the Basildon Mental Health Unit. With regards to page 44 of the report *maximising the development potential of the estate*, she asked if it was right to conclude that all types of possibilities would be considered. NL confirmed that this was the case and the focus would be on effective estates utilisation which would involve collaboration across the health economies. He provided an example of the Trust's discussions with Basildon and Southend Hospitals as to how SEPT can assist them in achieving their future estates' needs.

In response to a question by MAM regarding the use of technology as an enabler, NL confirmed that the IM&T Strategy has close links and is aligned to the Estates

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Strategy. MMc also pointed out that the Estates Strategy reflects the Operational Services Strategies.

RC queried whether the installation of wifi at all Trust services would be included as part of the Estates/IM&T Strategies. NL advised that the feasibility of this was currently being reviewed including other options such as portable wifi.

**The Board:**

- 1 Received and discussed the report**
- 2 Approved the Estates Strategy 2015-2020.**

**160/15 MONITOR COMPLIANCE REPORT Q1**

NB presented the Q1 compliance report for 2015/16 for submission to Monitor. She highlighted the Trust was predicting a Monitor continuity of service risk rating (CoS) of 4 for Q1 and that based on the forecast as at Q1, the Trust was predicting a small loss against the plan but this would not affect the forecast CoS rating. The Board noted that although the Trust had not achieved two of the Monitor KPIs as at the end of Q1, this would not impact on the governance risk rating for the Trust at this particular time.

**The Board received the report and approved the following statements for submission to Monitor:**

- 1 The Board anticipates that the Trust will continue to maintain a CoS risk rating of at least 3 over the next 12 months**
- 2 The Board is satisfied that plans are in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all know targets going forwards**
- 3 The Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor which have not already been reported.**

**161/15 ANNUAL REPORT ON THE APPRAISAL AND REVALIDATION OF DOCTORS**

The Board received the report from MK on the implementation of revalidation of doctors within the Trust for 2014/15 appraisal year. He pointed out that the Board as a designated body has the responsibility to ensure the Trust is compliant with the Medical Professional (Responsible Officers) Regulation 2010 (as amended in 2013) Act.

MK advised that 94.6% of doctors with a prescribed connection to the Trust had undertaken an annual appraisal as at 31 March 2015 compared with 90.7% for the previous year, showing an improvement of 3.9%. Although nine appraisals were defined as 'approved incomplete or missed appraisals, the Trust did not have any 'unapproved incomplete or missed appraisals' during the appraisal year.

The Board noted the action plan in the report to improve the appraisals for category 1A'1 for the next appraisal reviews.

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RC asked who appraises the doctors. MK confirmed that these are internal appraisers such as the line manager.

MAM asked if the Trust was using a high number of locum doctors. MK explained that locum doctors are used occasionally but are not used to fill vacancies but provide cover, such as for annual leave.

**The Board:**

- 1 Received and discussed the report**
- 2 Approved the compliance statements as set out in appendix E of the report which would be signed and submitted by the CEO on behalf of SEPT as the Designated Body to the Higher Responsible Officer at NHS England.**

<b>162/15</b>	<b>BOARD OF DIRECTORS SELF-ASSESSMENT 2014/15</b>
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The outturn report of the Board of Directors Self-Assessment 2014/15 was tabled. The Chair advised that the key themes and an action plan would be developed and presented for discussion at the Board Development Session on 9 September 2015. She pointed out that this would also be presented to the November meeting of the Council of Governors.

**The Board received the report.**

**Action:**

- 1 Key themes and action plan to be developed for presentation at the Board Development Session on 9 September 2015 (SM/NL)**
- 2 Update report to be provided to the November Council of Governors meeting (LC).**

<b>163/15</b>	<b>CQC INSPECTION VISIT UPDATE</b>
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The CEO presented a verbal update report on the CQC comprehensive inspection. She advised that the inspection week commenced with a presentation to the CQC inspectors which provided an overview of the Trust and its services and highlighted the strengths, areas for improvement and challenges. Although the CQC has completed the week-long comprehensive inspection of the Trust, she advised that further unannounced inspections were planned/taken place and information requests continued to be made.

Staff had been kept updated on a daily basis through a 'your time to shine' communication and following the informal feedback meeting with the lead inspectors, both staff and Governors were provided with a summary of the meeting. The CEO was pleased to report that the lead inspectors had made it clear how impressed they were with the staff finding everyone at all levels, without exception, to be open and honest, and they described meeting committed, caring, enabling, courteous and enthusiastic staff who made the inspectors feel extremely welcome.

