SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 25 May 2016
at The Lodge, Runwell Chase, Wickford SS11 7XX

Members present:

Janet Wood (JW)	Vice-Chair/Non-Executive Director (Chair of the meeting)
Sally Morris (CEO)	Chief Executive
Andy Brogan (AB)	Executive Director Mental Health & Executive Nurse
Randolph Charles (RC)	Non-Executive Director
Steve Cotter (SCo)	Non-Executive Director
Steve Currell (SCu)	Non-Executive Director
Alison Davis (AD)	Non-Executive Director
Dr Milind Karale (MK)	Executive Medical Director
Nigel Leonard (NL)	Executive Director Corporate Governance
Mark Madden (CFO)	Executive Chief Finance Director
Mary-Ann Munford (MAM)	Non-Executive Director

In attendance:

Brian Arney (BA)	Public Governor
David Bowater (DB)	Appointed Governor
Mathew Cope (MC)	
L Fisher (LF)	
Max Forrest (MF)	Associate Director Communications
Colin Harris (CH)	Public Governor
John Jones (JJ)	Public Governor
Cathy Lilley (CL)	Trust Secretary [Minute Taker]
Pam Madison (PM)	
Tony Wright (TW)	Public Governor

JW 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.*

102/16 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Lorraine Cabel (Chair)	Chair
Malcolm McCann (MMc)	Executive Director Community Health Services & Partnerships

103/16 DECLARATIONS OF INTEREST

None.

104/16 PRESENTATION: QUALITY STRATEGY 2016-19

The Board received a presentation from Andy Brogan, Executive Director Mental Health & Executive Nurse on the Trust's Quality Strategy for 2016-19. He explained the Trust continued to focus on quality and patient safety and that the Strategy had

been refreshed building on the strengths and achievements to date, and underpinning the Trust's strategic priorities and corporate aims. The aim is to be the safest organisation in the NHS and the Quality vision remains 'we will promote a culture and approach where every member of staff has the passion, confidence and skills to champion and compassionately deliver safe, more reliable care'. He highlighted the implementation of the Quality Academy that will build capacity for improvement and innovation.

The Board was pleased with excellent progress made with the Strategy and noted that the focus on quality was balanced with ensuring that the Trust achieved its financial plans. The Board noted that all aspects of quality are monitored by the Quality Committee and regular reports are presented at Board meetings.

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

105/16 MINUTES OF THE MEETING HELD ON 27 APRIL 2016

The minutes were agreed to be a correct record.

106/16 ACTION LOG AND MATTERS ARISING

The Board reviewed the action log and noted that all actions due for May 2016 were included as Board agenda items.

107/16 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT

As Chair of the Committee, JW provided assurance that a full and robust debate and scrutiny had taken place on 19 May 2016 on all performance issues and that mitigating actions and monitoring processes had been requested where appropriate.

JW highlighted that not all performance data against the agreed KPIs was available due to issues associated with the implementation of a replacement IT system. The Committee requested assurance that action was being taken to address the issues and a timescale for when data would be available and was advised that the action being taken was expected to ensure that month 2 data would be available. The Committee asked that the risk be assessed and included on the appropriate risk register.

JW reported that the Committee had also highlighted that agency spend would be a hot topic during the year; the Trust has financial targets from NHSI and also KPIs on each agency used. The Committee also discussed in detail the Absent Without Leave (AWOL) and had asked for benchmarking data to help ensure the Trust was focusing on the appropriate areas.

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 drew the Board's attention to the adult acute mental health bed occupancy rate (including leave) which was above target as a result of continued increased demand, resulting in the placing of patients in beds out of area. The Trust's occupancy rate was at 115% as compared to the Royal College of Psychiatry guidance of 85% which is seen as optimal, enabling individuals to be admitted in a timely fashion to a local bed resulting in links with their social support network being retained, and allowing patients to take leave without the risk of losing a place in the same ward should that be needed. Delays in admission may cause a person's illness to worsen and may be detrimental to their long-term health. In addition, using out of area beds places additional financial pressure on the Trust. She provided assurance that mitigating actions were being reviewed and that the Committee would continue to monitor bed occupancy from both a contractual activity and quality perspective going forward.

The CEO reported that there had been a deterioration in the vacancy rate to 12.6% (13.9% registered nurses) against the NHS benchmark of 10% as a result of various factors. It was expected, however, that the position would improve over the next few months.

