

**SEPT**  
**NHS FOUNDATION TRUST**  
**MINUTES OF PUBLIC BOARD OF DIRECTORS**  
**PART 1**

**held on 28 July 2010**  
**in Council Chambers, Castle Point Council, Benfleet, Essex**

**Members Present:**

Lorraine Cabel	Chair
Leslie Cuthbert	Vice-Chairman
George Sutherland	Non-Executive Director
Janet Wood	Non-Executive Director
Gary Scott	Non-Executive Director
Dawn Hillier	Non-Executive Director
Steve Currell	Non-Executive Director
Dr Patrick Geoghegan	Chief Executive Officer/Executive Nurse
Ray Jennings	Executive Director of Finance and Resources
Nikki Richardson	Executive Director of Corporate Affairs
Dr Pauline Roberts	Medical Director - Essex
Sally Morris	Executive Director of Operations
Peter Wadum-Buhl	Executive Director of Strategy & Business Development
Andy Brogan	Director of Clinical Governance and Quality.

**Also Present:**

Debbie Dunning	Director of Patient and Public Involvement and Complaints/Trust Secretary
Karen Hussey	Assistant Director of Human Resources
Penny Bolam	Secretary to the Board

Members were reminded of the Trust's vision statement.

**226/10 WELCOME AND APOLOGIES FOR ABSENCE**

Apologies were received from Dr Hameen Markar, Medical Director – Beds & Luton and Philip Howe, Executive Director of Partnerships.

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

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<b>227/10</b>	<b>DECLARATIONS OF INTEREST</b>
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There were no Declarations of Interest.

<b>228/10</b>	<b>PRESENTATION ON OUTCOME OF STAFF SURVEY</b>
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Karen Hussey reminded members that the staff survey had been undertaken during the period from October to December 2009 when the current organisation was two separate entities, Bedfordshire and Luton Mental Health and Social Care Partnership Trust [BLPT] and South Essex University Partnership NHS Foundation Trust [SEPT]. Karen further reminded members that this period was one during which both organisations, but particularly BLPT, were going through major change.

Karen advised that the Care Quality Commission would publish the results of the surveys and also use the findings as part of the assessment of compliance with standards and priorities in the Annual Health Check.

Karen presented the results of the surveys for the two entities.

#### **BLPT**

Karen highlighted the four best performing areas for BLPT as being

- Percentage of staff appraised with personal development plans in the last 12 months
- Percentage of staff saying hand washing materials are always available
- Percentage of staff appraised in last 12 months
- Percentage of staff having equality and diversity training in last 12 months

Karen advised that BLPT had scored above average in:

- Receiving Equality and Diversity training in the last 12 months
- Had an appraisal or review in last 12 months
- Trust communicates clearly what it is trying to achieve

Karen highlighted four areas for improvement for BLPT as being:

- Percentage of staff feeling valued by their work colleagues
- Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell
- Staff intention to leave jobs
- Percentage of staff experiencing physical violence from staff in last 12 months. [Karen assured members that this had been a very small number]

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Karen identified areas in which BLPT had scored less than average as being:

- Receiving training on infection control in the past 12 months
- Having opportunities to progress in their job
- Staff injured or unwell because of work related stress

## SEPT

Karen advised members that SEPT had performed considerably above average in all but 6 of the categories with these 6 achieving an average score. Karen reported that the scores had generally improved on those achieved in 2008.

Karen highlighted SEPT's success at the Healthcare 100 awards in which SEPT achieved unprecedented success, winning 7 out of 12 awards. These were as follows

- Top NHS Employer
- Department of Health top employer for
  - Commitment on personal development, training and management support
  - Commitment on staff health, well-being and safety
  - Commitment on staff engagement, empowerment and partnership working
  - Demonstrating NHS values
- The Allocate Software top employers for managers
- The Zenon top healthcare employer for managers

Karen identified the next steps to be taken for the integrated organisation, which included:

- Integration of systems and communication of values.
- Identifying 3 or 4 key issues and mapping these to corporate objectives.
- Engage with staff side and gain their support.
- Ensure that staff have appraisals
- Executive Team to performance manage the key issues.

Lorraine Cabel thanked Karen Hussey for her presentation and it was agreed that Nikki Richardson in her capacity as Executive Director for Corporate Affairs would take the lead in overseeing the roll out of the staff survey action plan. As the Board is very keen to keep up to date with how the plan is being progressed Nikki agreed to provide an updated report at the November Board meeting.

