

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

25 August 2010 from 09.30am

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



**Meeting of the Board of Directors to be held in Public on
Wednesday 25 August 2010 from 09.15 for a 09.30 start at
Trust Headquarters, Stapleford House, Stapleford Close,
Chelmsford, Essex CM2 0QX**

AGENDA			
1.	Welcome, Introductions & Questions from the Public	MSA	09.30
2.	Apologies for Absence [Receive]	DMc	09.35
3.	Declarations of Interest [Receive]	DMc	09.35
	Minutes		
4.	a) Minutes of the Meeting held on 26 May 2010 [Approve]	MSA	09.35
	b) Matters arising from the Minutes of the Meeting held on 26 May 2010 [Discuss]	MSA	09.40
	Setting Strategy		
5.	Chief Executive's Report [Information]	AG	09.45
6.	Strategic Capital Priorities 2010/11 [Decision]	AG/RT	09.55
	Quality		
7.	Carers' Survey [Information]	GS	10.30
8.	Patient Environment Action Team (PEAT) Inspection Report 2010 [Information]	RT	10.55
9.	Summary of guidance by Monitor on the Board's role in improving patient safety [Information]	MF	11.05
	Monitoring		
10.	Performance Report to 31 July 2010, Month 4 [Information]	RT/PK	11.10
11.	Finance:	RT	11.20
	a) Finance Report for the period ending 31 July 2010, Month 4 [Approval]		
	b) Prudential Borrowing - Working Capital Facility [Decision]	RT	11.30
	Governance		
12.	Directors' Register of Interests - Update [Information]	DMc	11.30

13.	Infection Control Annual Report & Intensive Support Team - Process and Report [Approval]	PK	11.30
14.	Audit Committee Report for Quarter 1 [Information]	RCx	11.40
15.	Nominations Committee Report for Quarter 1 [Information]	MSA	11.45
16.	Risk & Governance Executive Report for Quarter 1 [Information]	MF	11.50
17.	Council of Governors – Draft Minutes of the Meeting held on 01 June 2010 and Feedback [Information]	MSA	11.55
	Assurance		
	-		
	Policies		
	-		
	Items for Noting		
18.	Summary of Board Decisions [Information]	DMc	12.00
19.	Execution of Deeds [Information]	DMc	12.00
20.	Waivers of Standing Orders [Information]	RT	12.00
	Other Items		
21.	Any Other Notified Business [Discussion]	MSA	12.05
22.	Questions from members of the public relating to items on the agenda only [Discussion]	MSA	12.10
	Meeting Closes		
	Date of Next Meeting in Public: 24 November 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: 25 August 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: 25 August 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: 25 August 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: 25 August 2010
Title of Report: Minutes of the Meeting held on 26 May 2010
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 26 May 2010. 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 MEETING OF THE BOARD OF DIRECTORS IN PUBLIC
HELD ON WEDNESDAY 26 MAY 2010 IN
THE SEMINAR ROOM AT TRUST HEADQUARTERS,
STAPLEFORD HOUSE, STAPLEFORD CLOSE,
CHELMSFORD, ESSEX CM2 0QX**

PRESENT:

Mary St. Aubyn	Chairman
Andrew Geldard	Chief Executive
Ray Cox	Non-Executive Director
Dr. Malte Flechtner	Medical Director
John Gilbert	Non-Executive Director
Paul Keedwell	Director of Nursing
Sarah Phillips	Non-Executive Director
Geoff Scott	Director of Strategy
Mark Simpson	Non-Executive Director

IN ATTENDANCE:

Lisa Anastasiou	Director of Workforce & Development, NEPFT
David Bamber	Public Governor (Harlow)
Mike Chapman	Director of Business Development, NEPFT
K. Dickinson	Janssen-Cilag
Pippa Ecclestone	Public Governor (Uttlesford)
Terrie Harris	Public Governor (Harlow)
Sheila Jackman	Public Governor (Epping Forest)
Dan Kessler	Lead Governor
David Lambert	Associate Director - Finance, NEPFT
V. McGoldrick	Janssen-Cilag
Elizabeth Mabbutt	Executive Assistant to Chief Executive, NEPFT (Minutes)
Mark Richmond	Volunteer Centre, Chelmsford
Linda Pearson	Clinical Systems Manager, NEPFT & Governor Non Clinical Staff
David Pickles	Public Governor (Maldon)
Mary Power	Public Governor (Chelmsford)
James Purves	Legal Adviser, NEPFT
Mike Waddington	Associate Director - Communications, NEPFT
Kevin Whelan	NHS Mid Essex
Harry Young	Public Governor (Colchester)

**2010/27 OPENING, INTRODUCTIONS & QUESTIONS FROM THE
PUBLIC**

Mary St. Aubyn invited 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.

a) Approved Mental Health Professionals (AMHPs) – Paul Keedwell confirmed that this new role includes Approved Social Workers (ASWs) but is also open to other professions. Dr. Flechtner undertook to speak to Harry

Young outside the meeting regarding his concerns about liaison between AMHPs and Doctors.

ACTION: Dr. Malte Flechtner

b) Community Treatment Orders (CTO) – Dr. Flechtner confirmed that the number of CTOs issued was higher than originally expected. Paul Keedwell to provide Harry Young with a breakdown of numbers by area.

ACTION: Paul Keedwell

c) Physical Healthcare for Mental Health Service Users – Paul Keedwell reassured David Bamber that equal access to physical healthcare was a key part of the national wellbeing agenda and appropriate changes to nurse training had been made. Dr. Flechtner added that mental and physical wellbeing could not be neatly segregated, but GPs were asked to maintain a mental health register to ensure that patients' needs are met. Mary St. Aubyn added that the Trust was planning a number of events for GPs to improve understanding. Dr. Flechtner undertook to investigate the issue of delays in GPs being advised of changes to medication.

ACTION: Dr. Malte Flechtner

d) Direct Payments/Personalised Budgets – At David Bamber's request, Paul Keedwell undertook to look into the issue of knowledge/ support from Harlow CPNs around completing applications for physical exercise grants.

ACTION: Paul Keedwell

e) Psychological Therapies – Paul Keedwell advised Sheila Jackman that Psychological services were being reorganised and strengthened Trustwide. He agreed to send Sheila an up-to-date list of services.

ACTION: Paul Keedwell

f) St. Peter's Hospital, Maldon – Andrew Geldard reassured Dan Kessler that the Trust will ensure robust consultation with the local community regarding the future provision of mental health services in Maldon. Dan Kessler commented that it was rare for communities to come together to campaign for services in this way. David Pickles (Public Governor - Maldon) added that the PCT has hosting a public meeting that day.

g) Reprovision of Longview – Mary St. Aubyn commented that the recent purchase of the Derwent Centre would allow clearer discussions around a number of capital schemes. The financial environment is challenging but a paper on CAMHs was expected at the June Board meeting.

Mary St. Aubyn welcomed David Lambert, Associate Director - Finance, deputising for in Rick Tazzini and all of the Governors and members of the public present.

2010/28 APOLOGIES FOR ABSENCE

Apologies were received from Charles Abel Smith, Non-Executive Director, Rick Tazzini, Director of Resources and Dermot McCarthy, Trust Secretary.

2010/29 DECLARATIONS OF INTEREST

There were no declarations of interest.

2010/30 MINUTES OF THE MEETING HELD ON 24 FEBRUARY 2010.

There being no factual corrections, the Board of Directors received and approved the Minutes of the meeting held on 24 February 2010 and these were signed by the Chairman.

2010/31 MATTERS ARISING

There were no matters arising.

2010/32 CHIEF EXECUTIVE'S REPORT

Andrew Geldard highlighted:

- Anticipated ratings from Monitor for Quarter 4 2009/10 are 'Green' for Mandatory Services and Governance and '4' for Finance.
- The year-end financial position is affected by some technical adjustments on the balance sheet: i.e. a surplus of £1.54m., which is £90,000 better than planned at the beginning of the year. However, an exceptional charge of £3.842m. relating to revaluation and impairment of fixed assets will result in a published deficit of £2.302m.
- Carers' Assessments exceeded the target for 2009/10.
- 2009/10 Community & Outpatient Survey results are embargoed but have been released to staff and in summary form to the Council of Governors. Further detail will be provided during the private session of the Council of Governors meeting on 1 June 2010.
- Care Quality Commission (CQC) – The Trust has achieved registration "without condition", which is an excellent outcome.
- Board Awaytime – Strategic discussions have begun around how the Trust moves forward over the next 3-5 years.

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

**2010/33 ADOPTION OF ANNUAL REPORT & ACCOUNTS:
CONSIDERATION OF GOING CONCERN (SUPPLEMENTARY
PAPER)**

Andrew Geldard directed the public to the tabled Item 6 paper, which updated that included in the bound Board Papers.

a) Annual Report

Andrew advised that this document is no longer a review of the Trust's activities during the year, but more of a compendium of statements and number of separate reports as prescribed by the Department of Health and Monitor. It also includes some aspirational statements for the next 12 months, which link to the Annual Plan (Item 7).

Geoff Scott explained that changes to the published version were highlighted in yellow. Mary St. Aubyn clarified that these changes were mainly presentational rather than of a material nature. James Purves confirmed that he had nothing to add.

John Gilbert requested the inclusion of a comment on the Patient Safety Dashboard about how we use information on expected and unexpected deaths to make changes within the organisation. Andrew Geldard also suggested an additional paragraph after Chart 9 (Rapid Tranquillisation Incidents) making the point that we actively use this information. Wording for these 2 additions will be emailed to Board Members for approval.

ACTION: Geoff Scott

b) Annual Accounts

These now include some items of clarification, but no changes to the income and expenditure of the Trust as already reported to the Board.

David Lambert explained a number of technical accounting adjustments and corresponding changes to the Notes, which had been made at the Auditors' request, i.e. the revised categorisation of computer software from tangible to intangible assets, and some items from provisions to deferred expenditure and the inclusion of pension contributions within the Directors' Report.

Ray Cox advised that an Audit Committee meeting to review the accounts had been held on 20 May 2010 attended by Rick Tazzini, Director of Resources, David Lambert and the Trust's Internal and External Auditors. The Chief Executive had also attended in respect of the Statement of Internal Control, which the External Auditors had confirmed was appropriate. As Audit Committee Chair, Ray was pleased to provide the Board with assurance around the process and to confirm that no inconsistencies had been found. The Annual Report & Accounts contained all the information in the format required by Monitor and the Department of Health. Only technical misstatements within the accounts required adjustment (as reported above by David Lambert) along with a note regarding post-balance sheet events in respect of the Trust's recent purchase of The Derwent Centre. The Audit Committee of 20 May 2010 had recommended that the Board adopt the Annual Report & Accounts 2009/10 (subject to these amendments). These had subsequently been reviewed at an Audit Committee meeting earlier on 26 May 2010. The Trust's External Auditors had stated that they intended to issue an "Unqualified" Audit Report. The Audit Committee was able to give the Board positive assurance, recommend signature of the Letter of Representation to the Audit Commission and presentation of a summary of the 'adopted' accounts to the Council of Governors on 01 June 2010. Ray Cox added that the accounts are not 'final' until they had been laid before Parliament.

Ray commented that the timetable had been extremely challenging this year and thanked the staff, executives, internal and external auditors for their co-operation and hard work in producing such high quality accounts. According to the Audit Commission, NEPFT is the first Foundation Trust to present its accounts to its Board.

Ray Cox added that special arrangements had been made to allow Foundation Trusts to share their 'adopted' accounts with the Council of Governors prior to being laid before Parliament.

Mary St. Aubyn added the Board's thanks to Ray Cox and all Members of the Audit Committee for their detailed work in respect of the accounts.

The Board:

- (i) Confirmed that the Trust is a going concern, having given consideration to the Financial Statements for 2009/10 and the Annual Plan for 2010/11;**
- (ii) Approved the draft Letter of Representation to be for signature by the Chairman, Chief Executive and Audit Committee Chair;**
- (iii) Adopted the Financial Statements for the year ended 31 March 2010;**
- (iv) Authorised the Chairman and Chief Executive to sign the Annual Report and Accounts to evidence Board approval; and**
- (v) Agreed that the Annual Report and Accounts be presented to the Council of Governors in draft form on 1 June, prior to laying before Parliament and subsequently in final form at the Annual Public Meeting on 8 September 2010.**

2010/34 ANNUAL PLAN

Geoff Scott explained that the new Monitor Annual Plan submission centred on the completion of a number of templates. He then gave a presentation focussing on service user, staff, governor and member engagement/feedback; the Trust's 'Vision & Values'; 'Outstanding Care, Transforming Lives'; service objectives and financial plan. Geoff then highlighted the 8 key issues:

- Improved Access
- Improve Safety, Wellbeing & Environment
- Positive Patient & Carer Experience
- Positive & Efficient Workforce
- Local Communication & Partnerships
- Clinical & Cost Effectiveness
- Benefits from Information Technology
- Opportunities to Grow

Geoff agreed with Sarah Phillips' suggestion that the Annual Plan place more emphasis/focus on developing good working relationships with GPs to promote patient centred care pathways. He added that this dialogue was vital and advised that work already done in Mid Essex would be replicated in other areas of the Trust.

John Gilbert congratulated Geoff on an excellent job, especially given the late changes in requirements set by Monitor.

Geoff Scott reminded the Board the Template 9 (Pages 49 - 61) contained a series of declarations for the Board needed to make, alongside the risks facing the organisation in terms of these declarations and mitigating actions. Geoff

added that Monitor had not yet set all the performance thresholds so appropriate wording was included to the effect that once published, these will be dealt with via the quarterly review. If any are significant, we will liaise with our Monitor Relationship Manager immediately.

The Board of Directors:

- 1) ***Approved the 2010/11 Annual Plan including confirmation of the declarations as described in the attached Governance and Performance template.***
- 2) ***Noted the range of templates that now form the Annual Plan Review (APR) process and which of those will eventually be posted by Monitor as public information on their website.***
- 3) ***Confirmed that a Brief Summary version be published, being first distributed to Governors at the Council of Governors' meeting on 01 June 2010.***

2010/35 STAFF EXPERIENCE: CARE QUALITY COMMISSION STAFF SURVEY 2009 AND INVESTORS IN PEOPLE ASSESSMENT 2010

Lisa Anastasiou explained that the Investors in People (IIP) assessment had included a review of documentation and meetings with Executive Directors, Governors and a series of focus groups made up of different levels of staff at different locations. The IIP team was pleased with the Trust's Staff Survey results which were a huge improvement on 2008 and compared well with other mental health trusts. Of 40 "key findings" 21 of NEPFT's scores were better than the national average for mental health and 12 scores showed NEPFT performing in the top 20%. Only 7 of the findings indicated below average scores, with 3 of these sitting in the bottom 20% of Trusts.

Lisa drew the Board's attention to the two tables contained in the report which illustrated the significant positive progress made between the December 2007 and May 2009 assessments. Staff now feel engaged, job satisfaction levels are high, there is good understanding of the Trust's Vision & Values, well developed targets, and strong leadership across the organisation. Good communication must be maintained between managers and front-line staff to ensure that staff understand the organisation's strategy.

The identified areas for improvement concerned bullying harassment & discrimination; equality & diversity; stress reduction; staff appraisals & objective setting; flexible working and senior management communications/staff engagement. Lisa highlighted the proposed actions/responsibilities and timeframes to address these areas (shown at Appendix I of the report). John Gilbert added that these are important management objectives, and that appraisals need to be of high quality in order to be meaningful.

Mary St. Aubyn complimented Lisa on the report. She emphasised the Board's commitment to maintaining the improvements made to date, as well as strengthening the areas for development.

The Board received the report outlining the key actions that will be taken in response to findings from the Care Quality Commission Staff Survey 2009 and Investors in People assessment undertaken in March 2010.

2010/36 PERFORMANCE REPORT TO 30 APRIL 2010, MONTH 1

Paul Keedwell advised that the Executive Management Team was in the process of determining a new Performance Management Framework (PMF) for 2010/11 which will incorporate all primary and secondary key performance indicators including Patient Safety and Quality. This will be brought to the Board in June 2010. As a first step, this new “dashboard” summary is presented for Month 1. Paul commented on the low level of “amber” exceptions:

- The 5 Weeks Referral to Treatment internal target remained very challenging.
- Staff Turnover: Not an area of concern
- Sickness Absence: Slightly better than the mental health average
- Drug Misusers in Effective Treatment: This is an exceptionally difficult group to engage.
- CPA Review: Paul agreed to assess whether this “red” was actual or a reporting issue. **Action: Paul Keedwell**
- Health of the Nation Outcome Scales (HoNOS) Assessment: This will rise considerably as actions for improvement feed through.

Regarding staff turnover, Mark Simpson commented that given the anticipated financial and efficiency savings required, staff retirements must be carefully planned for. Lisa advised Mark and Sarah Phillips that a workforce plan was being prepared for the Executive Management Team which would consider retaining staff expertise post retirement. John Gilbert added that identifying ‘reasons for leaving’ could be helpful along as would including CQUIN targets in the report.

Action: Paul Keedwell

Mary St. Aubyn commented that she looked forward to the development of the new Performance Report and asked that her thanks be passed to Rick Tazzini.

The Board of Directors received the Performance Report to 30 April 2010, Month 1.

2010/37 FINANCE REPORT FOR THE PERIOD ENDING 30 APRIL 2010 – MONTH 1

David Lambert confirmed that all budgets had been loaded onto the ledger with the exception of depreciation. Progress on the Cash Releasing Efficiency Savings Programme (CRES) was taking shape. The Trust earned £729,000 more from providing health services than it spent on its cost of operations in Month 1. The Trust is on target for a planned outturn surplus of £1.4m. and a Financial Risk Rating of ‘3’.

Mary St. Aubyn queried the significant drop in cash (shown on page 5 of the report), which David explained was attributable to Anglia Services Partnership

Page 7 of 11

(ASP) failing to raise an invoice. David advised Sarah Phillips that some detail around CRES had just been received, but not yet reported upon. Andrew Geldard added that CRES would be fully identified by the end of quarter 1.

The Board of Directors approved the Finance Report for the period ending 30 April 2010, Month 1.

2010/38 COUNCIL OF GOVERNORS – ELECTION RESULTS

Mary St. Aubyn commented that she was delighted to see so many new Governors present.

James Purves advised that following the March Election there are 4 vacancies in public constituencies. In the context of the requirements of the constitution, a further Election may be necessary in the next 3-5 months to address these.

Mary St. Aubyn advised John Gilbert that discussions with the Chief Executive and Lead Governor focussing on increasing the visibility/impact of Staff Governors had already taken place and would develop in the coming months.

The Board of Directors noted the outcome of the recent Elections to the Council of Governors and the current composition of the Council.

2010/39 COUNCIL OF GOVERNORS – DRAFT MINUTES OF THE MEETING HELD ON 02 MARCH 2010 AND FEEDBACK

Mary St. Aubyn commented on how the contribution, understanding and knowledge of Governors has improved over the last 3 years. Meetings with Area Directors are vital for Governors to ensure their involvement at a local level and provide a valuable route for them to give community feedback to Trust management for inclusion in the Annual Plan. Sarah Phillips added that the Council of Governors' meetings/events provide important opportunities for the Non-Executive Directors to listen and learn.

The Board of Directors received the Draft Minutes of the Council of Governors meeting held on 02 March 2010.

2010/40 MEDICAL REVALIDATION

Dr. Malte Flechtner explained that in line with the recommendations of the Shipman Inquiry, the General Medical Council (GMC) would devolve responsibility to Trusts for ensuring that Doctors practice to a high standard and complete the necessary continuing professional training and development. The GMC will introduce a 'Licence to Practice' at the end of this year to be renewed every 5 years. Pilot sites are being put in place to assess and develop the new system. Currently all Doctors and Consultants have to be registered with and placed on the Specialist Register of the GMC, evidenced by qualifications. To remain on the Register they have to complete Continuing Professional Development run by the Royal College of Psychiatrists. There is currently an annual appraisal system based on clinical performance which is evidenced by

each Doctor. In future, the organisation will have to provide a portfolio of clinical data, outcomes and measures whereby the standard of clinical treatments is assessed more robustly. At the moment, clinical governance systems may result in a report to the GMC only after something goes wrong. The proposed change is that the GMC will introduce the role of Responsible Officer, usually the Medical Director, who will recommend revalidation to the GMC. If the Medical Director refuses to do this, then there is a direct and immediate impact on the person's job and income. The responsibility is significant but necessary to ensure public trust in Doctors practicing to a consistently high standard. Dr. Kallur Suresh, Associate Medical Director, is leading the Trust's project steering group to identify the Trust's requirements and responsibilities. By the end of the year a plan will be in place for NEPFT to implement the new system.

Andrew Geldard explained to Ray Cox that this is a 'work in progress' and any additional funding required to meet the administrative costs will be advised in due course. Doctors currently pay a membership fee to their professional body which covers this work so it may be appropriate for the Trust to make a similar charge. Mary St. Aubyn commented that revalidation was the right way forward to improve patient safety.

The Board of Directors noted the report and gave its commitment to implementation of medical revalidation.

2007/41 EXECUTION OF DEEDS

In the absence of Dermot McCarthy, Andrew Geldard advised that since authority under the Constitution was granted at the 28 April 2010 Board Meeting, the following three deeds had been executed:

The Board of Directors noted the execution of the following deeds:

- a) 09 March 2010 – Variation Agreement relating to earlier agreements pursuant to Section 106 of the Town & Country Planning Act 1990 relating to the Severalls site (Seal No.71)***
- b) 23 April 2010 – Land Registry document in respect of the Derwent Centre, Harlow (Seal No. 72)***
- c) 23 April 2010 – Payment Deed in respect of the Derwent Centre, Harlow, between NEPFT and The Princess Alexandra Hospital NHS Trust.***

2010/42 SUMMARY OF BOARD DECISIONS

The Board of Directors received the Summary of Board Decisions.

2010/43 ANY OTHER BUSINESS (NOTIFIED IN ADVANCE)

There was no further business.

2010/44 QUESTIONS FROM THE PUBLIC

a) **Microphones** – Mary St. Aubyn agreed with Pippa Ecclestone that the Board should use microphones for its meetings in public.

b) **Agenda Item 13 - Medical Revalidation:** Dr. Flechtner advised Pippa Ecclestone that the appraisal process will be evidence based and an Appeals Process finalised once the GMC has completed its assessment of the responsibilities devolved to Trusts.

c) **Agenda Item 9 - Performance Report:** Mike Chapman explained to Pippa Ecclestone that the complex target for Drug Misusers in Effective Treatment was set by the Care Quality Commission and required a year-on-year improvement. Heroin and crack cocaine users are extremely difficult to engage and keep in treatment for the required 12 weeks. However, the Trust had achieved 90% this year (against a national average of 85%), a huge success, upon which it would be very difficult to improve.

d) **Agenda Item 4 – Minute No. 2010/01a) Chaplaincy:** Sheila Jackman requested feedback on the provision of Chaplaincy services at The Derwent Centre under the Service Level Agreement (SLA) with the Princess Alexandra Hospital NHS Trust (PAH) and Trustwide across the Trust. Paul Keedwell agreed that this issue had been long outstanding and undertook to provide Sheila with an update from Harriet Carr-West as a matter of urgency.

