

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 27 July 2016
at The Lodge, Runwell Chase, Wickford SS11 7XX

Members present:

Lorraine Cabel (Chair)	Chair
Sally Morris (CEO)	Chief Executive
Andy Brogan (AB)	Executive Director Mental Health & Executive Nurse
Randolph Charles (RC)	Non-Executive Director
Alison Davis (AD)	Non-Executive Director
Nigel Leonard (NL)	Executive Director Corporate Governance
Mark Madden (CFO)	Executive Chief Finance Director
Malcolm McCann (MMc)	Executive Director Community Health Services & Partnerships
Mary-Ann Munford (MAM)	Non-Executive Director

In attendance:

Ro y Birch (RBI)	Public Governor
Joy Das (JD)	Appointed Governor
Max Forrest (MF)	Associate Director Communications
Colin Harris (CH)	Public Governor
Cathy Lilley (CL)	Trust Secretary [Minute Taker]
Kresh Ramanah (KR)	Public Governor
Kim Shaw (KS)	Head of Infection Prevention & Control
Julie Thornton (JT)	Clinical Lead
Tony Wright (TW)	Public Governor

The Chair welcomed members of the public, staff and Governors to the meeting and reminded members of the Trust's vision: *providing services in tune with you.*

151/16	APOLOGIES FOR ABSENCE
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Apologies for absence were received from:

Steve Cotter (SCo)	Non-Executive Director
Steve Currell (SCu)	Non-Executive Director
Dr Milind Karale (MK)	Executive Medical Director
Janet Wood (JW)	Vice-Chair/Non-Executive Director

CL confirmed that the meeting was quorate.

152/16	DECLARATIONS OF INTEREST
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RC advised that his daughter is a commissioner for immunisation at NHS England.

153/16	PRESENTATION: FLU IMMUNISATION
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The Board received a presentation from Kim Shaw, Head of Infection Prevention & Control, and Julie Thornton, Clinical Lead on the staff flu immunisation programme.

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There is a recurring pressure on the NHS because of flu during every winter and the importance of immunisation for frontline clinical staff was highlighted as vaccination protects and reduces the risk of spreading flu to patients, service users, colleagues and family members particularly as 30-50% of infected staff are asymptomatic but infectious.

The flu immunisation programme is a staff health and wellbeing CQUIN and the target is to achieve an uptake of flu vaccinations by frontline clinical staff of 45% in Essex mental health and community services and 75% in West Essex community services (the equivalent of 1,326 frontline staff members) with a value of £366,266.

On behalf of the Board, the Chair thanked TS and RW for an interesting and informative presentation.

154/16 MINUTES OF THE MEETING HELD ON 29 JUNE 2016

Subject to the following amendment, the minutes were agreed to be a correct record:

- Safer Staffing page 6 4th para to include: *AD asked if this support was in addition to site managers' usual duties and whether providing this support would have an impact on their other duties. AB confirmed that this was part of the expectations of the role.*

155/16 ACTION LOG AND MATTERS ARISING

The Board noted the action due in July was covered by an agenda item.

Referring to minute 150/16 Governor/Public Query Tracker, NL confirmed that he had briefed Roy Birch on the risk rating system within the Trust's Board Assurance Framework.

156/16 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT

On behalf of Janet Wood, Chair of the Committee, AD provided assurance that a full and robust debate and scrutiny had taken place at the meeting held on 21 July 2016 on all performance issues and that mitigating actions and monitoring processes had been requested where appropriate

Performance

The CEO stated that the Committee reviews and monitors the financial, operational and organisational performance of the Trust, and assurance was provided to the Non-Executive Directors (NEDs) that action was being taken to mitigate risks where necessary.

The CEO advised that the Committee received an updated action plan for the HSE Notice of Contravention/Investigation and pointed out that no further communication had been received from the HSE. She confirmed that the Quality Committee is monitoring the issue.

