

**Meeting of the Board of Directors to be held in public (part 1) on
Wednesday 23 January 2008 from 9.15 (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
2.	Apologies for absence	MSA
3.	Declarations of Interest	DMc
4.	Minutes of the meeting held on 31 October 2007	MSA
5.	Matters Arising	MSA
	Monitoring	
6.	Finance Report - Financial Position for the period ending 31 December 2007, Month 9	AG
7.	Performance Report	AG
8.	Monitor Compliance - Governance Return for Quarter 3 2007/08	AG
	Setting Strategy	
9.	Preparing a Draft Annual Plan for 2008/09	GS
	Governance	
10.	Risk and Governance Update	RC
11.	Council of Governors' Meeting (12 December 2007) – Minutes and Feedback	MSA
	Assurance	
12.	Audit Committee - Report on the Meeting held on 11 January 2008	RCx
13.	Use of Seal	DMc
14.	Summary of Decisions	DMc
	Other Items	
15.	Any Other Notified Business	MSA

16.	Questions from members of the public relating to items on the agenda only	MSA
	Date of Next Meeting in Public: 30 April 2008	



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



Agenda item No: 2
Name of Meeting: Meeting of the Board of Directors in Public
Date: 23 January 2008
Title of Report: Apologies for Absence
Presented By: Dr Richard Coleman, Chief Executive
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: 23 January 2008
Title of Report: Declarations of Interest
Presented By: Dermot McCarthy Title: 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 in order to comply with Standing Order 7 ("Declarations of Interest and Register of Interests"),
Equality Implications: N/A
Risks: N/A

Agenda item No: 4
Name of Meeting: Meeting of the Board of Directors in Public
Date: 23 January 2008
Title of Report: Minutes of the meeting held on 31 October 2007.
Presented By: Dermot McCarthy Title: Trust Secretary
Subject, Purpose and Recommendation: The Board is asked to receive and approve the minutes of the meeting held on October 2007.
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 FIRST BOARD MEETING IN PUBLIC
HELD AT STAPLEFORD HOUSE, STAPLEFORD CLOSE, CHELMSFORD
ON 31 OCTOBER 2007**

PRESENT:

Mary St. Aubyn	Chairman
Dr. Richard Coleman	Chief Executive
Ray Cox	Non-Executive Director
Dr. Malte Flechtner	Medical Director
Andrew Geldard	Director of Resources
Tracey Graily	Non-Executive Director
Paul Keedwell	Director of Nursing
Sarah Phillips	Non-Executive Director
Annie Ralph	Non-Executive Director
Geoff Scott	Director of Strategy
Charles Abel Smith	Non-Executive Director

IN ATTENDANCE:

David Bamber	Governor (Harlow Constituency)
Dr. Peter Blenkinsop	Governor (Braintree Constituency), NEPFT
Joe Breen	Public and Patient Involvement Forum
Steve Cook	Associate Director, Harlow & Specialist Services, NEPFT
Hugh Fitzpatrick	Volunteer Centre, Chelmsford
Karen Fulcher	Associate Director, Communications, NEPFT
Sheila Jackman	Governor (Epping Forest Constituency), NEPFT
Dermot McCarthy	Trust Secretary, NEPFT
Betty Perry	Action for Sick Children
Mark Richmond	Volunteer Centre, Chelmsford
Michael Walker	Public and Patient Involvement Forum
Harry Young	Patient & Public Involvement Forum

2007/01 OPENING & WELCOME

Mary St. Aubyn was delighted to welcome everyone to the first meeting of the Foundation Trust and thanked everyone present for their hard work and support throughout the application process. She was also pleased to welcome Steve Cook who was in attendance at the meeting on behalf of Andy Mattin, Director of Operations.

2007/02 APOLOGIES FOR ABSENCE

No apologies were received.

2007/03 MINUTES OF PREVIOUS MEETINGS OF THE NORTH ESSEX MENTAL HEALTH PARTNERSHIP NHS TRUST

a) 29 August 2007

There was one correction to the minutes under item 2007/71. Chelmsford Older Adults Development – Preferred Procurement Route. The spelling of one word was corrected i.e. that the Board approved the commencement of the process to select a 'principal' (not principle) supply chain partner.

b) 14 September 2007

There was one amendment to the minutes under item 3, Board Statement in relation to Working Capital and Reporting procedures. The sentence "the Board of Directors had reviewed the Trust's future working capital requirements form 01 October 2007", was corrected to "from 01 October 2007".

There being no further factual corrections, the Board received and approved the Minutes of the meetings held on 29 August 2007 and 14 September 2007 and these were signed by the Chairman.

2007/04 MATTERS ARISING

There were no matters arising from the minutes for the meeting held on 29 August 2007 or the meeting held on 14 September 2007.

2007/05 DECLARATIONS OF INTEREST

There were no declarations of interest.

2007/06 COUNCIL OF GOVERNORS MEETING (09 OCTOBER 2007)

Mary St. Aubyn gave a verbal report on the first meeting of the Council of Governors held on 09 October 2007 at The Waterfront in Chelmsford. As the first formal meeting of the Council of Governors, it had been necessary to deal with a number of constitutional matters including the adoption of the Council of Governors' Standing Orders and Code of Conduct and the appointment of external auditors.

She was delighted to report on the election of Dan Kessler as Lead Governor and Brian Spinks as Deputy Lead Governor. They were both working closely with the Chairman and governors in order to ensure that the Council of Governors operated effectively. In addition, Paul Keedwell had given an excellent presentation on the role of Child and Adolescent Mental Health Service (CAMHS), which had stimulated a lot of discussion.

Mary St. Aubyn thanked the governors present for their attendance at the meeting.

The Board received feedback from Mary St. Aubyn on the meeting of the Council of Governors held on 9 October 2007.

2007/07 FINANCE REPORTS

a) Financial Position for the period ending 30 September 2007, Month 6

Andrew Geldard stated that the report was in the usual format presented to the Board, but drew particular attention to “changes to accounting policy” (appendix 6). This paper had been considered in detail at the October 2007 meeting of the Audit Committee. The need to address the accounting policy changes had been stimulated by the need to present a half-year set of accounts. These changes had been supported by the Audit Committee.

In answer to a question from Annie Ralph, Andrew Geldard agreed that within the front page summary of the report, the cash balance amount would also appear as a number of trading days, as this would give the indicator greater relevance.

Andrew Geldard summarised that the income and expenditure position as at 30 September 2007 showed a year to date surplus of £513,000, a £407,000 favourable variance against plan. The year to date performance re. nursing pay was excellent, showing a month 6 variance of £2,000. He also commented on ward nursing budget hotspots which including Roding Ward Cedar Unit and Severalls House.

The savings programme for 2007/08 was progressing well with two items Outstanding; North East Essex Adult Service Rationalisation and the CMHT Management Post.

Andrew Geldard commented on the outstanding £125,000 in respect of North East Essex Adult Service Rationalisation. Following the public consultation process the closure of beds had not been supported by North East Essex PCT and there was therefore a need for commissioners to identify appropriate funds. Steve Cook explained that the CMHT management post had been identified in west and this would be actioned during October 2007.

Andrew Geldard then reported on the year end targets and forecasts and the target surplus of £935,000, set in the context of the Monitor risk rating. The overall year end targets for 2007/08 came to a total underspend of £1.43 million with a forecast as at the end of September 2007 of an underspend of £1.016 million. Andrew Geldard clarified that the Care Services Improvement Partnership (CSIP) had been removed from the calculation of the Trust’s financial position. He went on to comment on the area positions, in particular the difficulties for Epping and Uttlesford area in the last two months.

At the end of September 2007 the cash balance was in excess of plan, at £12.275 million against plan of £8.844 million.

In answer to a question from Sarah Phillips regarding the increase in the prescribing variance in some areas, Andrew Geldard commented that overall this had a comparatively minor impact. Dr. Malte Flechtner added that the Associate Director for Pharmacy was reviewing the increase in pharmacy costs for substance misuse services. This was likely to be related to the need to meet the national target to increase the number of patients in treatment, which had a consequential impact upon prescribing costs.

In answer to a question from Charles Abel Smith, Andrew Geldard stated that the Service Level Agreement (SLA) with North East Essex PCT still referred to the closure of beds within the area and therefore required amendment. Charles Abel Smith also commented on the increasing cash balance. Andrew Geldard replied that this was heavily contributed to by the income and expenditure position, and the significant cash balance at the end of 2006/07, returned in 2007/08.

In answer to a question from Tracey Graily regarding nursing staff displaced through the Skills Blend Project, Steve Cook reported that a meeting regarding staff in rehabilitation services was due to take place by the end of October 2007. Paul Keedwell added that a cycle of meetings was now in place and that these would be held fortnightly with a target of matching displaced staff to vacancies by the end of December 2007.

The Board received and noted the Month 6 finance report, the key points of which were:

- a) ***At the end of September 2007 the Trust had produced a year-to-date surplus of £513,000 which is a £455,000 favourable variance against plan.***
- b) ***Good progress had been made in delivering the savings plan, with only two issues outstanding.***
- c) ***A trust-wide year end target of a £935,000 income and expenditure surplus had been established.***
- d) ***Year end targets had been established for each area.***
- e) ***Good progress was being made against the year end target, with the current year end forecast being £1.016 million underspent.***
- f) ***Cash balances at the month end were £12.257k.***

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b) Capital Programme 2007/08: Progress Report – Position as at 30 September 2007

Andrew Geldard explained that this was the second report for 2007/08 detailing progress against the approved capital programme. The aim of the report was to update the Board on the breadth of progress made, in addition to describing expenditure. The report covered the first half of the year, i.e. prior to Foundation Trust authorisation. He further commented on the Department of Health allocations via the issuing of additional public dividend capital (PDC). The funding in relation to Willow House (Cedar and Maple Wards) was not backed by cash. The explanation

being offered by the Department of Health (DH) was that the Trust's forward plans indicated a significant land sale and a cash surplus and therefore DH funding was not required. The Trust would explore this position with the DH, however the likelihood of success was small.