ACTION: Paul Keedwell

e) **Agenda Item 6 - Adoption of Annual Report & Accounts:** Sheila Jackman pointed out a typographical error in the Letter of Representation.

ACTION: David Lambert

f) **Agenda Item 7 – Annual Plan:** Paul Keedwell advised Harry Young that the new specialised Mother & Baby Unit has to comply with very strict regulations and that the benefits of developing a ‘Centre of Excellence’ in Chelmsford should offset the travel time for some service users. Geoff Scott reassured Harry that the Communications Team is working with the Primary Care and Acute Trusts to combat the stigma and negative experiences of mental health service users admitted to hospital.

g) **Agenda Item 7 – Annual Plan:** In answer to questions raised by David Bamber the following was noted:

- i) Dr. Flechtner confirmed that GPs should receive copies of Care Plans.
- ii) The Trust had taken a conscious decision not to have a “Patient” Governor, but to include service users as members of the Public constituency, rather than differentiate. Jackie Liveras is working on defining outcome measures as part of the Trust’s Service User Engagement Policy.
- iii) Mike Chapman agreed with David Bamber that funding for drug services is often given priority over alcohol services since there are a number of

performance indicators relating to drugs and a high level of public awareness. Commissioners are aware of this and have made efforts to redress the balance. Andrew Geldard added that alcohol use is a major issue for many of our clients. Simon Burns MP had visited Changes last year to find out more about this service and undertook to raise it with him on his next visit to the Trust in early July 2010. Andrew added that he had invited Paul Burstow MP, Minister for State for Care Services, to open the Mother & Baby Unit in late September and reminded everyone that The Rt. Hon. Andrew Lansley MP had opened the Trust's Early Intervention in Psychosis Unit last summer when he was Shadow Health Secretary (he is now the Secretary of State for Health). Mary St. Aubyn confirmed that she had written to all MPs within the Trust's catchment area following the General Election.

iv) Geoff Scott undertook to provide the Social Inclusion Workstream (chaired by David Bamber) with an update on the Trust's Employment Strategy, including details of the work currently being done with local employers. Geoff will also provide the Board with the 6 monthly update as agreed during the Board's discussion in November 2009.

ACTION: Geoff Scott

h) Agenda Item 6 - Adoption of Annual Report & Accounts: Pippa Ecclestone commented on the final sentence on page 14, i.e. "To reduce suicides within high risk groups, the psychiatric liaison service provides community follow up to all male adults after they are discharged." Although factually correct since the high risk group is males, Geoff Scott agreed to discuss the wording with Pippa outside the meeting.

ACTION: Geoff Scott

2010/45 DATE OF NEXT MEETING

The next Board meeting in public will be held at 9.30 a.m. on Wednesday, 25 August 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:

Name: Mary St. Aubyn

Position: Chairman Date: 25 August 2010

Agenda item No: 4b
Name of Meeting: Meeting of the Board of Directors in Public
Date: 25 August 2010
Title of Report: Matters arising from the minutes of the meeting held on 26 May 2010
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. An update on action points raised by the public at the previous meeting is attached.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: N/A

**Board of Directors Meeting in Public
25 August 2010**

Matters Arising: Issues Raised by the Public

Issue	Update on Action Points
Chaplaincy (Item 2010/44d)	An update has been provided to Sheila Jackman by Paul Keedwell. The contract with Princess Alexandra Hospital NHS Trust for Chaplaincy has been terminated as they were unable to meet our needs; a new provider is being sought.
Annual Report & Accounts (Item 2010/44e)	The typographical error in the letter of representation identified by Sheila Jackman was corrected.
Annual Plan (Item 2010/44 g.iv)	Employment Strategy; An update report on the Employment Strategy is being completed by Graham Field for Geoff Scott; this will include work we are doing with local businesses. The report will be copied to David Bamber and all members of the Governors' Social Inclusion Workstream. An update will also be brought to the Board of Directors.
Annual Report and Accounts (Item 2010/44 h)	The sentence that referred to suicides and males was removed, taking account of Pippa Ecclestone's comment.



Agenda item No: 5

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

Date: 25 August 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

Agenda item No: 6
Name of Meeting: Board of Directors in Public
Date: 25 August 2010
Title of Report: Strategic Capital Priorities 2010/11
Presented By: Rick Tazzini, Director of Resources
<p>Subject, Purpose and Recommendation:</p> <p>The Board has previously approved the full business cases for Low Secure Unit (LSU), Child and Adolescent Mental Health Services (CAMHS) and Psychiatric Intensive Care Unit (PICU). Further work is on-going to develop a business case for range of refurbishment schemes for the Derwent Centre.</p> <p>The paper sets out the costs of the four major schemes and the scenarios and options for funding and the decision of the Board on 30 June to approve the commencement of the CAMHS strategic capital scheme in 2010/11.</p> <p>Following a detailed discussion and vote, the Board on 30 June decided to approve the start of the CAMHS strategic capital scheme to start in 2010/11.</p>
<p>Finance Implications: Significant Impacts to 2010/11 and 2011/12. Monitor Financial Risk Rating, re. underlying performance, financial efficiency and liquidity days. Potential impacts Prudential Borrowing Limit.</p>
<p>Clinical Implications: Actions are being taken to achieve improved standards; this should deliver positive change to patient experience and access to services.</p>
<p>HR Implications: Capital developments with “growth” business will require recruitment of suitably skilled and qualified staff.</p>
<p>Legal Implications: Implications of construction contracts and contracts with commissioners for existing and new services. Implications for mandatory services and Monitor governance risk rating.</p>
<p>Equality Implications: Modern purpose-built environments will improve access, and privacy/dignity experience for service users.</p>
<p>Risks: A key risk for the Trust is that under performance will negatively impact upon the Trust’s compliance with Monitor’s Quarterly Monitoring Score and the Trust’s CQC ratings for ‘Achievement of National Priorities’ and ‘Quality of Financial Management’. Poor performance also carries a risk to reputation and demand for services from referral.</p> <p>Risk of project and cost managements Risk of not securing existing contracts (LSU) or securing the additional income streams form new services (LSU step down and CAMHS T4 low secure)</p>

North Essex Partnership NHS Foundation Trust

Strategic Capital Priorities 2010/11

1. Introduction and background

This paper confirms the decision, taken at the June 2010 Board, to authorise commencement of one of the four strategic capital building schemes.

In May 2010, the Board approved the submission to Monitor of the annual and 3-year financial plan. The plan exemplified **£9million** of “strategic capital” spend, with a spend profile of £1m; £7m and £1m across the years 2010/11 to 2012/13.

A high-level outline capital paper to the Board in February 2010 also identified the strategic capital scheme for the replacement/upgrade of the Trust’s clinical record/information system. National and local work to find a suitable replacement for CareBase remains on-going. However, the Trust’s system is comprehensive, robust and reliable. The June Board paper therefore focused on strategic building schemes.

In approving the business cases, the Board recognised that each of the strategic capital schemes was valid and should be progressed. The schemes can only progress once funding plans are in place, taking full account of long term affordability, within the context of the financial strategy and finance and governance risk ratings.

2. Capital Schemes Summary

Over the past 18 months the Trust has developed plans for several capital schemes, all of which will substantially enhance the capacity and capability of the organisation to deliver world class clinical services. The developments are consistent with the Trust’s vision for “outstanding care, transforming lives”. The four building schemes are summarised in the table below.

Table 1 Summary of Strategic Capital Building Schemes

Scheme	Capital Cost Estimate	PDC received 2009/10	Description	Board approval
LSU	£5.32m	£4.09m	12 beds plus 4 “step down” flats	Dec 2009
CAMHS	£9.4m	£2.25m	15 plus 10 “secure Tier 4” beds	Oct 2009
PICU	£4.7m	£0.78m	8 beds - <i>cost excl. land already purchased</i>	Feb 2010
Derwent Centre	£6m to £16m	£1.39m	Proposals to address building regulations, privacy and dignity, PICU and acute reprovision/centralisation	n/a

Note: £700k PDC also received in 2008/09: LSU £100k, CAMHS £250k, PICU £100k and DC £250k - used for professional fees.

The Board had already approved the “five case model” full business case (FBC) for LSU, CAMHS and PICU. The FBC for the Derwent Centre is under development and will be submitted to the Board in the next 2 -3 months.

The business justification for these four major schemes was in part, predicated on the availability of capital from several sources, including targeted Department of Health (DH) Public Dividend Capital (PDC), and not least, the sale proceeds from the Severalls hospital site and other surplus assets. It is notable that in the summer 2009, the Trust received **£8.512m** of new PDC for the four schemes.

However, in the current climate, the timetable for the land sale has been pushed out, meaning that the funding for the schemes is much less secure, and there are a number of conflicting pressures placed upon the trust to deliver its major capital projects.

The Trust continues to liaise with Commissioners to seek to access their “2% Service Transformation” monies to facilitate longer term Commissioner QIPP savings, especially in the areas of new business such as LSU and CAMHS, where PCTs could achieve cost savings by transferring service users back from expensive and remote private beds.

The potential sources of finance for strategic capital schemes are:

- I&E surplus
- Borrowing - new loans
- PDC from the DoH
- Asset disposals
- Government / PCT / 3rd party contributions (grants)

However, the first call on the I&E surplus is the principal repayment of the existing 10-year loan, at **£444k/pa**, rising to **£890k/pa** once the full loan is drawn down.

Depreciation is the main source for operational capital, i.e. replacement, refurbishments and infrastructure.

In this funding context, the Board reviewed the priorities of the schemes, in the light of affordability, mandatory services, financial stability, risk and reputation.

3. Capital Schemes Detail

The four schemes are detailed further in the following section.

3.1 Low Secure Unit (LSU)

This scheme is to redevelop the Cedar Ward low secure unit, currently located alongside the Maple Ward PICU in Willow House on the Severalls site. The new LSU will be located at the Linden Centre, in Chelmsford, central to the Trust’s area.

Capital estimate	£5.3m
Receipts	Enables disposal of Severalls
Places	12 – plus four step down flatlets (new business development)
Other issues	EoE Specialist Commissioners plan to put business out to tender in 2011 Cedar Ward is clinically/operationally isolated
Construction	31 weeks
Business case	Approved in December 2009.

3.2 Child and Adolescent Mental Health Services (CAMHS)

The scheme to replace the aging 13-bed CAMHS facility in Colchester, with a 25 bed unit, with 15 beds for generic care and 10 beds for new low secure services. The new unit will be on the Boxted Road, Severalls site.

Capital estimate	£9.4m
Receipts	Enables disposal of Longview
Places	15 generic, 10 specialist (low secure Tier 4)
Other issues	Confirmation of commissioner support for existing service. Marketing plan for new T4 low secure
Construction	63 weeks
Business case	Approved in October 2009.

3.3 Psychiatric Intensive Care Unit (PICU)

The PICU scheme provides for a new facility at The Lakes in Colchester. However, as a result of falling demand for PICU beds, there are a number options open to reconfigure the Trust's PICU services. In September 2009 the Board approved the purchase from Colchester Hospital University NHS Foundation Trust (CHUFT) of land adjacent to The Lakes for the new PICU. The paper presented to the Board confirmed that *"in the event that PCTs strategically changed their commissioning of services this land would remain key to the trust's development of services."*

Capital estimate	£4.7m
Receipts	Enables disposal of Severalls
Places	8 – extendable to 10
Other issues	Impacts PICU configuration
Construction	31 weeks
Business case	Approved (with caveats) in February 2010

3.4 Derwent Centre (DC)

The Derwent Centre is a large 1960s construction and whilst is structurally sound, it is in poor physical condition, with a backlog maintenance liability estimated in the region of **£5m**. In April 2010, the Trust purchased the building from the Princess Alexandra Hospital NHS Trust. The building is located in the west of the Trust's catchment. The scheme would provide essential works to refurbish, re-model and extend the existing building, addressing building regulations, privacy and dignity issues. The unit still has the Trust's last remaining 'bay' bed configuration, and the installation of single, en-suite bedrooms and improved recreational areas would make a significant improvement to patient and staff experience. The remodelling of this large facility (>7,000sq mtrs) could potentially also provide for centralisation of Trust services currently operating from leased accommodation in Sydenham House, Alymer House and Wych Elm, which could save significant revenue costs.

Capital	Currently work in progress but in the region of £6m to £17m, dependent upon options, which comprise: <ul style="list-style-type: none"> • £3.3m – Building regs upgrade • £4.6m – Privacy & dignity (extension to wards) • £5.5m – PICU/acute (new layouts and resiting) • £2.5m – Other areas • £1.1m - Design and planning fees
Receipts	None, but revenue savings if leased facilities in area located at DC
Places	As currently
Other issues	Options are significantly impacted upon from PICU location decision. The Trust is currently bidding for WEPCT provider Services. Opportunities to locate from “leased” ward from Sydenham.
Construction	Variable – differing schemes over 1-3-5 years period?
Business case	OBC presented to EMT. Full FBC due Sept/Oct 2010.

4. Land & Property Transactions

There are a number of outstanding property transactions tied into the strategic capital programme:

- **NACRO.** The sale of the remaining three properties currently leased to NACRO in Colchester, either to this organisation or to the marketplace.
- **Former staff houses - Colchester** The sale of two properties in Colchester that used to be doctors residential accommodation and doctors ‘on-call rooms.
- **Longview.** Sale of the Longview site in Turner Road will follow from the relocation of the CAMHS unit to Boxted Rd.
- **Severalls.** The sale of Severalls will follow the vacation of Willow House, currently home to the Maple and Cedar wards. The disposal strategy and value of this site is currently being considered by the Trust’s and the Homes and Communities Agency’s property advisers. In March 2010, the trust and HCA submitted a ‘Reserved Matters and detailed design’ application for the first phase of the land, and is then expected to arrive at an agreed way forward and target headline and yield figures.

5. Funding Issues

The total capital expenditure for these schemes ranges from **£25m to £36m**. The variability arises in potential range of schemes for the Derwent Centre. The Trust has already received **£8.5m** of specific PDC funding from the DoH. This money sits within the Trust’s current cash balances.

The Trust will draw in Q3/Q4 of 2010/11, the **£4m** balance of the Crystal Centre loan. The Trust could also generate potential receipts of up to **£2.5m** from property disposals, excluding Severalls in the next 2-3 years. This leaves an unfunded balance if all schemes were to proceed of between **£10m-£21m**.

There is little or no certainty in asset disposal and a Severalls’ receipt in the next 2-3 years. The Trust can borrow, but the impact in terms of servicing the loan interest payments will diminish EBITDA (and cash) whilst the principal repayment reduces the cash available for capital investment. All other things being equal, demands on EBITDA and cash will weaken the Trust’s FRR. Therefore an overall preference is to opt for internally generated funds (extra I&E margin, asset sales, working capital improvements) but with perhaps a “mixed economy” options to borrow.

The Trust could also take out new loans, within its Monitor approved Prudential Borrowing Limit PBL of **£19.2m**. The PBL is in addition to the working capital facility of **£7.5m**. After account is taken of the Trust's outstanding indebtedness, the balance of available PBL as at 31 March 2011 will be **c.£11.6million**.

6. Next Steps – Board decision

In theory, the Trust's strategic capital resources match demands. It is not a case of "if", these schemes will proceed, but rather their timing. However, the timing of receipts, especially Severalls is a major factor. The Trust can take out new borrowings of up to £8m -£10m and remain within its PBL.

Cash is a key determinant in that it can be used for capital investment or to support the FRR, but not both.

The Board was asked to prioritise the order of strategic scheme "starts". The order of starts was influenced by a range of factors associated with each scheme.

Following a detailed discussion and vote, the Board decided to approve the start of the CAMHS strategic capital scheme to start in 2010/11.

Rick Tazzini
Director of Resources



Agenda item No: 7

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

Date: 25 August 2010

Title of Report: Carers' Survey

Presented By: Geoff Scott, Director of Strategy

Subject, Purpose and Recommendation:

The Board are asked to receive a presentation on the findings of the carers survey. The survey was carried out by Quality Health Ltd and the fieldwork took place between March and July 2010. Over 500 carers of Trust service users were sent questionnaires as part of the survey.

The final survey response rate was 29%, with 133 completed questionnaires. The presentation to the Board will set out the findings of the survey. These provide some positive messages about the support offered to carers by the Trust and some indicators for further improvement. Some of the findings are that:

- Most respondents (66%) said they were offered the opportunity to discuss their caring role. 64% said that they had been involved in the decision making process in relation to the care of the person they supported and of those who had been to a CPA review meeting, 82% said they had "had their say".
- Terminology problems were not as great as expected and 81% of those who had a *carers assessment* said they understood what was meant by the term, though the remaining 19% may benefit from greater clarity.
- With regard to contact with the Trust, of those carers who had contacted the Trust by phone, 80% said they were responded to very quickly or fairly quickly. When asked how easy it is to contact the care coordinator or other support staff, 72% of carers felt it was very or fairly easy, though 28% found it fairly or very difficult.
- 44% of respondents felt they did not know enough about the mental illness or needs of the person they provide care for. Of those respondents who were given information or advice and support, 57% of carers considered this was excellent or very good, 32% fair and 12% poor or very poor.
- Access to Trust facilities (parking, transport, location etc) was rated excellent or good by 43% of respondents, though nearly as many rated this as fair only and a minority (18%) considered this to be poor or very poor.

The presentation to the Board will provide more information on the above and further findings from the survey. The Trust's Carers' Strategy was introduced in 2006 and reviewed in 2009 for one year to enable further review to take account of these survey findings. The Strategy and action plan will be modified accordingly during September.

Finance Implications:

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

Clinical Implications:

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

The survey will assist with the production of further guidance for staff.

HR Implications:

The Trust already employs a senior Carers Support Manager and three Carer support workers are funded by Essex County Council.

Legal Implications:

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

Equality Implications:

Training and information packs developed with carers for staff include access to both mental health specific and generic carer support groups and links to information for carers seeking support within a faith or cultural community. The carer survey findings will help to ensure identified equality and diversity implications are addressed.

Risks:

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



Agenda item No: 8
Name of Meeting: Meeting of the Board of Directors in Public
Date: 25 August 2010
Title of Report: Patient Environment Action Team (PEAT) Inspection Report 2010
Presented By: Rick Tazzini, Director of Resources
Subject, Purpose and Recommendation: The annual PEAT (Patient Environment Action Team) inspection was carried out between January and April 2010 across all inpatient properties. This paper sets out the outcome of those inspections following the official publication of the results from the National Patient Safety Agency. The Board is asked to receive this paper for information.
Finance Implications: Following the 2010 PEAT inspection the Capital budget required to improve the environment has already been included in the 2010/11 Capital program and is £90,000 for furniture and £50,000 for redecoration/refurbishment respectively.
Clinical Implications: The actions being taken following the inspection will improve clinical standards, will deliver a positive change to patient experience and improve cleanliness and environmental standards.
HR Implications: There are no HR implications
Legal Implications: Environmental improvement works will reduce potential litigation issues
Equality Implications: Clean, safe, patient environments will improve privacy/dignity issues, cleanliness/infection control standards and overall experience for service users.
Risks: Targeting limited allocated capital resources to improve the patient environment across all areas.

PEAT Inspection Report 2010

1) BACKGROUND:

The Patient Environment Action Team Assessments for 2010 took place from 13 January to 16 March 2010. The Trust's Support Services Manager led the teams apart from the St. Margaret's visit, which was led by the Trust's Hotel Services Manager.

Executive directors attended the following visits;

- Director of Nursing – Landermere and Peter Bruff, Bryan Roycroft,
- Director of Resources – St. Margaret's, Eaglehurst and Ipswich Road, Linden Centre/Christopher unit, Derwent Centre,
- Director of Operations – Severalls site
- Director of Strategy – Crystal Centre

This year the mental health areas were separated for scoring into three categories;

1. Children and adolescents
2. Adults of working age
3. Older Adults

All PEAT assessments were self-assessments but it was stated by the **National Patient Safety Agency** that up to a third of the assessments would be attended by an outside assessor. For this reason the Trust had to supply a list of dates for the visits at the start of the programme to the NPSA. The Trust was expecting an outside assessor for the visit to the Derwent Centre, but the assessor cancelled on the morning of the visit. Any unit with fewer than 10 beds did not have its assessment submitted to the NPSA. Therefore, Eaglehurst does not appear in the table this year for this reason.

The PEAT inspection program this year contained eight parts;

- Part 1 - Trust Policy Information
- Part 2 - Specific cleanliness
- Part 3 - Toilets and bathrooms – cleanliness and environment
- Part 4 - Infection control
- Part 5 - Environment
- Part 6 - Access and external areas
- Part 7 - Food
- Part 8 - Privacy and dignity

The elements within the parts were marked as below;

- 0 – Not applicable. (This would not count towards the final score).
- 1 – Unacceptable
- 2 – Poor
- 3 – Acceptable
- 4 – Good
- 5 – Excellent

2) CAPITAL INVESTMENT

The PEAT Capital budget for the year 2009/10 was £90,000 and a total of approximately £26,200 of this was spent on furniture for Bryan Roycroft, Peter Bruff, Derwent Centre, Eaglehurst, 439 Ipswich Road, King's Wood, The Lakes, Landermere, and St. Margaret's. A further £61,800 was spent on decoration and

other minor improvement works, some of which were to improve privacy and dignity. This included redecoration at Peter Bruff, sluice and kitchen improvements at Stort Ward in the Derwent Centre, redecoration at Kingswood, The Lakes and The Linden Centre, and improved external lighting in the garden area at St. Margaret's. Other work was carried out in patient areas funded from the 'irregular maintenance' budget, infection control and DDA budgets.

3) INSPECTION FINDINGS

During the 2010 PEAT visits the cleaning standards were found to range from good (4) to excellent (5). None of the areas scored 1 (unacceptable).

2 (poor) scores were given to the following:

439 Ipswich Road, for the following elements

- Outside Maintenance
- Bed linen (Please note this is not part of the Sunlight contract, but items purchased and laundered by the unit)

Derwent Centre

- Laundry – This was because of the standard of service received from Sunlight. Remedial action has been instituted with the contractor.

This year many of the areas marked with a 5 last year were for furniture and decoration. These have scored slightly lower with a 4 this year as furniture is older. This will mean a number of areas will fall from excellent to good under the "environment".

Privacy and dignity scores were marked as 4/5 but where the answer of 'yes/no' was required, a 'no' score was entered in respect to female only areas, family visiting area and inside activity area at 439 Ipswich Road. A capital scheme is within the 2010/11 programme for this building. Please also note that since last years assessments J6 and Drake House have moved to The Crystal Centre

The NPSA published the National PEAT scores on 22 July 2010 and this year is a mixture for the Trust in relation to PEAT Scores even though every site will score 'good' or 'excellent' in all sections. The food scores apart from the self-catering units have all scored 'excellent'. The privacy and dignity scores have also improved slightly, so that only three instead of four score 'good' instead of 'excellent'.

The units with 'good' scores for Privacy and Dignity had lower scores because;

- 439 Ipswich Road - the structure and layout of the building and lack of space. No female only, recreational or family visiting areas.
- Severalls Hospital and Derwent Centre because they did not have privacy curtains in bathrooms and showers. In most cases curtain rails existed but the curtains were missing.