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The Board noted there had been a significant improvement with the production of community mental health service data following the discontinuation of the information system. There had been an improving position on month 2 with data supporting all but three KPIs required to meet Trust reporting requirements now available. The Board noted that assurance had been provided that action is continuing to ensure that all contractual and regulatory data requirements are met but that SE commissioners have raised a contract performance notice as a result of the Trust's failure to provide a small proportion of contractual data. In addition, the Trust has not been able to provide local authority partners with mental health partnership reports since April 2016.

The CEO also drew the Board's attention to the seven hotspots originally reported for June 2016 two of which related to a NHSI indicator. However, she was pleased to confirm that following validation, the % of CPA reviews within 12 months was 95% as opposed to the 92.1% reported at the Committee meeting. As the target was 95% this was no longer a hotspot. Other hotspots included:

- SI investigations: there was one MH report submitted over the 72 hour target out of four incidents reported during June. Changes to internal sign-off processes have been introduced to prevent future delays that are anticipated to result in 100% target achievement
- Out of area placements and bed occupancy: during June 7 patients were transferred OOA compared to 12 in May and 8 in April. There had continued to be pressure on adult acute bed availability and occupancy as reported previously. However, assurance was provided that all patients have now been repatriated or discharged
- PbR cluster data: the Trust had breached three PbR targets in June; assurance was provided that action is being taken to return to previous levels of performance and compliance
- % of outpatients not seen for 12 month: the data to support this new KPI indicated a deterioration in performance; however, there were concerns regarding current data quality. Assurance was provided that action continues to be taken to validate data and address the underlying issues preventing target achievement
- Early intervention in psychosis access target: the CCG has not made additional funding available to meet the target from 1 April 2016. The Trust is working with the CCGs to agree the funding required
- Prone restraints: a reduction in prone restraints has been identified as a quality account priority. For June there were 27 prone restraints which is above the monthly average for 2015/16 of 22.1 and if this trend continues, the forecast outturn is 324 compared to 266 last year. The Restrictive Practice Group has been asked to review its action plan and determine if any further actions can be taken.

The CEO advised there were three emerging risks: vacancy rate % unfilled posts; patient safety related incidents reporting rate; and agency cap breaches.

Following a question by RC regarding the use of restrictive practices, AB provided assurance that the Trust applies the principles of 'no force first' and the individual's care plan would include clear instructions on how situations should be deescalated. The majority of prone restraints are in relation to administering medication and he

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advised that the Trust is reviewing practices, recognising the importance of the patients' dignity. The Quality Committee reviews and monitors all restraints in detail.

MAM shared concerns regarding the continuing cost pressures on the Trust and the impact this could have on the quality of services provided, and asked how this was taken forward with commissioners. The CEO recognised the system-wide challenges and provided assurance that robust discussions are held with commissioners both on an ongoing basis and during the contracting round.

Finance

The Board was reminded that as agreed at the Board meeting in June, a revised plan has been submitted that results in the Trust having a £257k surplus for the year; this includes the Sustainability and Transformation Funds (STF) as part of the new control total.

The CFO reported that the Trust's financial position at month 3 June 2016 was a surplus of £2,635 which was £196k above current revised plan. He highlighted the hotspots and emerging risks which included Cost Improvement Programme (CIPs) where the target efficiency requirement is £12.7m of which £2.3m is being met from CQUIN leaving a delegated target of £10.436m of which £737k is yet to be identified; and Operational Services (Mental Health) where there was an underlying cost pressure. Now that the Quality Impact Assessments (QIAs) are being shared with Clinical Commissioning Groups (CCGs), it is anticipated that concerns may be raised by commissioners regarding the identified savings.

The net capital programme is lower than plan by £356k mainly due to timing differences in capital expenditure on certain backlog maintenance and IT projects. Assurance was provided that the progress of these projects and corresponding capital expenditure as monitored.

The CFO advised that the total expenditure as at monthly 3 on agency staff was £2,264k against a target of £3,000k resulting in a favourable variance of £736k. He highlighted, however, a potential risk associated with agency staff expenditure as a result of acquiring the Whipps Cross UCC contract that has required temporary staff to deliver the service as a result of the rapid contract mobilisation required.

