

Meeting of the Board of Directors in Public (Part 1)

24 February 2010 from 9.15am (for a 09.30 start)

Stapleford House, Stapleford Close, Chelmsford, Essex CM2 0QX



**Meeting of the Board of Directors to be held in public (part 1) on
Wednesday 24 February 2010 from 9.15 (for a 09.30 start) at
Trust Headquarters, Stapleford House, Stapleford Close,
Chelmsford, Essex CM2 0QX**

AGENDA			
	Apologies Declarations & Minutes		
1.	Welcome, Introductions & Questions from the Public	MSA	09.30
2.	Apologies for Absence	DMc	09.35
3.	Declarations of Interest	DMc	09.35
4.	a) Minutes of the Meeting held on 25 November 2009	MSA	09.40
	b) Matters arising from the Minutes of the Meeting held on 27 November 2009	MSA	09.40
	Executive Report		
5.	Chief Executive's Report	AG	09.45
	Strategy		
6.	Equality and Diversity	AM	10.00
	Quality		
7.	Staff Survey	CM	10.10
8.	The NHS Constitution	DMc	10.20
9.	Care Quality Commission Mental Health Act Annual Statement 2009	PK	10.25
10.	Patient Safety Report on the Successful Reduction in the Incidence of Falls	PK	10.30
	Monitoring		
11.	Performance Report to 31 January 2010, Month 10	AM	10.35

12.	Finance Report for the period ending 31 January 2010	RT	10.45
13.	Update on Service User Experience, Patient & Public Involvement & Progress on the Current Mental Health Service Users Survey 2010	AM	11.00
	Governance		
14.	Appointment of a Deputy Chairman	DMc/JP	11.15
15.	Board Self-Assessment	MSA	11.20
16.	Council of Governors - feedback/ minutes of the meeting held on 08 December 2009	MSA	11.30
	Assurance		
17.	Use of Seal	DMc	11.40
18.	Summary of Board Decisions	DMc	11.40
	Other Items		
19.	Any Other Notified Business	MSA	11.40
20.	Questions from members of the public relating to items on the agenda only	MSA	11.45
	Meeting Closes		11.55
	Date of Next Meeting in Public: 26 May 2010		

Dermot McCarthy
Trust Secretary
North Essex Partnership NHS Foundation Trust
103 Stapleford Close, Chelmsford, Essex CM2 0QX



Agenda item No: 1
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Welcome, Introductions & Questions from the Public
Presented By: Mary St Aubyn, Chairman
Subject, Purpose and Recommendation: Those present will be welcomed, and there will be the opportunity for those attending to ask questions about matters not included upon the agenda.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: N/A



Agenda item No: 2
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Apologies for Absence
Presented By: Dermot McCarthy, Trust Secretary
Subject, Purpose and Recommendation: The Board is asked to receive apologies for absence.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: N/A

Agenda item No: 3
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Declarations of Interest
Presented By: Dermot McCarthy, Trust Secretary
Subject, Purpose and Recommendation: 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.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: Declarations of interest are required to comply with Standing Order 7 ("Declarations of Interest and Register of Interests").
Equality Implications: N/A
Risks: N/A

Agenda item No: 4a
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Minutes of the Meeting held on 25 November 2009
Presented By: Mary St Aubyn, Chairman
Subject, Purpose and Recommendation: The Board is asked to receive and approve the minutes of the meeting held on 25 November 2009 (previously received by the Board for information on 16 December 2009). Any issues of a non-material nature e.g. minor typographical errors, should be communicated to the Trust Secretary in advance of the meeting.
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 EIGHTH MEETING OF THE BOARD OF DIRECTORS IN
PUBLIC HELD ON WEDNESDAY 25 NOVEMBER 2009
IN THE SEMINAR ROOM AT TRUST HEADQUARTERS
STAPLEFORD HOUSE, STAPLEFORD CLOSE, CHELMSFORD, CM2 0QX**

PRESENT:

Ray Cox	Non-Executive Director (chairman)
Andrew Geldard	Chief Executive
John Gilbert	Non-Executive Director
Dr. Malte Flechtner	Medical Director
Paul Keedwell	Director of Nursing
Sarah Phillips	Non-Executive Director
Geoff Scott	Director of Strategy
Charles Abel Smith	Non-Executive Director
Rick Tazzini	Director of Resources

IN ATTENDANCE:

Raza Ahmed	Vocational Services Manager
David Bamber	Public Governor (Harlow)
Jackie Bland	NHS Mid Essex
Mike Chapman	Director of Business Development
Pippa Ecclestone	Public Governor (Uttlesford)
Graham Field	Associate Director, Social Care & Staff Governor, Social Care
David Gallagher	Interim Associate Director, Communications
Dan Kessler	Lead Governor & Public Governor (Tendring)
Keith Lever	Public Governor (Tendring)
Elizabeth Mabbutt	Executive Assistant to Chief Executive (minutes)
Jayne Marshall	Public Governor (Colchester)
Andy Mattin	Director of Operations
Dermot McCarthy	Trust Secretary
Reg McKenna	Managing Director, Involving Essex
Colin Moore	Director of Human Resources
Mark Richmond	Volunteer Centre, Chelmsford
Steven Pruner	Public Governor (Chelmsford)
James Purves	Legal Adviser
Susan Richards	Associate Director, Workforce Development
Kevin Whelan	NHS Mid Essex
Rob Yeomans	Interim Project Director
Harry Young	Public Governor (Colchester)

2009/78 OPENING, INTRODUCTIONS & QUESTIONS FROM THE PUBLIC

Ray Cox welcomed all those present, particularly Mike Chapman in his new role as Director of Business Development, and formally congratulated Rick Tazzini on his appointment as Director of Resources. Ray advised that Rob Yeomans, Interim Director of Resources had agreed to remain with the Trust until mid-December to

handover to Rick, and thanked him for his significant contribution over the last 15 months.

There were no questions from the public relating to matters not covered on the agenda. Any questions arising from the agenda would be addressed at the end of the meeting.

2009/79 APOLOGIES FOR ABSENCE

Apologies were received from Mary St. Aubyn, Chairman.

2009/80 DECLARATIONS OF INTEREST

There were no declarations of interest.

2009/81 MINUTES OF THE MEETING HELD ON 26 AUGUST 2009

Charles Abel Smith's name had been omitted from the list of those present.

There being no further factual corrections, the Board of Directors received and approved the Minutes of the meeting held on 26 August 2009 and these were signed by the chairman.

2009/82 MATTERS ARISING

a) Minute No: 2009/55c - Signage: Rob Yeomans confirmed that the signage at The Derwent Centre and St. Margaret's had been updated and Sheila Jackman (public Governor, Epping Forest) advised.

b) Minute No: 2009/61 - Chief Executive's Report: Geoff Scott advised that the 131 PALS enquiries quoted was not a full year figure and that, pro-rata, the volume was slightly lower than last year.

c) Minute No: 2009/65d) - Carers' Assessments: Rob Yeomans advised that a target had been agreed with Essex County Council and details were contained within the Performance Report (Agenda Item 13).

d) Minute No: 2009/68 - Finance Report: Rob Yeomans confirmed that he had provided Charles Abel Smith with a detailed income report, which would be modified for inclusion in future Board reports.

e) Minute No: 2009/71 - Council of Governors: Geoff Scott confirmed that Pat Hamilton (Public Governor, Uttlesford) had received feedback on the Membership Database Pilot. Andrew Geldard added that a special meeting for Governors to discuss at the Governor to Member interface had been arranged for 18 January 2010 and the outcomes would be fed back to the Board.

f) Minute No: 2009/76a) - Performance Report: Andy Mattin confirmed that data for the Mental Health Act census had been taken directly from patients' paper records whereas ethnicity data for the Performance Report was taken from Carebase. Ethnicity was being effectively recorded across all service areas.

2009/83 CHIEF EXECUTIVE'S REPORT

Andrew Geldard advised that the Finance Report showed a year to date net I&E surplus of £494,000 better than plan. He then highlighted the following:

- The Trust had been rated "Double Excellent" in the 2008/09 Care Quality Commission ratings. This was an outstanding achievement and a real testament to how staff had responded to the previous year's disappointing result for Quality of Service.
- Monitor's confirmation of the Second Quarter ratings of Mandatory Services at Green, Governance at Green and Financial Risk Rating at 4 were expected within a week.
- Funds to finance the Crystal Centre had been drawn down.
- In view of the financial outlook for the public sector, the NHS East of England continued to work through the Quality, Innovation, Productivity and Prevention (QIPP) initiative. The Trust was already working with all 3 local PCTs on this. Following the Chancellor's Pre-Budget Report on 9 December 2009, the NHS 'Operating Framework' and EoE 'Commissioning Guidance' would be issued.

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

2009/84 PILOTING SELF-DIRECTED SUPPORT & PERSONAL SOCIAL CARE BUDGETS IN MENTAL HEALTH SERVICES

Geoff Scott explained that the aim of "Putting People First", the national policy direction for adult social care, was to provide flexible resources to meet the needs of the individual, and improve outcomes through self-directed support. As a partnership trust, NEPFT had day-to-day responsibility for delivering this on behalf of ECC. 13 Local Authorities have already piloted the scheme; however only 2 of these included mental health. A Self-Directed Support Steering Group, chaired by Graham Field and including a researcher from Anglia Ruskin University, had been established. Both North and South Essex trusts will report to the County's Mental Health Social Care Leadership Group. Although responsibility for finance and administration will sit with ECC, the involvement of the Trust's Finance & Information Departments is important. Issues to be addressed will include CPA assessments, risk management, quality outcome measures and the data flow between ECC and Trust IT systems. In addition, commissioners will need to examine the implications for social care budgets in the future. The pilot will involve 90 service users and 15 clinicians/managers (5 in each locality) and will run for 1 year from 1 December 2009, with quarterly reviews.

The project presents an excellent opportunity to be involved in the development of personal budgets within mental health services by considering the advantages and disadvantages from the service user and carers' perspectives. Geoff Scott read out 'Patrick's Story', highlighting the improved confidence, physical health, and social inclusion benefits of the programme, as experienced by one service user.

Sarah Phillips commented that this initiative contained the essence of effective mental health services, giving people control over their own lives. Colin Moore added that the training required for the 15 clinicians ('Champions') involved had been agreed, but in order to address the cultural changes required, the possibility of offering all or part of this to more staff should be investigated.

Geoff Scott agreed with John Gilbert that more clarity around outcomes was required, advising that ECC and ARU were developing a set of indicators to measure the success of the programme. Graham Field commented that the SDS Steering Group would also look at personal financial assessments and how they are undertaken.

The Board of Directors approved the involvement of the Trust in a 12 month pilot in partnership with Essex County Council, testing the development of self directed support and personal social care budgets, to be reviewed on a quarterly basis.

2009/85 PROGRESS UPDATE ON TRUST EMPLOYMENT STRATEGY

Geoff Scott advised that the Employment Strategy, aimed at promoting positive practice in employing people with mental health problems, recovery, social inclusion and wellbeing, would be updated in preparation for next year's Annual Plan. Improvements made in monitoring progress and links to the 'Mindful Employer' initiative and aspirations to become an 'Exemplar Employer' will all be brought together at that stage. Geoff Scott congratulated Graham Field on being involved in the development of the North Essex Mental Health Employment Strategy in association with commissioner colleagues from ECC, which was recently awarded 2nd place in the 'Our Economy' section of the 'You Make the Difference in Essex' Awards. Geoff also thanked Raza Ahmed for his contribution to the excellent progress made.

The 3 key objectives of the Trust's Strategy were:

- Promoting access to meaningful employment, education and voluntary work. The 2009/10 target of 171 people and had almost been reached which represented excellent progress. Essex (ECC, NEPFT, South Essex Partnership University NHS FT) is one of only 4 National Centres of Excellence for the provision of evidence based supported employment as recognised by the Sainsbury Centre for Mental Health.
- Leading by Example. To achieve 'Exemplar Employer' status NEPFT needs to recruit and retain staff with mental health problems (linked to the Workforce Strategy) and improve engagement amongst partner organisations and local employers.
- Supporting social enterprise initiatives by developing strong networks. The Trust has 15 vocational workers within teams and are supporting MCCH (who took over the Harlow Workskills Centre earlier this year) to ensure a smooth transition for service users.

Raza Ahmed advised Charles Abel Smith that the area targets (listed in Table 1 of the report) were set by ECC. The variations were explained by more places being available and taken up in Colchester and Clacton, whereas there had been vacancies in Chelmsford and Harlow. Geoff Scott agreed with Sarah Phillips' comment that much work was needed to persuade employers to take on service users. In response to a query from Ray Cox, Colin Moore advised that medical history could not be recorded in the say way as, for example, the ethnicity of staff and feedback on this area was therefore largely anecdotal. However, his own experience was that a high percentage of people who were, or had been service users, were employed within the organisation. Rob Yeomans added that being a

'Mindful Employer' had not adversely affected sickness absence; a positive message.

The Board of Directors received the progress report and reconfirmed the Trust's three key employment strategy objectives.

2009/86 UPDATE ON SERVICE USER AND CARER PARTICIPATION

Andy Mattin confirmed that the Patient Experience Programme Board was focussing on moving service user and carer involvement into the mainstream of activity and he was working closely with Reg McKenna of Involving Essex. Service user and carer involvement for all age groups was now a local management responsibility and must be included in each area's 2010/11 business plan. There had already been successful involvement in HR processes such as recruitment and selection of staff. The 'Patient Charter' developed in conjunction with key stakeholders was now being distributed around the Trust. A database of those interested in greater participation needed to be established alongside further work on the interface with the role of Governors. Involving Essex have so far had a 14% response rate from their members; a good response.

David Bamber and Reg McKenna had recently visited Nottinghamshire Healthcare Trust and feedback from this had been most helpful. Taking on the client's perspective and using their knowledge was crucial to driving real changes in the way in which we do things. Andy Mattin concluded that greater involvement was at the heart of "outstanding care, transforming lives" and that he looked forward to achieving real change in the coming months.

John Gilbert commented on the need to engage the Trust's own membership in a focussed way to achieve change. Sarah Phillips suggested asking members what skills/knowledge they had in order to direct efforts effectively. Geoff Scott responded that Communications would look into this.

Action: Geoff Scott

The Board of Directors noted the progress made to date in respect of Service User and Carer participation.

2009/87 CARERS' STRATEGY REVIEW 2009

Geoff Scott explained the context in that it was proposed that the Carers' Strategy be extended for a further year, with an updated action plan, pending the outcome of our first Carers' Survey which would inform future priorities. Links to service user and carer involvement, Quality Accounts and input around the specific needs of carers could then also be taken into account. Geoff Scott highlighted the principles behind the Carers' Strategy. Heather Harris, Carer Support Manager had worked closely with Operational Associate Directors and their staff in terms of training and developing links across the Trust. ECC looked at this very closely as a key indicator. Andrew Geldard, Andy Mattin and Graham Field had presented the Trust's Annual Report to ECC's Community Wellbeing & Older People Policy & Scrutiny Committee (CWOPPSC) on 12 November 2009.

The Trust was working with NHS Mid Essex on the structure and content of the Carers' Survey, which will be carried out before the end of the financial year. Geoff Scott drew directors' attention to the 13 actions explained on pages 12-14 of the report, highlighting the links to the Employment Strategy, direct payments and staff training.

Andrew Geldard emphasised the importance of Carers' Assessments to ECC's performance ratings. At the recent CWOPPSC meeting, there had been much discussion around this process, and the difficulties of accurate recording, since people do not always recognise themselves as carers or may decline a 'formal' assessment as they perceive that it may affect their benefits.

Graham Field advised Ray Cox that Carers' Resource Packs included contact details for PALS and Heather Harris so that advice and support can be accessed. Colin Moore suggested that the new training DVD for Staff Induction could include advice regarding carers. Geoff Scott and Andy Mattin agreed to liaise with Susan Richards around using this medium.

Action: Andy Mattin/Geoff Scott

The Board of Directors noted the review of the Carers' Strategy and agreed to extend it for a further year (to 2010), with an updated action plan, pending the outcome of a Carers' Survey to be undertaken in 2009/10 to inform future priorities.

2009/88 CARE QUALITY COMMISSION (CQC) CORE STANDARDS 2009/10 DECLARATION OF COMPLIANCE

Paul Keedwell advised that following the establishment of the Care Quality Commission from the predecessor organisations, a 7 month declaration of compliance against the CQC Core Standards was required. Third party independent feedback from LINKs was being followed up. The working group of governors (acting as 3rd party commentators) had met on 20 November 2009 and confirmed that they were sufficiently assured re. the substantial evidence of compliance. A statement to this effect would be drafted for the Trust website. Paul Keedwell added that 3,000 items of evidence (all available for inspection by Board Members) had been reviewed via the Risk & Governance Executive which was able to assure the Board that the Trust was fully compliant for the 7 month period.

The Board of Directors received the assurance of the Risk & Governance Executive and agreed that the Trust should declare full compliance with CQC's Core Standards 2009/10 for the period April to October 2009, by 7 December 2009.

2009/89 CARE QUALITY COMMISSION REGISTRATION 2010

Paul Keedwell explained that there would be a new regulatory system, although further guidance was not expected to be issued until December 2009. He reminded the Board that compliance against Healthcare Associated Infections (HCAI) had already been declared to the CQC and full registration received as a result.

He outlined the tight timescale and process to be followed for registration of the Trust with the Care Quality Commission with effect from 1 April 2010 (October 2010 for Adult Social Care Services) as required under The Health Act 2009.

In response to a query from John Gilbert, Paul Keedwell advised that the high volume of evidence already gathered would stand the Trust in good stead. He expected that much of this could be remapped to the new set of standards once the guidance was issued. Nevertheless the volume of work was onerous and there was just a 3 week window in January 2010, to evidence compliance with the new standards. Paul Keedwell advised Ray Cox that the Trust could be inspected at short notice at any time following registration. Andrew Geldard added that Trust had not been fully inspected since 2002. Progress on the application will be reported to the December 2009 Board meeting.

The Board of Directors noted the components of CQC registration, the timescales for registration and agreed the actions to be taken.

2009/90 PRIVACY & DIGNITY UPDATE (INCLUDING THE ELIMINATION OF MIXED SEX ACCOMMODATION ACTION PLAN)

Paul Keedwell explained that this related to separate sleeping and bathroom areas. The 2008 Audit results prompted the action plan to continuously improve privacy and dignity. A repeat audit was currently being undertaken and the results would be formally reported in due course. The Crystal Centre had removed the last non-compliant inpatient area for these standards (Ward J6). Specific capital from the East of England Strategic Health Authority had been received in April 2009 to improve our patient environments by June 2009 and he thanked the Estates Department for completing this work within such a short prescribed timeframe. The Trust was required by the SHA (via the PCTs) to update its website monthly regarding progress against the action plan.

Ray Cox congratulated Paul on this 'good news' story and suggested that it be publicised.

Action: Geoff Scott

The Board of Directors noted the Privacy and Dignity Update (including the elimination of mixed sex accommodation action plan).

