



<b>Agenda item No: 1</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Welcome, Introductions &amp; Questions from the Public</b>
<b>Presented By:</b> Mary St Aubyn, Chairman
<b>Subject, Purpose and Recommendation:</b> Those present will be welcomed, and there will be the opportunity for those attending to ask questions about matters not included on the agenda.
<b>Finance Implications:</b> N/A
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> N/A
<b>Legal Implications:</b> N/A
<b>Equality Implications:</b> N/A
<b>Risks:</b> N/A

**Meeting of the Board of Directors to be held in Public (part 1) on  
Wednesday 21 December 2011 at Braintree Town Hall, Market Square  
Braintree, Essex CM7 3YG at 9.15am for a 9.30am start**

<b>AGENDA</b>			
1.	Welcome, Introductions & Questions from the Public [Discussion]	MSA	09.30
2.	Apologies for Absence [Receipt]	DMc	09.35
3.	Declarations of Interest [Receipt]	DMc	09.40
	<b>Minutes</b>		
4.	a) Minutes of the Meeting held on 31 August 2011 [Approval]	MSA	09.40
	b) Matters arising from the Minutes of the Meeting held on 31 August 2011 [Discussion]	MSA	09.45
	<b>Setting Strategy</b>		
5.	Chief Executive's Report [Information]	AG	09.50
6.	Central Area Business Plan [Presentation & Discussion]	PK/LB	10.05
	<b>Quality</b>		
7.	Equality Delivery System - Equality Objectives 2012-2016 [Decision]	LA	11.05
8.	Carers' Strategy - Update	GS	11.25
9.	Service Users' Surveys 2011 - Update [Presentation]	PK	11.35
10.	GMC Junior Doctors' Survey [Presentation]	MF	11.45
	<b>Monitoring</b>		
11.	Annual Plan Review of Progress [Information]	GS	11.50
12.	Performance [Information]	PK	12.00
	a) NEPFT Performance Report to 30 November 2011, Month 8 [Information]		
	b) Suffolk Community Healthcare (SCH) Interim Management Agreement Performance Report to 31 October 2011, Month 7 [Information]	VM	

13.	Finance Report - Financial Position for the period ending 30 November 2011, Month 08 [Decision]	RT	12.15
	<b>Governance</b>		
14.	Extension of Section 75 Partnership Agreements with Essex County Council (ECC) [Decision]	GS	12.25
15.	Audit Committee Report [Information]	RC	12.30
16.	Nominations Committee Report [Information]	RC	12.35
17.	Risk and Governance Executive Report [Information]	MF	12.40
18.	Council of Governors - Draft Minutes of the Meeting held on 12 October 2011 and Feedback on the Meeting held on 13 December 2011. [Information]	MSA	12.45
	<b>Assurance</b>		
19.	Charitable Fund Accounts and Annual Report [Approval]	RT	12.50
20.	Execution of Deeds [Information]	DMc	12.55
	<b>Policies</b>		
	-		
	<b>Items for Noting</b>		
21.	Summary of Board Decisions [Information]	DMc	13.00
	<b>Other Items</b>		
22.	Any Other Notified Business [Discussion]	MSA	13.00
23.	Questions from members of the public relating to items on the agenda only [Discussion]	MSA	13.05
	Meeting Closes		
	Date of Next Meeting in Public: 29 February 2012 in Colchester, venue tbc.		



<b>Agenda item No: 2</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Apologies for Absence</b>
<b>Presented By:</b> Dermot McCarthy, Trust Secretary
<b>Subject, Purpose and Recommendation:</b> The Board is asked to receive apologies for absence.
<b>Finance Implications:</b> N/A
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> N/A
<b>Legal Implications:</b> N/A
<b>Equality Implications:</b> N/A
<b>Risks:</b> N/A

<b>Agenda item No: 3</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Declarations of Interest</b>
<b>Presented By:</b> Dermot McCarthy, Trust Secretary
<b>Subject, Purpose and Recommendation:</b> In accordance with Standing Orders the Board of Directors is asked to receive any declarations of interest from members relating to items on the agenda.
<b>Finance Implications:</b> N/A
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> N/A
<b>Legal Implications:</b> Declarations of interest are required to comply with Standing Order 7 ("Declarations of Interest and Register of Interests").
<b>Equality Implications:</b> N/A
<b>Risks:</b> N/A

<b>Agenda item No: 4a</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Minutes of the Meeting held on 31 August 2011</b>
<b>Presented By:</b> Mary St Aubyn, Chairman
<b>Subject, Purpose and Recommendation:</b> The Board is asked to receive and approve the minutes of the meeting held on 31 August 2011.  Any issues of a non-material nature e.g. minor typographical errors, should be communicated to the Trust Secretary in advance of the meeting.
<b>Finance Implications:</b> N/A
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> N/A
<b>Legal Implications:</b> N/A
<b>Equality Implications:</b> N/A
<b>Risks:</b> N/A

**NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS IN PUBLIC  
HELD ON WEDNESDAY 31 AUGUST 2011 AT  
EPPING HALL, ST. JOHNS ROAD, EPPING CM16 5JU**

**PRESENT:**

Mary St. Aubyn	Chairman
Ray Cox	Non-Executive Director
Andrew Geldard	Chief Executive
John Gilbert	Non-Executive Director
Paul Keedwell	Director of Operations & Nursing
Sarah Phillips	Non-Executive Director
Geoff Scott	Director of Strategy
Charles Abel Smith	Non-Executive Director
Rick Tazzini	Director of Resources

**IN ATTENDANCE:**

Lisa Anastasiou	Director of Workforce & Development
David Bamber	Public Governor (Harlow)
Harriet Carr West	Area Director - West
Mike Chapman	Director of Commercial & Service Development
Nicola Colston	Associate Director of Mental Health Commissioning, NHS Mid Essex
Pippa Ecclestone	Public Governor (Uttlesford)
Jackie Fretten	Operational Services Manager, Harlow Inpatient Services
Terrie Harris	Public Governor (Harlow)
Gary Hill	Member
Stephanie Hunter	Operational Services Manager, Harlow Community Services
Sheila Jackman OBE	Public Governor (Epping Forest)
Dr. Joanna Jackson*	Head of Allied Health Professions & Head of School, University of Essex
Lynda Jellis	Clinical Manager/Matron, Harlow Older Adult Services
Dan Kessler	Public Governor (Tendring) & Lead Governor
Jean Lloyd	Member & Carer
Patrick Hamilton	Public Governor (Uttlesford)
Elizabeth Mabbutt	Executive Assistant to Chairman and the Chief Executive (Minutes)
Vince McCabe	Director of Community Services
Dermot McCarthy	Trust Secretary
Marilyn McGinley	Business & Service Support Manager
James McQuiggan	Public Governor (Colchester)
James Moore	Associate Director of Commercial Development
Angela O'Connor	Clinical Governance Manager, NHS Mid Essex
David Pickles	Public Governor (Maldon)
Allen Senivassen	Appointed Governor, Anglia Ruskin University
Nazir Shivji	Education & Training Co-ordinator & Staff Governor (Nursing)
Andrew Smith	Public Governor (Epping Forest)
Brian Spinks	Public Governor (Epping Forest) & Deputy Lead Governor
Dr. Kallur Suresh	Area Medical Director - West (for Dr. Flechtner)
Mike Waddington	Associate Director, Communications

\*Part of the meeting

## **2011/113 OPENING, INTRODUCTIONS AND QUESTIONS FROM THE PUBLIC**

Mary St. Aubyn welcomed the many Governors, Dr. Kallur Suresh, Area Medical Director - Mid (deputising for Dr. Malte Flechtner, Medical Director) and the two representatives from NHS Mid Essex. The Chairman then invited questions from the public relating to matters not covered on the agenda.

a) **Continuing Care Beds** - Andrew Geldard advised Sheila Jackman that the Trust had plans about how best to use the space available at the Bryan Roycroft Unit, but progressing these would depend upon a funding commitment from Commissioners.

b) **Trust Directory of Services** - At Sheila Jackman's request Mike Waddington undertook to circulate an updated version.

**Action: Mike Waddington**

c) **"Living Well with Dementia"** - Paul Keedwell advised David Bamber that the Trust was already working closely with Commissioners to prepare for the anticipated increase in demand for dementia services resulting from an ageing population. Nicola Colston, Commissioner, added that a number of schemes were being piloted, including work on reducing admissions from Nursing/Care Homes. An Essex-wide Dementia Strategy aimed at developing an integrated approach was currently out for consultation.

d) **Carers' Strategy** - Geoff Scott and Harriet Carr-West agreed with David Bamber that communication with carers regarding discharge plans was vital, especially when the carer is also a service user.

e) **University of Essex** - Dr. Joanna Jackson commented on the University's close and highly valued educational links with the Trust and presented Andrew Geldard with a letter inviting him to become a Fellow of the University of Essex. All those present congratulated Andrew Geldard and Mary St. Aubyn confirmed the Trust's wish to continue strengthening the mutually beneficial relationship with Essex University. Andrew Geldard expressed his delight at receiving this invitation.

## **2011/114 APOLOGIES FOR ABSENCE**

Apologies were received from Dr. Malte Flechtner, Medical Director, John Gilbert, Non-Executive Director, Mark Simpson, Non-Executive Director and James Purves, Legal Adviser. Mary St. Aubyn advised that Mark Simpson had resigned with effect from 31 August 2011 to take up a position overseas and formally thanked him for his excellent contribution. She added that the appointment process had commenced with interviews scheduled for 7th November 2011 in order that a recommendation could be received by the Council of Governors at its meeting on 13 December 2011.

## **2011/115 DECLARATIONS OF INTEREST**

There were no declarations of interest.



**2011/116 MINUTES OF THE MEETING HELD ON 25 MAY 2011**

***There being no factual corrections, the Board of Directors approved the Minutes of the meeting held in public on 25 May 2011 and these were signed by the Chairman.***

**2011/117 MATTERS ARISING**

**Minute No: P2011/43 Annual Plan 2011/12**

Geoff Scott confirmed that the Annual Plan Summary Booklet had been published and copies were available for collection at the meeting.

**2011/118 CHIEF EXECUTIVE'S REPORT**

Andrew Geldard invited comments on the placemat format for his report, and highlighted:

- a) Monitor was satisfied with the Trust's Annual Plan, giving it a Financial Risk Rating of '3' and 'green' for Governance so no additional due diligence processes will be required.
- b) Decisions regarding investment in the Capital Programme and IT Systems will be communicated at the Governors Annual Public Meeting on 14 September 2011.
- c) A planned visit from the Care Quality Commission (CQC) was anticipated later in the year. Teams had been working hard to ensure that compliance with the CQC's standards are properly evidenced.
- d) Publication of the 'Beatrice' Safeguarding Report was expected shortly.

***The Board of Directors received the Chief Executive's report.***

**2011/119 WEST AREA BUSINESS PLAN**

Harriet Carr-West, Area Director, gave an overview of services provided in the West area. A range of development objectives agreed with the local Clinical Board and directly linked to the Trust's Annual Plan were included in the Summary Business Plan booklet.

Lynda Jellis, Clinical Manager/Matron for Older Adult Services, gave a presentation outlining the projects, activities, aims, standards, processes and benefits for patients and staff, of achieving Practice Development Unit (PDU) status. Jean Lloyd, Carer, commented on the excellent help and social support she had derived from joining the Carers' Group in Epping.

Jackie Fretten, Operational Service Manager, Harlow Inpatients, gave a presentation on key principles of the refurbishment of The Derwent Centre. In addition to improving the physical environment, this also involved a review of the model of care to enhance privacy and dignity, increased access to therapy and activities to encourage recovery and independence.

Stephanie Hunter, Operational Service Manager, Harlow Community Services, gave a presentation on the opportunity to Review of Care Pathways afforded by the Derwent Centre refurbishment. This was driven by local patient experience and the Clinical Board and was aimed at ensuring continuing improvement in the quality and delivery

of services with measurable patient outcomes, whilst making the best use of resources. The 'therapy hub' will be designed following the review of Community Services currently being undertaken in conjunction with Enable East.

Nicola Colston, Commissioner, added that investment in the group liaising with care homes to reduce admissions was a result of the pilot within the Epping Forest Older Adult CMHT had been shortlisted for a 'Nursing Times' National Award.

Harriet Carr-West reassured Sarah Phillips that service users, staff and the public had been heavily involved in developing the PDU projects, examples of which were included in the PDU Newsletter. Harriet emphasised the importance of a tiered (up and down) Patient Journey, which gives people the help they need at the time they need it. Ray Cox complimented all the presenters and their teams on their enthusiasm and desire to continue to improve services. The Business Plan included an engagement plan which provides feedback to the Regional Mental Health & Learning Disability Board and the West Essex PCT Commissioning Board. Team Managers and Consultants made regular visits to GP Surgeries to identify areas for improvement and the voluntary sector is consulted. In response to a query from Charles Abel Smith, Harriet advised that examples of good practice were published in 'Connections' and submitted for the Trust's Positive Practice Awards.

***The Board of Directors received the presentation on the West Area Business Plan.***

#### **2011/120 COMMUNITY MENTAL HEALTH SERVICE USERS' SURVEY 2011**

Paul Keedwell explained that the Trust commissions local, as well as national, surveys from Quality Health, the results of which are taken very seriously. Key points included:

- The overall quality of care score of 71 places the Trust as average, i.e. in the mid range of all trusts (63-77).
- More people know who to contact in a crisis and have the number, but fewer felt they received the help they wanted.
- Performance in supporting day-to-day living, medication and talking therapies, needs to be improved.
- 6 of the Trust scores were in the top 20% of Trusts, 19 in the average 60% and 12 in the lowest 20%.

The sample size was very small, i.e. 287 out of the 20,000 plus individuals seen each year; however, the Trust needed to improve the perception of its services and the necessary actions would be taken.

Paul explained to Mary St. Aubyn that raising awareness of crisis contact telephone numbers had led to a higher than anticipated increase in call volumes, not all of which would be classified as a "crisis". A review of 'what we do and how we do it', alongside possible technical/call centre solutions and triage options, would be considered by the Executive Management Team as soon as possible. Paul reassured Charles Abel Smith that the Area Directors took their responsibilities to improve the experience of service users and to provide 'day-to-day living' support very seriously. Performance around providing benefits, housing and employment advice had improved substantially over the last 3 years. Rick Tazzini added that 70% of the Trust's Adults of Working Age are unemployed, so helping them into work is a challenge. Demand for the Crisis

Resolution & Home Treatment Service was rising, with staff now seeing over 400 people face to face very week. Paul reassured Ray Cox that the Trust had been aware of the difficulties surrounding out of hours support ahead of the results being announced. Andrew Geldard added that some of the responses relating to 'crisis care' may relate to experiences in A&E Departments.

Dr. Suresh commented on the work done by Doctors and the Pharmacy service to raise awareness around medication, stressing that any information given should be relevant and presented in a way that met the individual's needs.

***The Board of Directors received the presentation on the Community Mental Health Service Users' Survey 2011.***

### **2011/121 EQUALITY DELIVERY PROGRAMME**

Lisa Anastasiou outlined the background to the national Equality Delivery System (EDS), the first product to be delivered by the Equality & Diversity Council, (formed in 2009). The EDS will support NHS commissioners and providers to deliver better working environments for staff and improved outcomes for patients and communities. These will be measured by 18 outcomes, grouped into 4 areas (goals). Engagement with local stakeholders had begun with a range of events supported by LINKs and the PCTs. Equality objectives must be embedded into everything we do, including Area Business Plans, Quality Accounts etc. from April 2012. The Trust will rate itself and share the results with stakeholders.

Mike Chapman commented that some of the questions seemed to be directed at commissioners and queried the impact these would have on the Trust's score. Lisa advised that the Essex-wide Implementation Group included commissioners and providers to ensure an overall view of equality in Essex. Geoff Scott added that EDS would be included in the Governors' Annual Planning Event on 28th November. Mary St. Aubyn congratulated Lisa on a clear report and confirmed the Board's wholehearted support.

***The Board of Directors supported implementation of the Equality Delivery System (EDS) and noted:***

- ***The various initiatives that will be taken to engage with patients, staff, carers, partner organisations and Governors.***
- ***The Trust is on course to publish its RAG rating against each EDS outcome by April 2012.***
- ***The Trust will identify its equality priorities and include actions to implement them within the Trust business plans and quality accounts.***

### **2011/122. PERFORMANCE REPORT TO 31 JULY 2011**

Paul Keedwell confirmed that the Trust's performance is meeting or exceeding all CQC and Monitor thresholds. The Trust and is a national leader for HoNOS which places it in a good position for the introduction of Payment by Results (PBR). The 5 Week Wait for 1st Appointment target is an internal one, against which performance is improving. The 18 Week Referral to Treatment performance was at 100%, however maintaining this may be a challenge. The new Data Completeness indicator for ICD10 diagnosis coding was shown as "red", but expected to improve month on month. Activity has reduced slightly with the closure of Lucas Ward but CAMHS and Older

Adult services have seen an increase. Cedar Ward has just reopened against a backdrop of reduced staffing resulting from the withdrawal of some Social Care funding. Paul Keedwell confirmed that the change of use of Lucas/Cedar had been done in co-operation with Commissioners and enabled the Trust to bring patients back from expensive private placements.

Lisa Anastasiou confirmed that the downward trend in sickness absence and turnover was continuing. The Trust has been selected as an EoE SHA pilot site, which will enable it to benchmark results against other NHS organisations in future. There is a recording issue against staff appraisals which is being addressed

**Action: Lisa Anastasiou**

Lisa Anastasiou advised Mary St. Aubyn that other sources of information confirmed that appraisals are being completed (i.e. 81% of staff said they had received one in this year's staff survey); however, the recording issue needed to be worked through.

***The Board of Directors received and noted the performance report for the period ending 31 July 2011 for Month 4 of 2011/12.***

**2011/123      SUFFOLK COMMUNITY HEALTHCARE (SCH) INTERIM  
MANAGEMENT AGREEMENT PERFORMANCE REPORT TO  
30 JUNE 2011, MONTH 3**

Vince McCabe commented on the focus of senior management time on Suffolk and the introduction of Trust initiatives such as 'Releasing Time to Care', which have been well received. Overall, performance against a wide range of clinical quality indicators was good and contracted thresholds were being met. Further work around falls and pressure ulcers was planned to continue improvement.

The £67,400 surplus achieved in Month 3 had risen by a further £7,000 in Month 4. £1.5m of the £1.8m. CRES target had been delivered and plans were in place to achieve the remainder. Vince formally thanked Debbie Griggs, for her excellent financial management support.

There had been a significant improvement in Local Health Care Team response times (97% within 4 hours at month 4). Vince reassured Mary St. Aubyn that the Audiology, Paediatric Speech and Language Therapy (SALT) and OT breaches were being addressed; formal performance notices had not been issued. Both NHS Suffolk and the EoE SHA were very pleased with the improvements in performance achieved to date.

***The Board of Directors received and noted the SCH Summary Performance Report to 30 June 2011, Month 3.***

**2011/124      FINANCE REPORT FOR THE MONTH ENDING 31 JULY 2011  
- MONTH 4**

Rick Tazzini was confident that the Trust would deliver the Financial Plan. The month end net Income and Expenditure Surplus of £18,000 was better than plan. The shortfall in Cash Releasing Efficiency Savings (CRES) at the beginning of the year had been addressed by a reduction in Area Directors' budgets and work to generate

additional income; however £400k remained to be identified. Budget pressures have resulted from the high staffing levels required for observations for some acute patients, for which no additional income is received. The cost of locums to maintain activity levels when Doctors were on long-term sick leave was also a necessity. Capital investment in the new CAMHS Unit, Derwent Centre and Low Secure Unit was progressing well, although there has been some minor slippage. A reforecast capital spend profile for 2011/12 would therefore be submitted to Monitor by 12 September 2011. Funding of £1.1m had been secured from Commissioners for a number of new dementia posts in North East. These will be directed towards reducing the number of admissions from care homes. This is non-recurrent funding, which may lead to further investment from the PCT.

Mary St. Aubyn stressed that the Nursing and Drugs budgets should be closely monitored to ensure that they will not cause difficulty in the future. Paul Keedwell assured her that actions were already being taken to avoid using agency nursing staff. Ray Cox thanked Rick for answering a range of questions in advance of the meeting.

***The Board of Directors approved the Finance Report to 31 July 2010/11, Month 4.***

#### **2011/125     AUDIT COMMITTEE REPORT**

Ray Cox advised that a key focus on the recent work of the Committee had been on reviewing the Annual Accounts, which had been completed in a most satisfactory manner, receiving an “unqualified” Audit Opinion from the External Auditor. Good progress was being made with regard to Internal Audit Reports this year. A further update would be presented at the Board meeting on 30 November 2011.

In response to a query from Andrew Geldard, Ray Cox confirmed that the Audit Committee would be working with a Working Group of the Council of Governors re the appointment of external auditors from 1 April 2012.

***The Board of Directors received and noted the Audit Committee Chairman’s Report.***

#### **2011/126     NOMINATIONS COMMITTEE REPORT**

Mary St. Aubyn advised that, in view of Mark Simpson’s resignation, and the need to address vacancies for a Chairman and two Non-Executive Directors in the coming year, the Board was asked to agree that Charles Abel Smith should become a member of the Nominations Committee.

***The Board of Directors appointed Charles Abel Smith as a member of the Nominations Committee and received the Nominations Committee Report.***

#### **2011/127     RISK AND GOVERNANCE EXECUTIVE REPORT**

In the absence of John Gilbert and Dr. Malte Flechtner, Paul Keedwell introduced this item. At its June 2011 meeting, the Risk and Governance Executive had reviewed its function and relationship with the Clinical Boards. The report outlined the areas of activity during the previous quarter. Mary St. Aubyn added that this regular report,

relating to both the Quality and Risk agendas, provided appropriate assurance to the Board.

***The Board of directors received the Risk and Governance Executive report***

**2011/128 COUNCIL OF GOVERNORS – DRAFT MINUTES OF THE MEETING HELD ON 14 JUNE 2011 AND FEEDBACK**

Mary St. Aubyn commented positively on the suitability of using Anglia Ruskin University as the venue for this meeting. She was encouraged by the high attendance, contributions and feedback from Governors.

***The Board of Directors received the Draft Minutes of the Council of Governors Meeting held on 14 June 2011.***

**2011/129 DIRECTORS' REGISTER OF INTERESTS – UPDATE**

Dermot McCarthy explained that in accordance with Standing Orders, the Board was required to review the Register of Interests. He confirmed that no material conflicts of interest had been identified.

***The Board of Directors received the Directors' Register of Interests as at August 2011.***

**2011/130 EXECUTION OF DEEDS**

Dermot McCarthy advised that since the last report to the Board the following deeds had been executed:

- a) 12.04.11: £7m single currency term loan facility agreement between NEPFT (as borrower) and the Secretary of State for Health (as lender) (No. 95).
- b) 26.04.11: Land Registry transfer of registered title re. 122 Mill Road, Colchester from NEPFT to RK Jackson and GL Jackson (No. 96).
- c) JCT Standard building contract with quantities version 2, 2009, between NEPFT and ISG Jackson Ltd. (No. 97).
- d) Schedule of amendments to the JCT standard form of building contract 2005 edition with quantities (No. 98).
- e) Trust tender reference 87 bills of quantities for proposed new child and adolescent mental health services unit at Boxted Road, Colchester, for NEPFT volumes 1 & 2 (No. 99)
- f) Non-exclusive intellectual property license agreement between NEPFT, Health Enterprise East and High Barn Ltd. (No. 100)
- g) Sale of 124 Mill Road, Colchester, agreement for sale and land property transfer of registered title from NEPFT to A. Etrata and M.G. Etrata (No. 101).
- h) Colchester Community Stadium access license (No. 102)

***The Board of Directors received the report regarding the Execution of Deeds for information.***

**2011/131 SUMMARY OF BOARD DECISIONS**

***The Board of Directors received the Summary of Board Decisions for information.***

## **2011/132 ANY OTHER BUSINESS (NOTIFIED IN ADVANCE)**

There was no further business.

## **2011/133 QUESTIONS FROM THE PUBLIC**

### **a) Agenda Item 6 – West Area Business Plan:**

- i) Sheila Jackman congratulated the team on their presentation and the positive impact of their skills and enthusiasm on service users. Dan Kessler added that hearing from Area Directors and their senior team at Board meetings was a good innovation.
- ii) Dr. Kallur Suresh advised Gary Hill, that admittance to the Derwent Centre via A&E allowed the necessary physical health-checks to be carried out; other routes included GPs, Community Mental Health Teams and the Crisis Resolution & Home Treatment Service.
- iii) Nicola Colson advised that a paper to the PCT on commissioning intentions around Psychiatric Intensive Care would have an impact on developments at the Derwent Centre and a review of North Essex Rehabilitation Services (including Cam Ward) would commence on 1 September 2011. Nicola added that effective engagement with GPs was vital to the future commissioning of services and urged the Trust to involve them in the Care Pathways work to increase their knowledge and understanding of services.

### **b) Agenda Item 9 – Performance Report:**

- i) Appraisals: Sheila Jackman stressed the need to put an effective system in place to ensure all staff appraisals are completed and recorded.
- ii) Crisis Resolution & Home Treatment (CRHT): Sheila Jackman commented that the practicalities of providing an effective out of hours service need to be addressed as a matter of urgency. David Bamber echoed her comments. Nicola Colston agreed with Paul Keedwell that satisfactory planning assumptions had been made and that predicting future demand for CRHT was very difficult.
- iii) HoNOS: Nicola Colston commented on the need to develop further tools which highlighted outcomes, rather than inputs.

### **c) Agenda Item 5 – Chief Executive’s Report:** Mike Chapman assured Sheila Jackman that reviewing business opportunities was a standing item at Board meetings; commercially sensitive items were discussed in private.