Andrew Geldard then gave an overview of progress after six months of 2007/08. The total spend had been £1.272 million against an approved programme of £4.550 million. Work completed included that at St. Margaret's unit in Epping where refurbishment had taken place ready for the transfer of older adult services from Harlow and Bishops Stortford. He commented on a scheme at Avon Ward in the Derwent Centre which was to be used to house the relocated Chelmer Ward. The business case for the refurbishment of Rivendell Flats on the Severalls site had been approved by the Board with works due to commence in October 2007. Work was continuing with regard to the Chelmsford Older Adults' development, including the integration of the reprovided Redwoods Unit into the scheme. The full business case would be brought to the Board in December 2007.

In relation to the Colchester Psychiatric Intensive Care Unit (PICU), further design work had been completed and a number of scenarios explored. Work was progressing to produce an option appraisal and business case, which was due to come to the Board by the end of the current financial year.

Charles Abel Smith commented on the revised estimates for the work to Shannon House in that the current estimate of £1.1 million far exceeded the allocation received of £500K. Steve Cook commented that the scheme had been fundamentally reviewed in terms of expanding its size and scope, including an enhanced section 136 environment and secure visiting areas.

Ray Cox commented on the need to refine the capital programme to demonstrate effective forwarding planning.

Tracey Graily commented on the need to accelerate expenditure on maintenance. Dr. Richard Coleman replied that in the context of the report, maintenance included larger items, including minor capital works. There was an effective programme in place to progress planned maintenance. Tracey Graily emphasised the importance of the environment to patients and the need to ensure that maintenance budgets were spent according to the programme. Annie Ralph added that the importance of this issue was reflected within the reports to the Trust from the Patient and Public Involvement Forum.

The Board received and accepted the report, the key points of which were:

- a) Anticipated resources had been re-assessed at £8.624 million.***
- b) Expenditure had to date totalled £1.272 million against the originally approved plan of £4.550 million.***
- c) Further detail, including a year-end projection, would be brought to the Board in December 2007.***

2007/08 PATIENT & PUBLIC INVOLVEMENT FORUM ANNUAL REPORT

As Colin Ward, Chairman of the PPIF had been unable to attend the meeting, Geoff Scott gave the background to the report and invited members of the PPIF present to add any further points which they felt appropriate. The report was in a format prescribed by the Commission for Patient and Public Involvement in Health and covered a number of achievements of the PPIF including:

- Brief summaries of some of the 13 formal visits to wards/units
- Participation in consultation on changes at Redwoods and St. John's
- Initiation of the pre-PCT consultation events on service changes
- Examples of other work relating to NHS services
- Examples of involvement of the public/community
- Development, i.e. training arranged and attended

The report covered the period April 2006 to March 2007 and highlighted the importance of the PPIF as a 'critical friend' to the Trust. Geoff Scott commented in particular on the beneficial involvement of the PPIF in the consultation process in establishing the pre-consultation events, and the highly effective involvement of service users and carers. Overall, the PPIF had been very successful in raising the profile of mental health in north Essex and engaged a very wide range of people at the seven events they had organised.

In answer to a question from Tracey Graily, Dan Kessler stated that the PPIF visits to units were generally, but not always, announced in advance.

Geoff Scott also took the opportunity to commend Dan Kessler, who had recently resigned as Chairman of the PPIF, on his excellent work in that role. The Board also recorded its thanks to Dan for his contribution as Chairman of the PPIF and to all members of the PPIF for their ongoing contribution.

The Board received and noted the Annual Report of the PPIF for the period 1 April 2006 to 31 March 2007.

2007/09 WORKING CAPITAL FACILITY

Andrew Geldard introduced this item explaining that at its meeting on 29 August 2007 the Board had accepted the terms of a working capital facility offered by Barclays Bank Plc. The offer was subject to the Trust's authorisation as a Foundation Trust and formed part of the KPMG Working Capital Review. Now that the Trust had achieved Foundation Trust (FT) status it was legally able to take up the facility, and as such the agreement needed to be ratified by the Board of Directors. On advice from Bevan Brittan, the Trust's legal advisers, a draft minute had been constructed which confirmed the legal status of the Foundation Trust and set out a sequence of resolutions that protected the Trust. Andrew Geldard confirmed that the Board resolution as produced by the Trust's legal advisers, did

meet the requirements of Barclays Bank. James Purves commented on one addition to the Barclays' Revolving Credit Facility Agreement which related to the need for the Trust's insurance to be adequate. Andrew Geldard explained that the Trust's insurances, with exception of the indemnity for governors, remained unchanged from that which had been in place as an NHS Trust, and that a summary of these was available for review by Barclays. The overall adequacy of the Trust's portfolio of insurance would be reviewed, including information gained from other sources, in particular, the Foundation Trust Network.

The Board:

- a) **Confirmed its approval for the Working Capital Facility**
- b) **Adopted the suggested Board Resolution as a record of the decision as follows:**

The Trust made an application pursuant to section 33(1) of the National Health Service Act 2006 (the "2006 Act") to the Independent Regulator of NHS Foundation Trusts (the office known as "Monitor") and was authorised as an NHS Foundation Trust on 1 October 2007. As part of the application process to become an NHS Foundation Trust, the Trust was required by Monitor to have in place an agreed working capital facility.

It was reported to the meeting that Barclays Bank PLC ("Barclays") has agreed to make available to the Trust a working capital facility of up to £7,500,000 (the "Facility") on a revolving credit basis on the terms set out in a facility agreement between the Trust as Borrower and Barclays as lender (the "Facility Agreement"). A draft of the Facility Agreement was produced to the Meeting in substantially its final form.

Following a discussion of the nature of the Facility to be granted to the Trust under and by virtue of the Facility Agreement and the purpose of the Facility and the terms and conditions contained therein and the payment and other obligations of the Trust thereunder, and also having regard to:

- (a) **the 2006 Act in the context of the borrowing powers of an NHS Foundation Trust;**
- (b) **the Prudential Borrowing Code ("PBC") for NHS Foundation Trusts dated 23 March 2005 issued by the Independent Regulator of NHS Foundation Trusts;**
- (c) **the Standing Orders and Standing Financial Instructions of the Trust;**
- (d) **the published terms of authorisation awarded by the Monitor (together, the "Vires Papers"),**

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and it being noted:

- (i) that entering into and borrowing the Facility is consistent with the Trust's powers as constituted and limited by the Vires Papers;**
- (ii) that the Facility complies with all requirements set by Monitor in respect of working capital facilities for NHS Foundation Trusts;**
- (iii) that by entering into the Facility Agreement and drawing the full amount of the Facility, the Trust will not cause any borrowing or similar limit binding on it to be exceeded; and**
- (iv) that the Board considers the entry into the Facility Agreement is in the best interests of the Trust,**

It was resolved that:

- 1 The Trust be authorised to borrow amounts of up to a maximum aggregate principal amount of £7,500,000 for the term and at the interest rate specified in the Facility Agreement and that the Facility is to be utilised for the purposes specified in the Facility Agreement.**
- 2 The Facility Agreement be approved in the form, or in substantially the form, of the draft presented to the Meeting.**
- 3 The terms of, and the borrowing by the Trust of, the Facility provided for in the Facility Agreement and the transactions contemplated thereby be approved.**
- 4 The Chief Executive or the Finance Director of the Trust be and are hereby authorised on behalf of the Trust to agree the final terms of the Facility Agreement and any other letter, deed or document relating thereto with such amendments as such persons shall deem necessary or appropriate.**
- 5 The Chief Executive or the Finance Director of the Trust be and are hereby authorised on behalf of the Trust to execute under hand the Facility Agreement and all agreements, letters and documents to be entered into pursuant to the Facility Agreement including, but not limited to, any Drawdown Notice (as such term is defined in the Facility Agreement) and any other document which does not require the Trust's Common Seal to be affixed and to provide certified copy documents in connection therewith.**
- 6 The Common Seal of the Trust be affixed to each document that requires the Trust's Seal and that each such document be sealed and**

that the sealing be attested in accordance with the Vires Papers from time to time by the Chief Executive or the Finance Director of the Trust.

- 7 Any one person authorised under resolution 4 or 5 above be and is hereby authorised on behalf of the Trust to execute and deliver any other documents, notices, certificates, letters or other communications and to perform all matters, acts and things which such person in his/her absolute discretion deems to be necessary or desirable in connection with the Facility Agreement.**

2007/10 PERFORMANCE REPORT

This item was introduced by Dr. Richard Coleman, Chief Executive. On 18 October 2007 the Healthcare Commission had released the results of its annual rating, the Annual Healthcheck for 2006/07. Trusts were, for the second time, rated under two headings “quality of services” and “use of resources”. The Trust had scored “excellent” for quality of services and “good” for use of resources (an improvement on a score of “good” in each category the previous year).

Dr. Richard Coleman recorded his thanks to everyone involved in this achievement. The next rating, for the current year (2007/08), would be significantly more demanding, with additional targets for mental health.

In answer to a question from Sarah Phillips, Andrew Geldard commented on some key elements of the use of resources framework required to achieve “excellent” for this category, including a number of non-financial indicators. Annie Ralph commented on the need to carry out some benchmarking against those trusts that had scored excellent for use of resources, and for the Trust then to make an informed decision as to whether pursuing a rating of “excellent” was a key priority.

Dermot McCarthy then introduced the performance report for October 2007. Of the primary targets, CPA 7 Day Follow-Up, Early Intervention in Psychosis, Crisis Resolution and Home Treatment were all on, or better than target. There had been a marginal improvement in sickness absence. Carers Assessments had moved from being slightly ahead to slightly behind trajectory, and within the secondary indicators, further work was being undertaken with regard to the data set required by the Healthcare Commission for Drug Misusers Retained in Treatment.

In answer to a question from Tracey Graily, Paul Keedwell commented on the use of supplementary hours, stating that an increase was not necessarily linked to an increase in cost. The key figure for nursing spend was the overall marginal overspend of £2,000 for the year to date, referred to within the finance report.

In answer to a point made by Annie Ralph, it was noted that the number of breaches for 4 hour A&E wait remained very low, at zero for September 2007, which

represented an excellent performance against a high number of referrals, consistently in excess of 100.