2009/91 PERFORMANCE REPORT FOR THE PERIOD ENDING 31 OCTOBER 2009, MONTH 7

Rob Yeomans highlighted arrears of excellent performance, i.e. CPA 7 Day Follow Up, Delayed Transfers of Care, 18 Week Referral to Treatment, CRHT, Admissions, MRSA & Infection Control.

Only 4 targets (set by the Trust) were traffic lit at 'amber':

- 18 Week Referral To Treatment (RTT) - 79% of Outpatients seen within 5 weeks against a target of 90%.
- Staff Turnover at 11.5% was slightly higher than desired but close to the national average for mental health services.

- Sickness Absence was below the national average although showing a slight increase on the previous month. This was being closely monitored by the Operational Associate Directors and performance management plans were in place.
- Incidents of MRSA and infections had reduced, but the numbers were very small. Rob Yeomans was reassured by the Trust's Patient Environment Action Team (PEAT) scores and the Trust's excellent infection control procedures.

Psychiatric Intensive Care Unit activity was at 16 occupied beds on average and Maple Unit has not been used in recent weeks. Andy Mattin advised Charles Abel Smith that there was a downward trend in using PICU nationally and some trusts had reduced their beds. Dr. Malte Flechtner added that while referral rates were relatively stable, PICU placements at NEPFT were declining. The criteria applied, coupled with the impact of CRHT & EIP services may account for this; however, this needs to be clearly understood.

Rob thanked Kevin Whelan of NHS Mid Essex for his work with clinicians to develop understanding of Trust activity and unit costs. Commissioners had raised the issue of CAMHs activity and discussions were on-going.

Andrew Geldard clarified the nature of the primary performance indicators, i.e. to achieve compliance with Monitor's current or anticipated compliance framework. The CQC's Intensive Support team for Healthcare Acquired Infections (HCAI) had just announced their wish to visit the Trust and that he viewed this as an opportunity to gain some valuable feedback.

Colin Moore explained to Sarah Phillips that staff turnover was expected to peak at circa 30% between 2013-16 as a result of retirements. This, coupled with financial constraints on the public sector, Government plans to raise the entry criteria for nursing to degree level and the withdrawal of the bursary for nursing students could present staffing difficulties in the medium-term. The Trust was therefore already in discussion with the local universities regarding Associate Practitioner roles and training places.

The Board of Directors received the Performance Report for the period ending 31 October 2009 (Month 7).

2009/92 FINANCE REPORT FOR THE PERIOD ENDING 31 OCTOBER 2009, MONTH 7

Rob Yeomans was pleased to report that the Trust had a Month 7 income and expenditure net surplus against this budget of £494k. The Trust expected to achieve a financial risk rating from Monitor of '4' again this quarter. Procurement of land at The Lakes may require an adjustment to the surplus figure to accommodate the associated accounting processes, but this should not affect the financial risk rating.

Issues for month 7 included underspend due to a small number of vacancies in rehabilitation and specialist services. The £519k variance against CAMHs was largely due to a reduction in use by out of area commissioners. The corporate overspend largely related to increases in rates, utility and legal expenses. There was a significant development opportunity in relation to the Eastern Development

Centre (EDC). The Trust currently had £13.453m. 'cash at the bank' against a target of £21.719m. Rob Yeomans was confident that this would be addressed by drawing down another £4.0m of the Barclays loan along with the allocation of £8.512m in public dividend capital. Rob Yeomans drew attention to the mid-year reduction in the Increased Access to Psychological Therapies (IAPT) budget, in line with the expected contract income.

Andrew Geldard added that achieving a surplus was important for the Trust's financial risk rating from Monitor and providing a source of funds for the plan for capital investment.

In response to a query from Charles Abel Smith, Rob Yeomans commented on the advantage of 'straight line', budgets with variances appropriately explained. He added that the pay underspend would fall away with an increase in the number of substantive appointments and consequentially reduction in temporary staffing. Sarah Phillips congratulated Andy Mattin and his team on reducing the Specialist Services overspend.

The Board of Directors approved the Financial Report for the period ending 31 October 2009, Month 7.

2009/93 CONSTITUTION UPDATE

Dermot McCarthy reminded Directors that at its meeting (in private) held on 21 October 2009 the Board of Directors agreed that the revised Trust Constitution, Standing Orders for the Council of Governors and Standing Orders for the Board of Directors be submitted for Monitor's approval. Subsequently, Monitor had raised four technical matters, including the correction of two references to the National Health Service Act 2006, within the Trust's submission. Dermot McCarthy advised that following confirmation from Monitor, the Board no longer needed to adopt the second resolution listed in his report authorising the Chairman and Chief Executive to approve any other changes, and withdrew this second resolution.

In order to correct the above references to the NHS Act 2006,, the Board of Directors approved the following resolution:

"That the references to sections 224 and 225 of the National Health Service Act 2006 appearing in Annex 5 of the revised Constitution and in Schedule C of the revised Standing Orders for the Council of Governors, which were approved by the Board at its meeting on the 21 October 2009, be corrected to references to sections 244 and 245 of that Act"

2009/94 SCHEME OF DELEGATION - UPDATE IN CONEXT OF MENTAL HEALTH LEGISLATION

Paul Keedwell thanked James Purves for his help in amending the Scheme of Delegation to reflect changes in the Mental Health Act.

The Board of Directors received Paul Keedwell's verbal report regarding updating the Scheme of Delegation in the context of mental health litigation.

2009/95 ANNUAL PLANNING (2010/11) EVENT FOR ELECTED GOVERNORS ON 12 NOVEMBER 2009

Geoff Scott advised that, as part of the annual planning cycle, Elected Governors held a facilitated event on 12 November 2009, also attended by most members of the Board of Directors, to receive and consider feedback to inform the forward plans of the Trust. At this successful event, Governors identified a number of key themes and their top priorities which will be summarised for the Council of Governors' meeting on 8 December 2009. A further event for Appointed Governors and partner organisations is planned for 4 February 2010.

Andrew Geldard commented on the high quality level of debate generated by Governors and how their understanding of the issues had developed. The event was a credit to Dan Kessler and all those who attended. Ray Cox echoed Andrew Geldard's comments around the excellent level of Governor engagement.

The Board of Directors agreed that a summary of the annual plan workshop for Elected Governors be submitted to the meeting of the Council of Governors on 8 December 2009.

2009/96 USE OF SEAL

Dermot McCarthy advised that there had been two uses of the seal since the last written report to the Board:

- Seal Number 62, Revolving Credit Agreement (£7.5m) with Barclays Bank plc (dated 02.11.09)
- Seal Number 63, Directors' Certificate relating to Revolving Credit Agreement (£7.5m) with Barclays Bank (dated 02.11.09)

The Board of Directors noted the uses of the seal.

2009/97 SUMMARY OF BOARD DECISIONS

The Board of Directors noted the Summary of Board Decisions.

2009/98 ANY OTHER BUSINESS (NOTIFIED IN ADVANCE)

a) Council of Governors - Draft Minutes of the Meeting held on 6 October 2009 and Feedback

Dermot McCarthy explained that these Minutes were presented to the Board of Directors to demonstrate the links between the two bodies. Much business had been addressed including:

- The elections of Dan Kessler and Brian Spinks and Lead and Deputy Lead Governor respectively
- A presentation from Andy Mattin and Reg McKenna on 'Embedding Service User and Carer Involvement'
- The reappointment of the Audit Commission as the Trust's External Auditors for 2010/11,
- A report on the Development of an Engagement Strategy
- A report on Evaluating of the Effectiveness of the Council of Governors

The Board of Directors noted the verbal report from Dermot McCarthy, Trust Secretary and draft minutes relating to the meeting of the Council of Governors held on 06 October 2009.

b) Celebration of Achievements Evening – 17 November 2009

Sarah Phillips advised that the Awards Ceremony at Boreham House had been a great success and complimented all those teams who had put initiatives forward. This was a wonderful opportunity to find out about positive practice and innovative projects being developed across the Trust and she encouraged all staff to contribute their ideas. She outlined the reasons for the following entries being successful:

- **Clinical Category**

Winner - Time Capsule, Redwoods (Amethyst) Day Hospital

2nd Place - Inpatient Drug & Alcohol Awareness Group, Psychology Dept., Derwent Centre

3rd Place - Volunteer Recruitment for assisting CRHT in Ecotherapy (allotment project), CRHT Central

- **Non-Clinical Category**

Winner - Paperless Meetings, Colchester & Halstead Management Team

Joint 2nd Place - Communications: Making a Difference, Communications Team

Joint 2nd Place - CPA 7 Day Follow-Up Pro-active report, Information Team

The Board of Directors received the verbal report from Sarah Phillips regarding the Celebration of Achievements Evening (17 November 2009).

c) Charitable Funds Committee – Meeting on 25 November 2009

Sarah Phillips advised that Rob Yeomans had agreed to draw up guidance to encourage teams to apply for Charitable Funds to benefit the users of their services.

Action: Rob Yeomans

The Board of Directors noted the verbal update from Sarah Phillips on the meeting of the Charitable Funds Committee held on 25 November 2009.

2009/99 QUESTIONS FROM THE PUBLIC

a) Agenda Item 6 – Piloting Self-Directed Support & Personal Social Care Budgets in Mental Health Services: In response to a query from Harry Young, Geoff Scott confirmed that this was directed at adults of working age and a member of the Communications Team would be included on the Steering Group. Eligibility criteria and needs assessments would be developed with ECC Social Care and Trust staff. The pilot will run from January 2010 for one year, with the first month devoted to staff training.

b) Agenda Item 9 – Carers' Strategy: Geoff Scott reassured Harry Young that geographic variations in services would be considered. The questions were being developed by Tinu Rodney of the Commissioning Team and Graham Field to be 'tick box', with provision for additional comments. The very different needs of those caring for the young and old would be taken into account.

c) Agenda Items 7 & 9 – Progress Update on Trust Employment Strategy & Carers’ Strategy – Review 2009: Geoff Scott agreed with Pippa Ecclestone that effective communication in advance of change was vitally important. He advised that public consultations, such as those conducted by the PCTs around changes in commissioning services were outside the Trust’s control, but every effort would be made by the Trust to ensure that stakeholders, service users and carers were aware of these processes.

2009/100 DATE OF NEXT MEETING

The next Board meeting in public will be held at 9.30 a.m. on Wednesday, 24 February 2010 at Trust Headquarters, Stapleford Close, 103 Stapleford Close, Chelmsford CM2 0QX.

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:

Position: Chairman

Date: 24 February 2009

Agenda item No: 4b
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Matters arising from the minutes of the meeting held on 25 November 2009
Presented By: Mary St Aubyn, Chairman
Subject, Purpose and Recommendation: The Board is invited to address matters arising from the previous discussions and actions of the Board.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: N/A



Agenda item No: 5
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Chief Executive's Report
Presented By: Andrew Geldard, Chief Executive
Subject, Purpose and Recommendation: The Board is asked to receive the attached update from Andrew Geldard, Chief Executive.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: N/A

Chief Executive's Report - Board Update 24 February 2010

1. Introduction

This brief report sets out progress in relation to some of the main activities of the Trust during the last quarter. It is presented as a 'current state of play', but also as a backdrop to the main Agenda items presented at the Board.

2. Performance

The Trust has commenced the year with strong performance in relation to the financial position and compliance with Monitor's standards.

The Trust has submitted its third Quarter returns to Monitor and the following ratings are anticipated:

Mandatory Services	Green
Governance	Green
Finance	Risk Rating '4'

The financial position at the end of January 2010 is that the Trust has earned £5,829,000 more from providing health services than it spent on the cost of operations. After accounting for non-operating costs, the Trust has achieved a year-to-date net Income and Expenditure surplus of £1,734,000 which is £195,000 better than plan.

The forecast outturn is for an I&E surplus of £1,548,000 against the plan of £1,450,000 – but this is before account is taken of the impairment of one, potentially two, fixed assets, which will apply accounting adjustments to the I&E account which will reduce the retained surplus/deficit figure. Monitor has confirmed that the costs of asset impairments will not affect the financial risk rating.

The Trust continues to perform well against Monitor Compliance Framework items, namely CPA 7 day Follow-up, CRHT Gatekeeping and Delayed Transfers of Care. Within the wider performance activity of the Trust:

i) Carers' Assessments

We are now monitoring activity against the new target and trajectory. Performance runs ahead of that in 2008/09 and the Trust is achieving target trajectories.

ii) 5 Week First Outpatient Appointments

Performance to date on the 5 week wait for patients has fallen from 77.8% (last month) to 77.1% and falls short of the 100% target. Performance in January fell from 86% (December) to 69% primarily due to a focus on those in 5-week breach to ensure compliance with the 18 week referral to treatment target.

iii) 2009 Staff Survey

The Trust's service provider, CAPITA, has now concluded its work and we await the release of the Trust's results and the national comparators from the Care Quality Commission.

iv) Community & Outpatient Survey

Quality Health, the Trust's service provider, is now in the fieldwork stage of the 2010 Community and Outpatient Survey. As at 3 February, the Trust had achieved a 19% response rate compared with a Quality Health average of 15% for other Mental Health providers. The next stages of the process are:-

- First reminders: start in week beginning 1st February, beginning with the highest response rate Trusts
- Second reminders: start when the response rate is at the correct level, estimated at around 25th February
- Close of fieldwork: 26th April
- Survey results to you at the Trust: Friday 30th April
- Full Management Report to the Trust: by 30th May

Monitor are currently in a consultation process regarding the extent and nature of the Compliance Framework for 2010/11. Based on the content of this consultation, the Trust is now adjusting its performance management systems to take account of the proposed additional requirements.

3. Community Engagement & Communication

i) Community Engagement

- Governor-run monthly surgeries in Tendring and Uttlesford are showing increasing numbers of members and members of the public attending.
- Marketing/merchandising packs are being developed for all governors in order for them to be able to better promote the Trust and our services at local events.
- Each public constituency will shortly be given a high quality, Trust-branded pull-up banner to enhance the professionalism of communication at local constituency events.
- More than 100 carers and service users attended a Carers at Christmas event organised by Clacton Day Hospital.

ii) Patient Experience

- Our annual Service User Survey is underway. First response rates so far of 19% have been achieved (vs an average of 15% across all Trusts).
- The Christmas Decoration Competition for inpatient and day units was once again popular, showing an enormous amount of effort put in by staff, service users and their families and giving a real festive atmosphere over Christmas to those using our inpatient and day services.
- Based on an analysis of the use of our translation and interpretation service, statements in Polish, Mandarin and Bengali have now been placed on our website to indicate that patient information can be made available in these three languages. Similar statements will appear on all future printed materials.

iii) Media Coverage

- Our Art in the Community exhibition at Colchester Hospital was covered in the Colchester Gazette and East Anglian Daily Times. Artwork was all produced by service users and a number of pieces have been sold.
- The elections for public governors featured in the Harlow Star, Essex Chronicle and Colchester Gazette. Over 100 nomination packs have been sent out and the publicity has generated a number of new membership applications.

iv) Patient Advice and Liaison Service (PALS)

- 266 enquiries have been handled by the PALS team this year. Changes to national complaints procedures means that enquiries are more now more detailed and consequently take more time to process.
- The number of PALS contacts has continued to rise since the New Year.
- PALS Network Meetings have been taking place across the Trust, with over 20 PALS trained staff registered to attend.
- PALS training dates have been fixed for the year ahead. This will ensure the standard of a minimum of two PALS trained staff are available within all teams.

v) Internal Communications

- Senior Managers now receive a monthly briefing via email from the Chief Executive, providing additional information between quarterly forum meetings.
- A quarterly newsletter, Perform, has been launched to inform staff about how the Trust is performing against Monitor compliance and our contractual obligations with the PCTs.

4. Membership

As of 1 February, 6,853 people are now enrolled as public members of the Foundation Trust. The Trust has exceeded its public membership target for 2009/10 which is 6,300. No specific recruitment events have taken place in the last quarter. Although the Trust has exceeded overall membership targets, Braintree, Epping, Harlow and Uttlesford are performing significantly under target and will be the focus of recruitment drives in 2010/11.

5. Regulator Issues

i) Care Quality Commission ('CQC')

The main focus of activity in relation to the Care Quality Commission has been the registration process for 2010/11. Detailed evidence has now been loaded onto the registration websites and the Trust has declared compliance with the registration requirements.

Notice has also been received from the CQC regarding likely changes to the annual performance rating exercise. It is unlikely that the 'Quality of Care' score will be retained in 2010, with it being replaced with separate scores for 'Registration' and 'Progress against National Priorities'.

ii) Monitor

Bill Moyes has now left Monitor. Succession arrangements are still to be put in place. In the interim, Chris Mellor will act as Chair of the organisation and Chief Executive responsibilities will be distributed across Executive Directors.

In addition to the consultation on the 'Compliance Framework', Monitor are also currently seeking views on the process of assurance around Quality Accounts and also the content of Annual Accounts and Annual Reports.

iii) East of England Strategic Health Authority ('EoE')

For the EoE SHA, the main focus of attention is on the contracting round for 2010/11 with the publication of its 'Commissioning Guidance'. This document translates the NHS Operating Framework for use by PCTs in the East of England.

Towards the end of February, the Trust has been part of a Mid Essex wide review of Safeguarding undertaken by the SHA. The SHA has also offered the Trust the opportunity of an 'Intensive Support Process' in relation to 'Healthcare Acquired Infections'. Both exercises will provide important third party validation and assurance regarding the Trust's processes in both of these areas.

6. Strategy Development

The Vision and Values statement "Outstanding Care, Transforming Lives" continues to be embedded within the organisation with the associated corporate identity widely in use within the Trust.

The internal preparation for the PCT 'Big Conversation' Event generated much interest and activity in the Trust. So much so, that the subject matter will now be shared more widely in the Trust in a clinical engagement event scheduled for 12 March. It is anticipated that this event signals the commencement of planning for the 2011/12 year and the production of a new strategic Plan for the Trust.

7. Commissioning Issues

Negotiations continue with Mid Essex PCT as Lead Commissioner with respect to a new 3 year contract commencing on 1 April 2010. The basic discussion revolves around a 0% uplift for inflationary items, but with a 1% enhancement being linked to maintenance and enhancement of quality issues.

Discussions also continue in respect of 2010/11 enhanced funding for Child & Adolescent Mental Health Services with West Essex PCT indicating they will increase their investment in the coming year.

8. Governance and Quality

The main focus of attention in the last quarter has been the process of 'Registration' required by the Care Quality Commission for 2010/11. The Trust declared full compliance in the process that concluded on 29 January 2010.

**Andrew Geldard
Chief Executive**

24 February 2010

Agenda item No: 6
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Equality and Diversity
Presented By: Andy Mattin, Director of Operations
<p>Subject, Purpose and Recommendation:</p> <p>Recommendations:</p> <ol style="list-style-type: none"> 1. The Board retain the principle that the Board level lead for Equality and Diversity also chairs the Trust Equality and Diversity group and that operational colleagues are actively engaged in the delivery of equality and diversity objectives. 2. Executive Management Team to determine who will be the Board level lead and chair of the E&D group in light of forthcoming changes to the Executive Director responsibilities. <p>Director of Operations and Nursing to review the Single Equality Scheme action plan presented to the Board in June 2009 and update the action plan by June 2010.</p>
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: Links to individual objective setting for Non-Executive Directors and Executive Directors.
Legal Implications: The Equality Bill has major ramifications for providers of public services and is progressing through parliament. This Bill was originally planned for enactment in April 2010, at present in the committee stage of the Lords.
Equality Implications:
Risks: Recent changes in senior staff with responsibility for equality and diversity issues increase the risk that the Trust is not sufficiently pro-active in the implementation of new equality legislation.