### Action:

**Nikki Richardson to provide an updated report on progress with rolling out the staff survey action plan at the November Board meeting**

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**229/10 MINUTES OF THE MEETING held on 30 June 2010**

With minor amendments to 187/10; to include Sally Morris was to develop and review quarterly an action plan arising from the Patients Survey; and 198/10; to reflect that Dawn Hillier had advised that the appendices to the University Trust Update report were not a review of achievements but an indication of what had been completed during the workshop held and what was still to be done; the minutes of the meeting held on 30 June 2010 were agreed as a true record of the meeting and the Board agreed that these would be signed by Lorraine Cabel.

**230/10 MATTERS ARISING**

- a) **190/10 Overview of savings.** Lorraine Cabel advised that Ray Jennings was to liaise with Dr Patrick Geoghegan regarding the provision of the information, which will be available in October 2010.
- b) **195/10 Finance and Transformation Steering Committee Terms of Reference** Dr Patrick Geoghegan advised that a quorum of 50% had been agreed by the Committee.
- c) **200/10 Crisis Cards** Non Executive Directors confirmed that they had received copies of the newly introduced crisis cards.
- d) **202/10 Community Development Workers [CDW's]** Dr Patrick Geoghegan reported that Philip Howe would be asked to brief the Board of Directors in September on the different approaches to CDW's in the two divisions of SEPT and give recommendations on the way forward for this service.
- e) **202/10 Race Equality Update** Dawn Hillier advised that the acronym FREDA referred to Fairness, Respect, Equality, Dignity and Autonomy.
- f) **202/10 Outcomes of career development work for Black and Ethnic managers.** Dr Patrick Geoghegan requested that a briefing be supplied to the September meeting of the Board of Directors. Nikki Richardson agreed to take this forward.

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**Action:**

**Nikki Richardson to provide information on black and ethnic development work at the September Board meeting.**

**Philip Howe to arrange for the CDWs to present at the September Board meeting**

<b>231/10 FINANCIAL PERFORMANCE REPORT</b>
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***Finance Report***

Ray Jennings updated members on the Trust's financial performance as at June 2010. The Trust's overall actual performance was a surplus of £5,410K. Ray advised that the Trust's performance at month 3 indicated a Monitor financial risk rating of 5 although the planned end of year risk rating was 3.

Ray reported that a delay in the transformation plan in part accounted for the underspend which in clinical services amounted to approximately £300k.

Ray reported that the Trust was still working through debts from BLPT which explained why the debtors figures were higher than would be expected.

Ray advised that the Transformation and CIP group would continue to monitor performance against the plans.

George Sutherland requested clarification of the overspend on inpatient services. Sally Morris reported that a drive on the completion of mandatory training within units had required backfilling of posts. In addition there had been an increase in the number of complex cases which required a higher level of observations and some of whom had physical problems. Sally advised that the overspend was being managed but the block contract had no flexibility to allow for higher income to be obtained to meet the higher costs of the complex cases, as was the case in the Forensics contract. Sally reported that delayed discharge of these complex cases compounded the difficulties.

George requested that a quarterly report be provided to the Board of Directors as to progress made on recovery of the debts for which provision had previously be made. Ray Jennings agreed to include this information on a quarterly basis in future reports.

Dr Patrick Geoghegan advised that the overspend was not acceptable and the Trust must be able to demonstrate that it has good budgetary management. Patrick stated that the position regarding the complex cases must be discussed with commissioners at contract meetings and be monitored closely. Patrick highlighted the possible impact on

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the financial position of the Trust should high levels of complex cases continue. Peter Wadum-Buhl highlighted the risk that quality of care for other service users could be impacted upon with staff prioritising complex cases. Sally also highlighted the impact high levels of observation may have on the well being of patients. Patrick agreed that for patient safety reasons there should not be a high proportion of complex cases on the wards without adequate staff cover which is appropriately resourced by the Trust and Commissioners. It was agreed that further discussions would be held outside of the meeting. Patrick requested that Sally continue discussions at the contract meeting and report back to the Executive Team. Lorraine highlighted the key message that the Trust was not cutting back and patient safety was assured.

Lorraine Cabel highlighted the excellent financial results of the Forensics Service which demonstrated more efficient utilisation of the resources available. Lorraine requested that Eunan MacIntyre and his team be congratulated on this achievement on behalf of the Board of Directors.

