

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 28 January 2015
Training Room 1, The Lodge, Runwell Chase, Wickford, Essex SS11 7XX

Members present:

Lorraine Cabel (Chair)	Chair
Sally Morris (CEO)	Chief Executive
Andy Brogan (AB)	Executive Director of Clinical Governance & Quality/Executive Nurse
Randolph Charles (RC)	Non-Executive Director
Steve Cotter (SC)	Non-Executive Director
Steve Currell (SCr)	Non-Executive Director
Alison Davis (AD)	Non-Executive Director
Mary-Ann Munford (MMu)	Non-Executive Director
Janet Wood (JW)	Non-Executive Director
Dr Milind Karale (MK)	Executive Medical Director
Nigel Leonard (NL)	Executive Director Corporate Governance
Malcolm McCann (MM)	Executive Director Integrated Services (Essex & Suffolk)
Mark Madden (CFO)	Executive Chief Finance Director
Richard Winter (RW)	Executive Director Integrated Services (Beds & Luton)

In attendance:

Clive Allanso (CA)	Assistant Trust Secretary
David Bowater (DB)	Appointed Governor
Deborah Griffiths (DG)	Senior Practitioner
Eileen Greenwood (EG)	Public Governor
Evelyn Hoggart (EH)	Public Governor
Greg Brown (GB)	Clinical Audit Facilitator
Jackie Gleeson (JG)	Public Governor
Janet Childs (JC)	Integrated Team Lead
Janet Stanton (JS)	Facilities Officer
Jenny Bell (JB)	Forensic Medical PA
John Jones (JJ)	Lead Governor
Michael Dolling (MD)	Elected Governor
Paula Grayson (PG)	Public Governor
Phil Stevens (PS)	Risk Assistant
Roy Birch (RB)	Public Governor
Sarah Thurlow (ST)	Head of Research
Tony Wright (TW)	Public Governor

The Chair welcomed members of the public, staff and Governors to the meeting and in particular to Mary-Ann Munford to her first meeting with the Trust as a Non-Executive Director.

Members were reminded of the Trust's vision: 'providing services in tune with you.'

Signed

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001/15 APOLOGIES FOR ABSENCE

None.

002/15 DECLARATIONS OF INTEREST

None.

003/15 PRESENTATION: CRIMINAL JUSTICE LIAISON & DIVERSION BY JANET CHILDS AND DEBORAH GRIFFITHS

The Board received the presentation from Janet Childs and Deborah Griffiths and discussed and noted the content.

On behalf of the Board, the Chair thanked and complimented Janet and Deborah on their presentation and on the successful partnership the service had developed with the police which had achieved excellent results for service users.

004/15 MINUTES OF THE MEETING HELD ON 26 NOVEMBER 2014

The minutes were agreed to be a correct record.

SC noted that he was to meet with Chris Howlett but this had not yet happened. NL advised that a meeting had been scheduled for 30 January 2015 and agreed to rearrange this meeting.

Action: NL

005/15 ACTION LOG

The Board received the action log and noted progress including:

- *234/14 Establishment review:* AD and AB had arranged to meet next week.
- *227/14 Luton Arts project:* RW advised that he had written to East London NHS FT and that the project was looking at other routes of funding. The Trust had been proactive in promoting the project, including the value placed on it by local people in Luton.
- *243/14 and 119/14 Board Committee structure:* The CEO advised that the date be changed to May 2015 to enable the sub-committees to be aligned.

006/15 PERFORMANCE & FINANCE SCRUTINY COMMITTEE ASSURANCE REPORT

The CEO advised the Board that this report is in line with the new style committee following the revision of the terms of reference.

Performance

There were 9 actions due for completion in January 2015 of which only two remained open. The first open action concerned Bedford CCG withholding contract payments. Discussions

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with the CCG are underway and an update would be provided to the Board next month. The second open action related to clarification regarding mandatory training requirements. This issue is being overseen by the Quality Committee.

The CEO also advised that the committee had undertaken a detailed review of the Essex CIP position. The committee had considered reports on the Never Event and received assurance on the monitoring of leg ulcers. The Chair had requested that the outcome of the investigation concerning the Never Event and actions arising from the leg ulcer review were taken forward by the new Quality Committee.