1. Introduction

The Equality Bill, anticipated to be introduced into British law in 2010, has major ramifications for providers of public services. It is not yet clear what the implications will be for the Trust until the Bill is enacted.

2. Background

As Director of Operations, I have chaired the in-house Equality and Diversity group for the last five years. This was felt to be appropriate as the main thrust of E&D requirements need to be owned by operational leaders and teams.

Within the last nine months the Board have received a report on the progress of the development of a Single Equality Scheme (June 2009) and training on Equality and Diversity issues.

3. Issues for the Board's Attention

A new NHS Equality and Diversity Council was established in August 2009

The Council will be a sub committee of the NHS Management Board and will work alongside the National Leadership Council and the National Quality Board to:

- set the framework to support and encourage NHS staff and organisations to work closely with the communities they serve in the delivery of personalised services
- ensure managers are encouraged to consider equality and diversity issues
- champion the involvement of all in the innovation and good practice within the NHS.

DH press release

NHS East of England has an established Regional Equality and Diversity Advisory Group chaired by Tom Cahill, Chief Executive of Hertfordshire Partnership Foundation Trust, who is also on the National Council.

Local NEPFT business planning guidelines (September 2009) suggested that each speciality / locality include equality and diversity objectives in their business plans to encourage our emerging devolved structure to persist in the governance of equality and diversity issues. Leadership and overall governance responsibility for equality and diversity, including the new legislation (expected during in 2010) remain with the Board.

References:

Useful E&D reading NHS Employers briefings 60 (April 2009) and 70 (January 2010) from www.nhsemployers.org :

http://www.nhsemployers.org/Aboutus/Publications/Documents/Briefing_60_Managing_diversity_making_it_core_business.pdf

http://www.nhsemployers.org/Aboutus/Publications/Documents/NHSE_Briefing_7018010.pdf

Author: Susan Iskander



Agenda item No: 7
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Staff Survey
Presented By: Colin Moore, Director of Human Resources
Subject, Purpose and Recommendation: The Board will be asked to receive a verbal report from Colin Moore, Director of HR regarding the latest national staff survey.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: N/A

Agenda item No: 8
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: The NHS Constitution
Presented By: Dermot McCarthy, Trust Secretary
<p>Subject, Purpose and Recommendation: The purpose of this paper is to update the Board on the NHS Constitution and to set out NEPFT's response to supporting staff, patients and the public in ensuring the Trust is meeting the requirements. Subject to Monitor's consultation on the Compliance Framework 2010/11, the Board will be required to certify in the 2010/11 Annual Plan certifications that the Trust has regard to the NHS Constitution in all that it does.</p> <p>The Board is asked to receive the report for information, to note work is in progress on raising awareness and agree the measures to promote the NHS constitution amongst staff, patients and the public.</p>
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: Need to take NHS constitution into account as suggested within the report.
Legal Implications: All the rights set out in the NHS Constitution are underpinned by law and are legally enforceable. Subject to consultation 'having regard to' the NHS constitution is likely to become part of Monitor's Compliance Framework from 01 April 2010, and a separate component of the Trust's terms of authorisation as an FT.
Equality Implications: N/A

Risks: Risks re compliance with Monitor's Compliance Framework (Governance Rating), Terms of Authorisation and organisational reputation.

1) Background

The NHS Constitution (Appendix 1) published on 21 January 2009, brings together for the first time the principles, values, rights and responsibilities that underpin the NHS. It is designed to make sure the NHS and its founding principles are protected in the 21st century. The NHS Constitution supports patients, the public and staff by clearly setting out their legal rights.

Under the Health Act 2009, foundation trusts are required to “have regard to” the NHS Constitution. The NHS Constitution itself is not a piece of legislation: it is a ‘declaratory’ document, which articulates the existing legal position. Its value is in bringing together existing law alongside pledges, responsibilities, and the NHS-wide values and principles. However, all the rights set out in the NHS Constitution are underpinned by law and are legally enforceable.

The NHS Constitution (Appendix 1) contains 25 rights for patients and the public, covering all aspects of care from access to services, to quality of care. It also includes 14 pledges to patients and the public, expressing an ambition to improve, going above and beyond the legal rights. It also includes 9 responsibilities for patients and the public. For staff there are 6 rights from fair and flexible working, health and safety, to involvement and representation. There also 4 pledges to staff. Staff are identified as having a range of responsibilities of which 6 are duties and 5 are expectations. In summary the NHS Constitution sets out clear expectations about the behaviours and values of all organisations that provide NHS care.

The document contains:

- An introduction
- Guiding principles
- Patients and the Public - rights and pledges
- Patients and the Public - responsibilities
- Staff rights and NHS pledges to staff
- Staff responsibilities
- NHS values.

The central message of the NHS Constitution is that the rights, pledges and responsibilities which it sets out for patients the public and staff are not peripheral but key to an organisation’s business and should be fully embedded within it.

2) NHS Constitution - Content

The full constitution is at appendix 1; examples of the content include:

2.1) Patients and the Public:

“The NHS commits to ensure that services are provided in a clean safe environments that is fit for purpose based on national best practice”

“(Right) You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are appropriate for you”

“(Right) You have the right to access your own health records. These will be always be used to manage your treatment in your best interests”

(Right) “You have the right to be involved in discussion and decisions about your healthcare, and to be given information to enable you to do this”.

“(Right) You have the right to have any complaint you make about NHS services dealt with efficiently and to have it properly investigated”

“(Responsibility) You should keep appointments or cancel within reasonable time..”

2.2 Staff

“The NHS commits to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed”

“(Right) to fair treatment regarding leave, rights and other statutory leave requests relating to work and family, including caring for adults you live with”

“(Right) To work within a healthy and safe environment in which the employer has taken all reasonable steps to ensure the workplace is free from verbal or physical violence from patients, the public or staff to work your contractual hours, take annual leave and to take regular breaks from work”.

“(Duty) To accept professional accountability and maintain the standards of professional practice as set by the appropriate body applicable to your profession or role”

3) Implementation

The implementation of the NHS Constitution also forms an strand of a separate consultation by Monitor; the “Consultation on additional annual reporting requirements for 2009/10”. Monitor proposes that NHS foundation trusts should report on how they have had regard to the NHS Constitution in a separate section in the annual report which covers: “A statement certifying that the board has had regard to the NHS Constitution in carrying out its functions...” and “The chief executive/chair should provide a statement that the NHS foundation trust is compliant with the rights and pledges within the NHS Constitution...”

<http://www.monitor-nhsft.gov.uk/home/our-publications/browse-category/consultations/monitors-consultations/consultation-additional-a>

The Executive Team believe that the Trust is compliant with the rights and pledges in NHS constitution”. This is demonstrated for example by the Trust’s Vision and Values which reflect the patient’s right ‘to be involved in discussions and decisions about your healthcare..’ and for staff, ‘to provide all staff with personal development...’. There is further work being carried out in order to evidence compliance with the duty to ‘have regard to’ the NHS constitution. In order to do this the Board will need to be satisfied that they have built awareness amongst staff, patients and the public.

a) Measures to Raise awareness amongst Staff:

- Inclusion in induction courses
- Use of EOE NHS Constitution video
- Dedicated section on the intranet
- Promotion via Core Briefing,
- Discussions/reference to at staff engagement events
- Discussion at senior staff meetings, JCC meeting etc.
- Reference in the Chief Executive's blog, weekly round up etc.
- Reference in HR and other policy documents
- Staff survey; link planning for and review of outcomes to NHS pledges to staff
- Patient survey; link planning for and review of outcomes to NHS pledges to patients
- Promotion via the intranet, Chief Executive's Blog, Senior Staff Forum.

Measures to raise awareness amongst patients and the public:

- Section on the Trust website/ Links to EoE SHA Resources (http://www.eoe.nhs.uk/nhs_constitution/index.php)
- Promotional posters
- Include reference in material re PALS and 'Making Experience Count' policies, procedures and publications.
- Reference as appropriate in press releases and media features
- Reference in Board reports e.g. business cases

David Nicholson comments on the NHS constitution "There's no doubt in my mind that patients will read it and the public will read it, as well, so it's very important that we understand what the principles and values and purpose, rights and responsibilities are. And then you should use that. You should use it in your daily work, with your relationship with your patients You should use it in terms of the relationship you have with your organisation and the people employed." (http://www.eoe.nhs.uk/nhs_constitution/constitution_video.php)

4) Future Developments

The Department of Health is consulting (closes 05 February 2010) on extending the constitution to include from April 2010:

"A legal right to treatment within a maximum of 18 weeks from referral and to be seen by a cancer specialist within 2 weeks (or, where this is not met, to be offered a range of alternative providers, wherever possible) would help patients and the public to know what they can expect from the NHS in terms of waiting times. Empowering patients in this way would mean that their demands, rather than top-down targets, will maintain improvements in waiting times, ensuring that the NHS continues to deliver high quality care in a prompt manner."

(http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108035.pdf)

And

"a right to a NHS Health Check every five years for those aged 40–74"

The Constitution will continue to develop and the consultation also seeks feedback on the development of the constitution to include:

- evening and weekend access to GPs;
- access to NHS dentistry;
- personal health budgets; and
- choosing to die at home.

The NHS Constitution



Adobe Acrobat
Document



Agenda item No: 9
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Care Quality Commission Mental Health Act Annual Statement 2009
Presented By: Paul Keedwell, Director of Nursing
Subject, Purpose and Recommendation: The Board will be asked to receive the report for information.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: N/A



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Mr Andrew Geldard
Chief Executive
North Essex Partnership NHS Trust
Trust Headquarters
Stapleford House
103 Stapleford Close
Chelmsford
Essex
CM2 0QX

23 December 2009

Dear Mr Geldard

Mental Health Act Annual Statement for North Essex Partnership NHS Foundation Trust dated October 2009.

Please find attached a copy of the Care Quality Commission's Mental Health Act Annual Statement for North Essex Partnership NHS Foundation Trust dated October 2009. The final statement reflects any comments regarding factual inaccuracies which were identified in the draft version and subsequently approved for amendment by the Commission. In addition to the attached hard copy I will also arrange for an electronic PDF version to be emailed to you for ease of distribution. The final version is now also available as a public document through the Commission's website (www.cqc.org.uk).

For completeness any response you may wish to make to the Annual Statement will also be placed on the Commission's website. If you consider it inappropriate for all or part of your response to be publicised in this way please make this clear in your response.

We would encourage you to share this Annual Statement with your Commissioning bodies, service user groups and any other relevant stakeholder.

Yours sincerely

A handwritten signature in black ink that reads 'Suminder Kaur'.

Mental Health Operations Manager

Mental Health Act Annual Statement October 2009

North Essex Partnership NHS Foundation Trust

Introduction:

The Care Quality Commission (CQC) visits all places where patients are detained under the Mental Health Act 1983. Mental Health Act Commissioners meet and talk with detained patients in private and also talk with staff and managers about how services are provided. As part of the routine visit programme information is recorded relating to:

- Basic factual details for each ward visited, including function, bed occupancy, staffing, and the age range, and gender of detained patients.
- Ward environment and culture, including physical environment, patient privacy and dignity, safety, choice/access to services and staff/patient interaction.
- Issues raised by patients and patient views of the service provided, from both private conversations with detained patients and any other patient contacts made during the course of the visit.
- Legal and other statutory matters, including the scrutiny of Mental Health Act documentation, adherence to the Code of Practice, systems that support the operation of the Act and records relating to the care and treatment of detained patients.
- Commissioners use the guiding principles in the Code of Practice (Published 2008) to inform opinions about the quality of care provided by the provider. All decisions must be lawfully informed by good practice and consistent with the Human rights Act 1998. Commissioners expect these principles to underpin all decisions and clinicians and managers and all those involved in providing care balance application of the principles to provide the most effective and sensitive care to individuals.

At the end of each visit a “feedback summary” is issued to the provider identifying any areas requiring attention. The summary may also include observations about service developments and/or good practice. Areas requiring attention are listed and the provider is asked to respond stating what action has been taken. The response is assessed and followed up if further information is required. The information is used by the CQC when verifying the NHS Annual Healthcheck and making decisions about the inspection programme in both the NHS and Independent Sector. From April 2010, the Mental Health Act Commissioners’ findings will inform the CQC’s assessments of organisations in relation to registration requirements, through evidencing ongoing compliance with the Mental Health Act and the Code of Practice.

Background

The North Essex Mental Health Partnership Trust became an NHS Foundation Trust in October 2007. As the main provider for mental health care in North Essex, it has in-patient units across the north of the county, in Harlow, Chelmsford, Colchester and Clacton. These include wards for adult patients of working age, for older adults and one unit for young people. There are three Psychiatric Intensive Care Units (PICUs) and a number of wards for the rehabilitation of longer stay patients.

This statement draws on findings from visits by Mental Health Act Commissioners both under the auspices of the Mental Health Act Commission (MHAC) and those which took place after April 1 2009 when the functions of the Mental Health Act Commission were taken over by CQC.

The Annual Statement provides an overview of the main findings from visiting, highlighting any matters for further attention and/or areas of best practice. It is published on the CQC website, together with other publications relating to individual mental health providers.

Main findings

Relations between the named Mental Health Act Commissioner for the North Essex Partnership NHS Foundation Trust and Senior Managers have been constructive and positive. twenty one wards , have been visited between October 2008 and September 2009. The Trust has responded quickly to the findings resulting from those visits and to the recommendations made. There are no issues outstanding from the Mental Health Act Commission Annual Report of 2008.

It is reassuring to note that, with very few exceptions, detained patients spoke highly of their care and of the staff who looked after them.

Mental Health Act and Code of Practice

The following points highlight those Mental Health Act issues raised by the Mental Health Act Commissioner on visits. The detailed evidence to support them has already been shared with the provider and is not rehearsed here. For further discussions about these findings please contact the author of this Annual Statement via the CQC at the Nottingham office.

Detention

The CQC is pleased to record that in the 21 visits made to wards in the Trust no instances of unlawful detention were found. There were, however, some examples of poor record keeping that made the process of checking patient files more difficult and time consuming than it might have been.

Section 17

The Commissioner was pleased to note that the Trust has robust procedures for the assessment and authorising of leave for detained patients. However, there was no place for the patient to sign the form to confirm that they understood and accepted the terms of the leave. Although not directly required by the Act, the participation principle of the Code of Practice indicates that patients should be as fully involved as possible in their care and rehabilitation. The Trust responded speedily to this

feedback, providing the Commission with a copy of their new Section 17 form which requires a patient signature for each episode of authorised leave.

Section 132

It was noted on all ward visits that staff actively comply with Trust policy to regularly and appropriately advise detained patients of their legal status and their rights but the form in use had no space to allow the patient to confirm that they had understood, acknowledged or accepted this information. The Trust has responded to this feedback and has supplied the Commission with a copy of the amended form which has a space for the patient's signature. This form more fully accords with Code of Practice guidance on providing information to detained patients, and with the participation principle of the Code. The named Commissioner looks forward to seeing this form in use on the wards.

Care Programme Approach (CPA)/Section 117

The Commissioner noted that patient files contained evidence of detailed risk assessments and care planning. There was also evidence that community based staff are appropriately involved in planning and review processes. This is commended.

Deprivation of Liberty Safeguards (DOLS)

The CQC recognises that the necessity to make an application under the Mental Capacity Act's DOLS is unlikely to arise on some Trust units. However, there were a number of wards, for example those caring for older patients, where staff were conscious that some patients might fall within the remit of the Mental Capacity Act 2005. It would, therefore, be good practice to ensure that clinical staff are aware of the main points of the legislation.

Advocacy Services

The named Commissioner was pleased to note that the Trust has made good arrangements for the provision of advocacy services in general, and for Independent Mental Health Advocates in particular. The Commissioner met with an advocate on one visit and in talking to her and some of the detained patients, was able to record how well used and appreciated this service was.

Ward Administration/Mental Health Act Administration

The Trust has a system in which letters are sent from the Mental Health Act Administrators' office to alert ward staff to significant dates, such as the ending of a period of detention, or the start of the Section 58 '3 month rule'. This practice is commended.

On some hospital sites patient files were seen to be well organised and complete. On other wards, they were not as well maintained as they should have been. For example, there was more than one ward visit where copies of detention documents could not be found. In all these cases it was later reported that originals had been located in the Mental Health Act Office, copies made and placed on the files. It is the Trust's responsibility to maintain its clerical service to the wards in order to ensure that the records of detained patients are complete and up to date.

Physical Environment

Gender separation

The physical nature of some units did not allow for full gender separation. Some wards did not have corridors that could be completely divided, either because of layout, or because of the need for staff to closely observe some patients. On some units bathrooms had to be shared between male and female patients, and most wards did not have separate male and female lounges. The Trust has acknowledged these issues and there are some plans for refurbishment or re-provision.

Telephones

The Code of Practice states

“Hospitals should make every effort to support the patient in making and maintaining contact with family and friends by telephone and to enable such calls to be made with appropriate privacy” [paragraph 16.3]

The Commissioner was pleased to note that on most wards appropriate facilities were available. On a minority of wards it was not possible for patients to make calls with any degree of privacy but the Trust has promised to address this.

The Code of Practice also states that Trusts should have a policy on the use of mobile phones [paragraphs 16.5 and 16.6]. Section 7.3 of the Trust’s Security Policy (2006) states that *“the use of cameras (including mobile phone cameras) on Trust sites is restricted. Mobile phones with camera facilities will not be permitted in wards and this applies to staff and service users.”* When discussing this on ward visits it was clear to the Commissioner that although some staff were aware of this policy, others were not. Mobile phone use was restricted on some wards and not others, and some staff were unaware that the policy also applied to them. The Trust has provided information to the CQC that it has revised and reissued this policy statement to all its staff. The Trust should also ensure that all patients and visitors are clear about any restrictions on the use of mobile phones on hospital wards.

Staffing

On at least two wards shortages of nursing and care staff appeared to be impacting on patient care, in particular off-ward activities. There were also vacancies in other professional areas, such as psychology. The Trust has stated that it is actively recruiting to vacant posts.

Recommendations for Action

1. The Trust should ensure that it has appropriate resources on all its hospital sites to enable patient records to be maintained in good order.
2. The Trust should produce and disseminate a policy on the use of mobile phones. All patients should be advised of the rules concerning the keeping and use of mobile phones on hospital wards. Where mobile phone use is

restricted the Trust should ensure that patients are able to access a pay phone with a degree of privacy.

3. The Trust should endeavour to create as much gender separation as is possible within the limitations of individual buildings.