A risk to our 'excellent' scores exists in some units where there is a reluctance of nursing staff to zone bedroom areas by sex.

PEAT 2010 scores are shown below, together with the percentages obtained.

An asterisk (*) denotes a change from 2009. Those "Good" with an asterisk have fallen from "Excellent". Those "Excellent" with an asterisk have improved from "good")

2010 PEAT Scores

Site Name	Environment Score	% PEAT 2010	Food Score	% PEAT 2010	Privacy & Dignity	% PEAT 2010
439 Ipswich Road, Colchester	Good	83.47	Self Catering	N/A	Good	88
Crystal Centre	Excellent *	95.67	Excellent	100	Excellent *	100
Linden Centre	Good	93.40	Excellent*	100	Excellent	100
Landermere Centre	Excellent	96.48	Excellent	100	Excellent	100
Kingswood	Good *	94.95	Excellent	100	Excellent	100
Severalls Hospital	Good *	93.46	Excellent	98.55	Good *	88
The Lakes	Good	92.29	Excellent	100	Excellent	98.46
Clacton & District Hospital	Good *	94.49	Excellent	100	Excellent	100
Longview	Good	93.83	Self Catering	N/A	Excellent *	96.92
St Margaret's Hospital, Epping	Good	89.17	Excellent	100	Excellent *	100
Sydenham House, Harlow	Excellent	96.66	Excellent	100	Excellent	100
Derwent Centre, Harlow	Good	89.50	Excellent	98.55	Good *	95

4) FUTURE ACTIONS

An action plan has been drawn up as a result of the PEAT visits and has been distributed in the Estates and Facilities Department, to the Associate Directors, Infection Control and Matrons. This gives a programme of purchases and environment improvements with monthly targets that will be completed by the end of December 2010.

It is expected that we can go some way to improving the scores for 2010/11 for the environment with the increase in PEAT Capital for next year to £90,000 for furniture and £50,000 for redecoration with the first piece of work a refurbishment project to improve 439 Ipswich Road. However there is not enough resources in the PEAT budget alone to fund all that is needed and so support from Associate Directors budgets will be required to increase the scores to 'excellent' in all areas.

Commencing September 2010 internal pre PEAT visits will be carried out across inpatient units and the details from the audits will be entered onto the PEAT Self Calculating assessment forms to update on progress and review priorities. These details will be circulated to the Associate Directors, Matrons and relevant Estates and Facilities staff for action.



Agenda item No: 9
Name of Meeting: Meeting of the Board of Directors in Public
Date: 25 August 2010
Title of Report: Summary of guidance by Monitor on the Board's role in improving patient safety
Presented By: Dr. Malte Flechtner, Medical Director
Subject, Purpose and Recommendation: Raise awareness and discuss the guidance
Finance Implications: No financial implications
Clinical Implications: No clinical implications
HR Implications: No HR implications
Legal Implications: No legal implications
Equality Implications: None
Risks: None

In June 2010 Monitor published “The role of Boards in improving patient safety” to offer guidance to Boards on helping to bring about safety improvements.

The following is a summary of this paper. The full paper is published and accessible on the Monitor Website. (<http://www.monitor-nhsft.gov.uk/home/our-publications/browse-category/developing-foundation-trusts/the-role-boards-improving-patient>).

In producing this paper a steering group was set up whose members were drawn from different organisations.

Existing guidelines, reports and material on patient safety was analysed, interviews were held with experts and data was reviewed of pilot trusts. The paper sets out by emphasising that patient safety needs to be a higher priority. Patient safety is defined as “the avoidance, prevention and amelioration of adverse outcomes. It is a subset of quality”

The paper focuses on the role of the Board and six elements seen to be crucial for delivering safe patient care:

1. Leadership
2. Staff engagement
3. Guidelines and training
4. Safety metrics
5. The learning cycle
6. Resourcing

The paper states:

‘The board, as a unitary body, has a critical role in delivering each of these, either directly or indirectly (e.g. through subcommittees):

•*“Legally there is no distinction between the Board duties of Executive and Non Executive Directors -they both share responsibility for the direction and control of the organisation”*

It is the board's responsibility to ensure that appropriate competencies exist within the group and the overall organisation. The requirements include:

- “Actively developing the effectiveness of the Board of Directors through performance evaluation of the board, its committees and individual Directors”*
- Maintaining a balanced perspective of the overall health of the trust, without being sidetracked by isolated incidents or anecdotes
- Acknowledging negative as well as positive findings reported to the board’.

Typical issues in Trusts are pointed out:

Insufficient prioritisation of patient safety in board meetings

Minimal visibility of board and senior leadership, resulting in staff perception that leaders lack understanding of frontline realities

Lack of a clearly articulated safety strategy

For each of the six elements the paper suggests actions a Board can take, for instance: improve visibility through 'walk-about' on wards by executive and senior leaders,

engage frontline staff,

communicate clearly that safety needs higher priority,

develop plan with staff to drive safety strategy,

empower staff and make them accountable for safety,

enable training and implementation of guidelines,

agree a list of key metrics/indicators for the Board to monitor and to be published widely,

make sure that incidents are followed up and there is a rapid, fair, visible and sustained response to incidents and risks,

make sure that staffing levels, infrastructure and resourcing are optimised for safe patient care.

The paper gives examples and some details of successful projects and pilot sites for safety improvement initiatives.

The last chapter gives guidance on how to initiate and complete a Board safety project by analysing relevant information, setting aside resources, developing a project plan with milestones and time scale etc.

The paper is written with acute hospitals in mind. Not mentioned are risks and safety issues more frequently encountered in mental health, e.g. suicide, self harming etc. However, the Boards responsibilities and the general principles outlined in the paper are the same.

Agenda item No: 10
Name of Meeting: Meeting of the Board of Directors in Public
Date: 25 August 2010
Title of Report: Performance Report to 31 July 2010, Month 4
Presented By: Rick Tazzini, Director of Resources
Subject, Purpose and Recommendation: The Board is invited to receive and note the summary key (operational and workforce) performance indicators, activity schedule and written exception report.
Finance Implications: Financial plan. Potential loss of Commissioners' reward monies if Commissioning for Quality and Innovation (CQUIN) targets are not met.
Clinical Implications: Actions are being taken to achieve improved standards; this should deliver positive change to patient experience and access to services.
HR Implications: Workforce data re. sickness, turnover etc.
Legal Implications: None
Equality Implications: None
Risks: A key risk for the Trust is that under performance will negatively impact upon the Trust's compliance with Monitor's Quarterly Monitoring Score and the Trust's Care Quality Commission (CQC) registration. Poor performance also carries a risk to reputation and demand for services from referral.

HR Performance Report as at 30th June 2010

Summary of Performance

	Trust	Targets NHS	In month position	YTD Position
Sickness Absence	4.5%		3.8%	4.2%
Long Term Sickness	No Target		3.2%	
Turnover	10%		0.8%	10.1%
Turnover Excluding Retirements	10%		0.6%	7.8%
Leavers	No Target		14.12	214.51
Leavers Excluding Retirements			10.12	167.18

Trust Performance Report as at 31st July 2010

Summary of Performance

Monitor/Care Quality Commission Compliance			Trust Performance	
	Monitor/CQC Target		In Month	YTD
CPA 7 Day Follow-up	95%		99.5%	98.8%
Crisis Resolution (Gatekeeping)	90%	95%	97.8%	98.8%
Delayed Transfers of Care - Monitor	<=7.5%		0.9%	0.3%
Delayed Transfers of Care - CQC			0.03%	0.03%
MHMDS Data Completeness	99%		98.5%	
Data Completeness on Ethnicity	85%		99.8%	
Under 16 Admissions	0%		0	0
Detained Patients AWOL	no target		0.06	0.11
Outcome Indicators				
Received an Assessment or Review in 12 months	95%		62.3%	61.5%
Received an HoNOS Assessment	95% by Year end		3.1%	2.0%
In employment	95% by Year end		53.5%	47.2%
In Settled Accommodation	95% by Year end		54.0%	48.2%
Inpatient Discharges with a Diagnosis recorded	tbc		56.2%	77.0%
18 wk Referral To Treatment - Consultant Lead Services	95%		100.0%	100.0%
New Cases Served by EIP	95%			
Problematic Drug Users in Effective Treatment	>92.0%		89.2%	

Other Primary Indicators			Trust Performance	
	Internal Target		In Month	YTD
5 wk wait for 1st Appointment - Consultant Lead Services	100%		85.8%	84.7%
18 wk Referral To Treatment - Non Consultant Lead Services	100%		69.5%	69.5%
Carers Assessments	130	520	150	580
Under 18 Admissions to an Adult Ward			-	2
Assertive Outreach Caseloads	277		290	
Inpatient Re-admissions within 28 days of previous discharge	tbc		8.5%	5.1%

North Essex Partnership Foundation NHS Trust
Service Line Activity Analysis (Base Year activity figures corrected)

2010/11 Base Line						Comment
Services	Activity 2009/10	M04 Baseline	M04 Actual	Difference	Variance	
Day Care (Attendance)						
Mental Health Patients: Adult	30,969	10,323	11,858	1,535	14.9%	
Mental Health Patients: Elderly	22,606	7,535	9,034	1,499	19.9%	
	53,575	17,858	20,892	3,034	17.0%	
Inpatients (Occupied Bed Days)						
Adult : Acute Care	46,019	15,340	15,525	185	1.2%	
Adult : Rehabilitation	15,533	5,178	4,734	-444	-8.6%	
Children	2,617	872	1,075	203	23.2%	
Elderly	53,302	17,767	18,065	298	1.7%	
Mother & Baby	107	36	49	13	37.4%	
Local Psychiatric Intensive Care Units	6,102	2,034	1,681	-353	-17.4%	Variance increased from -32.7% reported in Mth 3
Low Level Secure Services	4,009	1,336	1,419	83	6.2%	Lower activity and as result Maple Unit empty.
	127,689	42,563	42,548	-15	0.0%	
Outpatients (Attendance)						
Adult :Drug & Alcohol Services First Attendance	1,319	440	333	-107	-24.3%	
Adult :Drug & Alcohol Services Follow Up Attendance	17,427	5,809	6,299	490	8.4%	
Adult :Other Services First Attendance	4,595	1,532	1,609	77	5.0%	
Adult :Other Services Follow Up Attendance	21,476	7,159	6,725	-434	-6.1%	
Child :Other Services First Attendance	1,671	557	584	27	4.8%	
Child :Other Services Follow Up Attendance	18,202	6,067	6,783	716	11.8%	Overall increase in CAMHS activity month on month
Elderly First Attendance	2,675	892	908	16	1.8%	Variance increased from -10.7% reported in Mth 3
Elderly Follow Up Attendance	5,699	1,900	1,916	16	0.9%	Variance reduced from 3.5% reported in Mth 3
	73,064	24,355	25,157	802	3.3%	
Community (Face to Face Contact)						
Adult Eating Disorder First Contact	82	27	16	-11	-41.5%	
Adult Eating Disorder Follow Up Contact	2,597	866	730	-136	-15.7%	
Community Mental Health Teams Adult	59,736	19,912	21,403	1,491	7.5%	
Community Mental Health Teams Elderly	16,782	5,594	6,012	418	7.5%	
	79,197	26,399	28,161	1,762	6.7%	
Community (Non Face to Face)						
Adult Non Face to Face	50,451	16,817	18,668	1,851	11.0%	Variance increase from 7.1% reported in Mth 3
Elderly Non Face to Face	3,090	1,030	1,241	211	20.5%	
Children Non Face to Face	1,532	511	858	347	68.0%	
	55,073	18,358	20,767	2,409	13.1%	
Mental Health Specialist Teams (Face to Face Contact)						
Other Mental Health Specialist Teams: Adult	29,686	9,895	12,125	2,230	22.5%	Variance increased from 14.5% reported in Mth 3
Other Mental Health Specialist Teams: Elderly	9,157	3,052	2,148	-904	-29.6%	
Early Intervention in Psychosis Services	8,413	2,804	3,156	352	12.5%	Variance increased from 5.8% reported in Mth 3
Adult Crisis Resolution Home Treatment	23,960	7,987	7,545	-442	-5.5%	Variance reduced from -9.1% reported in Mth 3
Children Crisis Outreach	1,885	628	869	241	38.3%	
Assertive Outreach Teams	13,253	4,418	4,701	283	6.4%	
	86,354	28,785	30,544	1,759	6.1%	
Trustwide Total	474,952	158,317	168,069	9,752	6.2%	

**Trust Performance – Board report
Exception Report – Month 4 – period to 31 July 2010**

1. Introduction

This report identifies exceptions to the achievement of key performance targets and compares activity volume for 2010/11 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.

2010/11 Target	Target	In Month	Year to date	Traffic Light
99%	Data Completeness - Identifiers		98.5%	Amber
95%	CPA patients receiving a formal review within 12 months	62.3%	61.5%	Red
95%	Outcome Indicators HoNOS In Employment Settled Accommodation	2% 53.5% 54%	3.1% 47.2% 48.2%	Red Amber Amber
>94.7%	Drug Mis-users in effective treatment	n/a	89.2% (31 Mar)	Red
100%	RTT – Outpatients <u>seen</u> within 5 weeks	85.8% (Jul)	84.7%	Amber

- Data Completeness – identifiers

This indicator comprises of eight individual data indicators each indicator has a target of 99%. These indicators are:

NHS Number; Date of Birth; Postcode; Gender; Marital Status;
Registered GP Practice; Organisation Code; Commissioners Code

Only two of these indicators fail to reach the 99% target: Marital Status (2.5% shortfall) and NHS number (1.2% shortfall). Area Directors are giving these key indicators continued attention. Both of these indicators have improved from June 10, marital status 0.5% and NHS numbers 0.8%.

- CPA review within the past twelve months

Number of adults who have been on CPA during the reporting period and have received treatment for at least twelve months who have received a formal review within the past twelve months is 38.5% below the target 95%. The Area Directors are giving the indicator particular attention to ensure that this is not a technical recording issue and that the trust complies with its policy of a CPA review/assessment every 6 months.

- CPA Outcome Indicators

This indicator includes:

- Received an HoNOS Assessment
- In paid employment
- In settled accommodation

These indicators currently fall short of the expected 95% target. The Area Directors and HoNOS Project Clinical Lead are giving considerable attention ensuring these targets are met.

- Drug Misusers

Performance on drug misusers in effective treatment is currently **89.2%**, 5.5% less than 2008/09 year end figure of 94.7%. The actual number of people discharged before being classed as in effective treatment is only 17 in total for the eleven month period. (The national NDTs performance target is 85%)

- RTT 5 weeks

Performance on the 5 week wait for patients to be seen falls short of the 100% target. The year to date percentage of 84.1% is a 13% improvement on the performance for the same period in 2009/10. The Director of Operations and Nursing along with the Area Directors are giving this key area of service delivery their continued attention with the assistance of alert systems from our IT systems.

3. Activity

Overall Trust activity shows an increased variance of 6.2% for the same period 2009/10. This increase is across all services.

The year to date increase are as follows:

Day care	+17.0%
Inpatients	-
Outpatients	+3.3%
Community Face to face	+6.7%
Community Non Face to face	+13.1%
<u>MH specialist teams</u>	<u>+6.1</u>
Trustwide	+6.2%

There has been a notable increase in most activity, particularly non-face to face. The increase in non face to face is mainly due to increased recording of this activity.

CAMHs activity has shown an increase month on month, this is an expected increase due to additional resources.

Adult Crisis and Home Treatment teams are reporting face to face activity below 2009/10 numbers. However the Trust continues to record an increase in performance of the CRHT episode target.

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

Agenda Item No. 11a
Name of Meeting: Meeting of the Board of Directors in Public
Date 25 August 2010
Title of Report: Finance Report for the period ending 31 July 2010 - Month 4
Presented By: Rick Tazzini, Director of Resources
<p>Subject, Purpose and Recommendation:</p> <p>The report shows that, to 31st July 2010, the Trust has earned £2,674,000[£1,815,000] more from providing health services than it spent on its cost of operations.</p> <p>After accounting for non operating costs, the Trust has achieved a net Income and Expenditure surplus of £986,000 [£547,000] which is £167,000[£113,000] better than plan.</p> <p>The Trust has an overall year to date level 4 Monitor risk rating, better than plan.</p> <p>The Board is asked to approve the Month four Financial Report.</p>
<p>Finance Implications:</p> <p>After consideration of identified risks the Trust is considered to be a going concern able to implement its approved strategic plans.</p>
<p>Clinical Implications:</p> <p>The financial performance of the Trust should not, of itself, constrain planned clinical performance.</p>
<p>HR Implications:</p> <p>The Trust's reward strategy is affordable and within budget.</p>
<p>Legal Implications:</p> <p>The Trust has not been advised of legal action, or the risk of legal action, which may materially impact upon the Trust's financial performance.</p>
<p>Equality Implications: None.</p>
<p>Risks: In year financial risks are being managed.</p>

NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST

Prudential Borrowing: Working Capital Facility

Introduction

In becoming a Foundation Trust, NEPFT was required to secure a committed working capital facility (WCF) as an aid to cashflow and business continuity. The guidance from the FT regulator, Monitor, is that this facility should equate to 30 days expenditure, which in 2008 was assessed as £7,500,000. In September 2009 the Board approved a revolving credit facility agreement with Barclays Bank PLC for £7,500,000, at a cost of £30,000/pa.

The Prudential Borrowing Limit ("PBL") including the working capital facility is assessed by Monitor. The Trust can make an application to Monitor at any time to increase its working capital facility. Monitor's Chief Operating Officer has delegated authority to approve WCF requests of up to 30-days of relevant expenditure. However, Board approval from Monitor is required for a WCF request beyond 30-days.

Excluding proceeds from the disposal of Severalls, the Trust's cash balances are forecast to reduce from £18million in April 2010 to approximately £12million in March 2013, as the Trust continues to invest in strategic schemes e.g. CAMHS.

A reassessment of the organisation's working capital requirements in June 2010, indicates £7.5m will provide 26.8 days liquidity. Since 2008, the Trusts' income and hence expenditure has increased. Using the Monitor calculation of 360 days (not 365) the annual plan figures suggest the following revised working capital requirement;

- 2010/11 Annual Plan £98.752m x30/360 = £8.116m
- Qtr One - 2010/11 £24.613m x30/360 x4 = £8.204m

In order to preserve the 30-day cash flow cover, the associated financial risk rating criteria and mitigate business continuity risks, it is prudent for the Board to seek to increase the WCF by £500,000 to £8,000,000. In making its application to Monitor, the Trust is required to explain the reasons behind the request, prove that the WCF does not exceed 30-days liquidity and identify the impact on the financial plan model.

The Director of Resources met with the current WCF provider, Barclay Bank on 16 August. In advance of this meeting, the bank indicated the increase cost to the Trust of the additional £500,000 credit facility will be £2,000/pa plus a one-off fee of £3,000 to handle the re-appraisal of credit and updated documentation.

If the Board approves the making of an application to Monitor and this is subsequently successful, the trust can then arrange the increase with Barclays Bank.

Recommendation

The Board is recommended to

- (i) Authorise the CEO / Director of Resources to apply to Monitor to increase the WCF to £8million.
- (ii) Subject to receipt of Monitor approval (i) and the issuing of a revised Schedule 5 (Prudential Borrowing Requirement), the Board authorises the CEO/DoR to arrange a £500,000 increase in the revolving credit facility with Barclay Bank.



Agenda item No: 13
Name of Meeting: Meeting of the Board of Directors held in Public
Date: 25 August 2010
Title of Report: Infection Control Annual Report & Intensive Support Team - Process and Report
Presented By: Paul Keedwell, Director of Operations & Nursing
Subject, Purpose and Recommendation: The East of England (EoE) Intensive Support Team (IST) recommended that the Infection Control annual report is formally approved by the Board, therefore it is presented for the Board's approval. The annual report was approved by the Risk and Governance Executive (RGE) in May 2010. The IST found that overall, the standards of infection control and cleanliness to be very good. Many areas were highlighted as demonstrating good practice.
Finance Implications: Potential financial implications in providing cover for Support Services staff when on leave and attending training (point 3 on IST Action Plan)
Clinical Implications: None identified
HR Implications: None identified
Legal Implications: None identified
Equality Implications: None identified
Risks: None identified

East of England Intensive Support Team Summary report

Introduction

The Trust were invited by the EoE IST to partake in a 'peer review' of the Infection Control and Cleanliness policies, processes and practices to provide third party assurance of the systems in place.

The visit took place on 8th and 9th July chaired by Alan Bedford and supported by Rosie Readman SHA Health Care Associated Infections programme Manager, Dr Steve Barrett, Consultant Microbiologist, Halina Burnett, Lead Infection Prevention Nurse, NHS North East Essex, Shyla Thomas, Consultant in Public Health, NHS North East Essex, and Andy Wright, Cleaning Services Manager Mid Essex NHS Trust.

The Team visited as many teams as time and the geography of the Trust would allow during the two days and are as follows:- Crystal Centre, Linden Centre, Severalls House, King's Wood, Peter Bruff Unit, Landermere Centre, St Margaret's and Bishop Stortford.

In addition the IST interviewed and talked with a large number of staff at all levels of the organisation.

Summary of Outcome

The IST found that overall, the standards of infection control and cleanliness to be very good. Many areas were highlighted as demonstrating good practice and too numerous to list here.

The issues raised were:

- Further analysis and understanding of the data presentation of D&V cases and wound infections
- Mandatory Infection control Training
- Understand how and why the variability in cleaning standards occurred
- Work on key assurance data for the Board – Infection Control Annual report to be presented to the Board

Action Plan

Please see below the action plan to address the key areas as outlined in the report supplied by the EoE IST.

