

SEPT
MINUTES OF PUBLIC BOARD OF DIRECTORS
PART 1
held on Wednesday 30 March 2016
at The Lodge, Runwell Chase, Wickford SS11 7XX

Members present:

Lorraine Cabel (Chair)	Chair
Sally Morris (CEO)	Chief Executive
Andy Brogan (AB)	Executive Director Mental Health & Executive Nurse
Randolph Charles (RC)	Non-Executive Director
Steve Currell (SCu)	Non-Executive Director
Dr Milind Karale (MK)	Executive Medical Director
Nigel Leonard (NL)	Executive Director Corporate Governance
Mark Madden (CFO)	Executive Chief Finance Director
Mary-Ann Munford (MAM)	Non-Executive Director
Janet Wood (JW)	Non-Executive Director

In attendance:

Brian Arney (BA)	Public Governor
Roy Birch (RB)	Public Governor
Charles Boshier (CB)	Consultant, Quality Health (part)
Cllr Keith Bobbin (KB)	Essex County Council
Joy Das (JDa)	Service User & Carer Governor
Jo Debenham (JDe)	Employee Experience Manager, SEPT
Paula Grayson (PG)	Public Governor
Colin Harris (CH)	Public Governor
Louise Hembrough (LH)	Director Integrated Services for Adult & Older People
John Jones (JJ)	Public Governor
Cathy Lilley (CL)	Trust Secretary [Minute Taker]
Charlotte Meek (CM)	Employee Experience Coordinator, SEPT
Gladys Mireku (GM)	Student, SEPT
David Watts (DW)	Public Governor
Tony Wright (TW)	Public Governor
Rob Winter (RW)	Patient Experience Manager, SEPT

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*. She also welcomed Louise Hembrough, Director Integrated Services for Adult & Older People, to the meeting who was standing in for Malcolm McCann, Executive Director Community Health Services & Partnerships, and Charles Boshier from Quality Health.

054/16 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Steve Cotter (SCo)	Non-Executive Director
Alison Davis (AD)	Non-Executive Director
Malcolm McCann (MMc)	Executive Director Community Health Services & Partnerships

Signed

Date

0055/16 DECLARATIONS OF INTEREST

None.

0056/16 PRESENTATION: STAFF SURVEY RESULTS

The Board received a presentation from Charles Boshier, Consultant at Quality Health, on the Trust's staff survey results and discussed and noted the content.

The Board was pleased with the extremely positive results and noted the significant improvement in many scores compared with those from the previous year and particularly against the national scores resulting with the majority of the Trust's scores in the top performing 20% of the country.

On behalf of the Board, the Chair thanked CB for his informative presentation.

0057/16 MINUTES OF THE MEETING HELD ON 24 FEBRUARY 2016

The minutes were agreed to be a correct record.

0058/16 ACTION LOG

The Board noted there were no actions due.

0059/16 FINANCE & PERFORMANCE COMMITTEE ASSURANCE REPORT

As Chair of the Committee, JW provided assurance that a full and robust debate and scrutiny had taken place on 24 March 2016 on all performance issues and that mitigating actions and monitoring processes had been requested where appropriate. JW advised that the Committee discussed the new targets and hot spots at 1 March and highlighted, in particular, that good progress was being made on the management of staff vacancies and commended those involved for their work.

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.

During February 2016 there were 11 Serious Incidents (SIs) reported in mental health services bringing the total year to date figure to 58 compared to 42 for 2014/15. Assurance was provided that action is being taken to understand the reasons for the increased trend and learn from incidents that have occurred. The Trust is committed to achieving its ambition of zero avoidable suicides by 2017 and has prioritised suicide reduction through its Sign Up To Safety campaign. As reported at the Quality Committee, a comprehensive forward looking action plan has been developed to deliver transformational change to how staff assess and plan for safety within services, supported by the plan to commission specific suicide prevention training for

Signed

Date

In the Chair, Board of Directors Meeting

Page 2 of 14

all staff. Underpinning this is a cultural review of the Trust's understanding and attitudes towards suicide prevention and in addition, a new Mortality Review Group has been established to consider the findings of the Southern Health investigation and take forward actions as necessary within the Trust.