Paul Keedwell commented on the reporting of infections including MRSA which was included within the report for the second time. As demonstrated by the report, the number of clostridium difficile (CDiff) and MRSA infections remained very low, with one within each category this year. The CDiff case, which had been imported into the Trust, had been treated successfully.

Mary St. Aubyn commented on the national context for CDiff and the emphasis from Monitor on the need for effective systems to bring the clinical risks involved to the attention of the Board. Paul Keedwell added that the issue of infection control was highlighted within a separate annual report, brought the Board by the Chief Executive.

In answer to a question from Tracey Graily, Paul Keedwell stated that the number of hospital acquired infections was a significant issue for local acute trusts. In answer to a question from Sarah Phillips, Paul Keedwell stated that the Trust employed an infection control specialist and that appropriate protocols were in place. Although it was not practical to screen everyone brought into the service, very close monitoring was in place.

The Board received feedback on the Healthcare Commission Annual Rating 2006/07 and approved the Performance Report.

2007/11 ANNUAL PLAN PROCESS MILESTONES

Geoff Scott reported that the time table attached to the report outlined the process for developing the Trust's Annual Plan to ensure the engagement of a broad range of stake holders and to have the Annual Plan approved by the Board and submitted to Monitor by the deadline of 31 May 2008. The process was designed to ensure that governors had an effective opportunity to communicate their views on the forward planning of the Trust. The next milestone was the governor event 'Looking to the Future – A Strategic Workshop' to be held on 26 November 2007.

The Board noted the Annual Plan Process Milestones Report.

2007/12 RISK MANAGEMENT STRATEGY

Paul Keedwell commented on the context in that the Trust's Risk Management Strategy had undergone a review and now included updates to reflect the requirements of Foundation Trust status. Key changes included:

- An update of the training needs assessment
- The addition of the section on an explicit process for learning from visits and audits

The strategy included the Terms of Reference for the Risk and Governance Executive (RGE) and Executive Management Team, both of which acted as advisory and decision making forums for the Chief Executive. The Terms of Reference for the Risk and Governance Executive made provision for reports on its work to be made to the Board on a quarterly basis.

Ray Cox gave feedback on behalf of the Audit Committee stating that having received appropriate reports, the Audit Committee was satisfied that risk and assurance was being well managed within the Trust.

Annie Ralph commented on the need to learn from other trusts, for example, regarding attendance at RGE meetings, and asked that Dr. Richard Coleman report back to the Board on any issues regarding this issue.

Following further discussion the Board approved the Risk Management Strategy 2007/10.

2007/13 CHARITABLE FUNDS FORUM

a) Minutes of the Meeting held on 29 August 2007

The Board noted the Minutes of the Charitable Funds Forum held on 29 August 2007.

b) Annual Report & Accounts for the year ended 31 March 2007

The Charitable Funds Forum at its meeting held on 29 August 2007 had recommended that the Annual Report and Accounts be adopted by the Board. The accounts were verified by the Audit Committee at its meeting held on 12 October 2007 which also recommended their adoption. The external auditors had expressed an unqualified opinion.

The Board adopted the Charitable Funds Forum Annual Report & Accounts for the year ended 31 March 2007.

2007/14 ANNUAL AUDIT LETTER 2006/07

Andrew Geldard explained that in conjunction with the annual accounts cycle, but separate to the "audit opinions", the Trust's external Auditors presented their findings to the Board via an annual audit letter. The North Essex Mental Health Partnership NHS Trust audit letter for the year ended 31 March 2007 represented their conclusions on the organisation from the work conducted during that year. The report also included the scores assigned to the Trust under the Auditors' Local Evaluation (ALE), which as reported earlier in the meeting, formed a significant element of the Trust's overall assessment by the Healthcare Commission.

The Board received and approved the Annual Audit Letter for the year ended 31 March 2007.

2007/15 AUDIT COMMITTEE

a) Annual Report

This report, which summarised the activity of the Audit Committee for the 12 month period ending on 31 July 2007, was presented by Ray Cox, Chairman of the Audit Committee.

Ray Cox explained the key elements of the report including its summary of activities relating to:

- Establishment and duties
- Compliance with law and regulations
- Internal control and risk management
- Internal audit
- External audit
- Annual accounts
- Other (including local counter-fraud arrangements)

Ray Cox added that the report as submitted to the Board required the addition of a brief conclusion as follows:

“As required by paragraph 7 of the Audit Committee’s Terms of Reference, the committee can report positively to the Board in respect of the assurance framework, risk management, governance arrangements and self-assessment against standards for better health”.

The Board received and approved the Annual Report of the Audit Committee 2006/07.

b) Report on the Meeting held on 12 October 2007

Ray Cox gave a verbal report on the meeting of the Audit Committee held on 12 October 2007. PricewaterhouseCoopers had been appointed by the Council of Governors, at its meeting on 09 October 2007, as external auditors for the remainder of 2007/08, and that thereafter, either they would be reappointed or a tender process would take place. There would be an additional Audit Committee on 21 November 2007 in advance of the Board meeting and specific recommendations would be taken to the Council of Governors’ meeting on 12 December 2007. The Audit Committee would ensure that the Audit Code in relation to these matters, as issued by Monitor, was complied with, with value for money as a focus.

Ray Cox added that he was pleased to report that follow-up on audit recommendations as reviewed by the Audit Committee was significantly improving, and thanked executives and their staff for their hard work. There were now only 14 outstanding recommendations, and these were being progressed.

2007/16 IMPROVING LIVES/SAVING LIVES

Andy Mattin explained that the East of England Strategic Health Authority had launched a consultation on improving lives/saving lives which was about "agreeing a shared vision of the future of health and health services in the East of England". Improving lives/saving lives included 12 pledges including delivering year on year improvements in patient satisfaction and extending quicker access to services. A local consultation event would be held on 14 November 2007 with a member of the East of England Strategic Health Authority Executive Team and a cross section of Trust staff.

2007/17 RESPONSE TO ESSEX COUNTY COUNCIL CONSULTATION ON "REVIEWING AND REPOSITIONING OLDER PEOPLES' MENTAL HEALTH SERVICES"

Geoff Scott explained the background in that at its meeting on 26 September 2007 the Board had received and discussed a presentation from Catherine Mitchell, Strategic Commissioning Director for Adults, Health and Community Wellbeing, Essex County Council. The Board agreed that a formal response to the consultation event should be sent, taking account of views expressed at the Trust Board on 26 September 2007, detailed comment from the Trust's Older Adult Mental Health Strategy Group and broader consultation with staff across the Trust.

Key points of the responses included:

- Supporting the strategic direction but challenging its deliverability from within existing resources, taking account of population projections
- Supporting the emphasis on new models of service and in particular the intensive home and day support, memory clinics, psychological therapy services, etc
- Emphasising the importance of appropriate housing and support including the use of assistive technology
- Reinforcing the need to ensure effect support for carers
- Supporting the need for effective workforce planning/skill mix

2007/18 SUMMARY OF BOARD DECISIONS *The Board noted the Summary of Board Decisions.*

2007/19 ANY OTHER BUSINESS (NOTIFIED IN ADVANCE)

There was no other business notified.

2007/20 QUESTIONS FROM THE PUBLIC

There being no further business, Mary St. Aubyn invited questions from members of the public.

a) Minutes of the Board Meeting held on 29 August 2007

Harry Young noted an amendment to a point he had made under item 2007/81, questions from the public, in that he had commented that a review of all community (not CAMHS) services should be undertaken in conjunction with service user groups in the Tendring and Colchester areas.

b) Drop In Centre at the Derwent Centre

Harry Young commented on the drop-in centre at the Derwent Centre. Steve Cook advised that this centre had been closed for many months and that discussions were ongoing with commissioners regarding the future model of provision for this type of service. Attendance at the drop-in centre had been very low. He did not envisage that it would reopen in its previous form, advising that the footprint from the previous service was included within plans for the Shannon House development. There was a reported increase in the use of the local Mind facility, however the actual level of use of this facility was questioned. Sheila Jackman commented that the Shannon House facility was used by Associate Hospital Managers to hear appeals from patients, and she felt that the environment was unsafe and needed review. Steve Cook undertook to take this forward.

c) Meeting of Governors

In answer to a question from Harry Young, David Bamber advised that elected governors were already meeting within the constituency areas and that they found this experience helpful.

d) Finance Report

In answer to a question from Sheila Jackman about the finance report, Steve Cook advised that there were some costs associated with the displaced staff but that the Trust was aiming to resolve this as soon as possible.

e) Improving Lives/Saving Lives

Dr. Peter Blenkinsop commented on improving lives/saving lives and upon the potential impact of childhood obesity upon Trust services. Paul Keedwell advised the Trust was required to meet the associated government targets.

f) Lead Governor

Dan Kessler commented on his role as lead governor and the excellent public engagement event run recently by the Trust with attendances of between 50 and 70 members of the public. The Chairman welcomed Dan Kessler to his new role in

facilitating the Council of Governors to make a very significant contribution to the future success of the Trust.

Dan Kessler commented that he was concerned at the Department of Health position in that it had not financially supported the bid for improvements to services to Stort Ward at the Derwent Centre. Andrew Geldard advised that a programme of work was due to be undertaken at Avon Ward to improve standards at a cost of £250,000 to £300,000, although this did not constitute a major refurbishment. An estates strategy was being drawn together. The range of issues to be addressed included the needs of the Derwent Centre.

2007/21 DATE OF NEXT MEETING

The next Public meeting will be held at 10.00 a.m. on Wednesday, 23 January 2008 at Trust Headquarters, Stapleford Close, 103 Stapleford Close, Chelmsford CM2 0QX.