### **d) Agenda item 7 – Service Users’ Surveys 2011:**

- i) Andrew Geldard advised David Pickles that an analysis of the locations where performance relating to day-to-day living support needed to be improved was not provided by the CQC.
- ii) Dan Kessler commented on Governors’ concerns around the impact national surveys could have on the Trust’s ratings. He asked that Governors receive regular updates from the Board on the work done to address the views of service users, and asked for Commissioners to increase investment in the Trust.

### **e) Agenda Item 11 – Audit Committee Report:** Dan Kessler confirmed that the Council of Governors Working Group for the Appointment of Auditors would work closely with the Audit Committee to ensure that the reappointment of External Auditors is achieved smoothly.

- f) **Agenda Item 12 – Nominations Committee Report:** On behalf of the Remuneration & Appointments Committee of the Council of Governors, Dan Kessler thanked the Nominations Committee for the improvements made to the Non-Executive Director Job Description.
- g) **Agenda Item 8 – Equality Delivery System:** Nicola Colston commented that she would appreciate an invitation to the Essex-wide Commissioning Group.
- h) **Agenda Item 1 – Welcome & Introductions:** Nazir Shivji congratulated Andrew Geldard on his Visiting Fellowship of Essex University.

Mary St. Aubyn thanked the Commissioners for attending and providing the opportunity to raise a number of issues in public.

**2011/134 DATE OF NEXT MEETING**

The next Board meeting in public will be held on Wednesday, 30 November 2011 at Braintree Town Hall, Market Square, Braintree, Essex CM7 3YG.

**The Chairman formally declared this part of the meeting ended and requested the public to be excluded to affect business in accordance with the Public (Admissions to Meetings) Act.**

Signed: .....

Chairman

Date: 21 December 2011



<b>Agenda item No: 4b</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Matters arising from the minutes of the meeting held on 31 August 2011</b>
<b>Presented By:</b> Mary St Aubyn, Chairman
<b>Subject, Purpose and Recommendation:</b> The Board is invited to address matters arising from the previous discussions and actions of the Board, including the action points raised by the public at the previous meeting (attached).
<b>Finance Implications:</b> N/A
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> N/A
<b>Legal Implications:</b> N/A
<b>Equality Implications:</b> N/A
<b>Risks:</b> N/A

**NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS IN PUBLIC  
HELD ON WEDNESDAY 31 AUGUST AT  
EPPING HALL, ST. JOHNS ROAD, EPPING CM16 5JU – ACTION POINTS**

**P2011/113 OPENING, INTRODUCTIONS AND QUESTIONS FROM THE PUBLIC**

- b) Trust Directory of Services** - At Sheila Jackman's request Mike Waddington undertook to circulate an updated version.

**Action: Mike Waddington**

**P2011/122. PERFORMANCE REPORT TO 31 JULY 2011**

There is a recording issue against staff appraisals which is being addressed.

**Action: Lisa Anastasiou**



<b>Agenda item No: 5</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Chief Executive's Report</b>
<b>Presented By:</b> Andrew Geldard, Chief Executive
<b>Subject, Purpose and Recommendation:</b> The Board is asked to receive the attached placemat update from Andrew Geldard, Chief Executive.
<b>Finance Implications:</b> N/A
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> N/A
<b>Legal Implications:</b> N/A
<b>Equality Implications:</b> N/A
<b>Risks:</b> N/A

## Agenda Item 5 : Chief Executive's Report – 21 December 2011

### Outstanding Care, Transforming Lives

Our vision is to provide care that is outstanding in its quality, transforming the lives of individuals and families every day. Our communities will have total confidence in our services, our staff feel a strong sense of belonging and satisfaction, and our partners be proud to work purposefully with us.

#### Our Values:

Promoting dignity, respect and compassion;  
Demonstrating openness, honesty and integrity;  
Building on individual strengths;  
Tackling stigma, promoting inclusion and valuing diversity;  
Listening, learning and continuously improving to deliver quality and value.

#### Our Commitments:

To individuals and families: To work together, building on strengths, to improve mental health and wellbeing.

To our commissioners and key partners: We will listen, work with you, create ideas, demonstrate our effectiveness and flexibility, and earn recognition as provider of choice.

To our Staff: We will value everyone individually, promote wellbeing, support involvement and encourage personal development and leadership;  
We will support teams in their delivery of best value, innovation and excellence.

#### Performance:

We have now received confirmation from Monitor of our Quarter 2 performance and governance ratings:  
Governance – Green  
Financial Risk Rating (FRR) – 3

#### Finance:

End of November position is £4.251m EBITDA and £1.39m surplus. Overall we are £646k ahead of plan to date with buoyant income covering some significant pressures on pay and non-pay.  
CRES of £3.5m now fully actioned into budgets. Capital - £5.4m is spent of £14.5m total programme plan.  
Capital investment on target, including CAMHS new build progress, LSU. Following successful application to HMRC, the Trust will now achieve a £625k VAT saving on the LSU construction. REMEDY (IT) Programme on target with vendor selection taking place in December for Board approval in January. Tenders currently being analysed for Derwent Centre therapy space relocation scheme. The Trust has submitted to Monitor its Tier 2 application for PBL of £5million, to fund the next early major phases of the Derwent Centre Scheme. We expect an answer in late February.

#### Targets and Outcomes:

Continue to perform well with CQC and Monitor targets. Renewed emphasis on internal KPIs for recording diagnosis, 5 Week Waits, DNA Rates and Care Clusters.

#### Strategy Development:

Local areas are now working on their 2012/13 Business Plans. At Trust level, work on the 2012/13 - 2014/15 'Annual Plan' has also commenced with the Governor Planning Event having now been held.

#### Contracts:

2011/12 contract progressing well. At Quarter 2, the Trust has so far earned £89k reward share from the new Adult Eating Disorder Service.  
Work has also commenced in relation to the 2012/13 contract. The Trust is also assertively engaging with the North Essex Cluster PCT regarding its 'Commissioning Intentions'.  
Meanwhile the Department of Health has now published the Operating Framework for 2012/13 which has confirmed a 4% efficiency target, a 1.5% cash reduction and an increase in CQUIN provision from 1.5% to 2.5%.

#### Regulator Issues:

Monitor are now beginning to plan their future role with details now emerging regarding the New NHS Provider License.  
The CQC have now commenced their 'planned' series of inspection visits to the Trust with an unannounced appearance at the Derwent Centre. Whilst verbal feedback from the visit was positive, we await their written report for confirmation of their findings and recommendations.

#### Assurance/Governance:

We still await the publication of the 'Beatrice' SCR. The final report for the 'Ryan' SCR will be agreed in the New Year.

#### Membership:

Current membership now stands at 6,153 a decrease of 13 since last reported (02/11/11).

### Strategic Objective 1 'Providing high quality care that is effective, safe and as positive an experience as possible'

#### Key Priorities

**1. Improving access to, and accessibility of, services**

The 'Topping Out' of the CAMH Unit has now taken place. The name for the new unit has also been released – the "The Mary St.Aubyn Centre"!

**2. Improving patient safety and general wellbeing, ensuring all care and other environments are appropriate, safe and therapeutic**

Major activity is taking place in relation to the 'REMEDY' programme with supplier reference sites now being visited. The project team will be formulating its recommendations in mid December.

**3. Continuing to improve the experience of service users, families and carers, ensuring embedded systems for receiving and acting on feedback**

### Strategic Objective 2 'Being a model employer'

#### Key Priorities

**4. Creating positive experiences for staff within an efficient and effective workforce**

The 2011/12 Staff Survey has now concluded its 'Questionnaire' Phase, with a good level of response being recorded (60%). With the additional staff 'e-survey' (45%) and the Seconded Staff Survey (70%), it is likely that we will have responses from approximately 1,500 staff.

### Strategic Objective 3 'Achieving good governance, inclusive involvement and excellent partnerships'

#### Key Priorities

**5. Engaging widely with local communities and key stakeholders, developing productive partnership with partner organisations and helping promote positive mental health.**

We have recently held a successful 'Celebration of Achievements' event with over 240 staff and stakeholders attending.  
Plans are underway for a stigma campaign around Schizophrenia, as well as a new schools campaign.

### Strategic Objective 4 'Providing value for money'

#### Key Priorities

**6. Ensuring an ongoing programme to ensure services are clinically and cost effective, use of estate is maximised and carbon footprint is reduced**

Work is now progressing on the 2012/13 Financial Plan.

**7. Realising development of, and benefits from, the Trust's information systems**

### Strategic Objective 5 'Expanding the business'

#### Key Priorities

**8. Exploiting opportunities for growth and broader business development**

Significant focus is being placed on the Suffolk Health market with active bids for SCH, Marginalised and Vulnerable Adults and Wellbeing/IAPT Services.



<b>Agenda item No: 6</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Central Area Business Plan</b>
<b>Presented By:</b> Lorraine Bush, Area Director Central
<b>Subject, Purpose and Recommendation:</b> The Board of Directors is invited to receive a presentation lead by Lorraine Bush, Area Director in relation to the business plan for the Central Area of the Trust.
<b>Finance Implications:</b> N/A
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> N/A
<b>Legal Implications:</b> N/A
<b>Equality Implications:</b> N/A
<b>Risks:</b> N/A



<b>Agenda item No: 7</b>
<b>Name of Meeting:</b> Meeting of Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Equality Delivery System - Equality Objectives 2012-2016</b>
<b>Presented By:</b> Lisa Anastasiou, Director of Workforce and Development
<b>Subject, Purpose and Recommendation:</b> The purpose of this report is to provide the Board with an update on the implementation of the Equality Delivery System and seek agreement and support for the Trust's equality objectives for the period 2012 – 2016.
<b>Finance Implications:</b> None identified at this point
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> The achievement of the objectives will require leadership and commitment at all levels of the organisation.
<b>Legal Implications:</b> The actions outlined in this paper will ensure legal compliance with the requirements of the Equality Act 2010.
<b>Equality Implications:</b> The equality objectives are designed to improve the experience of both patients and staff from all protected characteristic groups as defined by the Equality Act.
<b>Risks:</b> None identified

## **Equality Delivery System – Our Equality Objectives**

### **1 Introduction**

- 1.1 A comprehensive paper which outlined the introduction, key deliverables and timeline for implementation of the Equality Delivery System (EDS) within the NHS was presented to the Board in August 2011.
- 1.2 NHS Midlands and East SHA Cluster is providing leadership and taking responsibility for overseeing the implementation of EDS within the region. Locally, the Essex wide EDS implementation group consisting of all providers and commissioners has been established and has been driving the engagement with community groups, LINKs, public and clinical commissioning groups.
- 1.3 Within the agreed regional governance framework the Trust has been submitting progress reports to the SHA on a monthly basis to report progress against expected milestones.
- 1.4 A key milestone was achieved last month when the EDS was formally launched to the public on 11<sup>th</sup> of November 2011 at an event in Leicester.
- 1.5 This paper provides an update on some of the key activities that have been undertaken by the Trust in implementing the Equality Delivery System resulting in proposed equality objectives for the period 2012 – 2016.

### **2 Community Engagement Activities**

- 2.1 At the heart of the EDS is engagement with key stakeholders. The Trust, as a member of the EDS implementation group organised and delivered five community engagement events throughout Essex during September and October 2011.
- 2.2 The aim was to engage and seek the views and experience of NHS services from people representing the nine “Protected Characteristics” as defined by the Equality Act 2010 (age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnicity, religion or religious belief, sex, sexual orientation.)
- 2.3 More than 150 people attended these events representing either themselves and/or community groups. They were asked to identify the priorities that the NHS should be focusing on to reduce inequalities

### **3 EDS Survey**

- 3.1 To ensure the views of all stakeholders were considered the Trust also undertook

a postal survey. A representative sample (10%) of the total number of patients receiving care and treatment from the Trust as well as 10% of identified carers, all partner organisations, governors and staff were asked to rate the Trust on a number of EDS specific outcomes.

- 3.2 The response rate was reasonably good from patient and carers but less so from staff and partner organisations. The table below gives a breakdown of the sample and response rate.

	Partner organisations	Governors	Patient	Carers	Staff
Total Numbers	50	45	15765	2100	2200
Sent questionnaires	50	45	1570	210	2200
Completed questionnaires	2	4	316	36	73

- 3.3 Those surveyed were asked to respond to a number of equality statements. This was then matched against the red, amber, green and purple ratings of the EDS framework to allocate a final grade.

#### **4 Grading Self assessment**

- 4.1 The EDS grading manual suggests that a range of evidence should be collected to support a rating, this can include Joint Strategic Needs Assessment, patient survey, staff survey, complaints , CQC standards and public health information.
- 4.2 Based on the above guidance the Trust's Equality and Diversity group undertook a self assessment and grading process using the best evidence available at its meeting on 29th November 2011. The group also considered the ratings obtained from the EDS survey and reached a final grade for each outcome as shown at appendix 1.
- 4.3 The Board is asked to note that in order to comply with the requirements of the public sector equality duty the Trust is required to publicise its rating against each of the eighteen outcomes and EDS objectives by 6<sup>th</sup> April 2011

#### **5 Identifying the Objectives**

- 5.1 Following all the engagement activities, a meeting was held with the lead mental health commissioner to share the feedback received from the community events and seek her views in identifying priorities that commissioners wish to address to



improve the mental health services in north Essex.

- 5.2 The Equality and Diversity group at its November meeting considered all the feedback from the EDS survey, community engagement events and lead mental health commissioner's feedback to identify some draft priority objectives and suggested actions to support delivery.

## 6 **Draft Priority Objectives 2012 – 2016**

The Board is asked to agree and support the equality objectives described below. It should be noted that Area Directors will be identifying local equality objectives in their forthcoming business plans.

**Improving Access to Services for all Protected Characteristic Groups (EDS Goals 1 & 2)** Feedback from the consultation exercise has clearly identified that there are some protected characteristic groups who traditionally do not access mental health services. Our objective over the next 4 years will be to tailor the way we engage with these communities and adapt services to ensure both access and the quality of the patient experience is improved.

Year 1 – The Trust will focus on improved engagement with the Chinese community with the aim of ensuring services are accessed when needed.

Year 1 – The Trust will develop a plan that improves the experience of the deaf population.

**Ensuring Culturally Competent Care (EDS Goals 1 & 2)** – Feedback from the consultation exercise and a recent “cultural competence audit” demonstrates that improvements could be made in the way that care is delivered in the context of cultural needs.

Year 1 – The Trust will review the use of translation and interpreting services to ensure that support is secured for service users where required.

Year 1 – The Trust will ensure the development of the workforce to improve the level of cultural competence across the organisation.

**Supporting Staff (EDS Goals 3 & 4)** – Efforts must continue to ensure that all staff feel they are treated equally and with respect and dignity.

Year 1 – The Trust will continue with its Respect and Dignity Campaign and promote the support available to staff by specially trained Respect and Dignity Advisers.

Year 1 – The Trust will raise awareness of flexible working options and create focus groups to examine the barriers to flexible working and potential solutions.

Year 1 – The Trust will adopt the recently published Competency Framework for Equality and Diversity Leadership.

## **7 Board Support**

7.1 The Board is asked to support the implementation of the Equality Delivery System within the context set out in this paper and furthermore:

- Review and support the publication of the final EDS grading (appendix 1) template by 6<sup>th</sup> of April 2012.
- Review and support the draft objectives outlined in this paper.
- Note that the Trust is on track to deliver the requirements of the Equality Act (2010)

**Appendix 1: Equality Delivery System – Self assessment and Rating**

**Key**

**Red = Undeveloped    Amber = Developing**

**Green = Achieving    Purple = Excelling**

Goal	Outcome	Red	Amber	Green	Purple
<b>1. Better health outcomes for all</b>	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities		Amber		
	1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways		Amber		
	1.3 Changes across services for individual patients are discussed with them and transitions are made smoothly			Green	
	1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all			Green	
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups			Amber	
<b>2. Improved patient access and experience</b>	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds			Green	
	2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment			Green	
	2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to, respected and feeling that their privacy and dignity is prioritised			Green	

Goal	Outcome	Red	Amber	Green	Purple
<b>3. Empowered, engaged and well-supported staff</b>	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently				
	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades				
	3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay				
	3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately				
	3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all				
	3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)				
	3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population				
<b>4. Inclusive leadership at all levels</b>	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond				

Goal	Outcome	Red	Amber	Green	Purple
	4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination				
	4.3 The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes				

**Agenda item No: 8**

**Name of Meeting:** Meeting of the Board of Directors in Public

**Date:** 21 December 2011

**Title of Report: Carers' Strategy Update**

**Presented By:** Geoff Scott, Director of Strategy

**Subject, Purpose and Recommendation:**

The Board is recommended to note good progress on implementation of the three year Carers' Strategy 2011 - 2013 (Strategy approved at March 2011 board meeting in public).

A high level summary of progress against the comprehensive range of actions is attached. Subsequent updates will focus on those aspects/ actions still in progress as well as learning from further surveys.

Our initial three year Carers' Strategy was introduced in 2006, reviewed and extended in 2009 with an updated action plan, pending the outcome of our first comprehensive carer survey in 2010 to inform future priorities. The strategy was subsequently fully reviewed and updated to reflect learning from the survey and was considered by both the board and the council of governors before approval in March this year. The findings from our second Carers' survey undertaken in late 2010/ early 2011 supported the earlier findings and the new strategy, fitting well with "Recognised, valued and supported: Next steps for the Carers Strategy" (DH; Nov 2010).

A further survey has been commissioned from Quality Health, which will report in March 2012, and this has been extended to include carers of adults in later life as recommended during the consultation process prior to approval of our strategy.

Our strategy and its detailed action plans are founded on achieving the outcomes carers and families have identified as important:

- Access to information to make informed decisions
- Knowing someone will respond
- Knowing support is available should a crisis occur
- Contact with other people
- Being listened to, recognising the value of carers and their knowledge and experiences

Many people in North Essex are caring for someone with mental health needs and this caring role can affect the whole family and not just the main carer. Often people do not identify themselves as carers and are often unaware of the support services available, often coping and sometimes struggling with the pressures of caring in isolation. This can of course have an adverse impact on the carers own health and well-being.

**Finance Implications:**

Funding to access direct support services and Direct Payments for carers is through budgets for which Essex County Council has retained management and accountability.

**Clinical Implications:**

The Care Programme Approach includes the provision of assessment and support for carers as an integral element. Those who take on the role of carer sometimes find they have to make considerable life changes and the demands can affect the physical and emotional well-being of the carer, which then impacts on the caring role and capacity.

**HR Implications:**

The trust employs a senior Carers Support post and two carer support workers are funded by Essex County Council.

**Legal Implications:**

Compliance with the Carers (Recognition & Services) Act 1995 – those people who provide “substantial care on a regular basis” have the right to request an assessment of their needs from Social Services. Through the Partnership Agreement the Trust delivers such assessments in respect of carers of adults of working age known to Trust services. The requirements are extended by the Carer’s & Disabled Children’s Act 2000 which allows provision of social care services direct to carers including Direct Payments, and the Carers (Equal Opportunities) Act 2004 which specifies that access to work, lifelong learning and leisure are to be considered when assessing the needs of a carer.

**Equality Implications:**

Training and information packs developed with carers for staff include access to both mental health specific and generic carer support groups and links to information for carers seeking support within a faith or cultural community. A training DVD is under development by the Trust

**Risks:**

Failure to provide an appropriate response to assessing carer needs and facilitating the provision of appropriate information, advice and support may impact on the wellbeing of both carers and those they care for and fail to comply with statutory requirements. Mitigation and controls include ensuring feedback of views from carers, active engagement of carers in the CPA process, and regular monitoring of performance.

<b>Carers' Strategy Update – Summary of Progress Against Key Actions</b>					
	<b>Action</b>	<b>Lead</b>	<b>Completion Date</b>	<b>Performance Measure</b>	<b>Comments</b>
a.	<b>Listen, learn &amp; respond</b> To learn more about carers needs, concerns & issues via carer surveys & ensure these inform improvement plans.	<b>Heather Harris Graham Field</b>	Annual survey	Annual Surveys completed & issues arising shared with staff & included in action plans.	Completed.  2011/12 survey underway
b.	<b>Improved recording of carer details*</b> - To ensure through staff training that recorded carer details are regularly monitored & updated.	<b>Sue Wood, CPA Coordinator Area Directors</b>	October 2011          Annual	Staff carebase training programme to incorporate required action.  New clear guidance notes on recording produced to improve accuracy of carers data on carebase.  Audits of carebase demonstrate improved recording.	Completed.          April – September 2012
c.	<b>Maintain effective carer support service*</b> To continue to develop the Trust carer support service & maintain links with existing & developing carers groups across North Essex.	<b>Heather Harris Area Directors</b>	October 2011  Review annually	All carer groups across North Essex mapped & gaps in service provision identified.  Links with existing groups have been maintained.	Mapping completed & carer group list compiled.  Review Oct 2012
d.	<b>Maintain Performance</b> – we will maintain our performance in relation to ECC key indicators in respect of provision of carer services/ information & advice	<b>Area Directors Graham Field Heather Harris</b>	April 2011	Performance data shows maintained or improved performance on key indicators.  Impact on future performance due to reduced capacity raised with ECC / Scrutiny Committee members	On track  Completed.  Review for 2012/13



<b>Carers' Strategy Update – Summary of Progress Against Key Actions</b>					
	<b>Action</b>	<b>Lead</b>	<b>Completion Date</b>	<b>Performance Measure</b>	<b>Comments</b>
e.	<b>Reducing the number of declined carer's assessments</b> – we will take account of survey feedback to make the process as accessible, acceptable & comfortable as possible .	<b>Graham Field Heather Harris Area Directors</b>	Review November 2011	Most recent carers survey shows a reducing number of declined assessments  Evidence of process improvements available	Completed.
f.	<b>Develop &amp; implement joint training programme</b> - we will plan & deliver a training programme for staff incorporating the use of a specially commissioned DVD involving staff & carers to enhance understanding of carer issues. To include the development of appropriate use with GPs	<b>Graham Field Heather Harris Mike Waddington</b>	September 2011 Review  December 2011	Training DVD & training programme completed.  Work started with three GP practices as pilot.	In progress but not finalized. Revise timescale  To be commenced
g.	<b>Improve support available in rural areas</b> – we will explore the need for outreach services, informed by 2011 carer survey.	<b>Heather Harris Area Directors</b>	March 2012	Carer support services available to those in rural areas mapped & unmet need identified.	In progress
h.	<b>Improve understanding of needs of carers of service users with Young Onset Dementia</b> - we will working with Essex County Council & third sector partners.	<b>Heather Harris</b>	March 2012	We will have linked with ECC & third sector partners to discuss the needs of service users with young onset dementia & improve liaison between agencies. Actions arising will be identified.	In progress
i.	<b>Improve information &amp; engagement with carers of people with additional needs</b> (e.g. learning disability, physical disability or sensory impairment)	<b>Heather Harris Nicola Armstrong Lynda Hampel</b>	March 2012	We will have revised & launched the trust carer information leaflet & also made this available on the trust website & intranet.	In progress

<b>Carers' Strategy Update – Summary of Progress Against Key Actions</b>					
	<b>Action</b>	<b>Lead</b>	<b>Completion Date</b>	<b>Performance Measure</b>	<b>Comments</b>
j.	<b>Improve carers' information*</b> - we will continue to provide & develop our range of carer information in a range of formats & media e.g. leaflet, website, newsletter etc. & to be available from different locations.	<b>Heather Harris Graham Field Mike Waddington</b>	October 2011	Carer resources shown on Trust website & intranet & Trust Carer Information leaflet.	Completed.
k.	<b>Raise awareness of information &amp; services available to help young carers</b> the carer support team will agree with operational colleagues in the Trust & Essex County Council how best to address this	<b>Heather Harris CAMHS Essex County Council</b>	December 2011	Liaison completed with EIP, ECC Young Carers service & Carers Strategy Manager, CAMHS & voluntary sector young carer service providers. Consideration has been given to best way to raise awareness by the above & actions required agreed.	Near completion.
l.	<b>Promote Carer Direct Payments &amp; Personal Budgets</b> - we will continue to promote Carer Direct Payments & personal budgets & including further training development.	<b>Christine Holland Area Directors</b>	Review annually	Liaison will have taken place with the trust's direct payments/SDS lead & further promotion for carers will have been promoted by inclusion in relevant training.	Good progress  Review April 2012
m.	<b>Access to advice &amp; support*</b> - To map carer service provision, signposting carers to appropriate statutory & voluntary sector mental health specific & generic carer support services, recognising diversity of need.	<b>Graham Field Heather Harris</b>	Review outcome of 2011 survey	Local statutory & voluntary sector carer service provision has been mapped & unmet need/gaps in service provision identified.	Completed.
n.	<b>Carers Recorded Outcome Measures-</b> data will be collected on an annual basis in order to assess Trust achievement levels.	<b>Graham Field</b>	March 2011 then annually	CROMS data collated to inform Trust carer service provision.	Completed.  Review March 2012

Carers' Strategy Update – Summary of Progress Against Key Actions					
	Action	Lead	Completion Date	Performance Measure	Comments
o.	<b>Increase appropriate involvement in care planning/ decision making/ CPA*</b> reviews - responding to theme from recent carer survey.	<b>Graham Field Heather Harris Area Directors Team Managers Carol Larcombe</b>	Review annually re accuracy of carer information	New guidance issued to CMHTs on recording of data & on client confidentiality/ information sharing/data protection relating to carers of those receiving support under CPA, to support appropriate carer involvement in CPA.	Actions progressed to plan  Measure outcome in 2011/12 survey
p.	<b>Support carers in maintaining employment</b> - we will work with our Vocational Service Manager to consider how we can better support carers to continue in employment.	<b>Heather Harris Raza Ahmed</b>	Review progress March 2012	Brief advice sheet produced with trust's Vocational Services Manager for carers to support those seeking volunteering & employment opportunities in conjunction with their caring role.	Action progressed  Review following feedback from 2011/12 survey
q.	<b>Monitoring &amp; ongoing review</b> of strategy - To monitor & review progress of the strategy.	<b>Graham Field</b>	Review September 2011 & then annually	All actions in strategy reviewed during current year.	Completed.  Review strategy progress in April 2012
r.	<b>Recognition of the carer role*</b> To further support trust staff & carers to identify sometimes unrecognised caring responsibilities within the family at the point of service user assessment/ review.	<b>Heather Harris</b>	Review September 2011	Guidance issued to team managers on inputting & review of carer data, information sharing & client confidentiality.	Actions completed.  Review following feedback from 2011/12 survey