Forward Plan

- Mental Health Act Commissioners will continue to visit Trust facilities in the coming year to monitor the operation of the Act and to meet with detained patients in private.
- The Mental Health Act Commissioners will work with other colleagues within the CQC to develop an integrated approach to the regulation of the Trust's services.
- During the next visiting programme, it is planned to visit those wards that it was not possible to visit this year. The Mental Health Act Commissioner will be monitoring the effect of the promised changes that are being put in place as a result of the CQC's recommendations. In particular, the Commissioner will monitor the staffing situation on those wards where problems were noted this year.

Appendix A

Commission Visit Information for North Essex Partnership NHS Foundation Trust covering the period between 29 December 2008 and 26 October 2009

Date	Ward	Det. Pats. seen	Records checked
The Linden Centre			
9 Feb 2009	Christopher Unit	5	3
10 Feb 2009	Finchingfield Ward	5	3
21 Feb 2009	Drake House	2	2
22 Feb 2009	St Johns Hospital - Ward J6	5	3
18 Jun 2009	Finchingfield Ward	3	5
Total for The Linden Centre		20	16
King's Wood Centre			
9 Jun 2009	Henneage	2	4
5 Aug 2009	Bernard	3	4
Total for King's Wood Centre		5	8
Severalls Hospital			
1 Jul 2009	Cedar	4	6
Total for Severalls Hospital		4	6
The Lakes Mental Health Unit			
22 Jul 2009	Ardleigh Ward	3	4
Total for The Lakes Mental Health Unit		3	4
Clacton Hospital			
12 May 2009	Peter Bruff	3	5
Total for Clacton Hospital		3	5
Longview			
5 Aug 2009	Adolescent	1	1
Total for Longview		1	1
Princess Alexandra Hospital			
28 May 2009	Shannon	4	4
Total for Princess Alexandra Hospital		4	4
Total Number of Visits: 12			
Total Number of Wards visited: 11			
Total number of Patients seen: 36			
Total Number of documents checked: 44			

Agenda item No: 10
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Patient Safety Report on the Successful Reduction in the Incidence of Falls
Presented By: Paul Keedwell, Director of Nursing
<p>Subject, Purpose and Recommendation:</p> <p>The Board is asked to receive the attached report and note the positive and significant reduction in the number of falls.</p> <p>This is an analysis of the first half of the year against the number of patient falls in the preceding year.</p> <p>Falls Prevention is a high priority both nationally and regionally and the Trust has instigated over the last two years monthly monitoring of level of falls incidents.</p> <p>All incidents are scrutinised and assessed by the Clinical Risk Manager who provided this report to the Risk and Governance Executive.</p>
Finance Implications: N/A
<p>Clinical Implications:</p> <p>There has been a real and positive reduction in the number of falls experienced by patients in the first six months of the year and this is a very encouraging trend. The report outlines some of the factors that have been assessed as contributing to the reduction. The reduction is being closely monitored and training in falls prevention remains a high priority.</p>
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: This is part of the physical healthcare risk that is represented on the Trust's risk register.

PATIENT SAFETY REPORT ON INCIDENTS OF FALLS FOR RISK AND GOVERNANCE EXECUTIVE (PERIOD 01.04.09 TO 30.09.09)

1) Background

The Clinical Risk Manager was asked to review how the significant reduction in the number of reported patient falls in the first six months of this year had been achieved.

- Total number of reported falls: 404 incidents
- This is a decrease of 35% over the corresponding period in the previous year

The above decrease should be viewed in light of a general high level of reporting and therefore this is an encouraging trend.

This is a general downward trend of reported incidents of falls in all wards. The exceptions are Galleywood Ward & Finchingfield Ward where they have been treating a small number of patients with a diagnosis of younger onset dementia and with significant behavioural and mobility issues over the period.

Reasons attributed to the decreased falls incidents are:

- Effective use of equipment i.e. alarm mats, hoists, wheelchairs and walking aids
- Flooring enhancements in some areas of the wards
- Good attention to appropriate levels of observations
- Frequent medication review to take account of individual patients mobility
- The availability of consultant nurse for physical health care to support clinicians to assess patient's condition and care. This has had an impact in reducing falls incidents and minimising injury.

2) Conclusion

The Clinical Risk Manager is confident that the decrease in falls is genuine and due to the positive proactive approaches outlined above. The purchase of more low beds may further reduce the future incidents of falls. We continue to explore other means to assist staff in reducing risk of falls and severity of injury.

**Trust Performance – Board report
Exception Report – 10 months to 31 January 2010**

1. Introduction

This report identifies exceptions to the achievement of performance targets and compares activity volume for 2009/10 year to date and previous year.

2. Performance Outcome Targets

The table below presents performance against mental health standards by exception, identifying performance that needs to improve to achieve planned targets.

2009/10 Target	Target	In Month	Year to date	Traffic Light
100%	RTT – Outpatients <u>seen</u> within 5 weeks	69% (Jan)	77.1% (31 Jan)	Amber
10%	Staff turnover	n/a	12.5% (31 Dec)	Amber
3.68%	Sickness absence	5.15% (Dec)	5.32% (31 Dec)	Amber
n/a	MRSA , C-Dif, D&V (no.)	6 (Jan)	35 (31 Jan)	Amber
>94.7%	Drug Mis-users in effective treatment	n/a	90% (Sept)	Amber

• **RTT 5 weeks**

Performance to date on the 5 week wait for patients to be seen has fallen from 77.8% to 77.1% and falls short of the 100% target. Performance in January fell from 86% to 69% primarily due to a focus on those in 5-week breach to ensure compliance with the 18 week referral to treatment target. The Director of Operations and Area Directors are giving this key area of service delivery their continued attention with the assistance of alert systems from our IT systems. A recording problem on the IT system is being investigated to ensure patient choice and cancellations are correctly recorded and do not adversely reflect the performance.

• **Staff turnover**

Staff turnover increased by 1.3% on previous month, which was 11.2%. Essex County Council staff account for 20% of this increase with 30 staff members voluntarily resigning in November, this number was not recorded in time to be reported in December. Achieving the target of 10% may prove particularly challenging as 2% of current staff will reach retirement age within the next twelve months. Exit interviews are held with staff and the Trust tracks reasons for leaving. The table below details the reasons for staff leaving the Trust since 1 April 2009.

Staff Leavers by Reason 01/04/09 - 31/12/09	
Voluntary Resignation	54.38%
Retirement	21.17%
End fixed Term	12.77%
Dismissal	6.58%
Other	5.11%

- **Sickness absence**

The Trust's overall reported sickness figures (nine months to 31 December - 5.32%) with a reduction of 0.53% in month for December. The NHS mean figure is 4.7%, but the figure is traditionally higher in Mental Health Trusts.

The updating of the Sickness Absence Procedure is well advanced and should go to March JCC for agreement. This will propose no longer using the capability procedure but introducing separate "one stop" processes that will see direct action including termination at a much more advanced stage in the process. It is welcomed in early consultation by line managers who see it as reducing the time taken through repeated meetings.

- **MRSA and infections**

The total number of recorded infections to date is **35** (last year to date 29). The breakdown of the current year's figures is shown below:

Year to date		<i>In month</i>
17	MRSA Colonisation and infection	1
4	C-Difficile	-
14	D&V	5

- **Drug Misusers**

Performance on drug misusers in effective treatment is currently 4.7% less than 2008/09 year end figure of 94.7%. If all drug misusers in current treatment become eligible for effective treatment, then it is estimated that the 2009/10 year end figure will reach 92.0% which would be a slight reduction of 2.7% on the 2008/09 figure. This is being monitored closely and action is taken to maximise performance.

2. Activity

Overall Trust activity shows a slight increase of **0.7%** for the same period 2008/09, which is less than previously reported, although this is an expected seasonal trend.

The year to date increase/ reductions are as follows:

Day care	+0.1%
Inpatients	+4.2%
Outpatients	+0.5%
Community Face to face	+6.9%
Community Non Face to face	-2.2%
MH specialist teams	-7.0%
Trustwide	+0.7%

Following investigations of data completeness there has been an increase in non face to face activity of 2.7%

Adult Crisis and Home Treatment teams are reporting face to face activity below 2008/09 numbers. However the Trust is recording performance which is 23% above target with CRHT episodes (1,581-v-1,329 to date). Whilst the actual contacts within these have reduced, this may indicate that service users are being treated by CRHT for a shorter period of time. The Trust continues to exceed the targets set by commissioners for CRHT. Recording and data input are being investigated in specialist teams.

CRHT Activity - counts assessments and episodes [an episode is a distinct period of care and may have a varying number of face to face within each episode]

Example pathway - referral for inpatient admission:

- *treated by CRHT to avoid admission (4 face to face contacts)*
- *CRHT intervention did not succeed patient admitted*
- *CRHT intervention at discharge from inpatient (2 face to face contacts)*
- *transferred to CMHT*

This pathway would count as 1 assessment, 2 episodes and 6 face to face contacts.



Financial Position Month 10: 31st January 2010



CRES	Cash Releasing Efficiency Saving
EBITDA	Earnings Before Interest, Taxation, Depreciation, and Amortisation
EWTD	European Working Time Directive
I&E	Income and Expenditure
KPI	Key Performance Indicators
LCFS	Local Counter Fraud Specialist
MDCR	Maximum Debt to Capital Ratio
PBL	Prudential Borrowing Limit
PbR	Payment by Results
PCT	Primary Care Trust
PDC	Public Dividend Capital
PSPP	Public Sector Payments Policy
SLA	Service Level Agreement
TM	This Month
WTE	Whole Time Equivalent
YTD	Year to Date



NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST

SUMMARY FINANCE REPORT FOR THE PERIOD ENDING 31st January 2010 - MONTH 10

1. Introduction

This report presents the financial performance for the ten months ending January 2010, focusing on key indicators within the Monitor financial regime. Note, [previous month's comparative financial figures] provided after Month 10 figures.

2. Financial Overview

This report shows that, to 31st January 2010, the Trust has earned £5,829,000 [£5,423,000] more from providing health services than it spent on its cost of operations. This figure, called EBITDA, excludes interest, tax, depreciation and amortisation, and dividends.

After accounting for non operating costs, referred to above, the Trust achieved year to date net I&E surplus of £1,734,000 [£1,749,000], which is £195,000 [£371,000] better than plan.

The year to date surplus above target is primarily due to:

- Reduction in medical agency costs
- Continued vacancies in funded posts
- Under utilisation 10 months reserves
- Straight line profiling of CAMHS development budgets

Favourable variances are offset by overspending on non-pay budgets.

The Trust has an overall year to date level 4 Monitor risk rating, in line with plan.

The forecast retained surplus at year-end is £1,548,000 against the plan of £1,450,000. This figure is before any account of technical adjustments for any asset impairments is made. The outcomes will be known once assets have been revalued. The Trust has an overall year to date level 4 Monitor risk rating, in line with plan. The Trust has received confirmation from Monitor that the impairments will not affect the FRR.

3. Risk Rating

The Trust has planned for a weighted average financial risk rating (FRR) of '4'. At the end of January, the cumulative average FRR is 3.9 [4.1] equating to a risk rating of 4 [4]. This is in line with the plan.

4. Service Lines

The service line summary on page 7 shows that overall services have been delivered within budget. However, some service lines are exceeding their budget limits: Rehabilitation overspent £140,000 [£109,000], Mid overspent £44,000 [£43,000], Director of Operations overspent £139,000 [£129,000], Nursing overspent £85,000 [£73,000], Corporate overspent £431,000 [£392,000] and Overheads overspent £78,000 [£81,000].

While Colchester remains under budget at Month 10, its surplus has deteriorated by £83,000 in month.

5. Subjective Analysis

Over the last 10 months managers have spent less than their pay budgets by £1,905,000 [£1,934,000] after the applications of Reserves and because of the employment of Allied Health Professional staff below funded levels. However, managers have spent more than their budgets in Medical Staffing, £255,000 [£242,000] and Administration £234,000 [£260,000]. This is mainly due to spending on medical locums and temporary staff to cover vacancies and absences. This overspend is expected to reduce as recruitment plans are completed.

Spending on Goods and Services (Non-pay) has exceeded budget by £977,000 [£918,000]. This is mainly due to Professional Services £223,000 [£210,000], Business Rates £24,000 [£52,000], Utilities £32,000 [£19,000], Bad Debts provision £48,000 [£51,000] and Drugs £70,000 [£56,000].

6. Efficiency Programme

The value of the Trust's efficiency programme is £2,643,000. £2,643,000 has been deducted from budgets in line with plans agreed with managers.



7. Balance Sheet

The Trust's balance sheet, on page 8, presents level 5 liquidity with net current assets of £11,270,000 [£11,429,000].

8. Capital

After ten months the Trust has incurred capital expenditure of £8,468,000 [£8,187,000].

9. Cash-flow

During January the Trust had a net cash inflow of £774,000 [outflow of £954,000] increasing cash balances to £21,434,000 [£20,660,000]. The total net inflow for the year is £7,779,000 [£7,005,000].

10. Positive Change Agenda - Achievements

- Annual Plan accepted by Monitor.
- Medical appointments are expected to reduce vacancies and use of locum staff.

Director of Resources commenced 23 November 2009

Quarter 2 Monitoring – Monitor Trust ratings

Financial risk rating – 4

Governance risk rating – Green

Mandatory Services risk rating – Green

Monitor has rated the Trust's downside submission as a category 2 on a scale 1-4, where 1 is good and 4 is "little or no progress"

11. Next most important things:

- Production of Revenue plan for March Board
- Year end Accounts

12. Financial Risks

The following 'in-year' financial risks are under review and active management.

- Spot income
- Improving Access to Psychological Therapy (IAPT) income
- Possible repayment of Child and Adolescent Mental Health services (CAMHS) slippage monies to host commissioner
- Medical Locum expenditure
- Drug expenditure
- Utilities and Business Rates costs
- Low interest rates for short term investments

13. Key issues arising in the local economy

The host commissioner has advised the Trust that our local PCTs are experiencing material cost pressures due to a 17% increase in activity. This could have a financial impact on Trust income.

14. Assurance Statement

Performance to date is consistent with the Trust being a going concern.

15. Recommendation

The Board is asked to approve the Financial Report, noting the achievement of the year to date level 4 financial risk rating.



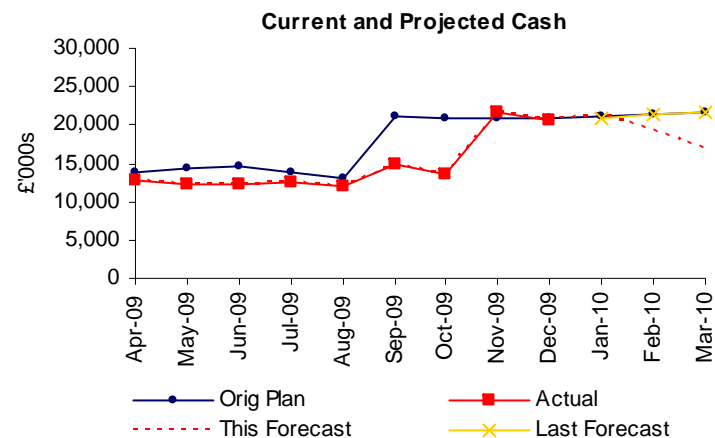
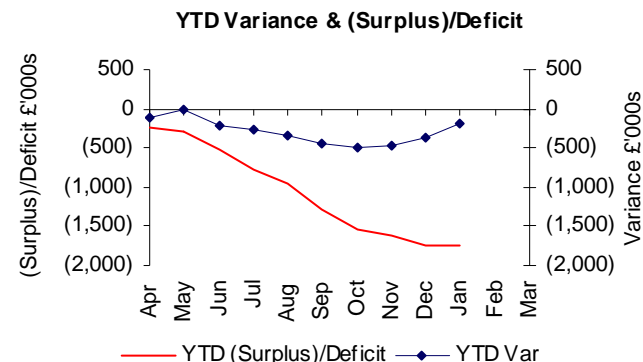
Performance Overview

Income and Expenditure		M10		
	Annual Budget	YTD Budget	YTD Actual	YTD Var
	£'000s	£'000s	£'000s	£'000s
Income	(107,334)	(88,804)	(88,301)	503
Expenditure	101,246	83,401	82,472	(929)
EBITDA	(6,088)	(5,403)	(5,829)	(426)
Other Costs	4,638	3,865	4,095	230
Net (surplus)/deficit	(1,450)	(1,539)	(1,734)	(195)

Financial Risk Rating		M10	
	Actual Score	Actual Rating	
Metric			
EBITDA Margin	6.6%	3	
EBITDA % Achieved	116.9%	5	
Return on Assets	5.2%	4	
I&E Surplus Margin	2.0%	3	
Liquid Ratio	78	5	
Weighted Average Rating		3.9	
		4.0	

Efficiency Programme		M10		
	Original Plan	YTD	Balance	Balance
	£'000s	£'000s	£'000s	%
CRES Programme	(2,643)	(2,643)	0	0.0%

Capital Programme		M10			
	Allocation	YTD Spend	YTD	Remain-ing	Y-End Forecast
	£'000s	£'000s	%	£'000s	£'000s
Capital Expenditure	15,005	8,468	56%	6,537	13,382



Summary Income and Expenditure

The summary Income and Expenditure Account gives an overview of the performance of the Trust by main income and expenditure headings.

Income is subdivided by main income streams separating clinical income from other income.

Costs are analysed by main budget headings.

The table contains the current annual budget which may be adjusted in year and vary from the original plan. In addition to EBITDA and net/surplus deficit, the table also shows the year-to-date variance against the phased annual budget.

EBITDA and net surplus/deficit demonstrate the current trading position of the trust whereas the variance gives an indication of performance against plan.

Income and Expenditure	M10			
	Annual Budget £'000s	YTD Budget £'000s	YTD Actual £'000s	YTD Var £'000s
Income				
Other - Cost and Volume Contract Inc.	(1,251)	(1,044)	(611)	433
Block Contract - 1: Mid Essex PCT	(85,173)	(70,925)	(70,565)	360
Block Contract - 2: Herts Part.NHSFT	(152)	(127)	(124)	3
Block Contract - 3: Suffolk	(911)	(759)	(759)	(0)
Block Contract - Host:	(568)	(473)	(473)	0
Clinical Partnerships	(7,795)	(6,528)	(6,530)	(2)
Other clinical income from mand serv.	0	0	0	0
Private patient income	0	0	0	0
Other non-protected clinical income	(695)	(575)	(652)	(77)
Clinical income	(96,545)	(80,432)	(79,713)	719
Research and Development	(69)	(57)	(76)	(19)
Education and Training	(2,066)	(1,725)	(1,750)	(25)
Other income	(8,654)	(6,590)	(6,762)	(172)
Other income	(10,789)	(8,373)	(8,588)	(216)
Total income	(107,334)	(88,804)	(88,301)	503
Costs				
Pay Costs	79,645	65,934	64,029	(1,905)
Drug costs	1,743	1,453	1,523	70
Clinical supplies and services	279	222	277	55
Secondary Commissioning costs	141	118	171	54
Other Costs (excl. depreciation)	19,438	15,674	16,472	798
Non-pay costs	21,601	17,467	18,443	977
Total costs	101,246	83,401	82,472	(929)
EBITDA	(6,088)	(5,403)	(5,829)	(426)
Profit/loss on asset disposals	0	0	219	219
Fixed Asset impairments	0	0	0	0
Depreciation & amortisation	2,144	1,787	1,675	(112)
Interest receivable/(payable)	(3)	(3)	78	80
Total interest payable/Loans & leases	0	0	0	0
PDC Dividend	2,497	2,081	2,124	43
Taxation payable	0	0	0	0
Net (surplus)/deficit	(1,450)	(1,539)	(1,734)	(195)

The year-to-date variance on surplus reduced from £371,000 at month 9 to £195,000.