Action: AB

The CEO confirmed four performance hotspots:

- Vacancy rates had shown a decrease from previous months despite national difficulties in recruiting qualified staff. The Executive Team had agreed to review and remove any long term vacancies to ensure the Trust establishments reflect the current staffing structures. A task and finish group had also been established to identify ways to increase recruitment.
- The staff supervision indicator at the end of December had dropped to 87.5% compared to a target of 95%. The Board were advised that the festive season and pressure in supporting A&E departments had contributed to this lower level of compliance.
- Sickness Absence in December was 5.6% compared to the target of 4.4%. The year to date rate is 5.0%. A Task and Finish Group had been established by the Executive Director of Clinical Governance and Quality. The scope of the Task and Finish Group was agreed and an independent consultant would be appointed to oversee the actions.
- The CEO also highlighted that the Trust was still not achieving the stretch waiting times for treatment in West Essex but highlighted an improvement on previous months. A review of access criteria by the CCG had been requested by the Trust. MMu sought clarification on the waiting times in West Essex and the CEO confirmed this related to physiotherapy.

The CEO highlighted some emerging risks and the committee noted that it was agreed that Serious Incidents will be reviewed regularly.

RW sought assurance that the Trust was taking an innovative approach to the management of leg ulcers. AB reminded the Board that it is more challenging to manage leg ulcers in a community setting where patients are located in varying environments. The Trust identified 47 avoidable pressure ulcers last year and this had reduced to 15. The Trust's ambition is to work towards zero avoidable pressure ulcers and will continue to work with other agencies and the national leads on achieving this goal.

Finance

CFO presented the Trust's financial position at month 9. This showed that the Trust's surplus was in excess of the 2014/15 plan submitted to Monitor by £0.3m. The Trust's year-end forecast remains at £1.2 million surplus which was consistent with the original Monitor Plan, and with the Month 8 forecast.

The Trust had also achieved a Continuity of Service risk rating of 4, which indicates the Trust is currently in a strong financial position.

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The CFO advised that there are no new emerging risks or hotspots to report. However, there are two existing hotspots, as at month 9:

- Bedfordshire and Luton Inpatient Services were overspent by £0.3 million. The in-month overspend was £0.01 million, which is consistent with month 8. The overspend was due to vacancies, observations and staff absences being covered by agency at premium rates
- At the end of quarter three, the Trust reported a year to date deficit on its cost improvement programme of £0.8 million. The forecast year end deficit is now £2.9 million, which is significantly higher than reported last month predominately as a result of changes in recurrent performance on Essex community services.

The CFO advised that at end of Month 9, capital expenditure was £2.1 million less than planned. Receipts from property disposals were £3.4 million less than planned resulting in a net variance of £1.3 million. The net variance on the capital programme year to date when compared to the re-forecast was £1.0 million. This variance will be reported to Monitor in the Compliance Report for Quarter 3. The CFO advised that there are schemes that have been approved but had experienced delays resulting in a need to reforecast capital expenditure.

The CFO identified a forecast deficit of £1.67m against the Transformation Programme for 2014/15. The report provided an update on progress with the transformation schemes. The CFO advised that the recent focus for the Transformation Steering Group had been on identifying potential CIP schemes for 2015/16. He advised that the CIP target is forecast to be approximately 5.8% of re-current budgets, or £13m. So far approximately £1.3m of potential efficiency savings had been identified, leaving a balance of £12m. Executive Directors and their SMTs are continuing to discuss opportunities but all confirmed that the target was difficult to achieve. The CFO advised that non-clinical and support services had begun a process to identify whether any services could be outsourced or delivered on a shared service basis.

AD asked what the implications would be for the Trust if the forecast did not change. The CFO advised that there was no compliance target to achieve but the Trust would need to make a declaration to Monitor. Monitor requires this information as it related to the amount of cash held by the organisation.

SC sought clarity on the target and the schemes in place to achieve the CIP. The CFO advised that contract negotiations are taking place and the Trust had set an initial savings target of 5.7% for next year.

The Chair noted that there were schemes that did not deliver last year and asked if these would be accelerated. The CFO advised that to fast track schemes required early scheme design and sign off. MM highlighted that two of the three would commence from early April 2015 and the third to be achieved by the first quarter.