**The Board of Directors considered and discussed the Finance report SM to ensure that appropriate funding is made available for additional resources as and when required to support staff with dealing with high levels of complex cases**

## **232/10 INTEGRATED PERFORMANCE AND QUALITY DASHBOARD - Q1 2010/11**

Dr Patrick Geoghegan presented the Performance and Quality dashboard. Patrick highlighted that the revised presentation of the report ensured that members focussed on the key issues for the Trust and requested feedback from members on the new presentation of the report.

Patrick reported that, although the Care Quality Commission [CQC] had announced that there will be no performance rating this year, SEPT would undertake its own benchmarking exercise and continue with a self assessment of rating in October when the CQC report is available.

Patrick highlighted key hotspots as being:

- **Data completeness – MHMDS outcomes.** Patrick reported that the data collection systems in Luton were not robust and it was thought that not all data

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regarding activity in the community was being collected. Steps were being undertaken to rectify this.

- **Mandatory Training** – Patrick reported that the Bedfordshire and Luton Division remained below target for mandatory training in the first quarter.
- **Patient Experience 2009/10** – The results of the 2010 community survey had been released and showed that the former BLPT was assessed at scoring below the national average in eight out of nine questions. Sally Morris reported that separate action plans had been put in place for the two divisions of the Trust to improve performance and were being monitored closely.
- **Problem Drug Misusers % retained in effective treatment 2009/10** – The retention rate for Beds & Luton was 84% compared to the 2008/09 outturn of 94%. Sally Morris was of the opinion that some of this is due to data collection issues as the system was not as robust in Beds & Luton as in South Essex. Dr Patrick Geoghegan requested that this be addressed immediately and he expected an improvement in the next performance report. Sally agreed to discuss this with Philip Howe on his return and ask him to take forward.
- **Early Intervention Service** - Patrick identified that the targets set for Early Intervention Service were arbitrarily set, based on inputs not demonstrated need or outcomes. Patrick identified that in South Essex the number of new referrals had not met the target and that work was to be undertaken to increase this. Patrick advised that there was no immediate cause for concern as the target could still be met in year. Janet Wood requested assurance that there was a pathway into the Early Intervention Service. Dr Pauline Roberts explained the many routes into the service, including self referral and referral by friends or family. Pauline also provided information regarding contact with schools to raise awareness with staff and pupils. Sally Morris advised that the commissioners required an action plan to address the shortfall in South Essex, even though this was just 3 cases.

Patrick advised that, with the support of the Board of Directors, he would write to Monitor to suggest that more appropriate targets that focussed on outcomes be developed.

**The Board of Directors noted the report.**

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**Dr Patrick Geoghegan to write to Monitor regarding the targets.**  
**Sally Morris to discuss the under performance in activity with Operational Directors and take appropriate action to ensure performance improves**  
**Philip Howe to closely monitor the drug misusers in effective treatment and identify what action needs to be taken in Beds & Luton to improve activity**

### **233/10 NATIONAL REGULATION – MONITOR AND CQC REPORT**

Dr Patrick Geoghegan presented the Monitor and CQC report. Patrick highlighted a number of areas to the Board of Directors including:

- **Patient survey** – Patrick advised that Sally Morris was taking this forward
- **Drug users in effective treatment** - Patrick stated that this was a challenge, particularly in the Bedfordshire and Luton Division where results were at only 84%
- **7 day post discharge follow up** – Patrick advised that the fall in performance level in South Essex was unacceptable. Sally Morris advised that there was always a percentage of persons discharged who were un-contactable for a variety of reasons, such as having moved away or been admitted to prison. Peter Wadum-Buhl advised that the national target was 95% for this reason Patrick requested that future reports identify the percentage of persons that were non-contactable.
- **CAMHS protocols in South Essex** – Patrick queried why the Bedfordshire and Luton division was fully compliant whilst South Essex was not. Sally Morris explained that the local authorities had different priorities and whereas the local authorities in Bedfordshire and Luton had invested in learning disability services for CAMHS those in Essex had not. Sally advised that this was raised at contract meetings and will follow this up with Commissioners.

Lorraine Cabel highlighted the discrepancy between the percentage of patients discharged with a care co-ordinator between the two divisions of the Trust. Sally Morris agreed that this had been an ongoing issue, although the position had improved. Lorraine enquired as to whether it was a capacity or process issue. Patrick stated that that it was totally unacceptable and requested assurance that the position would improve immediately. Peter Wadum-Buhl reported that this was not a capacity issue, the variation in case loads between the two divisions were small. Sally Morris to take forward and update at the September Board meeting.