There had been a reduction in the number of performance hot spots to two out of a total of 87 key performance metrics and contract reports. With regards to the percentage of people entering IAPT treatment, the Board noted that an IAPT capacity check identified the service in South Essex is under-funded by £770,000 if it is to reach the 15% access target and that the current level of funding enables the Trust to achieve only 9.5% access. Contract negotiations are taking place to either agree that the 2016/17 target should be circa 9.8% based on the current level of funding or to agree the level of funding and service model required to deliver the 15% target.

The Board was also advised that due to a technical reason, the percentage of users on CPA with a crisis plan in place was also identified as a hotspot. Assurance was provided that action is under way to address the IT issue and it was expected that a separate automated crisis plan (as part of the care plan) would be completed in June 2016 at the earliest.

SCu asked if a strategic approach was undertaken when reviewing incidents to help identify trends within the Trust. AB confirmed that a big picture approach is undertaken to identify contributory factors and any common features. The reviews will cover a variety of criteria including number of years, geography and teams. In addition, MK advised that a Mortality Review Group has been established which will undertake a trend analysis on all deaths on a regular basis, not just on suicides. He confirmed that a review of all deaths in elderly services had just been commissioned.

Referring to report item number 2.5 and to his visit to the Poplar Ward, SCu enquired if the increase in reported restraints was caused by the use of legal highs. AB advised that drug tests will not identify the use of legal highs; however, individuals have subsequently admitted using these. He recognised the massive problem caused by the use of legal highs which can, for some individuals, cause longer term problems.

MAM asked if the introduction of the crisis plan requirement will cause additional work for clinical staff. The CEO advised that this should be automatically generated from fields within the Mobius system for care plans.

Finance

The CFO advised that the Trust's financial position at month 11 February 2016 was an operating surplus of £2m, excluding Impairments and Technical adjustments, which was ahead of £780k ahead of revised plan. The improvement over the previous month is mainly attributable to the net effect of contract variation income and the underspend on backlog maintenance and IT.

The Trust is reporting a year to date deficit of £3,001k on its Cost Improvement Programme (CIPs) with the year-end deficit forecast of £3,276k and recurrent net deficit of £4,460k but this assumes that a further £356k of schemes remain deliverable. The Board noted that the NEDs at the Finance & Performance Committee

Signed

Date

had sought assurance from Executive Directors in respect of action being taken to mitigate the recurrent CIP deficit.

The cash position remained strong with a year to date figure of £45,882k at the end of February compared to plan of £41,013. The increase in cash is mainly due to lower capital spend than planned and non-payment of some NHS Property Services invoices where the invoice values are being disputed.

There continued to be a deterioration of the adverse variance in Operational Services (South Essex Mental Health) where the continued use of bank and agency staff significantly contributed to the deterioration. The CFO highlighted the significant challenges for 2016/17 with regards to bank and agency staff where the required spend is £9.8m compared with current cumulative spend of £13.6m and a year-end forecast of £15m. NL provided assurance that a project team had been established to review how to manage bank and agency costs.

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, and that working capital and cash balances remained strong and above plan.

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

060/16 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 small increase to 98.78% 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 the Trust consistently continue to achieve a high rate against the national ambition of 95%.

AB explained that following a question by a Governor at the February Board meeting, he was able to confirm that the survey is carried out on one day a month covering all inpatients on that day so apart from those patients refusing to participate, the number of responses should represent the total number of patients. In February this totalled 2000. Of those patients who did experience one of the four harms, these would have been 'low' and in the main would have been unavoidable.

The Board noted the decline in reporting in relation to the MEWS system (early detection of deteriorating patient) in some wards but was assured that appropriate actions were being taken to mitigate these hotspots and ensure that MEWS system was embedded in wards.