<b>Carers' Strategy Update – Summary of Progress Against Key Actions</b>					
	<b>Action</b>	<b>Lead</b>	<b>Completion Date</b>	<b>Performance Measure</b>	<b>Comments</b>
s.	<b>Provision of crisis support*</b> To ensure carers are given Trust Crisis Information leaflet/card & that contingency planning forms an integral part of a carer assessment	<b>Heather Harris Carebase Trainers Care Co-ordinators Carer Support Workers</b>	Review December 2011	Guidance issued to care co-ordinators & team managers on the issue of crisis cards, carer information leaflets & contingency planning.	Completed.  Further action to amend IT system requirement around 'no carer' or 'carer declines'
t.	<b>Advice &amp; Management of medication issues*</b> Information to be made available to carers to support them in the administering & monitoring of service user medication.	<b>Heather Harris AD Pharmacy</b>	Review annually	General information on medication to assist carers issued and available following consultation with AD Pharmacy.	Completed.  Review with carers in 2012/13
u.	<b>Continuity of professional staff*</b> To explore ways of ensuring improved continuity/consistency of care coordinator & other key staff roles in support of both the service user & carer in order to reduce carer stress.	<b>Area Directors Associate Medical Directors Team Managers Care Co-ordinators</b>	Review annually October 2011	Ongoing attention of ADs and AMDs to promote continuity of service delivery.	In progress  Review with carers in 2012/13
v.	<b>Provision of more rapid &amp; responsive services*</b> To explore ways of understanding carer need for rapid & responsive support, mapping national, regional & local mental health specific & generic carer services.	<b>Graham Field Heather Harris</b>	Review annually October 2011	Meetings with team managers completed to inform of carers survey outcomes & concerns, identifying carer services & the need for improved speed of response in crisis situations.	Completed.  Review with carers in 2012/13

<b>Carers' Strategy Update – Summary of Progress Against Key Actions</b>					
	<b>Action</b>	<b>Lead</b>	<b>Completion Date</b>	<b>Performance Measure</b>	<b>Comments</b>
w.	<b>Access to specialist staff*</b> To ensure carers are aware of which key specialist staff to contact if required.	<b>Team Managers Care Co-ordinators Carer Support Workers</b>	Review annually	To provide better information on accessing help to carers to include reference to specialist staff & the advice & support they can provide to carers.	Completed. Review following feedback from 2011/12 survey
x.	<b>Benefits advice*</b> As part of ongoing carer awareness & assessment staff training, to ensure carers are appropriately sign posted for benefit/ finance related information.	<b>Team Managers Care Co-ordinators Carer Support Workers</b>	Review annually	Benefit training sessions to have been offered to all Team Managers in order to inform Care Co-ordinators.	Achieved but work continues within the wider benefits workstream Review with carers in 2012/13
y.	<b>Respite care*</b> To provide information regarding home based & residential respite & funding sources to carers & staff supporting them.	<b>Team Managers Care Co-ordinators Carer Support Workers</b>	Review annually	Respite care information has been sent out to staff & carers via revised carer information leaflet.	Completed. Review with carers in 2012/13
z.	<b>Carers support meetings*</b> To provide current carer support group information to carers & staff supporting them, also identifying gaps in service provision.	<b>Heather Harris Care Co-ordinators Carer Support Workers</b>	November 2011	Information on carer support groups available to carers & staff via trust website & intranet & via new leaflet.	Completed.

<b>Agenda item No: 9</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Service Users Survey 2011 - Update</b>
<b>Presented By:</b> Dr Malte Flechtner, Medical Director and Paul Keedwell, Director of Operations & Nursing
<b>Subject, Purpose and Recommendation:</b> The Board is asked to receive a presentation "Service Users Survey 2011 - Update".
<b>Finance Implications:</b> N/A
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> N/A
<b>Legal Implications:</b> N/A
<b>Equality Implications:</b> N/A
<b>Risks:</b> N/A



<b>Agenda item No: 10</b>
<b>Name of Meeting: Meeting of the Board of Directors in Public</b>
<b>Date:</b> 21 December 2011
<b>Title of Report: GMC Junior Doctors' Survey</b>
<b>Presented By:</b> Dr Malte Flechtner, Medical Director
<b>Subject, Purpose and Recommendation:</b> The board is asked to receive a presentation on the GMC Junior Doctors' Survey from Dr Malte Flechtner.
<b>Finance Implications:</b> N/A
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> N/A
<b>Legal Implications:</b> N/A
<b>Equality Implications:</b> N/A
<b>Risks:</b> N/A



<b>Agenda item No: 11</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Annual Plan - Review of Progress</b>
<b>Presented By:</b> Geoff Scott, Director of Strategy
<p><b>Subject, Purpose and Recommendation:</b>  The board is recommended to note progress on the 2011/12 Annual Plan.</p> <p>Progress of local Business Plans which underpin the Trust Annual Plan is monitored by Clinical Boards, and Area Directors and their teams have already presented half year updates to an Executive Team panel.</p> <p>A presentation to the board on progress of business plans in Mid Essex and Specialist Services is a separate item on today's agenda. Presentations such as these commenced in March this year so that quarterly at board meetings in public, moving around the trust, Area Directors and their clinical boards account to the trust board and local communities on the construction, delivery or progress of its area business plan (depending upon time of year). This strengthens local accountability and provides a focus for more local interest / engagement by governors, members, service users/ carers, and key partners.</p> <p>Governors have been engaged in a round of meetings within Area Directorates to discuss progress of 2011/12 plans and priorities going forward, as well as involvement in local meetings events with members during the year, to help inform their views of themes and priorities for the 2012/13 Plan. Governors recently held their Annual Planning event for 2012/13 and received a brief presentation at their meeting on 13 December identifying the key themes and priorities.</p>
<b>Finance Implications:</b> The Annual Plan is underpinned by the agreed 2011/12 revenue and capital expenditure plans and is within budget.
<b>Clinical Implications:</b> Service development and operational effectiveness and efficiency plans require significant service review and re-engineering impacting on the clinical practice of all clinical/ practitioner groups. Expansion plans have led to the delivery of a broader range of clinical and non-clinical services.
<b>HR Implications:</b> All workforce issues are progressed in line with the plan objectives and in line with Trust and ECC HR and management of change policies. The application of New Ways of Working and as services, and skill mix, are reviewed, care pathways modernised, and new care models developed will impact on all staff groups. The continuing reviews of team roles and skill mix will impact on staff in both clinical and support service functions. Continuous learning and effective leadership development will underpin practice. Increasing contestability, commissioner tenders for services and development of 'Any Qualified



Provider' may impact on existing staff groups in the future. The Annual Plan, and supporting Area business plans, provide the framework from which individual/ team objective setting processes can cascade across the trust, and help enable every member of staff to see how their work contributes to meeting the overall objectives of the trust.

**Legal Implications:** Providing Monitor with the final forward planning information is a requirement under the National Health Service Act 2006 ('the Act') Schedule 7, paragraph 27 (1). The Act also requires Monitor to publish NHS foundation trusts' planning information in it's public register of NHS foundation trusts (section 39(2)(e)). The trust must inform Monitor whether, and why, (e.g. any specific commercial matters inappropriate for publication) any information in the templates should be excluded from publication otherwise Monitor will publish the strategy templates in full. The full public version of the 2011/12 Annual Plan is published on the Monitor website.

**Equality Implications:** The plan is underpinned by our current Single Equality Scheme. As part of the Equality Delivery System we are developing, through consultation in 2011/12, our improvement plans for equality and diversity which will be reflected in the 2012/13 Plan. A separate item on the Equality and delivery System and development of our Equality Objectives is on today's agenda.

**Risks:** The full plan considers the key risk areas facing the organisation, their likelihood, impact and mitigation in a number of domains: including Governance processes and procedures, Service Performance, Clinical Quality and Governance, Finance, the NHS Constitution, and other key risks.

Risk matrices encapsulating service delivery, governance and financial risks are reflected in the trust Risk Register and Assurance Framework. These have been reviewed and updated by the board through the year.

The trust is planning for a 'Green' rating for governance and a FRR 3 (Financial Risk Rating) in 2011 – 2012.

Objective	Progress	Assessment of progress towards year-end achievement
<b>Objective 1 Providing high quality care that is effective, safe and as positive an experience as possible</b>		
<b>Effective</b>		
Implementing a new local intensive community eating disorder treatment service, with a dedicated day treatment facility in Colchester	Excellent progress. Day treatment facility will be operational by the end of January 2012. Service delivered real QIPP financial savings to commissioners and reward to the trust in Quarters 1 & 2	
Continuing to improve our dementia care services, working with other agencies, and developing a number of Trust-wide standards	<ul style="list-style-type: none"> <li>- Lucas Ward, Colchester, closed, in process of refurbishment (with some Transformation monies) as an age-inclusive dementia resource centre.</li> <li>- Trust-wide standards for care of people with young-onset dementia and appropriate care pathway being developed under lead of nurse consultant in dementia care, ECC and Alzheimer's Society involved.</li> <li>- PDU accreditation achieved for OAMH services at St. Margaret's, Epping</li> </ul>	
Raising staff skills and awareness particularly in relation to improving physical healthcare and treating people with a personality disorder	<ul style="list-style-type: none"> <li>- <i>Physical healthcare</i>: Live monitoring by Nurse Consultant in Physical Health of compliance with Trust policy for physical health checks. 2011 / 2012 CQUIN includes a scheme to improve nutrition, hydration and dignity for older adult service users.</li> <li>- <i>Personality disorder</i>: KUF training rolled out across the Trust. 2011 / 2012 CQUIN for improved psychological awareness amongst clinical staff being met by programme of education by Trust psychologists and psychotherapists for all teams. Trust exploring with Commissioners the possibility of setting up a bespoke personality disorder service.</li> </ul>	

Objective	Progress	Assessment of progress towards year-end achievement
<p>Undertaking a major review and reengineering our patient care pathways to improve experience, effectiveness and value for money, in particular focusing on:</p> <ul style="list-style-type: none"> <li>• Rehabilitation and recovery services</li> <li>• Adult care pathways</li> <li>• Dementia care</li> <li>• Better integration of Tier2 and Tier 3 child &amp; adolescent mental health</li> </ul>	<p><u>Care pathways</u>: Major 2-year project to define, refine / re-design and extend all care pathways in use throughout the Trust project-managed by EnableEast. QIPP funding contribution being used towards conducting a fundamental analysis and review of every care pathway, and design new ones.</p> <p><u>Rehabilitation and recovery services</u>: Commissioners undertaking review of service model in partnership with Trust, as a QIPP scheme.</p> <p><u>Dementia care pathway</u>: Excellent progress with NHS and ECC commissioners</p> <p><u>CAMHs Tier 2 / Tier 3</u>: Major proposal developed as part of ECC negotiation/procurement process but ECC withdrew from process. Single gate pilot progressing in north-east Essex</p>	Reviews on track
<b>Safe</b>		
<p>Improving medicines management through our new in-house pharmacy service – safer, better quality care, reducing wastage</p>	<p>New pharmacy operational to plan. Medicines reconciliation by pharmacists or technicians picks up changes or problems with medicines. Pharmacists screen prescriptions. Training being delivered and nurse competencies for medicines assessed. Good adherence to the formulary. Unwanted medicines being returned to pharmacy and credited.</p>	
<p>Completing piloting of a blood borne viruses (BBV) service in Colchester to improve the health of intravenous drug users</p>	<p>PCT to continue to fund pilot until the end of the financial year 2011 / 2012. Positive feedback from clients, finding service easy to access and informing their friends about service and recommending they be tested.</p>	

Objective	Progress	Assessment of progress towards year-end achievement
Implementing a major improvement programme for our buildings, ensuring environments are safe and therapeutic with high standards of cleanliness and infection control.	Improvement programme (as distinct from the environmental improvements below) mainly of backlog maintenance of all inpatient and community buildings, notably the King's Wood Centre, The Lakes and Peter Bruff Unit. Works have included privacy and dignity works and work in response to PEAT inspection findings. New build low secure facility in Chelmsford underway	
Building our new, expanded child and adolescent inpatient service in Colchester	Topping out ceremony for adolescent unit new build on Severalls site in Colchester held on 23.11.2011. Operational June 2012.	
Environmental improvements at Peter Bruff (Clacton), Landermere Centre (Clacton), Shannon House (Harlow).	Environmental improvements - including replacement flooring, painting & decorating, new toilets and showers, new ward offices and re-modelled reception areas - completed at Peter Bruff Unit and Landermere Centre completed. Improvements at Shannon House PICU in progress.	
Progressing improvements to the Derwent Centre, Harlow.	£0.5 million made available for Phase 1 of Derwent Centre project for financial year 2011 / 2012 used to: - improve patient experience through construction of link between ground floor and garden (completed) - improve car parking available at rear of Shannon House (completed) - refurbish unused area to create 'lower ground therapy hub' for new model of day services (work commences January 2012) - facilitate preparatory design work for Phase 2 of refurbishment.	
Improving flexibility and availability of useable space for community teams at Twyford Court, Dunmow.	Within building and ECC constraints, structural adjustments made to improve access to the building and provide team managers with private office space.	

Objective	Progress	Assessment of progress towards year-end achievement
Improving physical healthcare checks and ensuring people with learning disabilities receive well coordinated information, care and support.	2011 / 2012 CQUIN target of improving physical health checks of service users with LD. Number of staff completing mandatory training (covering physical health needs of people with LD) has increased over last 12 months. Local LD/MH Action Groups, relating to the Green Light Strategy Group, have people with LD and carers of people with LD involved. Non-Executive LD Champion on the Board identified.	
Ensuring all staff take-up mandatory training including safeguarding	All staff have list of mandatory training relating to their profession. New OLM system records mandatory training; e-training automatically recorded on staff member's learning record, and reporting systems being implemented to enable robust controls.	Good progress being made
<b>Positive experience</b>		
Implementing a new service user and carer involvement policy, and our three year carers' strategy.	Involvement Strategy action plan (project managed by Enable East) agreed by Board and Council of Governors, Patient Experience Board overseeing implementation. Ongoing service user and carer involvement includes interview panels, WMH Day events and participation in training initiatives like junior doctor training. Carer strategy update reported to November board. A training DVD about carers to be produced.	
Developing our systems and processes to report on quality priorities and improvement, developing outcome measures and actions from last year's pilot of	- Work progressing on patient safety measures as an early-warning system for R&GE. Clinical effectiveness measures and patient experience measures identified for inclusion in the quality dashboard. A number of the quality measures used across Trust will be formalised for use alongside HoNOS.	

Objective	Progress	Assessment of progress towards year-end achievement
Patient and Carer Reported Outcome Measures.	<ul style="list-style-type: none"> <li>- PROMs and CROMs pilot and evaluation complete. There is consensus that techniques are very time-consuming, although valuable, and it would be difficult to justify rolling them out across the Trust. Work subsumed into ongoing work around HoNOS and outcomes.</li> <li>- Datix incident reporting system being rolled out.</li> </ul>	
Continuing to empower our wards and teams to improve productive time and patient/carer/ family experience.	Four quality initiatives rolled out to cover all inpatient units, according to the level of competence and organisational maturity: Releasing Time to Care, Creating Capable Teams, AIMS accreditation and Practice Development Unit status. Longer-term plan is to extend this quality-assurance approach to community teams.	
Building on our progress in better engaging staff, and their staff governors, in the development of our services	Trust produced first printed new staff magazine, <i>Connections</i> , in September, and held <i>Hot Topics</i> events over year. Meetings for the Annual Plan held with Governors (including staff Governors) with governor annual planning event in November. Staff Governor spoke at the Annual Public Meeting on 14.09.2011.	
Strengthening our engagement and training activity with GPs and communication and links with other health and social care organisations.	<ul style="list-style-type: none"> <li>Stakeholder bulletin being relaunched.</li> <li>Next stage GP engagement programme in development.</li> <li>Significant training / education activity with GP events and individual practices.</li> </ul>	

Objective	Progress	Assessment of progress towards year-end achievement
Extending our quality dashboard to include patient experience and clinical effectiveness	<p>Patient experience and clinical effectiveness measures now feature as part of the quality dashboard.</p> <p>Work continues to extend now embedded patient experience feedback mechanisms from inpatient to community settings, and on the use of medicines management/ pharmacy interventions as a clinical effectiveness indicator.</p>	
Ensuring every patient has a Health of the nation Outcome Score (HoNOS) at initial assessment and appropriate reviews to inform clinical practice	All practitioners and trainers trained in the use of HoNOS, and compliance monitored through Trust's Performance Framework. Benchmarking with other mental health service providing trusts shows us to be a high performer.	On track
<b>Objective 2 Being a model employer</b>		
Continuing to build on local and Trust-wide initiatives to ensure more effective engagement of clinical and support staff in influencing the development, planning and decision making of the Trust.	<p>Staff engaged through:</p> <ul style="list-style-type: none"> <li>• clinical conference for senior staff (6 monthly)</li> <li>• regular Reflection sessions, where Chief Executive and Director of HR meet small groups of staff</li> <li>• Hot Topics Cafés</li> <li>• targeted group sessions, with OTs and with seconded social care staff Trust-wide.</li> <li>• Local annual planning / engagement processes</li> </ul>	
Implementing our health and wellbeing strategy, improving staff experience as demonstrated	Health and wellbeing link workers trained, so there is now a staff health champion in every area to promote health and wellbeing activities. A health and wellbeing steering group, chaired by the AD Workforce	

Objective	Progress	Assessment of progress towards year-end achievement
through our staff survey, and maintaining low sickness absence.	Development established. Six Respect & Dignity advisors trained. Refresher training (by ACAS) for Trust mediation advisors. Sickness absence below target for the first 6 months of 2011 / 2012.	
Continuing to build our 'customer care' culture by delivering change management and behavioural competencies/ values programmes.	Trust programme to help managers develop "softer" skills to help them manage change piloted: one run in north Essex and one in Suffolk. Trust developing framework to ensure that an individual's values assessed at interview in relation to Trust values. Values-based recruitment introduced for senior appointments.	
Supporting teams to develop individual and team skills to meet changing needs of services.	Teams supported through appraisals, CPD and training as well as through the Releasing Time to Care, Creating Capable Teams, AIMS and PDU processes (for inpatient units), and Framework 4 Change.	
Expanding our coaching programme for senior managers.	Decision taken to open up coaching to Bands 5 & 6 as a direct response to requests from staff in this group. Over the last year 22 Band 5 & 6 staff received coaching from Trust coaches. There are currently 7 trained coaches in the organisation.	
Delivering our Managing Performance for Success (MPFS) programme for senior staff and doctors	MPFS programme for senior staff rolled out, split into two separate programmes, one for Bands 5 and 6 and one for Bands 7 and 8 (now identified as Strategic Leadership programme). New organisational change programme developed to support managers help staff through change being rolled out to all managers in Trust.	



Objective	Progress	Assessment of progress towards year-end achievement
Celebrating and promoting staff achievements	<ul style="list-style-type: none"> <li>Trust celebrated and promoted staff achievements in <i>Connections</i>, in <i>Andrew's Update</i>, in press stories, through long service awards and at the Celebration of Achievements awards.</li> <li>One project shortlisted for the <i>Nursing Times</i> award and one for the SHA <i>Star Wards</i>.</li> <li>Trust produced posters about successful research for greater staff recognition in their own workplaces.</li> </ul>	
<b>Objective 3 Achieving good governance, inclusive involvement and excellent partnerships</b>		
Achieving a public membership of 6,800 people by 31 March 2012 and ensuring its profile reflects the communities we cover, in line with our 3 year membership strategy.	Current membership 6153 following annual data cleanse of 'moved away' and 'passed on'. Members' meetings: Chelmsford members meeting 13.06.2011, with 32 people and good exchange of views; Uttlesford members meeting 26.07.2011 with 16 people. Larger meetings planned in North East and West to try different approach with Trust teams presenting to members.	
Implementing a major engagement programme with GPs, PCT and LA commissioners	GPs, PCT and LA commissioners invited to all conferences and sent major announcements. Contact programme run by Chief Executive, Chairman, Directors, Area Directors and Area Medical Directors.	
Developing our Governors and the Board of Directors to ensure competence to deliver respective responsibilities, and Governors are prepared for any new responsibilities arising from the current Health and Social Care Bill	Governor development through induction, meetings with ADs, development days, national events through FT Network (FTN) and FT Governors Association (FTGA) and links with other Trusts. Development needs identified through Council's programme of self-evaluation, and information made available through FTN and FTGA. Board development continues with further self-assessment exercise in 2012.	

Objective	Progress	Assessment of progress towards year-end achievement
Promoting positive mental health, improving awareness and tackling discrimination, through wide engagement with local communities, particularly working with schools and young people.	<p>Extensive schools engagement programme and meetings with community organisations, including very successful Annual Public Meeting (300 present) with school drama performances.</p> <p>On World Mental Health Day 200+ people walked <i>The Extra Mile for Mental Health</i>. This brought positive media coverage including from BBC Essex and Heart FM.</p> <p>Friends of...groups now exist for the Landermere Centre and Rainbow Unit.</p> <p>Trust helping LINKs with their newsletter, and will continue to work closely with them in transition to HealthWatch.</p>	
Working closely with Police, Prison and other key partners to ensure appropriate cross-agency working and information sharing	<p>Information-sharing agreement with Police now embedded, CJMHTs routinely support Police, Probation and other partners through MAPPAs and MARAC forums.</p> <p>CJMHTs reviewed to support changes to the court services in north Essex, and ensure maximum flexibility and responsiveness.</p> <p>Pilot programme to place CJMHT practitioners in custody areas to support the diversion of offenders with mental health problems is due to commence in Q4 of 2011 / 2012.</p> <p>Services continue to work effectively and in integrated fashion with agencies across HMP Chelmsford.</p>	
<b>Objective 4 Providing value for money</b>		
Refreshing and improving the IM&T network infrastructure.	Network resilience project undertaken, creating IT-critical hub rooms at the Linden and Crystal Centres, with another being created in the new CAMHS Tier 4 unit in Colchester.	
Preparing a full business case for Information and Communication	Preliminary business case for Remedy programme approved by Board in July 2011. Project currently in specification and procurement phase.	

Objective	Progress	Assessment of progress towards year-end achievement
Technology development and improvement, to replace our existing CareBase patient record and activity reporting system in preparation for payment by results and maximising mobile technology solutions to improve staff experience and effectiveness	Full business case for procurement will go to Board in February 2012 with order placed in March 2012 for 12-month mobilisation and roll out, with the new system in place by 01.04.2013.	
Rolling out medical records scanning technologies following 2010/11 pilot	Staff appointed in Chelmsford for digitised EDRM (electronic data records management) project for patient medical records. Project making swift progress. The EDRM project is linked to Remedy programme as part of making all records electronically available.	
Installing voltage optimisation at other inpatient units, subject to satisfactory evaluation as carbon saving and energy efficiency investment scheme, following a pilot at the Linden and Crystal Centres	Voltage optimisation units installed at Linden Centre, Crystal Centre, the Lakes, Landermere Centre and King's Wood Centre.	
Rationalising Trust estate and selling buildings we don't need.	Mid-Essex estate optimisation plan to be considered in January 2012, preliminary survey in north-east Essex completed. Four properties disposed of this year	
Reducing wastage through improved medicines management	Unwanted medicines being checked by pharmacy staff and returned to stock if suitable.	

