NHS
Essex Partnership University
NHS Foundation Trust

Council of Governors Meeting

Monday 7 November 2022

EPUT

Essex Partnership University
NHS Foundation Trust

Meeting of the Council of Governors
Monday 7 November 2022 at 15:45
Microsoft Teams Meeting

Vision: Working to Improve Lives

CEO Briefing – 15:00

PART ONE MEETING – HELD IN PUBLIC

AGENDA

1	**WELCOME TO NEW GOVERNORS / APOLOGIES FOR ABSENCE**	SS	Verbal	Noting	**15:45**
2	**DECLARATIONS OF INTEREST**	SS	Verbal	Noting	
3	**MINUTES OF THE MEETING (PART 1) HELD ON 6 JUNE 2022**	SS	Attached	Approval	
4	**ACTION LOG AND MATTERS ARISING**	SS	Attached	Noting	
Time to Care **Paul Scott, Chief Executive Officer**					**15:47**
5	**STANDING REPORTS**				
(a)	Report from the Chair	SS	Attached	Noting	**16:02**
(b)	Chief Executive Officer Report	PS	Attached	Noting	
(c)	Annual Reports from the Chairs of the Board of Directors Standing Committees				
	(i) Remuneration and Nomination Committee	SS	Attached	Noting	
6	**ITEMS FOR DECISION**				
(a)	Standing Orders for the Council of Governors	DG	Attached	Approval	**16:15**
(b)	Council of Governors Membership Committee Annual Report and Terms of Reference	MD	Attached	Approval	
7	**ITEMS FOR NOTING**				
(a)	CAMHS CQC Final Report	DG	Attached	Noting	**16:25**
(b)	Auditor's Annual Report	JW	Attached	Noting	
(c)	Annual Review of Audit Services	JW	Attached	Noting	
(d)	Membership / Your Voice	CJ	Attached	Noting	
(e)	Election to the Council of Governors	CJ	Attached	Noting	
(f)	Changes to the Council of Governors and Membership of its Committees	CJ	Attached	Noting	
(g)	15 Steps Visit Feedback	CJ	Attached	Noting	
(h)	Deputy Lead Governor Election	CJ	Verbal	Noting	

(i)	Lead / Deputy Lead Governor Report	JJ / PE	Attached	Noting	
8	**ANY OTHER BUSINESS**				**16:45**
9	**QUESTION & ANSWER SESSION FROM MEMBERS OF THE PUBLIC**				
10	**RESOLUTION** Members of the public are excluded from Part 2 Council of Governors meeting having regard to commercial sensitivity and/or confidentiality and/or personal information and/or legal professional privilege in relation to the business to be discussed				
11	**DATE AND TIME OF NEXT MEETING** **Thursday 8 December 2022 (4pm)**				**17:00**
12	**DATES OF FUTURE MEETINGS** TBC				

Professor Sheila Salmon
Chair

Minutes of the Council of Governors Meeting Held in Public
On Monday 6 June 2022
Microsoft Teams

Attendees:

Prof Sheila Salmon (SSa)	Chair of the Trust (Chair of the meeting)
Keith Bobbin (KB)	Public Governor Essex Mid & South
Lara Brooks (LB)	Staff Governor Non-Clinical
Peter Cheng (PC)	Public Governor North East Essex & Suffolk
Mark Dale (MDa)	Public Governor Essex Mid & South
Councillor Mark Durham (MDu)	Appointed Governor Essex County Council
Pippa Ecclestone (PE)	Public Governor West Essex & Hertfordshire
Paula Grayson (PG)	Public Governor Bedfordshire, Luton & Milton Keynes & ROE
Julia Hopper (JH)	Public Governor Essex Mid & South
John Jones (JJ)	Public Governor Bedfordshire, Luton & Milton Keynes & ROE
Pam Madison (PM)	Public Governor Essex Mid & South
Nosi Murefu (NM)	Staff Governor Clinical
Tracy Reed (TR)	Staff Governor Clinical
Elizabeth Rotherham (ER)	Public Governor Essex Mid & South
Stuart Scrivener (SSc)	Public Governor Essex Mid & South
David Short (DS)	Public Governor North East Essex & Suffolk
Michael Waller (MW)	Public Governor West Essex & Hertfordshire
Paul Walker (PW)	Staff Governor Non-Clinical
Judith Woolley (JW)	Public Governor Essex Mid & South

In attendance:

Rufus Helm (RH)	Non-Executive Director
Mateen Jiwani (MJ)	Non-Executive Director
Manny Lewis (ML)	Non-Executive Director
Loy Lobo (LL)	Non-Executive Director
Alison Rose-Quirie (ARQ)	Non-Executive Director
Amanda Sherlock (AS)	Non-Executive Director
Janet Wood (JW)	Non-Executive Director
Paul Scott (PS)	Chief Executive Officer
Alex Green (AG)	Executive Chief Operating Officer
Natalie Hammond (NH)	Executive Nurse
Nigel Leonard (NL)	Executive Director of Major Projects
Zephan Trent (ZT)	Executive Director of Strategy, Transformation and Digital
Denver Greenhalgh (DG)	Senior Director of Governance and Corporate Affairs
Chris Jennings (CJ)	Assistant Trust Secretary
Clare Sumner (CS)	Trust Secretary's Office Administrator
Moriam Adekunle (MA)	Director of Safety and Patient Safety Specialist
Johnny Townson (JT)	Senior Business Support Manager
Peter Blackman (PB)	Member of the Public

022/22 APOLOGIES FOR ABSENCE / WELCOME TO NEW STAFF

David Bamber	Public Governor West Essex & Hertfordshire

Signed …… Date …….

In the Chair

Jared Davis	Staff Governor Clinical
Trevor Smith (TS)	Executive Chief Finance Officer

ML advised he would need to leave the meeting at 16:45 to attend a system meeting on behalf of the Chair.

SSa welcomed everyone to the meeting.

023/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

024/22 MINUTES OF THE MEETING (PART 1) HELD ON 21 MARCH 2022

The minutes of the meeting held on the 21 March 2022 were reviewed.

CJ advised PE had provided a comment prior to the meeting in relation to Page 5, Paragraph 5, which stated, “PG noted the report referred to the need to address the risks within the new contract for the Lighthouse Children’s Development Centre [...]”. PE had commented she had made the statement and therefore the line should be amended to state “PE noted…” The Council of Governors agreed to this amendment.

PG noted Page 3, Paragraph 3 stated, “TS advised the final submissions of the plans were due for submission by the 28 April 2022 and these would be circulated on approved by the Board of Directors.” in relation to business plans. PG asked whether this was the same as the Operational Plan. This would suggest the Operational Plan had been finalised and input was not required from the Council of Governors.

SSa advised the Operational Plan had been to the Board of Directors in May 2022 but had not been finalised. SSa advised this would be highlighted in the Chief Executive Officers report on the agenda.

The Council of Governors approved the minutes as an accurate record, subject to the above amendment.

025/22 ACTION LOG AND MATTERS ARISING

The Council of Governors reviewed the action log. CJ provided an update to the open actions:

March 2022 008/22: Review and remove references to “Monitor” in the Trust Constitution upon enactment of the Health and Care Bill.
This will be taken forward once the Health and Care Bill comes into force on the 1 July 2022.

March 2022 014/22: Write to Governors to ask how they would like to engage with the strategic development.
A session was currently being arranged with Governors for June – July 2022 to engage with the strategic development.

Dec 074/21: Develop a template for future Standing Committee assurance reports via the Council of Governors Chair of Sub-Committees meeting

This was being taken forward as part of an overall review of governance by DG. The action had been noted formally by DG in March 2022 upon joining the Trust.

Sep 056/21 Undertake a data quality audit of the Serious Incident local indicator contained in the Quality Account 2019/20.
The audit had been completed and was with NH for review prior to sharing with Governors.

PRESENTATION: THE HEALTH AND CARE BILL AND INTEGRATED CARE SYSTEMS: OPPORTUNITIES AND RISKS FOR MENTAL HEALTH AND COMMUNITY SERVICES

ZT delivered a presentation to provoke thinking about engaging with Integrated Care Systems as part of the new Health and Care Bill, which will come into effect on the 1 July 2022. The slides were circulated to the Council of Governors following the meeting.

SSa thanked ZT for the presentation and invited questions from the Council of Governors.

JJ thanked ZT for the fascinating presentation and commented on the reference to a pan-Essex mental health collaborative. JJ noted there was already a provider collaborative covering much of the East of England and asked whether a new collaborative for Essex would conflict with this. ZT advised the East of England collaborative was focusing on specialist mental health services usually commissioned by NHS England. The pan-Essex mental health collaborative would look at the services usually commissioned by the Clinical Commissioning Groups and would be overseen by the Integrated Care Board's. The collaboratives would complement each other, but not overlap.

PS noted the complex landscape highlighted by the presentation and noted a comment made in the CEO briefing relating to how the leadership of the Trust would be able to serve all levels of system working. PS advised the Board has discussed this previously and asked if there had been any further progress on this. ZT agreed it was important to recognise not all levels of system working would be able to be serviced by the same leadership team. Proposals were being developed to use the Leadership 50 in the organisation and ensure operational Directors are leading in relevant areas. It was important to ensure the Trust was an active partner, but also able to connect back to the Trust.

AG advised the new target-operating model would give the Trust the vehicle for ensure there is leadership within system working and at a local place level. There would need to be certain levels of operational autonomy, managed via the accountability framework.

AG responded to the earlier comment from JJ regarding the Essex-wide mental health collaborative. AG advised the collaborative was intending to explore the grey areas created by the divide between mental health and social care. The collaborative would be looking at doing things differently where there were known gaps and ensuring it was working with other collaborative systems such as community health services and specialist mental health.

PE highlighted the population of Hertfordshire and West Essex ICB as having the largest population, but EPUT provides a smaller portion of services. PE asked how EPUT would ensure its needs are considered as part of the ICS working. AG advised the ICS had given a clear intention to ensure there is place-based partnership working. The Trust had met with the ICS and Essex County Council to take this forward and there was a good relationship with Hertfordshire Partnership NHS Foundation Trust, who provide services in Hertfordshire.