**The Board of Directors noted the report.**

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**ACTION:****Sally Morris to follow up with Commissioners****Sally Morris to update Board members on care co-ordinators at the September Board meeting****234/10 PATIENT EXPERIENCE AND SAFETY REPORT - Q1 2010/11**

Dr Patrick Geoghegan reported that the two cases of c-difficile reported in the first quarter had both been in acute settings and had been well managed.

**Use of Anti Psychotic Drugs**

Dr Pauline Roberts reported that a recent national survey into the use of anti-psychotic drugs had been undertaken in which SEPT had submitted two acute wards and one intensive care [PICU] unit. Pauline advised that only a small number of Trusts had included ITC wards in their entries as the treatment needs for ITC wards are very different than for acute wards. Medication would have reached the maximum limit prior to admission to an ITC ward and 100% of admissions to an ITC ward would be on combination and high-dose anti-psychotics. Pauline advised that she was to write to the Royal College of Psychiatrists to highlight the anomaly and to the Department of Health to advise that the results for ITC's needed to be excluded when looking at benchmarking.

**SUI Investigation Indicators**

Leslie Cuthbert requested clarification of the SUI Investigations indicator under development. Peter Wadum-Buhl responded that the current indicator failed to measure compliance with recommendations of an investigation and more sophisticated qualitative and quantitative measures were being developed. Andy Brogan reported that a first draft of the measures was to be presented to the Executive Team on 10 August and when finalised would be brought to the Board of Directors. Patrick advised that further narrative would be included in future reports to clarify anomalies.

Leslie Cuthbert was advised that the numbers given for NPSA deaths in Bedfordshire and Luton included all three categories in the table for South Essex. Leslie highlighted that the number of Safeguarding incidents had increased significantly in comparison with previous years.

George Sutherland reported that there were other areas such as Serious Untoward Incidents [SUIs] and complaints that were also significantly ahead of previous years but had not been highlighted as potential risks.

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Peter explained that these issues were all monitored through relevant groups. There were different tolerance thresholds for SUIs with local variation as to what constituted a SUI. Peter reported that Andy Brogan had negotiated a standardised reporting process, the impact of which should be evident in quarter two.

Peter explained that the risk management team had undertaken a drive to increase awareness of incident reporting with the aim to have all incidents reported but decrease the severity of incidents.

Patrick suggested that the information may be better displayed in graphic form and this approach would be developed. Lorraine Cabel agreed that this approach would be useful for the Board of Governors.

With regard to C.Difficile cases it was noted that the patients were admitted via the Acute Hospital to our Trust. Both cases were very well managed by the staff and no problems identified.

In response to an enquiry from Dawn Hillier, Sally Morris explained that South Essex had a female low secure unit with a higher prevalence of self harm cases that accounted for the difference between the two divisions.

Patrick requested that future reports contain narrative to explain anomalies.

Andy Brogan highlighted that the different bed numbers would affect the number of incidents occurring. Public Health Directors in the East of England are to be asked to benchmark the number of incidents that should be expected based on bed numbers/services. Andy also advised that staff members are being encouraged to report 'near misses' and an increase in reported incidents should be expected.

Patrick reported that in the National Confidential Enquiry highlighted that BLPT had the lowest number of suicides in the country, with SEPT having the third lowest. Andy Brogan was preparing a report for the September Board of Directors meeting.

Patrick further advised that he was to write to the Chief executives of the hospitals to highlight the absence of information being provided regarding the 4 hour wait target in Accident & Emergency units.

### **Failure to Attend Outpatient appointments**

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In response to an enquiry from Leslie Cuthbert , Dr Pauline Roberts explained that clinicians made many efforts to encourage patients to attend their appointments, including making telephone contact with them prior to appointments. Pauline reported that a recent survey of patients who had not attended had determined that the delay in appointment had meant that in a number of cases the patient was no longer feeling unwell at the time of the appointment. Other reasons given had included the appointment being with a junior doctor and general disconnection with the service. Peter reported that the introduction of the single point of access to services may also have impacted on the 'Did Not Attend' rate.

**The Board of Directors noted the report.**

**Actions:**

- 1. Information to be displayed in graphic form in future reports**
- 2. Explanations of anomalies to be provided in narrative**
- 3. Andy Brogan to provide report to the September Board of Directors on the National Confidential Enquiry**
- 4. Dr Patrick Geoghegan to write to Chief Executives re the 4 hour breach**

**235/10 CONTRACTS REPORT – Q1 2010/11**

Dr Patrick Geoghegan presented the report which gave an analysis of the Trust's contract performance for the first quarter.