Objective	Progress	Assessment of progress towards year-end achievement
<p>Completing full implementation and benefits realisation from the electronic rostering system for inpatient staff, ensuring the most efficient and effective deployment of staff on wards.</p>	<p>Progress being made towards full implementation of e-time and attendance; once embedded, this will result in fully-paperless system, and will be subject to a full benefits realisation to corroborate predicted cost savings.</p>	
<p><b>Objective 5 Expanding our business</b></p>		
<p>Expand capacity of Commercial and Service development team to support delivery of objectives.</p>	<p>New AD of Commercial &amp; Service Development and Administrator appointed. Project management support bought in from EnableEast on fixed-term basis.</p>	
<p>Growing our mental health, substance misuse, and related services business within north Essex.</p> <ul style="list-style-type: none"> <li>• Expand low secure inpatient provision</li> <li>• Deliver high intensity community adult eating disorder service.</li> </ul>	<p>New-build low secure unit adjacent to Linden Centre progressing, Maple Ward reopened this year to expand low secure capacity. Eating disorder community service operational and day treatment facility being opened in January 2012. Awaiting outcome of partnered bid to provide Prison Health services at HMP Chelmsford. Employment and AMHP contracts awarded</p>	
<p>Marketing our local specialist services to a wider geographic commissioner base.</p> <ul style="list-style-type: none"> <li>• Develop specialist intensive inpatient care provision for</li> </ul>	<p>Longview new build progressing well and marketing plan in progress recognising transition from local to EoE specialist commissioning by April 2012</p>	

Objective	Progress	Assessment of progress towards year-end achievement
<p>young people</p> <ul style="list-style-type: none"> <li>Fully utilise our new mother and baby specialist inpatient service</li> </ul>	<p>Mother &amp; baby unit: Marketing information now available and marketing strategy continues.</p>	
<p>Making the most of our expertise in specialist areas of service, delivering services outside local/ adjacent boundaries.</p>	<p>Bid (at ITT stage) to provide services for marginalised and vulnerable adults in Suffolk awaiting a decision from NHS Suffolk.</p> <p>Bid submission to provide Integrated Wellbeing Services for Suffolk in progress with appropriate partners.</p>	
<p>Building on our success with the hosting of Suffolk Community Healthcare to broaden our service base and provide local community health services.</p> <ul style="list-style-type: none"> <li>Prepare for tenders for provision of community healthcare services in Suffolk and parts of north Essex for 2012/13 and beyond</li> </ul>	<p>Bid submitted to provide Suffolk community health services for Lot 2 (West Suffolk adult services), Lot 4 (specialist paediatric services) and Lot 5 (all services). Appropriate partnering secured.</p> <p>Contract award not now expected until spring 2012.</p>	

Objective	Progress	Assessment of progress towards year-end achievement
<b>Objective 1 Providing high quality care that is effective, safe and as positive an experience as possible</b>		
<b>Effective</b>		
Implementing a new local intensive community eating disorder treatment service, with a dedicated day treatment facility in Colchester	Excellent progress. Day treatment facility will be operational by the end of January 2012. Service delivered real QIPP financial savings to commissioners and reward to the trust in Quarters 1 & 2	
Continuing to improve our dementia care services, working with other agencies, and developing a number of Trust-wide standards	<ul style="list-style-type: none"> <li>- Lucas Ward, Colchester, closed, in process of refurbishment (with some Transformation monies) as an age-inclusive dementia resource centre.</li> <li>- Trust-wide standards for care of people with young-onset dementia and appropriate care pathway being developed under lead of nurse consultant in dementia care, ECC and Alzheimer's Society involved.</li> <li>- PDU accreditation achieved for OAMH services at St. Margaret's, Epping</li> </ul>	
Raising staff skills and awareness particularly in relation to improving physical healthcare and treating people with a personality disorder	<ul style="list-style-type: none"> <li>- <i>Physical healthcare</i>: Live monitoring by Nurse Consultant in Physical Health of compliance with Trust policy for physical health checks. 2011 / 2012 CQUIN includes a scheme to improve nutrition, hydration and dignity for older adult service users.</li> <li>- <i>Personality disorder</i>: KUF training rolled out across the Trust. 2011 / 2012 CQUIN for improved psychological awareness amongst clinical staff being met by programme of education by Trust psychologists and psychotherapists for all teams. Trust exploring with Commissioners the possibility of setting up a bespoke personality disorder service.</li> </ul>	

Objective	Progress	Assessment of progress towards year-end achievement
<p>Undertaking a major review and reengineering our patient care pathways to improve experience, effectiveness and value for money, in particular focusing on:</p> <ul style="list-style-type: none"> <li>• Rehabilitation and recovery services</li> <li>• Adult care pathways</li> <li>• Dementia care</li> <li>• Better integration of Tier2 and Tier 3 child &amp; adolescent mental health</li> </ul>	<p><u>Care pathways</u>: Major 2-year project to define, refine / re-design and extend all care pathways in use throughout the Trust project-managed by EnableEast. QIPP funding contribution being used towards conducting a fundamental analysis and review of every care pathway, and design new ones.</p> <p><u>Rehabilitation and recovery services</u>: Commissioners undertaking review of service model in partnership with Trust, as a QIPP scheme.</p> <p><u>Dementia care pathway</u>: Excellent progress with NHS and ECC commissioners</p> <p><u>CAMHs Tier 2 / Tier 3</u>: Major proposal developed as part of ECC negotiation/procurement process but ECC withdrew from process. Single gate pilot progressing in north-east Essex</p>	Reviews on track
<b>Safe</b>		
<p>Improving medicines management through our new in-house pharmacy service – safer, better quality care, reducing wastage</p>	<p>New pharmacy operational to plan. Medicines reconciliation by pharmacists or technicians picks up changes or problems with medicines. Pharmacists screen prescriptions. Training being delivered and nurse competencies for medicines assessed. Good adherence to the formulary. Unwanted medicines being returned to pharmacy and credited.</p>	
<p>Completing piloting of a blood borne viruses (BBV) service in Colchester to improve the health of intravenous drug users</p>	<p>PCT to continue to fund pilot until the end of the financial year 2011 / 2012. Positive feedback from clients, finding service easy to access and informing their friends about service and recommending they be tested.</p>	

Objective	Progress	Assessment of progress towards year-end achievement
Implementing a major improvement programme for our buildings, ensuring environments are safe and therapeutic with high standards of cleanliness and infection control.	Improvement programme (as distinct from the environmental improvements below) mainly of backlog maintenance of all inpatient and community buildings, notably the King's Wood Centre, The Lakes and Peter Bruff Unit. Works have included privacy and dignity works and work in response to PEAT inspection findings. New build low secure facility in Chelmsford underway	
Building our new, expanded child and adolescent inpatient service in Colchester	Topping out ceremony for adolescent unit new build on Severalls site in Colchester held on 23.11.2011. Operational June 2012.	
Environmental improvements at Peter Bruff (Clacton), Landermere Centre (Clacton), Shannon House (Harlow).	Environmental improvements - including replacement flooring, painting & decorating, new toilets and showers, new ward offices and re-modelled reception areas - completed at Peter Bruff Unit and Landermere Centre completed. Improvements at Shannon House PICU in progress.	
Progressing improvements to the Derwent Centre, Harlow.	£0.5 million made available for Phase 1 of Derwent Centre project for financial year 2011 / 2012 used to: - improve patient experience through construction of link between ground floor and garden (completed) - improve car parking available at rear of Shannon House (completed) - refurbish unused area to create 'lower ground therapy hub' for new model of day services (work commences January 2012) - facilitate preparatory design work for Phase 2 of refurbishment.	
Improving flexibility and availability of useable space for community teams at Twyford Court, Dunmow.	Within building and ECC constraints, structural adjustments made to improve access to the building and provide team managers with private office space.	



Objective	Progress	Assessment of progress towards year-end achievement
Improving physical healthcare checks and ensuring people with learning disabilities receive well coordinated information, care and support.	2011 / 2012 CQUIN target of improving physical health checks of service users with LD. Number of staff completing mandatory training (covering physical health needs of people with LD) has increased over last 12 months. Local LD/MH Action Groups, relating to the Green Light Strategy Group, have people with LD and carers of people with LD involved. Non-Executive LD Champion on the Board identified.	
Ensuring all staff take-up mandatory training including safeguarding	All staff have list of mandatory training relating to their profession. New OLM system records mandatory training; e-training automatically recorded on staff member's learning record, and reporting systems being implemented to enable robust controls.	Good progress being made
<b>Positive experience</b>		
Implementing a new service user and carer involvement policy, and our three year carers' strategy.	Involvement Strategy action plan (project managed by Enable East) agreed by Board and Council of Governors, Patient Experience Board overseeing implementation. Ongoing service user and carer involvement includes interview panels, WMH Day events and participation in training initiatives like junior doctor training. Carer strategy update reported to November board. A training DVD about carers to be produced.	
Developing our systems and processes to report on quality priorities and improvement, developing outcome measures and actions from last year's pilot of	- Work progressing on patient safety measures as an early-warning system for R&GE. Clinical effectiveness measures and patient experience measures identified for inclusion in the quality dashboard. A number of the quality measures used across Trust will be formalised for use alongside HoNOS.	

Objective	Progress	Assessment of progress towards year-end achievement
Patient and Carer Reported Outcome Measures.	<ul style="list-style-type: none"> <li>- PROMs and CROMs pilot and evaluation complete. There is consensus that techniques are very time-consuming, although valuable, and it would be difficult to justify rolling them out across the Trust. Work subsumed into ongoing work around HoNOS and outcomes.</li> <li>- Datix incident reporting system being rolled out.</li> </ul>	
Continuing to empower our wards and teams to improve productive time and patient/carer/ family experience.	Four quality initiatives rolled out to cover all inpatient units, according to the level of competence and organisational maturity: Releasing Time to Care, Creating Capable Teams, AIMS accreditation and Practice Development Unit status. Longer-term plan is to extend this quality-assurance approach to community teams.	
Building on our progress in better engaging staff, and their staff governors, in the development of our services	Trust produced first printed new staff magazine, <i>Connections</i> , in September, and held <i>Hot Topics</i> events over year. Meetings for the Annual Plan held with Governors (including staff Governors) with governor annual planning event in November. Staff Governor spoke at the Annual Public Meeting on 14.09.2011.	
Strengthening our engagement and training activity with GPs and communication and links with other health and social care organisations.	<ul style="list-style-type: none"> <li>Stakeholder bulletin being relaunched.</li> <li>Next stage GP engagement programme in development.</li> <li>Significant training / education activity with GP events and individual practices.</li> </ul>	

Objective	Progress	Assessment of progress towards year-end achievement
Extending our quality dashboard to include patient experience and clinical effectiveness	<p>Patient experience and clinical effectiveness measures now feature as part of the quality dashboard.</p> <p>Work continues to extend now embedded patient experience feedback mechanisms from inpatient to community settings, and on the use of medicines management/ pharmacy interventions as a clinical effectiveness indicator.</p>	
Ensuring every patient has a Health of the nation Outcome Score (HoNOS) at initial assessment and appropriate reviews to inform clinical practice	All practitioners and trainers trained in the use of HoNOS, and compliance monitored through Trust's Performance Framework. Benchmarking with other mental health service providing trusts shows us to be a high performer.	On track
<b>Objective 2 Being a model employer</b>		
Continuing to build on local and Trust-wide initiatives to ensure more effective engagement of clinical and support staff in influencing the development, planning and decision making of the Trust.	<p>Staff engaged through:</p> <ul style="list-style-type: none"> <li>• clinical conference for senior staff (6 monthly)</li> <li>• regular Reflection sessions, where Chief Executive and Director of HR meet small groups of staff</li> <li>• Hot Topics Cafés</li> <li>• targeted group sessions, with OTs and with seconded social care staff Trust-wide.</li> <li>• Local annual planning / engagement processes</li> </ul>	
Implementing our health and wellbeing strategy, improving staff experience as demonstrated	Health and wellbeing link workers trained, so there is now a staff health champion in every area to promote health and wellbeing activities. A health and wellbeing steering group, chaired by the AD Workforce	

Objective	Progress	Assessment of progress towards year-end achievement
through our staff survey, and maintaining low sickness absence.	Development established. Six Respect & Dignity advisors trained. Refresher training (by ACAS) for Trust mediation advisors. Sickness absence below target for the first 6 months of 2011 / 2012.	
Continuing to build our 'customer care' culture by delivering change management and behavioural competencies/ values programmes.	Trust programme to help managers develop "softer" skills to help them manage change piloted: one run in north Essex and one in Suffolk. Trust developing framework to ensure that an individual's values assessed at interview in relation to Trust values. Values-based recruitment introduced for senior appointments.	
Supporting teams to develop individual and team skills to meet changing needs of services.	Teams supported through appraisals, CPD and training as well as through the Releasing Time to Care, Creating Capable Teams, AIMS and PDU processes (for inpatient units), and Framework 4 Change.	
Expanding our coaching programme for senior managers.	Decision taken to open up coaching to Bands 5 & 6 as a direct response to requests from staff in this group. Over the last year 22 Band 5 & 6 staff received coaching from Trust coaches. There are currently 7 trained coaches in the organisation.	
Delivering our Managing Performance for Success (MPFS) programme for senior staff and doctors	MPFS programme for senior staff rolled out, split into two separate programmes, one for Bands 5 and 6 and one for Bands 7 and 8 (now identified as Strategic Leadership programme). New organisational change programme developed to support managers help staff through change being rolled out to all managers in Trust.	

Objective	Progress	Assessment of progress towards year-end achievement
Celebrating and promoting staff achievements	<ul style="list-style-type: none"> <li>Trust celebrated and promoted staff achievements in <i>Connections</i>, in <i>Andrew's Update</i>, in press stories, through long service awards and at the Celebration of Achievements awards.</li> <li>One project shortlisted for the <i>Nursing Times</i> award and one for the SHA <i>Star Wards</i>.</li> <li>Trust produced posters about successful research for greater staff recognition in their own workplaces.</li> </ul>	
<b>Objective 3 Achieving good governance, inclusive involvement and excellent partnerships</b>		
Achieving a public membership of 6,800 people by 31 March 2012 and ensuring its profile reflects the communities we cover, in line with our 3 year membership strategy.	Current membership 6153 following annual data cleanse of 'moved away' and 'passed on'. Members' meetings: Chelmsford members meeting 13.06.2011, with 32 people and good exchange of views; Uttlesford members meeting 26.07.2011 with 16 people. Larger meetings planned in North East and West to try different approach with Trust teams presenting to members.	
Implementing a major engagement programme with GPs, PCT and LA commissioners	GPs, PCT and LA commissioners invited to all conferences and sent major announcements. Contact programme run by Chief Executive, Chairman, Directors, Area Directors and Area Medical Directors.	
Developing our Governors and the Board of Directors to ensure competence to deliver respective responsibilities, and Governors are prepared for any new responsibilities arising from the current Health and Social Care Bill	Governor development through induction, meetings with ADs, development days, national events through FT Network (FTN) and FT Governors Association (FTGA) and links with other Trusts. Development needs identified through Council's programme of self-evaluation, and information made available through FTN and FTGA. Board development continues with further self-assessment exercise in 2012.	

Objective	Progress	Assessment of progress towards year-end achievement
Promoting positive mental health, improving awareness and tackling discrimination, through wide engagement with local communities, particularly working with schools and young people.	<p>Extensive schools engagement programme and meetings with community organisations, including very successful Annual Public Meeting (300 present) with school drama performances.</p> <p>On World Mental Health Day 200+ people walked <i>The Extra Mile for Mental Health</i>. This brought positive media coverage including from BBC Essex and Heart FM.</p> <p>Friends of...groups now exist for the Landermere Centre and Rainbow Unit.</p> <p>Trust helping LINKs with their newsletter, and will continue to work closely with them in transition to HealthWatch.</p>	
Working closely with Police, Prison and other key partners to ensure appropriate cross-agency working and information sharing	<p>Information-sharing agreement with Police now embedded, CJMHTs routinely support Police, Probation and other partners through MAPPAs and MARAC forums.</p> <p>CJMHTs reviewed to support changes to the court services in north Essex, and ensure maximum flexibility and responsiveness.</p> <p>Pilot programme to place CJMHT practitioners in custody areas to support the diversion of offenders with mental health problems is due to commence in Q4 of 2011 / 2012.</p> <p>Services continue to work effectively and in integrated fashion with agencies across HMP Chelmsford.</p>	
<b>Objective 4 Providing value for money</b>		
Refreshing and improving the IM&T network infrastructure.	Network resilience project undertaken, creating IT-critical hub rooms at the Linden and Crystal Centres, with another being created in the new CAMHS Tier 4 unit in Colchester.	
Preparing a full business case for Information and Communication	Preliminary business case for Remedy programme approved by Board in July 2011. Project currently in specification and procurement phase.	

Objective	Progress	Assessment of progress towards year-end achievement
Technology development and improvement, to replace our existing CareBase patient record and activity reporting system in preparation for payment by results and maximising mobile technology solutions to improve staff experience and effectiveness	Full business case for procurement will go to Board in February 2012 with order placed in March 2012 for 12-month mobilisation and roll out, with the new system in place by 01.04.2013.	
Rolling out medical records scanning technologies following 2010/11 pilot	Staff appointed in Chelmsford for digitised EDRM (electronic data records management) project for patient medical records. Project making swift progress. The EDRM project is linked to Remedy programme as part of making all records electronically available.	
Installing voltage optimisation at other inpatient units, subject to satisfactory evaluation as carbon saving and energy efficiency investment scheme, following a pilot at the Linden and Crystal Centres	Voltage optimisation units installed at Linden Centre, Crystal Centre, the Lakes, Landermere Centre and King's Wood Centre.	
Rationalising Trust estate and selling buildings we don't need.	Mid-Essex estate optimisation plan to be considered in January 2012, preliminary survey in north-east Essex completed. Four properties disposed of this year	
Reducing wastage through improved medicines management	Unwanted medicines being checked by pharmacy staff and returned to stock if suitable.	

Objective	Progress	Assessment of progress towards year-end achievement
<p>Completing full implementation and benefits realisation from the electronic rostering system for inpatient staff, ensuring the most efficient and effective deployment of staff on wards.</p>	<p>Progress being made towards full implementation of e-time and attendance; once embedded, this will result in fully-paperless system, and will be subject to a full benefits realisation to corroborate predicted cost savings.</p>	
<p><b>Objective 5 Expanding our business</b></p>		
<p>Expand capacity of Commercial and Service development team to support delivery of objectives.</p>	<p>New AD of Commercial &amp; Service Development and Administrator appointed. Project management support bought in from EnableEast on fixed-term basis.</p>	
<p>Growing our mental health, substance misuse, and related services business within north Essex.</p> <ul style="list-style-type: none"> <li>• Expand low secure inpatient provision</li> <li>• Deliver high intensity community adult eating disorder service.</li> </ul>	<p>New-build low secure unit adjacent to Linden Centre progressing, Maple Ward reopened this year to expand low secure capacity. Eating disorder community service operational and day treatment facility being opened in January 2012. Awaiting outcome of partnered bid to provide Prison Health services at HMP Chelmsford. Employment and AMHP contracts awarded</p>	
<p>Marketing our local specialist services to a wider geographic commissioner base.</p> <ul style="list-style-type: none"> <li>• Develop specialist intensive inpatient care provision for</li> </ul>	<p>Longview new build progressing well and marketing plan in progress recognising transition from local to EoE specialist commissioning by April 2012</p>	



Objective	Progress	Assessment of progress towards year-end achievement
<p>young people</p> <ul style="list-style-type: none"> <li>Fully utilise our new mother and baby specialist inpatient service</li> </ul>	<p>Mother &amp; baby unit: Marketing information now available and marketing strategy continues.</p>	
<p>Making the most of our expertise in specialist areas of service, delivering services outside local/ adjacent boundaries.</p>	<p>Bid (at ITT stage) to provide services for marginalised and vulnerable adults in Suffolk awaiting a decision from NHS Suffolk.</p> <p>Bid submission to provide Integrated Wellbeing Services for Suffolk in progress with appropriate partners.</p>	
<p>Building on our success with the hosting of Suffolk Community Healthcare to broaden our service base and provide local community health services.</p> <ul style="list-style-type: none"> <li>Prepare for tenders for provision of community healthcare services in Suffolk and parts of north Essex for 2012/13 and beyond</li> </ul>	<p>Bid submitted to provide Suffolk community health services for Lot 2 (West Suffolk adult services), Lot 4 (specialist paediatric services) and Lot 5 (all services). Appropriate partnering secured.</p> <p>Contract award not now expected until spring 2012.</p>	

**Agenda item No: 12a**

**Name of Meeting:** Meeting of the Board of Directors in Public

**Date:** 21 December 2011

**Title of Report:** Performance Report to 30 November 2011

**Presented By:** Paul Keedwell, Director of Operations & Nursing

**Subject, Purpose and Recommendation:**

**The Board is invited to receive and note the Trust's cumulative key performance figures to 30 November (Month 8) of 2011/12.**

**1. Operational & Data Performance**

CQC and Monitor targets - In overall terms, the Trust continues to meet or exceed all CQC targets and Monitor thresholds. Careful attention is being to the Monitor target for CPA reviews which is just 0.1% ahead of the threshold.

The traffic light KPI SUMMARY reports "G" (Green) for the majority of all other targets for 2011/12. The Board and Area directors continue to closely monitor and manage all aspects of performance to ensure targets are met and/or improved. Current performance supports the Trust's vision of "outstanding care, transforming lives".

The monthly performance EMT meeting monitors an extended a range of data quality, CQUIN, completeness and productivity measures in order to provide assurance to the Board. Directors are closely monitoring the "amber" performance for 5-week waits, HoNOS and IP diagnosis recording.

**2. Activity – service line**

Compared to the same period in 2010/11, overall activity has fallen 3.1%. Although, in 2010/11, overall activity increased 8.6%. The detailed results are reported further below (with 2010/11 – last year's, full year change in brackets).

Inpatient: Overall activity, in real terms, is in line with last year, with various configuration/activity changes to impacting the figures. E.g. Lucas Ward reconfig, 8 extra LSU beds, Perinatal activity etc...

Day care attendances have fallen -5.2% to date (+13% LY). Outpatient activity fallen marginally by -1.1% (+6.2% LY).

Community: Extra public holidays in April impacted community contacts and day care activity in the early part of the year. However, now overall face to face activity has decreased -2.9% (+7.3% LY), non-face to face contact down -7.4% (+28%) and specialist teams face to face is flat at -0.7% (+9% LY).

It should be recalled that the value of the community activity growth in 2010/11 was in excess of £4.9million, although the block contract meant that the Trust did not receive any additional income.

We are currently delivering to 2011/12 contracted activity and there are no financial penalties from the block contract.

### 3. Workforce

Sickness absence data to 31 October shows a year to date absence rate of **4.3%**, which is below the 4.5% target, but a rise on the position to July (3.9%). Rolling turnover has fallen again, now down to **6.9%**. {The rolling figure to 30 September 2010 was 10.9%}. Excluding retirements the figure is **4.8%**; 40fte retirements out of 167 leavers in the rolling 12 months.

The recorded level of PDR completion has increased to **66%** (50% last month). Work continues to follow-up the PDR performance data. Detailed exception reports have been sent to managers and cascaded to ensure PDRs are completed and that a record is made on the Trust's HR system.

#### **Finance Implications:**

Financial plan – ensure costs contained despite rising activity.

Potential loss of Commissioners' reward monies if CQUIN quality / innovation targets not met.

**Clinical Implications:** Actions are being taken to achieve improved standards; this should deliver positive change to patient experience and access to services.

#### **HR Implications:**

Workforce data re. sickness, turnover etc.

#### **Legal Implications:**

None

#### **Equality Implications:**

None

**Risks:** A key risk for the Trust is that under performance will negatively impact upon the Trust's compliance with Monitor's Quarterly Monitoring Score, CQC ratings and healthcare contracts. Poor performance also carries a risk to reputation and demand for services from referral.

**Trust Performance Report as at 30th November 2011**  
**Summary of Performance**

<b>Monitor/Care Quality Commission Compliance Framework</b>					
	Target	Performance			
		<i>In Month</i>		YTD	
CPA 7 Day Follow-up	95%	100.0%	<b>G</b>	99.2%	<b>G</b>
Crisis Resolution (Gatekeeping)	95%	99.2%	<b>G</b>	99.9%	<b>G</b>
Delayed Transfers of Care - Monitor	<=7.5%	1.2%	<b>G</b>	0.6%	<b>G</b>
MHMDS Data Completeness	99%			99.5%	<b>G</b>
Data Completeness on Ethnicity	85%			99.9%	<b>G</b>
Under 16 Admissions	0%	0	<b>G</b>	0	<b>G</b>
Detained Patients AWOL	no target	0.00		0.06	
Service users on CPA received a Review in 12 months	95%			95.1%	<b>G</b>
Data Completeness (employment/accomm/HoNOS)	50%			96.7%	<b>G</b>

<b>Other Primary Indicators</b>					
	Target	Performance			
		<i>In Month</i>		YTD	
HoNOS Care Cluster recorded in last 12months	95%			85.2%	<b>A</b>
Inpatient Discharges with a Diagnosis recorded	100%		67.1%	<b>R</b>	89.7% <b>A</b>
18wk Referral To Treatment - Cons Lead Sv	95%		99.73%	<b>G</b>	99.94% <b>G</b>
New Cases Served by EIP				314	
Problematic Drug Users in Effective Treatment	>92.0%			88.8%	<b>A</b>
5 wk wait for 1st Appointment - Consultant Lead Sv	90%		76.9%	<b>A</b>	73.4% <b>A</b>
18 wk Referral To Treatment - Non-Cons Lead Sv	100%		100.0%	<b>G</b>	95.7% <b>G</b>
Carers Assessments	111	444		918	<b>G</b>
Under 18 Admissions to an Adult Ward				0	6
Assertive Outreach Caseloads	277			280	<b>G</b>
IP Re-admissions within 28 days of discharge	tbc			15.8%	10.3%

<b>New Indicators 2011/12</b>					
	Target	Trust Performance			
		<i>In Month</i>		YTD	
Data Completeness - ICD10 Diagnosis (IP and OP clinics)	95%	14.8%	<b>R</b>	35.3%	<b>R</b>
Performance & Productivity - Outpatient Clinic DNA Rates	tbc	17.7%		19.6%	
- Physical Health Checks (CQUIN)	tbc	96.0%		92.7%	

## HR Performance Report as at 31st October 2011

### Summary of Performance

	<i>Target</i>	<i>In month position</i>	Rolling Position	YTD Position
<b>Vacancies</b>	<i>n/a</i>		405.4	
<b>Sickness Absence</b>	4.5%	4.5% <b>G</b>		4.3% <b>G</b>
Long Term Sickness	<i>n/a</i>		1.7%	
<b>Turnover</b>	10%	0.5% <b>G</b>	6.9%	5.7% <b>G</b>
Turnover Excluding Retirements	10%	0.4% <b>G</b>	4.8%	4.4% <b>G</b>
<b>Leavers</b>	<i>n/a</i>	12.0	166.7	78.79
Leavers excluding Retirements		10.3	126.3	55.04
<b>PDRs - recorded as completed</b>			66.4%	

North Essex Partnership Foundation NHS Trust  
Service Line Activity Analysis

Services	2011/12 Base Line		M8 Actual	Difference	Variance
	Activity 2010/11	M8 Baseline			
<b>Day Care (Attendance)</b>					
Mental Health Patients: Adult	36,126	24,084	24,031	-53	-0.2%
Mental Health Patients: Elderly	24,533	16,355	14,316	-2,039	-12.5%
	<b>60,659</b>	<b>40,439</b>	<b>38,347</b>	<b>-2,092</b>	<b>-5.2%</b>
<b>Inpatients (Occupied Bed Days)</b>					
Adult : Acute Care	47,297	31,531	31,436	-95	-0.3%
Adult : Rehabilitation	15,231	10,154	9,580	-574	-5.7%
Children	3,306	2,204	2,217	13	0.6%
Elderly	52,497	34,998	31,943	-3,055	-8.7%
Mother & Baby	442	295	718	423	143.7%
Low Secure	4,207	2,805	3,692	887	31.6%
Local Psychiatric Intensive Care Units	4,827	3,218	3,221	3	0.1%
	<b>127,807</b>	<b>85,205</b>	<b>82,807</b>	<b>-2,398</b>	<b>-2.8%</b>
<b>Outpatients (Attendance)</b>					
Adult :Drug & Alcohol Services First Attendance	951	634	547	-87	-13.7%
Adult :Drug & Alcohol Services Follow Up Attendance	19,418	12,945	12,916	-29	-0.2%
Adult :Other Services First Attendance	5,002	3,335	3,484	149	4.5%
Adult :Other Services Follow Up Attendance	20,250	13,500	12,628	-872	-6.5%
Child :Other Services First Attendance	1,804	1,203	1,014	-189	-15.7%
Child :Other Services Follow Up Attendance	21,757	14,505	15,096	591	4.1%
Elderly First Attendance	3,117	2,078	1,941	-137	-6.6%
Elderly Follow Up Attendance	5,306	3,537	3,551	14	0.4%
	<b>77,605</b>	<b>51,737</b>	<b>51,177</b>	<b>-560</b>	<b>-1.1%</b>
<b>Community (Face to Face Contact)</b>					
Adult Eating Disorder First Contact	52	35	66	31	90.4%
Adult Eating Disorder Follow Up Contact	2,236	1,491	2,371	880	59.1%
Community Mental Health Teams Adult	64,209	42,806	40,334	-2,472	-5.8%
Community Mental Health Teams Elderly	18,493	12,329	12,266	-63	-0.5%
	<b>84,990</b>	<b>56,660</b>	<b>55,037</b>	<b>-1,623</b>	<b>-2.9%</b>
<b>Community (Non Face to Face)</b>					
Adult Non Face to Face	63,642	42,428	38,924	-3,504	-8.3%
Elderly Non Face to Face	3,920	2,613	2,945	332	12.7%
Children Non Face to Face	3,033	2,022	1,726	-296	-14.6%
	<b>70,595</b>	<b>47,063</b>	<b>43,595</b>	<b>-3,468</b>	<b>-7.4%</b>
<b>Mental Health Specialist Teams (Face to Face)</b>					
Other Mental Health Specialist Teams: Adult	37,986	25,324	23,531	-1,793	-7.1%
Other Mental Health Specialist Teams: Elderly	6,722	4,481	5,951	1,470	32.8%
Early Intervention in Psychosis Services	9,853	6,569	6,225	-344	-5.2%
Adult Crisis Resolution Home Treatment	22,617	15,078	15,220	142	0.9%
Children Crisis Outreach	2,518	1,679	1,547	-132	-7.8%
Assertive Outreach Teams	14,352	9,568	9,762	194	2.0%
	<b>94,048</b>	<b>62,699</b>	<b>62,236</b>	<b>-463</b>	<b>-0.7%</b>
<b>Trustwide Total</b>	<b>515,704</b>	<b>343,803</b>	<b>333,199</b>	<b>-10,604</b>	<b>-3.1%</b>

**Agenda item No: 12b**

**Name of Meeting:** Meeting of the Board of Directors in Public

**Date:** 21 December 2011

**Title of Report: Suffolk Community Healthcare (SCH) Interim Management Agreement Performance Report to 31 October 2011, Month 7**

**Presented By:** Vince McCabe, Director of Community Services

**Subject, Purpose and Recommendation:**

The Board is invited to receive and note the SCH summary performance report to Month 7 of 2011/12. Finalised Month 8 figures were not available for this report, however a verbal update on any significant performance variations at Month 8 will be available at the meeting.