EoE Intensive Support Team review of compliance against Health and Social Care Act Hygiene Code – Action Plan

No	Recommendation	Action	By whom	Date to be achieved by	Evidence of achievement
1.	Further analysis and understanding of data presentation of D&V cases and wound infections	<ul style="list-style-type: none"> • Infection Control Team will meet with Consultant Microbiologist to review current system and agree clinical protocol to separate MRSA colonisation and unconfirmed incidents of D&V from MRSA infection and suspected Norovirus. • Review the Terminal Clean protocol to ensure appropriate to needs of organisation 	<p>Carla Mountney and Dr Gillian Urwin</p> <p>IC Team, Estates, Matrons, Microbiologist</p>	<p>Initial meeting Friday 6th August</p> <p>Initial meeting 12th August</p>	<p>Proposals to be presented at Infection Control meeting 20th September</p>
2.	Mandatory Infection Control Training	<ul style="list-style-type: none"> • Review training needs analysis to risk assess the requirements of each group of staff and develop a training programme which includes a variety of delivery methods • Evidence of training to be recorded on Datix or OLM 	Sue Champion and Workforce Development	Initial meeting 4 th September	Proposal to be presented at Infection Control meeting 20 th September
3.	Cleaning variability	<ul style="list-style-type: none"> • In order to maintain the Trust's standard of 97% Matrons and/or Associate Directors should make provision for back-filling Support Services staff's annual leave, sickness, long-term sickness, vacancies and any other type of absences (i.e. mandatory training). This does not currently happen hence the variability of the percentage scores achieved. • To introduce Trust wide a daily cleaning checklist which will be signed off at the end of each shift by each of the operatives concerned, once the work has been completed. The local supervisor can then use these to prioritise any outstanding work for the next shift. • The Facilities Monitoring and Training Co-ordinator 	<p>Matrons and AD's</p> <p>Anthony Smith and Julie Allum</p> <p>Anthony Smith</p>	<p>End of August 2010</p> <p>End of September 2010</p> <p>End of September</p>	<p>Higher scores achieved on monthly report</p> <p>Monthly monitoring with C4C</p> <p>Signed training register</p>

		<p>will train the Support Services Supervisors with regard to identifying the priorities.</p> <ul style="list-style-type: none"> • Following the publication of each unit's Action Plan after the monthly audit, the Matron will sign these of as work completed by sending an e-mail to the Facilities Monitoring and Training Co-ordinator within 24 hours Monday to Friday confirming that the outstanding work has been completed. Should this not be received then notification of this will be sent to the appropriate AD and Director of Operations and Nursing. • Should any unit fail to meet the Trust's 97% pass mark the Director of Operations and Nursing will be notified immediately and a further audit will take place within 24 hours. • To add two additional columns to the monthly Cleaning Scores report, one to indicate action plan completed yes or no, and a second column to record assurance received yes or no. This will be indicated by inserting a tick and to provide the board required assurance data. 	<p>and Julie Allum</p> <p>Matrons</p> <p>Anthony Smith and Julie Allum</p> <p>Anthony Smith and Julie Allum</p>	<p>2010</p> <p>End of August 2010</p> <p>End of September 2010</p> <p>End of September 2010</p>	<p>Bi-monthly report to Infection Control Group</p> <p>As above</p> <p>As above</p>
4.	Assurance data for the Board	<ul style="list-style-type: none"> • The Infection Control annual report will be presented to Trust Board • To agree how and what format infection control data is presented to monthly Board meeting to ensure information is sufficiently comprehensive 	<p>Paul Keedwell</p> <p>Sue Champion to discuss with Dermot McCarthy</p>	<p>25th August</p> <p>August</p>	<p>Minutes of meeting</p>

Infection Prevention and Control

Annual Report

2009 - 2010

Infection Control Team

Contents page

1.0	Introduction	3
1.1	Infection Control Service	3
2.0	Review of Action Plan 2008/2009	3
2.1	Health Act Code compliance	3
2.2	Pandemic Flu Preparedness	4
2.3	Infection Control Link Nurses	4
2.4	Training needs all staff	5
2.5	Learning from de-briefs and RCA	5
2.6	Oversee and advise on all new builds and refurbishments	5
2.7	Audits	5
2.7.1	Monthly Cleaning Audits	5
2.7.2	PEAT Reports	6
2.7.3	Infection Control and Enhanced Cleaning Audits	6
2.7.4	Mattress audits	7
2.7.5	Surveillance data	7
2.7.6	Review policies and procedures	7
2.7.7	Engage service users and carers	8
3.0	Infection rates	8
3.1	Outbreaks	8
3.2	Incidents	9
3.3	Infections	9
3.4	Needlestick, sharps and splashes	12
4.0	Goals for coming year	12
5.0	Conclusion	12
6.0	Level of Assurance	13
Appendix 1	Action Plan for 2009/2010	14
Appendix 2	Pandemic Flu debrief	16
Appendix 3	Monthly Cleaning Audits	18
Appendix 4	Infection Control and Enhanced Cleaning Audits results	19
Appendix 5	Mattress Audit	22
Appendix 6	Attendance list	23

1. Introduction

Infection prevention and control and Health Care Associated Infections (HCAI) are key priorities for the National Health Service and this organisation. Patients and staff deserve to be treated and work in a safe clean environment that has the highest standards of care to minimise risk of a HCAI.

The aim of the Infection Control service is to ensure that all healthcare staff recognise how they can contribute to achieving and maintaining a safe, clean environment and adopt best practice to do this. Infection prevention and control depends on everyone in the organisation knowing their role and fulfilling it.

The Infection Control service is pleased to present this annual report that outlines the activities, achievements, and challenges in infection prevention and control over the last year. The final section of the report concludes with the goals and recommendations for the coming year. The revised Action Plan for the Group is appendix 1.

1.1 Infection Control Service

The infection Control Service is normally managed on a day to day basis by the Infection Control Specialist Nurse supported by a Band 6 nurse (.6) and a Band 4 Associate Practitioner (.6). Due to long term sickness the Specialist Nurse has been absent for significant periods of time which has resulted in the Team having reduced capacity to address the growing agenda. This Band 6 is now acting into the Specialist role for a 6 month period. To support the team a six month secondment into the Band 6 post is currently being advertised.

The infection control team are assisted by trained Infection Control Link Nurses in each of the clinical areas. The Infection Control Specialist Nurse is supported by the Associate Director of Nursing, the Lead for Infection Control, The Director of Nursing who is the nominated Director of Infection Prevention and Control, the Infection control group and the Consultant Microbiologist.

The Infection control group meets bi-monthly and has good representation across the professional groups and departments in the Trust and the Essex Health Protection Unit. One exception to that has been the continuing difficulty in engaging a medical representative on the group. The Medical Director is actively seeking a nomination for this role.

2. Review of the action plan 2008/09

The action plan from last year as set out below is reviewed regularly at the Infection Control Meeting and by the Lead for Infection Control with the Infection Control team. The key actions and progress are as follows:-

2.1 To maintain compliance against the Health Act Hygiene Code and be adequately prepared in the event of an inspection by CQC – achieved

The Infection Control handbook has been updated and launched last December. This is subject to a continuous review on a bi-monthly basis in line with new guidance and best practice which in turn informs the training for new staff and Link Nurses.

Infection Control and Cleaner Hospitals is a standing item on the agenda for the Matron's Forum and all Professional Nursing Forums held monthly to ensure that shared learning takes place in response to de-briefs from outbreaks and new guidance.

Progress towards the action plan is discussed at the bi-monthly Infection Control Group meeting

2.2 To continue preparations, planning and training to prepare the organisation for a potential second wave of pandemic flu – achieved

The MART (Management and Response Team) managed the swine flu outbreak via weekly teleconference calls that commenced April 2009 until 23 January 2010.

The Trust actively engaged with all members of the Trust through regular updates via the Communications Team and with all partner organisations.

Training for the clinical areas was provided through IC Link Nurses and the Infection Control Team in the use of FFP3 masks, Personal Protective Equipment (PPE) and clinical management of a person with swine flu.

A de-brief took place with the Management and Response Team (MART) in February 2010 – see attached at appendix 2 which contributed to the Mid Essex Lead PCT de-briefing April 2010.

In total the cumulative number of staff reported with swine was 98. No inpatients reported with swine flu

The total number of staff and patients who received the swine flu vaccine were:-

Swine Flu - A total of 600 administered by OH

The stats for % of total staff groups receiving the vaccine are

32% Medical staff

18% Registered nurses

26% other qualified professionals OT Psychology

26% non-qualified support staff

Poor return rate for front line staff, the target was to vaccinate 75% of frontline staff, achieved 23.4%

Seasonal flu - 455 staff requested and were given this vaccine.

Swine Flu vaccination of inpatients - of the 159 eligible (DH criteria) a total of 67 inpatients received the vaccine. A number of patients either refused or were discharged and offered the vaccine by their GP.

2.3 To have in place a nominated Infection Control Link person in each community team and ensure that they receive adequate training and preparation to carry out that role – partially achieved.

Each in-patient clinical area has an identified Link Nurse who is a first level nurse often supported by an HCA or Associate Practitioner. There are 38 inpatient Link Nurses 32 who have received training.

There are 34 nominated link nurses from Community Teams, 32 of who have received training. Whilst this is a considerable increase in Link Nurses, there continue to be a number of teams with no representation.

Training for Infection Control Link nurses took place;-

17th July 09

11th September 09

9th October 09

27th November 09

23rd March 10

2.4 Training needs of all staff groups, service users and relatives and contractors will be identified in a training plan – partially achieved

A training plan was developed but focussed mainly on the needs of staff due to the swine flu outbreak. However there have been a number of training opportunities which have included Trust Contractors, Matron's, Infection Control Link Nurses, at Induction for all staff and Doctors induction twice yearly.

Service users and carers were provided with advice as required by the clinical staff
This action will be taken forward in the next year.

2.5 Ensure all learning from de-briefings and Root Cause Analysis following an outbreak or case of *C. diff* is recorded and contributes to Matrons and Link Nurses training – achieved

Root Cause Analysis is conducted in two forms. A full and extensive analysis takes place following each case of *C.Difficile* of which there were four incidents last year.

A condensed version of the RCA is used for all other outbreaks such as D&V and this year there has been one small outbreak of scabies.

The learning from the outbreaks is shared at the Infection Control Group meeting, Matron's Forum, and the Nurse Forum's. This was also shared across the organisation in a communication via the Trust news letter went out in April

2.6 To oversee and advise on all new builds and refurbishments – achieved

The Infection Control Team has been actively involved in providing advice and guidance on a number of new builds and refurbishments including:-

- Crystal Centre
- Longview Child and Adolescent inpatient unit
- Re-provision of PICU services and low secure services
- Re-provision of Mother and baby inpatient services

2.7 Audits – ensure all audit tools are appropriate and relevant and meet all the requirements of best practice and national guidance. Engage fully with the Quality Accounts Steering Group to ensure patient safety, clinical effectiveness and the patient experience are an integral part of the programme – partially achieved

2.7.1 Monthly Cleaning Audits

Last year the Trust's Infection Control Group, in conjunction with the Estates and Facilities Directorate introduced the Facilities - Domestic Handbook as a reference manual for the implementation of the National Specifications for Cleanliness in the NHS.

Over the last twelve months a total of £54,000 has been spent on replacing the curtains in all in-patient areas. A second replacement set will be purchased during the financial year 2010/11. This will enable us to meet the minimum cleaning frequency contained within the specifications.

A further £25,000 has been spent to update and supply additional domestic equipment i.e. floor-scrubbing machines, vacuum cleaners and steam cleaners. In the new financial year we will be purchasing a number of new ward domestic trolleys for the Support Services staff.

The purchasing of the new domestic equipment is to enable our staff to achieve the National Specifications and for the Trust to standardise all cleaning procedures, equipment and training across all units.

Also since September 2009 the Trust has been operating the new Credits for Cleaning (C4C) computerised system for auditing and monitoring its cleaning regime across all disciplines. While the National Specifications dictate we should be achieving a pass rate of 95%, our Trust is aiming for a pass rate of 97%. Please see attached at appendix 3 a table indicating the individual wards average score for the last twelve month period.

2.7.2 PEAT reports

During the PEAT visits the cleaning standards were found to be from good (4) to excellent (5). This year many of the areas marked with a 5 last year for furniture and decoration, have scored lower with a 4 this year as furniture gets older and will mean a number of areas will fall from excellent to good this year for their environment score.

Privacy and dignity scores were marked as 4/5. The NPSA aims to publish the PEAT scores at the end of April 2010.

This year is a mixture for the Trust in relation to PEAT Scores even though every site will score good or excellent in all sections. The food scores apart from the self-catering units have all scored excellent.

2.7.3 Infection Control and Cleanliness Enhanced Cleaning Audits

Due to lack of capacity the above unannounced audits were conducted only once over the last year instead of twice. These were conducted by the Infection Control Team during January and early February, with a member of the Ward Team who was on duty at the time. The audit this year was much more detailed than in previous years in that every room on each ward was assessed against standards which had been updated in line with CQC requirements, National Cleaning Standards and Infection Control policies – see results of audit at appendix 4. The audit standards indicate which staff group is responsible for each standard.

At that time the overall scores indicated that :-

- 11 wards achieved Compliance with scores of more than 85%
- 7 wards achieved Partial compliance with scores between 76% - 84%

- 8 wards did not meet Minimal Compliance and were below 75% (the lowest being 67%)

On receipt of the audit results, each clinical area is required to complete an action plan to demonstrate the actions taken to address the non compliant and partially compliant areas to achieve a compliant rating. These are not all available for this report but will be discussed and updated at the May Infection control Meeting.

2.7.4 Mattress Audit

For the first time every mattress in each inpatient area was thoroughly inspected. This included unzipping the cover to inspect the quality and cleanliness of the foam interior and also the quality and cleanliness of the cover and whether they were the correct mattress – results of audit shown as appendix 5.

In total 415 mattresses were audited of which 72 were condemned requiring immediate replacement and a further 130 will require replacement over a period of time. Mattresses are condemned when the cover is torn or impaired to such a degree that the mattress has become soiled and irreplaceable or that the incorrect mattress is being used. The Associate Director of Risk has in place a mattress replacement programme.

An audit of mattresses will be completed twice yearly from now on in.

2.7.5 To identify trends in infections within the Trust from surveillance data and develop appropriate management strategies – achieved

The Mental Health Trust is not formally required to report directly to the mandatory national surveillance schemes for MRSA bacteraemia and *Clostridium difficile* diarrhoea. Both are uncommon events and surveillance occurs through fast fax and telephone reporting.

Increased levels of surveillance were requested this year which required screening for MRSA on admission. From December to end of March there were 170 fast fax and telephone infection related referrals (not numbers affected) to the Infection Control Team over the last year. This is not a measurement the number of faxes received or telephone contacts which would be significantly greater. Last year 113 referrals were made.

The greatest proportion of the referrals this year was for D&V incidents (51.7%). Of that total for D&V referrals (not numbers affected) 61.2% were members of staff. The remainder of reported infections will be discussed in more detail later in the report.

The majority of the referrals 49.6% were made by inpatient areas located in the North East of the Trust, 11.3% from Mid and 7.7% from the West area. Given that there are 14 inpatient areas located in the North East area, a greater number of referrals would be expected, however, this does not explain the much smaller number in other parts of the organisation. This trend will continue to be monitored over the year.

31% were made by Community Teams across the organisation and were mostly related to D&V incidents.

2.7.6 To continuously review the policies and procedures within the Infection control Handbook – achieved.

The Infection Control handbook has been updated and launched last December. This is subject to a continuous review on a bi-monthly basis in line with new guidance and best practice.

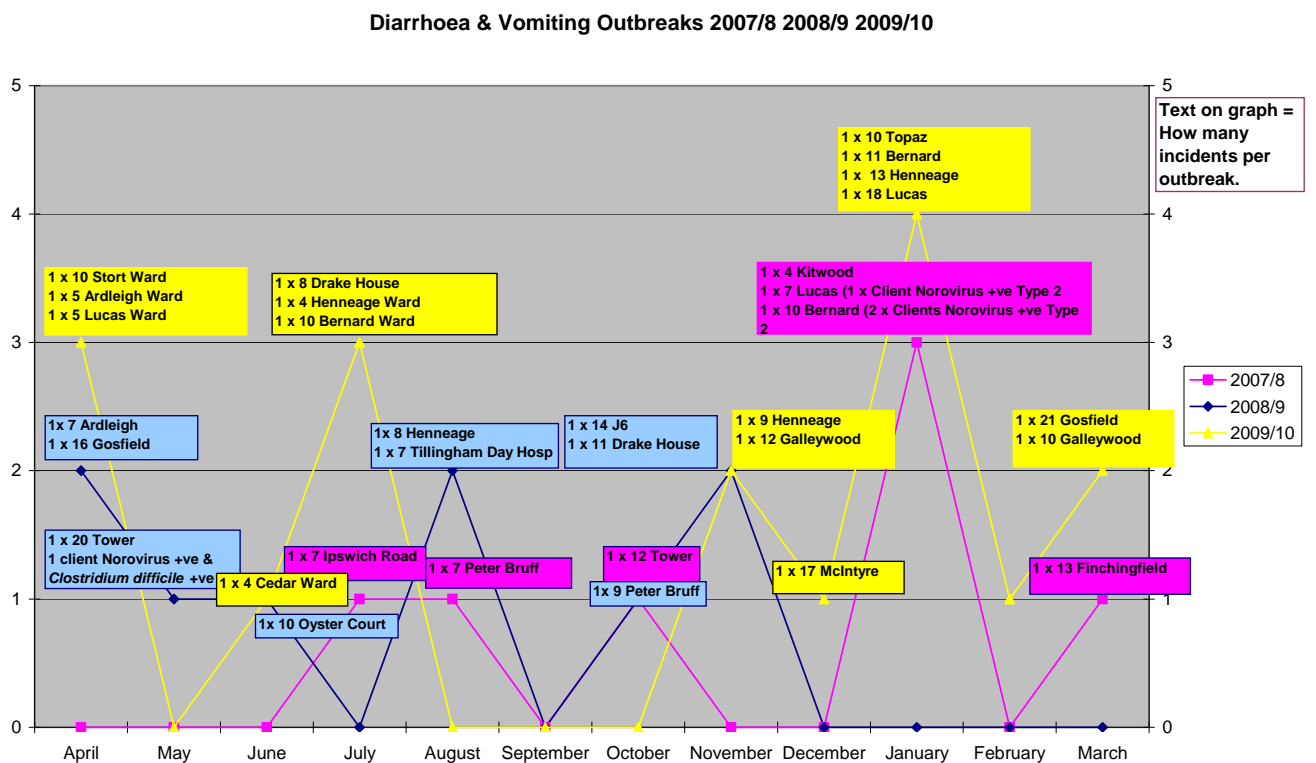
2.7.7 To engage service users and carers providing educational and training opportunities to enable them to protect themselves and their families and prevent infection supported by the further development of information leaflets – partially achieved.

A number of leaflets and pre-prepared letters are available for service users and carers in the event of an infection or an outbreak of D&V. Advice is provided on an individual basis as required. There has been no opportunity this year to provide education as part of an organised event due to the lack of capacity of the team and the pressure created by training required for management of swine flu.

3.0 Infection rates

3.1 Outbreaks

An outbreak is defined as any situation where two or more cases of a disease are clustered in time and place. The outbreaks that have been reported in the Trust mainly continue to be diarrhoea and vomiting. This can be verified via laboratory testing of samples; however it is difficult to obtain these samples from patients and staff for a variety of reasons, hence the presumption regarding type of organism which is based on the trajectory of the cases and the symptoms.



For this reporting year there have been 16 D&V outbreaks; a significant increase on the previous years as can be seen on the graph above. This increase reflects the national picture as monitored by the Health Protection Agency which shows a consistent increase over the last three years of the number of cases confirmed by stool sample to be positive for Norovirus. The HPA suggest that while this winter has

seen a higher number of cases, there's nothing to suggest that this is the start of an upward trend.

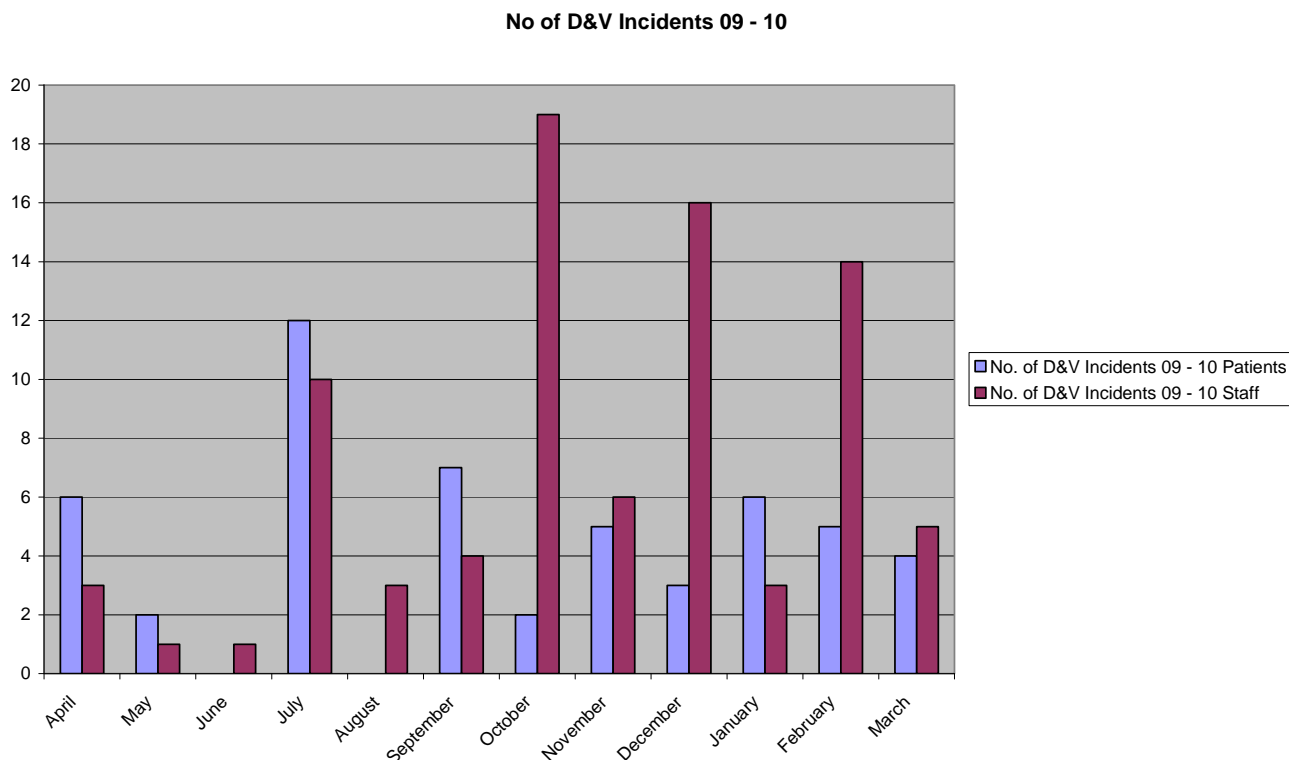
Following each outbreak a de-briefing session occurs with the Infection Control Team and the ward to identify potential factors which feed into an action plan including education.

Once the unit has been clear of all symptoms for 72 hours, a terminal clean must be undertaken. The purpose is to remove any organism that may still be in the environment, as it may stay active for 10-12 days if it is of viral origin. The cost of each terminal clean is in the region of £6k. Therefore the total cost over the last financial year has been in the region of £108k as the terminal clean for King's Wood exceeded the estimated amount due to a greater number of areas being cleaned and a new company now used as part of the contracting process.

In addition there has been one small outbreak of scabies affecting 5 patients and 8 staff in Bernard and Henneage Wards at King's Wood. The source of the outbreak was identified as a person being admitted from a Residential Care Home in the early stages of incubating the scabies mite before symptoms were evident.

3.2 Incidents

An incident is more difficult to define; however for this Trust it includes all situations where any episode of infection is reported, this includes isolated incidents of diarrhoea and vomiting as shown on the graph below. Improved surveillance across the Trust has contributed to the higher rate of reported D&V incidents this of 137 (52 patients, 85 staff) compared to 119 last year.



3.3 Infections

All Acute NHS organisations are required to monitor and report the incidence of two organisms to the Health Protection Agency (HPA) via the Essex Health Protection Unit (EHPU). These are:-

- *MRSA* bacteraemia (poisoning of the blood from *MRSA*)
- *Clostridium difficile* (*C.diff*). These must be reported to the HPA).

The surveillance system in place tracks both reporting from the wards (alert condition) and the Microbiology laboratory (alert organism). This ensures that all patients tested for these infections are investigated.

