

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 29 June 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
Steve Cotter (SCo)	Non-Executive Director
Alison Davis (AD)	Non-Executive Director
Nigel Leonard (NL)	Executive Director Corporate Governance
Mark Madden (CFO)	Executive Chief Finance Director
Mary-Ann Munford (MAM)	Non-Executive Director
Janet Wood (JW)	Vice-Chair/Non-Executive Director

In attendance:

Brian Arney (BA)	Public Governor
Raj Bhamber (RBh)	PricewaterhouseCoopers
Roy Birch (RBi)	Public Governor
Laura Clayton (LC)	PricewaterhouseCoopers
Joy Das (JD)	Appointed Governor
David Bowater (DB)	Appointed Governor
Neil Davis (ND)	Senior Human Resources Adviser
Max Forrest (MF)	Associate Director Communications
Paula Grayson (PG)	Public Governor
Colin Harris (CH)	Public Governor
Louise Hembrough (LH)	Director of Integrated Services for Adults & Older People
Cathy Lilley (CL)	Trust Secretary [Minute Taker]
Pam Madison (PM)	Staff Governor
Rebecca Pulford (RP)	
Kresh Ramanah (KR)	Public Governor
Sue Revell (SR)	Public Governor
Theresa Smith (TS)	Director of Integrated Services Children, Young People & Families (Essex)
Blessing Vambe (BV)	
Rachel West (RW)	Acting Deputy Director Children's & Specialist Services
Tony Wright (TW)	Public Governor

The Chair welcomed members of the public, staff and Governors to the meeting including Louise Hembrough, Director of Integrated Services for Adults & Older People, who was standing in for Malcolm McCann, Executive Director Community Health Services & Partnerships, as well as Raj Bhamber and Laura Clayton from PricewaterhouseCoopers.

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

Signed

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128/16 APOLOGIES FOR ABSENCE

Apologies for absence were received from:
 Randolph Charles (RC) Non-Executive Director
 Steve Currell (SCu) Non-Executive Director
 Dr Milind Karale (MK) Executive Medical Director
 Malcolm McCann (MMc) Executive Director Community Health Services & Partnerships

CL confirmed that the meeting was quorate.

129/16 DECLARATIONS OF INTEREST

None.

130/16 PRESENTATION: CHILDREN, YOUNG PEOPLE & FAMILIES STRATEGY 2016-19

The Board received a presentation from Theresa Smith, Director of Integrated Services Children, Young People & Families (Essex) and Rachel West, Acting Deputy Director Children’s & Specialist Services, on the Trust’s newly developed Children, Young People & Families Strategy. The Strategy which was being launched at the Board outlines how the Trust will work with children, young people, their families and carers, and other organisational partners to improve the health and well-being of children and young people over the next three years.

The Board was pleased the development of this Strategy and particularly commended the ‘plan on a page’, suggesting that a simpler version could be developed so that it was accessible for children. The Board invited TS and RW to present an update in six months’ time.

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

Action:

- 1 Update on Children, Young People & Families Strategy 2016-19 to be presented at November Board meeting.**

131/16 MINUTES OF THE MEETING HELD ON 25 MAY 2016

The minutes were agreed to be a correct record.

132/16 ACTION LOG AND MATTERS ARISING

The Board noted there were no actions due.

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As Chair of the Committee meeting held on 23 June 2016, AD provided assurance that a full and robust debate and scrutiny had taken place 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 drew the Board's attention to the five SIs reported in Mental Health/ Specialist Services in May including two unexpected deaths. She pointed out that NHS England undertook an audit of patient deaths over the last year to determine if Trust systems and processes were sufficiently robust in the light of the findings from the Mazars report into Southern Health. Verbal feedback was positive with no specific areas of concern raised; formal feedback is awaited.

The CEO also highlighted that the CCGs are currently reviewing the criteria for determining whether Grade 3 and 4 pressure ulcers are deemed to be SIs.

The Board noted that there were five hotspots:

- SI investigations: it is anticipated that the CCG will issue contract performance notices in respect of the breach of contractual requirements in relation to those reports outside of completion target timescales. Mitigating action is in place to address the delays and as of week commencing 20 June, investigations are within target timescales
- Continued pressure on mental health inpatient beds: in May there were 12 out of area placements funded by the Trust and two out of area placements funded by the CCGs reflecting the continued pressure on adult acute bed availability and occupancy as reported in previous months. However, the trend had reduced in June
- % of users on CPA with a crisis plan in place: currently reporting performance as 0% as the Trust cannot assume that a crisis plan is in place that meets HSCIC requirements. A Trust crisis plan template has been developed and is now on the Mobius project priority list for eform development by September
- Vacancy rate % unfilled posts: in May the vacancy rate decreased to 11.9% from 12.6% in the previous month which is above the Trust target of 10%; the vacancy rate for registered nurses has remained consistent at 13% (204 wte).