AB reported there had been 15 avoidable pressure ulcers to date compared to a total of 21 for 2014/15 although the ambition remains at zero. He also highlighted the continued reduction in the number of falls with 13 year to date compared to 24 in 2014/15 particularly taking account of the acuity of patients.

Signed

Date

In the Chair, Board of Directors Meeting

Page 4 of 14

AB advised that 98% of the 716 responses for the Friends and Family Test in February would positively recommend the Trust across all services. He explained that this represents approximately 2% of the patient contacts during this one month period and acknowledged that although this was a small sample size was similar across the NHS. This percentage/total number of patient contacts will be included in future reports to provide clarity.

MK asked if it was possible to identify those who have responded that they would be unlikely/extremely unlikely to recommend the Trust across all services. AB confirmed that this was possible. In response to a question by JW, the CEO advised that any free text feedback included in the survey would be reviewed through the Patient Experience Group.

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

061/16 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 highlighted that the majority of wards in LD, Secure Services and Community Health Services were above 95%.

The Board noted the increase in the number of hotspots and emerging risks relating to fill rates but was assured that there were no concerns with regards to the safety and quality of care on the wards and that mitigating actions were in place. The Board noted that whilst recruitment was being undertaken, site managers on wards were being utilised to provide support alongside ward managers and matrons to ensure wards remained safe.

AB advised that a review of how staffing information across the Trust could be triangulated.

The Board approved the report.

062/16 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.

The Board noted the review, challenge and approval of individual action plans by the EOSC for risks detailed on the BAF and the inclusion of the risk relating to the SEPT/NEP merger (R13) as approved for escalation at the February Board meeting. The Board also noted the escalation of a risk to the Corporate Risk Register (CRR) in relation to a national target 'if additional funding (new or transfer from existing services) is not identified, the Trust may not be able to meet the new targets for early intervention in psychosis. NL confirmed that the Trust was currently negotiating additional funding with commissioners to achieve this target.

Signed

Date

The Board was pleased to note that full assurance on the controls in place had been received following the internal audit annual review of the BAF and risk management arrangements and there were no recommendations for improvement. NL highlighted that the annual review of the risk management and assurance framework was taking place and would be updated to include a number of new key developments to strengthen existing arrangements.

The Board reviewed the BAF ratings and:

- 1 Approved the BAF at 22 March 2016**
- 2 Agreed the recommendations as detailed in table 1 – BAF overview**
- 3 Noted the review of the 2015-16 CRR at 22 March 2016**
- 4 Noted the positive assurance provided by the internal audit review of the risk management and assurance framework arrangements**
- 5 Did not identify any potential risks to be escalated to the Corporate Risk Register and/or BAF.**

063/16 SUB-COMMITTEES

(i) Quality Committee

The Chair presented the report of the meeting held on 11 February 2016. She provided assurance that robust discussions were held on a number of issues some of which had already been covered by the Board as separate agenda items including the Quality and Safer Staffing reports. The Chair also extended an invitation to Directors who were not members of the Committee to attend a future meeting as an observer.

The Chair highlighted:

- the patient story that demonstrated the positive outcome for patients in West Essex community health services who having received support from the Rapid Response Team were able to stay in their own homes, preventing an acute hospital admission
- the excellent work of the Suicide Prevention work stream to reduce avoidable suicides in the Trust's mental health services and achieve the ambition to have zero avoidable suicides by 2017
- the review of the effectiveness of the Committee and delighted to receive positive validation from both Committee members and non-members
- the assurance received that there are no significant concerns following the internal CQC monitoring
- the positive CQC MHA focused visit to Mayfield Ward
- the update on internal audit programme 2016/17
- the update on the limited assurance received on clinical audit and actions being taken
- progress with the submission of the IG Toolkit due on 31 March 2016
- no hotspots or significant risks were identified.