The format for the SCH performance report builds on the information areas presented to the Board for Mental Health Services and includes key indicators for CQC compliance, PCT contracts and SHA Performance Management Regime.

Commentary on specific issues raised is provided below:

**1. Clinical Quality/Performance**

Good performance is being maintained across a wide range of clinical quality indicators. NEPFT is providing additional capacity, as required to support the SCH quality/governance team. Additional support has been made available to strengthen the SCH governance and accountability structure leading up to the transition period.

CQC registration, without any conditions or concerns has been maintained. A final CQC report regarding the unannounced visit to Felixstowe Hospital last month is still awaited. No material concerns were raised.

The SCH patient safety and quality dashboard demonstrates compliance within contracted thresholds in all areas, (eg HCAIs, DSSAs, Clinical incidents, complaints).

An increased focus on preventing pressure ulcers (also identified as a national CQIN measure) has been agreed with NHSS, with actions including commissioning a local tissue viability service and identifying and implementing best practice, being praised by NHSS and the SHA.

**SCH Performance Report as at 31 October 2011**  
**Summary of performance to date**

**Clinical Quality/Performance**

	<b>In Month</b>	<b>Comparison with prev month</b>	<b>YTD</b>
Number of SIRIs (% of RCAs undertaken)	0 (100%)	↓	16 (100%)
Number of Never Events	0	--	0
Number of MRSA/MSSA	0	--	0
Number of C Diff (4 annual target)	0	--	1
Number of Patient Falls (all severities - 378 annual target)	56	↑	196
Number of Grade 2 and above Pressure Ulcers (within SCH care includes both in-patients and community caseloads)	7	↓	78
Number of Formal Complaints	1	↓	12
Number of Single Sex Accommodation Breaches	0	--	0
Number of CAS Alerts (% responded to within deadline)	6 (100%)	↑	40 (100%)
CQC Registration (conditions or concerns)	0	--	0
Patient Experience:- Would you recommend this service to family or friends?	100%	--	99% (Y)

**2. Financial Performance**

At month 7 a £174,000 surplus has been achieved (with £1.7M of the £1.8M CRES achieved and factored into budgets). A year end break even is currently being projected, but this requires full implementation of all remaining CRES plans and CQIN delivery.

Discussions continue with NHSS to ensure that sufficient resources will be made available to SCH to achieve breakeven at year end, despite the continuing activity and cost pressures.

All main service contracts with commissioners have been agreed and signed.

Within the SHA Performance Management Regime (PMR), SCH has a rating of 3.0 – delivering a Green Financial Risk Rating to Month 7.



## **SCH Income & Expenditure**

(See appendix 1)



P:\Work\Wince\  
Meetings\Managemer

### **SCH CRES Delivery**

<b>CRES delivery</b>	<b>Plan 000's</b>	<b>Delivery to Month 6 000's</b>
Productivity	277	258
Procurement	710	607
Corporate Efficiencies	196	167
Service Revenues	<u>693</u>	<u>630</u>
	1,876	1,662

### **3. Operational Performance**

Month 7 is still showing an increasing activity level across most services (a net 11% over performance) against the revised total planned face to face contact activity. This demonstrates the success of the system wide QIPP projects in shifting care closer to home.

The final contract performance notice, relating to LHCT urgent response times, is now showing full compliance on 4 hour and 72 hour access times. Discussion on removing the performance notice will take place at the next SCH Contract Monitoring Meeting.

Pledge 2 compliance is close to full achievement, with only Paediatric SALT requiring further significant improvement. Additional capacity and support is now in place to deliver full compliance by December.

The summary SHA PMR for SCH to Month 7 shows a Green Governance/Operational Risk rating of 0.0 (Green <2.0). This now demonstrates full compliance with the SHA Governance risk rating.

**SCH Performance Report as at 31 October 2011**  
**Summary of performance to date**

**Operational Performance**

	<b>Target</b>	<b>In Month</b>	<b>YTD</b>
Face to Face Activity (all services)	37,049 (monthly)	47,588	296,577
Local Health Care Team (response times)			
• 4 Hours	95%	98.8%	↑
• 72 Hours	95%	95.3%	↑
• 18 Weeks	100%	98.1%	↓
Delayed Transfers of Care	11 (per month)	11	66
Data Completeness - Outpatient	100%	100%	---
Community Bed Occupancy		92%	---
Estimated Discharge Date	100%	100%	---
Pledge 2 (18 Weeks)			
• Compliant		14 Services	
• Non Compliant (% Breaches)			
○ Paediatric SALT (21 cases)		7.1%	↑
Diagnostics (6 Weeks)			
• Audiology Non Compliant (breaches)		0	---
Community Equipment Store			
• Response within 7 Days	100%	100%	100%
Minor Injuries Unit (treatment within 4 hours)	98%	100%	100%
DNA Rates – all cancellations	6%	3.2%	2.9%

**[Key: ↑ improved from previous month. ↓ deteriorated from previous month. ↔ remains static from previous month]**

**4. Workforce**

Sickness absence levels for quarter 2 averaged 3.83% (with long term absence falling again in Month 7 to 1.7%).

Turnover and agency/bank spend levels remain low.

Mandatory training and PDR levels remain high – with renewed focus on areas falling below standard.

**SCH Performance Report as at 31 October 2011**  
**Summary of performance to date**

<b>Workforce</b>	<b>Target</b>	<b>Month 7</b>	
Staff in Post (w.t.e)		1,037	
Turnover (voluntary excl. TUPE & retirements)	10%	7.9%	↑
Sickness Absence	4%	3.83%	Qtr 2
Long Term Sickness		1.7%	↓
Agency/Band Spend as a % of Turnover		2.99%	↑
Mandatory Training Uptake		81.4%	---

**5. Relationships/Communication**

- Monthly NEPFT/SCH Management Group meetings are in place, focussing on key performance areas.
- Dawn Godbold (SCH COO) has joined the NEPFT Performance EMT meetings and the Area Directors meetings.
- Visits to SCH management and staff meetings continue by a number of NEPFT Board and senior managers. Significant OD support continues to be provided by NEPFT. This includes support for the SCH 12/13 Business Planning process to take account of the extended transition period and agreement of 2012/13 service contracts.
- Appropriate and relevant two-way communications continue to be developed examples include NEPFT attendance at SCH/CCG meetings.
- Monthly Interim Management Agreement meetings with NHSS continue reviewing a similar high level set of performance indicators to those attached. An extension to the interim management agreement is currently being negotiated with NHSS.
- Monthly SHA PMR reports (and quarterly meetings) have now been put in place – with SCH and NEPFT attendance. Month 7 demonstrated Green ratings for governance & finance and amber for contracts (due to one outstanding NHSS performance notice). This is the best performance by a community services provider on the EoE SHA Performance Management Regime.

**Finance Implications:**

- Limited to maximum risk of £500K
- Current projection break even.

**HR Implications:**

None

**Legal Implications:**

None

**Equality Implications:**

Range of implications no different to existing business

**Risks:**

- Clinical quality risks, mitigated by increasing clinical governance capacity within SCH and proactively reviewing clinical capacity across all community teams.
- Reputational risk through non-achievement of KPIs, mitigated through key focus of Management Group Meetings with SCH and quarterly SHA PMR meetings. This includes preparation for CQC visits.
- Delay in decision making process for SCH service transfer may lead to reduced morale/momentum in SCH staff. NEPFT to agree extension to interim management arrangements with NHSS and enhance OD opportunities for SCH staff during extension.

<b>Agenda Item No. 13</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date</b> 21 December 2011
<b>Title of Report: Finance Report for the Month ending 30<sup>th</sup> November 2011 – Month 8</b>
<b>Presented By:</b> Rick Tazzini, Director of Resources
<p><b>Subject, Purpose and Recommendation:</b>  <b>Financial Performance</b></p> <p>The detailed Financial performance pack is attached to this report. The summary report shows that at the 30<sup>th</sup> November 2011, the Trust has earned £4,251,000 more from providing health services than it spent on its cost of operations. After accounting for non-operating costs, the Trust has achieved a net Income and Expenditure Surplus of £1,390,000 which is £646,000 better than the internal plan. This shows an improved position to date.</p> <p>The forecast EBITDA at year end is £6,309,000 but with prudent retained surplus of £1,607,000 against the plan of £1,400,000. The Trust has an overall weighted FRR of 3.55 (last month 3.45) which now corresponds to level 4 FRR, ahead of the Monitor plan 3.</p> <p><b>The Board is asked to approve the Month 8 Finance Report</b></p>
<p><b>Finance Implications:</b></p> <p>After consideration of identified risks the Trust is considered to be a going concern able to implement its approved strategic plans.</p>
<p><b>Clinical Implications:</b></p> <p>The financial performance of the Trust should not, of itself, constrain planned clinical performance.</p>
<p><b>HR Implications:</b></p> <p>The Trust's reward strategy is affordable and within budget.</p>
<p><b>Legal Implications:</b></p> <p>The Trust has not been advised of legal action, or the risk of legal action, which may materially impact upon the Trust's financial performance.</p>
<p><b>Equality Implications:</b> None.</p>
<p><b>Risks:</b> In year financial risks are being managed.</p>

**Agenda item No: 14**

**Name of Meeting:** Meeting of the Board of Directors in Public

**Date:** 21 December 2011

**Title of Report: Extension of Section 75 Partnership Agreements with Essex County Council (ECC)**

**Presented By:** Geoff Scott, Director of Strategy

**Subject, Purpose and Recommendation:**

The Board is recommended to ratify the Chief Executive's decision to proceed with extension of the existing Partnership Agreements in both Child & Adolescent, and Adult MH & substance misuse services for a further year until 31 March 2013.

The board approved the existing 3-year Partnership Agreement renewal in February 2009 for the period 1 April 2009 – 31 March 2012. The renewal in 2009 involved the separation of previous arrangements into two agreements, one with ECC Schools, Children and Families Service for CAMHs, and one with ECC Adults, Health and Community Wellbeing service for adult MH and substance misuse. The Agreements included the option to extend for a further year beyond March 2012. Older Adult Mental Health services have remained outside these arrangements, albeit singly managed joint OAMH community teams have been in place.

ECC has over this period undergone, and continues to do so, a major transformation programme, alongside very challenging financial targets for the period 2010/11 – to 2014/15. Within the existing Partnership Arrangements, the 2011/12 annual Service and Finance Agreement (SFA) for adults has been required to address a 10% budget reduction, in CAMHs a 50% budget reduction. Both have been achieved. For the adult SFA, indicative further reductions have been identified for 2012/13 and beyond and have been taken into account in workforce planning.

We are currently working with ECC on their outcomes accountability framework which it is intended will form the basis of their future social care commissioning intentions beyond March 2013. ECC's major transformation, including moving to a commissioner led organisation, is also exploring the linkages/ synergies between commissioning of children, adult and older adult services and we need to take this into account as we develop our own thinking about our care pathways and future ways of operating. This includes future models for the way older adult mental health services are provided (they have been left out of the planned / unplanned team reconfiguration that has taken place in the rest of Adult Health and Community Wellbeing).

In order for this substantial work to be completed and its future implications to be considered and planned for, ECC asked for an extension of the existing S75 Partnership Agreements for a further twelve months from 1 April 2012.

**Finance Implications:** The value of the current SFAs in 2011/12 were as follows:

- CAMHs - £0.325m
- Adults - £4.458m

The CAMHs SFA has been agreed at the current level for 2012/13, uplifted to account for actual salaries and non-pay costs.

The Adults SFA will be negotiated taking account of the already indicated (and planned for) further 1% reduction and costs will be adjusted to within the financial envelope available

**Clinical Implications:**

The partnership arrangements allow flexible delivery of integrated health and social care functions of the NHS and local authority, by both health and social care staff. This improves communication and helps service users receive more seamless and better integrated pathways.

**HR Implications:**

Social care staff, including a number of managers, remain seconded by Essex County Council to the trust under the terms of the Partnership Agreement and the Essex County Council secondment protocol, and this would continue for the period of the extension.

**Legal Implications:**

The existing arrangements constitute a Section 75 Health Service Act 2006 Partnership Agreement (previously Section 31 Health Act 1999) to achieve integrated health and social care provision.

**Equality Implications:**

The S.75 Agreements are in respect of adult mental health and substance misuse services, and child & adolescent mental health services. The trust also works closely with ECC to deliver community services through singly managed joint teams to older adults.

**Risks:**

Expenditure within the partnership arrangements is adjusted to ensure it remains within the financial envelopes available, mitigating financial risks. ECC staff will remain employees of ECC during the period of the extension of the Agreements; this position will be reviewed in preparation for 2012/13 dependant upon the ECC commissioning framework and intentions.

## **NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST**

### **Audit Committee Chairman's Report to Board 21 December 2011**

#### **Progress report on the work of the Audit Committee**

#### **1. Introduction**

The last report was presented to the board at its public meeting held on the 31 August 2011. This report therefore summarises issues dealt with at the Audit Committee meeting held on the 13 October. Previous reports have summarised issues dealt with at the Audit Committee meetings on the 14 April, 18 and 25 May, and the 14 July 2011.

#### **2. Summary of meeting held on the 13 October**

##### **2.1 External Audit – Audit Commission**

The Committee received the regular comprehensive report updating them on issues such as the Financial Statements and VFM conclusions which had been completed in accordance with Monitor's timetable, and the Charitable Funds for which the independent examination is to be complete and lodged with the Charity Commission by the 31 January 2012.

Other Matters briefly reported for information included arrangements for clustering SHAs and PCTs, review of NHS accounts 2010/11, review of NHS FTs annual plans for 2011/12, and an update on Monitors proposed new role. Finally the report set out key issues for Audit Committees to consider all of which were noted for action.

##### **2.2 Appointment of External Auditors**

A report was considered setting out the timetable and process for appointing the Trust's auditors, including the establishment of the Council of Governors Working Party, terms of reference and membership (to include three Governors, the Director of Resources and Chairman of the Audit Committee). Since the meeting work has already started in accordance with the timetable, and will culminate in interviews on the 12 January when it is hoped the Audit Committee and the Working Party will make a unanimously agreed recommendation.

##### **2.3 Internal Audit - Deloitte & Touche**

The Committee received the following reports:

###### **Progress Report 2011/12:**

The 2011/12 plan was on target, 4 final, 3 draft reports and fieldwork for 2 audits have been completed. 16 terms of reference have also been agreed, leaving a further 3 to be agreed.

###### **Follow up report:**

Performance against key indicators showed the auditors are meeting or exceeding targets, whilst management performance is in the process of improvement and would be reviewed further at the January meeting.

It was agreed that further review of outstanding priority 1 recommendations would be undertaken and reported back by email.

###### **Internal Audit Reports:**

Two reports were received; Nursing Rotas (adequate assurance), and Capital, Estates and Facilities Management (limited assurance). It was reported that many of the issues and recommendations had already been addressed and all would be completed by the end of the year.



## **2.4 Counter Fraud – Deloitte & Touche**

A progress report of the 2011/12 plan was presented which showed good progress in all areas of activity.

A report on the outcome of the staff fraud awareness survey was presented. 180 responses were received which although not high was still considered to be a limited but valid sample. Key messages were:

Awareness is high, with 87% positive responses.

Awareness of the Counter Fraud Service has grown to 80% of responses.

Actions will be taken in an attempt to improve response in the future thereby improving the quality of the results.

## **2.5 Self Assessment 2011**

The results of the annual self assessment were reported. The assessment is based on a series of questions derived from the HFMA Audit Committee Handbook and the Audit Commission publication Taking it on Trust.

The report began with a detailed review of last year's suggestions and overall it was reported that good progress had been made.

A series of current year comments were then considered with the following outcomes:

**Assurance process.** This is a live issue in respect of the Quality Accounts, and a data quality audit was planned and will be coordinated with RGE.

**Improved linkage between internal audit reports and the board's risk register and assurance framework.** It was agreed that in the future internal audit reports would be linked as proposed.

**Provisions.** A future report to the Audit Committee will review all financial provisions.

**Performance reports.** The committee felt there might be improvement in the way performance is viewed by considering the perception of front line staff against the Trust's actual performance.

**Business expansion.** An appropriate risk appetite associated with business expansion is being developed and it was proposed to ask for a report to be presented in the future on this subject.

**Challenging financial environment.** Audit Committee should discuss and understand in more detail the financial pressures and risks the Trust may need to manage in the future. It was agreed that a report would be presented at the next meeting.

## **2.6 Other matters**

**Assurance: Risk and Governance Executive.** The committee received a comprehensive update by John Gilbert.

**Treasury Management Policy.** This was the first performance report and was a very useful document. It will be added to and amended for future meetings.

**Standing Financial Instructions.** An updated version was reviewed and agreed which had been compiled by the Director of Resources, the Trust Secretary and Jimmy Purvis.

**Enable East.** The Committee received details of the financial and risk management arrangements which were satisfactory.

## **3. Looking forward**

By the time of the next meeting in public we will have appointed a new external auditor. The Committee has been very well served by the Audit Commission and thanks them for their professionalism and care they have always shown. Further reports will of course be presented at future public board meetings to summarise the work of the committee.

Ray Cox, Audit Committee Chairman  
6 December 2011





**Agenda item No: 15**

**Name of Meeting:** Meeting of the Board of Directors in Public

**Date:** 21 December 2011

**Title of Report:** Audit Committee Report

**Presented By:** Ray Cox, Non Executive Director

**Subject, Purpose and Recommendation:**

The Board of Directors is asked to receive and note the Audit Committee Chairman's Report

**Finance Implications:** N/A

**Clinical Implications:** N/A

**HR Implications:** N/A

**Legal Implications:** N/A

**Equality Implications:** N/A

**Risks:** N/A

## **NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST**

### **Audit Committee Chairman's Report to Board 21 December 2011**

#### **Progress report on the work of the Audit Committee**

#### **1. Introduction**

The last report was presented to the board at its public meeting held on the 31 August 2011. This report therefore summarises issues dealt with at the Audit Committee meeting held on the 13 October. Previous reports have summarised issues dealt with at the Audit Committee meetings on the 14 April, 18 and 25 May, and the 14 July 2011.

#### **2. Summary of meeting held on the 13 October**

##### **2.1 External Audit – Audit Commission**

The Committee received the regular comprehensive report updating them on issues such as the Financial Statements and VFM conclusions which had been completed in accordance with Monitor's timetable, and the Charitable Funds for which the independent examination is to be complete and lodged with the Charity Commission by the 31 January 2012.

Other Matters briefly reported for information included arrangements for clustering SHAs and PCTs, review of NHS accounts 2010/11, review of NHS FTs annual plans for 2011/12, and an update on Monitors proposed new role. Finally the report set out key issues for Audit Committees to consider all of which were noted for action.

##### **2.2 Appointment of External Auditors**

A report was considered setting out the timetable and process for appointing the Trust's auditors, including the establishment of the Council of Governors Working Party, terms of reference and membership (to include three Governors, the Director of Resources and Chairman of the Audit Committee). Since the meeting work has already started in accordance with the timetable, and will culminate in interviews on the 12 January when it is hoped the Audit Committee and the Working Party will make a unanimously agreed recommendation.

##### **2.3 Internal Audit - Deloitte & Touche**

The Committee received the following reports:

###### **Progress Report 2011/12:**

The 2011/12 plan was on target, 4 final, 3 draft reports and fieldwork for 2 audits have been completed. 16 terms of reference have also been agreed, leaving a further 3 to be agreed.

###### **Follow up report:**

Performance against key indicators showed the auditors are meeting or exceeding targets, whilst management performance is in the process of improvement and would be reviewed further at the January meeting.

It was agreed that further review of outstanding priority 1 recommendations would be undertaken and reported back by email.

###### **Internal Audit Reports:**

Two reports were received; Nursing Rotas (adequate assurance), and Capital, Estates and Facilities Management (limited assurance). It was reported that many of the issues and recommendations had already been addressed and all would be completed by the end of the year.

## **2.4 Counter Fraud – Deloitte & Touche**

A progress report of the 2011/12 plan was presented which showed good progress in all areas of activity.

A report on the outcome of the staff fraud awareness survey was presented. 180 responses were received which although not high was still considered to be a limited but valid sample. Key messages were:

Awareness is high, with 87% positive responses.

Awareness of the Counter Fraud Service has grown to 80% of responses.

Actions will be taken in an attempt to improve response in the future thereby improving the quality of the results.

## **2.5 Self Assessment 2011**

The results of the annual self assessment were reported. The assessment is based on a series of questions derived from the HFMA Audit Committee Handbook and the Audit Commission publication Taking it on Trust.

The report began with a detailed review of last year's suggestions and overall it was reported that good progress had been made.

A series of current year comments were then considered with the following outcomes:

**Assurance process.** This is a live issue in respect of the Quality Accounts, and a data quality audit was planned and will be coordinated with RGE.

**Improved linkage between internal audit reports and the board's risk register and assurance framework.** It was agreed that in the future internal audit reports would be linked as proposed.

**Provisions.** A future report to the Audit Committee will review all financial provisions.

**Performance reports.** The committee felt there might be improvement in the way performance is viewed by considering the perception of front line staff against the Trust's actual performance.

**Business expansion.** An appropriate risk appetite associated with business expansion is being developed and it was proposed to ask for a report to be presented in the future on this subject.

**Challenging financial environment.** Audit Committee should discuss and understand in more detail the financial pressures and risks the Trust may need to manage in the future. It was agreed that a report would be presented at the next meeting.

## **2.6 Other matters**

**Assurance: Risk and Governance Executive.** The committee received a comprehensive update by John Gilbert.

**Treasury Management Policy.** This was the first performance report and was a very useful document. It will be added to and amended for future meetings.

**Standing Financial Instructions.** An updated version was reviewed and agreed which had been compiled by the Director of Resources, the Trust Secretary and Jimmy Purvis.

**Enable East.** The Committee received details of the financial and risk management arrangements which were satisfactory.

## **3. Looking forward**

By the time of the next meeting in public we will have appointed a new external auditor. The Committee has been very well served by the Audit Commission and thanks them for their professionalism and care they have always shown. Further reports will of course be presented at future public board meetings to summarise the work of the committee.