The arrangements will also be aligned with the Essex-wide mental health collaborative, which will provide strength in ensuring the voice of the Trust is maintained within the ICS.

ZT summarised the changes to system working were positive, with seven Clinical Commissioning Group across Essex reduced to three Integrated Care Boards which have a more coherent framework supported by legislation. The focus was on ensuring there is integration of services and ensuring the Trust is able to achieve its own strategic goals. ZT reflected on the point made by PE regarding ensuring the Trust is not a minority voice and would take this forward.

SSa noted governor, membership and citizen engagement would be something that would need to be considered as part of the new processes. ZT agreed the ICB's and ICP's would need to take this forward as they were established.

The Council of Governors thanked Zephan for the presentation and looked forward to the next iteration.

026/22 REPORT FROM THE CHAIR

SSa presented a report providing an update in support of Governors holding the Non-Executive Directors to account both individually and collectively for the performance of the Board of Directors and to provide an understanding of the work of the Non-Executive Directors.

The Council of Governors received and noted the report.

027/22 CHIEF EXECUTIVE OFFICER REPORT

PS presented a reporting providing a summary of key activities and information. PS highlighted the continued pressure on services and acknowledged the work undertaken to ensure patients were safe, especially over the jubilee weekend.

PS provided details of the development of the operational plan in response to comments earlier in the meeting. The usual guidance from NHS England / Improvement for the operational plan had not been issued this year and therefore the Trust had developed its own plan following engagement with the leadership team. The plan was driven by services and the needs of patients so had been developed upwards through the organisation, with a formulated plan presented to Part 2 of the Board of Directors in May 2022. The Board of Directors had oversight of the development of the plan, which would be presented to the Council of Governors for comment, before being presented to public Board of Directors meeting in July 2022. PS advised it was the first plan developed without guidance from NHS England / Improvement and it was likely the guidance would be published for future years. However, the plan allowed the Trust to prepare a plan that worked for it, rather than reacting to guidance when published. SSa agreed it was good discipline to develop and operational plan and be prepared for any future planning.

MDa commented on the reference to the opening of the Crisis House in the report. MDa had worked with others in the development of this and there had been a move away from using the word "crisis" and had referred instead to the crisis house as "Sanctuary Plus". MDa clarified the house was for non-medical admissions of up to five-days and the reference to the Crisis House was just a difference in wording. PS thanked MDa and noted the comment.

JJ noted the reference to International Nurses Day in the report and suggested noting the Trust approach to international recruitment, in terms of rough numbers and confirmation it was not depriving the local economy of a significant number of nursing vacancies. PS advised the Trust was trying to bolster the nursing workforce to address nursing shortages in the UK. There had been around 25 international nurses starting last week and there was a target to recruit 200 over the year. PS advised the international recruitment process was ethically driven and was only recruiting from countries that were over-subscribed in nursing staff. The recruitment programme had been rigorous, with candidates required to have an interview and an English language assessment, followed by good training and accommodation provided upon arrival. The recruits would be assessed on arrival and would continue to be assessed when working in the organisation. SSa asked whether the Board of Directors would receive further reports. PS confirmed regular updates would be presented to the public Board of Directors meeting.

NH reinforced the point made by PS regarding the local economy, advising the Trust would continue to develop Health Care Assistants into registered nurses, as these were the staff that tended to be retained by the Trust.

The Council of Governors received and noted the report.

028/22 ANNUAL REPORTS FROM THE CHAIRS OF THE BOARD OF DIRECTORS STANDING COMMITTEES

(i) Charitable Funds Committee

AS presented a report highlighting the work of the Charitable Funds Committee during the period 1 April 2021 to 31 March 2022. AS thanked Clare Barley, Head of Financial Accounts for her support in the development of the report.

The Council of Governors received and noted the report.

029/22 CODE OF GOVERNANCE FOR FOUNDATION TRUSTS

SSa presented a report providing an update and assurance on the Trust's compliance with the provisions in the NHS Foundation Trust Code of Governance (July 2014) in preparation for the inclusion of the "comply / explain" principals and necessary disclosures as part of the Trust's Annual Report 2021/22 submission. SSa asked CJ to explain the review process undertaken.

CJ advised a self-assessment had been undertaken against the Code of Governance by the Trust Secretary's Office, with support from Finance. The assessment had been presented to the Council of Governors Governance Committee for internal independent assessment (27 April 2022) and Executive Team (10 May 2022). Following the reviews, an assurance report was presented to the Finance and Performance Committee on the 19 May 2022. All of the reviews had agreed there had been a robust process of review undertaken by the Trust to arrive at the self-assessment outcome, confirming the Trust complied with the provisions of the Code of Governance for 2021/22.

PG endorsed the content of the report and requested for section A.1.7, A.1.9 and A.5.7, the date of the Annual Accounts explanation by the Executive Chief Finance Officer is included for clarity. CJ agreed to include this in the self-assessment.

DG advised the Code of Governance also required certain statements to be made in the annual report. External Auditors had reviewed the annual report and had not suggested any statements had been omitted.

The Council of Governors received the report:

- **Noted the findings of the internal review of the Trust's compliance with the Code of Governance as a pre-requisite assurance to the Board of Directors in preparation of the Trust's Annual Report 2021/22.**
- **Confirmed acceptance of assurance given as evidence that the Trust complied with the provisions of the Code to be reported to the Board of Directors.**

Action:

1. **Include the date of the Annual Accounts Governor Training Session completed in 2021 by the Executive Chief Finance Officer in section A.1.7, A.1.9 and A.5.7 of the Code of Governance Self-Assessment. (CJ)**

030/22 NHS ENGLAND / IMPROVEMENT SELF-CERTIFICATION FOR 2021/22: GOVERNOR TRAINING

PG presented a report providing the Council of Governors with action taken to agree the statement detailing the learning and training completed by Governors in 2021/22 to support the Board of Directors' self-certification for NHS England / Improvement.

PG acknowledged the work of the Council of Governors Training and Development Committee in overseeing the learning and development programme to ensure there had been suitable training for Governors over the year. PG hoped the level of training was demonstrated by the contribution of the Council of Governors.

SSa reflected on the report demonstrating the learning undertaken as part of the role as well as specific interventions on the way to help and support learning. SSa thanked PG for her leadership in this area and was proud of the learning and development activity provided by the Trust.

The Council of Governors received, noted the report and agreed that during 2021/22 the Trust had provided the necessary training to Governors to ensure they were equipped with the skills and knowledge they needed to undertake their role.

031/22 EPUT CULTURE OF LEARNING

MA delivered a presentation regarding the EPUT Culture of Learning, highlighting the following:

- The vision of EPUT for learning lessons to be an "Always Event" and the importance of leadership as a foundation to support the sharing of information.
- The process of C.A.R.E:
    - **Capture:** Undertaking a period of reflection and / or local investigation to understand what issues arose during the execution of a task.

    - **Analyse:** Considering what prompted the issue in the first place and what action could be taken to stop a reoccurrence in the future.
    - **Resolve or Raise:** Taking necessary action to implement the changes required locally or escalating to senior leaders if the issue cannot be resolved locally.
    - **Embed:** Ensuring any changes are communicated to all those who needed to know and properly reflected in all relevant policy protocols and procedural documents.
- The above process allows a retention in knowledge so all new starters have access to historic information.
- The conditions for success including a change in culture, having a structured process, having dedicated resource, being supported by systems and tools and ensuring reward and recognition.
- Details of the Just, Learning and Caring Culture project, including achievements, future priorities, actions and measures.
- Details of specific aspects of the project, such as resourcing for a caring culture and details of how lessons would be cascaded through the organisation.

MA advised more detail was included in the presentation slides and these would be circulated to the Council of Governors following the meeting. NH recognised the root and branch approach to learning which supported the Safety First, Safety Always focus for the organisation. NH praised the systematic approach undertaken by MA in developing the project and advised the process of identifying lessons wholly engaged with clinicians and looks any incidents from the root cause.

ER commented she had experience she could offer and had contacted the Trust previously in September 2021 but was frustrated this had not been taken forward. ER commented the work being undertaken was fantastic, but was frustrated she had not been able to contribute to the project. SS suggested this was taken forward outside of the meeting, as it appeared to be around the personal capacity to contribute to the project, though it was important to consider how individuals could contribute from a Governor perspective.

JH referred to comments made by ER and asked how the Trust would ensure the patient, carer and family voice is heard as soon as possible after an incident, rather than waiting data analysis / reporting to identify learning. NH advised the intent was to involve patients and staff and the Trust was an early adopted of the Patient Safety Incident Response Framework (PSIRF), which looked at patients, carers and family being an equal part of the investigation of incidents and identifying of learning.

MDa advised he had become a Patient Safety Partner and had been working with the Patient Experience Team in relation to simplifying the message in asking a patient, carer or family member whether they felt safe. One of the aspects he had noted during the role was regarding the two record keeping systems utilised by Mental Health services (Mobius and Paris). There was a potential disconnect between different areas if information is not shared between different areas of the Trust. ZT acknowledged the challenges in having two record keeping systems for mental health services and advised the Trust uses a Health Information Exchange (HIE) which allows staff from different areas to access important information. However, this was not the same of having full access and advised an options appraisal was being undertaken to move to a consistent approach.

PS reflected on feedback provided by the three Governors and advised he had spoken with family members about the need to do much more in engaging with the families of patients. There was complexity and working within regulations, which made this difficult, but a system approach would allow the views of families to be shared. PS recognised there was lots of work to do, but was pleased the foundation had been developed by MA which will be used to feed the strategic plan for the organisation. PS advised the feedback from today would be fed-into the strategic development and Governors would be involved in taking this forward.

LL commented he was pleased to see the right foundation was in place. LL noted the importance of ensuring identification and embedding of learning does not make things too complicated, for example, the development of additional paperwork, which creates barriers for staff. LL felt it was important to link with the refresh of the digital strategy to ensure the right systems were identified.

ARQ commented she had previously raised concerns about the pace of development in relation to the culture of safety, but has seen the importance of undertaken the research and putting the right foundations in place.