The CEO advised there were three emerging risks: proportion of people on CPA having formal review within 12 months (NHS Improvement target); new early intervention in psychosis access target; and outpatients not seen in 12 months.

SCo noted that the registered nurses vacancy rate had remained consistent over a period of time and asked if this would be the 'norm'. The CEO explained that the rate was higher than the Trust's target of 10% but many steps were being taken to try to address the shortfall. Some CIPs still need to be processed and these could result in

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reductions in the staff establishment and a reduction in the vacancy rate and changes to the agency cap could also impact on the vacancy rate.

In response to a question by MAM, the CEO and AB confirmed that there were various reasons for pressure on inpatient beds and out of area placements and that these were being reviewed.

Finance

The CFO reported that the Trust's financial position at month 2 May 2016 excluding technical adjustments was a surplus of £1,591kk which was £183k above current revised plan. He highlighted the hotspots and emerging risks which included 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 £953k is yet to be identified; and Operational Services (Mental Health) where there was an underlying cost pressure. However, within Operational Services (Community Health) there was a favourable variance of £193k.

The cash position was £5.5m below plan as a result of delays in the settlement of invoices and the net capital programme is lower than plan by £47k mainly due to timing differences in 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 as opposed to the planned risk rating of 3.

The CFO provided an update on the Trust's control total; this would be discussed in more detail in Part 2 Board meeting. He pointed out that the Trust has now received a revised control total to a surplus of £0.257m (originally £2.827m surplus) but with an allocation from the Sustainability and Transformation Fund (STF) of £1.43m which is subject to a number of conditions. However, with this additional income the requirement to improve the position from a £1.2m deficit to a £257k surplus will have only a small impact on the current financial plans.

In response to a question by SCo, the CFO confirmed that the current favourable variance of £684k in relation to employee expenses could be affected by the timing difference between when shifts are filled and invoices paid; if there was a backlog of billing from agency staff suppliers that were not notified to the Trust, expenditure may therefore be under reported.

NL noted that every year identifying and achieving CIPs is harder and asked how this year's profile compares with previous years. The CFO advised that the Trust is ahead compared to previous years with £3.7m achieved of which £2.3m relates to CQUIN.

MAM suggested that there could be a positive impact from the work of the Quality Academy to remove costs. AB agreed that in the long term savings and efficiencies should be realised.

The Chair enquired if the commissioners will be supporting the delivery of the CIP programme particularly taking account of some of the difficult and challenging

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schemes. AB confirmed that commissioners have been kept abreast of the proposals and in the main are supportive although their focus tends not to be on outcomes.

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

134/16 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 98.23% 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 2095 patients surveyed, 37 patients were identified as having one of the four harms with 35 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 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. Serious Incidents (SIs) remained a concern with two unexpected deaths and one suspected homicide in both April and May reflecting a similar pattern to the previous year. A further internal review has been commissioned to identify the reasons, trends and any learning. In addition, an in-depth review of LD and Inpatients was also taking place with other reviews planned.

AB commented on the work being taken to reduce restraints and other restrictive interventions; this remained high in two wards but was due to individual challenging patients. He also reported 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 96% of the 944 responses would positively recommend the Trust across all services in the Friends & Family Test (FFT).

In response to a question by JW with regards to the progress on RCAs for pressure ulcers, AB provided assurance that any learning is reviewed and taken forward immediately and is not dependent on the outcome of the RCA in determining whether it is avoidable or unavoidable.

In response to a question by SCo, AB was confident with the reported reduction from 1407 to 307 in relation to omitted doses of medicine that was based on sound methodology.

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

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135/16 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 early discussions on how to establish our own nursing school were being held with one of the universities.

AB 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 continued to be investigated. Bank usage was fairly high but this reflected the number of vacancies and absent levels.

AB confirmed that the information in the report had been triangulated with the Quality Dashboard and CQC compliance information. Clifton Ward remained as a hotspot from the previous month and the Mental Health Assessment Unit has been identified as a new hotspot. Four wards – Cedar, Causeway, Avocet and Heath Close have been identified as potential emerging risks. 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 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. 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.

MAM queried why the sickness absence rates had dropped by 50% during the month at Meadowview. AB agreed to clarify directly with MAM.

The Board:

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

Action:

- 1 Establish reasons for the decrease in sickness absence rates during the month in Meadowview (AB).**

136/16 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.