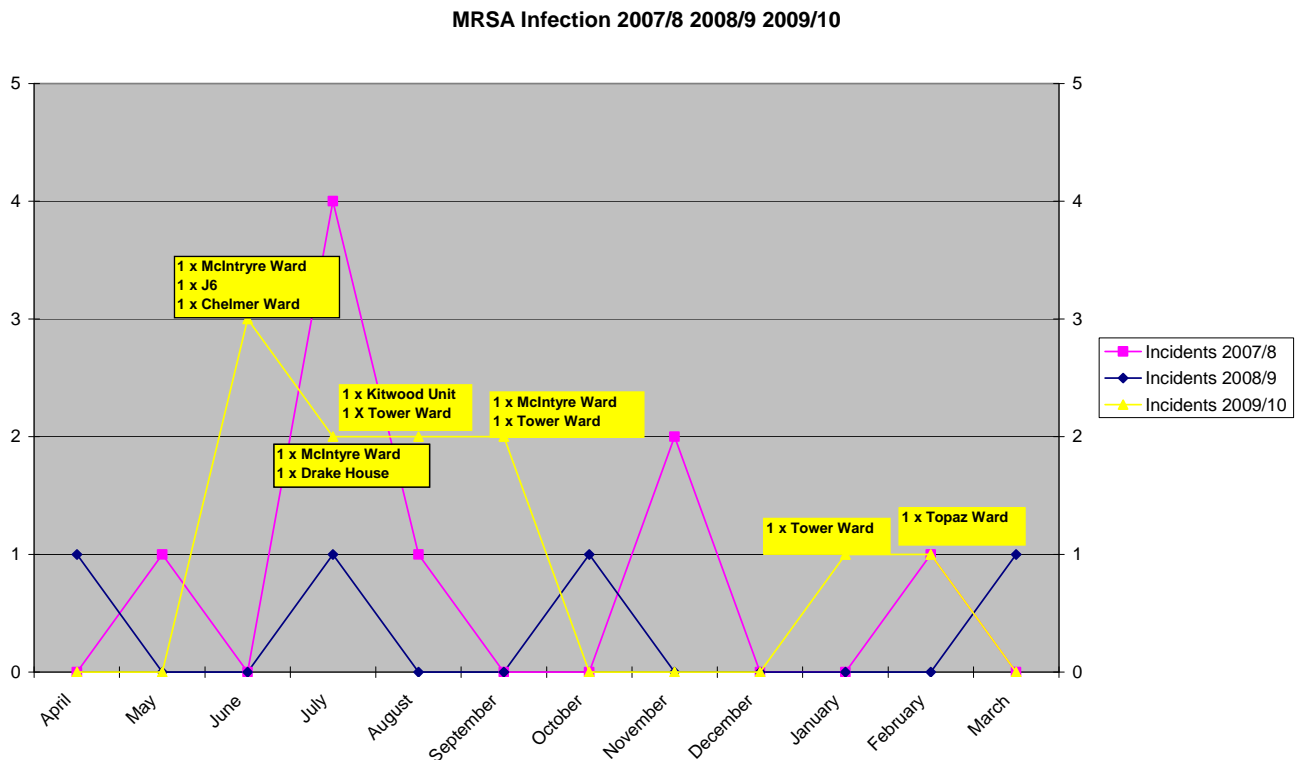
Methicillin Resistant staphylococcus aureus (MRSA)

There have been no incidents of *MRSA* bacteraemia within the Trust as patients with this stage of the infection would need acute medical attention. *MRSA* screening was formally introduced in December 2009 for all patients admitted to an inpatient bed in the Trust, although many of the older people’s wards had instigated this screening much earlier. All other inpatient areas are integrating *MRSA* screening into their practice and the year ahead will show a full year of figures which are not available for this report.

This year has shown an increased number of patients who have developed *MRSA* whilst being on the ward and the origin of the source unable to be identified. If screening on admission had been in evidence throughout the year, then some of these infections may have been reduced by treating the colonisation thus reducing the risk of infection.

The Government guidelines suggest that a positive test of *MRSA* within the first 48 hours of admission is attributed to the previous caring institution/ community care setting. However much of the screening and swabbing is done after that period in response to an infected wound, rather than as part of a screening process.

The graph above shows the reported numbers of patients infected with *MRSA*.



***Clostridium difficile* (C.diff)**

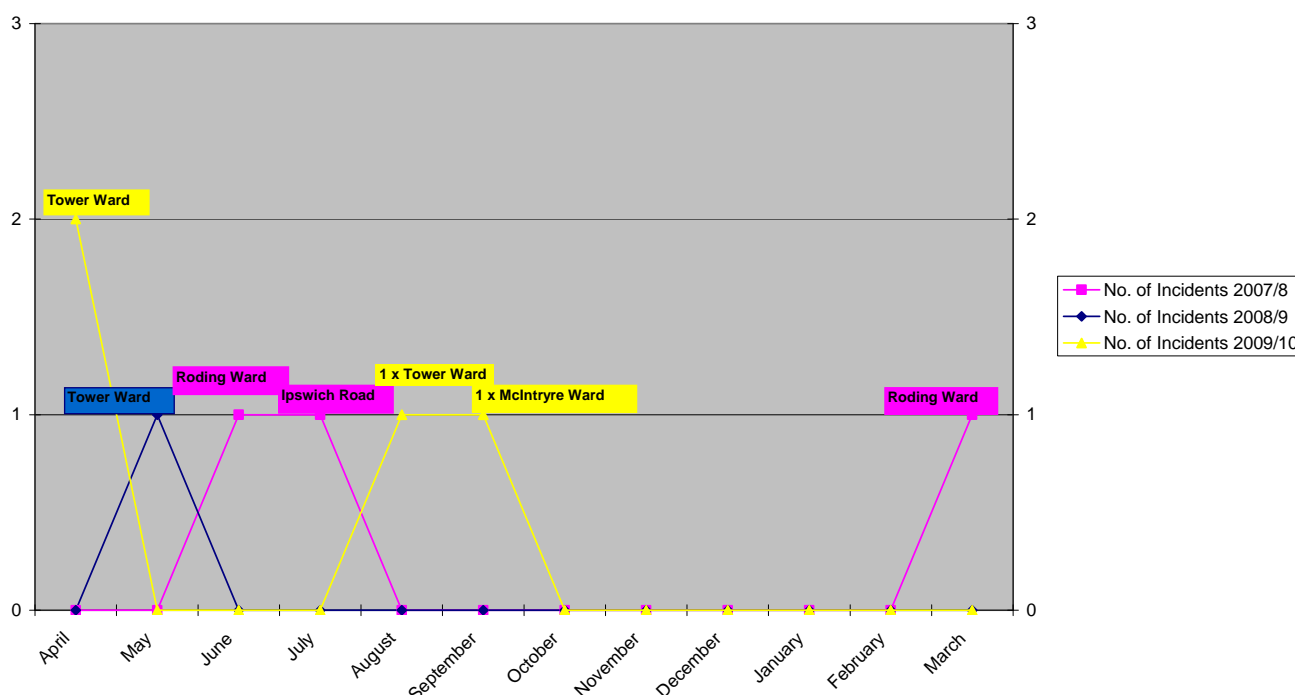
Clostridium difficile is an anaerobic (non oxygenated) bacterium that is found in the large intestine, where there is very little oxygen. It can be found naturally in low numbers in less than 5% of the healthy adult population. It is kept in check by the normal 'good' bacteria found populating the intestine. Although first identified in the 1930's it was not identified as the cause of diarrhoea and colitis following antibiotic therapy until the late 1970's. This organism is an increasingly important cause of Healthcare Associated Infection (HAI).

Clostridium difficile produces spores that can live in the environment for a long time. Any surface, piece of equipment, furniture or furnishing can harbour the spores. People can become infected by touching contaminated surfaces. *Clostridium difficile* can be spread from person to person by poor hygiene, by failing to wash hands properly after going to the toilet, or after handling contaminated food.

The bacteria are shed in faeces. Touching even the smallest amount of infected faeces, and then touching your mouth you can become infected with *Clostridium difficile*. The risk of cross-infection increases when patients have diarrhoea and bathrooms and toilets are shared.

The numbers of patients diagnosed with this infection has remained low at four cases over the year but 2 more than last year. As in D&V Outbreaks, an incident of *C.Diff* poses major management challenges in that it is very difficult to barrier nurse patients with these symptoms in isolation due to their very severe mental health and behavioural difficulties, thus increasing the likelihood of transmission of the organism. In the two areas where *C.Diff* has been diagnosed, the clinical teams have maintained excellent standards to ensure a safe environment for staff and patients.

Clostridium difficile 2007/8 2008/9 2009/10



There are four important components of prevention and control

- Prudent antimicrobial prescribing to reduce the use of broad spectrum antibiotics.
- Isolation of patients with *C. diff* and good infection control measures

- Handwashing (not relying on alcohol gel as it is not effective against this organism but will help to reduce /remove other bacteria's) and wearing gloves and aprons, especially when dealing with bedpans
- Enhanced environmental cleaning and the use of chlorine releasing disinfectants.

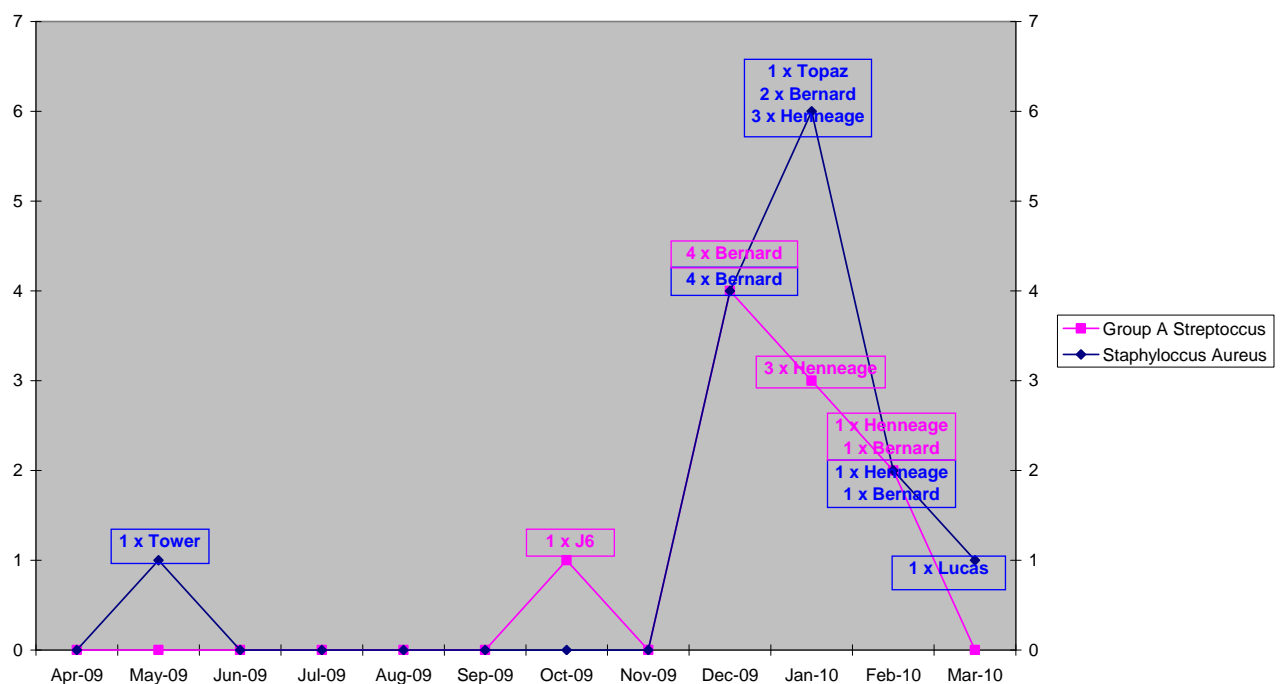
Group A Streptococcus and Staphylococcus Aureus

Group A streptococci (*Streptococcus pyogenes*) cause a wide-range of disease in humans, from mild sore throats to life-threatening invasive disease such as necrotising fasciitis.

Staphylococcus aureus is a bacterium that is a common coloniser of human skin and mucosa. *Staphylococcus aureus* can cause disease, particularly if there is an opportunity for the bacteria to enter the body.

When these two organisms are combined it poses particular risks for patients who are elderly and whose health may be poor. During the scabies outbreak nine cases of Group A Streptococcus and Staphylococcus Aureus were diagnosed in one clinical area and treated successfully in the early stages of infection. The factors contributing to this unusually high incidence was most likely related to skin being impaired due to excessive scratching in response to the itching cause by the scabies mite. Additional surveillance was instigated to monitor and manage this situation.

Group A Streptococcus & Staphylococcus Aureus Incidents 2009 - 2010



3.4 Needlestick, sharps and splash injuries

Over the last year there has been an increase in the reporting of needlestick, sharps and splash injuries. This includes all needlestick injuries either through giving an injection, handling the needle, needle scratch or by taking blood. Other reportable injuries are bites, razor cuts, general cuts and body fluid splashes.

In all but one case the incidents were reported to Occupational Health department on the same day or within eight hours of the incident.

In all reported incidents, OH established whether an IR1 form had been completed and requested this be filled if not done so. However, only 3 copies of the IR1 form had been received to be filed with staff notes. Although this may be an issue with processing, this year OH will follow up with a letter asking for written confirmation from managers that the form has been completed.

There have been 33 reports of Sharps injuries in the period April 2009 until March 31st 2010 compared to only 17 for the previous year. This is believed to be due to the launch and distribution of the "sharps packs" in October 2009. This is borne out by the increase in reporting scratches particularly. When wards have been nursing a patient who scratches, there was an increase of reporting and staff were confident in the procedure to follow. OH will continue to monitor and analyse the trends this year. The Needlestick Policy is due to be launched this year at a road show with Infection control Team

4. Goals for the coming year

The goals for the coming year are integrated into the action plan and can be seen in the table at appendix 1

5. Conclusion

This has been a very busy year for the Infection Control Team with an increased rate of referrals whilst managing the swine flu episode with a reduced capacity within the team. However, it is evident that infection prevention and control issues such as hand hygiene are firmly on the clinical team's agenda providing a safer environment for all.

6. Level of assurance

Whilst there have been a number of achievements over the year, there are a small number of goals that have been partially achieved. A number of factors have impacted on this which includes the diverting of Infection Control resources to preparation and training of staff to manage incidents or outbreaks of swine flu. In addition the capacity of the Team has been severely compromised by the long term sickness of the Infection Control Specialist Nurse and is in the process of being resolved. Therefore the level of assurance agreed by the team is Limited. Actions are in place to manage the areas of deficit and are addressed in the goals for the coming year.

Appendix 1

NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST

ACTION PLAN FOR INFECTION CONTROL FOR THE YEAR 2010/2011.

	Area	Action	Timescale	Responsibility
1.	To maintain compliance against the Health Act Hygiene Code. Take learning from the Strategic Health authority Intensive Support Team visit 8 th and 9 th July and put measures in place to address any deficits or changes in practice.	Ensure that all staff are aware of their responsibilities in relation to infection control and cleanliness Infection Control Specialist Nurse to provide updates and relevant training to Matrons at the Matrons Forum Monitor compliance of goals at Infection Control meeting	At induction and updates via Matrons and Link Nurses Twice yearly Bi-monthly	Infection Control Team, Link Nurses and matrons Infection Control Specialist Nurse Matrons Infection Control Group
2	Training needs of all staff groups, service users and relatives and contractors will be identified in a training plan.	Training plan will be continually reviewed and monitored in line with current need To identify, develop, implement, evaluate and monitor the training including e-learning package for Link Nurses, nurses at Preceptorship and significant other staff	Bi-monthly Bi-monthly	Infection Control Team Infection control Team
3	To have in place a nominated Infection Control Link person in each inpatient and community team and ensure that they receive adequate training and preparation to carry out that role.	A data base of Infection Control Link Nurses for inpatient and community teams will identify when training is required and ensure coverage for each team	Nominations in place 6 weeks prior to training Training dates June, September and December 2010	Area Director's to nominate Infection Control Team to monitor
4	Ensure all learning from de-briefings and Root Cause Analysis following an outbreak or case of <i>C. diff</i> is recorded and contributes to Matrons, Link Nurses training and all staff members	Infection Control Team will conduct a de-briefing following an outbreak with each inpatient area. The key areas of learning will be collated and integrated in appropriate teaching packages and disseminated via Core Briefing to all staff.	As required in response to outbreaks Winter 2010	Infection Control Team
6	To oversee and advise on all new builds and refurbishments	Estates to ensure the Infection Control Team are informed of and involved in the development and planning to ensure all standards are met	As required	Infection Control Nurse Specialist
7	To continuously review the policies and procedures within the Infection Control Handbook	Identify gaps in policies and procedures and develop accordingly in line with new national and local policy and guidance	Bi-monthly	Infection Control Nurse and Group

	Area	Action	Timescale	Responsibility
8	<p>Audits – ensure all audit tools are appropriate, relevant and meet all the requirements of best practice and national guidance. Engage fully with the Quality Accounts Steering Group to ensure patient safety, clinical effectiveness and the patient experience are an integral part of the programme</p> <p>To review the infection control and cleanliness audit tool in preparation for using the C4C programme as part of the twice yearly audit programme.</p>	<p>Ensure the audit cycle is completed and acted upon with action plans in place and monitored by the Infection control group.</p> <p>To review the infection control and cleanliness audit tool in preparation for using the C4C programme as part of the twice yearly audit programme.</p> <p>Ensure the new hand washing audit tool is used weekly in all inpatient areas</p> <p>Ensure all antimicrobial prescribing is fully monitored using the audit tool</p>	<p>Bi-monthly</p> <p>June 2010</p> <p>Monthly</p> <p>Monthly</p>	<p>Infection Control Nurse to collate data and present to Infection control group and Board. Monitoring to be part of the annual report and quality accounts. Findings from audit linked with Risk Management, Estates department and Support Services audits and monitor results</p> <p>AD's Risk Management. Estates and Infection Control</p> <p>Infection Control Team and clinical areas and Pharmacy staff</p>
9	To identify trends in infections within the Trust from surveillance data and develop appropriate management strategies.	Surveillance of MRSA and <i>Clostridium Difficile</i> on inpatient units via analysis of new cases by alert condition and organism. Maintain a robust system of gathering local data and report though to the Board monthly and EHPU	Monthly	<p>Infection Control Nurse to collate data</p> <p>Infection Control Nurse, Hotel Services Manager, Risk Manager and Occupational Health</p>
10	To ensure the Infection Control Service is robust and able to provide guidance and support to all clinical areas. Ensure all Infection Control Team posts are filled and staff are trained appropriately.	<p>Act an Infection control nurse into the Band 7 post for secondment and review at 6 month</p> <p>Appoint a Band 6 nurse from clinical area into team</p>	<p>September 2010</p> <p>May 2010</p>	<p>Lead for Infection control</p> <p>Lead for Infection control</p>
11	To engage service users and carers in educational and training opportunities to enable them to protect themselves and their families against infection.	To develop information leaflets on different organisms and their treatments to be included in the Trust admission pack	As required	Infection Control Nurse via the Service user Information Group
12	Ensure MRSA screening is fully implemented and acted upon for all admissions in line with national guidance.	To review the SLA with the microbiology laboratories to ensure all requirements for surveillance are met. Receive updated accreditation certificates	Monthly	<p>Infection Control Team and Clinical Managers/Matrons</p> <p>Microbiology Laboratories</p>

Appendix 2

Pandemic Influenza

Introduction

Swine flu became evident in this country in the early part of 2009 following a number of reported outbreaks across other parts of the world.

In response to the raise alert levels by WHO organisation and the DH the Trust instigated the Pandemic Flu plan in April which in turn triggered the Management and Response Team (MART) weekly teleconference call to manage the growing concerns about swine flu.

Debriefing

All organisations are required to review the process, practices and training during the pandemic to identify any learning and what actions need to be taken to ensure organisational preparedness for a future event. A de-brief took place with MART and other key individual who have contributed to the information as set out below. This contributed to the de-briefing that took place with Mid Essex Lead PCT in April 2010

What worked well?

- A robust system managed extremely well at ground level as well as managerial level. Clear leadership identified objectives that needed to be met which made it easy to implement.
- Communication was good from the Trust, with sensible, no panic and reliable information being sent via the use of intranet and screen savers.
- Workshop/input from infection control team. Training staff received in the Flu wards was excellent and a credit to the trust, built up good usable skills
- Teleconferencing was valuable and should be used more frequently, though participation towards the end reduced considerably.
- Website reference was a good idea
- It was felt that the giving of swine flu injections to service users worked well. The members of staff that were trained to administer the flu vaccine were able to do so effectively and efficiently. Appropriate information was available for staff. One issue was that more staff should have been trained to administer the flu vaccine's as we had a problem as the one member of staff that had been trained was off sick and had to ask staff from
- Each clinical area set up a store of trust recommended products, and maintained the store during the outbreak, this seemed to work well, the stores were kept in one area, with a book to sign out anything they used, all our wards on Clacton site were made aware that the stores were available, and would be kept in the rehab activity room.

What did not work so well?

- Bucket loads of advice from every quarter arriving every day, sometimes just duplication, occasionally conflicting.
- Lack of serious consideration of the ward/hospital situation re availability of vaccine to key support staff such as support services, clerical porters etc.
- Escalation to a high level based on the spread but with no thought to the actual lack of severity. The levels were set on the supposition that this would be a real genuine killer pandemic, not a minor flu, so we were working to the wrong pre-set plans.

- Multidose vials of vaccine, meaning that there was the potential for considerable wastage.
- Treatment of patients. If it had been severe I think we were doing the right thing, only too slowly, but in fact we may have been better just sending them all to their GPs - if we had benchmarked with the acute trust and the PCT inpatient scenarios we would not have vaccinated patients.
- COST - in staff time, time diverted from all other projects, money nationally, a box-ticking exercise

What are the key aspects that need to be taken forward?

Training was excellent, contingency planning was well thought out, Flu pandemic plan was well structured but too complex.

What personal/organisational development is required?

It was felt the trust had got this right, staff were highlighted and agreed to be available. It was not mandatory which was a positive, as it was felt that therefore staff would feel more willing to be involved.

Review of preparedness and planning for flu Review of containment phase, including role of HPA

It was generally agreed that the Trust was adequately prepared and ready to initiate if the need arose although difficult to gauge as only real way of testing was to initiate or do a role play enactment.

Review of National Pandemic Flu Service, including stand-up and operational issues and role of NHS Direct

Was initially felt some extreme worries were voiced, when possibly did not need to be.

Most teams reported they felt well informed, reporting seemed straight forward, happy with what we were asked to achieve.

Review of vaccination programme

Mixed response with some staff happy to have, but others felt uneasy regarding what was perceived as a vaccination in its infancy, with not enough information about long term effects. This led to poor compliance with vaccination programme.

Review of command and control arrangements, and operations

Team felt confident in arrangements and roles and responsibilities.

Review of communications

Overall teams reported feeling fully aware of what was happening and when. Good use of Intranet and specifically screensavers.