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

Signed

Position **Chairman**

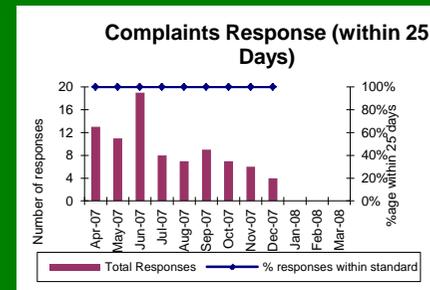
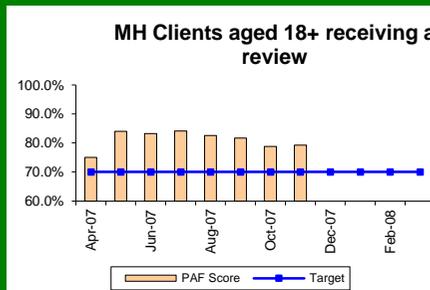
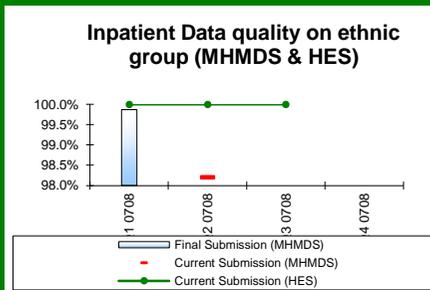
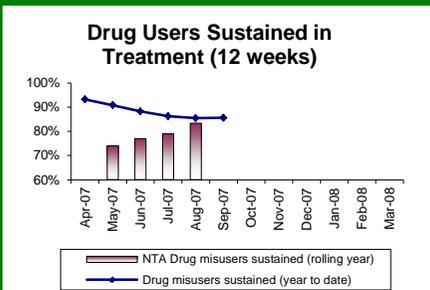
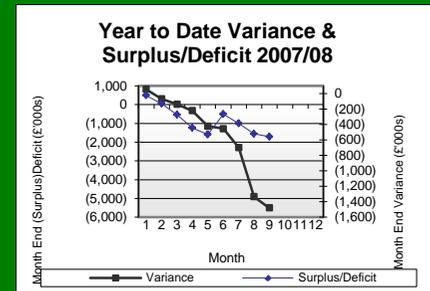
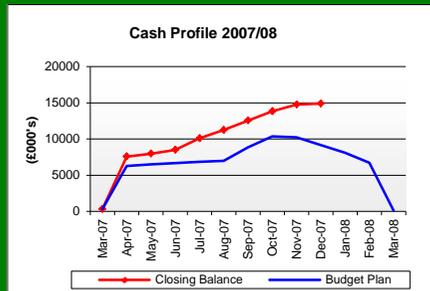
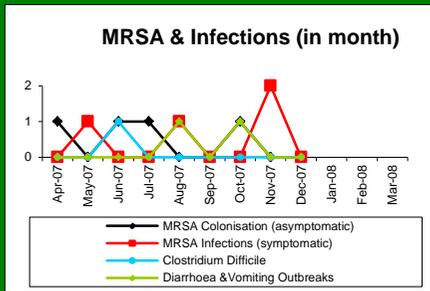
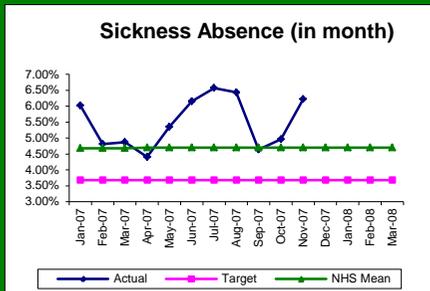
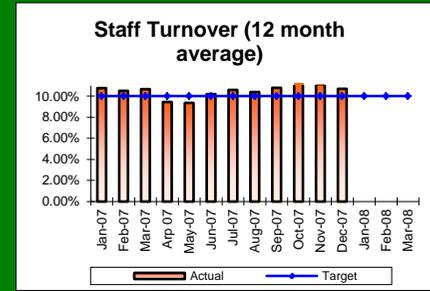
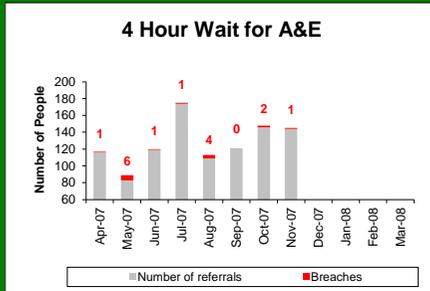
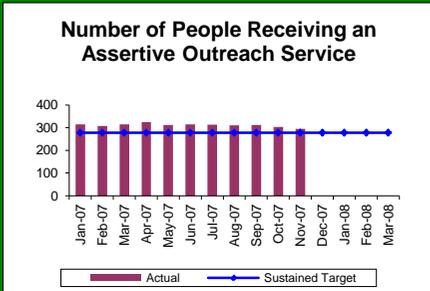
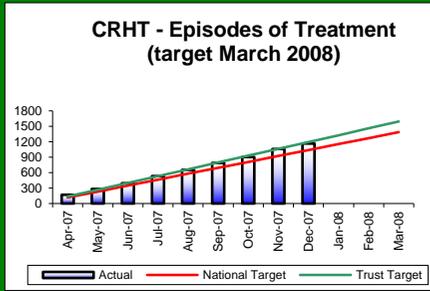
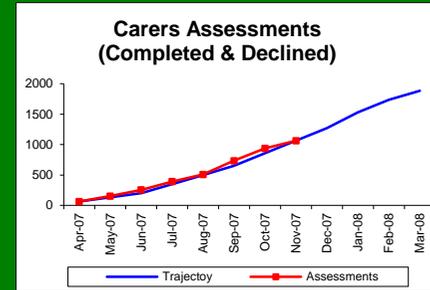
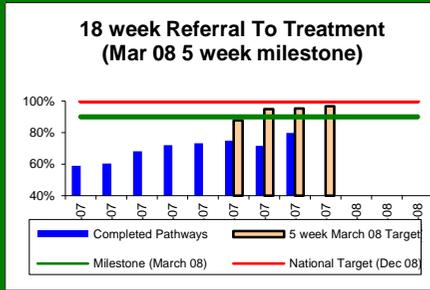
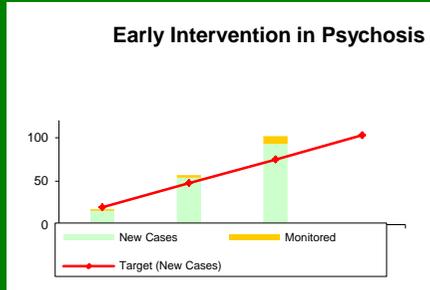
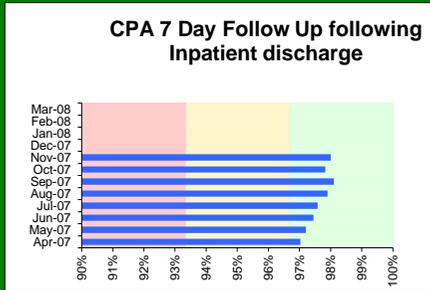
Date: **23 January 2008**

Agenda item No: 5
Name of Meeting: Meeting of the Board of Directors in Public
Date: 23 January 2008
Title of Report: Matters Arising
Presented By: Dermot McCarthy Title: Trust Secretary
Subject, Purpose and Recommendation: The Board is invited to address matters arising from the previous discussions and actions of the Board.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: N/A



Agenda item No: 7
Name of Meeting: Meeting of the Board of Directors in Public
Date: 23 January 2007
Title of Report: Performance Report
Presented By: Andrew Geldard, Director of Resources
Subject, Purpose and Recommendation: The Board is invited to approve the Performance Report (attached)
<p>The Trust has developed a high level performance report to give an overview of the Trust's performance. This has been developed to take account of</p> <ul style="list-style-type: none"> • Trust Strategic Objectives • Monitor's Compliance Framework • Healthcare Commission's Annual Healthcheck • Essex County Council Targets • Financial issues. <p>The report shows a sustained period of effective performance against both primary and secondary indicators.</p> <p>Within secondary indicators Healthcare Commission Targets for which information is available have been traffic lit. A traffic light system is also being introduced for Standards for Better Healthcare (SFBH). There are some specific issues regarding SFBH being addressed in order to achieve full assurance within the following domains: Safety (Medicines Management [C4]), Governance (Mandatory Training [C11]) and Research & Development [C12]) and Patient Focus (Medicines Consent [C13])</p>
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: A key risk for the Trust is that underperformance will negatively impact upon the Trust's compliance with Monitor's Quarterly Monitoring Score and the Healthcare Commission's ratings for Quality of Care and Use of Resources.

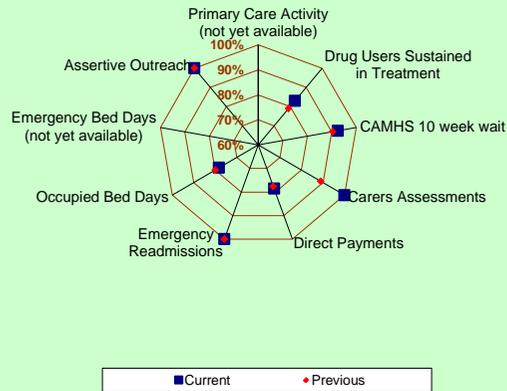
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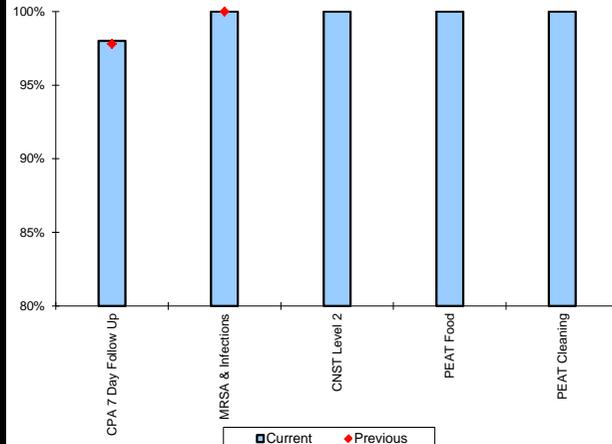
NEPFT JANUARY 2008 PERFORMANCE REPORT (Secondary)