ARQ reflected on the involvement of Governance and the issue regarding using the different talents across the governing body and ensuring all Governors are included rather than meeting with those that raise a specific opinion. It was also important for Governors to ensure they are representing the view of the members and public alongside their own views. There was also a need for Governors to communicate with each other to where they have found opportunities to engage more directly. SSa suggested Governors using their informal meeting to take this forward. JJ agreed the Governor Informal meeting deliberately did not have an agenda and allowed Governors to raise anything.

MA thanked the Council of Governors for the opportunity to engage and would take forward any comments.

032/22 MEMBERSHIP / YOUR VOICE

CJ presented a report providing details of the current membership metrics, details of the Your Voice meeting and Prospective Governor Workshops held since the last report and plans for future meetings.

CJ advised the metrics were regularly reported to the Council of Governors Membership Committee and had highlighted the need to work with Civica, providers of the membership database, to understand aspects of the data. CJ highlighted the Prospective Governor Workshops and noted in answer to a question raised by PE prior to the meeting that five individuals who attended a workshop submitted a nomination application.

The Council of Governors received and noted the report.

033/22 CHANGES TO THE COUNCIL OF GOVERNORS AND MEMBERSHIP OF ITS COMMITTEES

CJ presented a report providing details of any changes to the composition, current sub-committee membership and attendance at the Council of Governors. CJ highlighted two new Appointed Governors Kay Mitchell (Southend-on-Sea Borough Council) and Shane Ralph

(Thurrock Council) had recently completed relevant paperwork to join the Council. SSa requested a one-to-one meeting with the two new Governors as an introduction.

SSa noted the vacancies in the Council of Governors sub-committees and asked Governors to put themselves forward for the groups. SSa highlighted the Council of Governors Nominations Committee, which had low membership for such an important Committee in leading the selection process for leadership of the organisation.

The Council of Governors received and noted the report.

Action:

1. **Arrange one-to-one meetings between SSa and newly appointed Governors Kay Mitchell and Shane Ralph. (CJ)**

034/22 LEAD AND DEPUTY LEAD GOVERNOR UPDATE

JJ presented a report providing an update on activities involving the Lead and Deputy Lead Governors. JJ advised some issues raised today had also been discussed at Governor Network meetings.

The Council of Governors received and noted the report.

035/22 15 STEPS PROGRAMME

SSa provided a verbal update in relation to the reestablishment of the 15 Steps Programme, which was supported by AG and clinical services. The programme would give Governors the opportunity to meet with patients and see the services provided by the Trust. DG advised a project group had convened to take this forward and work was underway to get a programme in place.

035/22 ANY OTHER BUSINESS

PE queried the policy for Governors Observing on Standing Committees in terms of providing feedback to the Council of Governors. DG advised there had been a process in her previous Trust for Governors providing feedback to the Council of Governors and would look to see if this could be adapted for EPUT. JJ suggested taking the process through the Council of Governors Governance Committee. DG agreed to liaise with JJ to agree how to take this forward.

036/22 QUESTION AND ANSWERS

SSa thanked PB for attending the meeting and asked if he had any questions as a member of the public. PB commented the establishment of Integrated Care Systems / Integrated Care Boards provided exciting opportunities for integrated working. PB suggested this would mean questions would not need to be raised with different organisations, but could be raised to the ICB and asked how this would be handled. PS advised there would be meetings of the ICB Board in public and would have representatives from Mental Health and Community Health Services, which would give a good opportunity for understanding the challenges in navigating the health system and breaking down barriers between organisations. ZT advised there would be different roles between the ICB's, ICS's and provider organisations, so certain areas would still be relevant to raise with individual organisations.

Signed …… Date …….

PB advised he was working on research and recognised the different levels within system working. He felt it would be interesting to see the strategic planning at the higher level and how this reflected the complex needs of patients. PE commented she had experience of going to Clinical Commissioning Groups and integrated systems and would still want to go back to the nearest point of service to gain information. SS advised the introduction of ICB's / ICS's would be learning exercise and would look to ensure joined up services without duplication / overlap. It would also have the challenge in ensuring the voice of the public and service users was not diluted.

021/22 DATE AND TIME OF NEXT MEETING

The next meeting of the Council of Governors is scheduled for 31 August 2022 at 4pm, noting that this may be subject to change to accommodate the recruitment process for non-executive directors.

Signed …… Date …….

Agenda Item: x
Council of Governors Part 1
xx

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Council of Governors Meeting
Action Log (following Part 1 meeting held on 6 June 2022)

Lead	Initials	Lead	Initials	Lead	Initials
Chris Jennings	CJ	Denver Greenhalgh	DG		
Zephan Trent	ZT	Gill Mordain	GM		

Requires immediate attention /overdue for action	
Action in progress within agreed timescale	
Action Completed	
Future Actions	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
June 2022 029/22	Include the date of the Annual Accounts Governor Training Session completed in 2021 by the Executive Chief Finance Officer in section A.1.7, A.1.9 and A.5.7 of the Code of Governance Self-Assessment.	CJ	Jun-22	Document amended.	Closed	
June 2022 033/22	Arrange one-to-one meetings between SSa and newly appointed Governors Kay Mitchell and Shane Ralph.	CJ	Aug-22	Completed.	Closed	
March 2022 008/22	Review and remove references to “Monitor” in the Trust Constitution upon enactment of the Health and Care Bill.	DG	Sep-22	Trust Constitution updated.	Closed	
March 2022 014/22	Write to Governors to ask how they would like to engage with the strategic development.	ZT	Aug-22	Strategic Development session to be held in June – August 2022 and this will continue to be taken forward with the Council of Governors.	Closed	
Dec 074/21	Develop a template for future Standing Committee assurance reports via the CoG Chair of Sub-Committees meeting	DG (picked up formally in first CoG meeting in March 2022)	~~Mar-22~~ ~~Aug-22~~ Dec-22	This was discussed at the Chair of Sub-Committees meeting in February 2022 and principles for the reports established. This was fed-back to the Chairs of the Board Standing Committees to include in future reports.	Open	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
				The Senior Director of Governance and Corporate Affairs will incorporate this into a review of Trustwide governance forums and seek dialogue regarding what these reports should look like going forward. **Update September 2022:** This will be taken for discussion to the next Council of Governors Governance Committee.		
Sep 056/21	Undertake a data quality audit of the Serious Incident local indicator contained in the Quality Account 2019/20	GM	~~May-22~~ Dec-22	The audit has now been completed and is currently being reviewed for sharing with the Council of Governors. **Update November 2022:** Internal Audit Report into PSIRF (new process for serious incidents) will be provided at the meeting in December 2022. Executive Nurse to present.	Open	

		Agenda Item No: 5a
SUMMARY REPORT	**COUNCIL OF GOVERNORS PART 1**	**7 November 2022**

Report Title:	**Report from the Chair**					
Executive/ Non-Executive Lead:	Professor Sheila Salmon, Chair of the Trust					
Report Author(s):	Angela Horley, PA to Chair, Chief Executive and NEDs					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Purpose of the Report		
This report provides the Council of Governors an update report from the Chair of the Trust in support of Governors holding the Non-Executive Directors to account both individually and collectively for the performance of the Board and to provide an understanding of the work of the Non-Executive Directors.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

1 Note the contents of the report

Summary of Key Issues

The report provides an overview of the Chair's, Non-Executive Directors' and Board related activities since the last report to the Council of Governors.

An update report from the Chair of the Trust will be provided at each general meeting of the Council of Governors.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	✓
Data quality issues	
Involvement of Service Users/Healthwatch	✓
Communication and consultation with stakeholders required	
Service impact/health improvement gains	

Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			
CQC	Care Quality Commission	CAMHS	Child and Adolescent Mental Health Services

Supporting Documents and/or Further Reading
Main Report

Lead
Professor Sheila Salmon **Chair of the Trust**

Agenda Item: 5a
Council of Governors Part 1
7 November 2022

REPORT FROM THE CHAIR

1.0 PURPOSE OF REPORT

This report provides the Council of Governors an update report from the Chair of the Trust in support of Governors holding the Non-Executive Directors to account both individually and collectively for the performance of the Board and to provide an understanding of the work of the Non-Executive Directors.

2.0 ACTIVITY UPDATE FROM CHAIR AND NON-EXECUTIVE DIRECTORS

i) Sheila Salmon

September and October saw the departure of Amanda Sherlock and Alison Rose-Quirie from their Non-Executive Director Roles. Amanda and Alison have both contributed significantly to EPUT during their tenure, bringing a wealth of experience and knowledge that will be greatly missed. We wish Amanda and Alison every success in their future endeavours.

The process to recruit two new Non-Executive Directors is almost complete, with stakeholder panels and interviews having taken place in October. The CoG Nominations Committee was impressed by the quality of the applications received and I look forward to receiving CoG approval to appoint two new NEDs to join our Board of Directors.

I was delighted to open the joint EPUT / ARU Conference on Mental Health and Wellbeing: Strengthening Partnerships, on 8 September. Insightful presentations were held around current joint projects, innovative work and projects being undertaken by both ARU and EPUT as well as exciting discussion around prospects for future collaborations.

As Governors will know, the 15 Step Quality Visit programme has recommenced, the first of which took place in July to the Rainbow Mother and Baby Unit and a further visit to Plane Ward in August. Chair and Non-Executive Director visits also continue across the Trust with further visits scheduled to take place.

I was pleased to spend a day at Wren House, our new learning hub and skills lab, meeting with members of our training team, a cohort of our international recruits and joining with Professor Heppell to understand the extent and benefit of the integrated technology harnessed within the centre. I was also able to speak with a member of the employee experience team.

I travelled to Colchester Community Stadium to join the Annual Meeting of our partner organisation "Open Road" on 28th October. Open Road specialises in supporting those affected by alcohol and other substance addictions. The event was attended by the High Sheriff of Essex Nicholas Alston and I was privileged to meet with and talk to a wide range of contributing partners including many volunteers. Professor Dame Carol Black gave the keynote speech.

ii) Alison Rose-Quirie

In the period I was delighted to have been able to conduct two service visits, one virtual and one in person. The virtual visit was a drop in to our Community Pain Management Service to join our Consultant Dan Wheeler in his assessment clinic. Unfortunately the lady due for assessment failed to attend but this afforded me an hour and a half of Dan's time during which I got a real understanding of how EPUT is offering a very different type of pain management service, delivering joined up services across a wide range. I was certainly very impressed by Dan and the service and hope to actually attend an assessment in the future. The second visit was to Meadow View Ward where I spoke to a whole range of staff who were all enjoying their work and felt very supported by the local management. I heard of delayed discharges causing a backlog due to the unavailability of suitable move on accommodation and subsequently discussed this with the responsible Director. The main aesthetic concern was the lack of

gardeners to maintain both the grounds and the patient gardens. I discussed this with the Direct of estates who is addressing the issue across our estate.