The Board was pleased to note that the Trust's financial sustainability risk rating remained at 4 which demonstrated the strong financial health of the Trust as opposed to the planned risk rating of 3.

The CFO commented that NHS Improvement was currently consulting on its proposed approach to overseeing and supporting NHS Trusts and Foundation Trust through a *Single Oversight Framework*. The framework will replace parts of Monitor's Risk assessment Framework specifically the way in which NHSI will monitor, rate and intervene in respect of finance, quality and operational performance; in addition, new organisational health metrics will be monitored by NHSI and there would also be changes to the quality metrics. The CEO pointed out that the Finance & Performance Committee had considered the impact of the framework on how the Trust's finances and performance are monitored, and agreed that the changes should be incorporated in to the Trust's performance framework, if not already included. There is some

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concern regarding the approach to and thresholds for incorporating variation to control totals and this will be fed back to NHSI as part of the consultation process.

The Board acknowledged the progress achieved against the Trust’s corporate objectives and that in order to streamline reporting, there would be changes to the monitoring arrangements for 2016/17. In addition the Board noted and supported the revisions to two corporate objectives relating to vacancy rate and sickness rate reduction.

The Chair noted that the Essex Success Regime has a system-wide deficit of £190m that would, in her view, inevitably be distributed amongst commissioners and providers to reverse. She asked if the process for identifying allocations was known. The CFO replied stating that information about this had not yet been released; however, it was recognised that there was a requirement for the system to be in balance by 2021.

The Board:

- 1 Noted the performance and finance report and confirmed acceptance of assurance provided**
- 2 Supported the changes to the following two corporate objectives:**
 - **To achieve a vacancy rate of 10% to support safer staffing and manage talent effectively**
 - **The Trust aspires to achieving a sickness rate reduction of 4.3% but recognises for monitoring purposes the threshold for monitoring this hotspot is 4.7% in line with benchmarking data.**

157/16 QUALITY REPORT

AB presented the report which focused on aspects of care relating to three key categories: safety, experience and improvement, and highlighted that there was a further small increase to 98.89% 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. He pointed out that of the 1,989 patients surveyed, 22 patients were identified as having one of the four harms with 18 patients within community services and four patients within mental health services. The Board was pleased the Trust consistently continue to achieve a high rate against the national ambition of 95%.

AB highlighted that there had been no avoidable pressure ulcers or avoidable/unavoidable falls to date; however, this was to be expected at the beginning of the year. AB provided an update following the conclusion of the evaluation of suicide prevention training packages for deployment across all mental health services. He anticipated that a training package that can be deployed in bite-size sessions would be adopted and that a train the trainer course which be supported.

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

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158/16 SAFER STAFFING REPORT

AB introduced 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 highlighted that the majority of wards in LD, Secure Services and Community Health Services were above 95%. As reported in previous months, a recruitment campaign was ongoing and being monitored through a number of workstreams. AB advised that Trust continued to advertise vacancies via professional publications (including the Irish Nursing Times) and social media, and by attending recruitment fayres.

AB reported on Clifton Lodge that remained a hotspot and advised that Basildon MHU had been reduced to a potential emerging risk along with Rawreth and Heath Close. He assured the Board that there were no concerns with regards to the safety and quality of care on the wards and that mitigating actions were in place. The Board noted that whilst recruitment was being undertaken, site managers on wards were being utilised to provide support alongside ward managers and matrons to ensure wards remained safe.

AB pointed out that a comparison with some other Trusts' dashboards had been undertaken and was pleased to advise that there were very few Trusts that could demonstrate the same level of fill rate.

RC asked if the 'good news' in relation to the Trust's dashboard is promoted externally. AB confirmed that the Trust's positive fill rate position is widely shared with external stakeholders. LC also pointed out that the information is publicly available as is nationally reported.

In response to a question by MAM, AB confirmed that it was possible to compare fill rates with other mental health Trusts.

AD noted that the fill rate figures and sickness rates for Robin Pinto were particularly high and queried if there was a direct correlation with the high vacancy rate. AB advised there were various reasons for the rates; in particular the challenges with recruitment due to the isolation of the Unit. He confirmed that this was monitored and provided assurance that the ward is run efficiently and that appropriate support is provided.