The CEO advised that the Executive Team and the Finance and Performance Committee will be reviewing the programmes in detail. The CFO also added that CIPs would be included in the planning processes and transformational schemes and monitored through the transformational group and reported to the Finance and Performance Committee. NL

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assured the Board that a timetable was in place and identified CIP schemes were due to be sent to the Programme Management Office for review at the end of this month.

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

007/15 QUALITY REPORT

AB presented the Quality Report highlighting that 98.7% 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. SC commended the performance of services in achieving this figure and acknowledged the work taking place across the Trust.

The Trust had signed up to the national campaign 'Sign up to Safety' which was a national safety campaign launched in June 2014 to strengthen patient safety in the NHS and make it the safest healthcare system in the world. The Trust had aligned the objectives of this campaign within our Quality Strategy and Quality Plan. AB was pleased to confirm that SEPT was one of the first Trusts to submit a plan and the campaign Director, Dr Suzette Woodward, attended the Trust's meeting in January 2015.

AB highlighted the Trust had 15 avoidable pressure ulcers as at December 2014. This was less than the same period last year. The majority fell into two categories; human error or equipment not being provided.

AB also advised that the Serious Incidents (SI) report was presented and discussed in detail at the Quality Committee. A total of 7 SIs were reported in December.

On Safety restraint, AB confirmed that an immense amount of work had been undertaken and a reduction in this area had occurred. The Trust submitted restraint data for August and was benchmarked against other Trusts in country. This confirmed that SEPT had one of the lowest rates of restraint. RC congratulated mental health services on their work to lower incidents of restraint.

SC noted that the report mentions that the working group was looking at benchmarking and reviewing the use of prone restraint. He asked if the group examined reasons why restraint was used. AB advised that the Trust did undertake this analysis.

The Board was advised that 95% of respondents on the Friends and Family Test describe themselves as 'likely' or 'extremely likely' to recommend the service they received.

The Board noted the Quality Report.

008/15 SAFER STAFFING REPORT

AB presented the Safer Staffing report and confirmed that the report format was revised following discussion at the Board Development session. The report dashboard showed that the majority of wards are above 95%.

There were 5 hotspots identified in October 2014 and one of these Wards was also a hotspot in November (Lagoon Ward, Forensic Services). A new hotspot was identified in

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November 2014, Mayfield Ward. Three wards were identified as hotspots in December. The Board discussed the hotspots identified in the dashboard and reviewed the action taken.

The November paper to the Board detailed the work the Trust had undertaken. AB explained that from December 2014 services were asked to work towards the new establishments which would be monitored in future safer staffing reports.

MK noted that the high occupancy showed the pressures on Hadleigh Unit. AB explained the complexity of occupancy rates included the use of leave beds and confirmed that other indicators will be added to provide additional information. The service were aware of the pressure on Hadleigh Unit and were supporting the team accordingly.

The Board noted the report.

009/15 GENERAL WORKFORCE REPORT

RW presented the annual report to the Board on Workforce Equality Information for the period from 1 April 2013 to 31 March 2014. RW confirmed that this information would be published by 31 January to enable the Trust to meet its responsibility under the Public Services Equality Duty.

Action: RW

The Equality and Diversity Steering Group would identify patterns and trends and commissioning work as necessary to enable the Trust to meet its responsibilities under the Equality Act 2010 and achieve the objectives within the Trust's Equality Delivery Scheme.

SC sought clarity on the detail in the report and the disproportionate ratio in diversity in the staffing structure. RW noted that the statistics are not broken down into localities and that there was a need for the Equality & Diversity Group to examine the detail and identify areas of further work.

Action: RW

MK noted that the report and further analysis may shed some light on the diversity issues and noted that it was likely that recruitment mirrored the increase in number of Asian students entering psychiatry training.

SC stated that the report also indicated that the Trust only appear to have 0.5% of the workforce of Islamic faith which seemed rather low against the population. He also noted that on sexual orientation the figures may appear proportionate but queried if they were accurate. RW advised that the data is obtained from self-reporting and may not be 100% complete.

The Chair thanked RW for the report and asked for an additional report from the Equality & Diversity Group at the end of May 2015.

Action: RW

The Board agreed to publish the report and receive an in-depth analysis in May 2015.