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

Signed

Date

(ii) Investment & Planning Committee

The Chair presented the report of the meeting held on 14 March 2016 and extended an invitation to Directors who were not members of the Committee to attend a future meeting as an observer.

The Chair confirmed that robust discussions were held on a number of issues including:

- progress with key tenders
- a review of an unsuccessful tender which will result in a significant cost pressure
- lessons learnt with regards to an unsuccessful bid
- update on the capital bids
- the significant improvement from the previous year's Good Corporate Citizen score
- positive assurance was received on the various services disaggregation/mobilisation
- positive validation of the Committee's effectiveness following the efficacy review by both members and non-members of the Committee
- assurance on the feasibility of the merger and the ability to deliver within the timetable.

In response to a question by RC, the CEO confirmed that a detailed scrutiny is undertaken following the loss of a tender/service which identifies lessons learnt and what actions can be taken to address these going forward. It is recognised that the market is extremely competitive and there has been an increase in the number of organisations competing including organisations from the private sector and other Trusts outside of the tender geographical footprint.

The Board discussed the challenges with competing with the larger private sector organisations which have larger financial reserves.

SCu expressed concern about the level of service and safety to patients when the Trust loses a tender and the contract is awarded to another provider who does not take on all elements of the previous service provision. The Board discussed these challenges recognising that the tender specification may not necessarily reflect the current/previous service provided. Where possible, the Trust has continued to provide some of these services as patient care is paramount.

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

(iii) Audit Committee

JW presented the report of the meeting held on 16 March 2016 and provided assurance that the duties of the Committee which include governance, risk management and internal control had been appropriately complied with.

JW highlighted that the Committee had focused on the internal audit plan for 2016/17 and the external auditors report on the Bedfordshire and Luton disaggregation, in particular relating to the asset and Local Government Pension Scheme (LGPS) transfers.

Signed

Date

In the Chair, Board of Directors Meeting

Page 7 of 14

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

064/16 SEPT/NEP MERGER PROPOSALS UPDATE

NL presented an update report on the progress of the SEPT/North Essex Partnership University NHS FT (NEP) merger proposals. He reminded the Board that following submission of the Outline Business Case (OBC) for merger on 8 January 2016, a formal review of the OBC by Monitor's Provider Appraisal Division began in February and finished with an Executive challenge session on 11 March. Formal feedback was received on 21 March that provided advice and identified a number of areas for further work but no material problems were raised during the review to prevent the project moving to the next stage, including the presentation of a Full Business Case (FBC) to merge in September.

The Board also noted that following review by Monitor of the competition analysis, including discussions with commissioners and other stakeholders, Monitor has advised that on the basis of the information requested and received, they do not perceive there to be significant competition concerns with the merger. Based on this advice and considering the fact that the Competition Markets Authority (CMA) still has the ability to review the transaction if they wish, on a show of hands the Board unanimously agreed not to notify the CMA with regards to the merger.

NL reported that a non-legally binding Heads of Agreement (HoA) document, which sets out a number of guiding principles, has been developed. The HoA includes details of the terms of reference of the Project Board which is a working group with representation from both SEPT and NEP Boards which has delegated authority and budgetary responsibilities. As a result of these changes, the Strategic Alliance Working Group (SAWG) will be disbanded. The Board noted that due to the commercially sensitive nature of the HoA, this would be considered at the Board's Part 2 meeting held in private.

The Board:

- 1 Received and noted the progress report**
- 2 On a show of hands, unanimously agreed not to notify the CMA with regards to the merger.**

065/16 OPERATIONAL PLAN 2016/17 UPDATE

NL presented an update report on the Trust's Operational Plan for 2016/17 and advised that since submitting the draft plan in January there have been some system-wide developments in relation to STPs. Work has commenced on the development of the STPs which are due for submission in June 2016 and the Trust has Executive Director representation on each of the localities it serves.

NL pointed out that Monitor has also issued further national guidance and has recently written to the Trust outlining a number of helpful suggestions to improve the plan which will be taken account in the re-drafting. He confirmed that the Trust was on target to submit the final Operational Plan 2016/17 on 11 April.