The rest of the period was taken up by the usual meetings and Committees.

iii) Janet Wood

June was the culmination of the annual work cycle of the Audit Committee. The Annual Report and Accounts have been audited and received and approved by both the Audit Committee and Board. They were also laid before parliament ahead of the summer recess. These will be shared with Governors in due course, together with the Annual Audit Report from External Audit.

The new ICBs went live on 1st July – these organisations have their own Audit Committees, but they will need to work closely with system partners to identify and mitigate system risk. I had a productive initial meeting with the Chair of the Mid & South Essex (MSE) Audit Committee to explore areas of mutual interest (eg financial risk (revenue and capital), data quality for decision making, system risk management).

It has been widely reported and communicated that there were cyber security concerns in relation to a number of NHS systems during August. At EPUT our financial and procurement systems were impacted. As Audit Chair and Cyber security NED I have been kept fully briefing throughout the incident, seeking clarity on the risks identified and contingencies in place to minimise disruption across the Trust.

The highlight of the last few months has been being able to get out and about and visit some of our services. I was delighted to be welcomed to Cumberlege Intermediate Centre - CICC (Rochford), Basildon Mental Health Unit, Plane Ward (Epping), Herrick House (Colchester) and Edward House (Chelmsford). Manny, Mateen and I also dropped into our new training facility at Wren House (Chelmsford) to meet with some of our international nursing recruits – their enthusiasm was infectious.

iv) Rufus Helm

Things feel like they're getting back into gear again after Covid with a full schedule of Board and Committee meetings. The emerging new Governance Framework appears to be making progress with Denver Greenhalgh expected to share this shortly, including revised sub-committee reporting lines and strengthened assurance on Patient Safety as the PSIRF programme progresses.

Equally, a new focus on patient experience is evident with Matt Sisto and his team engaged in a programme of co-production across a number of services and considering how the patient feedback process can be improved, albeit experiencing a slight hiccup as IWantGreatCare was temporarily suspended while its outputs were reviewed. I am pleased to report that this programme has been reinstated and is moving forwards positively.

Nevertheless, it is refreshing to be dealing with normal governance and assurance issues after everything the past couple of years has thrown at the Trust.

v) Loy Lobo

The first quarter of FY 2022-23 has been relatively quiet as F&P shifted focus from delivering to the targets of the last financial year to looking ahead. We reviewed the positive progress on the Board Assurance Framework, which alongside the review and development of the Key Performance Indicators and the Business Intelligence dashboards, ought to provide the Board with a clearer picture of the issues that matter, and the levers and drivers of better performance. We were also delighted to kick off the Time to Care project with Deloitte, the goal of which is to review EPUT's capacity and capability to deliver its services and find ways to raise the performance of the organisation. I participated in the Data Strategy workshops to contribute my experience and help inform the choices EPUT colleagues would make regarding the strategic direction and high-level requirements of the strategy.

vi) Amanda Sherlock

It was good to meet face to face for the Governor informal event at Chelmsford in early June and to take the opportunity to say farewell to three of our long standing colleagues. We have also had the opportunity of a face to face Board seminar event where the Board had some quality time to consider progress on key strategic priorities for the organisation. Continuing with the theme of face to face – I had a lovely visit to Saffron Walden hospital. I last visited just before lockdown and it was fantastic to see an environment showing clear signs of improvement and investment but more importantly a positive morale amongst the staff team. Committee work has continued with my Chairing of my last Charitable Funds Committee before leaving EPUT at the end of September

Finally it has been a pleasure to engage with the AHP career clinics. I supported a really positive session in early August where we had participants at very different stages of careers but all expressing a real desire to work at EPUT due to the opportunities and support the organisation offers.

vii) Manny Lewis

Particular NED oversight I have undertaken over this quarter includes:

- In discussion with Janet Wood and Loy Lobo we reviewed the Time to Care contract with the exec leads. We highlighted a number of issues that needed to be addressed to provide better assurance on contract deliverability.
- I spoke at the Rise Graduation on 7 July which was a celebration of the success that EPUT aspiring leaders had achieved as a result of completing a modular in house management development course. The programme was targeted towards BAME aspiring leaders and it has been an outstanding success in building staff confidence and enhancing skills as well as team work.
- I reviewed the dashboard for measuring PECC outcomes and the effectiveness of our overall People strategy, working with exec leads, we have produced a concise suite of KPIs that will dovetail with the accountability framework KPIs and reduce duplication whilst improving data quality.
- I reviewed the EPUT EDI framework with Lorraine Hammond to ensure there would be clear deliverables
- I met with consultants supporting the EPUT strategy development to provide my input on the key issues that need to be addressed
- I made a virtual visit to the West Essex Pain management service and was very impressed with the quality of service and the commitment of the staff. A number of service issues were discussed which I have followed up with the exec leads.
- Janet Wood and I met with a cohort of newly recruited international nurses. Their enthusiasm was fantastic and they all commended the support they had received. There were some issues that needed following up though (for example over accommodation and timings for their OSCE exams) and these are now being actioned by the exec leads.

Core meetings undertaken include COG, Governor Informals, NED discussion group, Board, Collaborative Board (specialist services), F&P, West Essex Governor constituency meeting, Staff governor constituency meeting, PECC, HWE ICS.

viii) Mateen Jiwani

This period has been somewhat challenging to understand the changing nature of all around us more generally. With this in mind, EPUT has continued to work hard on its resilient nature and keeps pushing for safety and excellence of care. We've seen good examples of this in committees and board development.
PECC continues to get stronger with good quality and challenges to its members and the operational team.

In keeping with this theme, I had the opportunity to visit the Chelmsford campus for the international nurses recruitment where I could speak to staff and those who were keen to start working with the NHS and EPUT. A positive visit with some challenging themes around

accommodation and examinations that were all surmountable and I'm pleased to hear that change is already happening around accommodation and logistics. The tutors deserve special mention for their hard work and efforts!

Our relationship with ARU gets stronger and more positive. We jointly led and opened the inaugural EPUT/ARU conference, which had a record attendance for a first time conference. Clinical services feel a sense of support form research colleagues and the ability to work closely on evidence based operations.

It is important we harness this effort and enthusiasm to encourage our clinical and non-clinical colleagues to innovate and work on better data driven processes alongside their communication and more personable attributes.

ix) PLACE Visits

I am pleased to report that 11 of the 16 sites to be visited for PLACE inspections in 2022 have so far been completed, with the majority of remaining sites to be visited by the 7th of November. Some of the remaining sites cannot be included this year due to outbreaks of Covid on the ward and availability of volunteers and staff to accommodate the visit. Feedback for the organisation and co-ordination of the visits this year have been exceptionally positive from both volunteers and staff. PLACE visits are now under the trusts reward and recognition policy and ipads have been provided to volunteers during site visits enabling notes to be made in a variety of ways and increasing accessibility for volunteers completing the visits.

Responsibility for PLACE visits has transferred to the Patient Experience Team from Estates this year and the revised methodology is strongly service user and patient centred, involving living experience ambassadors and volunteers on each visiting panel. Estates and facilities representatives remain closely involved. Governors have been included where possible to scrutinise the process and assist in the generation of assurance. The report for each site (and ward visited) is expected to be completed early 2023 and will come to CoG in due course.

3.0 RECOMMENDATIONS AND ACTION REQUIRED

The Council of Governors is asked to:

1. Note the content of this report.

Report prepared by
Angela Horley
PA to Chair, Chief Executive and NEDs

On behalf of
Professor Sheila Salmon
Chair of the Trust

		Agenda Item No: 5b
SUMMARY REPORT	**COUNCIL OF GOVERNORS PART 1**	**7 November 2022**

Report Title:	**Chief Executive Officer Report**					
Report Lead:	Paul Scott, Chief Executive Officer					
Report Author(s):	Paul Scott, Chief Executive Officer					
Report discussed previously at:						
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Purpose of the Report		
This report provides the Council of Governors with a summary of key activities and information.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to

1. Note the contents of the report.

Summary of Key Issues

The report attached provides information in respect of the Dispatches Documentary, inspections by the Care Quality Commission, cost of living support, the Time to Care programme and the innovative Mental Health Urgent Care Department planned for 2013.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**	
Governance implications	
Impact on patient safety/quality	
Impact on equality and diversity	

Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			
CAMHS	Children and Adolescent Mental Health Services	ICB	Integrated Care Board
HCA	Health Care Assistant	CEO	Chief Executive Officer
ICS	Integrated Care System		

Supporting Documents and/or Further Reading
Main Report

Lead
Paul Scott **Chief Executive Officer**

Agenda Item: 5b
Council of Governors Part 1
7 November 2022

CHIEF EXECUTIVE OFFICER REPORT NOVEMBER 2022

1.0 Introduction

Dispatches Documentary

The scenes in the Channel 4 Dispatches documentary were distressing for all, especially patients and their families. I can assure you that I take these allegations seriously and immediately commissioned an urgent inquiry. Our prime concern is the care of our patients and we ensured urgent clinical assessment and support for those patients featured by Channel 4. We also took steps to support our wider community of patients and service users.

In addition to the investigation we took immediate action when first alerted to the allegations made by Channel 4 including conducting clinical reviews, ward visits and staffing reviews on the two wards featured. We temporarily closed the two wards to admissions while further investigations were carried out, and our Deputy Directors of Quality and Safety are undertaking observations on the wards. We have also put in place enhanced management oversight and presence on the two wards – including myself and the executive team at EPUT. We continue to work with our partners and regulators to ensure that lessons are learned and that we can further improve care for our patients.

