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

held on 29 September 2010 in The Auction House, Luton, Bedfordshire

#### **Members Present:**

Lorraine Cabel Chair

Leslie Cuthbert Vice-Chairman

George Sutherland
Janet Wood
Dawn Hillier
Steve Currell
Dr Patrick Geoghegan

Non-Executive Director
Non-Executive Director
Non-Executive Director
Chief Executive Officer

Nikki Richardson Executive Director of Corporate Affairs

Dr Pauline Roberts Medical Director - Essex

Dr Hameen Markar Medical Director – Beds & Luton Sally Morris Executive Director of Operations

Peter Wadum-Buhl Executive Director of Strategy & Business

Development

Andy Brogan Director of Clinical Governance and Quality.

Philip Howe Executive Director of Partnerships

Trish Donovan Director of Finance

**Also Present:** 

Debbie Dunning Director of Patient and Public Involvement and

Complaints/Trust Secretary

Penny Bolam Secretary to the Board

22 members of the public and staff were present for the meeting.

Steve Currell reminded members of the Trust's vision statement.

# 271/10 WELCOME AND APOLOGIES FOR ABSENCE

Apologies were received from Ray Jennings, Executive Director of Finance and Resources and Gary Scott, Non-Executive Director.

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# 272/10 DECLARATIONS OF INTEREST

There were no Declarations of Interest.

# 273/10 PRESENTATION ON THE ROLE OF THE COMMUNITY DEVELOPMENT WORKERS [CDWs]

Jan Hutchinson, Assistant Director of Vocational Services and Diversity Management introduced Levi Habashanti, Community Development Worker Team Leader for Bedfordshire and Luton and Harjinder Bahra, Equality and Diversity lead for the Trust.

Levi delivered a short presentation on the role of the CDWs and the work currently being undertaken by the team, highlighting the work with faith groups and a local mosque. Levi advised that there were 6 CDWs who worked with specific groups and communities, developing expertise and reducing barriers, with the CDWs based in community settings for this purpose. Levi reported on some of the outcomes of the work which had included capacity building and supporting funding applications for BME support organisations.

George Sutherland requested information on the timescales, targets and objectives for the work being undertaken. Levi advised that some of the work was delivered in partnership with other organisations and much of the timescale was dependent on the partners and outside of the CDWs control. Philip Howe highlighted the need for cultural sensitivity when setting targets.

Harjinder reported that an action plan was being prepared to ensure that the Equality Duty imposed by the Equality Act 2010 is delivered from 1 April 2011. Harjindar advised that the Trust was well prepared for the introduction of this and expected to have business objectives and plans in place early next year. There would be a requirement for publication of data concerning workforce, access to and delivery of services.

In response to a query from Dr Patrick Geoghegan, Jan advised at there was an evaluation of the CDW service being undertaken by the National Mental Health Development Unit and the future of the service was dependent upon commissioning intentions. Jan reported that the CDW service in Mid Essex was no longer being commissioned and the work was to cease. Steps were being taken to ensure that the work undertaken was not lost.

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Patrick requested that a further report on the CDW work with more detail of the targets, objectives and timescales be presented to the Board in November 2010.

Lorraine Cabel requested that a report on the action plan for the Equality Act be presented to the Board when it is in place to identify any additional support needed from the Board of Directors to ensure that the Trust is compliant with the requirements of the Equality Act.

Action:

Report on the targets, objectives and timescales of CDW work to the Board of Directors in November 2010

Report on the Equality Act action plan to be brought to the Board of Directors in February 2011

# 274/10 MINUTES OF THE MEETING HELD ON 28 JULY 2010

The minutes of the meeting held on 28 July 2010 were agreed as a true record of the meeting and the Board agreed that these would be signed by Lorraine Cabel.

#### 275/10 MATTERS ARISING

# a) 202/10 - Outcomes of career development work for Black and Ethnic managers.

Nikki Richardson presented a summary report on Development Opportunities for BME staff highlighting that the samples available were small and that further monitoring for an extended period would be necessary to identify longer term outcomes from development opportunities provided. Nikki reminded the Board that the harmonised appraisal policy was the vehicle by which development needs were identified and opportunities were available to all staff members.

In response to a question from Dawn Hillier, Nikki identified difficulties connected with the level of data stored and data extraction, with the two workforce systems to be interrogated, and advised that it was not possible at this stage to identify whether the development had yet led to more promotions or greater leadership skills being displayed from those benefiting from the training provided.