Indicators show compliance with their respective targets

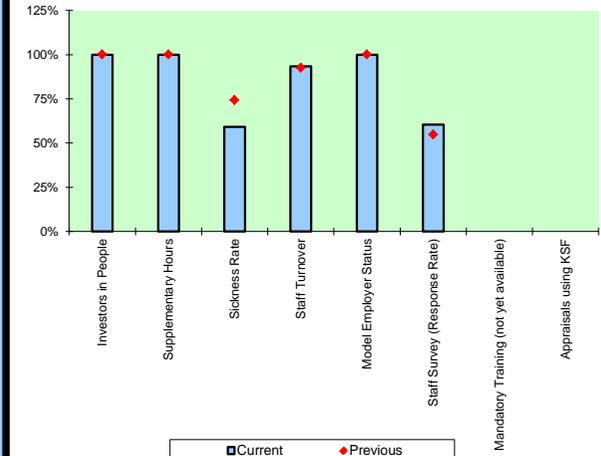
Strategic objectives 1. To provide accessible, responsive and effective care



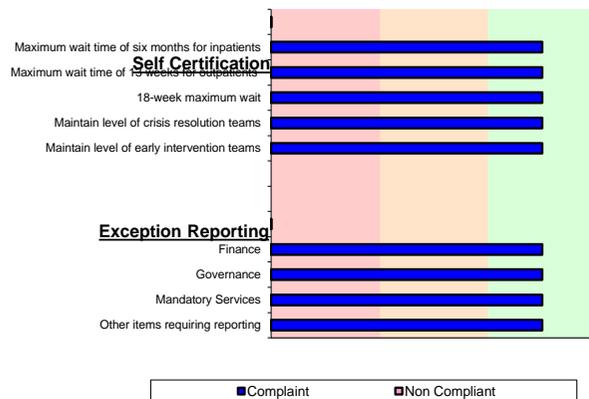
Strategic objectives 2. To deliver safe, high quality services



Strategic objectives 3. To be a model employer



Strategic Objectives 4. To achieve good governance, inclusive involvement and excellent partnerships



Health Care Commission - Targets 2007/08

• Audit of suicide prevention	Compliance
• Support in the community	Compliance
• CMHT integration (older people)	Compliance
• Data quality on ethnic group	Compliance
• Drug misusers sustained in treatment	Insufficient Assurance
• Experience of patients	Compliance
• Infection control	Compliance
• Obesity: compliance with NICE guidance 43	Compliance
• Schizophrenia: compliance with NICE guidelines (audit March 08)	Compliance
• Crisis resolution team implementation	Compliance

Standards For Better Healthcare - Core Standards 2007/08

Domains	Compliance Status
Safety (C1-C4)	Compliance
Clinical and Cost Effectiveness (C5-C6)	Compliance
Governance (C7-C12)	Compliance
Patient Focus (C13-C16)	Compliance
Accessible and Responsive Care (C17-C19)	Compliance
Care Environment and Amenities (C20-C21)	Compliance
Public Health (C22-C24)	Compliance

■ Compliance (subject to reviews of evidence)
■ Insufficient Assurance
■ Non-Compliance



Agenda item No: 8
Name of Meeting: Meeting of the Board of Directors in Public
Date: 23 January 2008
Title of Report: Monitor Compliance - Governance Return for Quarter 3 2007/08
Presented By: Dr Richard Coleman, Chief Executive
Subject, Purpose and Recommendation: The Board is asked to approve the 2007/08 Quarter 3 Governance Return to Monitor.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: There is a risk that inadequate performance will have a negative impact on the Trust's Risk Rating for Governance.

1) REPORT DETAIL

Under Monitor's 'Compliance Framework' the Trust is required to submit a quarterly return in respect of governance and finance. For ease of reference the section of the document that deals with in-year monitoring in respect of governance is attached (Appendix A). A full copy Monitor's 'Compliance Framework' was copied to Board members with the Agenda papers for the Board meeting held on 21 November 2007 (annex to item 10). Monitor's 'Quarterly Monitoring FT Checklist' requires that the draft governance return is considered by the Board; a copy is therefore attached at Appendix B.

The governance return falls under 2 headings:

a) 'Items covered by self-certification'

This relates to specific current targets, including:

- Maximum waiting time of 13 weeks - outpatients
- Maximum waiting time of 18 weeks - referral to treatment (by December 2008)
- Maintain level of crisis resolution teams set in 03/06 planning round
- Maintain level of early intervention teams set in 03/06 planning round

b) 'Non-exhaustive list of items requiring exception reporting'

These relates to a series of headings including:

- Finance e.g. unplanned significant increase/s in income or significant increase/s in cost
- Governance e.g. relevant third party investigations e.g. HCC reports of significant failings
- Mandatory Services, e.g. proposals to vary these
- Other e.g. Changes to the Council of Governors.

2) Process

Victoria Corbishley (Monitor Relationship Manager) and Neil Chakrabarti (Monitor Compliance Manager) visited the Trust on 5 December 2007 in order to introduce themselves, increase their background knowledge of the Trust and to answer questions regarding Monitor's Compliance Framework and these reporting requirements.

Monitor have subsequently (January 2008) established a web-based reporting system for the Trust in respect of quarterly monitoring for finance and governance. The first submission date for the Trust (for quarter 3) is 31 January 2007.

The Governance Declaration requires that one of two declarations is signed; either:

Declaration 1 by which "The Board confirms that all targets have been met (after application of thresholds) over the period and that plans are in place to ensure that all known targets which will come into force will also be met" or

Declaration 2 by which the Board confirms which standards have /have not been met with appropriate supporting action plan/s.

The Performance Report to the Board for January 2008 has confirmed compliance with the items requiring self certification in accordance with Declaration 1.

With regard to exception reporting there are two areas to be drawn to the attention of the Board. Firstly there have been changes to the composition of the Council of Governors which must be reported in accordance with Monitor's requirements, as described above. These have therefore been added to the declaration under the heading 'Exception Reporting'. Secondly work continues to finalise the contract with PCTs. A verbal report will be made to the Board meeting on 23 January 2008.

3) Recommendation

It is recommended that the Board approve the Monitor Compliance Return for Governance for Quarter 3 2007/08.



Agenda item No: 8
Name of Meeting: Meeting of the Board of Directors in Public
Date: 23 January 2008
Title of Report: Monitor Compliance - Governance Return for Quarter 3 2007/08
Presented By: Dr Richard Coleman, Chief Executive
Subject, Purpose and Recommendation: The Board is asked to approve the 2007/08 Quarter 3 Governance Return to Monitor.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: N/A
Equality Implications: N/A
Risks: There is a risk that inadequate performance will have a negative impact on the Trust's Risk Rating for Governance.

1) REPORT DETAIL

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b) 'Non-exhaustive list of items requiring exception reporting'

These relates to a series of headings including:

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3) Recommendation

It is recommended that the Board approve the Monitor Compliance Return for Governance for Quarter 3 2007/08.

North Essex Partnership NHS Foundation Trust
Governance Declaration - Exception Report
Q3 2007/08

1) Changes to the Council of Governors

Elected Governors - Resignations:	
Harlow Constituency	Charles Jackson
Maldon Constituency	Brian Loader
Uttlesford Constituency	Pam Jenner

Appointed Governors – Changes:		
North East Essex PCT	Paul Zollinger-Read	Resigned, replaced by Carolyn Larsen
HM Prison & Young Offenders Institute, Chelmsford	Vicky Blakeman	Resigned, replaced by: Robert Davis
Essex Drug & Alcohol Action Team	Steve Leverett	Resigned, replaced by Clare Butler

Report Ends



Agenda item No: 9	
Name of Meeting:	Board of Directors
Date:	23 January 2008
Title of Report:	Preparing a draft Annual Plan for 2008/09
Presented By:	Geoff Scott, Director of Strategy
Subject, Purpose and Recommendation:	
The Board of Directors is recommended to note the publication of the 'Operating Framework for the NHS in England 2008/09' and the supporting 'East of England Commissioning Framework 2008/09', and to agree progress on the development of an Annual Plan for 2008/09 within the process previously agreed by the Board.	
Finance Implications:	
The 2008/09 Annual Plan will be underpinned by a financial plan which will take account of PCT contractual obligations and the Monitor Compliance Framework. National finance allocations to PCTs for 2008/09 were published alongside the Operating Framework.	
Clinical Implications:	
These will be identified when the plan is agreed	
HR Implications:	
These will be identified when the plan is agreed. It is already clear that service reviews and New Ways of Working will be important for all staff groups in ensuring effective care pathways and efficient services	
Legal Implications:	
The submission to Monitor by 31 May of forward planning information is a requirement under paragraph 27(1) of Schedule 7 to the National Health Service Act 2006. Monitor is required to publish the forward planning information under section 39(2)e of the Act.	
Equality Implications:	
The annual plan will be informed by the Trust Equalities Action plans	
Risks:	
The plan is required to identify high level risks and actions to mitigate them	

North Essex Partnership NHS Foundation Trust

Preparing an Annual Plan 2008/09

Background and context:

The Compliance Framework for Foundation Trusts (FTs) requires Trusts to produce an Annual Plan for submission to Monitor by 31 May each year, in a format specified by Monitor guidance.

The Board has already agreed a timescale and process for engaging key stakeholders including the Council of Governors and the Patient and Public Involvement Forum in order to prepare the 2008/09 plan. A strategic workshop for Governors was held on 26 November (the outcome of which was reported at the Council of Governors meeting on 12 December and to a meeting of the Board of Directors on 19 December).

A key component of the annual planning cycle is the publication of the Operating Framework for the NHS in England and the supporting East of England Commissioning Framework. The Department of Health published the national document on 13 December 2007 and this was subsequently followed on 21 December by the East of England guidance. The Operating Framework describes the priorities for the year including the introduction of local stretch targets alongside national priorities, the development of payment by results and tariff details, and policies that support transformation including world class commissioning, engaging with staff, patients and public and delivering choice. It is supported by a number of annexes including: existing targets and commitments still to be met, planning process timetable, and principles and rules for cooperation and competition. Further planning and technical guidance is scheduled for January/ February including a whole raft of indicators or 'vital signs'. The implications for FTs will be discussed with Monitor as part of the development of Monitor's 2008/09 Compliance Framework. A very brief summary of key aspects of the targets and priorities in the Operating Framework for this trust is included in Annex A.

