

**SEPT  
MINUTES OF PUBLIC BOARD OF DIRECTORS  
PART 1  
held on Wednesday 30 September 2015  
at The Lodge, Runwell Chase, Wickford SS11 7XX**

**Members present:**

Lorraine Cabel (Chair)	Chair
Sally Morris (CEO)	Chief Executive
Andy Brogan (AB)	Executive Nurse & Executive Director Mental Health
Steve Cotter (SCt)	Non-Executive Director
Steve Currell (SCI)	Non-Executive Director
Alison Davis (AD)	Non-Executive Director
Dr Milind Karale (MK)	Executive Medical Director
Mark Madden (CFO)	Executive Chief Finance Director
Malcolm McCann (MMc)	Executive Director Integrated Services (Essex & Suffolk)
Mary-Ann Munford (MAM)	Non-Executive Director
Richard Winter (RW)	Executive Director Integrated Services (Beds)
Janet Wood (JW)	Non-Executive Director

**In attendance:**

Brian Arney (BA)	Public Governor
Roy Birch (RB)	Public Governor
Joy Das (JD)	Appointed Governor
Neil Davis (ND)	HR, SEPT
Max Forrest (MF)	Associate Director Communications, SEPT
Paula Grayson (PG)	Public Governor
Colin Harris (CH)	Public Governor
John Jones (JJ)	Public Governor
Cathy Lilley (CL)	Business Administration Manager – Chair’s Office (Minute Taker)
Sue Revell (SR)	Public Governor
Hilary Scott (HS)	Chief Pharmacist, SEPT
Clive Travis (CT)	Public Governor
Tony Wright (TW)	Public Governor

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

**178/15 APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Randolph Charles (RC)	Non-Executive Director
Nigel Leonard (NL)	Executive Director Corporate Governance

**179/15 DECLARATIONS OF INTEREST**

None.

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**180/15 PRESENTATION: MEDICINES MANAGEMENT & OPTIMISATION**

The Board received a presentation from Hilary Scott, Chief Pharmacist and Accountable Officer for Controlled Drugs, on medicines management and medicines optimisation. She explained that medicines management focuses on systems and processes which are central to quality healthcare and aims to ensure patients receive the desired outcomes from care. Medicines optimisation builds on the systems and processes of medicines management, shifting the focus to patients including patient ownership of treatment to ensure that the right patients receive the right choice of medicines at the right time.

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

**181/15 MINUTES OF THE MEETING HELD ON 23 JULY 2015**

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

- 152/15 page 4: to read *there could be a huge benefit in the training of psychology graduates.*

**182/15 ACTION LOG**

The Board noted there were no actions due in September.

**183/15 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT**

As Chair of the Committee, JW provided assurance that a full and robust debate had taken place on 24 September 2015 on all performance issues and that mitigating actions and monitoring processes had been requested where appropriate.

**Performance**

On behalf of the CEO, JW advised that the preliminary results of the most recent NHS benchmarking exercise for 2014/15 had just been published and the data had been used to enhance the understanding of Trust performance relative to its peers. A more detailed presentation on the NHS benchmarking results would be arranged.

The Committee noted there were seven performance hotspots and were disappointed that two related to national compliance indicators which are required to be reported to Monitor at the end of Q2 remain from the previous month. With regards to the seven day post discharge follow ups, the details of the two breaches were discussed and it was agreed that they were unavoidable and were not due to failures in the systems/processes. With regards to the admissions gatekept by CRHT, JW advised that further investigations were taking place to ensure there were appropriate processes and procedures, and provided assurance that patients received the correct care and treatment.

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The Board noted that Monitor's governance risk rating will be affected if the Trust fails an indicator in three consecutive quarters and/or fails to achieve four or more targets in a single period.

The Board was assured that relevant actions were being taken to address the hotspots which continue to include staff supervision and appraisals.

With reference to 2.2.4 Vacancy Rates, SCu asked the impact of the delays in newly qualified staff receiving PIN numbers. AB advised that this was an external issue which means that these staff would be unable to take up a qualified nurse post immediately and with a potential delay of up to six weeks. Although they will be recruited temporarily into support worker roles, the expected reduction in qualified nurse vacancies may not be achieved by the end of September.