The Board:

- 1 Received and discussed the report**
- 2 Approved the report.**

159/16 NON-MEDICAL EDUCATION AND TRAINING UPDATE

The Board received an update report from AB on the main initiatives in non-medical education and training initiatives that have taken place within the Trust over the past six months including:

- the multi-professional Deanery quality performance review
- Physical health care training
- Leadership programmes

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- Care certificate implementation
- Band 1-4 progression routes
- Quality improvement performance framework
- Health visitor call to action
- Mandatory training

The Board noted in particular that the Workforce Partnerships had not yet declared the budget for 2016/7 although a small interim payment had been made to Trusts of 10% of the 2015/16 allocation. However, this payment would not cover many study leave requests. In addition, the overspend on last year was covered by money from the student tariff (NMET) but the level of payment for this year has not yet been advised. The CEO advised that the issues were caused by incorrect allocation and that this had been escalated.

The Board received and noted the report.

160/16	BOARD ASSURANCE FRAMEWORK (BAF)
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NL 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 comprehensive method for the effective management of the potential risks that may prevent achievement of the key aims agreed by the Board.

NL pointed out that there had been no changes to the risk ratings in the BAF since the last report to the Board in June and no new risks had been recommended for inclusion on the Corporate Risk Register (CRR). He advised that the outstanding risk assessment that had the potential to escalate to the CRR - *no handover protocol for Drug and Alcohol patients on discharge from wards is in place affecting patient care* – had been assessed. As the risk score was below the threshold for escalation to the CRR, it would be included and monitored on the mental health operational risk register.

Referring to paragraph 1.4 of the report, AD asked for greater clarity regarding the issue raised in relation to whether the identified actions would robustly mitigate the risks going forward. NL provided assurance that there were appropriate mitigations in place but that some action plans were more detailed than others.

The Board reviewed the BAF and:

- 1 Approved the BAF at July 2016**
- 2 Did not identify any updates or changes required to the BAF**
- 3 Noted the review and approval of BAF action plans**
- 4 Noted the approval of the updated Risk Management and Assurance Framework, particularly the revised monitoring and reporting arrangements associated with the BAF.**

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161/16 SUB-COMMITTEES**(i) Quality Committee**

The Chair presented the report of the meeting held on 14 July 2016 and provided assurance that robust discussions were held on a number of issues some of which had already been covered by the Board as separate agenda items including the Quality and Safer Staffing reports. The Chair also extended an invitation to Directors who were not members of the Committee to attend a future meeting as an observer. In addition, minutes were available on request.

The Chair highlighted:

- a case study covering a patient within community health services from which a critical incident review was undertaken following complications with the patient's health care. The investigation highlighted a number of lessons and the Committee was pleased to note that processes are now in place to prevent a repeat of this incident
- the detailed report on reducing the incidence of omitted doses of medicines. The Committee was pleased to note that there has been a significant reduction since 2014 in both community and mental health services and that this is the fourth audit that has been completed over a five year period and that on each occasion there has been an improvement with 99% of doses being admitted correctly
- the continued progress with the CQC action plan. The Committee agreed realignment of actions and timescale for the reorganisation of psychology provision particularly as it was felt that these are longer-term actions to improve the quality of service overall rather than to simply address the CQC concerns
- the CQC action plan audit was taking place and the final action plan would be presented to the Board at its September meeting
- CQC have completed two MHA inspections and the MHA Office has continued to undertake MHA audits; no escalation of issues had been required
- the update on the Quality Strategy, the Quality Academy and Quality Champions
- the comprehensive update on the transformations and innovations within Essex Children, Young People & Families services that have or are expected to result in quality improvements with two Quality Champions being appointed through the Quality Academy
- the positive validation of the Committee from both members and non-members following the Committee's effectiveness review
- the Health, Safety & Security Annual Report 2015/16; the HR & Workforce Framework; and the People Experience Framework were approved
- no risks had been identified for escalation to the Board.