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010/15 CUSTOMER SERVICE FRAMEWORK ANNUAL REPORT

The CEO presented the report and reminded the Board that the first customer service framework was developed in 2008. The Customer Service Framework report had been developed in January 2014, following a comprehensive programme of customer listening exercises involving 955 service users and staff over a nine month period.

Previously the Board had highlighted 30 actions. The actions were developed through work streams and 23 of the actions were now fully completed with 4 being partially completed and only three remained outstanding. The CEO gave assurance to the Board that work was underway to complete these actions.

The CEO confirmed that the Trust aimed to achieve excellent customer service through a range of actions designed to deliver improvements to meet and exceed service user, staff and commissioner expectations. The next step would be to incorporate customer service into the Trust's patient experience agenda. The existing Patient and Carer Experience and Engagement Strategy would be reviewed in 2014/15 to reinforce the link between excellence in customer service and patient experience. Progress will be monitored by the Patient and Carer Experience Committee, chaired by the CEO.

Action: NL

The Board noted progress and the report.

011/15 BOARD ASSURANCE FRAMEWORK

The CEO presented the Board Assurance (BAF) report and reminded the Board that the report was last reviewed in detail by the Executive Team on 20th January 2014. The report had also been presented to the CQC as part of their first request for information for their forthcoming review in June 2015. The Board reviewed the BAF ratings and approved the changes in risk ratings.

Board reviewed approved the changes in the Board Assurance Framework.

012/15 SUB-COMMITTEES**(i) Executive Team Operational Committee (EOC)**

The CEO presented the minutes of the Executive Operational Sub Committee for the period from 18 November to 6 January. The CEO advised the Board that in future these minutes will be reviewed by the Finance and Performance Committee in line with the new Committee structures.

The Board noted the reports from the Executive Operational Committee.

(ii) Investment and Planning Committee

JW presented the report of the last meeting of the committee which met in December. The Board noted that the Committee had continued to meet on a monthly basis to review the Bedford and Luton transfer and had reviewed successful and unsuccessful tenders and identified any lessons learnt.

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The Board noted the report.

(iii) Quality & Governance Committee

NL presented the final report from the Quality and Governance Committee and outlined how actions had been allocated to the new the new committees. He also highlighted the review of the Trust's first Never Event, which was a low harm and advised that the Committee had received assurance that a full investigation is underway and would be reported to the Board following scrutiny by the new Quality Committee.

Action: AB

SC queried progress on the hotspots identified in the report. NL advised that meetings had taken place with the mental health managers, and that this action will be transferred to the Mental Health and Safeguarding Committee. MK added that there have been a few cases of where Tribunal and Hearing reports were not submitted on time, and operational leads need to ensure these issues are resolved going forward.

The Board noted the report.

(iv) Quality Committee Assurance Report

The Chair introduced the Quality Committee Assurance report. The Group had set ambitious goals and placed greater emphasis on the "quality" agenda. A work plan had been developed and an assessment to empower sub committees and staff was underway. The Board was also advised that the committee receives and reviews detailed reports on falls and will also receive and review a detailed report on quality priorities, which would provide greater assurance for the Board. In addition, the first meeting of the Committee had a good discussion on the future CQC inspection visit which was seen as an excellent opportunity for the Trust.

The Board noted the report.

(v) Terms of Reference Charitable Funds Committee

NL advised the Board that following a further review by the committee and in discussion with the Executive and Non-Executive Directors an increase in the membership was required. An additional Executive Director, the Executive Director of Corporate Governance was added to the membership.

The Board approved the changes to the Charitable Funds Committee and noted the report.

(vii) Terms of Reference Quality Committee

NL advised the Board that following further review by the committee and in discussion with the Executive and Non Executive Directors it had been agreed to amend the administrative support provided to the meeting.

The Board approved the changes and noted the report.

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(vii) Audit Committee Board Assurance Report

JW presented the report and assured the Board that the Audit Committee was confident that the Trust had appropriate systems and processes in place to manage payment by results by 1st April 2015.

The committee also had a discussion on the disaggregation of Bedford and Luton services and reviewed the due diligence arrangements. JW confirmed that committee and the auditors felt assured on the approach the Trust was taking to transferring service to the new provider.