With reference to 2.3.8 Memory Service, SCu asked if patients were DNA'ing (not attending) appointments because of the length of waiting for an appointment. AB agreed to clarify.

SCu enquired as to the impact of the new rules on nursing agency spend and the use of agencies. The CFO explained that the new rules apply to all NHS trusts including FTs receiving interim support from the Department of Health (DoH) or in breach of their licence for financial reasons. However, all other FTs are strongly encouraged to comply. He confirmed that the Trust was expected to comply with the nursing agency spend caps.

MAM asked if there was any learning from the success in Southend for people entering IAPT services. The CEO explained that both the CCG and GPs in Southend are engaged with this treatment as a result of historical use of counselling services and therefore making more referrals.

MAM expressed concern about the low percentage of staff (50%) who have had an exit interview, AB advised that although anecdotal feedback is gathered, there needed to be more rigour with monitoring exit interviews and this was currently being reviewed. An update would be provided at the next Finance & Performance Committee meeting.

## **Finance**

The CFO advised that the Trust's financial position at August 2015 was an operating surplus of over £3m which was behind both the revised and Monitor plan. The current forecast remained at a small deficit of £767k at year end which takes into account known risks including a deficit in the Cost Improvement Programme (CIP) of £3.1m which is a slight improvement on the previous month.

There were seven hotspots and emerging risks including a £200k overspend on the IAPT major transformation programme. The CFO also highlighted that agency costs have increased rapidly and the spend in the first five months of this financial year was the same as in the previous 12 months.

Working capital and cash balances remained strong and although below plan, does not currently present the Trust with any cash flow difficulties. The capital expenditure

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was as planned for month 5, although the actual YTD capital expenditure was slightly below plan.

The Trust’s continuity of service risk rating was 4 which indicated the strong financial health of the Trust.

As the IAPT Thurrock service was expected to cease from month 7, the Chair asked what was the likely overspend at the end of the financial year, bearing in mind that the Trust could potentially continue to run the contract for the remainder of 2015/16. The CFO advised that a paper outlining the options was due to be presented to the Executive Operational Sub-Committee (EOSC). Potentially the overspend could be £800k but this could reduce to £500k through different staffing arrangements.

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

**184/15      QUALITY REPORT**

AB presented the Quality Report which focused on three key categories: safety, experience and improvement, and highlighted that 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. The Board was pleased to note an improvement compared to the previous month and the Trust continued to achieve a high rate against the national ambition of 95%.

AB highlighted that the roll out of the competency framework for physical health and, in particular, training in monitoring people who are deteriorating physically commenced at the beginning of September. He advised that there had been four SIs reported in August in mental health services, including two within Therapy For You and in addition to the usual RCA, a review on IAPT clinical pathways was being undertaken. AB also pointed out the reduction in the number restraints and prone restraints compared to the previous year and advised that this could be correlated to the commitment made by the Trust to reduce restraints/prone restraints as well as wider implementation of training. The Board was pleased to note that there were no further reportable avoidable pressure ulcers and the findings of recent RCAs had not identified any avoidable falls.

MAM enquired as to the whole system of care of people at risk of pressure ulcers and how this was managed with social and primary care. AB advised that system wide harm free care meetings are held and pointed out that the number of avoidable pressure ulcers acquired in the Trust’s care has reduced although the prevalence across the whole system has remained unchanged.

The Chair commended the staff for their excellent work which had resulted in impressive reductions in the six priorities within the Sign Up to Safety campaign.

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

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**185/15 SAFER STAFFING REPORT**

AB presented 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 advised that there continued to be a high percentage use of bank and agency staff; however, provided assurance that a large majority of these staff are known on the wards.

The Board noted the significant increase in the number of hotspots relating to fill rates compared to the previous month but was assured that there were no concerns with regards to the safety and quality of care on the wards and that an active recruitment campaign was in place.

The CFO asked whether there would be an impact on the ability to fill shifts following the changes to the agency supplier framework. AB provided assurance that controls were in place to manage any risks and to ensure patient safety. Action has been taken, for example, to increase staff on the bank who will work extended hours. However, he was cognisant that the change in the system could impact on supply not meeting the demand.