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Peter Wadum-Buhl advised that a new management development pathway had recently been put into operation and that those going through the new pathway should be monitored to establish the effectiveness of it.

Dr Patrick Geoghegan identified the need for succession planning following the integration of BLPT and requested that the Board receive a report on future plans early next year.

# b) 232/10 - Monitor Targets.

Dr Patrick Geoghan advised that a letter regarding the targets identified had been sent to Monitor on behalf of the Board of Directors.

# c) 233/10 - Update on Care Coordinators

Sally Morris reported that the position regarding the percentage of patients discharged with a care coordinator in place had increased from 80% to 98% in South East Essex and 99% in Bedfordshire and Luton. Sally advised that a data capture issue had been identified with former information provided and gave assurance that the targets had been met.

# d) 234/10 National Confidential Enquiry

Andy Brogan advised that due to unexpected staff absence the report had been delayed and would now be presented at the October Board meeting.

# e) 234/10 Absence of Information regarding 4 Hour wait at Accident and Emergency Departments.

Dr Patrick Geoghegan reported Eunan MacIntyre and Hameen Marker had arranged to meet the hospital managers to discuss the issue.

## f) 235/10 - Local Authority Performance Targets

Philip Howe reported that the issue was specific to Bedfordshire and Luton and a meeting had been arranged for 8 October 2010 at which targets would be finalised with local authority directors.

#### g) 237/10 Care Coordinator Caseloads

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Sally Morris advised that the guidelines for maximum caseload had been set 10 years ago and prior to Care Coordinators undertaking Clinical Assessments in the Clinical Assessment Unit [CAS]. If the CAS time is removed from the equation the caseload of care coordinators is 33/34 and therefore almost at the maximum advised.

# h) 245/10 - Information Good Practice Re-launch

Trish Donovan reported that the Information Good Practice had been re-launched and a series of briefings and reminders was to be circulated via Trust Today.

# i) 247/10 - SHA Visit

Andy Brogan advised that a congratulatory letter had been sent to the CAMHS team.

# j) Healthcare 100 Awards

Dr Patrick Geoghegan reported that the Executive Team was minded not to apply for the awards this time. The Board of Directors agreed that SEPT should look for other forms of recognition.

Action: Report on succession planning to Board of Directors February 2011.

# 276/10 FINANCE AND QUALITY PERFORMANCE REPORT

# Finance Report

Trish Donovan updated members on the Trust's financial performance as at 31 August 2010. The Trust's overall actual performance was a surplus of £3,780k against a planned surplus of £3,621k. Trish advised that the underspend was mainly due to an overachievement on Income Generation.

Trish highlighted the Cost Improvement Programmes; with some schemes having been implemented early, although there was a risk to the delivery of other schemes on time due to the delay in implementation of the service transformation plans for Bedfordshire and Luton.

Trish reported that the debt due by SW Essex was higher than would normally be expected but reflected their current financial position. However £1.1m had been paid on account by the PCT during month 6.

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Trish requested that the Board of Directors agree to the closure of the BLPT bank accounts as all the finance functions had been transferred to Essex from 31 August 2010.

Trish brought to the Board's attention leases on 3 properties that were due for renewal:

- 24 Grove Place
- 9 Rush Court
- ACE Enterprises, Luton.

Trish advised that the Executive Team were recommending that these leases be renewed.

Trish reported that the Trust's performance at month 5 indicated a Monitor financial risk rating of 5, although the planned end of year risk rating was 3.

Leslie Cuthbert highlighted the amount of cash held by the Trust and the low return received on it. Janet Wood reported that the Cash Management Committee had been discussing the low rate of return and the balance between risk and return and would be making recommendations to the Executive Team.

In response to an enquiry from Dr Hameen Markar, Trish advised that the dispute with Luton PCT, concerning the level of contracted service for the Early Interventions Team, was ongoing. Dr Patrick Geoghegan enquired as to how the activity was currently being funded. Sally Morris advised that the income was due and was still included in the budget and services have continued to be delivered on the assumption that the monies would be paid. It was expected that this dispute would be resolved in the near future. Patrick requested that an update be provided at the October Board meeting.