MMu sought clarity on the services that will be included within the payment by results portfolio. The CFO highlighted that these would be agreed as part of the new CQUIN arrangements and will be more transparent than block arrangements. In negotiations with commissioners the Trust was looking to move away from a block contract and most of the PBR work will be under CQUIN with the intention that by 2016/17 the Trust would have agreed an appropriate data set.

The Board noted the report.

013/15	TRUST POLICIES
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The following Trust policies were presented to the Board for final approval:

- (i) NICE policy
- (ii) Training & Study Leave Policy
- (iii) Disability in Employment Policy
- (iv) Grievance Policy for Bank Workers Policy
- (v) Management of staff with Alcohol Problems Policy
- (vi) Workforce Wellbeing Policy
- (vii) Organisational Resilience Policy
- (viii) Policy for Policies
- (ix) Grievance Policy
- (x) Job Evaluation Policy
- (xi) Notice Period Policy
- (xii) Professional Registration Policy
- (xiii) Safe and Secure Handling of Medicines Policy
- (xiv) VPN Policy

The CEO advised the Board that in future most policies would be approved by the new Committees. Only policies requiring Board approval will be brought to future Board meetings. All policies would continue to be subject to the appropriate managerial and clinical consultation processes including Executive Operational Team approval before presentation to the relevant Committee Team.

JW highlighted that the Policy for Policies is a good example to guide committee chairs on the process they need to follow.

The Board approved the above policies.

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014/15 TRUST SECRETARY: LEGAL & POLICY UPDATES REPORT

Clive Allanso introduced this report. He advised that the report was lengthy as it included items for information that covered both December and January.

The CEO commented that it was interesting to observe the number of organisations where Monitor and the CQC are undertaking investigations and noted in particular that Hinchinbrook Health Care NHS Trust was now in special measures. Basildon and Thurrock University Hospitals NHS Foundation Trust had resolved previous quality issues but were facing financial challenges.

The Board discussed and noted the report.

015/15 BOARD ASSESSMENT REVIEW

NL introduced this report and reminded Board members that a significant amount of work had been undertaken following the independent Board assessment undertaken last year by KPMG. NL was pleased to confirm that all 7 actions had now been completed.

NL advised the Board that shortly after the Trust had appointed KPMG to undertake the independent review, the guidance had changed. The Trust had agreed with Monitor to undertake the next independent review slightly earlier than the three year period.

The Chair noted satisfaction by the Board with achievement and completion of the plan.

The Board noted the report.

016/15 NATIONAL AUDIT OF SCHIZOPHRENIA UPDATE

MK presented the report to the Board reminding them that the first national audit was undertaken in 2012 and nationally the results were disappointing. The latest audit included 64 Trusts and was based on 16 standards. The main issues arising for the Trust were on:

- Patients knowing how to seek help, and
- The provision of psychological therapies.

MK advised that few of the recommendations had financial implications and that the Trust has already initiated early working on a number of key areas, including policy review. MK asked for the Quality Committee to oversee this work. The Chair noted the report and sought Board approval for the recommendations outlined in the paper.

The Board agreed the report and the recommendations for a Physical Health Steering Task & Finish Group to be established to oversee the actions arising from the report. This group would report to the Quality Committee.

017/15 Q3 COMPLIANCE REPORT

The CFO presented the Q3 Compliance Report to the Board.

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The Board was advised that the Trust had achieved all of the compliance targets with regards to 'governance'. There were three financial declarations and the CFO confirmed that based on the annual plan these declarations could be made.

A declaration was also required on the outstanding actions arising from the CQC. The Board was advised that the Trust would need to declare 'yes' to moderate CQC concerns and although actions had taken place the current procedure requires the CQC to sign compliance and this will not occur until they have completed their formal inspection in June 2015.

The Board noted the requirement to advise Monitor of any exception item in line with the guidance set out in the Risk Assessment Framework. The Board noted that the exception report for Q3 included 5 suicide verdicts recorded by the coroner relating to previously reported unexpected deaths and one absconsion.

JW advised the Board that the Finance & Performance Committee reviewed the compliance report for Q3 in detail at their meeting and were happy to provide assurance on the recommendations and actions in the report.

The Chair noted assurance from the Finance & Performance Committee and approval by Board members of the recommendations outlined in the Q3 Compliance Report.