Due to the issues with the new IT reporting system, data was not available on previously reported hotspots. Assurance was provided that mitigating actions were in place to manage the emerging risks that included Serious Incident (SI) investigations 60 day reports; average length of stay mental health older patients; mandatory training – safeguarding; and sickness absence.

Referring to 2.4.2 average length of stay for mental health older patients indicator, SCu pointed out that the information was not complete in the report in relation to the nine delayed transfers of care, and asked if this indicated any particular issues. CEO provided assurance the efforts were being made to facilitate discharges and the position was closely monitored; she highlighted that there were issues with funding from local authorities and that the delays have an impact on bed occupancy.

RC asked if the Trust's restrictive practice training was aligned to other emergency and local organisations involved in the mental health crisis care concordat. The CEO explained that each organisation would have their own method of training but that the aim would be that all restraint was managed in a safe way. AB confirmed that there was not a national standard for control and restraint training. He advised that the Trust's training includes an extensive part of enhanced emergency skills training.

Finance

The CFO advised that the Trust's financial position at month 1 April 2016 excluding technical adjustments was a surplus of £688k which was £20k above current revised plan. He highlighted the hotspots and emerging risks which included Operational Services (Mental Health) where there was an underlying cost pressure, and the CIPs where the target efficient is £12.77m of which £2.3m is being met from CQUIN, and £884 of CIPS have yet to be identified.

However, within Operational Services (Community Health) there was a favourable variance of £76k mainly due to the impact of minimal activities currently at Biggleswade Community Hospital.

The cash position was £788k less than plan for April largely due to £1.6m of block income from NHS West Essex which has now been settled in month 2, £1m of Better Care Fund outstanding from Essex County Council which will be settled in month 2, and £1m overdue income from Luton & Dunstable NHS FT which the Trust is making every effort to receive settlement for. At the end of month 1, there was a net underspend against plan of £122k for capital expenditure.

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

In response to a question by SCo, the CFO commented that the financial plan assumptions include that 90% of CQUIN activity would be achieved which is higher than previous years.

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

108/16 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 98.3% 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 2019 patients surveyed, 33 patients were identified as having one of the four harms with 31 patients within community services and two 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 reminded the Board that the ambition was to have zero avoidable pressure ulcers and good progress had been made with reducing the number particularly bearing in mind the acuity of patients. He pointed out that there had been 16 avoidable pressure ulcers for 2015/16 compared with 23 for 2014/15 and over 50 in 2010/11, and expected that the position would be maintained, if not improved, during 2016/17.

AB was pleased to advise the continued improvement with the reduction in the number of patient safety incidents, i.e. falls that adversely affect patients that reflects the significant work within the Trust on falls preventions. During the first month of the financial year there had been no falls rated as 'severe harm' or as causing death.

AB commented on the work being taken to reduce restraints and other restrictive interventions. There had been a minor increase in the number of restraints/restrictive practice in 2015/16 and a newly established steering group would be reviewing the cause for this. He also confirmed there continued to be a significant reduction in omitted doses of medicines.

The Board noted how learning lessons are being embedded within the Trust and that 95% of the 759 responses would positively recommend the Trust across all services in the Friends & Family Test (FFT).

In response to questions by RC, AB advised that the FFT results are reviewed in detail by the Patient Experience Group that is chaired by the CEO. As the completion of the FFT is anonymous, minimal intelligence can be identified although the split between mental and community health is known. However, respondents have the opportunity of including comments which are reviewed and followed up as appropriate.

In response to a question by AD regarding the early warning scoring system (MEWs) for the early detection of deteriorating patient, AB reported that the initial focus has been on raising awareness of and training on the system. The Mortality Review Group will measure the success of the system; however, proxy measures were currently being used.

In response to a question by MAM, AB confirmed that the appointment of a provider for the suicide prevention training continued to be under review.

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

109/16 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%. He pointed out that some of the data relating to the percentage of bank and agency staff used and are known was showing as greater than 100% and confirmed that the reason for this was being investigated.

The Board noted the hotspots and emerging risks relating to fill rates but was assured 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 confirmed that the information in the report had been triangulated with the Quality Dashboard and CQC compliance information, and confirmed that there had been no changes from the previous month with three wards remaining through the CQC compliance as hotspots and only one ward (Grangewater) is reflected in both areas as a potential emerging risk. Further work was taking place with operational staff to review patient dependency and required staffing numbers. He provided assurance that within all other wards highlighted as hotspots, there had been no significant concerns with regards to the safety and quality of care on the ward when reviewing clinical incidents and safeguarding reports.