**The Board approved the report.**

**186/15 BOARD ASSURANCE FRAMEWORK (BAF)**

The CEO 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.

The Board noted the review, challenge and approval of individual action plans by the EOSC for risks detailed on the BAF and agreed the recommendation to merge the two risks and associated action plans associated with staffing levels: (i) if fill rates are not achieved for safer staffing there is a safety and reputational risk for the Trust and (ii) if actual staffing levels fall below planned levels on shifts there is a potential risk that the Trust may not meet its own revised internal target as a result of patient safety and quality may be impacted upon (MHSE inpatients). The risk scoring would remain unchanged until all actions are fully implemented.

The CEO advised that the EOSC has agreed a thorough six month review of all BAF risks and associated action plans to ensure that the wording remains current and in context, and that the mitigating action plans fully address the risk.

In response to a question by JW, the CFO confirmed that the risk rating for nursing under 'right staff, right skills, right place' needs to be risk assessed to ensure it is on the appropriate risk register.

In response to a comment by SCo on the anticipated 30% slippage on a £12.3m CIP programme, the CFO confirmed that this also needs to be reviewed as there is a narrowing gap.

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**The Board reviewed the BAF ratings and:**

- 1 Approved the BAF at August 2015**
- 2 Agreed the merging of two risks and associated action plans associated with staffing levels (aim 5 right staff, right skills, right place); the risk scoring will remain unchanged until all actions are fully implemented.**
- 3 Agreed there were no new potential risks for escalation to the BAF.**

**187/15 SUB-COMMITTEES**

**(i) Audit Committee**

JW, as Chair of the Audit Committee, presented the report of the meeting held on 3 September 2015. She highlighted that as there is a growing emphasis on value for money, e.g. use of consultancy, agency and senior pay, the Committee would be seeking assurance that the appropriate controls are in place to meet regulatory requirements and the operational needs of the Trust, as well as how potential risks are managed.

The Board noted that at the Annual Members Meeting and General Meeting of the Council of Governors, the Council approved the reappointment of Ernst & Young for the provision of external financial audit service for the financial year 2015/16.

**The Board noted the report.**

**(ii) Quality Committee**

JW, as Chair of the Quality Committee held on 10 September 2015, presented the report and provided assurance that robust discussions were held on a number of issues. She shared case study of the work undertaken as part of a Multi-Disciplinary Team in the management and care of elderly patients who are vulnerable to pressure ulcers. The patients were supported by the Food First Team who built up the patients' nutritional intake which supported the healing of a pressure ulcer and maintained the skin integrity of the other vulnerable patient. The case study clearly demonstrated the positive impact collaborative working had on patients and highlighted the importance and positive impact of nutritional therapy on both the physical and mental wellbeing of patients.

JW also highlighted the detailed report received on the review of falls at Cumberlege Intermediate Care Centre (CICC) which had identified areas for improvement and lessons learnt, and the Committee received assurance that an appropriate action plan had been developed to implement the recommendations from the audit. This demonstrated that robust clinical governance processes and structures were in place and effective.

**The Board noted the report.**

**(iii) Investment & Planning Committee**

The Chair presented the report of the meeting held on 3 September 2015 and provided assurance that robust discussions had taken place on a number of issues. She advised that the Committee had reviewed successful/unsuccessful tenders and agreed that the progress report would also include a section identifying the rationale for proceeding with the tender.

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The Chair also highlighted that a comprehensive and informative lessons learnt report was discussed and, on recommendation by the Committee, had been reviewed by the EOSC.

**The Board noted the report.**

**(iv) Mental Health & Safeguarding Committee**

SCu, as Chair of the Committee, presented the report of the meetings held on 30 July and 11 September 2015 and provided assurance that robust discussions had taken place on a number of issues as detailed in the Board paper.

SCu advised that the MHA training, previously been identified as a hotspot, has been implemented on the Trust's OLM and is readily available. In addition, there was ongoing training for all doctors on the Deprivation of Liberty Standards (DoLS) through the OLM as well as face to face workshops. He also confirmed that the Safeguarding Annual Report was reviewed and approved by the Committee who were pleased to note that there were no major concerns.