Care Quality Commission (CQC)

The CQC have undertaken an unannounced inspection of the wards featured on the Dispatches Documentary (Galleywood Ward and Willow Ward) during October. Following the inspection the Trust has provided immediate responses to requested information and the draft inspection report is pending.

Cost of Living Support

Many of our people will be increasingly anxious about the rising cost of living, especially with energy prices increasing this autumn. We are continuing to look at ways in which we can help to ease some of the impact on our people and their families. In July, the Government announced a pay rise for some NHS staff which was implemented in September and backdated to April 2022.

Time to Care Programme

The Time to Care programme is focused on providing our patient-facing teams who work on mental health inpatient wards more time to do what they do best - caring for people who need our help. Since the programme kicked off in July, the Time to Care team has been engaging with staff at all levels at EPUT through interviews, workshops, select ward visits and briefing meetings. This is just the beginning of our journey, and there is a presentation on the programme and its developments on our Council agenda.

Innovative Mental Health Urgent Care Department planned for 2023

EPUT is currently working alongside our health and social care partners across Mid and South Essex on the development of an innovative Mental Health Urgent Care Department. This exciting initiative will provide anyone over 18 in Mid and South Essex experiencing mental health problems, urgent mental health support with access to mental health specialists within an alternative, calm and therapeutic space. Set to open in early 2023, the project has received investment of more than £5m from Mid and South Essex Integrated Care System, and has been designed alongside local health and care partners and people with lived experience of mental health problems. The service will complement the urgent mental health services in place in Essex, and will enable us to relieve some of the pressure from local emergency departments, as well as provide a high-quality service for our communities.

Report prepared by

Paul Scott
Chief Executive Officer

		Agenda Item No:5ci
SUMMARY REPORT	**COUNCIL OF GOVERNORS PART 1**	**7 November 2022**

Report Title:	**Report from the Chair of the Board of Directors Remuneration & Nomination Committee**					
Report Lead:	Professor. Sheila Salmon, Chair of the Trust					
Report Author(s):	Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Purpose of the Report		
To highlight the work of the Committee during the period of 1 August 2021 to 31 July 2022 from the Chair of the Committee's perspective.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

1 Note the contents of the report

Summary of Key Issues

This report confirms:

- the purpose and membership of the Committee;
- the Committee met seven times during between 1 August 2021 to 31 July 2022;
- activities undertaken by the Committee during the year;
- assurance the Committee has been fulfilling its Terms of Reference.

Due to the Part 2 nature of the meeting, there is no Governor observer for the Committee.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**	
Governance implications	✓
Impact on patient safety/quality	

Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail)	

Acronyms/Terms Used in the Report			
CoG	Council of Governors		

Supporting Documents and/or Further Reading
Main Report

Lead
Professor Sheila Salmon **Chair of the Trust** **Chair of the Board of Directors Remuneration and Nomination Committee**

Agenda Item 5ci
Council of Governors Meeting Part 1
7 November 2022

Report from the Chair of the Board of Directors Remuneration & Nomination Committee

1.0 PURPOSE OF THE REPORT

This report is provided to the Council of Governors by the Chair of the Remuneration & Nomination Committee. It is designed to highlight the work of the Committee during the period 1 August 2021 to the 31 July 2022 from the Chair of the Committee's perspective.

The Committee is responsible for ensuring compliance with any mandatory, regulatory or statutory requirements.

2.0 COMMITTEE PURPOSE

The Terms of Reference of the Committee were approved in May 2022.

The duties of the Committee include:

- Deciding the remuneration and allowances and other terms and conditions of office of the CEO and Executive Directors.
- Recommending and monitoring the level and structure of remuneration for other very senior managers (VSMs).
- Ensuring the levels of remuneration are sufficient to attract, retain and motivate staff of the quality required to run the Trust successfully and at the same time ensuring value for money is obtained.
- Identifying and appointing suitable candidates to fill Executive Director positions on the Board of Directors.
- Ensuring that sufficient and appropriate information is provided to the Council of Governors to enable them to carry out their duty of approving the appointment of the Chief Executive.
- Receiving a report on CEO and Executive Director performance (annual appraisal) and their training and development needs.
- Reviewing the structure, size and composition of the Board of Directors and making recommendations to the Board of Directors or Council of Governors as applicable.
- Ensuring that a proposed CEO or Executive Director is a "fit and proper" person as defined in law.
- Ensuring arrangements are in place for the appointment of a Deputy Chief Executive Officer, including any additional remuneration for an Executive Director holding the position for a period of time.
- Approving any performance related bonus or earn-back included in Executive Director contractual arrangements.

3.0 MEMBERSHIP

The Committee membership is comprised of:

- The Chair of the Trust
- All other Non-Executive Directors of the Board

In attendance:

- The CEO will attend the meeting by invitation only but will not be present or receive any papers if their remuneration or appointment of a CEO is to be discussed, including any performance related bonus payments.
- The CEO will attend when the committee is considering the appointment to Executive Director posts.
- The Executive Director of People & Culture (or their deputy) will normally attend meetings at the invitation of the Committee. The Committee will determine if HR advice (either internally or externally) is required on a case-by-case basis.

4.0 ANNUAL REVIEW

The last assurance report for the Committee was presented to the Council of Governors in September 2021. Therefore, this assurance report provides assurance for Committee activity from the 1 August 2021 to the 31 July 2022, with the Committee meeting on six occasions:

- 4 August 2021
- 3 September 2021
- 9 September 2021
- 3 December 2021
- 26 January 2022
- 25 May 2022
- 27 July 2022

The following provides the key activities undertaken by the Committee during the year.

Appointment of the Executive Director of Strategy, Transformation and Digital

The Committee completed a recruitment process to appoint an Executive Director of Strategy, Transformation and Digital. The appointment was due to the acceleration of digital requiring a digital expert to support the delivery of the organisation strategy. The Committee received and approved the job description / person specification for the role at its meeting on the 4 August 2021.

The Committee received a report on the 9 September 2021 providing full details of the recruitment, selection process and salary. This also included the appointment of an Executive Search organisation (Harvey Nash) to undertake a full selection process. The report also considered the governance implications to ensure the Trust Constitution was considered when appointing any new Executive Director in relation to voting.

The Committee received a longlist of candidates on the 3 December 2021. A shortlisting process had taken place and the Committee were advised of three recommended candidates to move forward to interview. The Committee approved the candidates recommended in the search report (longlist).

The interview for the role took place on the 10 December 2022 and the successful candidate appointed on the 14 December 2022.

Executive Director Remuneration Levels

The Committee received a report on the 3 December 2021 providing a proposal for the re-basing of Executive Director Remuneration levels. The discussions were supported by benchmarking information providing details of Executive Remuneration levels for surrounding and similar Trusts.

The Committee approved an inflationary increase of 2.5% of base salary backdated to 1 April 2021 and the remaining uplift required to reach the salary level proposed in the report after the inflationary uplift to be backdated to the 1 September 2021.

Executive Director End of Year Appraisal 2021/22

The Committee received a summary report from the CEO for the Executive Director End of Year Appraisals at its meeting on the 25 May 2022. The Committee agreed the appraisal process had been comprehensive and provided comments for reflection and consideration by the CEO for inclusion in the proposed objectives.

The Committee also considered the appraisal and objectives of the CEO as presented by the Chair. The Committee agreed the appraisal process had been completed appropriately and the CEO had performed well throughout the year. The Committee provided comments to be fed-back to the CEO for reflection.

Authorisation of CEO Contractual Due Payment

The Committee received a report on a quarterly basis providing supporting information for the authorisation of a contractual due payment for the Chief Executive Officer. The Committee approved the payment at its meetings on the 6 September 2021, 26 January 2022 and 25 May 2022.

5.0 ASSURANCE

In my opinion, the Remuneration & Nomination Committee has been fulfilling its Terms of Reference during the period set-out in this report. There have been no issues identified which needed to be escalated to other Standing Committees of the Board of Directors or to the Board of Directors.

6.0 ACTION REQUIRED

The Council of Governors is asked to:

1 Note the contents of the report

Report prepared by

Chris Jennings
Assistant Trust Secretary

On behalf of

Professor Sheila Salmon
Chair of the Trust
Chair of the Board of Directors Remuneration & Nomination Committee

		Agenda Item No: 6a
SUMMARY REPORT	**COUNCIL OF GOVERNORS PART 1**	**7 November 2022**

Report Title:	**Standing Orders for the Council of Governors**					
Report Lead:	Denver Greenhalgh, Senior Director of Governance and Corporate Affairs					
Report Author(s):	Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:	Council of Governors Governance Committee 15 August 2022					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Purpose of the Report		
This report provides the Standing Orders For The Council Of Governors for the required annual review.	**Approval**	✓
	Discussion	
	Information	

Recommendations/Action Required

The Council of Governors Committee is asked to:

1 Note the contents of this report.
2 Approve the Standing Orders for the Council of Governors.

Summary of Key Issues

The Standing Orders (SOs) For The Council Of Governors are required to be reviewed annually. The Council of Governors is required to approve these Standing Orders. The purpose of the Standing Orders is to set out the practice and procedures of the Council in order to maintain good standards of governance.

The Trust Secretary's Office completed a review of the Standing Orders and these have been attached to this report. Minor amendments have been made including the removal of the male pronoun in the document and removal of references to Monitor where appropriate.

The Council of Governors Governance Committee considered the amended Standing Orders on the 15 August 2022. However, the meeting was not quorate and therefore the document was circulated to the Committee following the meeting and Committee members responded agreeing to recommend the Standing Orders to the Council of Governors for Approval. This was subject to a small typographical amendment to Section 6.2.2 which has been made.