Sally Morris advised George Sutherland that the overspend on inpatient services was partially caused by the admission of some particularly challenging patients in the Bedfordshire and Luton division and the isolation of the units causing unanticipated pressures as the backflow of staff were not available. In South Essex, the overspend was due to increased levels of delayed discharges with more beds in the Intensive Care Unit at Hadleigh being required with a consequent increase in staffing levels. Sally gave assurance that sufficient staff were always available to ensure patient care and that a patient needing admission would always be found a bed, even if this was out of county.

Patrick advised that more intensive discussion needed to be held with commissioners and clear agreement as to the level of services agreed within the contract.

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# Quality report

Dr Patrick Geoghegan advised that there were longstanding challenges of which the Board of Directors were aware and which would be reported more fully in the next quarterly performance report.

Patrick identified that scores in the National Community Patient Survey had been lower than anticipated. Patrick advised that local surveys did not reflect the outcome of the national survey. Patrick recommended that this issue should be escalated to the Board Assurance Framework.

Sally Morris advised that the shortfall in South Essex CAMH contracted service would not be recaptured but the aim was that the shortfall would not increase any further. The vacancies that had caused the shortfall had been recruited to, although some recruits would not take up post until later in the year. Sally gave assurance that all referrals were assessed and prioritised but activities were not as frequent as would be desirable in some cases. Backfilling occurred wherever possible. Patrick asked that a fuller narrative be included in the next quarterly report.

#### The Board of Directors:

- 1. Agreed to the closure of the BLPT bank accounts.
- 2. Agreed to the extension of the leases on the three properties.
- 3. Discussed and debated the identified performance hotspots
- 4. Agreed that the Community Patient Survey be escalated to the Board Assurance Framework.

#### **Actions:**

- 1. Report on disputed income from Luton PCT be brought to October Board.
- 2. Debbie Dunning to ensure that the Community Patient Survey is included as a risk on the Board Assurance Framework.
- 3. Sally Morris to provide narrative on CAMH service in South Essex in quarterly performance report.

# 277/10 BOARD ASSURANCE FRAMEWORK

Dr Patrick Geoghegan presented the report on the Board Assurance Framework advising that it was a live document subject to change and highlighting areas of concern to the achievement of the corporate objectives. Patrick advised that some risks had been revisited and applying the risk matrix those scoring 9 or below were recommended for downgrading to the Corporate Risk Register.

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Patrick gave assurance to the Board of Directors that the Corporate Risk Register was reviewed regularly by the Executive Team Operational Committee where Directors were subject to regular challenge.

#### The Board of Directors

- 1. Discussed and reviewed the Board Assurance Framework.
- 2. Agreed the downgrading of the listed risks to the Corporate Risk Register.
- 3. Identified that the Community Patient Survey should be included on the Board Assurance Framework.

# 278/10 SUB-COMMITTEES

i) Executive Team Operational Committee

Dr Patrick Geoghegan presented the minutes of the meetings held 20 July 2010, 27 July 2010, 3 August 2010, 10 August 2010, 17 August 2010, 24 August 2010, 31 August 2010 and 7 September 2010. Lorraine Cabel congratulated the Executive Team on the creation of the combined Mental Health/Social Work Practitioner qualification.

#### The Board of Directors:

- 1. Noted the minutes of the Executive Team Operational Committee meetings.
- ii) Associate Mental Health Act Managers Committee

Leslie Cuthbert presented the minutes of the meetings held on 26 January 2010, 23 April 2010 and 21 June 2010. There were no comments.

#### The Board of Directors

1. Noted the minutes of the Associate Mental Health Act Managers Committee meetings

#### iii) Audit Committee

Janet Wood presented the Audit Committee Assurance Report , the audit committee annual report for the year ending 31 March 2010 and the minutes of the meetings of 2 June 2010 and 30 June 2010. Janet advised that Dr Patrick Geoghegan attended the meeting to present the Statement of Internal Control [SIC] on 2 June. Patrick highlighted

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the need for medical directors to attend Audit Committee meetings for clinical governance purposes.

#### The Board of Directors:

- 1. Noted the Audit Committee assurance report, the Audit Committee Annual report for the year ending 31 March 2010 and the minutes of the meetings.
- iv) Integrated Governance Steering Committee

Dr Patrick Geoghegan presented the Assurance Report for the Integrated Governance Steering Committee and the minutes of the meeting held on 17 June 2010.

#### The Board of Directors:

1. Noted the Integrated Governance Steering Committee assurance report and the minutes of the meeting.

Dr Patrick Geoghegan reported that the Committee structure was under review and a revised structure would be brought to the Board of Directors.