MAM noted there was a shortage of Associate Hospital Managers (AHMs) and asked if there were plans for a recruitment drive. SCu confirmed that this role was currently being advertised externally but recognised the challenges with recruiting. The Chair asked if retired staff were being contacted as this approach had proved successful in the past. SCu agreed to take this forward but pointed out that the aim was to ensure the recruitment drive met with the Trust's Recruitment Policy and Equality & Diversity Strategy.

**The Board noted the report.**

**Action:**

- 1 Staff who have retired in the last six months to be contacted regarding the vacancies for the AHM role (SCu).**

**(v) Charitable Funds Committee**

On behalf of the Chair of the Committee, the CFO presented the report of the meeting held on 16 July 2015 and provided assurance that robust discussions had taken place on a number of issues. He highlighted that the Trust holds charitable funds of just over £1.9m as at the end of May 2015 of which £0.4m relate to services that have been transferred to East London NHS FT. The Board noted that the bid in relation to the provision of sensor flooring for learning disability services based at Byron Court had been granted following minor clarifications.

**The Board noted the report.**

<b>188/15</b>	<b>IM&amp;T STRATEGY</b>
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The CFO presented the revised IM&T Strategy which had been updated in line with the Trust's strategic aims, national IM&T strategy, and IT industry and technical developments. The report also included updates on completed projects. The report had been approved by the Investment & Planning Committee. He highlighted that the main benefits associated with the IM&T Strategy are patient safety and the quality of

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service. It will also support in the delivery of the Trust's strategic objectives and contribute towards the CIP.

SCo asked how resilient is the Trust's IT system in relation to hacking and what are the response procedures. The CFO advised that a penetration test had recently been undertaken and the results are due shortly but acknowledge that no system was 100% secure. He assured the Board that appropriate and robust controls are in place to manage any breaches in security.

On behalf of the Board, the Chair commended the IT Team on their achievements in year and the comprehensive jargon free technical report.

**The Board:**

- 1 Received and noted the report
- 2 Approved the revised IM&T Strategy 2012/17.

<b>189/15</b>	<b>BOARD OF DIRECTORS MEETINGS 2016/17</b>
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The Chair presented the report on the timetable for Board of Directors meetings for 2016/17 and the proposal to pilot holding all Board meetings at the Trust's head office at The Lodge in Wickford with effect from October 2015. She advised that in considering this recommendation, account had been taken of the suitable facilities available at The Lodge and the cost savings of approximately £500 per meeting which would be made by hosting the meetings internally.

The Board approved the proposed dates for 2016/17 and the recommendation to host all Board meetings internally at The Lodge. The Board acknowledged that although there have been very few members of the public attend part 1 Board meetings, that the change could have an impact on some of the Trust's Governors and members of staff but was cognisant of the cost savings which need to be made across the whole Trust. Consideration would be given to the feasibility of video-linking the meeting to provide greater accessibility to the meetings.

In response to a question by SCo about extending the Trust's reach in the localities where it provides services, the CEO assured the Board that the Trust would continue to organise locality-based meetings such as the Public Member Meetings, Take It To The Top and Let's Talk About, which would provide opportunities for members and the public to hear about local services, topics of local interest and meeting with Board members.

**The Board:**

- 1 Received and noted the proposed dates of meetings for 2016/17
- 2 Approved the change to the venue arrangements.

<b>190/15</b>	<b>BOARD OF DIRECTORS DEVELOPMENT SESSIONS 2016/17</b>
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The Board received the report from the Chair on the proposed dates for the Board Development Sessions for 2016/17.

**The Board received and noted the report.**

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In the Chair, Board of Directors Meeting

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**191/15 ESSEX MENTAL HEALTH REVIEW**

The CEO provided an update on the Essex Mental Health Review (EMHR) and advised that the final report had been considered and approved by the EMHR steering group on 28 September. A more detailed report will be presented at the October Board of Directors part 1 meeting and would also be discussed in detail at a future Board Development Session.