Key aspects to review for future preparedness

Vaccinations

- Revise the vaccination of inpatients protocol to something more workable, which will include training in administration and knowledge of vaccine.
- Registration of patient vaccinations
- Review staff vaccination programme of staff to increase uptake

Pandemic Flu Plan

- Simplification of Trust Pandemic Flu plan to make it much more accessible

Appendix 3

Results of Monthly Cleaning Audits

Trust Area	Ward	Average score over 12 month
Central	Christopher Unit	94.55%
	Galleywood	93.00%
	Finchingfield	93.55%
	Ruby	96.50%
	Topaz	92.50%
North East	Hennage	97.50%
	Lucas	97.25%
	Bernard	97.00%
	Ardleigh	96.44%
	Gosfield	96.77%
	Longview	97.70%
	Severalls House	98.33%
	Rivendell	97.44%
	Maple	98.50%
	Cedar	99.20%
	Ipswich Road	97.60%
	Coach House	95.00%
	Tower Ward	96.75%
	McIntyre Ward	96.25%
	Peter Bruff	95.75%
Eaglehurst	98.00%	
West	Shannon	97.33%
	Stort	97.10%
	Chelmer	97.00%
	Cam	97%
	Bryan Roycroft	100%
	Roding	97.50%
	Kitwood	95.70%

Appendix 4

Report for Infection Control and Enhanced Cleaning Audits - including breakdown of responsibilities

Ward / Unit	Equipment				Kitchen / Dining				Ward Environment				Laundry				PPE				Overall %			
	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS
439 Ipswich	68%				59%				72%				67%				71%				67%			
	57%	33%	N/A	100%	N/A	69%	33%	50%	78%	81%	50%	20%	100%	67%	N/A	50%	75%	N/A	N/A	67%	62%	63%	42%	72%
Tower	85%				57%				77%				100%				86%				81%			
	71%	100%	N/A	90%	N/A	50%	100%	50%	43%	95%	95%	73%	100%	100%	N/A	100%	100%	N/A	N/A	67%	79%	86%	98%	76%
McIntyre	65%				65%				79%				90%				71%				74%			
	43%	100%	N/A	70%	N/A	57%	100%	67%	51%	80%	95%	48%	100%	67%	N/A	100%	75%	N/A	N/A	67%	67%	76%	98%	70%
Eaglehurst	85%				70%				85%				88%				100%				86%			
	71%	67%	N/A	90%	N/A	67%	67%	100%	79%	75%	50%	75%	75%	100%	N/A	100%	100%	N/A	N/A	100%	81%	77%	59%	93%
Longview	60%				70%				59%				80%				86%				71%			
	43%	33%	N/A	80%	N/A	64%	100%	67%	57%	56%	50%	48%	60%	100%	N/A	100%	100%	N/A	N/A	67%	65%	63%	75%	72%
Gosfield	74%				68%				68%				80%				71%				72%			
	57%	100%	N/A	80%	N/A	57%	67%	100%	65%	65%	60%	50%	100%	100%	N/A	0%	75%	N/A	N/A	67%	59%	64%	64%	59%
Ardleigh	55%				61%				62%				80%				86%				69%			
	29%	67%	N/A	70%	N/A	43%	100%	83%	59%	49%	93%	48%	100%	67%	N/A	50%	100%	N/A	N/A	67%	72%	57%	97%	64%
Bernard	95%				62%				83%				100%				86%				85%			
	86%	100%	N/A	100%	N/A	57%	100%	67%	59%	89%	100%	48%	100%	100%	N/A	100%	100%	N/A	N/A	67%	86%	87%	100%	76%
Henneage	95%				68%				82%				100%				100%				89%			
	86%	100%	N/A	90%	N/A	71%	67%	67%	60%	95%	100%	45%	100%	100%	N/A	100%	100%	N/A	N/A	100%	87%	92%	84%	80%
Lucas	85%				68%				77%				100%				100%				86%			
	86%	67%	N/A	90%	N/A	64%	100%	67%	65%	82%	100%	23%	100%	100%	N/A	100%	100%	N/A	N/A	100%	88%	78%	100%	76%
Cedar	85%				82%				77%				100%				100%				89%			
	57%	100%	N/A	100%	N/A	79%	67%	100%	84%	92%	100%	20%	100%	100%	N/A	100%	100%	N/A	N/A	100%	85%	93%	84%	84%
Maple	MAPLE UNIT CLOSED – NO AUDIT COMPLETED																							
			N/A		N/A										N/A				N/A	N/A				

Ward / Unit	Equipment				Kitchen / Dining				Ward Environment				Laundry				PPE				Overall %			
	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS
Severalls House	50%				71%				69%				90%				67%				69%			
	29%	33%	N/A	70%	N/A	75%	0%	0%	58%	88%	60%	45%	100%	67%	N/A	100%	75%	N/A	N/A	67%	52%	66%	30%	76%
Rivendell	75%				70%				74%				70%				86%				75%			
	43%	67%	N/A	100%	N/A	57%	67%	100%	67%	88%	60%	45%	100%	67%	N/A	0%	100%	N/A	N/A	67%	78%	70%	64%	62%
Finchingfield	79%				100%				83%				86%				86%				86%			
	43%	100%	N/A	90%	N/A	100%	100%	100%	70%	91%	100%	75%	100%	100%	N/A	50%	100%	N/A	N/A	67%	74%	98%	100%	64%
Galleywood	79%				100%				79%				90%				71%				86%			
	43%	100%	N/A	100%	N/A	100%	100%	100%	71%	82%	100%	50%	80%	100%	N/A	100%	75%	N/A	N/A	67%	67%	96%	100%	83%
Christopher	68%				Unable to audit				81%				90%				100%				85%			
	50%	100%	N/A	70%	N/A	N/A	N/A	N/A	91%	88%	83%	50%	100%	100%	N/A	50%	100%	N/A	N/A	100%	85%	86%	83%	68%
Topaz	68%				96%				72%				100%				88%				84%			
	43%	50%	N/A	90%	N/A	100%	100%	83%	55%	86%	100%	75%	100%	100%	N/A	100%	100%	N/A	N/A	100%	60%	67%	100%	83%
Kitwood	75%				78%				70%				90%				86%				80%			
	43%	67%	N/A	100%	N/A	64%	100%	100%	78%	82%	80%	75%	100%	100%	N/A	50%	100%	N/A	N/A	67%	80%	78%	90%	78%
Roding	75%				70%				77%				80%				86%				78%			
	43%	67%	N/A	100%	N/A	64%	100%	67%	84%	85%	80%	48%	100%	100%	N/A	0%	100%	N/A	N/A	67%	82%	79%	90%	56%
Chelmer	65%				57%				70%				100%				86%				76%			
	14%	100%	N/A	90%	N/A	42%	67%	83%	58%	80%	70%	73%	100%	100%	N/A	100%	100%	N/A	N/A	67%	68%	81%	69%	83%
Stort	75%				73%				60%				90%				71% ⁰				74%			
	43%	67%	N/A	100%	N/A	71%	67%	100%	56%	62%	40%	48%	80%	100%	N/A	100%	75%	N/A	N/A	67%	64%	75%	54%	83%
Shannon	80%				87%				65%				100%				100%				86%			
	57%	67%	N/A	100%	N/A	86%	67%	100%	57%	82%	80%	45%	100%	100%	N/A	100%	100%	N/A	N/A	100%	79%	84%	74%	89%
Cam	65%				78%				80%				100%				86%				82%			
	43%	67%	N/A	80%	N/A	71%	100%	83%	79%	77%	100%	75%	100%	100%	N/A	100%	100%	N/A	N/A	0%	81%	79%	100%	68%
Ruby	63%				87%				81%				90%				71%				78%			
	29%	100%	N/A	80%	N/A	86%	100%	83%	61%	100%	100%	75%	80%	100%	N/A	100%	75%	N/A	N/A	67%	61%	97%	100%	81%

Ward / Unit	Equipment				Kitchen / Dining				Ward Environment				Laundry				PPE				Overall %			
	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS	NS	SS	Est	NS / SS
Brian Roycroft	85%				91%				79%				100%				86%				88%			
	57%	100%	N/A	100%	N/A	93%	100%	83%	73%	92%	80%	50%	100%	100%	N/A	100%	100%	N/A	N/A	67%	83%	96%	90%	80%
Peter Bruff	85%				74%				81%				100%				100%				88%			
	86%	64%	N/A	90%	N/A	64%	67%	100%	74%	91%	95%	43%	100%	100%	N/A	100%	100%	N/A	N/A	100%	90%	70%	81%	87%

Minimal Compliance - <75%	
Partial compliance – 76% - 84%	
Compliance – 85% >	

NS = Nursing Staff
SS = Support Services Staff
EST = Estates Staff
NS / SS = Joint responsibility for Nursing Staff and Support Services Staff

Appendix 5 Mattress Audit Report – All In-patient Wards

Ward	No of Beds / Mattresses	No of Condemned Mattresses	No of Replacement Mattresses	% Meeting required standard
Cedar Unit	14	7	0	50%
Eaglehurst	7	1	5	14%
Maple Unit	7	3	3	14%
Severalls House	10	0	0	100%
Stort Ward	15	3	10	13%
McIntyre Ward	12	2	0	83%
Rivendell Ward	11	2	0	82%
439 Ipswich Road	11	4	0	64%
Ardleigh Ward	18	5	0	72%
Cam Ward	10	3	6	10%
Shannon House	10	1	8	10%
Lea Suite (Flu Ward)	12	2	10	0%
Chelmer Ward	16	8	6	13%
Peter Bruff	21	5	10	29%
Christopher Unit	8	3	0	63%
Tower Ward	15	0	7	53%
Kitwood Unit	16	2	2	75%
Henneage Ward	20	0	8	60%
Roding Ward	14	0	7	50%
Galleywood Ward	28	0	17	39%
Lucas Ward	21	2	5	67%
Finchingfield	25	9	7	36%
Brian Roycroft	17	3	0	82%
Topaz	17	3	1	76%
Ruby	17	0	1	94%
Gosfield Ward	17	3	4	59%
Longview	12	1	2	75%
Bernard	14		11	

* Bernard Ward has 20 mattresses in total as they hold a stock for Kingswood, Out of the 20 mattresses 11 need replacing.

- Condemned mattresses are those that must be replaced immediately.
- Replacement mattresses are those that are stained inside the cover and require placement over a period of time

Appendix 6 Attendance list

	Role	18 May 09	20 July 09	21 Sept 09	16 Nov 09	18 Jan 10	15 Mar10
Paul Keedwell (PK)Chair	Director Ops and Nursing DIPC	Apols	Apols	Apols	Yes	Yes	Apols
Dr Sue Champion (SC)	ADoN IC Lead	Yes	Yes	Yes	Apols	Yes	Yes
Peter Cheng (PC)	Risk Manager	Apols	Apols	Apols	Yes	Apols	Apols
Michelle Appleby (MA)	AD Risk	Yes	Apols	Yes	Yes	Yes	Yes
John Gardner (JG)	Matron	Yes	Yes	Yes	Yes	Paul Wright	Yes
Ellie Stringer (ES)	IC Specialist	Apols	Apols	Yes	Yes	Apols	Apols
Dr Gillian Urwin (GU)	Microbiologist	Yes	Apols	Yes	Apols	Yes	Yes
Dr Sally Millership (SM)	HPU	Yes	Yes	Yes	Yes	Yes	Yes
Lyn Howarth (LH)	Matron	Yes	Yes	Apols	Apols	Rachel Cryne	Apols
John McGrath (JM)	Matron	Apols	Sally Poulter	Apols	Apols	Sally Poulter	-
Jackie Fretten (JF)	Matron	Yes	Yes + LH	LH	LH	Apols LH	Apols LH
Lynda Jellis (LJ)	Matron	Yes	Yes	Yes	Yes	Yes	Apols
Steve Wildsmith (SW)	Matron	Yes	Apols	-	Yes	Yes	-
Naushad Nojeeb (NJ)	Matron	Audrey Joslin	-	-	Apols	Audrey Joslin	Audrey Joslin
Ian Carr (IC)	Matron	-	Yes	Yes	Apols	-	Yes
Chris Renehan (CR)	Matron	-	Steve R	Yes	Apols	-	-
Carolyn Flack (CF)	OH Lead	Yes	Apols	Yes	Apols	Yes	Yes
Nicola King (NK)	OH	Yes	Apols	Yes	Apols	Apols	Apols
Paul Fenton (PF)	AD Estates	Apols	Yes	Apols	Apols	Apols	Yes
Anthony Smith (AS)	Hotel Services Manager	Yes	Yes	Apols	Yes	Yes	Yes
John Bunce (JB)	Lead Supplies	Yes	Yes	Apols	Apols	-	-
Chris Diggins (CD)	Support Services Manager	Yes	Apols	Yes	Apols	Apols	Yes
Terence Lee (TL)	Performance & Contracts Manager	Yes	-	Apols	-	Apols	-
Benita Christie (BC)	Matron	Sam Jagessur	Apols	-	Apols	Sam Jagessur	-
John York (JW)	Ward Manager	-	Yes	-	-	-	-
Sue Breitsameter (SB)	OH	Apols	Yes	Yes	Yes	Apols	Yes
Carla Mountney	IC Nurse	Yes	Yes	Apols	Yes	Yes	Yes
Val Crisell	IC AP	Yes	Yes	Yes	Yes	Yes	Yes
Judith Woolley (JW)	AD Pharmacy	Yes	Yes	Yes	Yes	Yes	-
Denise Cracknell(DC)	Matron	Yes	Vini Fowder	Yes	Ian Arthur		-
Theresa Salha (TS)	IC PA	Yes	Yes	Yes	Yes	Yes	Yes

Agenda Item No. 14
Name of Meeting: Meeting of the Board of Directors in Public
Date: 25 August 2010
Title of Report: Audit Committee Report for Quarter 1
Presented By: Ray Cox, Audit Committee Chairman
Subject, Purpose and Recommendation: The Audit Committee is a Committee of the Board of Directors. It is independent of the executive, comprises three non-executive directors and reports directly to the board. This report reviews the activity of the Audit Committee for the financial year to date and looks forward to the current plan of work. The Board is asked to receive the report.
Finance Implications: None
Clinical Implications: None
HR Implications: None
Legal Implications: None
Equality Implications: None
Risks: The Audit Committee plays a key role within the overall assurance and governance process for the Trust.

North Essex Partnership NHS Foundation Trust
Audit Committee Chairman's report to the Board of Directors
Review of activity for the year 2010/11 to date

1. Introduction

The Audit Committee, made up of three non-executive directors of the Trust is a Committee of the Board of Directors. It is independent of the executive and reports directly to the board. Each non executive director member of the Committee has important skills relevant to the effective operation of the Audit Committee, which are kept up to date by each member attending relevant training events, mainly organised externally by the NHS Confederation, HFMA and the Audit Commission, plus important internal training provided mainly by the Director of Resources. These skills which include accountancy, public and private finance and management, risk management, performance measurement, human resource management, management of Information technology, are combined with a deep interest and commitment to the NHS, mental health and the success of this Trust in particular. In addition to this, the Chairman of the Committee attends regional audit chair groups where a very useful exchange of experiences and information takes place, and matters of mutual interest and concern are discussed in a confidential and open manner.

The Committee represents an important element of the Governance arrangements of the Trust, and its work is regulated by Terms of Reference agreed by the board and based on the Code of Governance issued by Monitor, the Trust's Regulator.

In summary the core functions of the Committee are to:

- Scrutinise the range of controls and assurances that are operated to manage or mitigate the risks facing the Trust.
- Review disclosure statements related to the assurance process e.g.
 - Statement of Internal Control
 - Registration with the Care Quality Commission
 - Annual Report and Accounts

In the current financial year there have been four meetings of the Audit Committee, the 8 April, 20 May, 26 May (special meeting) and the 8 July. Below is a review of the year so far, and I have focused the report on the main items of business dealt with, and added a summary of other matters at the end.

2. Work carried out to 8 July 2010 (last meeting)

2.1. Annual Report and Accounts 2009/10

At the 8 April meeting the Committee received updates from the Director of Resources confirming plans and progress to ensure successful completion of the draft accounts, an update from the External Auditors timetable/plan to complete their audit, and the Internal Auditors plans for the completion of the Head of Internal Auditors Opinion on Internal Control.

Outcome: Very challenging timetable was evident, which would probably require special Audit Committee to be held on the 26 May. Satisfactory assurance was obtained that resources, plans and progress were adequate and satisfactory.

Meeting held on the 20 May 2010 received full details of the draft Annual Report and Accounts including the Statement of Internal Control, the Head of Internal Audit Opinion on Internal Control, all supporting statements and notes to the accounts, the draft annual governance report (ISA 260) of the External Auditor. Explanations of the accounts and supporting statements both from the Director of Resources and the External and Internal Auditors were received and questions raised and answered.

Outcome: Assurances were provided to the satisfaction of the Committee, and excellent progress was reported although final consideration by the Committee at the special meeting scheduled for 26 May would be required to receive the final draft of the statement of accounts, the external auditors unqualified Opinion on the Financial Statements, and the final edition of the auditors ISA260 report.

Meeting held on the 26 May 2010 received full and final agreed documents relating to the draft annual report and accounts 2009/10. Unqualified audit Opinion and final ISA 260 report were received. Full assurance was obtained by the Committee from the external and internal auditor and Director of Resources in respect of all relevant documentation relating to the annual report and accounts.

Outcome: Unanimous recommendation by the Committee to the board to adopt the Annual Report and Accounts for 2009/10, and also to the signing of the Letter of Representation by the Chairman and Chief Executive.

2.2 Internal Audit Planned Audits

At the 8 April meeting the internal auditor reported on progress in completing the planned audits for the year 2009/10. All reports had been issued, four of which were at draft stage. Fieldwork for all the audits had been completed within the financial year. It was hoped that all reports would be finalised and returned by the end of April.

In respect of the current year planned audits, on the 8 July, the internal auditor reported that of the 19 audits planned, they had issued 10 terms of reference, 2 final reports, 1 draft report, fieldwork on 3 audits had been completed, and 4 audits had been scheduled. This represented very good progress for the first quarter of the year. The 2 final reports were discussed in detail by the Committee. Electronic Staff Record and Record keeping received a substantial assurance, with 6 priority 2 recommendations agreed for implementation. Medicines

Management (Prescribing) received a limited assurance with 2 priority 1 recommendations, and 4 priority 2 recommendations agreed for implementation. In all cases, and in particular for priority 1 recommendations and limited assurance audits, the Committee received assurance from the Director of Resources that implementation would be given appropriate priority and would be monitored, and in the interim where appropriate risks would be managed.

The Committee focuses very closely on the progress of implementing agreed recommendations, and although there were individual examples of failure to implement by the agreed time which were discussed and challenged, the general trend was a reduction in total and in order to manage risks in the interim, control measures were introduced where necessary. At the July meeting the internal auditor reported that of the 128 recommendations from 2009/10, 22 were still outstanding that had passed their deadline. The Committee continues to be concerned about this situation, but was satisfied that the general position was of gradual and consistent improvement.

Key Performance Indicators were discussed at all meetings, and it was noted the percentage of management responses received on time was poor. Further action was being taken to improve performance, and this will be monitored by the Committee. All other performance indicators were satisfactory.

2.3 Local Counter Fraud Service

In the first quarter the Committee received and agreed to support a three year strategy (2010/11 to 2012/13), which was subject to agreement by the Chief Executive. From this strategy a detailed work plan for 2010/11 was produced and presented to the Committee. It contains 7 key areas of focus for counter fraud, and it is hoped that compliance will enable the Trust to progress to level 3 in the Qualitative Assessment Declaration for 2010/11. This was welcomed by the Committee who noted the significant improvement in the quality and impact of counter fraud activity, which was evident from the progress report presented for the current year.

2.4 Whistle-Blowing Policy

A further issue dealt with in the first quarter was the completion of the revised Whistle-blowing (Organisational Openness) Policy. The draft policy was reviewed by the Committee and assurance was sought on the ways in which staff would be safeguarded and encouraged to report appropriate issues in a responsible manner. Having listened to how the policy was to be implemented and how easy to use and read information would be made available to staff, the Committee confirmed it was a viable one which gave re-assurance to staff that there should be no problem in using it. It was also noted that because it forms a key part of the Committee's Terms of Reference, a system needed to be implemented to enable the Committee to monitor its effectiveness. It was agreed that periodic update reports would be submitted to the Committee. It was agreed that with a few adjustments discussed, the Committee was happy to recommend the Policy.

2.5 Summary of other matters dealt with in the period of report

a. Re-appointment of External Auditors

In accordance with Monitor's Code of Governance, a report to the Council of Governors recommending re-appointment of the external auditors was approved by the Committee. The report summarized the performance and contract compliance of the auditors, and was subsequently agreed by the Council of Governors.

b. Issues raised at the request of the Director of Resources

- The Committee reviewed the relevant sections of Monitor's Code of Governance and confirmed that it complied.
- The Director of Resources presented a report to the Committee outlining the system of costing used within the Trust. The Committee was assured and grateful for the explanations provided.
- The Director of Resources and the Committee discussed ideas on the content, format and style of presentation for the proposed guide for Governors on NHS Finance and Financial Accounts, which would form part of a more general discussion in the future.

c. Trust Assurance Framework

The Committee reviewed the content and the format of the framework. This had been reviewed by internal audit and allocated a rating of substantial assurance. The Committee was very happy that the Assurance Framework and Risk Register had been completed to a high standard. Since the document formed a central position in the assurance process, it was felt the document should be subject to regular review and could form part of the joint discussions with R&GE later in the year.

d. Self Assessment

The Committee undertook its annual self assessment, using the HFMA Audit Committee handbook and the Audit Commission's publication 'Taking it on Trust'. In general the Committee complied very well with best practice although some areas for future development were identified. It was agreed that further consideration would be given during the year.

e. Regular reviews carried out;

- Audit Committee Terms of Reference
- Accounting Policies
- SFIs, Scheme of Delegation, Standing Orders
- Waivers and Breaches of Standing Orders

- Losses and Compensation Register

f. Private Meeting with Auditors

A private meeting was held with the auditors to discuss the development and use of performance indicators in order to enable the Committee to form a balanced view of their performance. This was welcomed by both auditors and has become an important feature of their reports.

3. 2010/11- Looking forward to the rest of the Year.

Meetings of the Committee are scheduled for 14 October and the 13 January 2011 in order to complete its annual programme of work.

The Audit Committee has developed an annual calendar of matters to be dealt with by them. This assists in coordinating the Committee's work with others e.g. R&GE, EMT, Monitor, and the Care Commission, and also helps to ensure that matters are not over looked. The following are important issues that will be dealt with in the remainder of this year.

- a. Charitable Funds Accounts 2009/10.
- b. Joint meeting with R&GE.
- c. Quality Accounts external audit report.
- d. External audit management letter, and follow up from the final accounts audit.
- e. Internal Audit Annual Plan 2011/14.
- f. Internal audit current year reports and follow up from previous audits.
- g. Counter fraud plan 2011/12, and progress reports on current year LCFS.
- h. Whistle blowing review.
- i. Guide for Governors on NHS Finance and Financial Accounts.

4. Conclusion

This report represents the first in what will be a regular periodic report to the board. In order to ensure the report meets the Board's needs I would appreciate feedback and suggestions for the future content and style.

The Board is asked to note the report.