#### 279/10 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.

i) Waste Management Policy

The Board of Directors discussed and agreed the ratification of the Waste Management Policy

ii) Investment Policy

The Board of Directors discussed and agreed that the Investment Committee should revisit the Investment Policy to reflect EU tender requirements.

iii) Seclusion Policy

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Dr Patrick Geoghegan assured the Board of Directors that the policy incorporated all known areas of best practice.

The Board of Directors discussed and agreed the ratification of the Seclusion Policy.

# iv) Physical Health Policy

Dawn Hillier highlighted that the policy incorporated a physical health check for patients on admission but failed to mention the required annual health check. Dr Pauline Roberts reported that this was included in the connected procedure and Dr Patrick Geoghegan gave assurance that all patients do receive an annual health check. Peter Wadum-Buhl advised that this a Monitor requirement and audits were undertaken to monitor compliance.

The Board of Directors agreed the ratification of the policy provided that it was amended to incorporate the annual health check requirement.

v) Supervision Policy

The Board of Directors discussed and agreed the ratification of the Supervision Policy.

vi) Time Off for Trade Union Duties and Activities

The Board of Directors discussed and agreed the ratification of the Time Off for Trade Union Duties and Activities Policy.

# 280/10 REPORT FROM TRUST SECRETARY

Debbie Dunning presented the Trust Secretary report which provided an update in relation to the Regulation and Compliance regime, guidance issued by Monitor and any other matters of note. Debbie highlighted the change in the Monitor Relationship Management Team and the need to report Pension Scheme Contributions as of specific interest.

Dr Patrick Geoghegan reported that it has been arranged that Patrick, Lorraine Cabel and Ray Jennings will meet with Will Rowberry, the new Relationship Manager ,on 30 November .

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Patrick highlighted two issues raised in the report:

- Potential conflicts for external and internal auditors.
- Access to healthcare for persons with a learning disability.

Patrick requested that Ray Jennings and Sally Morris cross check to ensure that the Trust is compliant and provide assurance at the next Board of Directors meeting.

#### The Board of Directors

1. Noted the Trust Secretary's report.

#### Action:

- 1. Ray Jennings to provide assurance regarding the role of internal and external auditors.
- 2. Sally Morris to provide assurance regarding access to healthcare for persons with a learning disability.

# 281/10 CLINICAL AUDIT

Andy Brogan presented the Clinical Audit Report for 2009/10 advising that the report was for the South Essex operations as the annual report for the Bedfordshire and Luton operations had been presented to the BLPT Board in March 2010.

Andy highlighted the three main elements of the clinical audit programme:

- Audits that supported the national agenda, including national audits
  - o Standards for Better Health
  - o National Audits e.g Continence Care
  - o NICE Guidance
- Audits that supported Trust Priorities, including audits of compliance with Trust policies
- Service level audits including audits agreed as a priority for the service annual programme by the Clinical Governance groups.

Leslie Cuthbert highlighted the need to include the Audit Committee in the Clinical Audit flow chart.

In response to an enquiry from Dr Patrick Geoghegan, Andy reported that there were adequate resources to undertake the audit programmes. The process in South Essex

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engaged the clinical staff in the audit activities, with the audit department supporting the clinical staff in the process. 120 audits had been undertaken in South Essex in the year 2009-10 with more to be undertaken in the current year. In Bedfordshire and Luton the clinical audit staff had undertaken the audits independently. Andy advised that the South Essex model was to be taken forward across the Trust.

Andy recognised that there may be gaps in the audit programme with regard to reaudits and spot checks on practice changes and agreed that the programme would be reviewed to ensure that these areas were included. Patrick requested that assurance be provided to the next Board of Directors meeting that the gaps had been identified and included in the audit programme.

Sally Morris reported that, whilst clinical audits were undertaken predominantly for the Trust's benefit, there was a growing trend of commissioners requiring audits to be undertaken but with no additional funding being provided for the cost of these.

Peter Wadum-Buhl agreed that there was increasingly less choice in the areas to be audited due to the requirements being imposed both locally and nationally.

Lorraine Cabel congratulated all concerned with the comprehensive report.

#### **The Board of Directors**

1. Discussed and approved the Clinical Audit Annual Report.

#### Action:

1. Andy Brogan to provide assurance to the next Board of Directors meeting that the clinical audit programme has been reviewed to incorporate reaudits and spot checks on practice changes.