Patrick highlighted that Psychology services in SPLD [Services for Persons with a Learning Difficulty] had failed to reach the targets set. Sally Morris explained that there were vacancies within the Bedfordshire and Luton division which had reduced the availability of psychologists. A successful recruitment exercise had been completed and the service is beginning to recover lost activity. There had also been data capture problems which were also being addressed. Sally advised that in South Essex there had also been some issues with both performance and the recording of data.

Patrick recommended that a future Board seminar is held to cover how the contractual information should be presented to the Board of Directors and to examine performance against contractual obligations, hotspots and threats to the Trust.

Peter Wadum-Buhl reinforced the message that services that are not performing must be monitored to reduce the risk of exposure to competition. Sally reported that activity was being targeted based on the outcomes reported.

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Leslie Cuthbert highlighted that there were some areas in which teams were greatly overachieving, citing the Intensive Support Team in SPLD as an example with an achievement above target. Leslie identified that there may be patient safety implications as well as having an impact of the staff members.

**The Board of Directors noted the report and agreed that an in depth examination of contractual performance at the Board seminar in September.**

**Action:**

**Board seminar to be held in September to cover future presentation of contractual information.**

**Philip Howe to liaise with the Local Authorities and make them aware of the Board's concerns about the lack of performance targets that the Trust has to deliver on behalf of the Local Authorities**

**236/10 COMMISSIONING FOR QUALITY AND INNOVATION AND QUALITY ACCOUNTS REPORT – Q1 2010/11**

Dr Patrick Geoghegan presented the report as an analysis of the Trust's Commissioning for Quality and Innovation [CQUIN] and Quality Accounts performance.

Patrick stated that there were some areas that needed to be addressed as the commissioners have yet to sign off some of the CQUIN targets which had been agreed as a block across the South Essex division. One area in the division had overachieved the target whilst another had underachieved but combined the contracted target had been achieved. Commissioners were disputing the payment for the area that had underachieved. Patrick advised that if necessary the issue would be escalated to the Chief Executive Officers of the relevant PCTs.

**The Board of Directors noted the report.**

**237/10 SERVICE EFFECTIVENESS AND EFFICIENCY REPORT – Q1 2010/11**

Dr Patrick Geoghegan presented the report and informed the Board of Directors of a benchmarking exercise that had been commissioned from an independent organisation to look at service effectiveness. This would be shared with the Board of Directors once the report had been finalised.

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Patrick highlighted the fact that 100% of inpatients had received an annual health check.

In response to an enquiry from Patrick, Sally Morris explained that the average caseload per care co-ordinator within CAMHS was due to the number of vacancies [30%] in the service. Sally advised that patient safety had been foremost in prioritising the caseload. Sally advised that, although it had not been possible to recruit nursing staff to CAMHS, the service contract was non specific and psychologists had been recruited to fill the vacancies.

With reference to the caseload of care co-ordinators in Older People and Adult CMHT's Sally reported that the guidelines for the maximum caseload per care co-ordinator of 35 had been set some time ago. Service delivery had developed considerably, particularly with the centralised access to services system, which had not been reflected by change to the guidance. Sally reported that the care co-ordinators do not have the capacity to work to a caseload of 35. Patrick Geoghegan responded by asking Sally Morris to provide information with back up advice from the Department of Health on what is a reasonable caseload for CPNs. Sally Morris to action and report back to the September Board.

**The Board of Directors noted the report.**

**ACTION:**

**Sally Morris to action and report back to the September Board meeting**

**238/10 PARTNERSHIP PERFORMANCE REPORT – Q1 2010/11**

Dr Patrick Geoghegan presented the report and advised that a meeting was to be arranged by Philip Howe with the Director of Social Care for Central Bedfordshire Council to discuss the technical difficulties that had prevented required data being produced.

**The Board of Directors noted the report.**

**Action: Philip Howe to take action to address this issue.**

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**239/10 WORKFORCE REPORT – Q1 2010/11**

Dr Patrick Geoghegan presented the report and highlighted that Mandatory Training rates in the Bedfordshire and Luton division had slipped but that plans had been developed and resources identified to address the backlog.