Ray Cox, Audit Committee Chairman  
6 December 2011



<b>Agenda item No: 16</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Nominations Committee Report</b>
<b>Presented By:</b> Mary St Aubyn, Chairman
<b>Subject, Purpose and Recommendation:</b> The Board of Directors is asked to receive the report for information.
<b>Finance Implications:</b> N/A
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> The Nominations Committee of the Board of Directors has a range of duties in relation to the Board of Directors including keeping the size structure and composition of the Board of Directors under regular review, and preparing role descriptions and person specifications for each of the executive and non executive directors to reflect the balance of skills, knowledge and experience required by the Board.
<b>Legal Implications:</b> The Committee has regard to the Code of Governance for NHS Foundation Trusts issued by Monitor.
<b>Equality Implications:</b> The Committee is advised by the Director of Workforce and Development regarding current best practice.
<b>Risks:</b> A key risk is of the Committee failing to make appropriate recommendations to the Chairman of the Trust regarding executive director positions and to the Remuneration and Appointments Committee of the Council of Governors in respect of Non Executive Director positions.

**North Essex Partnership NHS Foundation Trust**  
**Report of the Nominations Committee of the Board of Directors to the**  
**Meeting of the Board of Directors on 31 August 2011**

The Nominations Committee has held two meetings in 2011/12, on 9 August 2011 (reported to the previous meeting of the Board in public on 31 August 2011) and on 12 October 2011.

The following were present at the meeting held on 12 October; Ray Cox (Deputy Chairman), Mary St. Aubyn (Chairman), Sarah Phillips (Non Executive Director & Senior Independent Director), John Gilbert (Non Executive Director), Charles Abel Smith (Non Executive Director). The following were in attendance; Andrew Geldard, (Chief Executive), Lisa Anastasiou (Director of Workforce & Development) and Dermot McCarthy (Trust Secretary).

As the matters relating to the recruitment and selection of a chairman were on the agenda the meeting was chaired by Ray Cox, Non Executive Director and Deputy Chairman.

Mary St Aubyn gave a brief update on the process to recruit a Non Executive Director. The 15 applications received were sifted by Mary St Aubyn and Dan Kessler (Lead Governor and Chairman of the Remuneration & Appointments Committee of the Council of Governors), resulting in a long list of five candidates. A shortlist would be drawn from these, and the shortlisted candidates invited to a stakeholder meeting on the 2 November followed by formal interviews on the 7 November 2011.

Following the careful consideration of a report from Lisa Anastasiou the Nominations Committee unanimously agreed to make a recommendation to the Remuneration & Appointments Committee of the Council of Governors (RAC) at its next meeting on the 28 November 2011 that an external agency should be used to assist in the search of a new Chairman in 2012. This was considered in the context of Monitor's publication 'Your Statutory Duties – A Reference Guide for NHS Foundation Trust Governors' which supports this approach.

*Note: As subsequent to this meeting no appointment was made to the Non Executive Director (NED) vacancy the recommendation to use external recruitment advisers has been extended to the NED post. This recommendation was accepted by the RAC on 28 November and a selection process scheduled for December 2011.*



<b>Agenda item No: 17</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Risk and Governance Executive (RGE) Report</b>
<b>Presented By:</b> Dr Malte Flechtner, Medical Director & John Gilbert, Chair RGE
<b>Subject, Purpose and Recommendation:</b> This is the quarter 2 and 3 report of the Risk and Governance Executive and outlines the work undertaken during the last Six months. This work covers both the Quality and Risk agendas.
<b>Finance Implications:</b> There are a number of risks on the register that have financial implications
<b>Clinical Implications:</b> Care Quality Commission (CQC) registration and the management of patient safety agenda have major clinical implications for patients and the Trust.
<b>HR Implications:</b> The HR function is represented on the executive and the group monitors induction, mandatory training attendance and registration routinely.
<b>Legal Implications:</b> The management of risk issues has legal implications in relation to meeting statutory duties such as fire and also NHS Litigation Authority (NHSLA) requirements in relation to the management of claims
<b>Equality Implications:</b> None identified
<b>Risks:</b> The main areas of risk concern the wider trust management of the risk register and the Quality and Risk Profile of the Trust which includes the management of external reporting.

**North Essex Partnership NHS Foundation Trust  
Risk and Governance Executive Report  
(July - December 2011)**

## **Background**

The group has met six times during this period.

The formal agenda is divided into five parts:

- Assurance Overview
- Business and reports
- Action plans/ Monitoring
- Quality and Audit
- Policy approval.

### **1) Assurance and Feedback**

The group has reviewed the risk register and assurance framework and these will be submitted to the Board separately. The risk register continues to be rescored. The register itself has been enhanced to include prioritisation of actions, reporting / monitoring arrangements on progress.

There has also been a significant move forward with the monitoring of mandatory supervision across all teams. The group have now received two quarters of monitoring data and this continues to improve.

CQC responsive review reports have been signed off and the group are continuing to monitor compliance with local provider compliance assessments. The group have commissioned Mock visits at local units to pick up areas for improvement.

### **The group have received annual reports for the following areas:**

- a) Practice Policy group
- b) Serious incidents
- c) Complaints
- d) Physical Healthcare
- e) Mental health Act
- f) Medicines Management
- g) Infection control
- h) Emergency Planning
- i) Suicide Prevention and Avoidable deaths
- j) Health and Safety
- k) Quality, Risk and Patient Safety
- l) Local Security Management Specialist
- m) CPA working group

## **2) Reports**

### **2.1) High Impact actions**

This is an initiative that was launched in May. Falls, catheter acquired urinary tract infections (CAUTI) and pressure ulcers are the three nationally agreed actions for the Trust. We have continued to see a reduction in patient falls. Only a few pressure

ulcers have been reported and there is a training package and robust admission procedures in place to ensure the correct care is provided from the outset. No CAUTIs have been reported and this is closely monitored by the infection control team.

## **2.2) Serious Incidents and complaints**

The group received quarterly reports on serious incidents and complaints to gain assurance that the process of investigations is robust and the lessons and recommendations are being actioned. The group also reviews in detail high risk serious incidents to ensure that the recommendations have been addressed however none have been reported to the group in this period. These reports has already been submitted to the Board as a separate item.

## **2.3) Security Management**

The group have received a six monthly report in security issues. 87% compliance with risk assessments and the outstanding ones are being received. Significant investment in security improvements particularly CCTV.

## **2.4) Fire Safety**

Report received from new Fire officer for the Trust providing a fresh perspective in this area. This new position also means that there is a dedicated person for Fire rather than the post being split between Fire and Security. Audit of the current arrangements has taken place and new systems are being developed. There is still a substantial level of assurance however further improvements are expected at the half yearly report. Over the last 12 months there had been in excess of £95,000 invested in improving fire safety and updating systems.

## **2.5) Claims**

Half yearly report was received. Claim volume has dropped a little with 3 clinical claims and one employers liability claim received from April and Sept 2011. There is a rolling action plan with key learning points brought out from claims.

## **3) Monitoring**

The group continues to monitor registrations and induction of staff. Local induction continues to be a low level of compliance with Trust standards and this is being closely monitored and relevant managers notified.

## **Patient Safety Dashboard**

The group analyses incidents that occur throughout the Trust through the use of the patient safety dashboard and at the November 2011 meeting there was a review of the year's performance to date covering six months. The highlights included:

- A significant reduction in patient falls
- Reduction in RIDDOR incidents for both patients and staff
- Increase in seclusion and Control and restraint incidents centred around a few particular patients. These are being closely monitored and investigated.
- Good level of compliance with three mandatory training courses – Fire, manual handling and Ethical care, control and restraint.

### **Central Alert System including Medicines**

The group receives alert updates monthly and there are no outstanding alerts for the Trust.

### **Information Governance**

The group has received an update on compliance with new toolkit requirements and this continues to be monitored in detail by the information governance and security group.

### **4) Quality Dashboard and Audit**

The group continues to receive 'hot spots' matrix of all inpatient wards against 13 metrics.- these cover all three domains, patient safety, clinical effectiveness and patient experience.

The group continues to monitor the development of a quality dashboard and receives inpatient dashboard on a monthly basis. This is being submitted to the Board. The group are now developing quality metrics for a community team dashboard. The group are also integrating the inpatient discharge survey results into a patient experience dashboard.

The group received a report on the progress of the corporate audits and the development of audit in the clinical areas. Capacity for audit continues to be closely monitored.

### **5) Policy Approval**

The following corporate policies have been approved:

#### **Corporate**

- Intellectual property policy
- IT Equipment and Pc Replacement Policy
- Research and Development Policy
- Equality and Diversity Policy
- Registration Authority Procedure

#### **Human Resources**

- CRB and ISA Policy
- Employing people with a criminal record guidance
- Recruitment Policy
- Management of organisational change policy
- Managing close personal relationships policy

#### **Clinical**

- Mother and Baby Operational Policy
- Medical Devices Policy and Strategy
- Hand Hygiene policy
- Tissue Viability Policy
- Essex Transition protocol
- Searching Patients and their Property Policy
- Eating Disorders Operational Policy
- Care cluster Policy

ECT protocol  
Seclusion procedure  
Adult attention deficit hypersensitivity disorder protocol  
Pan Essex Missing persons Policy  
Suicide prevention strategy

**Health and Safety**

First Aid Policy  
Health and Safety Policy

**Financial**

Budget setting Policy  
Losses and compensation Policy  
Purchase card policy  
Charitable Funds Policy  
Overpayments Policy



**Agenda item No: 18**

**Name of Meeting:** Meeting of the Board of Directors in Public

**Date:** 21 December 2011

**Title of Report: Council of Governors - Draft Minutes of the Meeting held on 12 October 2011 and Verbal Feedback on the meeting held on 13 December 2011**

**Presented By:** Mary St Aubyn, Chairman

**Subject, Purpose and Recommendation:** The Board is asked to receive the draft minutes of the Council of Governors meeting held on 12 October 2011 and give feedback on the meeting held on 13 December 2011.

**Finance Implications:** N/A

**Clinical Implications:** N/A

**HR Implications:** N/A

**Legal Implications:** N/A

**Equality Implications:** N/A

**Risks:** N/A



## NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST

### MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS HELD ON WEDNESDAY 12 OCTOBER 2011 AT QUEENS BUILDING LECTURE THEATRE, ANGLIA RUSKIN UNIVERSITY, CHELMSFORD CAMPUS, BISHOP HALL LANE, CHELMSFORD CM1 1SQ

#### **Present**

Mary St Aubyn	Trust Chairman
Dr Sourangshu Acharyya	Elected Staff Governor, Medical
Dr Qadir Bakhsh	Nominated Governor, West Essex PCT
David Bamber	Elected Governor, Harlow
Angela Barnes	Elected Governor, Tendring
David Barron	Nominated Governor, Mid Essex PCT
Annette Bright	Elected Governor, Colchester
Peter Cheng	Elected Governor, Colchester
Dr Zach De Beer	Elected Staff Governor, Other Clinical
Pippa Ecclestone	Elected Governor, Uttlesford
David Fairweather	Elected Governor, South Essex
Patrick Hamilton	Elected Governor, Uttlesford
Mike Henderson	Elected Governor, Braintree
Sheila Jackman MBE	Elected Governor, Epping Forest
Dan Kessler	Elected Governor, Tendring & Lead Governor
James McQuiggan	Elected Governor, Tendring
Matt Mills	Elected Governor, Braintree
Dave Monk	Nominated Governor, BBC Essex
Linda Pearson	Elected Staff Governor, Non Clinical
David Pickles	Elected Governor, Maldon
Mary Power	Elected Governor, Chelmsford
Valerie Sach	Elected Governor, Braintree
Allen Senivassen	Nominated Governor, Anglia Ruskin University
Nazir Shivji	Elected Staff Governor, Nursing
Andrew Smith	Elected Governor, Epping Forest
Brian Spinks	Elected Governor, Epping Forest & Deputy Lead Governor
Lucy Taylor	Elected Governor, Colchester
Hugh Thompson	Elected Governor, Tendring
Cathy Trevaldwyn	Elected Governor, Chelmsford
Michael Waller	Elected Governor, East Hertfordshire
Clive White	Nominated Governor, Colchester Mind
Jo White	Elected Staff Governor, Social Care
David Williams	Elected Governor, Maldon
Brian Winder	Elected Governor, Chelmsford

#### **In attendance**

Andrew Geldard	Chief Executive
Lisa Anastasiou	Director of Workforce & Development
Mike Chapman	Director of Commercial & Service Development
Ray Cox	Non Executive Director
Dr Malte Flechtner	Medical Director



John Gilbert	Non Executive Director
Vince McCabe	Director of Community Services
Dermot McCarthy	Trust Secretary
Nikki Nelson	PA to Director of Commercial & Service Development/Trust Secretary (minutes)
Sarah Phillips	Non Executive Director
James Purves	Legal Adviser
Helene Samuel	Community Engagements and Events Officer
Geoff Scott	Director of Strategy
Rick Tazzini	Director of Resources
Mike Waddington	Associate Director of Communications

### **1. Welcome and Introductions and Questions relating to items not included on the Agenda**

Mary St Aubyn opened the meeting and welcomed everyone and in particular the two new Colchester Governors, Lucy Taylor and Peter Cheng. The World Mental Health Day 'Walk a Mile' event on 10 October in Central Park, Chelmsford had been attended by over 200 people including staff and governors and Mary especially thanked David Bamber who had given an excellent speech. The opening of the Garden Link at the Derwent Centre in Harlow had taken place on Tuesday 11 October and the new chaplain had been welcomed.

### **2. Apologies for Absence**

Apologies for Absence were received from:

Moshud Ali	Elected Governor, Suffolk
Nick Ntiako Brown	Nominated Governor, Tendring and Colchester Minority Ethnic Partnership (TACMEP)
Rob Davis	Nominated Governor, HM Prison & YOI Chelmsford
Terrie Harris	Elected Governor, Harlow
Christian Jenner	Appointed Governor, NHS Suffolk
Claire Stockwell Lance	Nominated Governor, Alzheimer's Society
Damian Pocknell	Elected Governor, Braintree
Steven Pruner	Elected Governor, Chelmsford
Hazel Ruane	Nominated Governor, Essex Respite Association
Cllr Mick Skeels	Nominated Governor, Essex County Council
Tim Young	Nominated Governor, NHS NE Essex

The following Directors were not able to attend:

Charles Abel Smith	Non Executive Director
Paul Keedwell	Director of Operations & Nursing

### **3. Declarations of Interest**

There were no declarations of interest.

### **4. Minutes of the previous meeting held on 14<sup>th</sup> June 2011**

***The minutes of the previous meeting held on 14 June 2011 were agreed as a correct record of the meeting and signed by the Chairman.***

## **5. Matters Arising**

There were no matters arising.

## **6. Trust Constitution**

Mary St Aubyn read a short statement regarding the review of the constitution of the Trust: "The time has come for us to carry out a major review of our constitution. This will be an open and transparent process and I would like to invite interested parties across the Trust, in particular our governors, to participate. This will include a key contribution from our Constitution Review Group of the Council of Governors which currently comprises 7 governors. The first steps will include considering and understanding the issues and developing a timetable for approval; this will be impacted on by a successful Suffolk bid and therefore governors may be asked to make additional time aside to help with this work over the next few months".

Dan Kessler (on behalf of the Council of Governors) would be inviting a representative from the Board of Directors to attend meetings of the Constitution Review Group. An invitation to join the group was extended to any interested appointed governors. An update report would be brought back to the next meeting of the Council of Governors on 13 December 2011.

In answer to a question from Pat Hamilton, Mary St Aubyn stated that it could be helpful to have some principles from the Board for consideration by the Constitution Review Group. Dan Kessler added that the purpose of the item today was to open a discussion.

***The Board of Governors received the statement regarding the need to review the constitution of the Trust.***

## **7. Board of Directors' Update**

Andrew Geldard, Chief Executive gave a presentation which included:

- Monitor Compliance
- Financial Performance
- Service User Survey 2011
- Public board Meeting
- Care Quality Commission
- Financial Outlook
- General Update
- Looking forward.

### **7.1 Monitor Compliance**

As per the Annual Plan 2011/12 and at the end of quarter 1, (period ending June 2011), the Trust's performance was:

- Financial Risk Rating (FRR): 3
- Governance Rating: Green.

### **7.2 Financial Summary**

The Trust had a net surplus of £677K as at end of August 2011, which was slightly ahead of plan.

### **7.3 Service User Survey 2011 – Community and Outpatients**

The Trust had identified some key areas for improvement around assistance with 'day to day living' such as housing, employment and benefits, and the crisis telephone line. The Trust had been successful in winning the Employment Adviser contract and it was therefore envisaged that performance in this area would improve. Paul Keedwell had been in discussion with commissioners regarding whether NERIL could assist in the triage of out of hours telephone calls from patients. The 2012 Survey was expected to be for Community and Outpatients; this had been put back at least one month and was now expected to be issued in March 2012 with the results published during April/May 2012.

### **7.4 Board Meeting in Public (31 August 2011)**

This meeting was held at Epping Town Hall with the West Area management team of the Trust presenting their business plan. The next meeting in November will be held in Braintree where there will be a presentation from the Mid Area management team.

### **7.5 Care Quality Commission**

The Care Quality Commission (CQC) had advised that they planned to make un-announced inspections at each of the Trust's 24 locations before the end of the current financial year.

### **7.6 Financial Outlook**

Rick, Geoff and Paul had met with a senior team from the PCT Cluster and given a presentation around the funding of the Trust's services. The Trust had generated significant savings over the past three years with very limited reinvestment. Contract discussions for 2012/13 were now ongoing.

### **7.7 General Update**

a) Suffolk Community Healthcare Contract 2011/12: The Trust was performing very well and the Strategic Health Authority now rated these services as 'green'.

b) Suffolk Community Healthcare: This bid timetable been delayed due to Transfer of Undertakings (Protection of Employment) (TUPE) and pension calculation issues. The process was expected to result in a decision by the end of March 2012.

c) Suffolk Wellbeing (IAPT): The Trust was seeking partners to formulate a bid.

d) Allied Mental Health Professionals (AMHP) Training: The Trust were successful in winning this tender.

e) Suffolk Marginalised & Vulnerable Adults: The Commercial & Service Development team was working on the final stages of this bid.

f) Veterans' Mental Health: The Trust had won a new contract with a value of around £100K.

g) CAMHS Tier 4: The topping out ceremony would take place on 23 November 2011. Governors were welcome to attend.

h) Derwent Centre: This building was undergoing a multi-million pound modernisation which will run for the next 5 years. The garden link opened this week.

i) Remedy (Carebase replacement): the new system was due to 'go live' in March 2013.

j) Staff Survey: The Trust was in the middle of the sample period. All NEPFT and ECC seconded staff had been sent a survey.

k) Annual Planning Event: This would take place on 28 November 2011 at Chelmsford City Football Club.

l) Joint meeting of the Board of Directors and the Council of Governors; This will be held on 25 January 2012 at Chelmsford Football Club.

### **7.8 Looking Forward – Priorities:**

- Service User Experience
- Staff and Staff Involvement
- Dealing with Financial Downturn
- Planning the Future.

In reply to a question from David Bamber, regarding the results of the service user survey, Andrew Geldard advised that help with day to day living was a key priority. In answer to a request from Matt Mills, Andrew Geldard confirmed that a year on year analysis of the service users survey results would be included in future reporting.

In answer to a question from Allen Senivassen, regarding efficiency savings, Rick Tazzini stated that the Trust was making a strong case to the PCT for investment in Mental Health services.

***The Council of Governors received the Board of Directors' Report.***

### **8. Elections of the Lead Governor and Deputy Lead Governor**

Dermot McCarthy gave an update on the election process for the Lead and Deputy Lead Governor positions. Two completed nomination forms had been received from Dan Kessler, Lead Governor and Brian Spinks, re Deputy Lead Governor. As no further nominations were received within the prescribed timescale, Dermot was pleased to advise that these two nominees were elected unopposed. Mary St Aubyn congratulated both Dan and Brian and recorded her thanks for their support.

***The Council of Governors received an update on the Elections for the Lead Governor and Deputy Lead Governor.***

### **9. Lead Governor's Update**

Dan Kessler thanked Mary St Aubyn and recorded his thanks to Brian Spinks for all of his support. Dan asked those governors who had not already done so to submit their completed standard disclosure CRB forms by end of November 2011. He reminded colleagues of the importance of submitting workstream reports for the Annual Planning Event by 28 October and the area reports by 11 November 2011. Another round of area meetings had been completed and a common theme had been the impact of the Essex County Council (ECC) reductions in social care staff.

Dan thanked those governors who had attended the FTGA events during the year. He had attended the NHS Confederation conference in London earlier in the day which had included

an address from the Chairman of the Select Committee on Health. A theme of this type of event was the need for governors to ask probing questions about finance and service user and staff satisfaction. He recorded his thanks to the Communications Team for their work organising the Annual Public Meeting, and the recent World Mental Health Day and Derwent Centre events.

Dan Kessler announced it would be his last year as Lead Governor and asked governors who may have an interest in the role to approach him.

***The Council of Governors received the Lead Governor's Update.***

#### **10. Colchester Election Update**

Dermot McCarthy gave a formal report on the result of the recent election which had resulted in two new governors for Colchester, Lucy Taylor and Peter Cheng. The Trust had been very pleased to have had six candidates and the election statements of the successful candidates were included in the papers to advise fellow governors of their background and experience.

***The Council of Governors noted the update on the Colchester Election (June 2011).***

#### **11. Remuneration & Appointments Committee of the Council of Governors (RAC) Report**

Dan Kessler confirmed that the current focus of the RAC was the selection and appointment of a new Non Executive Director (NED) to replace Mark Simpson. Once short listing had taken place there would be a stakeholder event on the 2 November 2011 at Pontlands Park Hotel in Chelmsford where there would be an opportunity for governors to meet the short listed candidates.

***The Council of Governors noted the Report of the Remuneration and Appointments Committee of the Council of Governors.***

#### **12. Appointment of External Auditors - Update**

Dermot McCarthy gave an update and reminded the meeting that the Audit Commission had been reappointed as the external auditors for the Trust for 2012/13. As the Audit Commission's Audit Practice was being outsourced they had written to advise that they could not now provide this service and a procurement process would therefore be instigated in order for a new firm to be in place from 1 April 2012. The Working Group for the Appointment of Auditors would take this forward with the Audit Committee.

Brian Spinks confirmed that he had approached Michael Waller, Public Governor, Hertfordshire and Pat Hamilton, Public Governor, Uttlesford and he would like to recommend them as his colleagues on the Working Group.

***The Council of Governors was asked to:***

- 1) Approve the process for appointing the Trust's external auditors***
- 2) Approve that the Council of Governors' Working Group for the Appointment of Auditors be reconstituted***

- 3) Approve the Terms of Reference for the Working Group for the Appointment of Auditors**
- 4) Confirm the appointments to the Working Group (Pat Hamilton and Michael Waller).**

**Vote:**

**For: 24**

**Against: 0**

**Abstentions: 1**

### **13. Evaluating the Effectiveness of the Council of Governors**

Dermot McCarthy gave an update on the evaluation process for 2011/12 and explained the role of the Council of Governors' Evaluation Group in taking forward the content and process for the questionnaire. There would be a new section included in the questionnaire to feed into the Constitution Review Group. Sheila Jackman, Public Governor, Epping Forest, emphasised the responsibility of each governor to complete and return the evaluation.

***The Council of Governors was asked to:***

- 1) Accept a proposal that the Council of Governors' Evaluation Group review the current evaluation questionnaire.**
- 2) Confirm the membership of the Council of Governors' Evaluation Group.**
- 3) Receive a report on progress at the meeting of the Council of Governors to be held on 13 December 2011 to include an update on actions taken following the 2010 survey and the proposed questionnaire for 2011/12.**
- 4) Agree that the evaluation be conducted during January and February 2012 with a report on the outcomes to be brought to the meeting of the Council of Governors held 12 March 2012.**

**Vote:**

**For: 24**

**Against: 0**

**Abstentions: 0**

In answer to a question from Pippa Ecclestone, Dermot McCarthy confirmed that there was a separate budget code for the Council of Governors so the Trust could monitor the cost of running the Council; an update would be brought to the December 2011 meeting. In reply to a question from Annette Bright regarding the evaluation questionnaire, Dermot McCarthy confirmed that the questionnaire would include the opportunity to raise issues and receive individual feedback.

### **14. Foundation Trust Governors' Association (FGTA) Experienced Governors' Event Feedback**

David Fairweather had attended the Experienced Governors Network event on 12 September 2011 in Manchester and gave a verbal feedback. The event had been well organised with approximately 20 governors attending from various Trusts. A manager from a local health and wellbeing forum gave an interesting presentation, emphasising the need for foundation trusts to engage with them now. There had also been a presentation from a solicitor working with the Foundation Trust Governors' Association on takeovers and a talk on member engagement and

the use of Facebook. David encouraged fellow governors to attend future events of this type, to learn more about current issues and to network with other FT governors.

***The Council of Governors received a verbal report on the Foundation Trust Governors' Association, Experienced Governors' Event.***

## **15. Council of Governors' Workstreams Feedback**

### **15.1 Youth Matters**

Clive White gave the update for the work stream. Five young people had interviewed Andrew Geldard and had given some fantastic input. They had also visited the CAMHS team at Harkenwell in Maldon and were very impressed with their professionalism but were concerned about some feedback they had received re staffing levels. Progress was being made on the CAMHs Tier 4 development in Colchester with the topping out ceremony scheduled for 23 November 2011. Schools had made moving and impressive contributions to the Annual Public Meeting where they had performed plays on Mental Health. The next meeting of the workstream was on 13 October 2011.