# 282/10 RISK MANAGEMENT FRAMEWORK

Peter Wadum-Buhl presented the report and advised that it provided a summary of the updates made to further strengthen the Risk Management Framework and ensure compliance with NHSLA Risk Management Standards and the Trust's governance arrangements as part of the integration process.

Dr Patrick Geoghegan reminded the Board of Directors that the Risk Management Framework had been in place since 2001 and was refreshed regularly to reflect changes in standards and governance arrangements.

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Dawn Hillier highlighted the challenges that working with partners and thus having shared risks presents for Risk Management purposes, particularly with responsibility for the risks and line management. Peter reported that shared risks may be increased with the pressures within the system and agreed that this should be built into the Risk Management Assurance framework in future.

#### The Board of Directors

1. Discussed and approved the refreshed Risk Management Framework.

#### Actions:

1. Build shared issues into the Risk Management Framework.

# 283/10 OUTCOME OF SAFEGUARDING AUDIT

Andy Brogan presented the report advising that it provided information on the process, analysis and recommendations following the completion of the Safeguarding Adults audit for the Essex Safeguarding Adults Board. Andy reported that the results had been very positive with the Trust area of South Essex exceeding the requirements in 33 of the standards.

Andy highlighted the action plan developed for the recommendations from the report.

#### The Board of Directors

- 1. Discussed the report and agreed the audit findings.
- 2. Agreed the recommendations and the action plan.

# 284/10 UPDATE ON CARBON MANAGEMENT

Trish Donovan presented the report giving the Board of Directors an update on the Carbon Management Plan agreed at the Board of Directors meeting on 24 February 2010, which was implemented from 1 April 2010.

Trish reported that there were 13 initiatives currently being implemented

#### The Board of Directors

1. Discussed and noted the update on Carbon Management report.

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#### 285/10 UPDATE ON WORKSMART

Trish Donovan presented the update report on the WorkSmart Project and reported that there were currently 500 staff registered for WorkSmart and workshops were scheduled to facilitate the roll out of the Charter House and Bedford Heights proposals. Dr Patrick Geoghegan advised that these were both expensive buildings and there was an urgent need for WokSmart to ensure best value was gained from them. Trish also reported that a renewed campaign was underway to advise staff of WorkSmart, including articles in Trust Today and Tuned In.

Trish advised that the operational management of the WorkSmart project had transferred to the Project Office from 1 September 2010.

George Sutherland enquired as to whether there would be efficiencies and benefits for Non Executive Directors allowing for better use of the time available. Patrick agreed that Jannette Leonard should investigate the options available, such as SKYPE phones.

#### The Board of Directors

- 1. Discussed the report giving an update on the WorkSmart initiative and
- 2. Agreed the proposals contained in it.

#### Action

1. Jannette Leonard to investigate options available improve use of Non Executive Directors time.

# 286/10 INFECTION CONTROL STRATEGY

Andy Brogan presented the Infection Control Strategy 2010-13 and advised that it addressed key objectives. Dr Patrick Geoghegan highlighted that the effectiveness of the strategy had been demonstrated during the flu pandemic last year.

#### The Board of Directors

1. Discussed and agreed the Infection Control Strategy.

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#### 287/10 STRATEGIC DIRECTION

Peter Wadum-Buhl presented the report on the Strategic Direction of the Trust and advised that the report included a proposed programme for consultation on the Trust objectives.

#### The Board of Directors

- 1. Discussed and noted the report.
- 2. Approved the approach proposed.

# 288/10 INFECTION CONTROL ANNUAL REPORT

Andy Brogan presented the Infection Control Annual Report for 2009-10 and advised that, this report referred to South Essex area of the Trust as the BLPT Board had received the Bedfordshire and Luton Annual Report, which included the annual plan for 2010-11, in March 2010.

Andy acknowledged the dedicated commitment of Kim Shaw, and her team, who had risen to the challenge infection control presented to the Trust. Andy highlighted the work that had been undertaken and the outcomes achieved across the whole range of objectives. Lorraine Cabel requested that Kim and her team be thanked for their enthusiasm in this area.

Dr Patrick Geoghegan highlighted the achievement of zero number of MRSA infections reported.