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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 recommendations have been made by the EOSC and CEO to reduce the risk scoring of one finance risk and its removal from the BAF as well as an update to the risk wording for R1 to include 'Southern Health'.

SCo expressed concern about the strain on management capacity particularly taking account of the additional work generated through the merger process and asked if the current position was sustainable. NL assured the Board that mitigating actions have been put in place to manage the increased workloads and that resource requirements were regularly monitored.

The Board reviewed the BAF and:

- 1 Approved the BAF at June 2016**
- 2 Approved the change of wording of risk R1 to reflect the Southern Health findings in the context**
- 3 Agreed that the following risk previously detailed on the Corporate Risk Register and linked to Corporate Objective 1 be escalated to the BAF:**
 - **The findings and recommendations identified in the review of patient deaths in the care of Southern Health could identify gaps in the Trust's processes for reviewing mortality which will require significant action**
- 4 Agreed the reduced risk scoring rating for the following finance risk and its removal from the BAF:**
 - **If Monitor enforce the proposed £2.1m control total the Trust will have to increase the CIP to a level of greater than 7% which is not achievable**
- 5 Did not identify any updates or changes required to the BAF.**

137/16	SUB-COMMITTEES
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(i) Quality Committee

The Chair presented the report of the meeting held on 16 June 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:

- the powerful patient story that looked at the complexity of the case within Bedfordshire Children Services and the impact the Nurse-Led 1:1 Behaviour Programme and the nurse lead had on both the mother and child – this was a good example of how staff have improved the lives of others
- the extension to the CC inspection plan action to review data collection and reporting arrangements for the Section 136 suites; and noted the position statement in relation to the EPR action plan. The Committee noted the excellent progress made against the action plan with 88% being completed

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- the Quality Academy progress with 65 Quality Champions recruited
- the comprehensive update on some operational service improvements and innovations within Bedfordshire Community Health Services
- that assurance was sought from some sub-committees that mitigating actions were in place for hotspots
- that the risks associated with the SI investigation reports and contracts are assessed and placed on the appropriate risk register for monitoring.

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

(ii) Investment & Planning Committee

The Chair presented the report of the meeting held on 18 May 2016 and provided assurance that robust discussions were held on a number of issues including:

- the review of successful tenders including the Whipps Cross Urgent Care Centre
- the review of unsuccessful tenders including the lessons learnt for the unsuccessful tenders for Integrated Diabetes Services and Community Dental Essex
- successful disaggregation of Thurrock IAPT, HMP Bedford and Southend Falls services
- reviewed the merger timeline.

There were no hotspots to bring to the Board's attention.

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

(iii) Audit Committee

JW as Chair of the Audit Committee presented the report of the meeting held on 24 May 2016 and provided assurance that robust discussions were held on a number of issues including:

- the presentation by the CEO of the Annual Governance Statement for inclusion in the Trust's Annual Report & Accounts for 2015/16
- internal audit had provided significant assurance on the Trust's systems of internal control
- confirmation from the external auditors that the Trust was a 'going concern'
- agreement that both internal and external auditors would review the merger process to ensure correct procedures were being followed and risks were being managed.

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

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In the Chair, Board of Directors Meeting

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(iv) Mental Health & Safeguarding Committee

On behalf of SCu, NL presented the report of the meeting held on 26 May 2016 and provided assurance that robust discussions were held on a number of issues including:

- a joint inspection by CQC and Ofsted of Safeguarding Children's and Looked After Children's Services (LAC) in Central Bedfordshire in March 2016 focusing on Child Sexual Exploitation (CSE). The formal report is due to be published in June but assurance was provided that there were no major concerns regarding SEPT services
- the lack of progress by Essex County Council in assessing Deprivation of Liberty Safeguards (DoLS) applications made by the Trust
- the Trust has completed the checklist issued following the Goddard review into Child Sexual Abuse (IICSA) and is compliant with all the requirements with one exception regarding the destruction of records; however, the Trust was seeking further clarification on this as the recommendation does not distinguish between patient or staff records
- the low compliance for safeguarding adults training. The Committee requested that a paper is presented to EOSC to highlight the concerns that the DNA rate remains at approximately 20% despite additional courses being arranged.

In response to a concern expressed by JW that there were approximately 20 DoLS cases that had been applied for over 300 days ago, NL confirmed that the level of risk the Trust is holding is low but it is included on the risk register. He provided assurance that the Trust had done all that it could to progress the cases but the backlog was a national issue.

Following a question by AD, NL confirmed that the safeguarding training would be monitored by the EOSC.