The East of England SHA sets out the main issues that its commissioners will need to address in 2008/09. There is a particular focus on:

- Implementing the *Improving Lives; Saving Lives* pledges (see Annex B)
- Commissioning primary care
- Further strengthening contracts
- Accelerating progress in implementing practice based commissioning
- Developing commissioning capacity and capability

The SHA requires Primary Care Trusts (PCTs) to:

- Sign off an operational plan by March 2008 that:
 - Describes local targets and how they have been agreed
 - Defines success
 - Details milestones
 - Proposes LAA (Local Area Agreement) content on health outcomes
- Develop a strategic plan for the medium term by Autumn 2008.

The SHA requires that all contracts are signed off with providers by 28 February 2008 and will work with PCTs to encourage all FTs to enter into the new national contract from April 2008. (Work on a revised draft national model contract for mental health remains in progress and completion is not anticipated until April 2008)

The SHA is developing a mental health commissioning support document which is expected to be available by 18 January 2008. Key issues to be addressed include:

- Clarifying expectations for Improving Access to Psychological Therapies, following the Secretary of State's announcement
- The need to develop a clear commissioning vision for mental health, encompassing anticipated shifts from secondary to primary care
- Commissioning for specific standards and targets
- Capacity and capability required to commission effectively.

The Trust's Annual Plan needs to be developed in this context, taking account of local and wider commissioner intentions; the views of governors, staff, members, service users, carers and the public; and opportunities identified from market analysis.

Progress on developing a draft Plan:

A brief presentation to the Patient and Public Involvement Forum, followed by discussion, took place on 14th November.

A briefing pack was prepared for the Governor event on 26th November and the workshop outcome was considered further by Governors at their meeting on 12th December. The briefing pack and Governor workshop outcomes were circulated to the Board with the agenda papers for its December meeting.

Key issues raised will be taken into account alongside market analysis, and national and local targets and priorities as published in the Operating Framework and East of England guidance.

As discussions with commissioners progress in January/ February, the full Plan will be drafted in February/ March and a further item will be on the agenda of the Council of Governors meeting on 10 March, and the Board of Directors meeting on 30 April.

It is worth noting at this point that Foundation Trusts are required to make available to Monitor their forward planning information by 31 May that Monitor will publish as required by legislation. Trusts must make clear if there are confidential elements of their annual plan which are not to be included for publication. The Board may therefore need to consider any commercially sensitive/ confidential aspects of its plan in private and subsequently identify to Monitor any aspects of its Annual Plan that are not for publication.

The NHS in England: the Operating Framework for 2008/09

The 2008-09 Operating Framework sets out:

1. **The health and service priorities for the year ahead:** freeing up the front line by moving towards local stretch targets, whilst delivering on national priorities. 2008/09 is the start of the next three-year planning round. In this context, the Operating framework sets out the priorities and planning framework for the NHS for the 2008/09 financial year, within the context of the 3 year CSR period 2008/09 – 2010/11;
2. **The reform levers and enabling strategies:** reform with a purpose – to improve services. The focus will be on developing world class commissioning as the key agent for change on behalf of patients and the public, using the full range of levers and incentives to transform services and improve outcomes;
3. **The financial regime:** setting out a framework that fully supports reform goals and incentivises transformational improvements in services within available resources. Key to this will be the need to sustain the surpluses the NHS is on track to deliver;
4. **The business processes:** ensuring a business-like and transparent approach to planning that supports locally led decisions whilst providing accountability. There is a strong emphasis on genuine partnership working at a local level with local government and other partners to ensure that local health and wellbeing needs are better understood and addressed in partnership

There are 5 key areas or 'must-do's' nationally in terms of priorities:

- Improving cleanliness and reducing HCAI's;
- Improving access through achievement of the 18 week referral to treatment pledge, and improving access (including at evenings and weekends) to GP services;
- Keeping adults and children well, improving their health and reducing health inequalities,
 - This includes specifically improving children and young people's physical and mental health and well-being;
- Improving patient experience, staff satisfaction, and engagement and
- Preparing to respond in a state of emergency, such as an outbreak of pandemic flu.

In addition to these 5 key national must-do's, there are a number of areas of concern nationally where PCTs as commissioners are expected to take 'recovery' or 'preparatory' action. These include:

- Equality issues;
- Mixed sex accommodation – agreeing, publishing and implementing stretching plans for improvement with trusts with timescales and monitoring mechanisms. In addition ensuring by 2010 no 16-17 year olds are treated on adult psychiatric wards, unless such admission is in accordance with their needs;
- Learning disabilities – subject to the outcome of consultation, PCTs need to prepare for the transfer of LD funding to local authorities (as set out in *Valuing*

People Now) and with LAs agree local priorities and plans for improvement including campus closures;

- Crisis resolution – momentum to establish these teams must continue to ensure people receive appropriate treatment and help at the earliest opportunity;
- Improving access to psychological therapies – PCTs to begin planning how they will implement a stepped-care psychological therapies service, supported by best practice guidelines – first step to carry out a local needs assessment;
- Older people with dementia – PCTs should consider the soon to be published details of the clinical and economic case for investing in services for early identification and intervention in dementia in considering the development of local services to meet a growing challenge;
- End of life care – PCTs to build on their base-line reviews and consider development of rapid response services and coordination centres (End of life care strategy to be published summer 2008);
- Disabled children – identifying local actions and targets including short breaks, palliative care services, access to therapies and supporting effective transition to adult services.

Beyond the national requirements and additional national priorities for local delivery, against which will be a number of indicators known as 'vital signs', PCTs are also encouraged in consultation with local partners to set additional local priorities and targets. Whilst the Framework focuses on new priorities it also makes clear that levels of service set through previous commitments must be maintained and the Healthcare Commission will be asked to feed these into its performance assessment of NHS bodies. These are laid out in an Annex A to the Framework and those significant for a mental health service providing trust include:

- Four hour maximum wait in A&E from arrival to admission, transfer or discharge;
- A maximum wait of 13 weeks for an outpatient appointment;
- Delayed transfers of care to be maintained at a minimal level;
- Deliver 7,500 new cases of psychosis served by early intervention teams per year;
- All patients who need them have access to crisis services, with delivery of 100,000 new crisis resolution home treatment episodes each year;
- All patients who need it have access to a comprehensive child and adolescent mental health service, including 24-hour cover/ appropriate services for 16-17 year-olds and appropriate services for children and young people with learning disabilities.

The Operating Framework is supported by a number of further annexes including: planning process timetable, and principles and rules for cooperation and competition. Further planning and technical guidance is scheduled for January/ February including a whole raft of indicators or 'vital signs'. The Annex on cooperation and competition (Annex D) lays out and expands upon 10 key principles:

- commission from best placed providers;
- cooperation of commissioners and providers to ensure seamless patient experience;
- transparent and non-discriminatory commissioning and procurement;

- commissioners and providers foster choice including ensuring access to accurate and reliable information;
- appropriate promotional activity is encouraged as long as it remains consistent with patients' best interests and the brand and reputation of the NHS (an NHS Code of Promotion is to be published);
- providers must not discriminate against patients and must promote equality;
- payment regimes must be transparent and fair;
- financial intervention in the system must be transparent and fair;
- mergers, acquisitions, joint ventures etc are permissible if in patients' interests, ensures continued high quality provision and VFM;
- similarly vertical integration is permissible subject to defined safeguards

The Operating Framework also requires PCTs to review their requirements for community services during 2008/09 and use this process to consider all the options for models of provision. From 1 April 2008 all PCTs are required to create an internal separation of their of their operational provider services and agree Service Level Agreements for these.

East of England Commissioning Framework

Delivering *Improving Lives; Saving Lives* Pledges

- Pledge 1:** Deliver year on year improvements in patient experience
- Pledge 2:** Extend access guarantees to more services
- Pledge 3:** Ensure GP practices improve access and become more responsive to the needs of all patients
- Pledge 4:** Ensure NHS primary dental services are available locally for all who need them
- Pledge 5:** Ensure fewer people suffer from, or die prematurely from, heart disease, stroke and cancer
- Pledge 6:** Make the East of England healthcare system the safest in England
- Pledge 7:** Improve the lives of those with long term conditions
- Pledge 8:** Work with partners to reduce the differences in life expectancy between the poorest 20% of our communities and the average in each PCT
- Pledge 9:** Ensure healthcare is as available to marginalized groups and 'looked after' children as it is to the rest of us
- Pledge 10:** Cut the number of smokers by 140,000
- Pledge 11:** Halt the rise in obesity in children and then seek to reduce it



Agenda item No: 10
Name of Meeting: Meeting of the Board of Directors in Public
Date: 23 January 2008
Title of Report: Risk & Governance Update
Presented By: Dr Richard Coleman, Chief Executive
Subject, Purpose and Recommendation: The Board is asked to receive the Risk and Governance Executive report from Dr Richard Coleman, 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

Risk and Governance Executive Report by the Chief Executive January 2008

Introduction

The Risk & Governance Executive was formed in response to the Monitor compliance framework guidance. Its purpose is to “oversee and direct the Risk, Patient Safety, Clinical/Practice Governance, Standards for Better Health, and Assurance Framework activity across the organisation and the audit requirements relating to these areas” [*RGE Terms of Reference*]. These updated terms of reference were agreed by the Board on 31 October 2007. This document will outline in summary the issues of concern from April 2007 to September 2007.

The R&GE now meets on a bi-monthly basis in order to ensure that the large agenda can be progressed and managed effectively.