The Board received and noted the report, and confirmed acceptance of assurance provided in respect of action identified.

(ii) Investment & Planning Committee

The Chair advised that the Committee had met on 20 July 2016 and that a full written report would be provided at the September Board meeting. She provided assurance

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that robust discussions were held on a number of issues and that no risks were identified.

The Board received and noted the verbal update.

(iii) Charitable Funds Committee

On behalf of RC, NL presented the report of the meeting held on 6 July 2016 and provided assurance that robust discussions were held on a number of issues including:

- Approval from both SEPT and ELFT to work towards a transfer date of April 2017 for funds to transfer out of the SEPT charity
- The SEPT general bidding process for 2016/17 would be rolled out over the coming weeks with bids to be returned by the end of September 2016
- Outcome of the Committee efficacy review was considered.

The Board noted that the Committee had agreed to continue to fund the annual contribution to the NHS Retirement Fellowship for the current financial year from Charitable Funds. The CEO advised that a review of staff usage of this organisation would be undertaken, the outcome would be taken into consideration when considering future funding.

The Board received and noted the report, and confirmed acceptance of assurance provided in respect of action identified.

162/16 SEPT/NEP MERGER PROPOSALS UPDATE

The Board received a detailed update report from NL on the progress of the SEPT/NEP merger proposals. He pointed out that the report was similar to that presented in June as the NEP Board had not met in June and therefore received this paper at its meeting on 20 July. It was therefore being presented to the SEPT Board in the same format to ensure that each public meeting of both Boards receive the same information.

NL reminded the Board of the preferred name of the new organisation – Essex Partnership University NHS Foundation Trust with the alternative names of Anglia Health Partnership University NHS FT or Eastern Health Partnership University NHS FT – and that staff and stakeholders of both organisations were being consulted.

NL also provided an update on the progress with the due diligence process; the information gathering phase has been completed and work on analysing the data had commenced. A comprehensive report on the risks and opportunities of the merger across all work streams will be considered by the Board in its part 2 meeting. Further due diligence will be undertaken after both Boards have considered the initial report and outlined any further lines of enquiry to be pursued.

NL provided a verbal update following the Merger Project Board meeting on 25 July. Discussions at the meeting included further consideration of the due diligence; agreement to increase frequency of meetings; further meetings with commissioners who are leading on the Essex mental health commissioning strategy as the importance of aligning with this was recognised; updates from workstreams.

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The Board noted the increased momentum in the communications and engagement plan with both the CEO and NL attended the NEP Board meeting on the 20th; in addition a regular blog would be published for staff and a monthly written briefing would be sent to Governors.

MAM asked if commissioners were aligning the mental health strategy for Essex with the STP process. NL advised that there had been an extension for the STP plans that no longer aligns with the publication of the strategy; the Merger Project Board was keeping an oversight of this.

The Board received and noted the progress report.

163/16	BOARD GOVERNANCE UPDATE
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NL introduced an update on a range of governance and procedural issues.

NL highlighted NHSI has published a consultation on its proposed approach to overseeing and supporting NHS FTs and Trusts that replaces Monitor's Risk Assessment Framework and the TDA's Accountability Framework. The new framework offers potential to align regulation with the CQC and to support a movement of sector-led improvement. EOSC will manage the response on behalf of the Trust.

NL also pointed out that a report by NHS England *Implementing the Five-Year Forward View for Mental Health* – is intended as a blueprint for the changes that NHS staff, organisations and other parts of the system can make to improve mental health. The implementation plan gives a clear indication to the public and people who use services what they can expect from the NHS and when, as well as setting out by financial year what money is due to be made available.

The Board was pleased to note that the Trust has been invited to present our work on Freedom to Speak Up at the NHSE's conference in August.

The Board received and noted the report.

164/16	Q1 NHS IMPROVEMENT COMPLIANCE REPORT
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Referring to the performance and finance updates reported under agenda item 5(a), NL presented the Q4 NHSI compliance report relating to the Trust's financial position, governance and performance for the Board's review and approval.