The Council of Governors is asked to approve the Standing Orders For The Council Of Governors. This will be presented to the Board of Directors in November 2022 for final approval.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	

3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			✓
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail): • Standing Orders for the Council of Governors	✓

Acronyms/Terms Used in the Report			
CoG	Council of Governors		

Supporting Documents and/or Further Reading
Standing Orders For The Council Of Governors

Lead
Denver Greenhalgh **Senior Director of Governance and Corporate Affairs**

Essex Partnership University
NHS Foundation Trust

STANDING ORDERS FOR THE PRACTICE AND PROCEDURES OF THE COUNCIL OF GOVERNORS

POLICY REFERENCE NUMBER:	TB02
VERSION NUMBER:	~~65~~
KEY CHANGES FROM PREVIOUS VERSION	~~Section 3.5.3: Amended to provide Governors to consider contacting the Lead Governor prior to contacting Monitor (NHSE/I) directly.~~ ~~Section 3.7.3: Amended to provide action to be taken if a Governor vacancy cannot be filled.~~ ~~Section 14.7.3: Amended to clarify the formal location of a meeting when held completely virtually.~~Minor amendments, including removal of references to Monitor and the "he" pronoun.
AUTHOR:	Trust Secretary's Office
CONSULTATION GROUPS:	Board of Directors Council of Governors CoG Governance Committee
IMPLEMENTATION DATE	April 2017
AMENDMENT DATE(S)	September 2018, September 2019, November 2019, September 2020, September 2021, September 2022
LAST REVIEW DATE	September 2022~~1~~
NEXT REVIEW DATE	September 2023~~2~~
APPROVAL BY COUNCIL OF GOVERNORS	~~01 September 2021~~ 19 September 2022
RATIFIED BY	Not applicable
COPYRIGHT	

POLICY SUMMARY
The purpose of the Standing Orders for the Council of Governors is to set out the practice and procedures of the Council in order to maintain good standards of governance.
The Trust monitors the implementation of and compliance with this policy in the following ways:
Monitoring of implementation and compliance with the Standing Orders for the Council of Governors will be undertaken by the Trust Secretary.

Services	**Applicable**	**Comments**
Trustwide	✓	
Essex MH&LD		
CHS		

The Director responsible for monitoring and reviewing this policy is the Chief Executive Officer

CONTENTS

INTRODUCTION

Regulatory Framework

Essex Partnership University NHS Foundation Trust (the Trust) is a public benefit corporation. It was established on 1st April 2017, following the grant of an application pursuant to Section 56 of the National Health Service Act 2006 (the 2006 Act), by Monitor (now part of NHS England) ~~- Independent Regulator of NHS Foundation Trusts~~.

The functions of the Trust are conferred by this legislation and the Trust will exercise its functions in accordance with the terms of its provider licence (no: 120163) and all relevant legislation and guidance.

These standing orders add clarity and detail where appropriate. Nothing in these standing orders shall override the Trust's constitution, the National Health Service Act 2006, ~~and~~ the Health & Social Care Act 2012 and the Health and Care Act 2022~~.~~

The Trust's standing orders and wider governance arrangements are further supported by various policies and procedures.

The principal place of business of the Trust is The Lodge, Lodge Approach, Wickford, Essex SS11 7XX.

1. INTERPRETATION

1.1 Save as otherwise permitted by law, at any meeting of the Council of Governors the Chair of the Trust shall be the final authority on the interpretation of these standing orders (on which they should be advised by the Trust Secretary)

1.2 Any expression to which a meaning is given in the National Health Service Act 2006 or regulations made under it shall have the same meaning in these standing orders and in addition:

1.2.1 **2006 Act** means the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)

1.2.2 **2012 Act** means the Health & Social Care Act 2012

1.2.3 **Accounting Officer** is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act

1.2.4 **Board of Directors** or **Board** or **Board Member** or **Member of the Board** means the Chair, Executive and Non-Executive Directors of the Trust collectively as a body in accordance with the constitution. This term is used interchangeably with the term **Director**

1.2.5 **Chair of the Board** or **Chair of the Trust** means the person appointed under paragraph 28 of the constitution by the Council of Governors to lead the Board of Directors and to ensure that it successfully discharges its responsibility for the Trust as a whole. The expression "the Chair of the Trust" shall be deemed to include the Vice-Chair of the Trust if the Chair is absent from a meeting or is otherwise unavailable or such other Non Executive Director as may be appointed as acting Chair in accordance with these SO

1.2.6 **Chief Executive** is the person appointed as the Chief Executive Officer (the Accounting Officer) of the Trust under paragraph 31 of the constitution

1.2.7 **Committee** means a committee appointed by the Council of Governors

1.2.8 **Committee members** means persons formally appointed by the Council of Governors to sit on or to chair specific committees

1.2.9 **Constitution** means the Trust's constitution which has effect in accordance with Section 56(11) of the 2006 Act

1.2.10 **Council of Governors** or **Council** means the Council of Governors of the Trust as described in paragraphs 14 and 18 of the constitution

1.2.11 **Directors** means the Executive and Non-Executive members of the Board of Directors

1.2.12 **Executive Director** means a member of the Board of Directors, including the Chief Executive, appointed under paragraph 31 of the constitution

1.2.13 **Lead Governor** is the person appointed by the Council of Governors in accordance with ~~(Monitor's)~~the *NHS Foundation Trust Code of Governance* (July 2014)

1.2.14 **Licence** means the Trust's provider licence (no: 120163) issued by ~~Monitor~~ NHS England (Monitor) on 1st April 2017

~~1.2.15 **Monitor** means the body corporate known as Monitor, as part of NHS Improvement (now known as NHS England / Improvement), as provided by Section 61 of the 2012 Act~~

~~1.2.16~~1.2.15 **Motion** means a formal proposition to be discussed and voted on during the course of a meeting

~~1.2.17~~1.2.16 **Non-Executive Director** means a member of the Board of Directors, including the Chair, appointed by the Council of Governors under paragraph 28 of the constitution

~~1.2.18~~1.2.17 **SOs** mean these Standing Orders (for the Council of Governors)

~~1.2.19~~1.2.18 **Trust** means Essex Partnership University NHS Foundation Trust

~~1.2.20~~1.2.19 **Trust Secretary** means a person appointed by the Chair and Chief Executive as the Trust Secretary

~~1.2.21~~1.2.20 **Vice-Chair** means the Non-Executive Director appointed under paragraph 30 of the constitution

~~1.2.22~~1.2.21 **Working days** a day that is not a Saturday or Sunday, Christmas Day, Good Friday or any day that is a bank holiday

1.3 Words importing the plural shall import the singular and vice-versa.

~~1.3 Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice-versa~~

1.4 Any reference to an Act shall, where appropriate, include any Act amending or consolidating that Act and any regulation or order made under any such Act.

2. COUNCIL OF GOVERNORS ROLES AND RESPONSIBILITIES

2.1 The purpose of these SOs is to ensure that the highest standards of corporate governance and conduct are applied to all Council meetings and associated deliberations

2.2 The roles and responsibilities of the Council which are to be carried out in accordance with the Trust's constitution, licence and the ~~(Monitor's)~~ *NHS Foundation Trust Code of Governance* (July 2014) (and any subsequent versions) are:

General Duties

2.2.1 To hold the Non-Executive Directors individually and collectively to account for the performance of the Board, including ensuring that the Board acts so that the Trust does not breach the terms of its licence. "Holding the Non-Executive Directors to account" includes scrutinising how well the Board is working, challenging the Board in respect of its effectiveness, and asking the Board to demonstrate that it has sufficient quality assurance in respect of the overall performance of the Trust, questioning Non-Executive Directors about the performance of the Board and of the Trust and making sure to represent the interests of the Trust's members and of the public in doing so

2.2.2 To represent the interests of the members of the Trust and the interests of the public

Chair and Non-Executive Directors

2.2.3 To approve the policies and procedures for the appointment and removal of the Chair and/or Non-Executive Directors in accordance with any guidance issued by ~~Monitor (NHSE/I)~~ NHS England and on the recommendation of the Council's Nominations Committee

2.2.4 To appoint and remove the Chair and other Non-Executive Directors. The Council should only exercise its power to remove the Chair or any other Non-Executive Directors after exhausting all means of engagement with the Board

2.2.5 To approve the policies and procedures for the appraisal of the Chair and Non-Executive Directors on the recommendation of the Council's Remuneration Committee. The performance of Non-Executive Directors should be subject to regular appraisal and review. All Non-Executive Directors should be submitted for re-appointment at regular intervals. The Council should ensure planned and progressive refreshing of the Non-Executive Directors

2.2.6 To decide the remuneration, allowances and other terms of office for the Chair and Non-Executive Directors having regard to the recommendations of the Council's Remuneration Committee. Professional advisers should be consulted to market test the remuneration levels of the Chair and other Non-Executives Directors at least once every three years and when there is a material change to the remuneration of the Chair or another Non-Executive Director.

Chief Executive

2.2.7 To approve the appointment of the Chief Executive of the Trust.

Auditors

2.2.8 To approve the criteria for the appointment, removal and re-appointment of the auditor

2.2.9 To appoint, remove and reappoint the auditor having regard to the recommendation of the Trust's Audit Committee.

Strategy Planning

2.2.10 To provide feedback to the Board on the development of the strategic direction of the Trust, as appropriate

2.2.11 To collaborate with the Board in the development of the Trust's forward plan

2.2.12 Where the forward plan contains a proposal that the Trust will carry out activities other than the provision of goods and services for the purpose of the NHS in England, to determine whether it is satisfied that the carrying out of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions, and notify its determination to the Board

2.2.13 Where the Trust proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purpose of the NHS in England, approve such a proposal

2.2.14 To approve entering into any significant transactions (as defined under paragraph 49 and Annex 9 of the constitution) in accordance with the 2006 Act and the constitution

2.2.15 When appropriate, to make recommendations for the revision of the constitution and approve any amendments to the constitution in accordance with the 2006 Act and the constitution

2.2.16 To receive the Trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council.

Representing Members and the Public

2.2.17 To prepare and from time to time review the Trust's membership engagement strategy and policy

2.2.18 To notify ~~Monitor (NHSE/I)~~NHS England, via the Lead Governor, if the Council is concerned that the Trust is at risk of breaching the terms of its licence, and if these concerns cannot be resolved at local level

2.2.19 To report to the members annually on the performance of the Council

2.2.20 To promote membership of the Trust and contribute to opportunities to recruit and engage members in accordance with the membership strategy

2.2.21 To seek the views of stakeholders and feedback to the Board

2.3 All business shall be conducted in the name of the Trust

3. THE COUNCIL OF GOVERNORS

3.1 Composition of the Council

The composition of the Council shall be in accordance with paragraph 14 of the constitution