**Ray Cox
Audit Committee Chairman
9 August 2010**

Agenda item No: 15
Name of Meeting: Meeting of the Board of Directors in Public
Date: 25 August 2010
Title of Report: Nominations Committee Report for Quarter 1
Presented By: Mary St Aubyn Chairman
Subject, Purpose and Recommendation: The Board of Directors is asked to receive the report for information.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: The Nominations Committee of the Board of Directors has a range of duties in relation to the Board of Directors including keeping the size structure and composition of the Board of Directors under regular review, and preparing role descriptions and person specifications for each of the executive and non executive directors to reflect the balance of skills, knowledge and experience required by the Board.
Legal Implications: The Committee has regard for the Code of Governance for NHS Foundation Trusts issued by Monitor.
Equality Implications: The Committee is advised by the Director of Workforce and Development regarding current best practice.
Risks: The key risk is of the Committee failing to make appropriate recommendations to the Chairman of the Trust regarding executive director position and to the Remuneration and Appointments Committee of the Council of Governors in respect of the Non executive Directors

1) Background

The Nominations Committee consists of:

- Mary St Aubyn, Chairman
- John Gilbert, Non Executive Director
- Sarah Phillips, Non Executive Director
- Mark Simpson, Non Executive Director.

2) Meeting

The Nominations Committee has met on one occasion to date in 2010/11. The meeting was convened to consider the appointment of a non-executive director in view of the expiry of the term of office of Charles Abel Smith on the 6 October 2010. All members were present with the exception of Mark Simpson who gave his apologies, for business reasons.

The items under consideration were;

a) To agree a job description and person specification in respect of the appointment .

The job description and person specification presented to the meeting were agreed and subsequently endorsed by the Remuneration and Appointments Committee of the Council of Governors (RAC) at the meeting held on 07 July 2010.

b) To agree terms and conditions of service for the appointment.

The terms and conditions of service presented to the meeting were agreed and subsequently supported by the RAC at the meeting held on 07 July 2010. These will be taken to the Council of Governors for approval at their meeting to be held on 05 October 2010.

c) To agree a recommendation to the Remuneration and Appointments Committee of the Council of Governors on the appointment of a non-executive Director

The Nominations Committee unanimously supported the appointment of Charles Abel Smith for a further 3 year term commencing on 06 October 2010. This issue was subsequently considered by the Remuneration and Appointments Committee of the Council of Governors (RAC) at their meeting held on 07 July 2010. The recommendation received unanimous support and will be taken to the meeting of the Council of Governors to be held on 05 October 2010 for a decision to be made.

d) Succession Planning

The committee considered the end dates of the current terms of office of a number of non executive directors and asked the Trust's legal adviser to formulate a timetable of key milestones in relation to these.



Agenda item No: 16

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

Date: 25 August 2010

Title of Report: Risk & Governance Executive Report for Quarter 1

Presented By: Dr Malte Flechtner, Medical Director

Subject, Purpose and Recommendation:

To update the Board on activity and assurance from Risk and Governance Executive

Finance Implications:

No significant financial implications other than the monitoring of the financial impact should risks not be addressed.

Clinical Implications:

The group monitors the clinical risks in the Trust

HR Implications:

Key issues around the induction and registration of the staff are outlined in the report.

Legal Implications:

Legal issues relating to the administration of the mental health act along with the risk of litigation should risks not be adequately controlled.

Equality Implications:

None

Risks:

The group monitors risk in all forms. This is a core function of the executive.

North Essex Partnership NHS Foundation Trust

Risk and Governance Executive Report (April to July 2010)

The group has met four times in this period, however the June meeting was a developmental meeting to discuss future structure and processes of the group. The terms of reference of the group have been revised to allow for appropriate representation to cover annual leave and sickness. These are attached for your approval Appendix 1

Responsible Lead Director for Quality, Risk and Patient safety is now the Medical Director.

The group divides its agenda into four parts:

- Assurance
- Quality and audit
- Feedback
- Policy approval

Assurance

The group have reviewed the risk register in light of the Board's PESTEL review and the assurance framework. Risk register is attached however the assurance framework is being changed to incorporate the revised Trust strategic objectives.

The group monitor the take up of corporate and departmental induction and receives quarterly reports ensuring the follow up mechanisms for non attendance or non compliance with local induction requirements are in place.

The group have received reports and audit from the NPSA and Internal audit function respectively. The Trust continues to report into the national learning and reporting system. We are not an outlier when benchmarked against other mental health Trusts.

The group are reviewing both the process and the themes/ action plans from Serious incidents. There have been two reports reviewed in detail by the group specifically one relates to a "never" event – Inpatient death and other is a homicide in the community. The group continues to develop a mechanism to monitor the specific action plans and the Making Experiences count team provide the evidence to the group that the action plan has been implemented.

The group now monitors directly by exception the professional registration status of all employees ensuring that the Trust has robust mechanism to ensure that individual registrations are valid and appropriate. This was a recommendation from internal audit.

Quality and Audit

The group continue to receive the limited assurance audits from the Quality and audit group as well as monitoring the specific alerts where action is required by the Trust. e.g. Lithium safety Alert.

The group have received and accepted a revised interim quality strategy. This will now be taken forward by the Quality steering group to develop a Quality Strategy for the Trust that links directly with the Trust's Business plan.

The group continues to monitor the final year of the three year audit plan and will in due course receive audit plans from the clinical boards and a shorter corporate / Trustwide audit plan.

Feedback

The group has received annual reports from the following areas

- infection control which received substantial assurance with a robust action plan for the coming year.
- Serious Incidents
- Complaints (submitted to the board separately)
- Safeguarding annual report – this outlined the future requirements to strengthen this area however the mechanism identified in the Trust did provide substantial assurance.

All other annual reports are due to be received in the September meeting.

The group has received regular minutes from all the specialist groups and also reports for assurance purposes from internal audit, CQC visit inspection reports relating to the administration of the mental health act.

The group have also been closely monitoring the outcome of the legacy investigations and the resultant action plans.

The group continues to monitor the action plan for the NHSLA level III assessment later this year and we continue to be on track.

Policy Approval

The group has approved 18 policies during this period and 2 of these were service operational policies - substance misuse services and the appointment service.

A key change has been the responsibility for NICE guidance implementation monitoring has changed to the Medical Director with the adoption of a revised policy in April. The Trust mechanism remains the Quality and Audit group.

NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST

RISK AND GOVERNANCE EXECUTIVE**TERMS OF REFERENCE**

1	<u>SCOPE</u>
	<p>The Risk and Governance Executive (RGE) is an Executive Committee advising the Chief Executive and reporting to the Trust Board.</p> <p>Their key functions are to oversee the annual Risk Management Plan and quality accounts and maintain the Trust's Risk Register and Assurance Framework on behalf of the Trust Board.</p>
	<p>The group is expected to develop and support a process to enhance learning and the sharing of good practice within the Trust.</p>
	<p>Key Aims:</p> <ul style="list-style-type: none"> • Receiving and analysing assurance and providing assurance to the Trust Board on Quality, Risk and Patient Safety • To approve and ratify key strategies, all policies and action plans • To drive the Quality agenda on Patient Safety, Clinical Effectiveness and Patient Experience • Defines key indicators for quality, risk and patient safety
2	<u>Key Objectives</u>
	<ol style="list-style-type: none"> 1. Assurance Overview <ol style="list-style-type: none"> 1.1. Risk Register - The R&GE will monitor the action plans of risks on the Trust's Risk Register and monitor Risk Register activity at a local level. It will determine the score and rank of all risks for onward submission to the Board. 1.2. Responsible for both clinical and non-clinical /organisational risks 1.3. Produce annual risk management plans reflecting the requirements of the IBP outlining priorities for the year incorporating local area risk management plans 1.4. Provide an annual report to the Board and others who legitimately require them, on progress against quality and risk strategies 1.5. Assurance Framework 1.6. Quality Dashboard including the Patient Safety Dashboard and the analysis of Hotspots and early warning indicators. 1.7. Quality Accounts and Reporting including producing annual quality report, action plans and monitoring templates for agreed

	<p>quality metrics</p> <p>1.8. Making experiences count (serious incidents and complaints)</p> <p>1.9. specific assurance relating to compliance with the care Quality Commission registration requirements</p> <p>2. Business</p> <p>2.1. Terms of Reference</p> <p>2.2. Core Standards</p> <p>2.3. Risk and Governance Calendar</p> <p>2.4. NHSLA and other external audits and inspections</p> <p>2.5. Clinical and Non-Clinical Audit</p> <p>3. Strategy</p> <p>3.1. Develop strategies for continuous improvement against quality, patient experience and clinical effectiveness, and establish infrastructures to support implementation:</p> <p>3.1.1. Quality</p> <p>3.1.2. Risk Management</p> <p>3.1.3. Physical and Mental Health</p> <p>3.2. Oversee the implementation of Trust-wide aspects of the quality and risk strategy, working with clinical boards and other specialist groups when and where appropriate, ensuring that the building blocks of quality and governance are working well together</p> <p>4. Feedback, Reporting and Monitoring</p> <p>4.1. R&GE will receive Annual Reports over a period of three months</p> <p>4.2. R&GE will receive Minutes on a regular basis throughout the remaining nine months of each financial year, for each of the groups reporting to it.</p> <p>4.3. Monitor Serious incident recommendations /action plans for Trust wide implications and process monitoring</p> <p>4.4. Monitor Key indicators such as Complaints, Claims, "never" events and incidents/near misses</p> <p>4.5. Monitor self assessment process against the Annual Healthcheck standards and National Standards</p> <p>4.6. Monitors Risk Assessment process in the Trust.</p> <p>4.7. Play a lead role in the preparation for external monitoring visits, for example, from the Care Quality Commission</p> <p>5. Policy Approval and Ratification</p> <p>5.1. R&GE will approve and ratify all policies</p> <p>5.2. R&GE will monitor the list of policies and their review dates</p> <p>The RGE will –</p>
	<p><u>REPORTING RESPONSIBILITIES</u></p>
	<p>The R&GE reports directly to the Trust Board on a quarterly basis and has the operational responsibility for implementing this strategy and reporting progress on a regular basis. The R&GE consists of all key individuals with a special responsibility for quality and risk. The group produces an annual report to the Board</p>

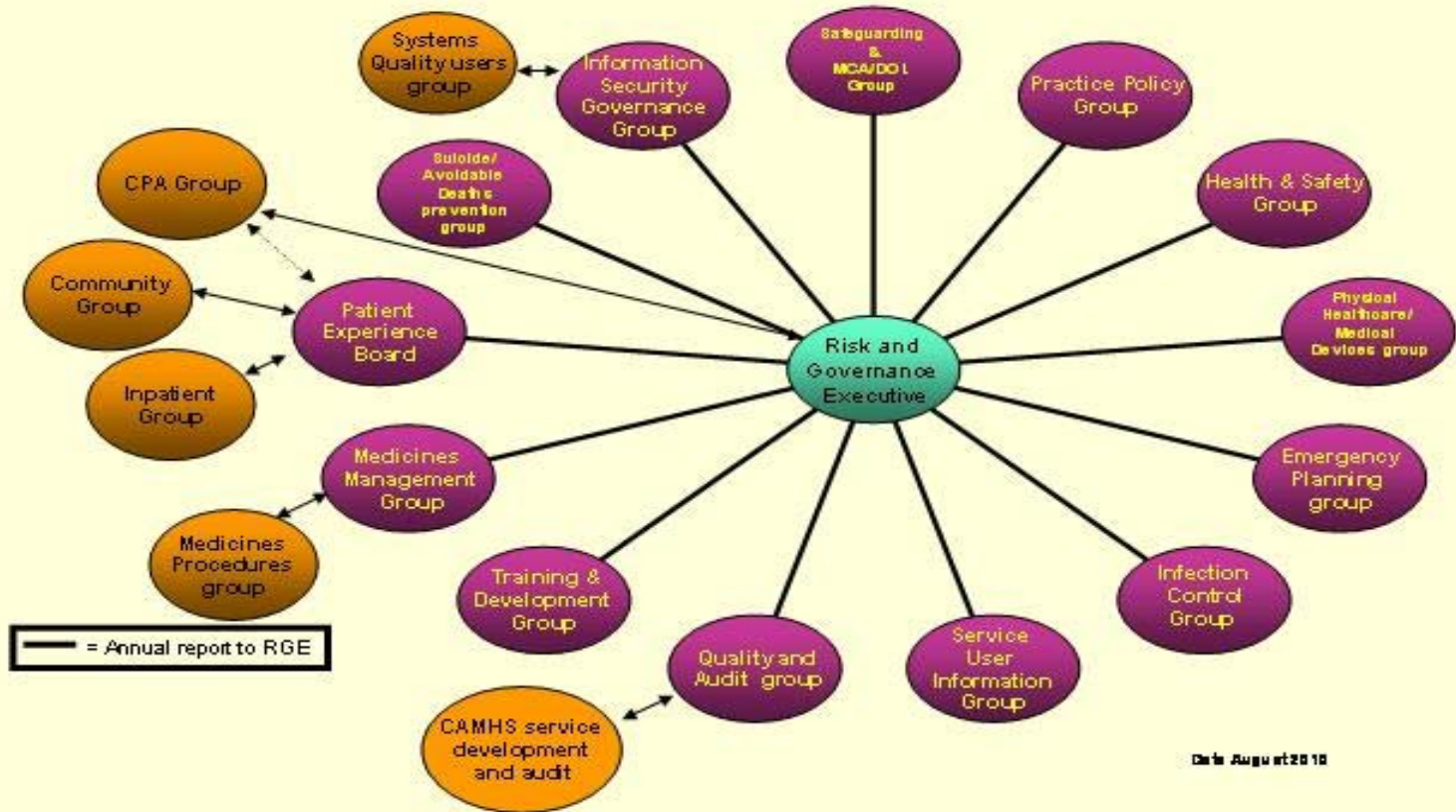
6	<u>MEMBERSHIP OF THE GROUP</u>
	<p>Membership of the group</p> <ol style="list-style-type: none"> 1. Chief Executive (Chair) 2. Medical Director 3. Director of Operations and Nursing 4. Director of Resources 5. Director of Strategy 6. Director of workforce and Development 7. Non Executive Director – in attendance from Audit Committee (John Gilbert) 8. Associate Director of Quality, Risk & Patient Safety 9. Quality Accounts and Audit Manager 10. Others co-opted as required 11. Minutes (MEC & QAA Administrator) <p>Chair and Deputy Chair of Group Chair: Chief Executive Deputy Chair: Director of Resources</p> <p>Secretary to the Group MEC/QAA Administrator</p> <p>Quorum of the meetings Five members of the Risk and Governance Executive (excluding the Non Executive Director) must be in attendance to be quorate. This must always include at least two Board Directors. If a member of the group is unable to attend for sickness or annual leave then they can be represented by an appropriate representative..</p>
	<p>Links to other groups and how this is achieved (see diagram)</p> <p>Practice Policy Safeguarding and DOL Infection Control Health and Safety Quality and audit group Mental Health Act Emergency Planning Physical Healthcare/Medical Devices Medicines Management Care Programme Approach Information Security Governance group Patient Experience Board Suicide/ Avoidable Deaths group Training and Development</p> <ul style="list-style-type: none"> • The R&GE will receive and note copies of Minutes from all of these groups and will receive and ratify Annual Reports. • The R&GE will pass on issues to specialist groups where there are

	<p>implications of clinical risk in the service development context.</p> <ul style="list-style-type: none">• All specialist group chairs will be required to provide assurance reports on a annual basis and by exception reporting throughout the year.• R&GE will establish and de-establish working groups as required to meet the developmental needs as identified and to agree terms of reference for these groups
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Date of the commencement of the next revision of the terms of reference
September 2010

Date next revision is due
April 2011

Corporate Assurance Reporting Arrangements





Agenda item No: 17

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

Date: 25 August 2010

Title of Report: Council of Governors - Draft Minutes of the Meeting held on 01 June 2010 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 01 June 2010 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 ON
TUESDAY 1ST JUNE 2010 AT THE WATERFRONT PLACE,
WHARF ROAD, CHELMSFORD, ESSEX CM2 6LU**

Present

Mary St Aubyn	Chairman
Dr Sourangshu Acharyya	Staff Governor, Medical
Dr Qadir Bakhsh	Nominated Governor, West Essex PCT
David Bamber	Elected Governor, Harlow
Angela Barnes	Elected Governor, Tendring
David Barron	Nominated Governor, Mid Essex PCT
Nick Ntiako Brown	Nominated Governor, Tendring and Colchester Minority Ethnic Partnership (TACMEP)
Dr Zach De Beer	Staff Governor, Other Clinical
Pippa Ecclestone	Elected Governor, Uttlesford
David Fairweather	Elected Governor, South Essex
Jan Giles	Elected Governor, Tendring
Patrick Hamilton	Elected Governor, Uttlesford
Terrie Harris	Elected Governor, Harlow
Mikey Henderson	Elected Governor, Braintree
Sheila Jackman MBE	Elected Governor, Epping Forest
Dan Kessler	Elected Governor, Tendring & Lead Governor
Jayne Marshall	Elected Governor, Colchester
Matthew Mills	Elected Governor, Braintree
Dave Monk	Nominated Governor, BBC Essex
Linda Pearson	Staff Governor, Non Clinical
David Pickles	Elected Governor, Maldon
Damian Pocknell	Elected Governor, Braintree
Mary Power	Elected Governor, Chelmsford
Steven Pruner	Elected Governor, Chelmsford
Hazel Ruane	Nominated Governor, Essex Respite Association
Nazir Shivji	Elected Staff Governor, Nursing
Councillor Mick Skeels	Nominated Governor, Essex County Council
Andrew Smith	Elected Governor, Epping Forest
Brian Spinks	Elected Governor, Epping Forest & Deputy Lead Governor
Cathy Trevaldwyn	Elected Governor, Chelmsford
Michael Waller	Elected Governor, East Hertfordshire
Clive White	Nominated Governor, Colchester Mind
Jo White	Staff Governor, Social Care
David Williams	Elected Governor, Maldon
Brian Winder	Elected Governor, Chelmsford
Harry Young	Elected Governor, Colchester

In attendance

Andrew Geldard	Chief Executive
Mike Chapman	Director of Business Development
Ray Cox	Non Executive Director

DRAFT

Dr Malte Flechtner	Medical Director
John Gilbert	Non Executive Director
Luisa Hart	Media & Communications Officer
Paul Keedwell	Director of Nursing
Dermot McCarthy	Trust Secretary
Nikki Nelson	PA to Trust Secretary/Business Development Director
Sarah Phillips	Non Executive Director
James Purves	Legal Adviser
Helene Samuel	Community Engagement & Events Officer
Geoff Scott	Director of Strategy
Rick Tazzini	Director of Resources
Mike Waddington	Associate Director of Communications
Dr Julie McGeachy	Member of the Public
Maggie Wheeler	Member of the Public
Elaine Allen	Member of the Public
Alex Morris	Member of the Public
Norman Heath	Member of the Public
Paula	Member of the Public

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

Mary St Aubyn opened the meeting and welcomed everyone, in particular the newly elected governors.

In answer to a question from David Bamber regarding the welfare to work scheme, Paul Keedwell confirmed that there was financial information available for people with mental health problems which he would circulate. In reply to a further question from David Bamber regarding direct payments and self-directed support, Geoff Scott said it would be helpful to take further details and the executive team would make sure that staff in the west were aware of the issues.

In answer to a question from Angela Barnes, Mike Waddington confirmed that the figure of 48,180 mops used at the Crystal Centre was correct.

In answer to a question from Norman Heath concerning the Trust's deficit, Rick Tazzini confirmed that this was an 'accounting deficit' and that the Trust had to take into account the revaluation of some of the trust buildings; excluding these the position amounted to a recorded surplus of £1.5 million.

In answer to a question from Harry Young regarding the proposed new Child and Adolescent Mental Health Services (CAMHS) facility, Andrew Geldard confirmed that there would be further news regarding this during the summer.

2. Apologies for Absence

Apologies for Absence were received from:

Rob Davis	Nominated Governor, HM Prison & YOI Chelmsford
Dr Pam Donnelly	Nominated Governor, North East Essex PCT
Ian Griggs	Nominated Governor, Involving Essex
Sue Kerr	Nominated Governor, Anglia Ruskin University

The following Directors were not able to attend:

Charles Abel Smith Non Executive Director
Mark Simpson Non Executive Director

3. Declarations of Interest

Mary St Aubyn stated that she had an interest in agenda item 21 'Report from the Remuneration and Appointments Committee' and would withdraw from the meeting for that item.

4. Minutes of the previous meeting held on 8th December 2009

The minutes of the previous meeting held on 2 March 2010 were agreed as a correct record of the meeting and signed by the Chairman.

5. Matters Arising

5.1 Governor skills and interests

Dermot McCarthy confirmed that following a consultation process regarding a draft, a form would be sent to all governors within the next week for completion.

5.2 Tendring and Colchester Minority Ethnic Partnership

Mary St Aubyn confirmed that Tendring and Colchester Minority Ethnic Partnership (TACMEP) was an appointing organisation, representing all of north Essex.

6. Board of Directors' Update

Andrew Geldard, Chief Executive gave a presentation which included:

- Performance Summary
- Financial Performance
- Monitor Declaration
- Service User Survey
- Annual Plans 2010/11 – 2012/13
- Primary Care Trusts (PCTs)
- Capital Investment
- Meeting of the Board of Directors in Public

The Trust had posted a technical deficit of £2.3 million, however Monitor would assess the Trust on the underlying position of a £1.5 million surplus.

The Trust had achieved Care Quality Commission registration requirements without condition.

Staff Survey and Investors in People (IiP) - The Trust had received very good feedback from both the staff survey and the IiP review. 21 scores were better than last survey and 7 in the top 20%. Staff feel valued and supported and there is evidence of good levels of communication between senior managers and staff.

Plans had been developed for a Mother and Baby unit at the Linden Centre in Chelmsford. In answer to a question from Dr Julie McGeachy, Andrew Geldard confirmed that there would be 5 beds in the new facility and that the age range would be up to 12 months old.

The Trust had purchased the Derwent Centre from the Princess Alexandra Hospital NHS Trust.

The Trust would proceed with an independent bid for Improving Access to Psychological Therapies (IAPT) West Essex.

West Essex PCT have to divest themselves of community services. The Trust have been selected as one of the organisations to enter into a managed dialogue, and would formulate a proposal during August 2010.

The Board was developing the Trust's strategic direction and would be seeking to involve governors in this work.

In answer to a further question from Dr Julie McGeachy, Andrew Geldard commented that the Trust recorded medical records on to an IT system as well as using a paper system.

In answer to a question from Damian Pocknell, Andrew Geldard confirmed that the Trust was not expecting an inflationary uplift for its 2010/11 budget.

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

7. Lead Governor's Update

Dan Kessler, Lead Governor, opened his update by offering his congratulations to the newly elected governors, the majority of whom had now received their Trust induction. He reminded governors that there were a number of work streams which were looking for new members.

A group of governors had attended the Foundation Trust Governors' Association (FTGA) event in March 2010 to present a workshop on member engagement which was very well received. Mary St Aubyn thanked those who had been involved.

Upcoming events include the Area Director meetings, and the joint Board of Directors and Council of Governors meeting on 30 June 2010. There will also be a Governors' Development day on the 24 August 2010 which will include workshops on finance, estates and member engagement.