018/15 CQC INSPECTION REPORT

The CFO introduced the report, which outlined the actions taken prior to the CQC inspection of the Trust from 29 June 2015. The report identified the outline reports and information the Trust needed to prepare and the Board was advised that the Trust had submitted the required information on time. The CQC had sought additional information and Directors were currently collating a further return.

The CEO advised the Board that the Executive Task and Finish Group had been established and oversee preparations for the visit including how the Board and Council of Governors are involved and kept informed of progress.

The Board noted the report.

019/15 CHARITABLE FUNDS ANNUAL REPORT & ACCOUNTS 2013/14

The CFO presented the Charitable Funds annual report and accounts for 2013/14. The Board was advised that because of amounts involved (being of less than £500k in the period) the accounts did not require an audit opinion. However, the Trust had undertaken an independent assessment of the accounts. The CFO confirmed the values of the funds total is £1.6m and some transfer of funds would be undertaken to other Trusts when services transferred. The Trust will continue to seek bids against the fund and encourage activity.

SC sought clarity on the process for inviting bids. The CFO advised that heads of service are regularly asked to consider what enhanced or additional support was required, that was not part of exchequer funding. Bids were taken to the committee for discussion and agreement. SC asked about the trends in expenditure and was advised that it had been a fairly

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consistent over the last few years. RW commented that information on the funds and its use are regularly shared with staff at least but remains underutilised. NL confirmed that during recent visits around the wards, he had actively encouraged ward managers to make use of the charitable funds application process.

The Board noted the report.

020/15 CQC REGISTRATION CHANGES

The CFO presented the report on the planned variations to the Trusts registration with the CQC. The Board noted that the change of registration is required due to the planned transfer of mental health and learning disabilities services for Bedfordshire and Luton with effect from 1 April 2015. The CFO confirmed that the CQC required 8 weeks notice to complete any registration or deregistration of the Trusts activities. The CFO added that the CQC will only adjust the Trusts registration when they receive a corresponding application from East London NHS Foundation Trust.

The Board were advised that East London NHS Foundation Trust have not yet undertaken any formal registration and if necessary the CEO will be escalating this matter as failure to do so will mean that they would be unable to transfer services.

The Board noted the report and agreed to the change in registration and supported the CEO action to escalate this matter with East London NHS Foundation Trust and the CCGs if required.

021/15 USE OF CORPORATE SEAL

The CEO advised the Board that the seal had been used in one instance for alterations at 25 & 27 Weston Road.

022/15 CORRESPONDANCE TO THE BOARD SINCE THE LAST MEETING

None.

023/15 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.

024/15 ANY OTHER BUSINESS

NL advised the Board that the planning event for Essex would take place on Friday 30th January 2015 at Saxon hall in Southend and on 5th February 2015 at the Rufus Centre in Flitwick.

025/15 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS

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

Signed Date

026/15 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Wednesday 25 February 2015 at Wrest Park, Silsoe, Bedfordshire MK45 4HR at 10:30.

027/15 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

028/15 STAFF RECOGNITION SCHEME

The Chair and CEO were delighted to present individual certificates to:

- Jenny Bell Secure Services, Brockfield, In Tune Award nominated by Carol Nicholls
- Linda Fisher, Southend CMHT Older People, Long Service Award
- Clifton Lodge, Rochford Hospital, Team - In Tune Award Nominated by Mrs Pam Sodeau (public nomination)

Signed

Date

Appendix 1**Governors/Public Query Tracker (Item 250 /14)**

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
John Jones	Noted that last year he had visited an FT in Grimsby who reported they had no restraints and asked if the Trust would be looking and consulting with similar organisations for best practice.	AB noted that the Trust is part of the national group and was looking at best practice and we would want to tap into any organisation that is valiantly claiming they can do this.	AB to discuss with John Jones and obtain contact details.
Roy Birch	Commented that there is a group chaired by Nigel Hughes looking at mandatory 5 day training to see what improvements can be made around restraints	Best practice will be reviewed and this will also be taken into consideration	
Michael Dolling	Asked what the prospects were for elected members from Bedford and Luton were post 1 April 2015.	The Chair advised that the Constituencies Review Task and Finish Group which is made up of Council of Governors and Board members was looking at the numbers and constituencies. A report will be submitted to the Council of Governors meeting on 4 March 2015 for agreement on the future structure of the Council of Governors.	

Signed

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