Steve Currell questioned the level of appraisals that had been completed. Patrick advised that it was known that there were errors in the data which were being addressed but that all members of staff were required to have completed an appraisal by the end of July. Peter Wadum-Buhl advised turnover would prevent there being 100% of staff having been appraised but it was likely that managers were holding completed reports to submit in bulk.

Patrick requested that further details be provided in the September performance report with narrative explanations for areas that have not achieved the appraisal target and explanations from each director as to the reasons for this.

In response to a query from Dawn Hillier, Ray Jennings explained that the sickness absence in estates was due to long term sickness in the team.

Steve Currell highlighted that despite a high turnover rate in Administrative and Clerical staff in the Bedfordshire and Luton division the sickness absence for that group was one of the lowest.

In response to an enquiry from Dawn Hillier, Dr Pauline Roberts advised that the high turnover in Medical staffing was due to the age demographic which has resulted in a number of staff retiring as a result of Trust policy.

**The Board of Directors noted the report.**

**240/10 CORPORATE OBJECTIVES REPORT – Q1 2010/11**

Dr Patrick Geoghegan presented the report and advised that there were relatively few objectives for the first quarter although there were a significant number for the second quarter. These would be monitored by the Executive Team to ensure that they were met.

Peter Wadum-Buhl advised that there was a need to review the date of the planned strategic review of objectives in view of the recently published white paper on the future

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of the NHS. Patrick suggested that the planned Board of Directors awayday be used to refresh the position once the detail of the white paper is clarified

Lorraine Cabel advised that it was important to identify strategic direction in response to the recently published White Paper on Equity and Excellence.

**The Board of Directors noted the report.**

#### **241/10 BOARD ASSURANCE FRAMEWORK UPDATE**

Dr Patrick Geoghegan presented the revised Board Assurance Framework. Patrick reported that the Executive Team recommended that SUI Media Reporting be downgraded from the Board Assurance Framework as a system for monitoring media reporting was in place. Patrick advised that other risks had been reviewed and the scores remained unchanged.

**The Board of Directors noted the report and agreed to the downgrading of the SUI Media Reporting risk.**

#### **242/10 SUB-COMMITTEES**

**(i) *Executive Team Operational Committee***

Dr Patrick Geoghegan presented the minutes of the meetings held on 22 June, 29 June and 6 July 2010 and advised no new risks were identified.

**The Board of Directors**

- 1. DISCUSSED AND NOTED the minutes of the meetings held on 22 June, 29 June and 6 July 2010**

#### **243/10 TRUST POLICIES**

Lorraine Cabel advised the meeting that ratification by the Board of Directors was the final step in the process of formulating the Trust policies. Lorraine reported that there were a large number of policies to bring together within the two divisions of the Trust during the harmonisation process and areas of good practice from both divisions have been brought together in the refreshed policies.

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Lorraine thanked Nikki Richardson and her team, Staff Side and the administration staff who were working on this project.

**(i) Medical Devices and Equipment Management Policy – CLP17**

**The Board of Directors discussed and agreed the ratification of the Medical Devices and Equipment Management Policy.**

**(ii) Equality, Diversity and Human Rights Policy – CP24**

**The Board of Directors discussed and agreed the ratification of the Equality, Diversity and Human Rights Policy.**

**(iii) Policy for Reporting and Disseminating Medical Device Adverse Incident and Safety Alert Bulletins – RM10**

**The Board of Directors discussed and agreed the ratification of the Policy for Reporting and Disseminating Medical Device Adverse Incident and Safety Alert Bulletins .**

**(iv) Rapid Tranquilisation Policy – CLP52**

**The Board of Directors discussed and agreed the ratification of the Rapid Tranquilisation Policy.**

**(v) Policy for the Implementation of Nationally Agreed Best Practice – CP42**

**The Board of Directors discussed and agreed the ratification of the Policy for the Implementation of Nationally Agreed Best Practice.**

**(vi) Communicating Patient Safety Events “ *Being Open*” – CP36**

**The Board of Directors discussed and agreed the ratification of the Policy for Communicating Patient Safety Events “ *Being Open*”.**

**(vii) Adverse Incident Policy – CP3**

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**The Board of Directors discussed and agreed the ratification of the Adverse Incident Policy.**

**(viii) Clinical Risk Assessment and Management Policy – CLP38**

**This policy was withdrawn prior to the meeting.**

**(ix) Policy on Health and Safety and Risk Assessment – RM11**

**The Board of Directors discussed and agreed the ratification of the Policy on Health and Safety and Risk Assessment.**

**(x) Policy on Control of Substances hazardous to Health (COSHH)**

**The Board of Directors discussed and agreed the ratification of the Policy on Control of Substances hazardous to Health (COSHH)**