**The Board noted the verbal update.**

**Action:**

- 1 Paper on the Essex Mental Health Review report to be presented at the Board of Directors part 1 meeting in October (SM)**
- 2 Report to be discussed at a future Board Development Session (SM).**

**192/15 CQC INSPECTION VISIT UPDATE**

The CEO advised that since the last Board meeting there were no further updates on the CQC comprehensive inspection visit to report. She pointed out, however, that there had been some Mental Health Act reports for some wards which had been inspected during the inspection period. The reports are being considered as part of the overall CQC Task & Finish Group and action is being taken on the findings from these reports.

**The Board noted the verbal report.**

**193/15 BOARD OF DIRECTORS SELF-ASSESSMENT 2015**

The Chair presented the outcomes of the Board Self-Assessment for 2015 together with the action plan. The Board was pleased to note the positive outcomes and excellent progress with the action plan. An update report on progress with the action plan would be presented in the new year.

The Chair and CEO agreed to review of the timetable for the full independent assessment due to take place in February 2016, and would present a proposal in the new year.

**The Board:**

- 1 Received and noted the report**
- 2 Approved the Board Evaluation Action Plan for 2015**
- 3 Progress on Board Evaluation Action Plan to be presented in February 2016 (NL)**
- 4 Timetable for the full independent assessment to be reviewed and proposal presented in February 2015 (LC/SM).**

**194/15 AUDIT COMMITTEE ANNUAL REPORT 2014/15**

The Board received the Audit Committee's Annual Report for 2014/15 from JW as Chair of the Committee which summarises the activities of the Audit Committee. JW

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highlighted the six areas which required exceptional input from the Committee including the due diligence required for the Bedford & Luton procurement process, review of audit services, safer staffing and governance.

The Chair acknowledged the broad remit of the Committee and thanked members for their work and in particular thanked JW for her excellent leadership of the Committee.

**The Board received and noted the report.**

<b>195/15</b>	<b>SENIOR INFORMATION RISK OFFICER (SIRO) ANNUAL REPORT FOR 2014/15</b>
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As the SIRO, the CFO presented the SIRO Annual Report for 2014/15. The report identifies the activities and achievements of the information governance agenda during the year including the achievement of level 2 of the Information Governance Toolkit, data flow mapping and information assets, and the implementation of the recommendations from the Caldicott 2 review.

The Board was pleased to note that during 2014/15 there had been no incidents or breaches reported to the Information Commissioner's Office (ICO) and commended the small dedicated Information Governance Team on their excellent work and achievements.

**The Board received and discussed the report.**

<b>196/15</b>	<b>FINAL CHARITABLE FUND ANNUAL REPORT AND ACCOUNTS FOR 2014/15</b>
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The CFO presented the final Charitable Fund Annual Report and Accounts for 2014/15 for approval by the Board of Directors. He confirmed that the draft Charitable Fund Accounts for 2014/15 had previously been considered by the Audit Committee at its meeting in June 2015.

The Board was reminded that NHS Funds held on trust are subject to the requirements of the 2006 Charities Act which only requires a full audit to be undertaken in the event of gross income or expenditure exceeding £0.5m. For the 2014/15 financial year, the charity's gross income and expenditure was below this threshold and therefore an independent examination was completed by the Trust's Auditors.

**The Board:**

- 1 **Received and noted the report**
- 2 **Approved the Charitable Fund Annual Report and Accounts for 2014/15 and the Letter of Representation to the Auditors.**
- 1 **Key themes and action plan to be developed for presentation at the Board Development Session on 9 September 2015 (SM/NL)**
- 2 **Update report to be provided to the November Council of Governors meeting (LC).**

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**197/15 USE OF CORPORATE SEAL**

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

**198/15 CORRESPONDANCE TO THE BOARD SINCE THE LAST MEETING**

None.

**199/15 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.

**200/15 ANY OTHER BUSINESS**

None.

**201/15 MEMBERS OF THE PUBLIC/STAFF/GOVERNORS QUESTIONS**

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

**202/15 DATE AND TIME OF NEXT MEETING**

The next meeting will take place on place on Wednesday 30 September 2015 at 10:30 at The Lodge, Runwell Chase, Wickford SS11 7XX.