Signed Date

In response to a question by JW, NL advised that he had met with the Governors' Strategic Planning Group on 15 March to discuss the draft Operational Plan and a further meeting was planned on 7 April to review in more detail the current version of the plan.

The Board received and noted the report.

066/16	ESSEX SUCCESS REGIME UPDATE
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The CEO presented an update report on the Essex Success Regime. She reminded the Board that the aim of the Success Regime is to achieve financial balance by 2018/19 and to provide the best of modern health and care for local people. Six priority areas have been identified including accelerating plans for changes in urgent and emergency care in line with national recommendations, joined-up community-based services, and simplifying commissioning. The Board noted that if change is not accelerated, the current £94m NHS deficit in Mid and South Essex could rise to over £216m by 2018/19 but recognised the challenges these changes would bring to the Trust and the wider health and social care systems.

All organisations involved with the Success Regime have been asked to hold discussions with their Boards and to respond to the operational briefing. The Board agreed that the response would be coordinated through the EOSC.

SCu noted that under the proposals, the acute hospitals will be negotiating block contracts with commissioners and asked if this could be a risk to the Trust. The CEO stated that there would be clarity with regards to the income acute trusts would be receiving. However, there could be an impact on the number of patients being seen by the acute hospitals with a resultant increase in volume of patients being referred to the community which could potentially see a rise in activity in community services.

In response to a question by SCu, the CEO advised that consideration would be given to including this issue on the risk registers once more information is available and the size of the block contracts are known.

The Board received and noted the report.

067/16	CQC INSPECTION VISIT UPDATE
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The Board received an update report from the CEO on the progress with the CQC action plan which had been developed as a result of the CQC comprehensive inspection visit in June 2015.

The Board was pleased with the pace and progress made to date against the action plan and noted that it was anticipated that the action plan will be completed by the end of May 2016 as scheduled and implementation will be audited during June/July 2016. An assurance report will be presented at the Board meeting in September prior to informing CQC that the actions have been completed.

The Board received and noted the report.

Signed

Date

068/16 LEGAL & POLICY UPDATES

NL introduced the Legal & Policy update report highlighting the number of reports and guidance from the centre in relation to mental health and learning disability services. He also referred the Board to the report from the Parliamentary & Health Service Ombudsman which identified that some people who complain to the NHS are not receiving the answers they need and are therefore forced to bring their complaints to the Ombudsman service. He advised that the PHSO will be presenting at the Board Development Session in May to which senior managers will also be invited.

The Board received and noted the report.

069/16 CQC INTELLIGENT MONITORING REPORT

The CEO presented the report which provided the details of the third CQC Intelligent Monitoring Report for Mental Health Services which was published on 25 February 2016.

The Trust's monitoring report contains 73 indicators some of which are broken down into multiple parts which is an increase of 9 from the last report published in June 2015. The report highlights there are 67 rated as no evidence of risk with two areas of elevated risk and four areas of risk for the Trust resulting in a risk score of 8, and when compared to other organisations, the Trust is positioned in the middle 40% of organisations.

Further analysis of the individual indicators has been undertaken to determine any changes since the previous report published in June 2015. Of the 73 indicators, 61 were previously included of which there was no change for 35 indicators and of the remaining 26, 13 show an improvement and 12 have declined.

The Board was assured that actions were being taken to address the risks identified in the recent report and that work was being undertaken to review the 12 indicators which have declined.

The Board received and noted the report.

070/16 VIEWS OF GOVERNORS AND MEMBERS REPORT

The Chair presented the report which demonstrates that the Trust has robust procedures in place for ensuring that the views of Governors and members are communicated to the Board as a whole. The report provides assurance that the Trust is meeting Monitor's *Code of Governance* provision E.1.3. She advised that this report will be presented annually.

In response to a question by SCu, the Chair confirmed that Governors' views are taken into account when arranging meeting options.