For ease of reference this report will deal with the issues under the following headings:

1 Risk

- Risk Strategy and Risk Register
- Assurance Framework
- Incident Reporting
- NHSLA Standards (formerly CNST)
- Claims Reporting
- Health and Safety and Security Management

2 Clinical/Practice Governance

- Health Care Commission Core and Developmental Standards
- Clinical Audit and Effectiveness
- NICE Guidance
- Infection Prevention and Control/PEAT Cleanliness

3 Serious Untoward Incidents/Complaints/Access to Records

- Suicide/Homicide
- SUI/Complaints Action Plans

4 Policy Approval

5 Trust Work Group Terms of Reference

6 Other Risk and Governance Issues

7 Future Priorities

1. Risk

a) Risk Register

- Suicide prevention escalated within the Risk Register following recommendations from the R&GE in response to issues identified within the SUI six month analysis report.
- Agreed that the Risk Register will be a standing item on the agenda.
- Risk management received substantial assurance from internal auditors.
- Risk management annual report describes the issues of note.
 - i. Shortage of Manual Handling and Link Trainers
 - ii. Decrease in Riddor incidents
 - iii. Increase in violent incidents in older adults units
 - iv. Development of local/area risk registers

b) Assurance Framework

- Agreed that Assurance Framework will be a standing item on the agenda and reviewed in line with the Trust's Risk Register to ensure continuity.
- Agreed that the Assurance Framework must be cross referenced against the Trust's strategic objectives, the Health Care Commission core and developmental standards and the new NHSLA (National Health Service Litigation Authority) standards (formerly CNST).

c) Incident Reporting

- Incident Analysis
 - i. High incidence of self harm on Longview/The Lakes
 - ii. High number of absconders from Finchingfield
 - iii. R&GE requested retrospective trend analysis to inform action plans
 - iv. NPSA reporting via sentinel database remains problematic

d) National Health Service Litigation Authority (NHSLA) Standards (formerly CNST)

- In November 2007 the Trust achieved the new NHSLA standards at level 2. It should be noted that the level of compliance required to achieve the standards has been raised significantly. These standards are taken into consideration as part of our declaration of compliance to the Health Care Commission.
- The action plan constructed for the previous CNST standards has been updated and traffic light scored against levels 2 and 3 in relation to the Trust's current position. Issues of concern:
 - i. Medical staff inductions (including locums)
 - ii. Local staff inductions
 - iii. Monitoring of an attendance at mandatory training

e) Claims Reporting

- The formal reporting of claims against the Trust is a requirement of the NHSLA (CNST) standards. It has been agreed that an analysis report will be brought to the R&GE on a twice yearly basis. Issues of note:
 - i. Very little change in the number of claims in comparison to last year.
 - ii. Increase in the number of claims successfully defended
 - iii. Increase in claims relating to sexual incidents. This has precipitated the development of the Sexual Well Being Policy, which includes guidance for staff on maintaining appropriate relationships.
- It has been agreed that claims should also be subject to organisational learning and therefore an action plan will be formulated in response to identified issues.

f) Health and Safety and Fire and Security Management

- The Annual Fire Statement and Action Plan were presented. This had been formulated in response to the risk assessments carried out in all Trust buildings. The Director of Resources has reported that he is of the opinion that the quality of fire certification throughout the Trust is of a high standard and the areas requiring work are being actioned. It has been agreed that the progress against the action plan will be reported through the R&GE on a twice yearly basis.
- A Security Management Work Plan was constructed to address 7 generic security domains:
 - i. Creating a Pro-Security Culture
 - ii. Deterrence
 - iii. Prevention
 - iv. Detection
 - v. Investigation
 - vi. Sanctions
 - vii. Redress

It has been agreed that a report will be submitted to R&GE on a twice yearly basis.

2 Clinical/Practice Governance

a) HCC Core and Development Standards

- The draft declaration for 2007/2008, following scrutiny by senior staff and consultation with the Council of Governors, will be presented to the R&GE for approval. It will then be submitted to the Trust Board for final sign off prior to the submission deadline of 1st May 2008. The CIRIS database, purchased last year, has enabled the organisation to provide a significant evidence base to support the Trust's declaration of full compliance. It was noted that there is a need to embed the ownership of the HCC standards

throughout the organisation. It was agreed that each standard under each domain would not only have a lead director, but also a manager named to ensure that the necessary supportive evidence is supplied. The Clinical/Practice Governance team will support and guide the named director and managers.

b) Clinical Audit and Effectiveness (CAEG)

- A report of the group's activity over the last year was presented. A number of issues of concern were raised regarding the resources necessary to deliver the integrated clinical audit plan. It was also noted that it is necessary to improve the processes for implementing NICE guidance and to evidence our compliance through the audit process.

c) Infection Prevention and Control Annual Report

- The report was discussed in detail and areas of progress noted. It was noted that the Trust needed to ensure that cleaning was prioritised, in particular in relation to radiators within in-patient facilities. It was also noted that the majority of infection cases could be traced back to the acute hospitals with very few being developed within the Trust's services.

3 Serious Untoward Incidents/Complaints

It has been agreed that both the Complaints and SUI departments would submit six monthly and an annual report to R&GE. It was also agreed that, should a serious complaint or SUI occur, this should be reported by exception.

a) SUI Annual Report

- This was presented in May and discussed in detail. It was noted that there has been an increase in the number of SUIs involving self harm resulting in death. Colchester continues to have the highest reported SUIs. It was also noted that the successful pilot of case conferences in substance misuse is being rolled out across the rest of the organisation.

b) Complaints Annual Report

- It was noted that there was a continuing reduction in the number of complaints. This is to be commended as it is against the national trend.
- It was agreed that learning from complaints should be given the same treatment and priority as SUIs. Action plans will now be formulated following each complaint.

4 Policy Approval

The R&GE approved the following policies during the first 6 months of 2007/2008 financial year:

- i. Physical Health Care
- ii. Nutritional Guidelines
- iii. Admission Procedure
- iv. Transfer of Service Users
- v. Implementation of NICE Guidance
- vi. Policy and Procedure Writing
- vii. Risk Management
- viii. Mother & Baby
- ix. Claims Handling
- x. Tissue Viability

5 Approval of Terms of Reference for Trust Working Groups

The R&GE has, as part of its core functions, the remit to establish and terminate workgroups as required. It also has the responsibility to approve each group's Terms of Reference and review date. The following ToR have been approved to date:

- i. Service Information Group
- ii. Information Security and Governance Steering Group

6 Other Risk and Governance Issues

- a) Visitors' Charter approved
- b) Skills blend exercise for in-patients discussed at length, risk issues acknowledged and process for implementation approved
- c) Avoidable Deaths:

- **Suicide**

The discussion focussed around action planning and learning in response to suicides. It was agreed that the Suicide Prevention Group should own and take responsibility for progressing action plans and ensuring changes in practice occur to reflect learning. This will be fed back into the R&GE.

- **Homicide**

It was acknowledged that homicides do occur and that this issue needs to be formally addressed and managed. Following discussion it was agreed that homicides should be incorporated into the terms of reference of the Suicide

Prevention Group and it will then also be responsible for the progression of learning from homicides. This will be reported through the R&GE.

7 Future Priorities

The future priorities for the RGE for the next 6 months are:

- Successful submission of the Core Standards declaration to the Board of Directors in advance of 01 May 2008 deadline
- The Assurance Framework
- Service Operational Policies



Agenda item No: 11
Name of Meeting: Meeting of the Board of Directors in Public
Date: 23 January 2008
Title of Report: Council of Governors Meeting (12 December 2007) - Minutes & 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 12 December 2007 and discuss feedback.
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: 12
Name of Meeting: Meeting of the Board of Directors in Public
Date: 23 January 2008
Title of Report: Audit Committee – Report on the Meeting held on 11 January 2008
Presented By: Ray Cox, Chairman of the Audit Committee
Subject, Purpose and Recommendation: The Board is asked to receive a verbal report from Ray Cox, Chairman of the Audit Committee on the meeting held on 11 January 2008
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: 13
Name of Meeting: Meeting of the Board of Directors in Public
Date: 23 January 2008
Title of Report: Use of Seal
Presented By: Dermot McCarthy, Trust Secretary
Subject, Purpose and Recommendation: Under Trust Standing Orders there is a requirement that "a report of all sealing shall be made to the Trust at least quarterly. The report shall contain details of the seal number, the description of the document and the date of sealing". There have been the following uses of the seal since the last positive report to the Board: <ul style="list-style-type: none">• Seal Number 52, Revolving Credit Agreement (£7.5m) between North Essex Partnership NHS Foundation Trust and Barclays bank PLC• Seal Number 53, Licence to assign relating to Lease of 9 Oxford Road Colchester between North Essex Partnership NHS Foundation Trust , Phoenix Group Homes and Phoenix Homes Colchester.
Finance Implications: N/A
Clinical Implications: N/A
HR Implications: N/A
Legal Implications: There is a requirement to comply with Standing Order 12.3 ' Register of Sealing'.
Equality Implications: N/A
Risks: N/A



Agenda item No: 14
Name of Meeting: Meeting of the Board of Directors in Public
Date: 23 January 2008
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 decisions 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
24/01/07	Seminar	S2007/05	Foundation Trust: The Board agreed to the proposal to appoint a business adviser on an interim basis	
		S2007/08	Forward Plan: The Board approved the process for preparing the 2007/08 forward plan, noting that this was not a requirement for authorisation by Monitor.	
		S2007/09	Audit: The Board approved and adopted the Strategic Audit plan and the Internal Audit Programme for 2007/08	
28/02/07	Board	2007/09	Strategic Direction and Draft Services Development Plans for 2007/08 - 2009/10: The Board approved the draft proposals for 2007/08 on the basis that final plans would be submitted for formal acceptance in due course.	
		2007/12	Use of Seal: The Board received and approved the report regarding the use of the Common Seal of the Trust.	
04/04/07	Seminar	S2007/17	LDP/FT: The Board approved the outline financial plan with the understanding that it would be brought back for further discussion at the April 2007 Trust Board.	
25/04/07	Board	2007/24		Mental Capacity Act: The Board received a presentation regarding the Mental Capacity Act 2005 and the associated changes in procedures.