***The Council of Governors received the feedback from the Youth Matters Workstream.***

### **15.2 Social Inclusion**

David Bamber gave a verbal report on the meeting held on 6 September 2011. There was a discussion on housing and day services particularly in line with the changing government legislation around benefits. ECC commissioners will be invited to provide an update on developments. The workstream's next meeting was on 9 November 2011 with guest speaker Raza Ahmed (Vocational Services Manager) who would give an update on employment services.

***The Council of Governors received the feedback from the Social Inclusion Workstream***

### **15.3 Membership, Marketing & PR**

Andrew Smith gave the report stating that the public membership was currently at 6144. The Trust membership strategy required a 4% net increase (244 members) by March 2012 and allowing an additional 5% to cover predicted attrition, this amounted to 585 new members to meet the target. The Trust was still 541 short of target (about 17 recruits per public Governor). All new members were welcome, but we would like 75 in each of the Braintree, Chelmsford, Colchester, Epping Forest, Harlow and Tendring constituencies and 50 in Uttlesford. New-style membership application forms inviting the recruit to select his/her desired level of participation were available upon request.

Attendance at the recent Annual Public meeting had been over 300 besides the drama students. The Communications Team would like suggestions for a venue in the central Colchester area for the 2012 meeting, as an alternative to the University of Essex.

Andrew Smith thanked the Communications Team for organising the recent World Mental Health Day walk and the opening of the garden link at the Derwent Centre. Finally Andrew asked Governors for more proposals for constituency members' meetings.

Annette Bright commented that she was aware of Colchester members who have signed membership forms and did not get mailings. The Communications team would investigate this.

***The Council of Governors received the feedback from the Membership, Marketing & PR Group.***

**16. Any Other Business**

There was no other business.

**17. Questions from members of the public and staff relating to items on the agenda only**

17.1 Foundation Trust Governors' Association (FGTA) Meeting

Pat Hamilton had attended a recent FTGA meeting and raised two points:

- a) In the event that the Health & Social Care bill goes through parliament there will be a need for governor training and development.
- b) There event had put emphasis on patient safety issues.

Meeting closed.

Signed .....

Chairman

13 December 2011



<b>Agenda Item No. 19</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report:</b> Charitable Fund Accounts and Annual Report
<b>Presented By:</b> Rick Tazzini, Director of Resources
<b>Subject, Purpose and Recommendation:</b> <p>The Trust is required to submit an annual report and accounts to the Charity Commission, in accordance with Charity Law.</p> <p>The Trust external auditors (Audit Commission) have carried out an Independent Examination of the annual report and accounts and have not identified any issues.</p> <p>Audit Commission require a letter of representation confirming that the Trust is not aware of any issues relating to the annual report and accounts.</p>
<b>Recommendation:</b> <p>(i) Agree the annual report and accounts for the year ended 31 March 2011 and approve the signing of the accounts.</p> <p>(ii) Agree the contents of the letter of representation and approve the signing of the letter.</p>
<b>Finance Implications:</b> No material implications
<b>Clinical Implications:</b> No material implications
<b>HR Implications:</b> No material implication.
<b>Legal Implications:</b> The Trust will be compliant with the Charity Commission guidance.
<b>Equality Implications:</b> None.
<b>Risks:</b> Non compliance with Charity law.

**NORTH ESSEX MENTAL HEALTH PARTNERSHIP  
NHS CHARITABLE FUNDS**

**ANNUAL REPORT AND ACCOUNTS  
FOR THE YEAR ENDED  
31 MARCH 2011**

**Registered Charity Number: 1053509**

**TRUSTEE'S ANNUAL REPORT FOR NORTH ESSEX MENTAL HEALTH PARTNERSHIP  
NHS CHARITABLE FUND FOR THE YEAR ENDED 31 MARCH 2011**

**FOREWORD**

The Corporate Trustee presents the Charitable Funds Annual Report, together with the Independently Examined Financial Statements, for the year ended 31 March 2011.

The Charity's Annual Report and Accounts for the year ended 31 March 2011 have been prepared by the Corporate Trustee in accordance with Part VI of the Charities Act 1993 and the Charities (Accounts and Reports) Regulations 2005. The Charity's report and accounts include all the separately established funds for which the North Essex Partnership NHS Foundation Trust is the sole beneficiary.

The Charity has a corporate trustee: the North Essex Partnership NHS Foundation Trust. The Members of the NHS Foundation Trust Board who served during the year were as follows:

**Non-Executive Directors**

Mary St Aubyn DL  
Ray Cox  
Sarah Phillips  
Charles Abel Smith  
John Gilbert  
Mark Simpson

**Chair**

**Executive Directors**

Andrew Geldard  
Dr Malte Flechtner  
Rick Tazzini  
Paul Keedwell  
Andy Mattin  
Geoff Scott  
Lisa Anastasiou  
Mike Chapman

**Chief Executive**

**Medical Director**

**Director of Resources**

**Director of Operations & Nursing**

**Director of Operations**

(until April 2010)

**Director of Strategy**

**Director of Workforce Development**

(from March 2010)

**Director of Commercial and Service Development**

The Charitable Funds are registered with the Charity Commission (number 1053509), in accordance with the Charities Act 1993.

**Reference and Administrative Details**

The Charity was registered on 5 March 1996. The Charity is constituted of seven individual funds as at 31 March 2011.

## **Trustee**

The North Essex Partnership NHS Foundation Trust is the Corporate Trustee of the Charitable Funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 1993.

The NHS Foundation Trust delegated operational management of funds to the Charitable Funds Forum, which administers the funds on behalf of the Corporate Trustee. The members of the Charitable Funds Forum during the year were:

Sarah Phillips  
Rick Tazzini  
Paul Keedwell  
Charles Abel Smith

## **Chair**

## **Principal Office**

The principal office, and registered address, for the Charity is:

North Essex Mental Health Partnership NHS Charitable Fund  
c/o North Essex Partnership NHS Foundation Trust  
Stapleford House  
103 Stapleford Close  
Chelmsford  
Essex  
CM2 0QX

## **Principal Professional Advisers:**

### **Bankers**

Government Banking Service  
C/o Citi  
CitiGroup Centre  
Canada Square  
Canary Wharf  
London  
E14 5LB

Natwest  
Government Banking Service  
PO Box 64388  
National Westminster Bank PLC  
London Corporate Service Centre  
3rd Floor,  
2 ½ Devonshire Square  
London  
EC2P 2G

### **Independent Examiners**

Audit Commission  
Regus House  
1010 Cambourne Business Park  
Cambourne  
Cambridge  
CB23 6DP

### **Investment Fund Managers**

CCLA Investment Management Limited  
80 Cheapside  
London  
EC2V 6DZ

## Structure, Governance and Management

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund and by designating funds the Trustee respects the wishes of donors to benefit patients and staff at various locations.

The Corporate Trustee delegates operational management of the funds to the Charitable Funds Forum. The Chairman of the Charitable Funds Forum is accountable to the Corporate Trustee and presents the accounts of the Charitable Trust to the Board of the Corporate Trustee.

## Objectives and Strategy

The Charity's main fund has the Charitable Object to apply the income for any charitable purpose or purposes relating to the National Health Service.

The Charity is an umbrella charity registered with the Charity Commission. The main funds under the umbrella of the North Essex Mental Health Partnership NHS Charitable Trust are as follows:

<b>North East Essex Finance and Support</b>	Any charitable purpose for patients and staff relating to Finance and Support
<b>Essex and Hertfordshire</b>	Any charitable purpose for patients and staff
<b>North East Essex Acute Services</b>	Any charitable purpose relating to acute services
<b>North East Essex Elderly Services</b>	Any charitable purpose relating to elderly services
<b>North East Essex Child and Adolescent Services</b>	Any charitable purpose relating to child and adolescent services
<b>Mid Essex</b>	Any charitable purpose for patients and staff

In addition, there is one restricted fund which is part of the main charity. This is the Betty Cave Legacy, which was set up in 2008 for the purpose of medical research.

### **Annual Review**

During the year, funds were used to purchase additional goods and services that the NHS is unable to provide. During the year, funds were used to enable staff and patients to participate in research projects, to pay for supplementary training and equipment for staff, and to provide equipment to patients that would otherwise not be available.

### **Reserves Policy**

The Trustee does not hold a predetermined level of funds as reserves.

### **Future Plans**

The Trustee reviews the spending priorities for each fund annually, and has reviewed the spending of funds in 2010-11.

### **Review of Finances, Achievements and Performance**

The net assets of the Charitable Fund as at 31 March 2011 were £195,000 (2010: £217,000).

During the year, expenditure totalling £19,000 (2010: £23,000) was made on patients' welfare and amenities; £2,000 (2010: £3,000) was spent on staff welfare and amenities, and expenditure totalling £nil (2010: £3,000) was made on research.

### **Going Concern**

The Trustee has reviewed its financial position and considers that North Essex Mental Health Partnership NHS Charitable Fund is a going concern.

### **Investments**

The Charitable Fund holds investments in the COIF Charities Investment Fund. The value of these funds as at 31 March 2011 was £64,000.

The Charitable Funds are held in a simplified portfolio of investments and cash. Investments are managed by an investment management fund and are held in funds which do not contradict the ethics of the NHS.

This report was approved by the Trustee on **XX December 2011** and signed on its behalf by

Mary St Aubyn

**Chair of the Board, North Essex Partnership NHS Foundation Trust**

Andrew Geldard

**Chief Executive, North Essex Partnership NHS Foundation Trust**

**NORTH ESSEX MENTAL HEALTH PARTNERHSIP NHS CHARITABLE FUND  
STATEMENT OF TRUSTEE'S RESPONSIBILITES**

Law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the Charity's financial activities during the year and of its financial position at the end of the year. In preparing the financial statements, the Trustee should:

- Select suitable accounting policies and apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards and statements of recommended practice have been followed, subject to departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue its activities

The trustee is responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the Charity and which enable them to ascertain the financial position of the Charity and which enable them to ensure that the financial statements comply with the Charities Act 2006. They are also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

## Independent Examiner's Report to the Trustee of North Essex Mental Health Partnership NHS Charitable Fund

I report on the accounts of the North Essex Mental Health Partnership NHS Charitable Funds for the year ended 31 March 2011, which are set out on pages 7 to 12.

This report is made solely to the Charity's trustee, as a body, in accordance with section 43 of the Charities Act 1993 and regulations made under section 44 of that Act. My examination has been undertaken so that I might state to the Charity's trustee those matters I am required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Charity and its trustee as a body, for my examination, for the report, or for the statements I have made.

### Respective responsibilities of trustee and examiner

The Charity's trustee is responsible for the preparation of the accounts.

The Charity's trustee considers that an audit is not required for this year (under section 43(2) of the Charities Act 1993 (the 1993 Act)).

It is my responsibility to:

- **examine the accounts under section 43(3)(a) of the 1993 Act;**
- **to follow the procedures laid down in the General Directions given by the Charity Commission under section 43(7)(b) of the 1993 Act; and**
- **to state whether particular matters have come to my attention.**

### Basis of independent examiner's report

My examination was carried out in accordance with the General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the Charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustee(s) concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

### Independent examiner's statement

In connection with my examination, no matter has come to my attention, which gives me reasonable cause to believe that, in any material respect, the requirements:

- **to keep accounting records in accordance with section 41 of the 1993 Act; and**
- **to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 1993 Act;**

have not been met.

**[Signature]**

Mark Hodgson  
Officer of the Audit Commission  
The Audit Commission's Audit Practice - **Trust Practice**  
3rd Floor, Eastbrook, Shaftesbury Road, Cambridge, CB2 8BF  
**XX** December 2011



**NORTH ESSEX MENTAL HEALTH PARTNERSHIP NHS CHARITABLE FUND**  
**STATEMENT OF FINANCIAL ACTIVITIES**  
**FOR THE YEAR ENDED 31 MARCH 2011**

	Note	Unrestricted £'000	Restricted £'000	Endowment £'000	2011 Total Funds £'000	2010 Total Funds £'000
<b>Incoming Resources</b>						
<i>Incoming Resources from</i>						
<i>Generated Funds:</i>						
Voluntary Income:	3					
Donations		2	-	-	2	14
Legacies		-	-	-	-	1
Total Voluntary Income		2	-	-	2	15
Investment Income		3	-	-	3	3
Other Incoming Resources		-	-	-	-	0
<b>Total Incoming Resources</b>		<b>5</b>	<b>-</b>	<b>-</b>	<b>5</b>	<b>18</b>
<b>Resources Expended</b>						
<i>Charitable Activities</i>						
Patient Education and Welfare		(19)	-	-	(19)	(23)
Staff Education and Welfare		(2)	-	-	(2)	(3)
Research		-	-	-	-	(3)
Other	4	(2)	(4)	-	(6)	(5)
Total Charitable Expenditure		(23)	(4)	-	(27)	(34)
Governance Costs	4	(1)	(1)	-	(2)	(3)
<b>Total Resources Expended</b>		<b>(24)</b>	<b>(5)</b>	<b>-</b>	<b>(29)</b>	<b>(37)</b>
<b>Net Incoming Resources Before Transfers and Other Recognised Gains and Losses</b>		<b>(19)</b>	<b>(5)</b>	<b>-</b>	<b>(24)</b>	<b>(19)</b>
Gains/(Losses) on Revaluation and Disposal of Investment Assets		2	-	-	2	13
<b>Net Movement in Funds</b>		<b>(17)</b>	<b>(5)</b>	<b>-</b>	<b>(22)</b>	<b>(6)</b>
Fund Balances Brought Forward at 1 April 2010		73	116	28	217	223
<b>Fund Balance Carried Forward at 31 March 2011</b>		<b>56</b>	<b>111</b>	<b>28</b>	<b>195</b>	<b>217</b>

All incoming resources and resources expended are derived from continuing activities.

The Statement of Financial Activities includes all gains and losses recognised in the year.

The notes on pages 9 to 12 form part of these financial statements.

**NORTH ESSEX MENTAL HEALTH PARTNERSHIP NHS CHARITABLE FUND  
BALANCE SHEET AS AT 31 MARCH 2011**

	Note	Unrestricted £'000	Restricted £'000	Endowment £'000	2011 Total Funds £'000	2010 Total Funds £'000
<b>Fixed Assets</b>						
Investments	9	36	-	28	64	62
<b>Total Fixed Assets</b>		36	-	28	64	62
<b>Current Assets</b>						
Debtors	10	1	-	-	1	1
Cash at Bank and in Hand		22	115	-	137	164
<b>Total Current Assets</b>		23	115	-	138	165
<b>Liabilities</b>						
Creditors Falling Due Within One Year	11	(3)	(4)	-	(7)	(10)
<b>Net Current Assets</b>		20	111	-	131	155
<b>Total Assets Less Current Liabilities</b>		56	111	28	195	217
<b>Net Assets</b>		56	111	28	195	217
<b>Funds of the Charity</b>						
<i>Capital Funds</i>						
Endowment Fund	12	-	-	28	28	28
<i>Income Funds</i>						
Restricted Funds	12	-	111	-	111	116
Unrestricted Funds	12	56	-	-	56	73
<b>Total Funds</b>		56	111	28	195	217

The notes on pages 9 to 12 form part of these financial statements.

Signed on behalf of the Trustee on **xx December 2011**

Mary St Aubyn  
Chair of the Board, North Essex Partnership NHS Foundation Trust

Andrew Geldard  
Chief Executive, North Essex Partnership NHS Foundation Trust

**NORTH ESSEX MENTAL HEALTH PARTNERSHIP NHS CHARITABLE FUND  
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2011**

**1. Principal Accounting Policies**

The financial statements have been prepared in accordance with applicable Accounting Standards in the United Kingdom, the Statement of Recommended Practice: Accounting and Reporting by Charities (SORP 2005) and with the Charities Act 1993. A summary of the principal accounting policies, which have been applied consistently, are set out below.

**1.1 Basis of Accounting**

The financial statements are prepared under the historical cost convention, modified by the revaluation of certain investments.

**1.2 Incoming Resources**

**1.2.1 Donations, Legacies and Gifts in Kind**

Donations and legacies are credited to the Statement of Financial Activities on a receivable basis. Legacies are accounted for on receipt of correspondence from the personal representative indicating that payment of the legacy will be made. No amounts are included in the financial statements for services donated by volunteers.

**1.2.2 Grants Receivable**

Grants receivable are credited to the Statement of Financial Activities in the year in which they are receivable.

**1.3 Resources Expended**

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of the resources. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

**1.3.1 Grants Payable**

Grants payable are payments, made to third parties (including NHS bodies) in furtherance of the charitable objects of the charity. They are accounted for on an accruals basis, in full as liabilities of the charity when approved by the trustees and accepted by the beneficiaries (i.e. where a third party has a reasonable expectation that they will receive the grant).

**1.3.2 Charitable Activities**

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objectives. These costs comprise direct costs and an apportionment of support costs as shown in note 5.

**1.3.3 Governance Costs**

Governance costs comprise all costs incurred in the independent examination of the statutory accounts.

**1.3.4 Allocation of Support Costs**

Support costs have been allocated between charitable activities and governance costs on the basis of direct costs, and apportioned by average month end balances held on each individual fund.

**1.3.5 Recognition of Liabilities**

Liabilities are recognised when an obligation arises to transfer economic benefits as a result of past transactions or events.

## 1.4 Fund Accounting

Unrestricted funds are general funds which are available for use at the discretion of the trustee in the furtherance of the general objectives of the charity.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The cost of raising and administering such funds are charged against a specific fund. The aim and use of each restricted fund is set out in the annual report.

Investment income and gains are allocated to the appropriate fund within the statement of financial activities.

## 1.5 Investments

Investments are included at closing mid-market value at the balance sheet date. Any realised and unrealised gains and losses on revaluation or disposals are in the statement of financial activities.

## 1.6 Taxation

The charity is a registered charity and as such is entitled to certain tax exemptions on income and profits from investments and surpluses on any trading activities carried out in furtherance of the charity's primary objectives, if these profits and surpluses are applied solely for charitable purposes. The charity is not registered for VAT and, accordingly, all expenditure is recorded inclusive of any VAT incurred.

## 2 Related Party Transactions

The North Essex Partnership NHS Foundation Trust is the sole beneficiary of the Charity. The Charity has provided funding to the NHS Foundation Trust for approved expenditure made on behalf of the Charity. This funding amounted to £21,000 (2010: £29,000).

During the year no members of the NHS Foundation Trust Board or senior NHS Foundation Trust staff, or parties related to them, were beneficiaries of the Charity.

The NHS Foundation Trust received £6,000 (2010: £5,000) during the year as a contribution to expenses incurred in the administration of the Charity, and £2,000 (2010: £3,000) for the cost of the Independent Examination of the Charity. The Trustee has not purchased Trustee Indemnity Insurance.

## 3 Analysis of Voluntary Income

All donations are made by individuals. There were no legacies received during 2011 (2010: £1,000).

## 4 Allocation of Support Costs and Overheads

	Allocated to:		2011	2010
	Governance	Charitable	Total Funds	Total
	£'000	Activities	£'000	Funds
		£'000		£'000
Administrative Services	-	6	6	5
Independent Examination	2	-	2	3
<b>Total</b>	<b>2</b>	<b>6</b>	<b>8</b>	<b>8</b>

## 5 Analysis of Grants

All grants are made to North Essex Partnership NHS Foundation Trust. No grants are made to individuals.

## 6 Transfers Between Funds

There have been no transfers between funds.

## 7 Independent Examiner's Remuneration

The Independent Examiner's remuneration of £2,000 (2010: £3,000) relates solely to the Independent Examination, with no other additional work undertaken.

## 8 Income From Investments

	Total Held in UK	
	2011 £'000	2010 £'000
Fixed Asset Investments	3	3
Interest on Cash at Bank	3	3
<b>Total</b>	<b>6</b>	<b>6</b>

## 9 Fixed Asset Investments

	Common Investment Fund £'000	Total As At 31 March 2011 £'000
Market Value at 1 April 2010	62	62
Unrealised Gains/(Losses)	2	2
<b>Market Value at 31 March 2011</b>	<b>64</b>	<b>64</b>
Historic Cost at 31 March 2011	61	61

All of the above investments are invested in the COIF Charities Investment Fund in the United Kingdom.

## 10 Analysis of Current Assets

	31 March 2011 £'000	31 March 2010 £'000
Prepayments and Accrued Income	1	1

## 11 Analysis of Current Liabilities

	31 March 2011 £'000	31 March 2010 £'000
Accruals	<u>(7)</u>	<u>(10)</u>

## 12 Analysis of Charitable Funds

	Balance at 1 April 2010 £'000	Incoming Resources £'000	Resources Expended £'000	Gains and Losses £'000	Balance at 31 March 2011 £'000
<b>Permanent Endowment</b>					
Daisy Haydon Bequest	28	-	-	-	28
<b>Restricted Funds</b>					
North East Essex Rehabilitation	1	-	-	-	1
North East Essex Finance	9	-	(1)	-	8
Betty Cave Legacy	106	-	(4)	-	102
<b>Total Restricted Funds</b>	<u>116</u>	<u>-</u>	<u>(5)</u>	<u>-</u>	<u>111</u>
<b>Unrestricted Funds</b>					
North East Essex Acute	11	1	(2)	-	10
North East Essex Rehabilitation	4	-	-	-	4
North East Essex Elderly	6	1	(4)	-	3
North East Essex Child and Adolescent	7	-	(1)	-	6
North East Essex Finance	23	1	(9)	2	17
Mid Essex	4	1	(3)	-	2
Essex and Hertfordshire	18	1	(5)	-	14
<b>Total Unrestricted Funds</b>	<u>73</u>	<u>5</u>	<u>(24)</u>	<u>2</u>	<u>56</u>
<b>Total Funds</b>	<u>217</u>	<u>5</u>	<u>(29)</u>	<u>2</u>	<u>195</u>

## **Draft management representation letter**

To: Mark Hodgson

The Audit Commission's Audit Practice - **Trust Practice**  
3rd Floor, Eastbrook,  
Shaftesbury Road,  
Cambridge,  
CB2 8BF

### **North Essex Mental Health Partnership NHS Charitable Fund - Audit for the year ended 31 March 2011**

I confirm to the best of my knowledge and belief, having made appropriate enquiries of other directors of the corporate Trustee of North Essex Mental Health Partnership NHS Charitable Fund, the following representations given to you in connection with your audit of the Charity's financial statements for the year ended 31 March 2011.

#### ***Compliance with the statutory authorities***

I have fulfilled my responsibility under the relevant statutory authorities for preparing the financial statements in accordance with accounting standards in the United Kingdom, the Statement of Recommended Practice: Accounting and Reporting by Charities (SORP 2005) and with the Charities Act 1993 which give a true and fair view of the financial position and financial performance of the Charity, for the completeness of the information provided to you, and for making accurate representations to you as set out in the engagement letter (FT and Charity).

#### ***Uncorrected misstatements***

The effects of uncorrected financial statements misstatements summarised in the attached schedule are not material to the financial statements, either individually or in aggregate.

#### ***Supporting records***

All relevant information and access to persons within the entity has been made available to you for the purpose of your audit, and all the transactions undertaken by the Charity have been properly reflected and recorded in the financial statements.

#### ***Irregularities***

I acknowledge my responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud or error.

I also confirm that I have disclosed:

- my knowledge of fraud, or suspected fraud, involving either management, employees who have significant roles in internal control or others where fraud could have a material effect on the financial statements;

- my knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others; and
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

***Law, regulations, contractual arrangements and codes of practice***

I have disclosed to you all known instances of non-compliance, or suspected non-compliance with laws, regulations and codes of practice, whose effects should be considered when preparing financial statements.

Transactions and events have been carried out in accordance with law, regulation or other authority. The Charity has complied with all aspects of contractual arrangements that could have a material effect on the financial statements in the event of non-compliance.

All known actual or possible litigation and claims, whose effects should be considered when preparing the financial statements, have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

***Accounting estimates including fair values***

I confirm the reasonableness of the significant assumptions used in making the accounting estimates, including those measured at fair value.

***Related party transactions***

I confirm that I have disclosed the identity of North Essex Mental Health NHS Charitable Fund related parties and all the related party relationships and transactions of which I am aware. I have appropriately accounted for and disclosed such relationships and transactions in accordance with the requirement of the framework.

***Subsequent events***

All events subsequent to the date of the financial statements, which would require additional adjustment or disclosure in the financial statements, have been adjusted or disclosed.

Signed on behalf of North Essex Mental Health Partnership NHS Charitable Fund.

I confirm that this letter has been discussed and agreed by the Trustee on 21 December 2011.

Signed :

Name.....

Position.....

Date.....





**Agenda item No: 20**

**Name of Meeting:** Meeting of the Board of Directors in Public

**Date:** 21 December 2011

**Title of Report: Execution of Deeds**

**Presented By:** Dermot McCarthy, Trust Secretary

Subject, Purpose and Recommendation:

The Board of Directors is asked to note the report.

At its meeting held on 28 April 2010 the Board of Directors gave general authority for the execution of Deeds on the following terms:

“Pursuant to paragraph 37 of the Constitution which came into effect on the 1 April 2010 the Board of Directors gives authority for the execution of Deeds by or on behalf of the Trust in the circumstances and in the manner specified below:

- In the case of Deed for the sale lease or purchase of land or a building at a price or value of £250,000 or less, and in the case of a lease, also at an annual rent of £100,000 or less, or for building works or capital expenditure of £100,000 or less, it shall be sealed in the presence of, or executed for the Trust by two Officers, one of whom must be the Chief Executive, or the Finance Director, and the other of whom must be an Executive Director, or the Trust Secretary.
- In the case of any other Deed, it shall be accompanied by a certificate signed by the Finance Director confirming his approval to the transaction to which the Deed relates, and to the execution of the Deed, and the Deed shall be sealed in the presence of, or executed for the Trust by two Directors of the Trust, one of whom must be the Chairman or the Chief Executive, excluding for this purpose their authorised representatives”.