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

138/16	SEPT/NEP MERGER PROPOSALS UPDATE
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The Board received a detailed update report from NL on the progress of the SEPT/NEP merger proposals. He pointed out that following a recommendation by SEPT's CEO, Sam Hepplewhite, Accountable Officer for North Essex CCG and lead mental health commissioner for Essex attended the Merger Project Board on 13 June.

NL reported that discussions at the 13 June meeting also included the proposed name of the new organisation and the Merger Project Board was recommending that staff and stakeholders of both organisations should be consulted on the preferred name of Essex Partnership University NHS Foundation Trust with the alternative names of Anglia Health Partnership University NHS FT or Eastern Health Partnership University NHS FT. In addition the Merger Project Board considered the options for the vision statement and was recommending the adoption of 'Together, caring for you'. Again this will be further refined and tested with staff and stakeholders as part of the ongoing organisational development and communications and engagement work.

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NL also updated the Board 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 submitted to the July Merger Project Board and both Trust Boards.

The Board:

- 1 Received and noted the progress report**
- 2 Agreed the recommendation from the Merger Project Board regarding the name of the new merged organisation**
- 3 Agreed the recommendation from the Merger Project Board regarding the visions statement for the new merged organisation.**

139/16 QUALITY IMPACT ASSESSMENTS 2016/17

AB provided a verbal update report on the status of the 2016/17 Quality Impact Assessments (QIAs) and CIP planning process. He reminded the Board that it received a detailed update at the May Board meeting.

AB confirmed that all outstanding CIPs have now been reviewed and approved. He pointed out however that for the first time it was not possible to provide assurance that the schemes would not have an impact on services particularly as this would be the fifth year of financial savings imposed on the Trust.

The Board received and noted the report including the assurance process in place to assess the quality impact of CIPs.

140/16 QUALITY ACCOUNT 2015/16

AB presented the final Quality Account for 2015/16 that is required to be published on the NHS Choices website by 30 June 2016 following approval by the Board. He reminded the Board that this had previously been presented to both the Finance & Performance and Quality Committees for review.

AB pointed out that the various comments and statements received from partners have been included in the Quality Report as well as some amendments and additions. He also confirmed that the external auditors had completed their assurance work on the Quality Report and were able to provide an unqualified limited assurance report.

In response to a question by the Chair, AB confirmed that assurance could be provided that feedback or concerns on the data in the report had been included in the final version.

The Board commended Faye Swanson, Director Compliance & Assurance, and her team on the excellent report, and thanked AB and SB for their significant involvement in the production of the Quality Account.

The Board approved the Quality Account 2015/16.

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141/16 NURSING REVALIDATION ANNUAL REPORT

The Board received a progress report from AB on the implementation of the new process for the revalidation for registered nursing staff. He reminded the Board that the purpose of revalidation is to demonstrate that a nurse or midwife practises safely and effectively by encouraging them to reflect on the role of the Code in their practice and to demonstrate that they are 'living' the standards set out within the Code. This new process replaces the previous 'Prep' requirements.

The Board was pleased to note the excellent progress made in the Trust with a total of 92 nurses having successfully been revalidated for April and May 2016, with two nurses identified as having lapsed but this was due to long term sickness in both cases, and one of which is no longer working for the Trust.

AB provide assurance that a task and finish group will continue to monitor implementation and there will be ongoing workshops covering NMC revalidation requirements and guidance.

In response to a question by MAM, AB confirmed that anyone on long term sickness will have to be revalidated before he/she can return to work.

The Board received and noted the report.

142/16 BOARD GOVERNANCE UPDATE

NL introduced an update on a range of governance and procedural issues. He advised that good progress had been made with the implementation of the action plan to enhance the Board committee structure effectiveness, in particular covering the terms of reference, risk management and reporting. The Board agreed that a full report would be provided at its September meeting as this would provide the opportunity to take into account any learning and/or good practice identified following the merger governance due diligence review.

NL reported that the outturn report and action plan following the Board's self-assessment will be presented at the July Board meeting. He also advised that the Trust's Whistleblowing Policy and Procedure were being reviewed following the publication of national guidance and provided assurance that the Trust had a comprehensive policy and that little change was expected.

NL provided an update on a number of areas of work being taken forward in relation to the Freedom to Speak Up initiative and pointed out that the Trust has had an article published by NHS Employers about the Trust's approach to appointing the Principal and Local Guardians; in addition, a number of organisations have contacted us for copies of our Job Descriptions and appointment process.