**203/15 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.**

**204/15 STAFF RECOGNITION SCHEME**

The Chair and CEO were delighted to present certificates to:

- **Individual 'In Tune' Awards**
  - Stephen Goodbody, Basildon Mental Health Unit
  
- **Long Service Awards**
  - Judi Jeavons, Early Intervention in Psychosis (30 years)
  - Jacqueline Williams, Clinical Team Leader (37 years)

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The Staff Recognition Awards are the official way for the Board, colleagues, patients and carers, to recognise those who demonstrate, above and beyond, their commitment to delivering excellent service.

The Staff Recognition Scheme promotes the Trust's vision - 'Providing services that are in tune with you' and values - Positive, Welcoming, Respectful, Involving, Accountable, Kind. These awards are a positive way of the Board remaining 'in touch' with front line staff.

The meeting closed at 12:40

## Appendix 1

### Governors/Public Query Tracker (Item 201/15)

<b>Governor /Member of Public</b>	<b>Query</b>	<b>Assurance provided by the Trust</b>	<b>Actions</b>
John Jones	Are inpatients in SEPT's care offered a flu vaccination?	Flu vaccinations are offered to long-term inpatients, e.g. in Brockfield House and all the care of the elderly wards. Other at risk groups are also offered the vaccination. However, all other patients will need to be vaccinated by their GP	-
John Jones	Referring to the SIRO Annual Report (page 4), the roles of the Privacy Officer and Security Officer appear to be the same. Is there a need to have two separate roles?	MM explained that this was a definition of the roles required and that this would be part of the individuals' role, not the totality of their job description	-
Joy Das	Referring to the presentation, pointed out that some patients can be confused by changes to their medication packaging. Is there anything which can be done to help this?	HS recognised the challenges with physical recognition and recommended that the patient discuss their concerns with the community pharmacist as part of their medicines use review.	-
Roy Birch	A recent article suggested that the prices of generic drugs are not necessarily reducing.	HS advised that generally generic products are considerably cheaper than branded ones as the prices for the branded products would include the research	RB to send article to HS

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		investment costs, etc	
Paula Grayson	Can a SEPT example be given of providing accessible information in line with the new Accessible information Standard?	MF confirmed that staff have been advised of the requirement. An example of action being taken by the Trust is the inclusion of 'Browse Around' on the new IAPT website and the Trust's current website. This provides accessible information to people with sight impairment. In addition, all patient information leaflets includes details of requests for special requirements, e.g. braille, language, etc which would be provided by the Trust.	-
Scott Waple (questions sent by email)	With the idea of wanting to make the Board of Directors and Governors meetings more opened (as mentioned at the recent AMM), your policy of not providing transport to these meetings needs to change so that transport is available to enable more people to attend these meetings. Will this change occur?	SM explained that the Trust's expenses policy covers transport arrangements for registered volunteers and Governors when undertaking work at the Trust's request and does not include members of the public. Meetings of the Board of Directors and Council of Governors are held in public which provides an opportunity for the public to observe the Board and Council in action. The question and answer section provides an opportunity for questions to be asked based on the business discussed at the meetings. The public have the opportunity of attending locality based events which are usually organised in an easily accessible venue.	-
	Can you provide more detail on the arrangement that NEP and SEPT have reached (last week) to look into working	Referring to her earlier report, the CEO advised that in line with guidance from Monitor, stakeholders are/ have been advised of the Trust's intentions to explore	-

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	<p>closer together with a view to a potential merger? This should not be done behind closed doors, various stakeholders need to be consulted.</p>	<p>the possibility of a merger – this includes CCGs and Governors. In addition, an extraordinary part 1 Board meeting held in public took place on 23 September where the main agenda was the merger exploration proposal and copies of the SOC was made available to attendees, and is also available on the Trust’s website.</p>	
	<p>When are Service Users and the wider mental health community going to be consulted on the above arrangement? It needs to be soon – not mid-2016.</p>	<p>At this stage of the exploration of a merger with NEP, there is no proposal to change services and therefore there is no requirement for service user or public consultation</p>	<p>-</p>

Signed .....

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