Since the last report to the Board the following deeds have been executed:

- a) 01.09.11 Sale of 14b Trafalgar Road, Clacton-on-Sea Essex CO15 1LR a) agreement for sale and b) Land Registry Transfer of registered title from NEPFT to PJ Rose and D Rose (No 103).

b) 03.01.11 Lease between NEPFT and ESP Electricity Limited of substation site and easements at Severalls Hospital, Boxted Road, Mile End, Colchester CO4 5HG (No 104)

c) 01.11.11 Supplemental Deed re NHS Charitable Funds change of name (No 105)

d) 11.11.11 Revolving Credit Facility Agreement (£8 million) between NEPFT and Barclays Bank PLC of 3 St James Court Whitefriars Norwich N3 1RJ (No 106)

e) 07.12.11 Deed of grant for a gas main crossing land at the Broomfield site in Chelmsford between NEPFT, National Grid Gas plc and Fulcrum Infrastructure Services Limited (No 107).

**Finance Implications:** N/A

**Clinical Implications:** N/A

**HR Implications:** N/A

**Legal Implications:** N/A

**Equality Implications:** N/A

**Risks:** N/A

<b>Agenda item No: 21</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Summary of Board Decisions</b>
<b>Presented By:</b> Dermot McCarthy, Trust Secretary
<b>Subject, Purpose and Recommendation:</b> Attached for information is a summary table showing a 'rolling year' of Board decisions.
<b>Finance Implications:</b> N/A
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> N/A
<b>Legal Implications:</b> N/A
<b>Equality Implications:</b> N/A
<b>Risks:</b> N/A

## Summary of Board Decisions

<b>Date of Meeting</b>	<b>Type of Meeting</b>	<b>Minute Reference</b>	<b>Decision</b>	<b>Item Received/Noted etc</b>
15.12.10	Private	P2010/134	Severalls – Legal Agreements The Board of Directors voted in favour of a series of recommendations regarding the Severalls site.	
		2010/135	Low Secure Unit Procurement - The Board of Directors approved the recommendation that subject to a decision in principle by the DoH Loans Unit the LSU project tender documentation should be put out to tender	
		P2010/136	Area Business Planning - The Board of Directors approved the Board Accountability Process for the delivery of local Clinical Board responsibilities to develop, implement and monitor the progress of Area Business Plans.	
		P2010/137	NEPFT Strategic Direction - The Board of Directors supported the draft Strategic Direction document by Mike Chapman who would review it and re-circulate it in the context of comments received from the Board within the next two weeks.	
		P2010/138	GMC Trainee Survey 2010 - The Board of Directors received the presentation from Dr Malte Flechtner, Medical Director on the GMC Survey 2010.	
		P2010/139	Nomination of the responsible officer as part of the medical revalidation process - The Board of Directors appointed Dr Malte Flechtner, Medical Director as Medical Revalidation Responsible Officer.	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2010/141	<p>Performance, 5 Week Wait: The Board of Directors received the report on five week waits and</p> <ul style="list-style-type: none"> <li>• agreed to the resetting of the target from 100% to 90%.</li> <li>• agreed the proposed workstream to address the current shortfall in performance.</li> <li>• agreed that the target should be reviewed again by the end of March 2011.</li> </ul>	
		P2010/142		<p>European Working Time Directive (EWTD) and New Deal Update - The Board of Directors noted the verbal report from Dr Malte Flechtner, Medical Director and Lisa Anastasiou, Director of Workforce and Development in relation to the EWTD and New Deal.</p>
		P2010/143	<p>Council Of Governors - The Board of Directors received the feedback from the Council of Governors.</p>	
		P2010/144	<p>Charitable Fund Accounts and Annual Report - The Board of Directors then agreed:</p> <ul style="list-style-type: none"> <li>• the annual report and accounts for the charitable funds for the year ending 31 March 2010 and approved the signing of the accounts.</li> <li>• agreed the contents of the letter of representation and approved signing of the letter.</li> </ul>	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
26.01.11	Private	P2011/005		Strategic Direction (in preparation for Joint Meeting with the Council of Governors on 26 January 2011) - The Board of Directors received the Business Strategy update.
		P2011/007		GP Engagement Update - The Board of Directors received the GP Engagement update.
		P2011/008		Operating Framework and Financial Plan First Cut 2011/12 and Contract - The Board received the report on the Operating Framework and Financial Plan First Cut 2011/12 and Contract.
		P2011/009		IT Strategy Update - The Board received the IT Strategy update.
		P2011/010		Results of the locally commissioned inpatients survey 2010 - The Board received the presentation from Dr Malte Flechtner on the Results of the locally commissioned inpatients survey 2010.
		P2011/011		Staff Survey 2010 – Early Results - The Board received the Staff Survey 2010 – Early Results
		P2011/014	Monitor Compliance – Finance and Governance Return for Quarter 3 2010/11 - The Board of Directors then approved the finance and governance return to Monitor for quarter 3 of 2010/11 noting that: <ul style="list-style-type: none"> <li>▪ The submission supports an FRR of 4 and a</li> </ul>	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			governance rating of Green <ul style="list-style-type: none"> <li>▪ Further action was needed to address the governance target which attracted a penalty score; CPA patients receiving a formal review within 12 months.</li> </ul>	
		P2011/015	Enable East Governance Arrangements - The Board of Directors approved the governance arrangements for Enable East.	
		P2011/016	Request to utilise the Trust's Working Capital Facility - The Board of Directors approved the recommendation to draw down the Trust's WCF of £8M for a one month period.	
		P2011/017	CAMHS Tender Summary – The Board of Directors noted the report and approved the award of the contract	
		P2011/018		Strategic Audit Plan 2011/14 - The Board of Directors noted the Strategic Audit Plan 2011/14
		P2011/019 A	Any Other Business - Bank Mandate for investment - The Board of Directors agreed the addition of David Lambert (Associate Director of Finance) and Clare Povah (Head of Financial Accounts) to the bank mandate for the instant access investment account.	
02.03.11	Public	2011/04		Mental Health Act Annual Statement For The Period October 2009 - September 2010 - The

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
				Board of Directors received the presentation from Judith Croton, Area Commissioner (CQC) re the Mental Health Act Statement for the period October 2009-September 2010.
		2011/07		North East Area Business Plan - The Board of Directors received the presentation on the North East Area Business Plan.
		2011/08		Quality Accounts progress on five priority improvements for 2010/11 from the 2009/10 Quality Report/Quality Account - The Board of Directors noted the positive progress made in respect of the Quality Accounts and the five priority improvements for 2010/11 to date and agreed the further actions outlined.
		2011/11	Carers' Strategy 2011-13 - The Board of Directors approved the Carers' Strategy 2011-13.	
		2011/15		Council of Governors - Draft Minutes Of The Meeting Held On 07 December 2010 And Feedback - The Board of Directors received the Draft Minutes of the Council of Governors meeting held on 07 December 2010.
		2011/16	Bank Mandate for Working Capital Facility - The Board of Directors resolved that, in addition to Andrew Ralph Geldard, (Chief Executive), Riccardo	



## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			Mark Tazzini, (Director of Resources) and David Peter Lambert, (Associate Director of Finance) be authorised to instruct Barclays Bank PLC (jointly or alone) and Barclays Bank PLC be authorised to accept such instruction in all matters concerning the Facility and the Agreement.	
		2011/17	Bank Mandate For Investments - The Board of Directors agreed: <ul style="list-style-type: none"> <li>▪ the opening of investment accounts with The National Westminster Bank and HSBC.</li> <li>▪ the signatories on the investment accounts be Andrew Ralph Geldard (Chief Executive), Riccardo Mark Tazzini, (Director of Resources), David Peter Lambert (Associate Director of Finance) and Clare Povah (Head of Financial Accounts).</li> </ul>	
		2011/18	Policy for the Approval And Management Of Policy - The Board of Directors approved the Policy for the Approval and Management of Policy.	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
02.03.11	Private	2010/26	<p>Suffolk Update - The Board of Directors:                      Noted the briefing papers;                      Ratified the decision regarding the submission of the bid ;                      Noted the success of the Trust in subsequently in winning the bid;                      Noted and confirmed the approach to Monitor outlined in Rick Tazzini's email reproduced in the update report; and                      Unanimously agreed to the Trust entering into an agreement to manage the Suffolk Community Health Services on terms broadly in line with those in the paper presented, with such non-material additions and changes as the Chief Executive may consider to be appropriate, and that the Chairman and the Chief Executive of the Trust be authorised to approve the final version of that agreement and to sign it on behalf of the Trust.</p>	
		2010/27	<p>Contracts Deeds Of Variation - 2011/12                      In accordance with Standing Orders, the Board of Directors:                      Accepted the service and financial framework of the Adult Mental Health contract (deed of variation) for 2011/12 and noted that settlement of contracts (deeds of variation), are consistent with the Financial Plan and criteria approved by the Board at its meeting in January.                      Granted authority to the Chairman to take</p>	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			Emergency Action, in the event that it becomes necessary, on variations to the contracts (deeds of variation) prior to them being signed for and on behalf of the Trust by the Chief Executive on or before the deadline date of 15 March 2011.	
30.03.11	Private	P2011/25	Delivery Outstanding Care, Transforming Lives Our Strategy 2011-15	The Board of Directors received 'Delivering Outstanding Care, Transforming Lives Our Strategy, 2011-15'
		P2011/26	<p>Suffolk Community Healthcare – Update</p> <p>The Board of Directors ratified the urgent action taken by the Chairman, Chief Executive and two Non Executive Directors in respect of the management agreement for Suffolk Community Healthcare.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>• agreed that Suffolk PCT should be invited to be an nominating organisation to the Council of Governors, for a period of 12 months provided that they nominate a member of Suffolk Community Healthcare staff. This was also subject to the agreement of NEPFT's staff governors and Monitor.</li> <li>• received the update report on Suffolk Community Healthcare Services.</li> </ul>	
		P2011/27	CAMHS Tier 2 – Outsourcing by Essex County Council. The Board of Directors agreed to submit the Tier 2 bid to Essex County Council on the basis of	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			the contract with the understanding that this would cost at least £108K.	
		P2011/28	<p>Prudential Borrowing – Application for Loan Finance Facility</p> <p>The Board of Directors considered the attachments to the Board paper including the model director' certificate and the model minute and approved that the model minute represented a fair summary of the discussion.</p>	
		P2011/29	<p>Financial Plan 2011/12 to 2013/14</p> <p>The Board of Directors approved the financial plan for 2011/12 and noted the 3 year financial plan to 2013/14.</p>	
		P2011/30	<p>Enable East Business Plan 2011/12</p> <p>The Board of Directors approved the Business Plan for Enable East 2011/12.</p>	
		P2011/31	<p>Capital Investment Programme 2011/12 to 2013/14</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>• Noted the outline three year plan for capital investment</li> <li>• Approved the financial plan for operational and strategic capital investment for 2011/12</li> <li>• Noted that consideration of the priority of the strategic schemes for LSU and PICU and the Derwent Centre, the prioritisation, inter-relation of</li> </ul>	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			the schemes, the LSU tender exercise result and potential funding sources available would be bought back to the Board of Directors in June 2011.	
		P2011/32		Staff Survey 2010 The Board of Directors received the presentation on the findings of the Staff Survey 2010.
		P2011/33		Carers Survey The Board of Directors received a presentation on the findings of the 2011 Carers Survey.
		P2011/34		GP Engagement Update Placemat The Board of Directors received and noted the GP Engagement Framework placemat.
		P2011/37		Assurance Framework The Board of Directors received the Assurance Framework.
		P2011/38		Risk Register The Board of Directors received the report on the Risk Register.
		P2011/39	Risk Management Strategy 2010/14 The Board of Directors approved the Risk Management Strategy 2010/14	
		P2011/40		Insurance Arrangements 2011/12 The Board of Directors noted the report on Insurance Arrangements 2011/12.

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2011/41	Membership Strategy - The Board of Directors approved the Membership Strategy 2011/14	
		P2011/43	Amendment to the Constitution [Involving Essex] The Board of Directors noted the changes to the Constitution and agreed that Monitor should be approached in order to make the necessary changes.	
27.04.11		P2011/050		Board Awaytime (11 May 2011) The Board of Directors received the outline document regarding the Board away time on 11 May 2011
		P2011/051	Performance on 2010/11 Annual Plan and Draft Annual Plan 2011/12 The Board of Directors: <ol style="list-style-type: none"> <li>1. Received and approved the Annual Plan progress overview for 2010/11</li> <li>2. Noted the requirements of the 2011/12 Annual Plan review (APR process) following publication of the Compliance Framework 2011/12 and further information from Monitor</li> <li>3. Considered the Draft Annual Plan to enable its completion for final agreement at the Board meeting to be held on 25 May 2011 (session in private and in public) and associated templates for membership, directors, governors and elections, board statements and targets and indicators</li> <li>4. Agreed that the Board approve two versions</li> </ol>	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<p>of the Annual Plan for Monitor submission, one for Monitor and one for the public with the detailed financial commentary removed</p> <p>5. Agreed that a brief summary booklet be published, being first distributed at the Council of Governors meeting on the 14 June 2011.</p>	
		P2011/052		<p>Director of Commercial and Service Development Update – including presentation “Principles for Bidding”</p> <p>The Board of Directors received the report from the Director of Commercial &amp; Service Development including “Principles for Bidding”.</p>
		P2011/053		<p>Staff Survey 2010 – Action Plan</p> <p>The Board of Directors received the report and approved the Staff Survey 2010 Action Plan.</p>
		P2011/054	<p>Board Self-Assessment</p> <p>The Board of Directors agreed:</p> <p>a) To continue Board development with opportunities to learn more about:</p> <ul style="list-style-type: none"> <li>• Increased experience of primary community services</li> <li>• Strategic working and developing business and commercial skills</li> </ul>	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<ul style="list-style-type: none"> <li>• Communications with GPs and other stakeholders</li> <li>• Skills in influencing including commissioning with GPs</li> </ul> <p>b) That the conclusions from the analysis be used to inform the NED succession planning exercise at the Board Away Day in May 2011.</p> <p>c) That the self-assessment exercise be repeated in 2012.</p>	
		P2011/057	<p>Annual Reports 2010/11 – Directors’ Assessment of Going Concern</p> <p>The Board of Directors confirmed that there were no material uncertainties that may cast significant doubt about the Trusts ability to continue as a “going concern” for at least 12 months beyond the date of the 2010/11 statement of accounts.</p>	
		P2011/058	<p>Revised Interim Quality Strategy</p> <p>The Board of Directors accepted the Interim Quality Strategy for a further six month period.</p>	
		P2011/059		<p>Quality Governance Framework</p> <p>The Board received the report on the ‘Quality Governance Framework’.</p>



### Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2011/060		Draft Annual Report 2010/11 - The Board of Directors received and noted the draft Annual Report 2010/11.
		P2011/061	<p>Quality Accounts – Quality Improvements; Recommendations from the Risk &amp; Governance Executive on the five quality improvements for 2011/12</p> <p>The Board of Directors approved the narrative regarding the five quality improvements for 2011/12 to be included in the Trust’s Quality Report/Annual Report 2010/11.</p>	
25/05/11	Private (1)	2011/33	<p>Annual Plan 2011/12 (For Monitor Use)</p> <p>The Board of Directors:</p> <ol style="list-style-type: none"> <li>1. Noted Monitor’s Annual Planning Review requirements with regard to the new detailed Section 3 which will not be published.</li> <li>2.               <ol style="list-style-type: none"> <li>a) Approved the confidential Section 3 “Summary Financial Commentary” for inclusion in a “For Monitor Use” version of the 2011/12 Annual Plan, replacing the briefer Section 3 included in the “For Publication” version of the Annual Plan which was on the agenda for approval at the meeting in public.</li> <li>b) Agreed that in the “For Publication” version of the Annual Plan, a small amount of commercially sensitive</li> </ol> </li> </ol>	

### Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<p style="text-align: center;">information be removed</p> <p>3. Confirmed that, in approving the Annual Plan at the meeting of the Board in Public, it supported the submission of all the completed APR documentation and declarations to Monitor.</p>	
25/05/11	Public	2011/40		<p>The new mental health strategy for England 'No health without mental health'</p> <p>The Board of Directors received the presentation on the new mental health strategy for England 'No Health without Mental Health'.</p>
		2011/41	<p>Delivering outstanding care, transforming lives our strategy 2011-15</p> <p>The Board of Directors approved the Trust's Statement of Strategic Direction: 'Delivering Outstanding Care, Transforming Lives - Our Strategy 2011-15' for publication.</p>	
		2011/42	<p>Amendments to trust 'Strategy for service user and care engagement and involvement' following public consultation.</p> <p>The Board of Directors approved the amended strategy for implementation.</p>	
		2011/43	<p>Annual Plan 2011/12</p> <p>The Board of Directors</p> <p>Approved the Annual Plan 2011/12 for submission to</p>	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			Monitor by 31 May 2011; and Agreed that a short Brief Summary booklet be published and distributed at the Council of Governors' meeting on 14 June 2011, with an on-line version available.	
		201/44	Annual Reports 2010/11 The Board of Directors approved the 2010/11 Reports of the: a) Audit Committee b) Nominations Committee c) Remuneration Committee d) Charitable Funds Forum	
		2011/45	Annual Report, Quality Account and Financial Accounts for the Period ending 31 March 2011 The Board of Directors: <ul style="list-style-type: none"> <li>▪ Authorised the Acting Audit Committee Chairman, Chairman and Chief Executive to sign the Letter of Representation;</li> <li>▪ Authorised the Chairman and Chief Executive to sign the Quality Report 2010/11, subject to confirmation from the Audit Committee Chairman that any further adjustments were non-material.</li> <li>▪ Adopted the Accounts for the period 2010/11;</li> <li>▪ Approved the Annual Report 2010/11;</li> <li>▪ Agreed to present the Annual Report &amp; Accounts 2010/11 to the Council of Governors at the Governors' Annual Public Meeting on 14 September 2011.</li> </ul>	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		2011/46	Patient Environment Action Team (Peat) Inspection Report - The Board of Directors received the PEA Inspection Report for information.	
25.05.11	Private	2011/108	Service Users' Survey (Embargoed) The Board of Directors received the presentation on the Community Service Users' Survey 2011.	
29.06.11	Private	P2011/069	<p>Strategic Capital Investment Priorities The Board of Directors the approved the Strategic Capital Programme (as noted in Appendix 2 of the report):</p> <ul style="list-style-type: none"> <li>▪ ICT Clinical Systems</li> <li>▪ Low Secure Unit</li> <li>▪ Derwent Centre</li> </ul> <p>and gave the Director of Resources authority to apply for a loan finance facility up to a maximum of £5 million to fund strategic capital developments over a period of not less than ten years at the current DH Trust finance rates. If the DH loan was forthcoming, the Director of Resources would return to the Board with detail of the loan agreement, a suggested Board minute authorising this specific loan and the appropriate director's certificate for approval.</p>	
		P2011/070		Suffolk Community Health Services - The Board of Directors received the report regarding Suffolk Community Healthcare

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2011/071	Principles for Bidding - The Board of Directors approved the principles of bidding outlined in the document and agreed that the Reservation of Powers to the Board and Scheme of Delegation be reviewed in the light of this paper via the Audit Committee.	
		P2011/072		Compliments & Complaints Annual Report 2010/11 The Board of Directors received the Compliments & Complaints Annual Report 2010/11.
		P2011/076		Board Succession Planning The Board of Directors received the report on Board Succession Planning.
		P2011/077		Council of Governors Meeting (14 June 2011) The Board of Directors noted the feedback regarding the Council of Governors Meeting held on 14 June 2011.
		P2011/078	NHS Charitable Funds: Change of Name and Merger of Subsidiary Charities After discussion, the Board resolved that the Trust recommended transactions be carried out.	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2011/079		Board Away Time 11 May 2011 – Write Up The Board of Directors received the write up of the Board away time on 11 May 2011.
20.07.11	Private	P2011/086		'Liberating The NNS' Presentation The Board of Directors received the presentation from Andrew Geldard, Chief Executive regarding 'Liberating the NHS'
		P2011/087	Low Secure Unit – Business Case And Tender Report. The Board of Directors Unanimously approved the LSU (low secure unit) and the commencement of the 20 bedded inpatient scheme in Chelmsford.	
		P2011/088		Commercial and Service Development Update - The Board of Directors received the update from the Director of Commercial & Service Development.
		P2011/089	Outline Business Case for Replacement of the Trust's Clinical System (Carebase) and Launch Of Business Infrastructure Service Management - The Board of Directors approved the Outline Business Case for the Replacement of the Trust's Clinical System (Carebase) and the launch of the Business Infrastructure Service Management as outlined in the proposals.	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2011/097 A)	.	Risk and Governance Executive Annual Report 2010/11 - The Board of Directors received the Risk and Governance Executive Annual Report 2011/12
		P2011/097 B)		Serious Incidents, Annual Report 2010/11 - The Board of Directors received the Serious Incidents Annual Report 2010/11.
		P2011/097 C)	Infection Control, Annual Report 2010/11 - The Board of Directors approved the Infection Control Annual Report 2010/11.	
		P2011/098	Monitor Return Re Finance and Governance and Exception Report For The Period Ending 30 June 2011: The Board of Directors approved the Finance and Governance Return to Monitor for Quarter 1 of 2011/12 noting that that the submission supported a finance risk rating of 4 and a governance risk rating of green.	
31.08.11	Public	P2011/119		West Area Business Plan - The Board of Directors received the presentation on the West Area Business Plan.
		P2011/120		Community Mental Health Service Users' Survey 2011 - The Board of Directors received the presentation on the Community Mental Health Service Users' Survey 2011.

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2011/121	Equality Delivery Programme - The Board of Directors supported implementation of the Equality Delivery System (EDS)	
		P2011/125		AUDIT COMMITTEE REPORT - The Board of Directors received and noted the Audit Committee Chairman's Report.
		P2011/126	Nominations Committee Report - The Board of Directors appointed Charles Abel Smith as a member of the Nominations Committee and received the Nominations Committee Report.	
		P2011/127	Risk and Governance Executive Report – The Board of Directors received the Rick & Governance Executive Report	
		P2011/128		Council of Governors – draft minutes of the meeting held on 14 June 2011 and feedback The Board of Directors received the Draft Minutes of the Council of Governors Meeting held on 14 June 2011.
		P2011/129	Directors' Register of Interests – Update The Board of Directors received the Directors' Register of Interests as at August 2011.	



### Summary of Board Decisions

<b>Date of Meeting</b>	<b>Type of Meeting</b>	<b>Minute Reference</b>	<b>Decision</b>	<b>Item Received/Noted etc</b>
28.09.11	Private	P2011/103	Enable East – First Year Report (September 2011) - The Board of Directors approved the indefinite continuation of Enable East as a trading arm of the Trust.	
		P2011/112	Assurance Framework - The Board of Directors received and approved the Assurance Framework.	
		P2011/113	Risk Register- The Board of Directors received and approved the Risk Register.	
		P2011/114	Board Succession Planning - The Board of Directors received and noted the report on Board Succession Planning.	
		P2011/115	Constitution and Composition of the Council of Governors - The Board completed its initial discussion of the Constitution and Composition of the Council of Governors.	
		P2011/116	Draft Annual Report 2011 on the Section 75 Partnership Agreement between Essex County Council (ECC) and North Essex Partnership Foundation Trust (NEPFT) - The Board of Directors approved the Draft Annual Report 2011 on the Section 75 Partnership Agreement between Essex County Council (ECC) and North Essex Partnership Foundation Trust (NEPFT), subject to any minor non material changes, for presentation to Essex County Council in public on 10 November 2011.	

## Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
02.11.11	Private	P2011/124		Commercial & Service Development - The Board of Directors received the Commercial & Service Development update.
		P2011/125		Improving Service User Experience of NEPFT Crisis Line Services - The Board of Directors received the report regarding improving Service User experience of NEPFT Crisis Line Services.
		P2011/126		Industrial Action - The Board of Directors received the report on Industrial Action noting the operational contingency arrangements in place.
		P2011/128		Mental Health Money Matters – Contracting Approach 2012/13 - The Board of Directors received the presentation ‘Mental Health Money Matters - Contracting approach 2012/13’.
		P2011/131	Constitution Review - Principles The Board of Directors agreed the Constitution review principles as amended.	
		P2011/132	Monitor Compliance – Finance & Governance Return for Quarter 2, 2011/12 The Board of Directors ratified the Monitor Compliance Return for Finance & Governors for Quarter 2, 2011/12.	

### Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2011/133	Prudential Borrowing Limit (PBL) – Application for Tier 2 Long Term Borrowing The Board of Directors approved an application for Tier 2 PBL	
		P2011/134	Audit Committee: The Board of Directors approved the revised Standing Financial Instructions (SFIs)	
		P2011/136	Items of Urgent Business a) Revolving Credit Facility (maximum £8m) Renewal - This was approved.	



<b>Agenda item No: 22</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report: Any Other Notified Business</b>
<b>Presented By:</b> Mary St Aubyn, Chairman
<b>Subject, Purpose and Recommendation:</b> The Board is invited to consider any items of urgent business notified in advance to Mary St Aubyn Chairman or Dermot McCarthy, Trust Secretary.
<b>Finance Implications:</b> N/A
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> N/A
<b>Legal Implications:</b> N/A
<b>Equality Implications:</b> N/A
<b>Risks:</b> N/A



<b>Agenda item No: 23</b>
<b>Name of Meeting:</b> Meeting of the Board of Directors in Public
<b>Date:</b> 21 December 2011
<b>Title of Report:</b> Questions from members of the public relating to items on the agenda only
<b>Presented By:</b> Mary St Aubyn, Chairman
<b>Subject, Purpose and Recommendation:</b> The Board is invited to reply to any questions from members of the public relating to items on the agenda only.
<b>Finance Implications:</b> N/A
<b>Clinical Implications:</b> N/A
<b>HR Implications:</b> N/A
<b>Legal Implications:</b> N/A
<b>Equality Implications:</b> N/A
<b>Risks:</b> N/A