The CEO advised that further feedback has been received from the CQC – both positive and some areas for improvement. This has been passed to the Task & Finish

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Groups which have been established to take forward any specific concerns raised by both the CQC and operational services, and to identify any potential areas for improvement/action that have been raised following the inspection. In addition a number of reflection workshops have taken place to thank staff for their contributions and gain staff opinions on anything which could have been done better for the inspection. She was pleased to report the continuing enthusiasm and passion shown by staff at these different groups, and requested that her thanks to all who supported the CQC inspection week – the Board, staff and Governors – be recorded in the minutes.

The CEO advised that a quality summit with the CQC is expected to be held in early October when the Trust will receive the initial draft report.

**The Board received and discussed the verbal report.**

**164/15 USE OF CORPORATE SEAL**

The Board noted that the corporate seal had not been used since the last meeting.

**165/15 CORRESPONDANCE TO THE BOARD SINCE THE LAST MEETING**

None.

**166/15 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE TRUST RISK REGISTER OR REMOVED FROM THE REGISTER**

The Board noted there were no new risks identified.

**167/15 ANY OTHER BUSINESS**

None.

**168/15 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS**

Questions from member of the Public, Staff and Governors are detailed in Appendix 1.

**169/15 DATE AND TIME OF NEXT MEETING**

The next meeting will take place on place on Wednesday 30 September 2015 at 10:30 at The Lodge, Runwell Chase, Wickford SS11 7XX.

**170/15 RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC & 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.

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**The Board noted and agreed the resolution.**

## **171/15 STAFF RECOGNITION SCHEME**

The Chair and CEO were delighted to present an Individual 'In Tune' Awards to Tracy Abbot, Capital Planning & Facilities, Twinwoods

The Staff Recognition Awards are the official way for the Board, colleagues, patients and carers, to recognise those who demonstrate, above and beyond, their commitment to delivering excellent service.

The Staff Recognition Scheme promotes the Trust's vision - 'Providing services that are in tune with you' and values - Positive, Welcoming, Respectful, Involving, Accountable, Kind. These awards are a positive way of the Board remaining 'in touch' with front line staff.

In addition, the Chair presented a special 'Star' Award to the CEO in recognition of her leadership of the organisation, Board and Executive Team leading up to and during the CQC comprehensive inspection visit.

The meeting closed at 13:05

### **Appendix 1**

#### **Governors/Public Query Tracker (Item 168/15)**

<b>Governor /Member of Public</b>	<b>Query</b>	<b>Assurance provided by the Trust</b>	<b>Actions</b>
John Jones	Estates Strategy (page 24): asked why there was a significant reduction in the Privacy, Dignity and Wellbeing section following the assessment of quality in healthcare buildings	NL advised this was primarily the result of additional questions being asked and so a true like for like comparison was not possible. He provided assurance that improvements in Privacy, Dignity and Wellbeing will be addressed via re-designation of multi-faith rooms but highlighted that no improvements in patient access to IT are planned during 2015.	-
John Jones	Estates Strategy (page 48): asked what a 'full six facet survey of the estate' entailed	NL explained that this was a process undertaken by all NHS organisations which looks at six areas including quality of the fabric, space utilisation, functional	-

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		suitability, environment management and quality, etc.	
Jim Thakoordin	Will the Trust provide a report on the possible impact of changes to legislation on health service provision and social care	SM advised that there were elements of the Social Care Act which would impact on the Trust and its services particularly as SEPT is a partnership Trust – this is considered through the Finance & Performance Committee	-
Larry Smith	Noted that the suicide figures were for both Beds and Essex. He asked if there was a breakdown of ratio per capita for each area and asked what effect the disaggregation of mental health services in Beds and Luton would have in future	AB confirmed that the numbers provided were for just Essex (16) and have compared Essex with Beds. Figures for Beds are available and historically would expect to see a higher rate per capita	-
Larry Smith	Asked the appraisal arrangements for staff TUPED following the disaggregation of mental health services in Beds and Luton	MK provided assurance that all appraisal documentation was transferred to the responsible officer in the organisation using an electronic system	-
Larry Smith	Asked about the medium/long term future of the Archer Unit particularly as he had noted the low occupancy rate	RW advised that the Trust was working with commissioners about opportunities for the future. However, he highlighted that Bedford CCG had financial challenges and would be looking at opportunities to make savings	-

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