Income is £503,000 [£450,000] below plan due to CAMHS slippage and reduction in DoL Funding. Income shortfalls on Suffolk spot purchasing (£346,000) and Hertfordshire spot purchasing (£267,000) are being offset by non recurrent income benefits from Mixed Sex Accommodation and other income.

Expenditure is £929,000 [£1,016,000] below plan mainly due to the delay in recruiting for new CAMHS posts resulting from the additional Essex funding.

Changes to Budgets

The Improved Access to Psychological Therapies (IAPT) income under Other non-protected clinical income heading has been amended in line with actual costs.

The Essex County Council contract for the CAMHS partnership agreement is included to 31 December 2010. This income is shown under the Clinical Partnerships line.

The loss on disposal reflects the dilapidations and write down of two leased properties in year. The PDC dividend reflects the actual charges estimated at year end.

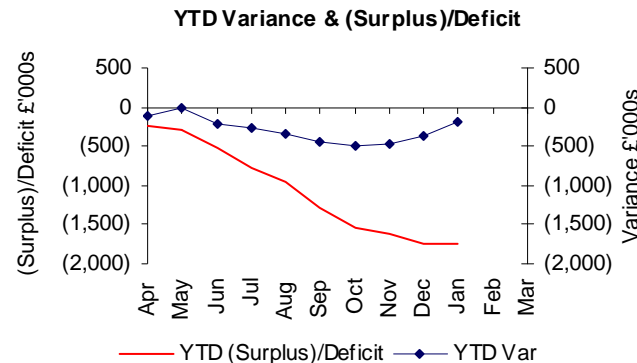


Service Line Summary

The service line summary gives an overview of the financial performance of service lines by reference to variance against the phased annual budget

In the summary contractual income is excluded from the Area financial position and displayed separately. The current report will evolve into a full trading position for each component when the shift to service line reporting is completed.

This will enable assessment of contribution of each service line to the cumulative EBITDA position.



Service Lines	M10			
	Annual Budget £'000s	YTD Budget £'000s	YTD Actual £'000s	YTD Var £'000s
Income	(98,355)	(81,943)	(81,202)	741
Dir of Operations	1,131	948	1,087	139
Colchester	11,934	9,938	9,894	(44)
Tendring	7,871	6,560	6,347	(213)
Epping/Uttlesford	8,829	7,356	7,207	(150)
Harlow	7,780	6,438	6,311	(126)
Mid	15,012	12,579	12,622	44
Specialist Services	4,032	3,358	3,333	(25)
Rehabilitation	2,986	2,416	2,556	140
Substance Misuse	3,213	2,610	2,584	(26)
CAMHS	7,146	5,858	5,267	(591)
Psychological Services	3,916	3,276	3,017	(259)
Nursing	1,628	1,253	1,338	85
Corporate	15,978	13,309	13,740	431
Overheads	(97)	(81)	(3)	78
Sub total	(6,996)	(6,126)	(5,903)	223
Reserves	908	723	74	(649)
Trust total	(6,088)	(5,403)	(5,829)	(426)
EDC	0	0	0	0
EBITDA	(6,088)	(5,403)	(5,829)	(426)

The graph shows the track of the net surplus £1,734,000 [£1,749,000] and variance £195,000 [£371,000] across the year to date.

Rehabilitation is £140,000 [£109,000] overspent due to additional nursing hours to cover high activity levels on Severalls House.

Specialist Services is underspent by £25,000 [overspent by £1,000] because of reduced activity on the Maple Unit.

The overspend on Director of Operations £139,000 [£129,000] is due to one unfunded external placement and incremental pressure on management posts. This has slowed down due to a staff secondment.

Psychological Services has remained with an underspend of £259,000 due to an increase in accepted trainees on the East of England funded programme and a reduction in the income and related expenditure budgets for IAPT Services in line with the expected contract amount.

Nursing is overspent by £85,000 [£73,000] due to incremental cost pressures on senior posts and staff travel costs.

Corporate is overspent by £431,000 [£392,000] due to pressure on Business Rates, Utilities, Professional Services, Legal Expenses and Telephones.

Eastern Development Centre shows a “break-even” position as any surplus funds at year-end will be “deferred” to 2010/11.

Balance Sheet

The balance sheet is a snapshot of the trust's financial health at a point in time.

It identifies:-

- Fixed assets
- Liquid assets
- Liabilities
- Shareholder Equity

The Trust's financial risk rating uses the I&E position as the reference point but relates this to the strength of the balance sheet for a number of key indicators.

Detailed Balance Sheet				
	31/03/2009	31/12/2009	31/01/2010	Annual Plan 31/03/2010
	£'000s	£'000s	£'000s	£'000s
Fixed Assets				
Tangible and Intangible Assets	82,413	88,965	89,109	91,256
Total Fixed Assets	82,413	88,965	89,109	91,256
Current Assets				
Stock & Work in Progress	0	0	0	0
NHS Trade Debtor	450	996	1,955	1,420
Non NHS Trade Debtor	0	0	0	0
Other Debtors	820	140	97	650
Accrued Income	0	322	157	0
Prepayments	348	609	424	320
Cash at Bank and in Hand	13,655	20,660	21,434	21,719
Total Current Assets	15,273	22,728	24,066	24,109
Current Liabilities				
Trade Creditors	(3,738)	(4,607)	(5,056)	(4,140)
Other Creditors	(2,315)	(2,854)	(2,910)	(4,204)
PDC dividend creditor	0	(624)	(876)	0
Capital Creditors	(1,625)	(191)	(191)	(2,000)
Interest payable creditor	0	0	0	0
Payment on Account	0	0	0	0
Accruals	(1,696)	(1,153)	(1,639)	(1,360)
Deferred Income	(1,988)	(1,870)	(2,124)	0
Total Current Liabilities	(11,362)	(11,299)	(12,796)	(11,704)
Net Current Assets/(Liabilities)	3,911	11,429	11,270	12,405
Long Term debtors	732	768	768	0
Total Assets Less Current Liabilities	87,056	101,163	101,147	103,661
Creditors: amount falling due after more than one year	0	0	0	0
Finance Leases	0	0	0	0
Provisions for Liabilities and Charges	(2,454)	(2,304)	(2,304)	(2,744)
Loans	0	(4,000)	(4,000)	(7,555)
Total Assets Employed	84,602	94,859	94,843	93,362
Tax Payers Equity				
Public Dividend Capital	(20,575)	(29,087)	(29,087)	(27,885)
Income and Expenditure Reserve	(30,185)	(31,935)	(31,920)	(31,635)
revaluation Reserve	(33,899)	(33,894)	(33,894)	(33,899)
Donated asset reserve	0	0	0	0
Other Reserves (Government grant reserve etc)	57	57	57	57
Total Taxpayers Equity	(84,602)	(94,859)	(94,843)	(93,362)

Achievement of the £21,719,000 planned cash is dependent on the drawdown of a further £4million loan by year end, which is now planned for 2010-11.

The percentage of invoices paid within 30 days for the 10 months ended January 2010 is 83% [9 months ended December 2009 82%]

Capital creditors are those remaining from 31 March 2009.

Deferred income largely relates to Eastern Development Centre as any income unspent is deferred to 2010/11.

The loan is a non-commercial borrowing. The first repayment is due in March 2010.



Agenda Item No. 12

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

Date: 24 February 2010

Title of Report: Finance Report for the period ending 31 January 2010 - Month 10

Presented By: Rick Tazzini, Director of Resources

Subject, Purpose and Recommendation:

The purpose of this item is to report performance against annual plan goal 5 to achieve value for money, by delivering objectives within budget, maintaining liquidity, delivering CRES, making best use of estate, maximising productivity, and benefiting from IM&T.

The financial position at the end of January 2010 is that the Trust has earned £5,829,000 more from providing health services than it spent on the cost of operations. After accounting for non-operating costs, the Trust has achieved a year-to-date net Income and Expenditure surplus of £1,734,000 which is £195,000 better than plan.

The forecast outturn is for an I&E surplus of £1,548,000 against the plan of £1,450,000 – but this is before account is taken of the impairment of one, potentially two fixed assets, which will apply accounting adjustments to the I&E account which will reduce the retained surplus/deficit figure.

The regulator, Monitor has confirmed that the costs of asset impairments will not affect the financial risk rating.

The Board is asked to approve the Financial Report.

Finance Implications:

After consideration of identified risks the Trust is considered to be a going concern able to implement its approved strategic plans.

Clinical Implications:

The financial performance of the Trust should not, of itself, constrain planned clinical performance.

HR Implications:

The Trust's reward strategy is affordable and within budget.

Legal Implications:

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.

Equality Implications: None.

Risks: In year financial risks are being managed.

Agenda item No: 13
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Update on Service User Experience, Patient & Public Involvement & Progress on the Current Mental Health Service Users Survey 2010
Presented By: Andy Mattin, Director of Operations
Subject, Purpose and Recommendation: The purpose of this report is to update the Board of Directors on work undertaken to improve service user and carer experience across the Trust. The report also outlines the development of a service user and carer strategy and a revised set of Terms of Reference for the Patient Experience Programme Board (PEPB). The paper provides a feedback on the current 2010 service user survey, which is in progress.
Finance Implications: A budget has been identified held by the Director of Operations for the provision of service user and carer involvement. The provision of good quality service user and carer information continues to reflect an on-going cost. At a local level, work on service user and carer involvement is being undertaken from within existing resources. The PEPB has decided to undertake an additional service users survey of all discharged patients. This will be provided by Quality Health, an approved supplier of surveys to the NHS and the costing will be met from our patient experience cost centre.
Clinical Implications: The surveys are important to improve the quality of patient experience and provide important feedback on the implementation of key policies and procedures which enhance patient safety. A well managed care programme approach procedure is important in mitigating against clinical risk to service users, carers and the organisation.
HR Implications: All work has been undertaken involving the existing internal workforce. No extra cost has been incurred.
Legal Implications: Adverse perceptions of our services or poor service user feedback could result in litigation and adverse publicity for the organisation.
Equality Implications: This year the surveys incorporate the views of adults of working age and older adults. In addition, this year we are undertaking contractually required carers survey which will help identify issues facing our carers and ensure we highlight difficulties at an early stage. This feedback will be used to improve the services we provide to our carers. The surveys to be undertaken by Quality Health incorporate equality and diversity issues and the report is available and a breakdown on gender and ethnicity basis.

Risks: The Trust is exposed to considerable risk if we fail to maintain good quality of care scores and this may feed adversely into the Trust's overall quality of care rating which could have a detrimental effect on our reputation and the ability to tender for new business. Poor service user and carer satisfaction and the failure to adhere to key policies and procedures exposes the Trust and service users to additional risk.

Report to: Board of Directors in Public

From: Andy Mattin, Director of Operations

**Subject: Update on Service User Experience, Patient & Public Involvement
& Progress on the Current Mental Health Service Users Survey 2010**

Date: 24 February 2010

1. Action

The purpose of this report is to update the Board of Directors in Public on the work currently being undertaken to improve service user and carer experience and involvement activities across the Trust.

In addition, this paper outlines work in progress to prepare for future surveys and an update on the current service user survey which is in progress.

2. Background

The Director of Operations and Medical Director are continuing to work with Reg McKenna, Managing Director of Involving Essex on service user and carer involvement. The Patient Experience Programme Board (PEPB) continues to meet bi-monthly. These meetings are scheduled around other meetings which drive the principle work streams of in-patient and community service user experience.

3. Patient & Public Involvement Strategy

A great deal of focused activity has taken place to develop a new patient and public involvement strategy to run from 2010/2013. Given the complex issues raised with the Foundation Trust structure and the role of governors/members and service users and carer representatives involved in all aspects of our services, a clear and unambiguous approach is essential. Andy Mattin as Director of Operations, met with Dan Kessler, Lead Governor, Jimmy Purves, legal advisor to the Board and Reg McKenna on 3rd February 2010. The strategy will have to ensure that no conflict exists between the roles and that there is a clear divide between involvement activity and the responsibilities of governors and members.

The document is currently being redrafted, including a revised set of terms of reference for the PEPB, to take into account both outcomes of the meeting on 3rd February and the views of the PEPB. Jackie Liveras, Area Director, North East, will lead a half day workshop to debate the issues and finalise a document to be presented at the next Public Board Meeting on 26th May 2010.

Nicola Armstrong, Clinical Nurse Specialist for Learning Disabilities, has joined the PEPB to ensure that service users with a learning disability involved in specialist secondary mental health services, have their needs fully met by the Trust and that communication and other materials are available in the correct easy to read formats.

4. Progress Concerning the Current 2010 Survey

The current survey being undertaken by Quality Health, our approved contractor, is sampling the views of service users who receive care and treatment from our community and out-patient services. The latest report received prior to the production of Board papers on 12th February 2010, indicated that the Trust has hit a 22% response rate so far. This puts our Trust in the top 20% of Trusts sampled by Quality Health against a country-wide average response rate of 18%. Reminders will be sent out to service users on or about the 25th February 2010, depending on the overall response rate. Field work for the survey will conclude on 26th April and the Trust will receive an initial report from Quality Health by 30th April 2010. It is anticipated the full management report will be available on 30th May 2010.

5. Improving Patient Experience

The regular pattern of meetings continues for the in-patient and community groups. The in-patient group is due to meet on 11th March 2010. Principle work to ensure the consistency of our approach to in-patient care across the Trust is being maintained. A set of core principles of the operational management for our in-patient units has been drafted. This will include the main operating procedures and sets out an approach for consistent in-patient experience across all of our units, taking into account the different service models which are in place. This document will be agreed on 11th March. All of our in-patient units are now undertaking protected engagement time to ensure that individual services users have dedicated 1:1 time with their allocated nursing and staff from other disciplines. This is a very positive development in light of national concerns about the lack of time, particularly spent by qualified nursing staff on a 1:1 basis with service users.

The community group met on 26th January 2010 and next meets on 17th March. More information is being included in information packs for service users on the care programme approach, in addition to the existing information which is included in a CPA pack. Staff will move towards a rolling programme of issuing improved information packs to all service users across the organisation. This has cost implications but is a great enhancement to the quality of materials provided to the 17000 people who use our services and their carers.

6. Maintaining and Monitoring Progress

The PEPB agreed that it is fundamental to continue to monitor and maintain traction on all aspects of patient experience. This is both in terms of maintaining excellent quality of care scores in the Care Quality Commission reviews and to ensure the service user and carer experience is seen to be paramount in all aspects of the Trust's work, day in, day out. It was agreed that we need to maintain a balance between getting good objective feedback for service users and carers and ensuring we prevent 'survey fatigue'.

As the national focus this year is on the community survey currently being undertaken, the PEPB has agreed that an in-patient survey of all discharged service users from January to June 2010 will be undertaken by Quality Health, as a rolling programme. A full report will be available in July 2010. It has been agreed that our existing service user survey for all discharged patients will be re-focused and slimmed down to a smaller number of key questions including a number of questions required by East of England Strategic Health Authority on privacy and dignity issues. This will be undertaken as a telephone follow-up survey and will

enable quick feed back from service users, which can be acted upon by local managers and clinicians.

7. Conclusion

The PEPB continues to monitor progress on in-patient, community and out-patient service user experience. The focus of work has concentrated on the development of a service user and carer strategy developing service user and carer involvement in all aspects of the Trust's work, as well as monitoring and evaluating service user experience to ensure services strive to continuously improve.

Andy Mattin
Director of Operations



Agenda item No: 14
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Appointment of a Deputy Chairman
Presented By: Mary St Aubyn, Chairman
Subject, Purpose and Recommendation: The Board of Directors is asked to agree which non executive director it recommends to the Council of Governors for appointment as deputy chairman of the Board of Directors with effect from 01 April 2010.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: N/A

1) Background

The revised Constitution of the Trust to take effect from 01 April 2010 (approved by Monitor) makes provision for the appointment of a deputy chair of the Board of Directors. This is consistent with Monitor's Model Core Constitution (September 2008).

2) Report Detail

The appointment of the deputy chairman is made by the Council of Governors. Monitor's publication 'Your Statutory Duties, a reference Guide for NHS foundation trust governors' states, 'Where an NHS foundation trust's constitution makes provision for one, the governors should appoint a deputy chair from the other non-executive directors' (pp21). It continues 'It is important to recognise the need for the deputy chair to hold the confidence of the board of directors and as such, governors should take into serious consideration the views of that body'.

The Trust's revised constitution provides further details re the process;

22. BOARD OF DIRECTORS – APPOINTMENT OF DEPUTY CHAIRMAN

- 22.1. The Council of Governors shall by a resolution passed at a meeting of the Council, appoint one of the non-executive Directors to be Deputy Chairman of the Trust, and in similar manner, may remove the person so appointed from that position and appoint another non-executive Director in his place.
- 22.2. Before a resolution for any such appointment is passed, the Chairman shall be entitled to advise the Council which of the non-executive Directors is recommended by the Board of Directors for that appointment; that recommendation will not be binding upon the Council, but will be presented to the Council at its meeting before it comes to its decision
- 22.3. For so long as there is no person who has been appointed by the Council to be Deputy Chairman, the Board shall be entitled to appoint a non-executive Director to be Deputy Chairman and to remove the person so appointed from that position and to appoint another non-executive Director in his place, and any non-executive Director appointed under this subparagraph shall hold office as Deputy Chairman until an appointment to that office is made by the Council under paragraph 22.1
- 22.4. The Deputy Chairman appointed under this paragraph 22 shall in the absence or unavailability of the Chairman be entitled to exercise all the rights and powers conferred upon the Chairman by this constitution including but without limit those set out in the standing orders which comprise Annex 6
- 22.5. A Deputy Chairman appointed under this paragraph may at any time resign the office of Deputy Chairman by written notice to the Trust Secretary

3) Recommendation

The Board of Directors is therefore asked to agree (in accordance with paragraph 22.2 of the revised constitution above) which of the non executive directors it recommends to the Council of Governors for appointment as deputy chair of the Board of Directors, with effect from 01 April 2010. A resolution relating to this appointment will then be taken to the next meeting of the Council of Governors on 02 March 2010 for consideration.

Agenda item No: 15

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

Date: 24 February 2010

Title of Report: Board Self-Assessment

Presented By: Mary St Aubyn, Chairman

Subject, Purpose and Recommendation:

1. The board undertake another self assessment for 2009/10 – by 12 March 2010
2. Chairman and SID commission an external board 360° for 2010/11 – in May 2010

Finance Implications:

In-house self assessment is an opportunity cost only.
The budget for 2010/11 external assessment is within Chief Executive's limits

Clinical Implications:

N/A

HR Implications:

Links to individual objective setting for NEDs and EDs

Legal Implications:

Equality Implications:

Risks:

It is a Monitor requirement to undertake an annual evaluation of board effectiveness.