The Board noted that there had been a number of reports published on social and health care integration and care models, and that a detailed report on how these initiatives may impact on the Trust's forward plans will be presented at the July Board meeting. NL highlighted that a new report looks at the work vanguards are doing to

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engage their staff in the design and delivery of new care models, to ensure that staff are at the heart of all decisions about new models of care.

In response to a suggestion by SCo, NL confirmed that the Trust's Principal Guardian will be presenting an update report directly to the Board outlining the work undertaken and any issues raised.

The Board:

- 1 Received and discussed the report**
- 2 Agreed that a full update report on the actions identified following the Board of Directors standing committees annual effectiveness review would be presented at the September meeting.**

Action:

- 1 Social and Health Care Integration report to be presented at July Board meeting (NL)**
- 2 Board Committee effectiveness review update report to be presented at September Board meeting (NL).**

143/16 USE OF CORPORATE SEAL

The Board noted that the seal had been used on one occasion since the last meeting – the transfer of title for Meadow Lodge.

144/16 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

145/16 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.

146/16 ANY OTHER BUSINESS

EU Referendum

The Board unanimously endorsed the CEO's recommendation to send an email to staff following the outcome of the referendum on Britain's membership of the EU and the resultant national uncertainty in recognition of the Board's appreciation of the vital contribution to Trust services made by staff from the EU.

Louise Hembrough Retirement

On behalf of the Board, the Chair wished Louise a long, health and happy retirement and took the opportunity of thanking her for her commitment to patients and staff and work with stakeholders.

Signed

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147/16 DATE AND TIME OF NEXT MEETING

The next meeting will take place on place on Wednesday 27 July at 10:30 at The Lodge, Runwell Chase, Wickford SS11 7XX.

148/16 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.

149/16 STAFF RECOGNITION SCHEME

The Chair and CEO were delighted to present certificates to:

- **Individual 'In Tune' Awards**
 - Diane Smith, Associate MH Practitioner, Thurrock Memory Service
 - Sharon Fletcher, Community Nursery Nurse, Ongar health Visiting Team
 - Nosi Murefu, Ward Sister, Fuji Ward, Brockfield House
- **Team 'In Tune Awards'**
 - Children's Community Nursing Team, Union Street, Bedford
 - Angie Ahmad, Children's Community Nurse
 - Kerry Atkins, Specialist Community Nursery Nurse
 - Margaret Brown, Paediatric Community Nurse
 - Hazel Dean, Clinical Services Manager
 - Liz Hillier, Children's Community Nurse
 - Gill Parsons, Community Nurse Coordinator.

150/16 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

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Appendix 1: Governors/Public Query Tracker (Item 150/16)

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
JD	Noted that Princess Alexandra Hospital encourage staff who have left to return to the hospital – is this something that the Trust follows	AB advised that the Trust follows a ‘return to practice’ approach as part of the overall recruitment drive	-
JD	Asked if it was possible to contractually commit staff who undertake the Trust’s training to remain at the Trust for a specific period of time	AB confirmed that this was not possible due to employment law. It is also of a benefit to the Trust for nurses who have received training elsewhere to bring their expertise and knowledge to the organisation	-
BA	Noted that the number of unexpected deaths reported in the Quality Account page 45 had increased from 16 in 2014/15 to 29 in 2015/16 and asked if this is reflected in other Trusts	AB confirmed that there has been an increase in the suicide rate across the country and this was often the case during periods of uncertainty and recession. Other contributory factors included the increased target for patients in IAPT treatment from 12.5% to 15% - this has seen a small increase in the number of deaths within this service. Also there has been an increase of 20% in referrals. He confirmed that an independent review of all deaths was being undertaken; however, previous reviews have not identified any specific trends	-
BA	Noted that there had been two unexpected deaths in April and May 2016, and asked if the figures for June were known	AB advised that this was not yet known. He pointed out that the Trusts provides services to a large number of patients who are at a particularly vulnerable stage many of whom are suicidal but the Trust would not necessarily be aware of this. The ambition of zero avoidable suicides remains but recognise this is a challenge as managing high risk patients.	-
BA	Noted the discrepancy in the figures on the graphs reported on page 69 of the Quality Report	AB advised that this was because one graph included the unexpected deaths for Beds and Luton	

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PG	Referring to the pressure on beds, provided an example of the challenges of whether this was a health or social care issue. She asked if social workers were still seconded from the Local Authorities to the Trust as this would help to manage and understand the complexities within Local Authorities	AB confirmed that the Trust did have seconded social workers integrated to various teams. In addition, there are Section 75 agreements in place with Local Authorities – these were long term agreements which are reviewed every year	
RB	Asked for support with understanding the risk rating within the BAF	NL offered to provide an overview outside of the meeting	

Signed

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