The Board was pleased to note that the predicted NHSI financial sustainability rating for Q1 is 4 and that there are no matters requiring exception reporting to NHSI that have not already been reported.

NL, however, highlighted that the Trust has not achieved all of the NHSI KPIs as at the end of Q1 in relation to the achievement of Early Intervention Access (EIP) targets. He reminded the Board that as previously reported these targets could not be achieved unless adequate funding was provided.

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AD queried the impact of making the statement of 'non-compliance' and if the commissioners were aware of the Trust's intentions. The CFO advised that it is not a requirement for commissioners to be aware of the declarations the Trust intends to submit and there has been no formal confirmation; however, the commissioners are aware of the position as are involved in the additional funding discussions.

AD asked if NHSI would take further action. NL replied that nationally there is a significant number of provider organisations that are in a similar position with eight Trusts who have already not been able to meet the 50% target.

The Board:

- 1 Received and noted the report
- 2 Approved the submission of the following statements to NHSI:
 - The Board anticipates that the Trust will continue to maintain a financial sustainability risk rating of at least 3 over the next twelve months
 - The Board anticipates that the Trust's capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in this financial return
 - The Board confirms that there are no matters arising in the quarter requiring an exception report to NHSI (per table 3 of the RAF) which have not already been reported
 - The Board does NOT confirm the following statement in the light of the risk identified in respect of achieving EIP access targets without additional funding: *The Board is satisfied that plans 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 known targets going forwards.*

165/16	SOCIAL AND HEALTH CARE INTEGRATION
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The Board received an update report from NL on the recent publication *Stepping up to the place: the key to successful health and care integration* that provides further guidance on how to successfully move towards integration across health and social care.

NL advised that the Association of Directors of Adult Social Services, Local Government Association, NHS Clinical Commissioners and NHS Confederation (the Group) have stated in the report that the imperative to integrate, innovate and transform has never been greater/ The Group recognises, however, that integration is not an answer in itself or a panacea for the system's financial challenges. Its primary purpose is to shift the focus of health and care services to improving public health, and meeting the holistic needs of individuals, of drawing together all services across a 'place' for greatest benefit, and of investing in services which maximise wellbeing throughout life.

The Group is developing a self-assessment toolkit for local system leaders to provide a framework from which to assess and challenge their current capacity to lead system

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transformation and to identify what actions need to be taken. NL reported that there were three key areas identified for consideration by organisations going through an integration process, namely sustained effort and commitment by the leadership, financial investment and clear accountability through good governance systems and processes.

AD queried if there was any reference to pooling budgets. NL advised that the report covers this by referring to individual systems to make their own decisions.

The Board received and noted the report.

166/16 BOARD OF DIRECTORS SELF-ASSESSMENT 2016

The Chair presented the report detailing the outcome of the Board of Directors' self-assessment review for 2016. She was pleased to advise that the responses indicated a very positive view of the effectiveness of the Board and there were no questions where respondents felt that the Board did not meet expectations. An action plan has been developed based on the feedback and the Board was pleased to note that there were three areas where no actions were identified and several where actions were already being taken forward. The Board was also pleased that there were already a number of examples of good practice and positive feedback provided in the self-assessment.

A progress report on the action plan will be presented at the January 2017 Board meeting.

The Board received and discussed the report.

Action:

- 1 Update on progress with action plan to be presented at January 2017 Board meeting (LC).**

167/16 ESTABLISHMENT REVIEW

AB presented an update report on the work undertaken as part of the nursing establishment review of all the inpatient areas in line with the expectations within the Safer Staffing guidance.

AB pointed out that, as advised under agenda item 8(a) Board Governance update, the National Quality Board (NQB) has published further guidance *Supporting NHS providers to deliver the right staff, with the right skills, in the right place, at the right time: safe sustainable and productive staffing*. This resource has been designed to support Board with making local staffing decisions to achieve the best possible care for patients within the available staffing resource. It emphasises the need to apply the principles contained within previous guidance to both nursing and midwifery staff and the broader multi-professional team. The updated NQB expectations state that the Board should ensure there is an annual strategic staffing review with evidence that this is developed using a triangulated approach that takes account of all healthcare professional groups and is in line with financial plans.