Introduction

Several aspects of how an NHS Board operates have been identified as being critical to achieving and sustaining high quality care and sound financial management. These stress the following factors:

- Clarity of Board purpose and activities
- Board members understanding their individual roles and responsibilities
- The quality and quantity of information presented to the Board and the ability of the Board members to understand this information
- Positive working relationships, especially between executive and non-executive directors
- Degree and nature of challenge at Board level
- Clear lines of accountability
- Effective decision making

Monitor's Code of Governance supports the use of appraisal systems for the Board of Directors to ensure that the Board is able to fulfil its five primary duties:

- The duty of quality
- The duty of patient and public involvement
- The duty of care to staff and the community
- The duty of partnership
- The duty to achieve financial balance

The Code of Governance published by Monitor requires the Board of Directors to undertake a formal and rigorous annual evaluation of its own performance. Board 360 is, however, very time consuming for both external stakeholders and Board members alike.

Background

In 2008/9, the Board undertook a self assessment questionnaire (Annex A) to establish progress against a number of issues. The outcomes of which provided a focus for the board of directors development programme through out the year (see **Progress since February 2009** annex B).

Previously in 2007/08 the board undertook a 360 degree assessment process as part of NHS East of England early implementation of Board 360. This process sought views from a wide range of internal and external stakeholders and included detailed feedback to individual Board members on their strengths and weaknesses. These led to a debriefing for the whole Board in January 2008, and individual personal development plans and objectives being set by the Chairman (for Non Executives) and Chief Executive (for Executives) in early 2008. Objectives for NEDs and Execs are shared with one another at the start of each planning cycle.

It was decided in 2008 that a detailed Board 360 assessment be undertaken every three years, the next due in 2010/11.

Hence, it is recommended that:

1. The board undertake another self assessment for 2009/10

It is proposed that this year's annual appraisal will be undertaken internally and for the sake of comparison with 2008/09 will consist of a similar questionnaire to the one used in 2008/09. The focus of the questionnaire is on the requirements of the NHS FT Code of Governance. The questionnaire will be completed anonymously by every Board member, but with NEDs and Executives responses being separately identifiable.

The evaluation will be completed in the final quarter of the financial year with the results/proposals for Board development in 2010/11 being reported to the Board in 28 April 2010.

Subject to Board amendments today, questionnaires (draft in annex A) will be issued by email by 28 February 2010 for completion by all Board members by Friday 12 March 2010.

2. Chairman and SID commission an external board 360 for 2010/11

The external board 360 assessment for 2010/11 will need a longer timescale and will therefore be commissioned in May 2010 in order to ensure feedback is complete for January 2011.

In 2007/8 we used East of England NHS Leadership Development Team in association with Foresight Partnership to provide our external board 360 degree assessment. As a guide to price EoE have advised the process will cost in the region of £6k in 2010.

It is recommended that our Chair and Senior Independent Director are consulted about options for 360 degree assessment providers.

Annex A

Board of Directors evaluation questionnaire 2009/10
Assessment by board members
of collective performance of Board

Instructions: Please circle the most relevant number or DK for don't know	Strongly disagree	disagree	Neither disagree or agree	agree	Strongly agree	Don't know
1. I am clear about the role and responsibilities of a board member	1	2	3	4	5	DK
2. I broadly understand the role of members of the Council of Governors.	1	2	3	4	5	DK
3. The Board understands the views of the people it represents	1	2	3	4	5	DK
4. I feel that staff know/understand the objectives of the trust?	1	2	3	4	5	DK
5. I feel that other stakeholders know/understand the objectives of the trust?	1	2	3	4	5	DK
6. I consider that the Board receive comprehensive and reliable information about patient and public views	1	2	3	4	5	DK
7. Board meetings work well, are productive and business is done effectively	1	2	3	4	5	DK
8. The Board meets sufficiently regularly to discharge its duties effectively	1	2	3	4	5	DK
9. The Board Sub-committees work well/are productive and business is done effectively	1	2	3	4	5	DK
10. The Board understands which type of decisions are reserved for Council of Governors	1	2	3	4	5	DK
11. The Board is good at communicating generally with stakeholders.	1	2	3	4	5	DK
12. I consider the information the Board receives to govern the organisation is robust and objective.	1	2	3	4	5	DK
13. I am satisfied with the systems of assessment and limitation of risk associated with the trust's business	1	2	3	4	5	DK
14. The Board understands the risks associated with our decision making at Board meetings	1	2	3	4	5	DK
15. There is sufficient constructive challenge within the Board	1	2	3	4	5	DK

Does the Board have all the skills and experience needed? **Yes/No**

Ideally what skills/ experience should be added:

Skills needed [please use the PricewaterhouseCoopers model for inspiration]
.....
.....
.....
Experience needed
.....
.....
.....

16. Do you feel you have appropriate access to: [please circle your response]

Chairman?	Yes	No	Don't know
Chief Executive?	Yes	No	Don't know

17. Do you feel the board agenda has the correct balance between our accountability for financial and quality issues?

Yes/No
(Please detail below)
.....
.....
.....

18. Do you feel that the board regularly adopts the values and accepted standards of behaviour in public life?

Yes/No
(Please detail below)
.....
.....
.....

19. Do you have any particular concerns about the future issues facing the board?

Yes/No
(Please detail below)
.....
.....
.....

For the purposes of analysis we need to know if you are: [please circle one response]		
Non Executive	or	Executive

Please add any further comments on a separate sheet.

Please return this questionnaire to Nikki Nelson by [12 March 2010]

Author: Susan Iskander with input from DMC, AG and JP 19.1.09

February 2009 Recommendations

- i) To continue working effectively including with sufficient challenge and integrity. Maintain appropriate access to Chairman and Chief Executive.
- ii) To improve staff and stakeholder awareness of the trust's purpose and objectives by a wide reaching discussion of organisational vision and values (to be reported to the board in March 2009). Communicate the outcome of Vision and Values discussion with those who respond and more widely with stakeholders via a variety of media and face to face contact.
- iii) To continue the development of patient experience indicators
- iv) To continue to develop 'dashboard' of information to ensure governance information remains robust and objective
- v) To report Board Subcommittees' self assessments in the trust annual report 2008/09.
- vi) To improve board members' satisfaction with the systems of assessment and limitations of risk. .
- vii) To continue to increase the detailed understanding across the organisation, including at board level, about the quality of our services by the development of quality metrics in discussion with a wide range of staff
- viii) To consider the gaps in skills and experience identified above in the appointment or reappointment of NEDs and Execs
- ix) To take verbatim comments into account in the development of onward board development programme

Progress to date

To be assessed in 2009/10 questionnaire

Vision, purpose and values have been communicated widely – via website and screen saver and have become core to our publications and internal/external engagement processes.

Considerable progress – reported separately to the board.

Information dashboard has continued to develop.

'The Audit committee carries out a formal self-evaluation of its performance. A similar process is being developed for the Nominations committee and the Remunerations Committee' pg 34 Annual report 2008/09 (NEPFT, June 2009)

Trust risk management strategy approved in 2009 and training session was held in June 2009

Engagement of all staff groups and areas in developing quality accounting for implementation trust wide in 2010/11

Achieved through appointment of new NEDs and Execs

Board development programme is under review by Chairman and Chief Executive.



Agenda item No: 16
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Council of Governors - Draft Minutes of the Meeting held on 08 December 2009 and Feedback
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 08 December 2009 and give feedback.
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 IN PUBLIC ON TUESDAY 8TH DECEMBER, 2009 AT CHELMSFORD CITY FC, MELBOURNE PARK, SALERNO WAY, CHELMSFORD, ESSEX CM1 2EH

Present

Mary St. Aubyn	Chairman
Dr. Qadir Bakhsh	Nominated Governor, West Essex PCT
David Bamber	Elected Governor, Harlow
Dr. Andries Bisdee	Elected Staff Governor, Clinical
Pippa Ecclestone	Elected Governor, Uttlesford
Graham Field	Elected Staff Governor, Social Care
Hazel Fox	Staff Governor, Other Clinical
Patrick Hamilton	Elected Governor, Uttlesford
Mikey Henderson	Elected Governor, Braintree
Trevor Ingrouille	Elected Governor, Chelmsford
Sheila Jackman MBE	Elected Governor, Epping Forest
Ian Jackson	Elected Governor, Harlow
Tom Kelly	Elected Governor, Maldon
Dan Kessler	Elected Governor, Tendring & Lead Governor
Keith Lever	Elected Governor, Tendring
Jayne Marshall	Elected Governor, Colchester
Dr. Julie McGeachy	Nominated Governor, GP
Matt Mills	Elected Governor, Braintree
Alex Morris	Elected Governor, Chelmsford
Steven Pruner	Elected Governor, Chelmsford
Dr. Miranda Roberts	Nominated Governor, GP
Hazel Ruane	Nominated Governor, Essex Respite Association
Nazir Shivji	Elected Staff Governor, Nursing
Andrew Smith	Elected Governor, Epping Forest
Jackie Tizzard	Elected Governor, Colchester
Michael Waller	Elected Governor, East Hertfordshire
Clive White	Nominated Governor, Mind
David Williams	Elected Governor, Maldon
Steve Wood	Nominated Governor, Anglia Ruskin University
Harry Young	Elected Governor, Colchester

In attendance

Andrew Geldard	Chief Executive
Charles Abel Smith	Non Executive Director
Teresa Ash	Self Directed Support Project Manager, Essex County Council
Mike Chapman	Director of Business Development
Ray Cox	Non Executive Director
Dr. Malte Flechtner	Medical Director
David Gallagher	Interim Associate Director of Communications
John Gilbert	Non Executive Director
Susan Iskander	Associate Director of Organisational Development
Paul Keedwell	Director of Nursing
Andy Mattin	Director of Operations

Dermot McCarthy	Trust Secretary
Colin Moore	Director of Human Resources
Lynn Proctor	Corporate Business Manager (Minutes)
James Purves	Legal Advisor
Helene Samuel	Events Officer, Communications
Geoff Scott	Director of Strategy
Rick Tazzini	Director of Resources

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

Mary St Aubyn opened the meeting and welcomed members of the Council of Governors wishing everyone a 'Happy Christmas', and thanking them for their hard work, commitment and enthusiasm during the year.

Mary St Aubyn welcomed three recent appointees, Mike Chapman, Director of Business Development, Rick Tazzini, Director of Resources and David Gallagher, Interim Associate Director of Communications to the meeting.

Mary St Aubyn announced the recent appointment of Mike Waddington as the new Associate Director of Communications, and thanked the members of the MMPR Group who had assisted in the selection process.

There were no questions raised regarding items not on the agenda.

2. Apologies for Absence

Apologies for absence were received from:

Angela Barnes	Elected Governor, Tendring
David Barron	Appointed Governor, Mid Essex PCT
Rob Davis	Nominated Governor, HM Prison & YOI Chelmsford
Ian Griggs	Elected Governor, Harlow
David Fairweather	Elected Governor, South Essex
Dave Monk	Nominated Governor, BBC Essex
Maggie Shackell	Elected Governor, Suffolk
Brian Spinks	Deputy Lead Governor and Elected Governor, Epping Forest

3. Declarations of Interest

There were no declarations of interest.

4. Minutes of the previous meeting held on 6th October, 2009

The minutes of the previous meeting held on 6th October, 2009 were agreed as a correct record of the meeting and signed by the Chairman.

5. Matters Arising

There were no matters arising.

6. Board of Directors' Update

Andrew Geldard, Chief Executive gave a presentation which included:

- Monitor Compliance
- Financial Performance
- Care Quality Commission (CQC) Registration
- Looking Forward

Andrew Geldard gave an overview of Monitor Compliance in relation to Risk Ratings and the Governance Rating. A financial risk rating of 4 and the governance and mandatory services ratings of green, had been confirmed by Monitor for quarter 2, 2009/10.

Andrew Geldard gave an overview of the Financial Summary for October 2009 and reported a surplus as at 31 October 2009 of £1.5m, which was slightly ahead of plan.

Andrew Geldard reported on the recent Care Quality Commission ratings which were announced in October 2009 with the Trust being rated as 'Double Excellent' for quality of services and for quality of financial management. A fantastic effort from all staff had helped to achieve this rating. Andrew Geldard commented briefly on how the Trust compared with other Mental Health Trusts; only one of four others in the region had achieved 'double excellent'.

Andrew Geldard then gave a general update on the following areas:

- Re-aligned Operational Structures
- Executive Team Changes
- Business Cases
 - Child & Adolescent Mental Health Unit (CAMHS)
 - Low Secure Unit
 - Psychiatric Intensive Care Unit (PICU)
 - Derwent Centre
- Crystal Centre

The Trust now had 5 operational associate directors, one per PCT area, plus one for CAMHS and one for Specialist Services (including PICU/LSU, Drug & Alcohol and Rehabilitation Services), all reporting to Andy Mattin, Director for Operations.

The Crystal Centre was now fully operational and patients and staff were very pleased with their new environment.

Interviews for the post of Director of HR would take place on Friday 12th December, 2009.

Andrew Geldard gave a brief update on the Care Quality Commission (CQC) part-year declaration for 2009/10 together with the CQC Registration for 2010, the Trust was on target with these processes.

Andrew Geldard gave an overview of the current business development opportunities including:

- Integrated Drug Treatment Service
- Criminal Justice Intervention Service

- Improving Access to Psychological Therapies (IAPT) for West Essex

The Trust was very disappointed to have been unsuccessful in the recent Learning Disabilities bid (N Essex), however the feedback was very constructive. Andrew Geldard commented that he was very proud of the team who had put the bid together and the experience they had gained would be valuable in the future.

Andrew Geldard gave a brief update on the forthcoming Community Outpatient Survey for 2009/10; a sample of approximately 1700 clients will be approached. Preparation work was underway under the direction of Andy Mattin, Director of Operations.

Andrew Geldard then gave a general update on the following areas:

- Public Sector Finances
- 2010/12 Pre Budget Statement
- NHS Operating Framework
- East of England Commissioning Guidance
- 2010/11 'Flat Cash' scenario
- Quality, Innovation, Productivity and Prevention (QIPP)
- 'Big Conversation' hosted by Mid Essex PCT

The Trust was awaiting the pre Budget Statement, following which the Operating Framework will be issued. Mike Chapman, Interim Director of Business Development will be attending a conference hosted by David Nicholson, Chief Executive of the NHS on behalf of Andrew Geldard where it was hoped that developments concerning the Operating Framework would be released. With regards to 'flat cash' for 2010/11, it is anticipated there will be no inflationary uplift next year but it is possible that a 1% uplift will be given to Trusts demonstrating 'quality'. The forecast for the NHS is a potential £18bn reduction, and there are difficult times ahead. The Trust has been invited to attend a 'Big Conversation' with our host Commissioner, Mid Essex PCT. Initially this will involve senior clinicians and their teams to address key issues for the future; the Trust welcomes this discussion.

In answer to a question raised by David Bamber regarding potential decreases in budget, Andrew Geldard responded by saying that this was the essence of the event with Mid Essex PCT around the 'Big Conversation'.

In answer to a question raised by Pippa Ecclestone, Andrew Geldard stated that overall the trust had a good level of activity, however the performance report highlighted a small number of exceptions. Currently the Trust was operating two PICUs; the Christopher Unit in Chelmsford and Shannon House in Harlow, due to a fall in demand.

In answer to a question raised by Tom Kelly regarding discussions with PCTs re trusts 'over performing', Andrew Geldard responded by saying that this did not apply to the Trust as it was currently on a 'block contract'.

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

7. Lead Governor's Update

Dan Kessler, Lead Governor, opened his update by wishing everyone a Merry Christmas and a Happy New Year. He could feel the upbeat mood and a feeling of progress on many fronts,

including the opening of the Crystal Centre, the recent Governors' Annual Plan meeting, and the work of the governors' workstreams. Dan Kessler gave an overview of the governors' involvement in the Care Quality Commission Declaration 2009. A statement had been prepared to attach to the Trust's declaration which had been submitted by the deadline of 8th December, 2009. Dan Kessler apologised for not being able to consult the Council before finalising the statement, due to new arrangements at the CQC. He encouraged governors to participate in the new system of CQC registration.

A planning meeting had been arranged for the 18th January, 2010 regarding Community Engagement; feedback to inform the planning for this was welcomed. The scope of the workstreams will be considered over the course of the next few months. It is therefore important to that feedback from current members of the workstreams is given to Dan Kessler or Brian Spinks, Deputy Lead Governor.

Dan Kessler was delighted that the Trust received 'excellent' ratings from the CQC and that overall, the Trust was performing well; there was a need to ensure that this was sustained. Dan Kessler closed his report by sending Brian Spinks best wishes on behalf of the Council of Governors; he was currently in hospital.

The Council of Governors received the report from the Lead Governor.

8. Self Directed Support

The Council of Governors welcomed Teresa Ash, Essex County Council's Self-Directed Support (SDS) Project Manager to the meeting to give a presentation.

Teresa Ash gave a presentation on Self-Directed Support which was part of the Government's "Putting People First" agenda, including a target that by March 2011, 30% of service users should have a personal budget. As part of the presentation, Teresa Ash gave a summary of the next steps:

- Trust Pilot will commence in January 2010
- Loughton, Chelmsford, Colchester and Tendring (West) CMHTs are involved
- 16 Clinicians and Managers
- Up to 90 cases
- Evaluation after 12 months
- Future updates will be provided by the Trust SDS Steering Group

In answer to a question from Dr. Miranda Roberts, Teresa Ash confirmed that payments are monitored on a monthly basis. If there are any concerns about the use of monies, a review is arranged.

In answer to a question raised by Jayne Marshall, Teresa Ash commented on the arrangements to promote these payments, including the use of leaflets. Jayne Marshall further commented that in her experience, people do not know about the payments. Graham Field, Associate Director of Social Care and Staff Governor, added that extensive work has been undertaken by Essex County Council to get the message out to people. As with Direct Payments an enhanced training programme had been developed.

In answer to a question raised by David Bamber around the difficulties that people have in understanding the difference between direct payments and personal budgets, Graham Field

agreed that this was an important issue and the Steering Group was in discussion with Caroline Robinson, Commissioner, to ensure that this is addressed.

In answer to a question raised by Dr. Julie McGeachy, Teresa Ash confirmed that this SDS is available to the Older Adults. Teresa Ash agreed to speak with Dr. Julie McGeachy after the meeting regarding future communication to GPs about this, as Dr. Julie McGeachy was unaware of the service currently being offered.

In answer to a question raised by Tom Kelly regarding the sharing of IT-based information, and outsourcing, Graham Field confirmed that the issues with IT had been resolved with effect from January 2010. With regard to outsourcing, this is on the wider agenda for Essex County Council as part of a government policy to increase choice.

Mary St Aubyn thanked Teresa Ash and Graham Field for the presentation and they agreed to take any further questions outside the meeting.