The Board noted, and approved, the recommendation to the changes to the establishment in Mayfield ward where there would be two registered staff per shift and an increase in the number of unregistered staff to support the unit in managing the increasing number of challenging behaviour clients. Assurance was provided that there would be no cost implications as there were proposed decreases in establishments elsewhere.

In response to a question by SCu, AB clarified that the '% appraised in previous 12 months' in the dashboard relates to individuals who have undertaken an appraisal in the last 12 months which is used as a measure.

In response to a question by SCu, the CEO confirmed that in addition to the Quality Committee, the Executive Operational Sub-Committee (EOSC) monitored the staffing levels and trends by ward on a regular basis with 'alert' categories that have in some cases prompted the Trust to undertake rapid interventions as appropriate.

In response to a question by SCo, AB provided assurance that staffing levels are rigorously monitored from both a financial and operational point of view.

The Board:

1. **Received and discussed the report**
2. **Approved the changes to the establishment for Mayfield ward**
3. **Approved the report.**

110/16 WORKFORCE RACE EQUALITY STANDARD

The Board received a progress update report from NL on the Trust's performance against the Workforce Race Equality Standard (WRES) that had been first introduced in the previous year by NHS England. He reminded the Board that the standard requires Trusts to provide evidence of progress against a number of metrics related to the experiences of staff from Black & Minority Ethnic backgrounds (BME) compared to the experiences of their white counterparts.

All providers are required to public their year one metrics using the agreed NHS WRES template by 1 July 2016 and must also demonstrate the work to close the gap by means of an action plan that required sight and approval by the Board of Directors.

The Board noted the good progress against last year's action plans that had met the targets set. There had, however, been a slight reduction in the overall representation of BME staff in the overall workforce from 22% to 20% and was assured that there would continue to be a focus on building on the good work previously undertaken and engagement during the year with a view to closing the gap. As co-chair of the Equality Standards Group, RC endorsed this.

In response to a question by SCo, the CEO provided assurance that recruitment is based on competencies and abilities.

The Board:

1. **Received and discussed the report**

2 Approved the publication of the report on the Trust's website in line with NHS England requirements.

111/16 BOARD ASSURANCE FRAMEWORK (BAF)

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. He advised that the Trust had received full assurance from the internal auditor in relation to the Trust's Board assurance processes.

NL reported there were detailed mitigation action plans underpinning the key risks on the BAF and further risk mitigation plans were continuing to be developed for the new risks identified in the Trust's Operational Plan 2016/17 including the new transformation programmes. He pointed out that the Finance & Performance Committee had requested that a review of risk associated with the gaps in the availability of performance data takes place. In addition, there was a recommendation to reduce the scoring for two risks, in line with the Trust's Risk Management & Assurance Framework. However, these would remain within the threshold for monitoring on the BAF, namely:

- R7: 40% slippage on a £10.5m CIP anticipated (recommended new risk scoring of 5 x 3 = 15)
- R9: If NHSI enforce the proposed £2.1m control total, the Trust will have to increase CIP to a level of greater than 7% which is not achievable (recommended new risk scoring of 5 x 2 = 10).

In response to a question by SCo relating to R7, the CFO provided assurance that the proposed reduction in scoring reflected the progress with identifying CIPs and the reduced likelihood of any slippage in delivering the CIPs.

The Board reviewed the BAF and:

1 Approved the BAF at May 2016
2 Noted the review and approval of BAF action plans
3 Did not identify any potential risks to be escalated to the Corporate Risk Register (CRR) and/or BAF
4 Did not identify any updates or changes required to the BAF.

112/16 SUB-COMMITTEES

(i) Quality Committee

JW presented the report of the meeting held on 12 May 2016 as she had chaired this meeting. She 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.

JW highlighted:

- the compelling patient story that looked at the complexity of the case within mental health services and the impact the FRT made linking with other agencies. The case study included powerful feedback from the patient
- the detailed presentation on restrictive practices
- the update on the CQC comprehensive visit action plan and the approval of the extension to timescales, that recognised that some of the original deadlines were ambitious
- the positive outcome of the Dental Services (South East and West Essex) internal CQC inspection
- the review of the draft Children, Young People & Families Strategy 2016-19 that will be presented to the Board in June 2016
- the approval of three annual reports: Clinical Governance & Quality; Clinical Audit; and Complaints
- there were no hotspots or significant risks were identified to be escalated to the Board.