**(xi) External Visits, Inspections and Accreditations Policy – CP43**

**The Board of Directors discussed and agreed the ratification of the External Visits, Inspections and Accreditations Policy.**

**(xii) Infection Prevention and Control Policy – ICP1**

**The Board of Directors discussed and agreed the ratification of the Infection Prevention and Control Policy.**

**(xiii) Freedom of Information Policy**

**The Board of Directors discussed and agreed the ratification of the Freedom of Information Policy.**

**(xiv) Slips, Trips and Falls Policy – CLP58**

**The Board of Directors discussed and agreed the ratification of the Slips, Trips and Falls Policy.**

**(xv) Dual Diagnosis Policy – CLP59**

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**The Board of Directors discussed and agreed the ratification of the Dual Diagnosis Policy.**

**(xvi) Lone Worker Policy – CLP38**

**The Board of Directors discussed and agreed the ratification of the Lone Worker Policy.**

**(xvii) Prevention and Management of Violence and Aggression Policy – RM05**

**The Board of Directors discussed and agreed the ratification of the Prevention and Management of Violence and Aggression Policy.**

**(xviii) Negligence and Insurance Claims Policy – CP10**

**The Board of Directors discussed and agreed the ratification of the Negligence and Insurance Claims Policy.**

**(xix) Security Policy – RM09**

**The Board of Directors discussed and agreed the ratification of the Security Policy.**

**(xx) Engagement and Formal Observation Policy – CLP8**

**The Board of Directors discussed and agreed the ratification of the Engagement and Formal Observation Policy.**

**244/10 REPORT FROM TRUST SECRETARY**

Debbie Dunning introduced the report which updated members on publications from Monitor and new releases from the Department of Health.

Monitor publications included:

- Rules and Procedures, which outlines the rules pertaining to Monitor’s Board and sub-committees thereof.

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- Amendments to applying for NHS Foundation Status, which updated the Guide for Applicants
- Review of NHS Foundation Trusts for 12 months period to 31 March 2010, which gave statistical information on performance of the 129 NHS Foundation Trusts, 40 of which were Mental Health Trusts.

New releases from the Department of Health included:

- Equity and Excellence – Liberating the NHS, the white paper detailing plans to devolve power from Whitehall to patients and professionals.
- Transparency of Outcomes – a framework for the NHS, a consultation document.

Dawn Hillier enquired about the cause of the £1.1billion impairment costs quoted in the document. Ray Jennings advised that this was due to the downturn in the value of the estate of the NHS and was a paper loss. As property prices improve the impairment would be decreased.

**The Board of Directors discussed and noted the Secretary's report.**

#### **245/10 INFORMATION GOVERNANCE/SECURITY UPDATE**

Ray Jennings presented the report which provided a briefing on Version 8 of the Information Governance Toolkit. The release of this had been delayed and the subsequent timetable for returns has been amended to reflect this with assessment now due in October 2010.

Ray advised that there were over 40 standards to be met in the toolkit and the Trust was on target to be compliant with level 2 by year end.

Ray advised that assessment will be auditable from this year, which was a new requirement. A further requirement was that all staff members complete mandatory on line training. Representations were being made to find a more practicable way of taking this forward as the time and cost of this would impact on the financial plans of the Trust.

Ray also advised of a penalty of up to £500k had been introduced by the Information Commission Officer for information breaches. Dr Patrick Geoghegan advised that staff members should be reminded of their responsibilities for the security of information and records. Steve Currell highlighted that information must be protected at all times, including, when travelling on public transport, ensuring that it cannot be seen by a third

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

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party. Ray agreed to arrange with Jan Leonard for the re-launch of good practice notes on information security. It was agreed that the risk connected with the financial penalty should be included in the Information Risk Register.

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

**Actions:**

1. Ray Jennings/Janette Leonard to re-launch Information Good Practice
2. Ray Jennings/Jan Leonard to include financial penalty risk on Information risk register.

#### **246/10 SHA INFECTION CONTROL SUPPORT TEAM VISIT ACTION PLAN**

Andy Brogan presented the report which provided the action plan produced following the SHA Infection Control Support Team to the South Essex division of the Trust in May 2010 and approved by the Executive Team. Andy reported that the inspectors had been very positive about the state of cleanliness and the attitude of the staff that they had encountered.