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The Board was reminded that establishment reviews have been undertaken over the past three years on a six-monthly basis comprising data collection, use of evidence-based tools, and triangulation of results of the tools by use of professional judgement. The reviews have also included benchmarking ward areas across the Trust and scrutiny of Unify data submitted on a monthly basis to the national database to identify planned and actual staffing per shift.

AB highlighted that there are no nationally recommended tools to be used within mental health, learning disability or community health services. However this is currently being reviewed nationally and the Trust is taking forward work on dependency tools within inpatient areas with Keith Hurst.

The Board discussed the detailed report on the establishment review for Mental Health, Secure Services, Learning Disabilities and Community Health Services, and approved the recommendation that no changes were required. The Board also noted the recommendations that there would be further monitoring of specific wards including Clifton, Rawreth, Lagoon and Alpine, and that establishments had been updated for Hadleigh and Beech (St Margaret's) following an increase in commissioning intentions.

The Board:

- 1 Discussed and reviewed the report**
- 2 Approved the recommendation that no changes were required as detailed in the report.**

168/16 USE OF CORPORATE SEAL

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

169/16 CORRESPONDENCE TO THE BOARD SINCE THE LAST MEETING

The Board noted that there had not been any correspondence to the Board since the last meeting

170/16 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.

171/16 ANY OTHER BUSINESS

None.

172/16 DATE AND TIME OF NEXT MEETING

The next meeting will take place on place on Wednesday 28 September 2016 at 10:30 at the Hawthorn Centre, Rochford Hospital, Union Lane, Rochford SS4 1RB.

Signed Date

173/16 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.

The Board noted and agreed the resolution.

174/16 STAFF RECOGNITION SCHEME

The Chair and CEO were delighted to present certificates to:

- **Individual 'In Tune' Awards**
 - Mark Holland, Community Matron, Halsey Treatment Centre Biggleswade
 - Carly Greening, Administration, Kempston Clinic
 - Sandra Malisauskeine, Facilities, Thurrock Hospital
- **Team 'In Tune Awards'**
 - Facilities Team, Thurrock Hospital
 - Ben Davies, Facilities Supervisor
 - Alicja Kazmiercaz, Facilities Assistant
 - Danial Wellend, Porter
 - Steve Wood, Porter
 - Poplar Ward, Rochford Hospital
 - Dean Glackin-Fuller
 - Kelly Mann, Clinical Psychologist
 - Louise Summers, Clinical Unit Manager
 - Helaina Troy, Staff Nurse
 - Joshua Westbury, Consultant – Child & Adolescent
 - Thurrock Catering, Thurrock Hospital
 - Christine Wooldridge
 - The Care Home Practitioner Team, West Essex
 - Sheila Holland, Manager
 - Lea Dodd, Care Home Practitioner
 - Julie Malone, Care Home Practitioner
 - Abi Tilbury, Care Home Practitioner

175/16 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS

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

The meeting closed at 12:45.

Signed

Date

Appendix 1: Governors/Public Query Tracker (Item 175/16)

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
RB	Commented on the potential impact of the Essex Success Regime on the Trust and services	CEO confirmed that the ESR would be looking at sustainability of services as well as a key focus on resolving the financial challenges across the areas covered by the regime.	-
RB	Referring to the shortfall on CPD budgets, asked if this would have an impact on revalidation	CEO confirmed that CPD is part of revalidation. However, the Trust was working with the Workforce Partnerships to address the incorrect allocation of budgets.	-
KR	Asked what consideration is being given to holding back posts for staff who could be at risk as a result of the merger	AB replied that the usual HR procedures would be applied for staff who were at risk due to organisation change. There could be some vacancies but one of the challenges would be the geographical placements. However, the Trust had been involved in previous mergers/acquisitions and would use previous experience to manage organisational change effectively.	-
RB	Queried the impact of the removal of bursaries for student nurses particularly on the number of future applications	CEO and AB commented that it would be difficult to predict the impact recognising that the demographics of mental health student nurses was different to acute;	-

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