3.2 Appointment of the Chair

The Chair is appointed by the Council as set out in paragraph 28 of the constitution

3.3 Terms of Office of the Chair

The provisions governing the period of tenure of office of the Chair are set out in Board of Directors SO 2.8

3.4 Role of the Chair

3.4.1 The Chair is not a member of the Council. However, under the regulatory framework, ~~he~~ they presides at meetings of the Council and has a second or casting vote

3.4.2 Where the Chair has died or has ceased to hold office, or where ~~he is~~ they areunable to perform ~~his~~ their duties as Chair owing to illness or any other cause, and there will be an absence of a Chair for less than 3 months the Vice-Chair of the Board shall act as Chair until a new Chair is appointed or the existing Chair resumes ~~his~~ their duties, as the case may be; and references to the Chair in these SOs shall, so long as there is no Chair able to perform ~~his~~ theur duties, be taken to include references to the Vice-Chair

3.4.3 Where an absence of the Chair has or will exceed a period of 3 months the Council at a general meeting shall appoint one of the Non-Executive Directors as the acting Chair. Before a resolution for such an appointment is passed, the Board shall be entitled to advise the Council of the Non-Executive Director

(who may be the Vice-Chair) who is recommended by the Board of Directors for that appointment. This recommendation will not, however, be binding upon the Council of Governors; it will be presented to the Council of Governors at its meeting before it comes to its decision. The Vice Chair shall act as Chair until an appointment of an acting Chair is made by the Council.

3.5 Role of the Lead Governor

3.5.1 The Lead Governor shall be appointed by the Council

3.5.2 The Lead Governor will facilitate communication between ~~Monitor (NHSE/I)~~ NHS England and the Council where Governors have concerns about the leadership provided to the Trust by the Board or in circumstances where it would be inappropriate for the Chair to contact ~~Monitor (NHSE/I)~~NHS England, or vice versa (for example, regarding concerns about the appointment or removal of the Chair)

3.5.3 Having a Lead Governor does not prevent any other Governor from making contact with ~~Monitor (NHSE/I)~~NHS England directly if they feel this is necessary. However, any Governor should consider contacting the Lead Governor prior to contact with ~~Monitor (NHSE/I).~~NHS England/ For the avoidance of doubt, a person holding the role of Lead Governor shall not assume greater power or responsibility than other Governors. Where the Trust chooses to broaden the Lead Governor's role, the Chair and the Council should agree what powers should be included.

3.6 Termination of Office and Removal of Governors

Paragraphs 16, 17 and Annex 6 paragraph 5 of the constitution sets out the period of tenure of office of Governors and provisions relating to the termination or suspension of office of Governors.

3.7 Vacancies Amongst Governors

3.7.1 Where a vacancy arises amongst the appointed Governors, the Trust Secretary shall request that the appointing organisation appoints a replacement

3.7.2 Where a vacancy arises amongst the elected Governors within the first 24-months of their term of office, the Trust Secretary shall offer the next highest polling candidate in the election for that post the opportunity to assume the vacant office for the unexpired balance of the retiring member's term of office. If that candidate does not wish to fill the vacancy, it will then be offered to the next highest polling candidate and so on until the vacancy is filled

3.7.3 Where the vacancy cannot be filled, consideration will be given for holding a by-election, based on cost of the election and the proximity of any by-election to other elections to the Council of Governors.

3.8 Appointment and Powers of Vice-Chair

3.8.1 The Council at a general meeting shall appoint one of the Non-Executive Directors as a Vice-Chair in accordance with paragraph 30.1 of the constitution and, in similar manner, shall remove any person so appointed from that position and appoint another Non-Executive Director in his place

3.8.2 In line with paragraph 30.2 of the constitution, before a resolution for any such appointment is passed, the Board may decide which of the Non-Executive Directors it recommends for that appointment; the Chair shall advise the Council of the recommendation from the Board which will not be binding upon

the Council but will be presented to the Council at its meeting before it comes to a decision

3.8.3 Subject to SO 3.4.2 and SO 3.4.4 in the absence of the Chair, the Vice-Chair shall be the acting Chair of the Trust

3.8.4 Any Non-Executive Director so appointed may at any time resign from the office of Vice-Chair by giving notice in writing to the Chair. The Council may then appoint another Vice-Chair in accordance with paragraph 30.1 of the constitution and SO 3.8

4. MEETINGS OF THE COUNCIL

4.1 Subject to SOs 4.2.1 and 4.2.2 below and any other provisions of these SOs, the Council may only exercise any powers and make decisions when in formal session. The Council may be advised by committees appointed by the Council but may not devolve any decision making powers to these committees, which, for the avoidance of doubt, shall operate as working groups of the Council.

4.2 Admission of the Public and the Press

4.2.1 The meetings of the Council shall be open to members of the public and the press

4.2.2 Members of the public and the press may be excluded from a meeting for special reasons. Special reasons include for reasons of commercial confidentiality. The Council will resolve that:

"In accordance with paragraph 34.1 of the constitution and paragraph 13(2) of Schedule 7 of the 2006 Act, the Council of Governors resolves that there are special reasons to exclude members of the public from Part 2 of this meeting having regard to commercial sensitivity and/or confidentiality and/or personal information and/or legal professional privilege in relation to the business to be discussed."

4.2.3 The Chair may exclude any person from a meeting of the Council if that person is interfering with or preventing the proper conduct of the meeting

4.2.4 Nothing in these SOs shall require the Council to allow members of the public to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place, without the prior agreement of the Council

4.2.5 Matters discussed at a meeting following the exclusion of the public and representatives of the media shall be confidential to the Council and shall not be disclosed by any person attending the meeting without the consent of the Chair of the meeting

4.2.6 All decisions taken in good faith at a meeting of the Council or of any committee shall be valid even if there is any vacancy in its membership or it is discovered subsequently that there was a defect in the calling of the meeting, or the appointment of the Governors attending the meeting.

4.3 Calling Meetings

4.3.1 Ordinary meetings of the Council shall be held at such times and places or via digital platforms as the Council may determine

4.3.2 There shall be not less than four meetings in any year except in exceptional circumstances

4.3.3 Meetings of the Council may be called by the Trust Secretary, or by the Chair. Not less than one-third of the Governors in office can requisition the Trust Secretary to call a meeting at any time by giving written notice to the Trust Secretary stating the business to be considered at the meeting.

4.4 Notice of Ordinary Meetings

4.4.1 The Trust Secretary shall give to all Governors at least 10 (ten) working days written notice of the date and place of every ordinary meeting of the Council

4.4.2 Agendas will be sent to Governors not later than three (3) working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, save in the case of the need to conduct urgent business under a meeting called under paragraph 4.5.1

4.4.3 A notice or other document(s) to be served upon a Governor under these SOs shall be delivered by hand or sent by post to the Governor at the place of residence which he shall have last notified to the Trust, or where sent by email, to the address which he shall have last notified to the Trust as the address to which a notice or other document may be sent by electronic means

4.4.4 A notice or other document(s) where delivered by hand or sent by post shall be presumed to have been served on the next working day following the day it was sent and where it was sent by email at the time at which the email is sent

4.4.5 Failure to serve notice and supporting papers on any Governor shall not affect the validity of an ordinary meeting

4.4.6 Save in the case of urgent meetings, for each meeting of the Council a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at the Trust's office and on the Trust's internet site for general access at least three working days before the meeting.

4.5 Notice of Urgent/Extraordinary Meetings

4.5.1 At the request of the Chair or not less than one-third of Governors, the Trust Secretary shall send written notice of a meeting to all Governors as soon as possible after receipt of such a request. The Trust Secretary shall give Governors as much notice of the meeting as is practicable in light of the urgency of the request

4.5.2 If the Trust Secretary does not call a meeting of the Council of Governors within ten (10) working days of receiving a requisition from Governors pursuant to SO 4.3.3, the Governors who made the requisition may convene the meeting themselves by giving written notice to all Governors; this notice must be signed by all of the Governors who signed the requisition. A meeting called under this SO may only consider the business set out in the requisition

4.5.3 In the case of a meeting called under SO 4.4.2, 4.4.3 or 4.5.1, the notice shall be signed by the Chair or by at least one-third of Governors in office

4.5.4 No business at a meeting called under SO 4.4.2, 4.4.3 or 4.5.1 shall be transacted at that meeting other than that specified in the notice. Agendas will be sent to Council members three (3) working days before the meeting and supporting papers, shall accompany the agenda, save in the case of urgent meetings

4.5.5 In the case of a meeting called under SOs 4.4.2, 4.4.3 and 4.5.1 failure to serve such a notice on more than three (3) Governors will invalidate the meeting

4.6 Setting the Agenda

4.6.1 The Council may determine that certain matters shall appear on every agenda for an ordinary meeting and shall be addressed prior to any other business being conducted

4.6.2 A Governor desiring a matter to be included on an agenda shall make his request in writing to the Chair at least seven (7) working days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 (ten) working days before a meeting may be included on the agenda at the discretion of the Chair

4.7 Motions

4.7.1 **Notices of motion:** A Governor desiring to move or amend a motion shall send a written notice thereof at least seven (7) working days before the meeting to the Chair who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This SO shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda

4.7.2 **Withdrawal of motion or amendment:** A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair

4.7.3 **Motion to Rescind a Resolution:** Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Governor who gives it and also the signature of four other Governors. Such notice shall be sent to the Chair at least 10 (ten) working days before the meeting, who shall insert it in the agenda for the meeting. When any such motion has been disposed of by the Council, no Governor may propose a motion to the same effect within six months. However, the Chair may do so if he considers it appropriate

4.7.4 The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto

4.7.5 When a motion is under discussion or immediately prior to discussion, it shall be open to a Governor to move one of the following motions:

(a) an amendment to the motion
(b) the adjournment of the discussion or the meeting
(c) that the meeting proceed to the next business*
(d) the appointment of an ad hoc committee to deal with a specific item of business; or
(e) that the motion be now put*

provided that in the case of sub-paragraphs denoted by * above and to ensure objectivity, motions may only be put by a Governor who has not previously taken part in the debate

4.7.6 No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

4.8 Petitions

Where a petition has been received by the Trust not less than 10 (ten) working days before a meeting of the Council, the Chair of the Council shall include the petition as an item for the agenda of the next meeting of the Council.