#### The Board of Directors

- 1. Discussed and approved the Infection Control Annual Report 2009-10.
- 2. Approved distribution of it to South West Essex PCT

# **Actions:**

1. Kim Shaw and her team to be congratulated on behalf of the Board of Directors.

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# 289/10 MAJOR INCIDENT PLAN

Andy Brogan presented the revised Major Incident Plan 2010 and advised that the complex and complicated plan had been discussed by the Executive Team Operational Committee on three occasions to ensure that it reflected local need and complied with the Civil Contingencies Act 2004 and the latest guidance available. Andy reported that the Plan would need to be amended to reflect proposed changes in NHS structures.

Andy highlighted that the Plan identified the need to equip designated staff with the skills required, giving them the proper tools and training to undertake the tasks asked of them.

Andy reported that the Gold Command structure was in place, with video conferencing available for Trust wide issues and command centres in floor 5 at Charter House and Room 4 at The Lodge, Runwell. Further discussion was to take place as to how to train Silver and Bronze Command personnel. Leslie Cuthbert highlighted the key role that loggists play and the need to ensure that they are properly trained and complete the documentation correctly. Andy further reported that a training implementation plan had been approved by the Executive Team Operational Committee. Identification of key personnel was to be undertaken before this was implemented.

Andy advised that a major test of the plan was to be completed within the year, once personnel had been identified and trained. Dr Patrick Geoghegan gave assurance that when tested, such as when the ceiling fell in on a unit in Runwell Hospital, the effectiveness of the Incident Plan in place at the time had been demonstrated.

#### The Board of Directors

- 1. Discussed the revised Major Incident Plan 2010
- 2. Approved the revised Major Incident Plan and the recommendations made in the report.

# 290/10 APPOINTMENT OF CONSULTANT PSYCHIATRISTS

#### **CAMHS**

Lorraine Cabel reported that the Appointments Committee had met on 3 September 2010 to interview candidates for the 2 posts of Consultant CAMHS Psychiatrist. The panel recommended the appointment of

Dr Rewant Desail

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Dr Rebecca McLaren.

The Board of Directors approved the appointment of Dr Rewant Desai and Dr Rebecca McLaren as Consultant CAMHS Psychiatrists.

# **Consultant General Adult Psychiatrist**

Lorraine Cabel reported that the Appointments Committee had met on 23 September 2010 to interview candidates for the post of Consultant General Adult Psychiatrist. The panel recommended the appointment of

• Dr Naik Gaunekar

The Board of Directors approved the appointment of Dr Naik Gaunekar as Consultant General Adult Psychiatrist

# 291/10 USE OF CORPORATE SEAL

Dr Patrick Geoghegan reported that the Corporate Seal had been used on three occasions

- 19 August 2010 Thurrock council/Sept agreement relating to Early intervention to Preventative Services - Thurrock Thinking Families
- 24 August 2010 SEPT and Bedford PCT tenancy relating to car park at Bedford Health Village
- 24 August 2010 SEPT and Bedford PCT option to renew lease relating to new Weller Wing site at Bedford Health Village.

# 292/10 CORRESPONDENCE CIRCULATED TO BOARD MEMBERS

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

# 293/10 NEW RISKS IDENTIFIED

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#### 294/10 ANY OTHER BUSINESS

Lorraine Cabel reported that Leslie Cuthbert was to step down as a Non Executive Director from 30 September 2010 after five and a half years. Lorraine thanked Leslie for his valuable contribution to the work of the Board of Directors during some of the most testing times for the Trust.

Leslie stated that it had been a pleasure to work with such a fantastic organisation and the staff within it and wished the Trust well.

# 295/10 PUBLIC/STAFF QUESTIONS

A member of the public commented that the GP's did not all have sufficient awareness of the needs of patients with mental health problems to become effective commissioners of services.

Another member queried the future of the Community Development Workers [CDWs] once the funding expires. Dr Patrick Geoghegan advised that the future of the CDWs was one of a number of issues to be discussed with Commissioners but it was expected that there would be significant reduction in funding available for mental health. Patrick emphasised the need to ensure that reductions in mental health expenditure were fair and reasonably reflected reductions in overall health spending arising from the Comprehensive Spending Review.

# 295/10 DATE, TIME AND VENUE OF NEXT BOARD MEETING

The next meeting of the Board of Directors is

Closed meeting Wednesday 27 October 2010

At 10.00 am

At Training Room 1, The Lodge, Wickford

# 257/10 CLOSE OF MEETING

The Part 1 meeting closed at 16.10

Signed	Date
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