Dan Kessler commented on the issue of the vacancies on the Remuneration and Appointments Committee, for those with experience of personnel or HR. A letter would be sent to all governors in due course.

In answer to a question from David Williams regarding the proposed hospital in Maldon, Andrew Geldard confirmed that the Trust was addressing the situation with the Primary Care Trust (PCT).

The Council of Governors received the Lead Governor's update.

8. Election Results

Dermot McCarthy gave an update of the election results and confirmed that 22 seats had been contested. There had been 26 candidates. There were still vacancies, in Suffolk (1),

Colchester (1), Tendring (1) and Braintree (1). The Trust was in contact with the Electoral Reform Services regarding running a further round of elections to fill the vacancies.

The Council of Governors received the update on the election results.

9. GP Involvement in the Council of Governors

Mary St Aubyn asked governors to consider the background to this item. This included the recognition by the Trust and by Monitor that the provision for GPs to serve as appointed governors could not continue under the regulations that apply to appointed governors. GPs had much to offer in terms of the advice that they could bring to meetings of the Council and it was therefore proposed that “when no GP had been appointed by any of the PCTs as a PCT appointed governor, a GP with experience of mental health practice should be invited to attend the meetings of the Council of Governors held in public and invited to speak by the Chairman as appropriate. As a member of the public the GP would have no right to vote”.

Those in favour: 33

Those against: 1

Abstentions: 0

The Council of Governors approved the recommendation.

10. Governors’ Membership Strategy and Members’ Engagement Strategy

Mike Waddington gave a briefing on the Governors’ Membership Strategy and Members’ Engagement Strategy. The focus was upon creating more opportunities for members and governors to interact, and for governors to gain the views of their constituents to bring to the attention of the Board of Directors.

Sheila Jackman requested that governors were sent membership forms. Cathy Trevaldwyn asked that all new member enquiries were followed up promptly. Damian Pocknell was concerned that registering on the website did not work. Pat Hamilton encouraged a more proactive approach from governors. Mary St Aubyn commented that the Trust did appreciate the excellent work already done to recruit new members.

The Council of Governors were asked to approve the Governors’ Membership Strategy and Members’ Engagement Strategy

In favour: 31

Against: 0

Abstentions: 2

11. The Annual Plan 2010/11

Geoff Scott gave a presentation on the Trust’s annual plan 2010/11 and commented that governors were a key part of the process. The Trust’s annual planning cycle included specific governor led workshops.

The key elements of the annual plan 2010/11 included:

- Income of £105.4 million
- Surplus of £1.4 million
- Capital programme of £8 million
- Financial Risk Rating (FRR) of 3
- Public Membership of 7,200

The themes of the plan included:

- Improved access
- Improved safety, wellbeing and environment
- Positive experience
- Positive and efficient workforce
- Local partnerships and communication
- Clinical and cost effectiveness
- Opportunities to grow

Andrew Geldard explained the reasons for a planned Financial Risk Rating (FRR) of 3.

In answer to a question from David Bamber regarding Connecting for Health, Andrew Geldard confirmed that the Trust's IT system was fully integrated and remained fit for purpose.

The Council of Governors received the presentation on the 2010/11 Annual Plan and noted the launch of the public brief summary version of the plan.

12. Draft Annual Report and Accounts (for information)

Geoff Scott gave an update on the annual report and accounts. These would be presented at the Governors' Annual Public meeting on 8 September 2010 and the Trust's auditors will give their view then.

The Council of Governors received the draft Annual Report and Accounts 2009/10 for information.

13. Council of Governors – Workstreams Feedback

13.1 Youth Matters Work stream

Clive White gave a verbal report on the youth matters work stream. The workstream had welcomed Mary Power, a newly elected governor (Chelmsford) but still needed more members. They were working on a proposal to involve young people and were hoping to invite 14-18 year olds to a forthcoming meeting.

In answer to a question from Sheila Jackman, Clive White said that the group was looking into youth councils and welcomed any further ideas to recruit young members.

The planning application for the CAMHs tier 4 service was due to be submitted on 14 June 2010 and the operational policy was being developed.

A pilot running in the Colchester area for Eating Disorders had had a very positive outcome and work was currently taking place on a proposal for a trust wide service.

The Council of Governors received the Youth Matters Workstream Report

13.2 Social Inclusion Work stream

David Bamber gave a report on the social inclusion work stream. The group had been disappointed that Tinu Rodney (commissioner) had been unable to attend to discuss day services and the closure of voluntary day services across the north east. It was hoped that she would be able to attend the meeting in September 2010.

The work stream had lost 4 governors due to the elections and was therefore looking to recruit new members. The work stream covered issues such as employment, day services, physical health, CPA matters and housing. David Bamber thanked those members who had left for their hard work over the last 3 years.

Mary St Aubyn was delighted with the work that had taken place and urged anyone interested in becoming a member to contact either David Bamber, Dan Kessler or Dermot McCarthy.

The Council of Governors received the Social Inclusion Workstream Report

13.3 Membership, Marketing and Public Relations (MMPR) Work stream

Andrew Smith gave a report on the MMPR work stream. Trust membership currently stood at 6,427 public members which was 409 less than reported due to data cleansing. The Trust needed to recruit 1,144 new members to achieve the membership target.

The South Essex constituency meeting will be held on 23 June 2010.

Andrew Smith thanked governors for their responses regarding the proposal to hold a 'road show' and stated that there were governors for and against the idea. He thanked everyone for providing ideas for venues.

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

14. Any other proper business notified to the Chairman at least 10 clear days prior to the meeting

None notified.

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

In answer to a question from Alex Morris, member of the public, regarding service user questionnaires, Andrew Geldard confirmed that the Trust provided lists of names and addresses as required by the Care Quality Commission.

In answer to a question from Elaine Allen, member of the public, regarding the security of patients' case notes, Andrew Geldard commented that the Trust operated through a tightly controlled protocol.

In answer to a further question from Elaine Allen regarding the Derwent Centre, Andrew Geldard confirmed that the purchase of the Derwent Centre by the Trust showed a real commitment to the staff and service users in Harlow.

16. Resolution to Exclude the Press and the Public

The Council of Governors was asked to pass the following resolution:

That members of the public and representatives of the Press be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.

Those in favour: 31

Those against: 0

Abstentions: 2

Members of the public subsequently left the meeting.

17. Reappointment of the External Auditors

This item was presented by John Gilbert, a member of the Audit Committee of the Board of Directors on behalf of Ray Cox, Chairman of that committee. The Audit Committee had considered carefully the provisions of Monitor's Audit Code and Code of Governance in relation to the reappointment of the external auditors, and brought a report and recommendation to the Council which took into consideration issues including the 'quality and value of the work, the timelines of reporting and fees' (Code of Governance F.3.5). The Audit Committee recommended the reappointment of the external auditors recognising their 'professional, high quality and reliable' service.

The Council of Governors was asked to accept the recommendation of the Audit Committee of the Board of Directors that the Audit Commission be reappointed as the External Auditors of the Trust for 2011/12

Those in favour: 28

Those against: 0

Abstentions: 0

18. Service User Survey

Dr Malte Flechtner gave a presentation on the Annual Service Users' Survey. The results will be made public in July 2010; they were currently embargoed. The overall results were very good; demonstrating significant improvement. In 25 areas the Trust was ahead of the national average, in 2 it was average and in 10 slightly below average.

Andrew Geldard said that a lot of work had been done and that it was a real tribute to the staff in the organisation who had turned the results around. Mary St Aubyn advised that the

Council would return to this subject once the results had been released. On behalf of governors she thanked all staff for the improvement.

The Council of Governors received the presentation on the Service Users' Survey.

19. Appraisal of the Non Executive Directors

Mary St Aubyn said that without exception the Non Executive Directors continued to perform at a high level. All objectives reported to the Council last year had been fulfilled and she had been entirely satisfied with their performance.

The Council of Governors received the report on the Appraisal of the Non Executive Directors Report.

20. Appraisal of the Chairman

Sarah Phillips, Senior Independent Director gave her appraisal of the Chairman. Overall her performance as Chairman of the Board of Directors and Chairman of the Council of Governors was outstanding and the Chairman was an excellent ambassador for the Trust.

The Council of Governors received the report on the Appraisal of the Chairman

21. Report of the Remuneration and Appointments Committee of the Council of Governors

Dan Kessler asked the Executive Directors, Non Executive Directors and all other Trust staff members to leave the meeting whilst this item was considered. Dan Kessler chaired the meeting for this item.

21.1 The appointment of the Chairman of the Trust

The report to the Council of Governors gave the background detail for this item including:

- A description of the role of the Remuneration and Appointments Committee of the Council of Governors (RAC)
- The process undertaken to produce a recommendation from the RAC which was unanimous
- The key issues taken into consideration including:
 - The view of the Senior Independent Director
 - The Chairman's outstanding performance in guiding the Trust through the period culminating in the appointment of a new Chief Executive
 - The high regard in which the Chairman is held by key stakeholders
 - The Non Executive Directors' recommendation.

The Council of Governors then voted on the recommendation of the RAC that 'the Chairman be appointed for a period of 2 years from the expiry of her current term i.e. from 01 December 2010'.

Those in favour: 20

Those against: 0

Abstentions: 0

The chairman declared that the recommendation was approved.

21.2 Job Description and Person Specification for the Chairman of the Trust

The report explained the background to this item including the work of the Senior Independent Director in drafting the document in accordance with best practice in the sector, with appropriate support from the Director of Workforce and Development.

The Council of Governors noted the updated job description as agreed by the Remuneration and Appointments Committee of the Council of Governors (RAC)

21.3 Terms and Conditions of Service for the Chairman

The proposed terms and conditions of service were based on best practice and had been reviewed by the Trust's legal adviser and the Director of Workforce and Development. They were unanimously recommended to the Council of Governors by the RAC.

The Council of Governors then voted on the recommendation of the RAC that 'it approve the Terms and Conditions for the Chairman'.

Those in favour: 30

Those against: 0

Abstentions: 0

The chairman declared that the recommendation was approved.

21.4 Remuneration of the Chairman of the Trust

The RAC had discussed this issue and with the support of the Chairman unanimously recommended that there be no increase to the salary of the Chairman for 2010/11.

The Council of Governors then voted on the recommendation that 'the salary of the chairman remains unchanged for 2010/11 at £44,000'.

Those in favour: 30

Those against: 0

Abstentions: 0

The chairman declared that the recommendation was approved.

21.5 Remuneration of the Non Executive Directors (NEDs) of the Trust

The RAC made a similar recommendation in respect of the NEDs, with their support, i.e. that for 2010/11 there be "no change in the current levels of remuneration of the Non Executive Directors for the Trust i.e.:

- Non Executive Director, £11,000
- Non Executive Director with responsibility for chairing the Audit Committee, £14,000.

Those in favour: 30

Those against: 0

Abstentions: 0

The chairman declared that the recommendation was approved,

Dan Kessler invited Mary St Aubyn to rejoin the meeting. Mary St Aubyn stated that she was delighted to be reappointed and looked forward to continuing to lead the Board of Directors and the Council of Governors.

22. Extension of Term of Office of a Non-Executive Director

The Chairman drew attention to the fact that the term of office of Charles Abel Smith as a Non-Executive Director expired on the 30 September, that he had written to confirm that he wished to be considered for reappointment, and that in accordance with the process approved on past occasions by the Council, the Nominations Committee and the Remuneration and Appointments Committee would meet in the next two months to consider the vacancy and his application for reappointment as a Non-Executive Director of the Trust. She also pointed out that the Council was not due to meet again until the 05 October and that it would not have the opportunity to consider the report and recommendations of the Remuneration and Appointments Committee until then. She had discussed the matter with the Lead Governor who agreed that subject to the Council's approval, it would be sensible for term of office of Charles Abel Smith to be extended to the 5 October. She therefore proposed that the Council be asked to approve that the term of office of Charles Abel Smith should be extended to the 5 October 2010.

Votes for: 30

Votes against: 0

Abstentions: 0

The Chairman declared that the proposal was approved.

Signed

Chairman

05 October 2010

Agenda item No: 18
Name of Meeting: Meeting of the Board of Directors in Public
Date: 25 August 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
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.
		P2009/79	European Working Time Directive (EWTD)	The Board of Directors received the report on the European Working Time Directive.

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		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: <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. 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		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.
		4.		Staff Survey - The Board of Directors received the presentation on the Staff Survey.

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		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	Psychiatric Intensive Care Unit (PICU) a) Business Case Companion Document The Board of Directors approved the outline business case for the Psychiatric Intensive Care Unit (PICU) Development. b) Acquisition of Land Adjacent to The Lakes The Board of Directors approved the procurement of the land adjacent to The Lakes P2009/105 Low Secure Unit Business Case Companion Document The Board of Directors approved the Outline Business Case for the Low Secure Unit.	
		P2006/106	Marketing Action Plan	The Board of Directors received the Marketing Action Plan.
		P2009/108	Safeguarding Update Report and Declaration to Monitor of Compliance for posting on the Public Website 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	

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
			<p>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.</p> <p>2. Received the full business case document and companion paper exploring the additional issues of concern</p> <p>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.</p>	
		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.	
		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.	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		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	<p>Piloting self-directed support & Personal social care budgets in mental 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.</p>	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		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
		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).

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		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.	<p>Outcome of Board Review of Strategic Direction - The Board of Directors:</p> <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 • 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. 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		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 amended) are delegated in the manner set out in the attached Appendix; 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 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<p>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.	<p>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.</p>	
		9.	<p>Update Regarding Recent Tender Activity - The Board noted:</p> <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) 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		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. 	
		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 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<ul style="list-style-type: none"> • 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.	
		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 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<p>those accounts</p> <ul style="list-style-type: none"> • Agreed the contents of the letter of representation and approved the signing of the letter. 	
		24.	<p>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.</p>	
28/01/10	Private	P2010/6		<p>Outline Financial Plan – Revenue 2010/11 The Board of Directors received the Outline Financial Plan – Revenue 2010/11</p>
		P2010/7	<p>Medicines Management Strategic Plan - The Board of Directors approved the Medicines Management Strategic Plan</p>	
		P2010/8		<p>2010/11 Operating Framework and Commissioning Update - The Board of Directors noted the NHS Operating Framework 2010/11 and the local progress with commissioning for 2010/11 contracts.</p>
		P2010/9	<p>Mother & Baby Unit Business Case – January 2010, The Board of Directors approved the Mother & Baby Business Case (January 2010)</p>	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		2010/10		Update on Service User Experience & Preparation for the Community Mental Health Service User Survey 2010 - The Board of Directors received the update on Service User experience and preparation for the Community Mental Health Service User Survey 2010.
		P2010/13a		Monitor Compliance – Governance Report for Quarter 3, 2009/10 - The Board of Directors then approved the positive Governance Return to Monitor for Quarter 3, 2009/10, including the Exception Report.
		P2010/13b		Monitor Compliance – Consultation re Compliance Framework 2010/11, The Board of Directors then received the report regarding Monitor’s Consultation re the Compliance Framework 2010/11.
		P2010/14	CQC Registration - The Board of Directors then approved the Declaration of Compliance against CQC Registration Standards and agreed to immediate submission of the registration application prior to the deadline date of 29 January 2010.	
		P2010/15	Amendment to the Constitution – Inclusion of Additional Appointed Governor, The Board of Directors passed the resolutions	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2010/22.1		Staff Survey 2009 - The Board of Directors received the presentation from Colin Moore re the Staff Survey 2009.
24/02/10	Public	2010/07	Equality & Diversity – The Board of Directors approved the recommendations regarding Board leadership for Equality & Diversity and re the Single Equality Scheme.	
		2010/08		The NHS Constitution - The Board received the report for information
		2010/09		Care Quality Commission Mental Health Act Annual Statement 2009 - The Board of Directors received the Care Quality Commission Mental Health Act Annual Statement 2009 for information.
		2010/10		Patient Safety Report on the Successful Reduction in the incidence of falls - The Board of Directors received the report and noted the significant reduction in the number of falls.
		2010/13		Update on Service User Experience, Patient & Public Involvement & Progress on the Current Mental Health Service Users Survey 2010 The Board of Directors noted the update on service user experience, patient and public involvement and progress on the current mental health service users survey 2010.

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		2010/14	Appointment of Deputy Chairman, The Board unanimously that Ray Cox be recommended to the Council of Governors for the post of Deputy Chairman of the Trust with effect from 01 April 2010.	
		2010/15	Board Self Assessment - The Board of Directors agreed to undertake self assessment for 2009/10 March 2010 and that the Chairman and Senior Independent Director commission an external Board 360° for 2010/11.	
24/02/10	Part 2	2010/26	Summary business case – purchase of the Derwent Centre, The Board of Directors granted authority Chairman's urgent action to purchase the Derwent and associated land.	
		2010/27	Psychiatric Intensive Care Unit Business Case - The Board of Directors approved the full business case (but not commencement of the scheme)	
		2010/28	Mental Health Contracts 2010/11 - The Board of Directors granted authority to the Chairman to take Chairman's action on variations to the contracts prior to them being signed for and on behalf of the Trust by the Chief Executive by 15 March 2010.	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		2010/32		Patient Safety Dashboard - The Board of Directors noted the Patient Safety Dashboard.
		2010/33	Strategic Audit Plan 2010-2013 - The Board of Directors noted the Strategic Audit Plan 2010-2013.	
31/03/10	Private	P2010/30	Derwent Centre Freehold - There was a unanimous favour of the proposal i.e. approval of the purchase of the Derwent Centre	
		P2010/31	Financial Plan – Revenue 2010/11- The Board of Directors approved the 2010/11 revenue plan.	
		P2010/32	Financial Plan – Operational Capital Programme 2010/11 - The Board of Directors approved the financial plan for operational capital for 2010/11	
		P2010/33		CAMHs Tier 4 – Update - The Board of Directors received the report on the CAMHs Tier 4 – update
		P2010/35	Preparing the Annual Plan 2010/11- The Board of Directors agreed the recommendations including the process for drafting the 2010/11 Annual Plan.	
		P2010/36	Section 75 Partnership Agreements - The Board of Directors: Noted the successful conclusion of outstanding negotiations in respect of Section 13 (insurance, liabilities and indemnities section) of the	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			S75 Adult services agreement and approved a S75 Child and Adolescent Mental Health services (CAMHs) 3-year agreement.	
		P2010/37		Severalls Hospital: Planning Issues Update Report - The Board noted the Severalls hospital planning issues update report
		P2010/38		Care Quality Commission – 2009 Staff Survey - The Board received the report on the Care Quality Commission 2009 Staff Survey.
		P2010/43	Board Self-Assessment - The Board of Directors approved the report on Board Self-Assessment and approved the recommendations.	
		P2010/44		Trust Assurance Framework 2009/10 - The Board received the Revised Assurance Framework
		P2010/45	Risk Register Report – Quarterly Review - The Board of Directors accepted the recommendation of the Risk & Governance Executive and approved the amendments to the Risk Register	
		P2010/46		Verita Investigations - The Board of Directors noted the content of the 7 reports

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2010/47		Insurance - The Board of Directors received and noted the report on insurance
		P2010/48		Privacy & Dignity Report - The Board accepted the Privacy and Dignity Audit Report and acknowledged the completed action plan.
		P2010/49	Single Sex Accommodation Declaration - The Board of Directors agreed to the Single Sex Accommodation declaration and statement for publication on the Trust's website.	
28.04.10	Private	P2010/58 a)	Draft Annual Plan 2010/11 – The Board of Directors received the report and agreed to the recommendations including to receive and adopt the final plan at the meeting of the Board in Public on 26 May	
			P2010/58 b) 3 Year Financial Plan – Overview - The Board supported the draft plan with the exception of the issue of the financial risk rating which would be discussed further	
		P2010/59 b)		Draft Statement of Accounts for the year ending 31 March 2010 - The Board of Directors noted the draft statement of accounts for the year ended 31 March 2010.
		P2010/62	Serious Case Review – Longview The Board of Directors received the Longview SUI Steering Group minutes and approved the action plan	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2010/63	Trust Organisational Openness (Whistleblowing) Policy - The Board of Directors received and endorsed the Trust's Organisational Openness (Whistle blowing) Policy.	
		P2010/64	Alterations to the Scheme of Delegation – Quotation, Tendering and Contract Procedures - The Board of Directors approved the increase in limits as set out in the report	
		P2010/65	Execution of Deeds - resolution of the Board of Directors - The Board of Directors approved the resolutions in respect of granting a general authority for the Execution of Deeds	
30.06.10	Private	P2010/63	Severalls Update – The Board agreed the recommendations of the report	
		P2010/64	Strategic Capital Priorities 2010/11 - The Board agreed the recommendations of the report	
		P2010/65	Enable East Draft Business Case - The Board of Directors then unanimously approved the Business Case for the continuation of Enable East	
		P2010/70	Performance Management Framework 2010 - The Board of Directors approved the Performance Management Framework 2010.	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		P2010/71		Risk & Governance Executive (RGE) Annual Report - The Board of Directors received the Risk & Governance Executive Annual Report 2009/10.



Agenda item No: 19

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

Date: 25 August 2010

Title of Report: Execution of Deeds

Presented By: Dermot McCarthy, Trust Secretary

Subject, Purpose and Recommendation:

The Board of Directors is asked to note the report.

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

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

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

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

- a) 02 June 2010 - Broomfield site, updated plans re perimeter road (no. 74)
- b) 04.08.10 – 25, West Avenue, Clacton-on-Sea Land, sub lease to Colchester Mind (no 75)

Finance Implications: Income will be generated from the lease and associate charges to Colchester Mind (circa £21.6k p.a.).

Clinical Implications: N/A

HR Implications: N/A

Legal Implications: N/A

Equality Implications: N/A

Risks: N/A

WAIVER OF STANDING ORDERS

Board Report – 25 August 2010

There have been eight (8) Waivers of Standing Orders since the last report dated 13th May 2010.

WAIVER REFERENCE	GOODS/SERVICE	REASON & VALUE (excl vat)
35/10	Communication Advisory Service Consultancy and specific N3 Wan project Man. Support for ICT	Sole Supplier £5,500
36/10	Enviroscreen System Supply of curtains @ Linden Centre (Finchingfield and Galleywood Wards)	Extension to original contract and required for consistency of supply and quality. £4,590
37/10	Blythe Computer Systems Needle Exchange Module – POPPIE	Sole Supplier £7,250
38/10	PWA Systems Terminal Clean @ Topaz Ward	Preferred Contractor following market test/tender process undertaken in February £4,605
39/10	N3 Voice To provide N3 HUS Solution to RRDE5 Thorogood Rd Clacton	NHS Approved Voice provider £6,532
40/10	Triumph Communication Services Infrastructure services local network connection for NEPFT in Chelmsford Prison	Sole Supplier £5,850
41/10	Communication Advisory Service Digital Imaging of Medical Records	Only 2 quotes achieved £7,800
42/10	Cherry Communications Design and print of Annual Report	Continuity and quality and value for money. £5,340

BREACHES IN STANDING ORDERS

There are no breaches in standing Orders since the last report dated 13th May 2010.



Agenda item No: 21
Name of Meeting: Meeting of the Board of Directors in Public
Date: 25 August 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: 22

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

Date: 25 August 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