Dr Patrick Geoghegan advised that the report had also been sent to the SHA. Patrick recommended that the action plan be performance managed and reports provided to the Board of Directors on a quarterly basis.

**The Board of Directors discussed and noted the report and requested quarterly updates on the action plan.**

**Action: Quarterly updates on progress on the action plan to be provided to the Board of Directors in October 2010**

#### **247/10 SAFEGUARDING CHILDREN – SHA VISIT UPDATE**

Andy Brogan presented the report on the outcomes of the visits to South West Essex and South East Essex by the SHA Intensive Support Team. Andy reported that the Trust had received excellent verbal feedback following the visits. Andy advised that the inspectors were impressed by the CAMHS staff and services, with special mention made for the support and advice that CAMHS offer community staff.

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

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Andy reported that the Chair of the panel had stated that Poplar unit was '*Indicative of a Partnership Trust at its best*'. Particular praise had been given to the structure of the Crisis team and the contract form that family/child/young person completed on admission.

**The Board of Directors discussed the report and recommended that a letter of congratulations be sent to the team on behalf of the Trust. The Board also requested that a 3 monthly update on safeguarding issues be available for the Board.**

**Action: Letter of congratulations to be sent to the management team.**

#### **248/10 APPOINTMENT OF CONSULTANTS IN OLD AGE PSYCHIATRY**

Janet Wood advised that an Appointment Panel had met on 24 June 2010 to interview candidates for the posts of Consultant Psychiatrist in Mental Health for Older People in Community Services in South Bedfordshire and Inpatient Services and Liaison work at Limetrees.

The panel recommended that Dr Nadeem Kotwal and Dr Vishelle Kamath be appointed to these posts.

**The Board of Directors approved the appointments of Dr Nadeem Kotwal and Dr Vishelle Kamath.**

#### **249/10 APPOINTMENT OF SUBSTANCE MISUSE/ASSERTIVE OUTREACH CONSULTANTS**

George Sutherland advised that an Appointment Panel had met on 5 July 2010 to interview candidates for two Consultant Psychiatrist posts in Substance Misuse and Assertive Outreach in the Bedford and Central Bedfordshire locality and the Luton locality.

The panel recommended that Dr Parvati Rajamani be appointed to the post of Consultant Psychiatrist in Assertive Outreach and Substance Misuse in Luton and Dr Konstantinos Stagias be appointed to the post in Bedford and Central Bedfordshire.

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

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**The Board of Directors approved the appointments of Dr Parvati Rajamani and Dr Konstantinos Stagias.**

#### **250/10 USE OF CORPORATE SEAL**

Dr Patrick Geoghegan reported that the Corporate Seal had not been used since the last meeting.

#### **251/10 CORRESPONDENCE CIRCULATED TO BOARD**

Lorraine Cabel advised that no correspondence had been received.

#### **252/10 HEALTHCARE 100 AWARDS**

Nikki Richardson formally reported that South Essex University Partnership Trust had achieved seven awards out of a possible twelve at the Healthcare 100 Awards ceremony, including Top NHS Employer. Nikki reported that in the other two categories that were appropriate to the Trust it was second.

The Awards were as follows:

- Top Mental Health Trust to work for
- Top NHS Employer for the NHS Constitution commitment on personal development, training and management support
- Top Employer for the NHS Constitution commitment on staff engagement, empowerment and partnership working
- Top Employer for demonstrating the NHS values
- The Allocate Software Top employers for Managers
- The Zenon top healthcare employers for performance management and staff development
- Top Employer for Nurses and Midwives and commitment to clear roles and responsibilities

**The Board of Directors noted the report and congratulated the management team on the achievements.**

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

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**253/10 NEW RISKS IDENTIFIED**

The Board of Directors agreed that no new risks had been identified to be entered on the Trust Risk Register. The one identified risk was to be entered on the Information Directorate risk register.

**254/10 ANY OTHER BUSINESS**

There were no items of any other business for consideration of the Board of Directors.

**255/10 PUBLIC/STAFF QUESTIONS**

Lorraine Cabel advised that no correspondence had been circulated to Board members since the last meeting:

**256/10 DATE, TIME AND VENUE OF NEXT BOARD MEETING**

The next meeting of the Board of Directors is

<b>Public Meeting</b>	<b>Wednesday 29 September 2010</b>
<b>At</b>	<b>2.00 pm</b>
<b>At</b>	<b>The Auction House, Luton</b>

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

In the Chair for the meeting held ..... 2010