The Board received and noted the report.

Signed

Date

071/16 USE OF CORPORATE SEAL

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

07216 CORRESPONDENCE TO THE BOARD SINCE THE LAST MEETING

None.

073/16 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.

074/16 ANY OTHER BUSINESS

None.

075/16 DATE AND TIME OF NEXT MEETING

The next meeting will take place on place on Wednesday 27 April 2016 at 10:30 at The Lodge, Runwell Chase, Wickford SS11 7XX.

076/16 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.

077/16 STAFF RECOGNITION SCHEME

The Chair and CEO were delighted to present certificates to:

- **Individual 'In Tune' Awards**
 - Joan King, Domestic, The Lodge
- **Team 'In Tune' Awards**
 - Paediatric Speech & Language Therapy Team (including the Clerical Team)
 - Workforce Development Team, Brockfield House
- **Long Service Awards**
 - Tracy Angliss, Deputy Charge Nurse – 31 years 11 months
 - Michelle Billington, Senior Support Worker – 33 years
 - Louise Watson, Senior Podiatrist – 32 years 5 months

Signed

Date

In the Chair, Board of Directors Meeting

Page 11 of 14

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.

078/16 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 12:30.

Signed

Date

Appendix 1: Governors/Public Query Tracker (Item 078/16)

Governor /Member of Public	Query	Assurance provided by the Trust	Actions
JJ	Asked for confirmation that the new Council of Governors, if it wished, could externally market test for the Chair and NED appointments as understand that TUPE would not apply to NEDs	NL advised that a meeting with Monitor and both Trusts had been arranged to review the legal/Monitor's requirements in relation to the Board appointments. Greater clarity should be available following this meeting; however, he believed that the Council could externally market test for the Chair and NED appointments if required	NL to provide an update on the Board appointment process following meeting with Monitor on 13 April 2016
JJ	Safer Staffing Report: referring to Woodlea Clinic, queried the sickness rates of between 15.2–19.9% bearing in mind agency rate is 30%		AB to confirm correct figures
RB	Queried the process adopted by the Trust relating to cancellation of appointments if there are DNAs	CEO provided assurance that a clinical decision is made as to whether an individual remains within our services and the 'DNA two strikes and out' approach does not apply to the Trust. JW confirmed that there is a project on outpatient clinics taking place	n/a
RB	Noted the recommended uplift to AfC staff salaries and asked if this together with any other additional contributions were a risk	CFO confirmed that if there are any increases in cost through the Budget, Trusts will receive funding for this and should therefore not be a risk to the overall finances. The changes to NI and pension rates will however impact on staff which in some cases would offset the 1% uplift	n/a
JD	Asked if there was a timeframe within which the CMA can chose to review the merger application	NL confirmed that there is a deadline which is four months from the date the intention to merger has been made public. A clear intention to merge was	n/a

Signed

Date

		made by both Trusts in December 2015 and therefore the deadline for the CMA would be 30 April 2016	
BA	Queried the dates included in the CQC Intelligent Monitoring report/action plan	CEO confirmed that these were not errors and recognised there is a delay in the information provided and the draft and final reports.	n/a
BA	Queried the showing elevated risk for complaints for period Jan 14 – Mar 15 and asked if these were still ongoing	NL advised that these are complaints which have been referred to the Ombudsman but recognised these can take time to process	n/a
PG	Queried the impact of the agency workers cap for next year	NL commented that this is something which we have raised at the centre as aware that a number of organisations are deliberately breaching the cap to meet operational pressures. The dilemma for Trusts is whether to breach the cap in order to ensure wards are run safely	n/a
RB	Asked what effect is the junior doctors strike having on outpatients	CEO confirmed some junior doctors are opting to strike and as a consequence have had to cancel some clinics. The Trust has been able to manage this due to the low number of doctors involved and is therefore not seen as a major impact as compared with acute trusts. However, the challenge is in not being able to predict the number of doctors who will strike	n/a

Signed

Date