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

(ii) Investment & Planning Committee

JW presented a verbal update of the meeting held on 18 May 2016 where the main agenda item was the proposed merger between the Trust and North Essex Partnership University NHS FT (NEP), and provided assurance that there were no issues or concerns that needed to be brought to the Board's attention. A detailed written report would be provided to the Board at its meeting in June.

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

113/16 SEPT/NEP MERGER PROPOSALS UPDATE

The Board received a detailed update report from NL on the progress of the SEPT/NEP merger proposals. He advised that the Merger Project Board met on 23 May and discussed the organisational development plan, engagement with external advisers, progress of the due diligence process, the merger budget and transaction timeline which was still subject to legal assurance.

The Board was reminded of the exercise being undertaken to finally appoint external advisory support to the Merger Project Board which is dependent on authorisation from NHSI due to the £50k cap. NL was pleased to confirm that agreement had been reached and PWC has now been appointed.

NL advised that phase 1 information gathering of the due diligence process had been completed and phase 2 had commenced which included the analysis of risks, issues and opportunities. The final analysis is due to be presented to both Boards at their July meetings. In addition, further work had taken place on the potential vision of the new organisation.

The Board received and noted the progress report.

114/16 CORPORATE OBJECTIVES 2016/17

The CEO presented the updated corporate objectives for 2016/17 for the Trust that had been updated since they were presented to the Board in April 2016. The changes made were based on feedback and meetings with the Executive Directors.

The Board noted that the objectives will now be reviewed through the quarterly monitoring process that commences in July 2016.

The Board:

1. **Received and noted the report**
2. **Approved the Corporate Objectives for 2016/17.**

115/16 QUALITY IMPACT ASSESSMENTS 2016/17

AB introduced the update report on the status of the 2016/17 Quality Impact Assessments (QIAs) and CIP planning process. The report builds on the detail update provided at the Board's Development Session held on 4 May 2016.

AB highlighted that funding reductions and increased service demands on the NHS is having a significant impact and increases the difficulty in identifying schemes that do not impact on service delivery. This in turn requires increasing scrutiny to review and provide assurance on the range of measures proposed to improve efficiency year on year.

The Board was reminded of the annual QIA process that supports the development and monitoring of CIPs and transformation plans. These schemes are required to deliver the in-year savings and ensure there is a clear assurance process adopted to manage the transformation programmes, impact and risks on an ongoing basis through the year. Assurance is provided through the EOSC and the Board, and once approved are shared with commissioners to provide quality assurance associated with the scheme delivery.

AB advised that at this stage of the assurance process, no CIPs have been rejected, although during the initial review, some schemes were identified as being duplications and were therefore removed, resulting in a reduction in the overall number of CIPs. The delegated target for 2016/17 is £10.4m of which £9.6m has been identified. However, this has been risk assessed to £8.6m which means that further plans need to be identified totalling £1.8m to ensure the target is met. The full year effect of the saving is £10.6m. The Board noted that due to the complexity of the CIP programme for 2016/17 and considerable delays to concluding contract negotiations and agreement of financial baselines for 2016/17, projects were not finalised prior to the start of the financial year.

The Board:

1. **Received and noted the report including the assurance process in place to assess the quality impact of CIPs**
2. **Approved the sharing of the CIP schemes with commissioners.**

116/16 MONITOR SELF-CERTIFICATION 2016/17

NL presented the report that outlined the actions taken and required to meet NHSI's self-certification requirements under the requirements of the NHS Provider Licence, Risk Assessment Framework and the Health & Social Care Act 2012 in addition to those made as part of the Annual Plan submission. He highlighted the three self-certifications required by the Trust, namely:

- General Condition 6 of the NHS Provider Licence (submission due 31 May 2016)
- Corporate Governance Statement (submission due 30 June 2016)
- Training of Governors (submission due 30 June 2016).

The Board:

1 **Received the report and noted the actions taken to meet the self-certification requirements as well as the submission deadlines**
2 **Agreed the declarations in respect of General Condition 6 of the NHS Provider Licence**
3 **Agreed the declaration in respect of the Corporate Governance Statement**
4 **Agreed the declaration in respect of the Training of Governors.**

117/16 EDUCATION & TRAINING REPORT

The Board received an update report from MK on the outcome of the Deanery Visit that took place in January 2016 and was pleased that the Deanery's final visit findings report states that that 'overall, the Trust was judged to be an exemplar in education and training'. The Board commended those involved in the Trust with training and development, in particular Dr Abu Abraham, Consultant Psychiatrist, and Anthea Hockly, Head of Workforce Training & Development, who lead on medical and non-medical training respectively.