The Council of Governors received the presentation on Self Directed Support

9. Progress on Preparing an Annual Plan for 2010/11

Geoff Scott, Director of Strategy introduced this item and gave a background report. The new guide for governors ' A Reference Guide for NHS Foundation Trust Governors' (p66, Monitor, October 2009) reminds governors that forward planning remains the responsibility of the Board of Directors but the Directors must have regard to the views of Governors. Geoff Scott gave a brief update on the workshop for Governors which took place on 12th November, 2009. Governors had made a significant contribution to the development of the 2009/10 Annual Plan which contained a summary statement of key issues raised by Governors. A number of aspects of the plan were likely to carry forward into 2010/11 and beyond. Geoff Scott reported on the Key Themes from the group workshop:

- Service User and Carer Involvement
- Staff Involvement
- Stakeholder involvement
- Service Improvement
- Access to Services
- Access to resources and information.

In the Chairman's summing up following the workshop she had commented positively on the level of knowledge and high level of debate and challenge that had taken place in the discussion groups; this was really encouraging. The Lead Governor had closed the meeting commenting on the importance of working together, the challenging times ahead and had expressed confidence in our ability to do so.

Geoff Scott commented that the NHS Operating Framework for England 2010/11 was still not available, however this was due to be released following the pre-budget statement. He gave a brief overview of the forthcoming annual plan milestones as well as reporting that the draft plan would be ready by February/March 2010. The final Annual Plan will be submitted to Monitor by the end of May 2010. Geoff Scott would welcome any further comments to himself or Dermot McCarthy, Trust Secretary.

The Council of Governors received a progress report on preparing for the Annual Plan 2010/11

10. Evaluation of the Council of Governors

Mary St Aubyn introduced this item and thanked everyone who had completed and returned the survey. Dermot McCarthy, Trust Secretary then gave a detailed background report, commenting that the response rate had been better than last year at 69%. Dermot McCarthy gave a report on the key themes from the questionnaire. A few governors also took the opportunity offered in the questionnaire to raise particular issues of their own; these had been taken up by the Trust Secretary and individual replies sent to each governor.

It was noted that a 'prototype' information/resource pack to assist/enable governors to carry out their role in membership engagement will be available at the Member Engagement Event on 18th January, 2010. Mary St Aubyn added that she is happy to have further 1-1 meetings with governors.

Dan Kessler thanked Dermot McCarthy, Trust Secretary for his report.

David Bamber commented that governors should feel obliged to complete the survey.

The Council of Governors then formally agreed the following actions:

- **Member Engagement**
 - **To develop capacity of Governors to engage with local members and potential members; with supporting information sheets. These responses are contributing to the planning of 18th January, 2010 Member Engagement Event**
- **Recruiting new Governors**
 - **Potential new Governors need to know more about the role including the time commitment. Revised 'recruitment' information for potential Governors will clarify the role, with input from the Lead Governor**
- **Support for new Governors**
 - **Support new Governors, post-election, including basic description of financial flows and encouraging establishment of 'buddies' for new Governors especially where they are the sole Governor for a constituency. This is being taken forward via the MMPR Group. Further analyse of questionnaire for Governors in post less than one year to establish their particular issues.**
- **Meeting with local Managers**
 - **Trust Operational Managers to continue meeting and briefing local Governors to keep them informed of local developments. This is especially relevant as the business planning process develops a locality focus.**
- **Working with the Board of Directors**
 - **Support Governors to understand more of the role of Board of Directors in relation to decisions and risk management e.g. encouraging Governor Attendance at Board Meetings; holding a second joint meeting of the Board of Directors and Council of Governors.**

- **Informal Governor Relations – Key Findings – Action**
 - **Encourage Governors ‘to get to know each other better’ via the informal opportunities with Council of Governor events and further specific social event/s organised by Governors.**
- **Improve Response Rate – Action**
 - **Improve response rate to Governors Self Evaluation Questionnaires reinforced by a letter from Chairman and Lead Governor including use of Stamped Addressed Envelopes and sending repeat questionnaires.**

11. Report from the Remuneration and Appointments Committee of the Council of Governors re the Appointment of a Non Executive Director

Mary St Aubyn introduced this item and gave a brief background report and commented on the ‘thorough process’ that had been adopted. There was a brief discussion of the process.

The Council of Governors approved the following:

- ***The recommendation of the Remuneration and Appointments Committee of the Council of Governors to appoint Mark Simpson as a Non Executive Director of the Board of Directors for a 3 year period commencing 9th December, 2009, with the salary (currently £11,000) and other terms and conditions to be the same as the other Non Executive Directors (who do not chair the Audit Committee).***

The Chair asked for a show of hands to approve the recommendation as follows:

For - 23

Against – None

Abstentions - None

12. Remuneration and Appointments Committee of the Council of Governors, Terms of Reference

This item was introduced by Dermot McCarthy, Trust Secretary who gave a background report and overview of the changes, confirming that the proposed amendments were in line with new reference guidance recently issued by Monitor.

Mary St Aubyn supported the changes and Dan Kessler agreed that the changes were in step with the Monitor Guidance.

The Council of Governors approved the revised Terms of Reference of the Remuneration and Appointments Committee of the Council of Governors.

13. Council of Governors – Workstreams Feedback

13.1 Youth Matters Workstream

In the absence of Angela Barnes, Clive White gave a brief update of the Youth Matters Workstream meeting held on 11th November, 2009. Clive commented that they do need more Governors to join this workstream. Matt Mills requested that more Governors attend local PCT meetings to raise the profile of youth issues.

The group had discussed issues including:

- the new CAMHS development
- court assessments
- CAMHS service business plan

The Council of Governors received the Youth Matters Workstream Report.

13.2 Social Inclusion Workstream

This item was introduced by David Bamber, who gave an update on the Social Inclusion Workstream meeting held on 4th November, 2009. David Bamber announced that he was stepping down as the lead for this workstream and would continue as a member, and thanked everyone for their support. David Bamber commented that 04 November 2009 was a 'lively' meeting and included the attendance of Tinu Rodney (Commissioner) who talked about the current Day Services Review. In answer to a point made by Harry Young, Graham Field, Associate Director of Social Care and Staff Governor reported that the original notes had needed to be edited for presentation to the Council of Governors. Any omissions could be brought to the Lead's attention at the next meeting. Sheila Jackman reported that Caroline Robinson (Commissioner) will be attending the next meeting to comment on issues including the reduction in 'drop in' services. Mary St Aubyn commented on the context of governors influencing Commissioners. Graham Field added that the workstream meeting had been very useful and that Tinu Rodney had been invited back to future meetings.

The Council of Governors received the Social Inclusion Workstream Report.

13.3 Membership, Marketing and Public Relations Workstream

This item was introduced by Andrew Smith, who gave an update on the activity of the MMPR Group. Total public membership at 7th December 2009 was 6,895. The reduction of 178 since 13th November was due to further data cleansing. He noted the problem posed by the continuing decline in East Hertfordshire, to which the Trust no longer supplies services, and the local deficits against targets in other constituencies.

Other topics discussed included:

- community engagement strategy. He congratulated the Tendring and Uttesford Governors on their recent initiatives in meeting local members. He also drew attention to the membership strategy adopted by Nottinghamshire Healthcare NHS Trust
- Governors' access to the membership database to facilitate communication with members
- Group participation in the interview process leading to the appointment of Mike Waddington as the next Associate Director of Communications.

The Council of Governors received the Membership, Marketing and Public Relations Workstream Report.

14. Election Process January to March 2010

Dermot McCarthy, Trust Secretary introduced this item and gave a report on the election process.

The report noted the number of governors to be 'elected':

- 22 publicly elected governors in 11 constituencies
- 5 elected staff governors in 5 constituencies

The report included an outline timetable (January to March 2010; details of the dates will be circulated once confirmed with Electoral Reform Services. It was emphasised that each governor would need to follow the full nomination and election process in full; sitting governors would not be nominated automatically. The documentation to support the nomination and election process was under review in coordination with the Communications Team, Lead Governor and Lead for the Membership, Marketing and PR Workstream.

The Council of Governors noted the report on the Election Process, January to March 2010.

15. Revisions to the Constitution and Standing Orders for the Council of Governors

Dermot McCarthy, Trust Secretary introduced this item and gave a background report. It was noted that the proposed changes were formally approved and adopted by the Board of Directors at their meeting on 21st October, 2009. These have been subject to review by Monitor and approved, subject to an immaterial change, agreed by the Board of Directors on 25th November, 2009. The revised Constitution for the Council of Governors will take effect from 1st April, 2010.

The Council of Governors received the report for information.

16. Revisions to the Code of Conduct for the Council of Governors

Dermot McCarthy, Trust Secretary introduced this item and gave a background report. The proposed changes was a consequence of issues including the requirements of Monitor's new 'Your Statutory Duties – A Reference Guide for FT Governors', a need for clarity regarding involvement with LINKs, and the need to ensure that the rules for election were followed.

The Council of Governors received the revised Code of Conduct.

17. Any Other Proper Business (Notified in Advance)

Mary St Aubyn reported that no Other Proper Business had been notified in advance.

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

No questions were asked.

The Chairman thanked everyone for attending, and closed the meeting at 7.10pm.

Signed

Chairman

Date **02 March 2010**



Agenda item No: 17
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Use of Seal
Presented By: Dermot McCarthy, Trust Secretary
<p>Subject, Purpose and Recommendation: Under Trust Standing Orders there is a requirement that “a report of all sealing shall be made to the Trust at least quarterly. The report shall contain details of the seal number, the description of the document and the date of sealing”.</p> <p>There have been seven uses of the seal since the last written report to the Board:</p> <ul style="list-style-type: none"> • Seal Number 64, Land Transfer of the Bungalow, Colchester General Hospital, Turner Road, Colchester from Colchester Hospital University NHS FT to NEPFT • Seal Number 65, Lease relating to 1 Glen Avenue Colchester Essex to the Haven Project • Seal Number 66, Deed of Covenant relating tot eh Bungalow at the rear of the Lakes Colchester • Seal Number 67, Licence for alterations relating to suites 13, 14 & 18 first floor Reunion House, 37 Jackson Road, Clacton-on-Sea, Essex • Seal Number 68, Licence for alterations relating to suites 15, 16, 17 & 19 first floor Reunion House, 37 Jackson Road, Clacton-on-Sea, Essex • Seal Number 69, Land registry transfer to East of England Ambulance Service NHS Trust, units 12, 14 16 & 18 Atlantic Square, Station Road, Witham, Essex • Seal Number 70, Land registry transfer to East of England Ambulance Service NHS Trust, unit 20 Atlantic Square, Station Road, Witham, Essex
Finance Implications: N/A
Clinical Implications: N/A

HR Implications: N/A

Legal Implications: There is a requirement to comply with Standing Order 12.3 'Register of Sealing'.

Equality Implications: N/A

Risks: N/A

Agenda item No: 18
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Summary of Board Decisions
Presented By: Dermot McCarthy, Trust Secretary
Subject, Purpose and Recommendation: Attached for information is a summary table showing a 'rolling year' of Board decisions.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: N/A

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
25/02/09	Public	2009/07	Chelmsford Older Adults Development Update Report: The Board of Directors received and noted the Update Report on the Chelmsford Older Adults Development.	
		2009/08		National Dementia Strategy The Board of Directors noted publication of the National Dementia Strategy and agreed on the Trust's approach to support and negotiate local developments and implementation as contained within the report.
		2009/09	Risk Management Strategy (2009-2012): The Board of Directors approved the updated Risk Management Strategy	
		2009/12	Healthcare commission – core standards declaration: The Board received the draft declaration	
		2009/23	Section 75 Partnership Agreement - The Board of Directors noted progress on the review of the Section 75 Partnership Agreement and associated Service & Finance Agreement	
		2009/24	Board Self-Assessment - The Board of Directors approved the report on the Board Self-assessment.	
		2009/25		Performance Report (Part 2), HCC Indicators & Inpatient Service User Experience - The Board of Directors received the update report on the

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
				Trust's estimated position against the Healthcare Commission indicators and progress of the work of the Patient Experience Board.
		2009/26		Staff Survey (Embargoed) - The Board of Directors received the report and verbal update from Colin Moore on the 2008 Staff Survey.
		2009/27		Team Quality/Safety Matrix - The Board of Directors received the Team Quality/Safety Matrix Report.
		2009/28		Non-Executive Directors – Appointment Process - The Board of Directors received and noted the draft report to the March 2009 meeting of the Council of Governors regarding the appointment of Non-Executive Directors.
		2009/29	Staff Disciplinary Policy - The Board approved the Disciplinary Policy for Staff.	
25/03/09	Private	P2009/06	<p>Progressing Strategic Decision Making and Organisational Positioning Workstream 1, 'Shared Vision: Lived Values' - The Board of Directors agreed:</p> <ul style="list-style-type: none"> • The process to conclude a statement of Vision Mission and Values developed in conjunction with the external consultants engaged in developing our corporate identity 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<p>and website</p> <ul style="list-style-type: none"> • The next steps to embed the 'Vision and Values' workstream in our continuing strategic workstreams. 	
		P2009/07		<p>Progressing Strategic Decision Making and Organisational Position Workstream 5 – 'Developing the Mental Health Business' - The Board received the paper 'Progressing Strategic Decision Making and Organisational Positioning Workstream 5 – 'Developing the Mental Health Business'.</p>
		P2009/08	<p>Section 75 Partnership Agreement 2009/10 and beyond - The Board noted a change in position by Essex County Council (described in the agenda paper) in respect of the CAMHS element of the partnership agreement and therefore:</p> <ul style="list-style-type: none"> • Agreed to two separate Section 75 Partnership Agreements; one for three years with Adults Health and Community Well Being Directorate (in respect of adult mental health and substances misuse services, and one for 6 months with the Schools, Children and Families Directorate (in respect of child and adolescent mental health services) 	
		P2009/09	<p>Financial Plan Revenue 2009/10 - The Board approved the Revenue Plan 2009/10.</p>	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2009/10	<p>Annual Plan - The Board concluded its consideration and discussion of the emerging draft framework of the 2009/10 Annual Plan noting that an updated draft would be brought to the April or May 2009 meeting of the Board of Directors for approval. The Board agreed:</p> <ul style="list-style-type: none"> • to receive the revised draft for consideration and approval at the April/May Board meeting prior to the submission of the Plan to Monitor by the 29 May 2009 deadline • that there would be two versions of the Plan (for Monitor's use only and for publication), the former containing commercially sensitive business development and more detailed risk information 	
		P2009/13	<p>Trust Assurance Framework 2008/09 - The Board endorsed the recommendation of the Risk and Governance Executive and formally approved the Assurance Framework 2008/09. They also approved the quarterly review process by the Risk and Governance Executive and the Board of Directors.</p>	
		P2009/15	<p>Safeguarding Children and Adults - The Board of Directors received the report, noted the issues of concern, and agreed to the funding of the additional post of Senior Practitioner</p>	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2009/16	Care Quality Commission (CQC) – Core Standards Declaration - The Board of Directors approved the Declaration against Core Standards.	
		P2009/17	Insurance - The Board of Directors received and noted the report.	
29/04/09	Private	P2009/29	Outcome of Board Strategy Development Day (15 April 2009) including confirmation of Vision, Purpose and Values - The Board confirmed the outcomes of the Board Strategic Development Day on 15 April 2009, including confirmation of the Vision, Purpose and Values.	
		P2009/30	Investment Policy - The Board approved the Investment Policy.	
		P2009/31	Financial Plan for Capital 2009/10 to and including 2011/12 - The Board approved the Finance Plan for Capital 2009/10 to and including 2011/12.	
		P2009/32	Child & Adolescent Mental Health Services Tier 4 Expansion Outline Business Case and Companion Document - The Board approved the recommended option of the outline business case, i.e. the development of a full business case centred on the building of a new in-patient adolescent facility in conjunction with a new specialist intensive care/low secure facility.	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2009/34	Estates Consultancy Framework Agreement - the Board approved the proposal to enter into a partnership agreement contract with the companies specified	
		P2009/37	Healthcare Commission Staff Survey Results 2008 - The Board received the report and endorsed the recommendations made	
		P2009/38		Privacy & Dignity Standards for Service Users - The Board received the progress Report regarding Privacy & Dignity Standards for Service Users.
		P2009/39b		Finance Reporting - Draft Accounts for the year ending 31 March 2009 - The Board received the Draft Accounts for the year ended 31 March 2009.
		P2009/40	IFRS Balance Sheet Restatement and Update - The Board approved the report and confirmed that it was satisfied that to the best of its knowledge, the Trust's balance sheet as at 01 April 2009 had been materially restated in accordance with the requirements of the NHS Foundation Trust Reporting Manual 2009/10.	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2009/41	Monitor Compliance – Governance Return for Quarter 4, 2008/09 - The Board approved the positive Governance Return to Monitor for Quarter 4 2008/09.	
27/05/09	Public	2009/36		Mental Health Act Commission Annual Report - The Board then received the Mental Health Act Commission Report (March 2009)
		2009/40	<p>Adoption Of Annual Report & Accounts for the Period ending 31 March 2009 a) Financial Aspects - The Board of Directors agreed that the Chairman and Chief Executive be authorised to make further non material changes to the Annual Report and Accounts 2008/09 e.g. correcting drafting error, as may be necessary.</p> <p>b) Annual Report 2008/09 - The Board of Directors:</p> <ul style="list-style-type: none"> i) adopted the Annual Report & Accounts for the period ended 31 March 2009 subject to the minor amendments discussed; ii) agreed that the Chairman and Acting Chief Executive sign the annual report and accounts and letter of representation to evidence the above, including non-material adjustments; iii) agreed to present governors the Annual Report and Accounts to the Council of Governors at the Governors Annual Public Meeting on 09 September 2009. 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		2009/41	Annual Plan 2009/10 - The Board of Directors approved the publishable version of the Annual Plan ("For Publication") including the Board of Directors' confirmation of the declarations and self-certification as outlined in Section 4 of the Plan, subject to the addition of a footnote to address the issue of the declaration regarding compliance with level 2 of the Information Governance Statement of Compliance in the Department of Health's Information Governance Toolkit.	
		2009/46	Compliments & Compliants Annual Report 2008/09 - The Board of Directors received and approved the Compliments and Complaints Annual Report 2008/09.	
		2009/50	Policy on Governors' Expenses - The Board of Directors approved the Policy on Governors' Expenses subject to the noted amendments.	
27/05/09	Part 2 a - Private	3	Retirement of Dr. Richard Coleman - The Board of Directors noted the verbal report on the retirement of Dr Richard Coleman.	
		5.	Achievement of minimum of Level 2 performance against the requirements of the Information Governance Statement of Compliance (IGSoC) in the Department of Health's Information Governance (IG) Toolkit - The Board of Directors confirmed in its	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<p>Annual Plan Board Declaration that the Trust had achieved a minimum of Level 2 performance against the requirement of the Information Governance Statement of Compliance (IGSoC) in the Department of Health's Information Governance Toolkit, and agreed that the new cycle for information governance reporting and ratings be built into the Risk and Governance Executive schedule, and thereby reported to the Board of Directors.</p>	
		6.	<p>Annual Plan 2009/10 (Confidential Version) - Subject to the addition of the footnote regarding the IGSoC to the appropriate Declaration, the Board:</p> <ul style="list-style-type: none"> • approved the full Annual Plan (for Monitor use), which included the Board of Directors confirming the Declaration and Self-Certification as outlined in Section 4 of the Plan • approved that a "for publication" version of the Plan (included in the papers for the meeting in public) be considered and given formal approval in the public part of the meeting • agreed that both versions of the Plan with supporting schedules and templates be submitted to Monitor in line with the Compliance Framework requirements by the deadline of 29 May 2009, recognising that submission will be the basis of Monitor's assessment of finance governance and 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			mandatory service ratings for 2009	
		7.	Board of Directors' Committees – Annual Reports - Following a brief discussion, the Board of Directors approved the reports of its committees for 2008/09; Audit Committee, Nominations Committee, Remuneration Committee	
		8.	Risk and Governance Executive Annual Report 2008/09 - The Board of Directors received the Risk and Governance Annual Report 2008/09 noting the assurance statement and approved the forward plan for 2009/10.	
	Part 2 a - Private	6	Project Brief Document for: (1) The Derwent Centre, Reprovision/Refurbishment (2) New Low Secure Unit, Broomfield Hospital Site (3) New Psychiatric Intensive Care Unit, Colchester The Board of Directors gave approval to proceed to full business case with each of the 3 projects within the cost envelope described above.	
		10.		Council of Governors' Constitution Review Group - The Board of Directors received the report on the work of the Constitution Review Group for information only.
24/06/09	Private	P2009/53	Initial Results of the National Inpatient Survey 2008 - The Board of Directors received the presentation from Andy Mattin, Director of Operations, on the initial results of the national inpatient survey 2008.	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2009/54	Patient Experience Board Annual Report - The Board of Directors received the Patient Experience Board Annual Report.	
		P2009/55	Cedar and Maple Ward – Improvement Progress Report - The Board of Directors received the Cedar and Maple ward improvement progress report.	
		P2009/58	Infection Prevention and Control Update - The Board of Directors received the Infection Prevention and Control update	
		P2009/59	The Constitution and the Standing Orders of the Council of Governors - The Board of Directors approved the proposed changes to the Constitution and the Standing Orders of the Council of Governors in principle, subject to them being reviewed in detail by the Audit Committee at its next meeting on 10 July 2009.	
		P2009/61	Single Equality Scheme - The Board of Directors then approved the Single Equalities Scheme.	
		P2009/62	Policy and Procedure Writing Policy - The Board of Directors approved the Policy and Procedure writing policy.	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
29/07/09	Private	P2009/73	Marketing Report commissioned from Medical Marketing Ltd. - The Board of Directors received the Marketing Report commissioned from Medical Marketing Ltd.	
		P2009/74	Nursing Strategy 2009-2013. The Board of Directors received and approved the Nursing Strategy 2009-2013.	
		P2009/75	Estates Strategy. The Board of Directors received and approved the Estates Strategy.	
		P2009/76	Business Opportunity: tender for the provision of a specialist learning disability health service for adults with a learning disability in North Essex	The Board of Directors received the report on the business opportunity: tender for the provision of a specialist learning disability health service for adults with learning disabilities in North Essex.
		P2009/77	Initial Results of the locally commissioned Community Survey 2009	The Board of Directors received the presentation on the initial results of locally commissioned Community and Outpatient survey 2009.
		P2009/78	Postgraduate Medical Education and Training Board Trainee survey 2009	The Board of Directors received the report regarding the Postgraduate Medical Education and Training Board Trainee Survey 2009.