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		2007/27	Equality Schemes; Disability, Gender and Race: The Board approved the first Trust Disability Scheme, the first Trust Gender Scheme and the third revision to the Trust Race Relations Scheme	
		2007/29	Healthcare Commission Core & Developmental Standards Declaration 2006/07: The Board <ul style="list-style-type: none"> • Accepted the recommendation of the Risk & Governance Executive through Chair's Action to declare the achievements as reported with an overall assessment of 'excellent' for developmental standards; and • Confirmed its understanding that the sign-off process required by the HCC asked for acceptance of the declaration to be submitted on 1 May 2007 by each individual Board member. 	
23/05/07	Board Seminar	S2007/26	Annual Plan: The Board agreed the annual plan for submission to the East of England Strategic Health Authority subject to two amendments to the targets: <ul style="list-style-type: none"> • To Be a Model Employer - Use of Agency Staff: Agreed this target should be revised to read 'Agency staff to be below 1%' • To Be a Model Employer - Statutory and Mandatory Training - Following a suggestion from Annie Ralph is was agreed that this target would be amended to describe an outcome to be achieved, i.e. an improvement of the statutory and mandatory training year on year within financial constraints to meet identified service needs. 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		S2007/28	Financial Report for the Period Ending 31 March 2007 (Provisional Year End 2006/07): The Board received and approved the provisional year end financial report for 2006/07.	
		2007/29	Capital Programme 2007/08: The Board approved the Capital Programme 2007/08	
13/06/07	Special Board	01	Foundation Trust Board of Directors - to approve the establishment, terms of reference and membership of the proposed Nominations Committee and of the proposed Remuneration Committee: these were approved by the Board.	
		03		Council of Governors The Board noted the proposed terms of reference of the proposed Remuneration and Appointments Committee (RAC)
		04	<p>Governors' Indemnity: the Board agreed that:</p> <ul style="list-style-type: none"> • the letter of indemnity be given to each governor as detailed • quotations be sought for insurance in respect of this indemnity, and the Chairman and Chief Executive make a final decision in the context of the premium regarding whether to insure the risk (further suggestions included potentially seeking a consortium arrangement with other trust/s in order to obtain this insurance at a lower premium) • paragraph 40 of the draft constitution be altered as detailed in the report 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<ul style="list-style-type: none"> • that a paper regarding the subject be brought to the Shadow Council of Governors meeting on 27 June 2007 	
20/06/07	Special Board	01	Approval of the 2006/07 Annual Accounts: the Board approved the Annual Accounts 2006/07 and recommended them to the Chief Executive for signature. The accounts would then be taken to the Board meeting on 27 June 2007 with a recommendation for adoption.	
26/07/07	Board (in Private)	S2007/41	Board Development and Performance Evaluation: Subject to the identification of a budget , the Board approved <ul style="list-style-type: none"> • the procurement of Board assessment and development tool at a cost of no more than £4,000 • the performance evaluation approach as outlined in the paper, subject to gaining Foundation Trust status 	
		S2007/42	Governors' Indemnity: The Board agreed that <ul style="list-style-type: none"> • the indemnity as recommended to the Board on 13 June 2007 should be put in place • the issue of insurance be decided by the Chairman and Chief Executive once quotations were available the position be reviewed 12 months after Foundation Trust status was achieved 	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		S2007/43	<p>Foundation Trust Application</p> <p>a) Constitution</p> <p>Subject to:</p> <ul style="list-style-type: none"> • the correction of typographical errors in the covering letter and • the appropriate amendment regarding the delegation of powers to Associate Hospital Managers <p>The Board approved the Constitution of North Essex Partnership NHS Foundation Trust</p>	
			<p>Foundation Trust Application</p> <p>b) Updated Register of Directors' Interests</p> <p>Subject checking with the Non Executive directors who had given their apologies, the Board confirmed that it maintained a register of interests to be provided to Monitor and confirmed that there were no material conflicts of interests within the Board.</p>	
			<p>Foundation Trust Application</p> <p>c) Updated Self-certification on Organisational Capacity</p> <p>The Board approved the updated Certification of Organisational Capacity for signature by the Chairman and subsequent submission to Monitor.</p>	
		S2007/44	Consultation on Service Changes	The Board noted the update on the consultation re. service changes.

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
29/08/07	Board (in Public)	2007/71	Capital Programme a) Interim provision of the 'LOLA' Services (The Lodge, Oak House, Laurels and Avondene) The Board: i) Approved the Business Case for the interim provision of LOLA services ii) Approved the scheme to progress iii) Noted that a further scheme for Severalls House was under development	
		2007/71	Capital Programme b) Chelmsford Older Adults Development - Preferred Procurement Route The Board: i) Approved ProCure21 as the preferred procurement route for the Chelmsford Older Adults Scheme. ii) Approved the commencement of the process to select a Principal Supply Chain Partner (PSCP).	
		2007/74	Mental Health Services in North Essex – Consultation On Proposed Service Changes - Trust Response The Board approved the draft formal response to the consultation, including additional comments with regard to Mother and Baby Services, for submission to West Essex PCT	
		2007/75	'Green Light – Making it Happen' Learning Disability Pilot Project The Board noted the successful bid by North East Essex PCT, in partnership with the Trust, and approved involvement in Phase II of the national 'Making it Happen' programme run by the national Valuing People Support Team	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
		2007/76	<p>Annual Report 2006/07 on the Partnership Arrangement between Essex County Council (ECC) and North Essex Mental Health Partnership NHS Trust (NEMHPT)</p> <p>The Board approved the draft Annual Report 2006/07 on the Partnership Agreement between Essex County Council (ECC) and North Essex Mental Health Partnership NHS Trust for public presentation to Essex County Council on 19 September 2007.</p>	
26/09/07	Board (in Private)	12a	<p>Foundation Trust - Change of Trust Name</p> <p>The Board of Directors unanimously passed a resolution, subject to and to take effect from the date of the Trust being authorised by Monitor to operate as a NHS Foundation Trust “that the name of the Trust is changed to North Essex Partnership NHS Foundation Trust</p>	
		12b	Constitution & Associated Documents overview	The Board noted the report and the commentary on changes to the Constitution and associated documents.
		12c	<p>Constitution including Standing Orders of the Board of Directors and Standing Orders for the Council of Governors</p> <p>The Board unanimously passed the following resolutions, subject to and to take effect from, the date of the Trust being authorised by Monitor to operate as a NHS Foundation Trust:</p>	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<ul style="list-style-type: none"> • that the Constitution in the form now produced to the meeting and signed by the Chairman for identification be adopted as the Constitution of the Trust as a Foundation Trust • that the Standing Orders for the Board of Directors in the form now produced to the meeting and signed by the Chairman for identification be adopted as the Standing Orders of the Board of Directors as a Foundation Trust • that the Standing Orders for the Council of Governors in the form now produced to the meeting and signed by the Chairman for identification be adopted as the Standing Orders of the Council of Governors as a Foundation Trust <p>Each of the three documents was signed by the Chairman</p>	
		12d	<p>Foundation Trust – Board of Directors Standing Financial Instructions and Reservation of Powers to the Board and Delegation of Powers previously adopted by the Trust</p> <p>The Board then unanimously passed the following resolutions, subject to and to take effect from, the date of the Trust being authorised by Monitor to operate as an NHS Foundation Trust:</p>	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<p>a. that the Standing Financial Instructions of the Trust in the form now produced to the meeting and signed by the Chairman for identification be adopted as the Standing Financial Instructions of the Trust as a Foundation Trust</p> <p>b. that the Reservation of Powers to the Board and Delegation of Powers previously adopted by the Trust should continue in full effect but where there was any inconsistency between the Standing Orders and/or the Standing Financial Instructions as adopted by these resolutions and the Reservations of Powers to the Board and Delegation of the Powers previously adopted by the Trust, the provisions of the Standing Orders and Standing Financial Instructions now adopted should prevail</p> <p>The Chairman signed a copy of the Standing Financial Instructions.</p>	
		12e	<p>Council of Governors - Code of Conduct</p> <p>The Board unanimously passed the following resolution subject to, and to take effect from, the date of the Trust being authorised by Monitor to operate as an NHS Foundation Trust: that the Code of Conduct for members of the Council of Governors of the Trust in the form now produced to the meeting and signed by the Chairman for identification be adopted as the Code</p>	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<p>of Conduct for those members and which is referred to in Annex 5 of the Constitution.</p> <p>A copy of the Code of Conduct was signed by the Chairman.</p>	
		12f	<p>Charitable Funds – Change of Name</p> <p>The Board unanimously passed the following resolution, subject to, and to take effect from, the date of the Trust being authorised by Monitor to operation as an NHS Foundation Trust: that in accordance with the Powers conferred on the Trust as a Corporate Trustee by the Declaration of Trust, the name of the Charitable Fund thereby established and having the registered charity number 1053509 be changed to the North Essex Partnership NHS Foundation Trust Charitable Fund.</p> <p>It was noted that Charitable Funds Forum was not an established committee of the Board of Directors. It was agreed that Sarah Phillips should continue as the Chairman of the Charitable Funds Forum.</p>	
		12g	<p>Appointment of the Vice Chairman, Senior Independent Director & Committee Chairs</p> <p>The Board unanimously passed the following resolution subject to, and to take effect from, the date of the Trust being authorised by Monitor to operate as an NHS Foundation Trust. That the following appointments in respect of the Board of Directors be confirmed:</p>	

Summary of Board Decisions

Date of Meeting	Type of Meeting	Minute Reference	Decision	Item Received/Noted etc
			<ul style="list-style-type: none"> • Vice Chairman - Ray Cox • Senior Independent Director - Annie Ralph • Chairman of the Audit Committee - Ray Cox • Chairman of the Nominations Committee - Annie Ralph • Chairman of the Remuneration Committee - Sarah Phillips 	
		12h	<p>Authority to Amend Governance Documents</p> <p>The Board unanimously passed the following resolution that the Chairman and Chief Executive be authorised after having consulted at least two Non Executive Directors to make such further amendments to any of the documents mentioned in agenda items 12c., 12d. and 12e, as may be required by Monitor in order that the Trust may be authorised to operate as a Foundation Trust, subject to such amendments being reported to the next formal meeting of the Board for ratification.</p>	



Agenda item No: 15

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

Date: 23 January 2008

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: 16
Name of Meeting: Meeting of the Board of Directors in Public
Date: 23 January 2008
Title of Report: Questions from members of the public relating to items on the agenda
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