The Board noted that the Trust had previously submitted, as required, an action plan in response to the visit recommendations. This will be reviewed on a quarterly basis with the Essex Workforce Partnership.

The Board received and noted the report.

118/16 COMPLAINTS ANNUAL REPORT

NL presented the presented the Complaints Annual Report for 2015/16 which also includes a section on compliments received by the Trust. He highlighted that 237 complaints had been received during 2015/16 which is a decrease of 140 from the previous year; as this figure included Bedfordshire and Luton mental health services, the actual decrease was 15. 97% of complaints had been responded to within agreed timescales with complainants which is well above the national benchmark of 80%. There had been 11 referrals to the Parliamentary & Health Service Ombudsman (PHSO) which is the same as the previous year.

NL pointed out the key aims and actions for 2016/17 that includes continued working with the PHSO to improve complaints responses with a view to reducing the number of referrals.

The Board welcomed the continued reduction in the number of complaints and that the report included examples of patient stories as well as identifying key themes, namely' dissatisfaction with treatment', 'staff attitude' and 'communication', mirroring the previous year's and national trends. The Board was particularly pleased that the number of compliments had significantly increased from the previous year to 7,029. The Board recognised the contribution of the Complaints Team led by Pam Madison, Head of Complaints & Customer Service Improvement.

Referring to section 7 of the report – number of re-opened complaints – SCu noted that no complaints were re-opened when a meeting had taken place at the outset of the complaints investigation and asked for assurance that this is a standard approach. NL acknowledged the impact of face to face meetings and that this was linked to issues with communications, and recognised that these were areas that would be addressed.

The Board:

1. **Received and discussed the report**
2. **Approved the Complaints Annual Report for 2015/16.**

119/16 USE OF CORPORATE SEAL

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

120/16 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

121/16 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.

122/16 SERIOUS INCIDENT

AB presented an update report on the serious incident at Basildon MHU in February 2016 previously reported to the Board of Directors and Council of Governors. An SI investigation was taking place and he provided assurance that the patient did not experience any harm as a result of this incident.

The Board received and noted the report.

123/16 ANY OTHER BUSINESS

None.

124/16 DATE AND TIME OF NEXT MEETING

The next meeting will take place on place on Wednesday 29 June 2016 at 10:30 at The Lodge, Runwell Chase, Wickford SS11 7XX.

125/16 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.

126/16 STAFF RECOGNITION SCHEME

The Chair and CEO were delighted to present certificates to:

- **Individual 'In Tune' Awards**
  - Darren Barker, Paediatric Occupational Therapist, Bedford Community Services
  - Don Tapfumaneyi, Charge Nurse, Robin Pinto Unit, Bedford

- **Team 'In Tune Awards'**
  - Community District Nurses, District Nursing Team, Dunstable:
    - Victoria Stone, Clinical Lead
    - Landa Venstone, Senior Community Nursing Sister
    - Leander Webb, Community Nurse.

127/16 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 12:25.

Signed ……. Date …….....

Appendix 1: Governors/Public Query Tracker (Item 127/16)

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
JJ	Complaints Report 2015/16: enquired the reasons for the substantial increase in the number of compliments from 1,384 in 2014/15 to 3,525 in 2015/16 in Community Bedfordshire	NL advised this was the result of the service being more proactive in ensuring all compliments are recorded/captured; all compliments will have documentary evidence	-
JJ	Performance Report: asked if there was an opportunity to increase the number of beds taking account of the occupancy rate of 115% and whether Robin Pinto Unit could be utilised	CEO explained that the Robin Pinto Unit could not be used due to its client group which is low secure and the vacancy level was tied in with specialist commissioning. In addition there was a refurbishment of patients' rooms taking place. CEO advised that the 115% rate takes account of patients on leave in preparation for discharge. Beds were not able to be re-opened due to lack of funding to keep them open. However, in discussions with a number of commissioners that may result in an increase in beds.	-
JJ	Quality Report: queried the reason for the increase in the use of restrictive practice in one ward during April	AB explained that this was primarily the result of one particularly challenging patient. However, he confirmed that the patient was no longer in Trust services	-
DB	Quality Strategy 2016-19 presentation and Complaints Report 2015/16: demonstrated the importance of 'getting things right' first time round from both a financial and patient experience perspectives	AB agreed and advised that both the Board and its committees recognise the importance of embedding learning throughout the organisation. MAM provided further assurance that 'closing loop' is one of her personal objectives and has received examples which has provided her with considerable assurance that the Trust is strong at closing the loop and embedding learning.	-