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2009/79	European Working Time Directive (EWTD)	The Board of Directors received the report on the European Working Time Directive.
		P2009/84	Annual Planning Cycle and Process	The Board of Directors received the Annual Planning Cycle and Process Report for information.
		P2009/86	Influenza Pandemic Plan	The Board of Directors received the Influenza Pandemic Plan.
		P2008/89	Risk and Governance Executive Terms of Reference The Board of Directors approved the Risk and Governance Executive Terms of Reference.	
		P2009/91	Privacy and Dignity Compliance Action Plan	The Board of Directors received and approved the Privacy and Dignity Compliance Action Plan for publication on the Trust's website.
26/08/09	Public	2009/60	Service User and Carer Involvement	The Board of Directors received the presentation on Service User and Carer Involvement
		2009/62	Procurement of voice over internet protocol telecommunications system The Board of Directors approved the option to retain Featurenet in the short-term, migrate to N3 services and procure new Private Automatic Branch Exchanges (PABXs) on the basis that this option:	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<ul style="list-style-type: none"> • Meets all the Trust's requirements • Presents the least cost to the Trust over the next 3 years, and • Enables future development. 	
		2009/63	Workforce Strategy 2009-2012	The Board of Directors adopted the revised Human Resources Strategy 2009-2012.
		2009/64	Same Sex Accommodation – Your Privacy, Our Responsibility Programme	The Board of Directors noted the statement for inclusion on the Trust's website.
		2009/65	Patient safety dashboard	The Board of Directors noted the Quarter 1 Patient Safety Dashboard.
		2009/70	International financial reporting standard Restatement of 2008/09 annual accounts: The Board of Directors a) received and approved the unaudited IFRS restatement of the 2008/09 Annual Accounts; and b) approved the accompanying statement	
		2009/71	Council of Governors – draft minutes of meeting Held on 2 June 2009 and feedback	The Board of Directors received the Draft Minutes of the Council of Governors meeting held on 02 June 2009.
26/08/09	Private	3.	Preparing for the downside scenario - interim statement	The Board of Directors received the report.

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		4.	Staff Survey	The Board of Directors received the presentation on the Staff Survey.
		5.	Draft Annual Report 2008/09 On The Section 75 Partnership Arrangements Between Essex County Council & North Essex Partnership NHS Foundation Trust The Board of Directors approved the draft annual report on the Section 75 Partnership Arrangements for presentation to Essex County Council on 15 October 2009.	
30/09/09	Private	P2009/101	Progress of 2009/10 Annual Plan and preparing an Annual Plan for 2010/11	The Board of Directors received the summary of progress demonstrating overall success to date in delivering the 2009/10 Annual Plan, and received the update on the process and timetable for completion of the 2010/11 Annual Plan in line with Monitor's requirements.
		P2009/102	Interim Quality Strategy. Subject to 1 amendment, the Board of Directors approved the Interim Quality Strategy with a review date of June 2010.	
		P2009/103	<p>Financial Downside.</p> <p>a) Main Report. The Board of Directors agreed to submit to Monitor the financial templates and notes on downside risks and to proceed to more detailed consideration of plans to address financial risks for inclusion in the Annual Plan.</p> <p>b) Quality, Innovation, Productivity and Prevention (QIPP) – communication and engagement in dealing with financial challenges ahead The Board of Directors approved the initial QIPP communication</p>	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			and engagement strategy subject to regular review in the light of emerging influences in the external environment in respect of dealing with the financial challenges ahead.	
		P2009/104	<p>Psychiatric Intensive Care Unit (PICU)</p> <p>a) Business Case Companion Document The Board of Directors approved the outline business case for the Psychiatric Intensive Care Unit (PICU) Development.</p> <p>b) Acquisition of Land Adjacent to The Lakes The Board of Directors approved the procurement of the land adjacent to The Lakes</p> <p>P2009/105 Low Secure Unit Business Case Companion Document The Board of Directors approved the Outline Business Case for the Low Secure Unit.</p>	
		P2006/106	Marketing Action Plan	The Board of Directors received the Marketing Action Plan.
		P2009/108	<p>Safeguarding Update Report and Declaration to Monitor of Compliance for posting on the Public Website</p> <p>i. The Board of Directors received the Safeguarding Update Report and noted progress against the agreed action plan, with exception of the static attendance at Child Protection Conferences which</p>	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<ul style="list-style-type: none"> ii. remained at 5% The Board of Directors formally approved the Trust Declaration of Compliance in relation to Safeguarding Children (this had already been declared to Monitor and posted on the Trust's website) iii. The Board of Directors noted the requirement to ensure all staff within the organisation be trained at level 1 in safeguarding children by 2010. 	
		P2009/109	<p>Pandemic Flu Preparedness</p> <p>The Board of Directors received and approved the Statement of Assurance regarding the Trust's state of readiness in relation to the Pandemic Flu, Major Incidents and Surge Management</p>	
		P2009/110	<p>Proposed Change in Cook Chill Catering Provider.</p> <p>The Board of Directors ratified the recommendation of the Cook Chill Evaluation Panel to award the contract for the provision of Cook Chill Food to Lifespan on a three year basis commencing 02 November 2009, with the option to extend for a further one year or two years.</p>	
		P2009/113	<p>Further 3 month extension of existing Section 75 Partnership Agreements in respect of Child & Adolescent MH Services</p> <p>The Board of Directors agreed to further extend the existing partnership arrangement for CAMHS</p>	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			including staffing and financial arrangements for up to three months from 01 October 2009 to enable completion of a new fit for purpose agreement, the terms and conditions of which will be mutually agreed and acceptable to both parties.	
		P2009/114	Consolidation of NHS Charitable Funds. The Board of Directors formally agreed not to incorporate the Charitable Fund accounts within the main Trust accounts.	
		P2009/115	Trust Assurance Framework 2009/10. The Board of Directors received the revised Assurance Framework 2009/10.	
		P2009/121	Severalls Hospital – Update on Planning Issues. The Board of Directors approved the financing of the Reserved Matters Application and approved the appointment of Broadway Malyan as planning consultants.	
		P2009/122	Transfer of Shared Services The Board approved the novation of the existing contract to Anglia Support Services	
21/10/09	Private	P2009/132		Care Quality Commission Ratings 2008/09 The Board noted the Care Quality Commission Ratings 2008/09
		P2009/133	Child and Adolescent Mental Health Services (CAMHS) Tier 4 Full Business Case The Board of Directors:	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<ol style="list-style-type: none"> 1. Received the presentation outlining the full business case (FBC), including a walkthrough video of the proposed new building and the service user's perspective from the young people of Longview. 2. Received the full business case document and companion paper exploring the additional issues of concern 3. Approved the CAMHS FBC in principle and authorised a controlled progression of the scheme to its next logical stage (detailed design and planning application) in the context of the forthcoming low secure and psychiatric intensive care unit full business cases (to be presented to the Board of Directors in December 2009). During this phase a marketing and risk mitigation plan would be constructed in conjunction with Commissioners to explore mutual benefit realisation. This would be brought back to the Board of Directors at an appropriate time with a view to seeking Board approval to progress with the build. 	
		P2009/134	<p>Learning Disability: The Board of Directors then approved the submission of the Tender document and notification to Monitor in respect of the North East Essex Specialist Adult Learning Disability Service.</p>	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2009/135	Transfer of IT Shared Services: The Board of Directors agreed to support the transfer of hosting arrangements from Essex Shared Service Agency managed by the East of England Ambulance NHS Trust to NHS West Essex in respect of hosting arrangements for IM&T Services.	
		P2009/141	Proposed Changes to the Constitution and Standing Orders of the Trust - The Board of Directors approved the Trust Constitution and the Standing Orders of the Council of Governors and Standing Orders of the Board of Directors in their revised form so that they could now be placed before Monitor and receive final approval.	
		P2009/144		Core Standards 2009/10 – Progress Report The Board of Directors received the progress report on Core Standards 2009/10.
		P2009/145	Audited IFRS Re-statement of 2008/09 Accounts The Board of Directors agreed the wording with regard to the IFRS statement for signature by Andrew Geldard, Chief Executive, dated 21 October 2009.	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2009/146	Risk Register - Subject to the approval of the Audit Committee, the Board of Directors accepted the recommendations of the Risk & Governance Executive and approved the amendments to the Risk Register.	
		P2009/151	<p>Any Other Urgent Business Working Capital Facility The Board:</p> <ul style="list-style-type: none"> (a) Confirmed its approval of the working capital facility on the terms and conditions set out in the Credit Agreement (defined below) supplied by Barclays; and (b) Approved the Chief Executive and Director of Resources signing the Credit Agreement and Schedule 4 (Directors' Certificate) to reflect the Board's acceptance of the terms and conditions of the Credit Agreement (c) Agreed that the Chief Executive take all actions necessary to settle the Credit Agreement; and (d) Adopted the suggested Board Resolution as a record of the decision. 	
25/11/09	Public	2009/84	Piloting self-directed support & Personal social care budgets in mental	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			Health services - The Board of Directors approved the involvement of the Trust in a 12 month pilot in partnership with Essex County Council, testing development of self directed support and personal social care budgets, to be reviewed on a quarterly basis.	
		2009/85		Progress update on trust employment strategy – the Board of Directors received the progress report and reconfirmed the trust's three key employment strategy objectives.
		2009/87	Carers' Strategy Review 2009 - The Board of Directors noted the review of the Carers' Strategy and to extend it for a further year (to 2010), with an update plan, pending the outcome of a Carers' Survey to be undertaken in 2009/10 to inform future priorities.	
		2009/88		Care Quality Commission (CQC) core standards 2009/10 declaration of compliance - the Board of Directors received the assurance of the Risk & Governance Executive and agreed that the trust should declare full compliance with CQC's core standards 2009/10 for the period April to October 2009, by 7 December 2009.
		2009/89		Care Quality Commission Registration 2010 - The Board of Directors noted the components of CQC registration, the timescales for registration and agreed the actions to be taken

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		2009/90		Privacy & Dignity update (including the elimination of mixed sex accommodation action plan) - The Board of Directors noted the Privacy and Dignity Update (including the elimination of mixed sex accommodation action plan).
		2009/93	Constitution Update - In order to correct the references to the NHS Act 2006, the Board of Directors approved the following resolution: “That the references to sections 224 and 225 of the National Health Service Act 2006 appearing in Annex 5 of the revised Constitution and in Schedule C of the revised Standing Orders for the Council of Governors, were approved by the Board at its meeting on the 21 October 2009, be corrected to references to sections 244 and 245 of that Act”	
		2009/95	Annual planning (2010/11) event for Elected governors on 12 November 2009 - The Board of Directors agreed that a summary of the annual plan workshop for Elected Governors be submitted to the meeting of the Council of Governors on 8 December 2009.	
25/11/09	Private	3.	Outcome of Board Review of Strategic Direction - The Board of Directors: <ul style="list-style-type: none"> • Confirmed that the paper represented an accurate summary of the development of the Board’s strategic thinking on 09/10 November 2009 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<ul style="list-style-type: none"> • Agreed to receive a more detailed paper refreshing the strategic workstreams and outlining next steps to formulate, implement and monitor strategy at the December 2009 meeting. 	
		4.	Patient Safety Dashboard - The Board of Directors noted the Patient Safety Dashboard for Quarter 2, 2009/10.	
		7.	<p>Any Other Notified Business</p> <p>a) Delegation of Powers under the Mental Health Act 1983 (as amended) (for inclusion in the Trust Scheme of Delegation)</p> <p>The Board of Directors approved the four proposed resolutions:</p> <ol style="list-style-type: none"> 1. That the Powers Reserved to the Board are varied by the addition of the following paragraph I; “Approval of the arrangements to exercise the powers of the Trust, and to comply with the responsibilities of the Trust, as Hospital Managers under the Mental Health Act 1983 (as amended); 2. That save as mentioned in paragraph 3 below, the Board affirms that its powers under the Mental Health Act 1983 (as 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<p>amended) are delegated in the manner set out in the attached Appendix;</p> <p>3. That the powers of the Trust under section 23 of the Mental Health Act 1983 (as amended) are delegated to Associate Hospital Managers to be exercised by three or more persons who shall be neither an Executive Director of the Trust nor an employee of the Trust, and who shall be appointed and administered by the Mental Health Forum of the Trust;</p> <p>4. That a copy of these resolutions and the attached Appendix are added to and become part of the Powers Reserved to the Board and Scheme of Delegation</p>	
16/12/09	Private	7	Refreshing our Strategic Workstreams - The Board of Directors agreed the seven workstreams outlined in the paper "Refreshing our Strategic Workstreams", and the next steps as described.	
		8.	Resource Management Strategy - The Board of Directors agreed the approach of a Quality Innovation Productivity Prevention (QIPP) driven resource management strategy and supported the development of QIPP initiatives to be included within the annual plan.	
		9.	Update Regarding Recent Tender Activity - The Board noted:	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<ul style="list-style-type: none"> • The outcome of the North Essex Learning Disability Tender • The position regarding the Trust not proceeding with a bid to provide the Essex Criminal Justice Interventions Service (substance misuse) 	
		10.		CAMHS Full Business Case Progress Update - The Board of Directors received the CAMHS Full Business Case Progress Update, and noted the progress to date.
		11.	New Low Secure Unit, Broomfield Hospital Site – Full Business Case The Board of Directors approved commencement of the scheme as outlined in the full business case document having given consideration to the additional papers prepared by Rob Yeomans (Interim Project Director) concerning strategic capital investment.	
		13.	IM&T Strategy The Board of Directors: <ul style="list-style-type: none"> • received the presentation from Rob Yeomans regarding IM&T management • noted recent progress in IM&T • agreed to the strategic direction of development • agreed to the development of the IM&T programme. 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		14.	Carbon Management Plan - The Board of Directors <ul style="list-style-type: none"> • agreed the carbon reduction target (30% by 2015) and supported the development by carbon management workstreams of robust and detailed plans to be incorporated within the Trust's annual plan • noted that Charles Abel Smith had agreed to be Board champion for sustainability • recorded their thanks to Paul Fenton and Daniel Yeomans for their work on his project. 	
		17.	Nominations Committee Terms of Reference The Board of Directors: <ul style="list-style-type: none"> • approved the revised Terms of Reference of the Nominations Committee • appointed Ray Cox and Mark Simpson to the Nominations Committee. 	
		19.	Section 75 Partnership Arrangements in respect of Child and Adolescent Mental Health Services (CAMHS) – 3 Year Agreement - The Board of Directors confirmed agreement to a 3-year Section 75 Arrangement for CAMHS from 01 April 2009 by further extending the existing partnership agreements in place for CAMHS (including staffing and financial arrangements) for up to 3 months from 01 January 2010 enabling completion of a new fit for purpose agreement, terms and conditions of which would be mutually agreed and acceptable to both parties.	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		21.	Charitable Fund Accounts and Annual Report - The Board of Directors: <ul style="list-style-type: none"> • Agreed the annual report and accounts for the charitable funds for the year ending 31 March 2009 and approved the signing of those accounts • Agreed the contents of the letter of representation and approved the signing of the letter. 	
		24.	Any Other Urgent Business (Notified in Advance) 24.1 Council of Governors Code of Conduct The Board of Directors adopted the Code of Conduct for Governors with immediate effect.	



Agenda item No: 19
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Any Other Notified Business
Presented By: Mary St Aubyn, Chairman
Subject, Purpose and Recommendation: The Board is invited to consider any items of urgent business notified in advance to Mary St Aubyn Chairman or Dermot McCarthy, Trust Secretary.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: N/A



Agenda item No: 20
Name of Meeting: Meeting of the Board of Directors in Public
Date: 24 February 2010
Title of Report: Questions from members of the public relating to items on the agenda only
Presented By: Mary St Aubyn, Chairman
Subject, Purpose and Recommendation: The Board is invited to reply to any questions from members of the public relating to items on the agenda only.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: N/A