4.9 Chair of Meeting

4.9.1 At any meeting of the Council the Chair, if present, shall preside. If the Chair is absent from the meeting, the Vice-Chair or another Non-Executive Director, if there is one present, shall preside

4.9.2 If the Chair, Vice-Chair and all Non-Executive Directors are absent, the Lead Governor, if present, shall preside. If the Lead Governor is not present, such Governor to be appointed from amongst the Council present shall preside

4.10 Chair's Ruling

Statements of Governors made at meetings of the Council shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be final.

4.11 Record of Attendance

4.11.1 The names of the Chair and Governors present at a meeting shall be recorded in the minutes. Board Directors who attend a meeting will be recorded in the minutes as 'in attendance'

4.11.2 Governors who are unable to attend a Council meeting should advise the Trust Secretary in advance of the meeting so that their apologies may be submitted

4.11.3 A meeting of the Council refers to officers being physically present or officers being present via the use of technology, as defined in SO 4.12.6.

4.12 Quorum

4.12.1 The quorum for every meeting of the Council shall be one-third of the total number of Governors in office on the date of the meeting, a majority of whom must be Public Governors

4.12.2 If at the time of the meeting no quorum is present:

(a) The Chair shall announce a 30 minute delay
(b) If after the delay a quorum is present, the meeting shall proceed
(c) If a quorum is not present after the delay, the meeting shall stand adjourned to the same day in the next week at the same time and place or to such a time and place as the Chair shall determine and a notice of the adjourned meeting shall be circulated to Council members. When the meeting reconvenes, if a quorum is not present within half an hour of the time fixed for the start of the adjourned meeting, the number of Governors present during the meeting is to be a quorum

4.12.3 Where during a meeting of Council a quorum is no longer present:

(a) The Chair shall announce a five (5) minute delay
(b) If after the delay there remains no quorum, the Council meeting shall be adjourned

4.12.4 Where the Council is adjourned under SO 4.12.3(b), the Trust Secretary shall list the uncompleted business from the meeting as the first items for consideration at the next following meeting of Council

4.12.5 If a Governor has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest, he shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business

4.12.6 Governors may participate (and vote) in its meetings by telephone, teleconference, video or computer link in accordance with SO 4.19 below. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.

4.13 Voting and Decisions

4.13.1 At the end of a discussion on business not subject to a decision, the Chair may summarise the view of the Council for recording in the minutes

4.13.2 On any matter requiring a decision, Council shall determine its position by voting

4.13.3 Subject to statutory or constitutional requirements, a decision of the Council is reached by a majority of Governors present and voting. Votes in abstention shall not be counted in determining a majority. In the case of the number of votes for and against a motion being equal, the Chair of the meeting shall have a second or casting vote. No resolution can be passed if it is opposed by all of the Public Governors present and voting

4.13.4 In no circumstances may an absent Governor vote by proxy. Absence is defined as being absent at the time of the vote

4.13.5 All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands

4.13.6 On the request of the one-third of the Governors present, a recorded vote shall be taken:

(a) The Trust Secretary will call the names of all Governors
(b) Each Governor shall declare their vote as 'In Favour', 'Against' or 'Abstain'
(c) The vote of each Governor shall be recorded in the minutes accordingly

4.13.7 On the request of the majority of Governors present at the meeting, a vote may be taken by secret ballot:

(a) Each Governor shall be issued with a ballot paper allowing a vote of 'In Favour', 'Against' or 'Abstain'

(b) Each Governor shall have the opportunity to vote in secret
(c) The Trust Secretary shall count the ballots, and record the number of votes cast for each option on the minutes
(d) Governors may not record their vote in the minutes if a secret ballot is taken.

4.14 Voting by Paper Ballot

4.14.1 If the Chair of the Trust calls an extraordinary meeting of the Council under SOs 4.4.2, 4.4.3 and 4.5.1 he may, subject to SO 4.16.2 below, determine that any Governor may cast his vote on the matter(s) to be dealt with at the meeting by paper ballot in accordance with the process set out at SOs 4.16.3 - 4.16.5 (inclusive) below

4.14.2 The Chair may only determine that Governors may cast their vote by paper ballot on any matter where this is compatible with the 2006 Act

4.14.3 Where the Chair makes a determination pursuant to SO 4.14.1 in respect of any extraordinary meeting of the Council, the Trust Secretary shall circulate a ballot paper to all of the Governors together with the papers for the meeting

4.14.4 Any Governor may cast his vote at the meeting or by:

(a) marking the ballot paper, in accordance with the instructions on the ballot paper, to show how he wishes to vote
(b) subject to SO 4.14.6, signing the ballot paper
(c) returning the ballot paper to the Trust Secretary so that it arrives before the date and time stipulated on the ballot paper

4.14.5 Governors must return the ballot paper by hand, by email or by post. Any ballot paper received on or after the date and time stipulated shall be rejected

4.14.6 If a Governor returns a ballot paper to the Trust Secretary by email, the ballot paper does not have to be signed by the relevant Governor provided that it is returned from an email address that the Governor has previously notified to the Trust Secretary.

4.14.7 Any votes duly cast by paper ballot shall be added to the votes cast by Governors voting in person at the meeting. Unless otherwise provided by the Trust's constitution or by law, every matter shall be determined by a majority of votes cast and, in the case of the number of votes for and against a motion being equal, the Chair of the meeting shall have a second or casting vote. No resolution can be passed if it is opposed by all of the Public Governors voting, whether at the meeting or by paper ballot

4.14.8 The Trust Secretary shall ensure that the Trust keeps a record, in writing, of all ballot papers for at least twelve (12) months from the date of the meeting in respect of which the votes were cast. The votes (whether in person or by ballot) shall recorded in the minutes in accordance with SO 4.13.

4.15 Prevention of Disorder at a Meeting

If there is disorder in the public gallery (including members of the public attending in a virtual capacity) at a meeting of the Council:

4.15.1 The Chair may direct those causing the disorder to leave the meeting, and they shall thereupon leave and not return to the meeting

4.15.2 The Chair may suspend the meeting to a stated time (not longer than 30 minutes from the time of the suspension) to allow order to be restored

4.15.3 If those causing disorder refuse to comply with the Chair's direction, the Chair may move *that the public gallery be cleared to allow the Council to proceed in proper order*

4.15.4 A motion under SO 4.15.3 shall be voted on immediately and without debate

4.15.5 If Council agrees to a motion under SO 4.15.3, the Chair shall suspend proceedings until the public gallery is cleared; the gallery shall remain cleared for the remainder of the meeting, unless the Council shall otherwise decide.

4.16 Written Resolution Process

4.16.1 Subject to SO 4.16.2, the Council may use the process for adopting a written resolution set out in this SO 4.16 to enable it to transact business between meetings of the Council. The process for adopting a written resolution shall not be used to replace meetings of the Council

4.16.2 The Council may only use a written resolution for transacting business where this is compatible with the 2006 Act.

Proposing written resolutions

4.16.3 At the Chair's request, the Trust Secretary shall propose a written resolution to the Governors

4.16.4 A written resolution is proposed by giving notice of the proposed resolution to the Governors. Such notice shall stipulate:

(a) the proposed resolution; and
(b) the long-stop date by which the written resolution is to be adopted, which shall be not less than ten (10) days from the date the written resolution is dispatched by the Trust Secretary
(c) Notice of a proposed written resolution must be given in writing to each Governor. Notice by email or post is permitted.

Adopting written resolutions

4.16.5 Unless otherwise provided by the Trust's constitution or by law and subject to SO 4.16.7 below, a proposed written resolution shall be adopted when it has been signed and returned to the Trust Secretary by hand, by email or by post by a majority of the Governors

4.16.6 If a Governor returns a written resolution to the Trust Secretary by email, the written resolution does not have to be signed by the relevant Governor provided that it is returned from an email address that the Governor has previously notified to the Trust Secretary.

4.16.7 For the avoidance of doubt, the proposed written resolution shall lapse if it has not been returned by the requisite number of Governors pursuant to SO 4.16.6 above, by the longstop date

4.16.8 Once a written resolution has been adopted, it shall be treated as if it had been a decision taken at a Council of Governors' meeting in accordance with these SOs

4.16.9 The Trust Secretary shall ensure that the Trust keeps a record, in writing, of all written resolutions for at least six (6) years from the date of their adoption.

4.17 Meetings: Electronic Communication

4.17.1 In this SO, 'communication' and 'electronic communication' shall have the meanings as set out in the Electronic Communications Act 2000 or any statutory modification or re-enactment thereof

4.17.2 A Governor in electronic communication with the Chair and all other parties to a meeting of the Council or of a committee of the Council shall be regarded for all purposes as being present and personally attending such a meeting provided that, and only for so long as, at such a meeting he has the ability to communicate interactively and simultaneously with all other parties attending the meeting including all persons attending by way of electronic communication

4.17.3 A meeting at which one or more of the Governors attends by way of electronic communication shall be deemed to be held at such place at which the Chair is physically present. If the meeting takes places by way of electronic communication entirely, the meeting shall deemed to have been held via the electronic communication platform and will be recorded in the minutes as such.

4.17.4 Meetings held in accordance with this SO are subject to SO 4.12. For such a meeting to be valid, a quorum must be present and maintained throughout the meeting

4.17.5 The minutes of a meeting held in this way must state that it was held (whether wholly or partly) by electronic communication and that the Governors were all able to hear each other and were present throughout the meeting.

4.18 Minutes

4.18.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next meeting where they will be signed by the person presiding at it, including electronically.

4.18.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting

4.18.3 Minutes shall be retained in the Trust Secretary's office

4.18.4 Minutes shall be circulated in accordance with Governors' wishes. Where providing a record of a public meeting the minutes shall be made available to the public.

4.19 Additional Powers

4.19.1 The Council may require one or more of the Directors to attend a Council meeting to obtain information about the Trust's performance of its functions or the directors' performance of their duties, and to help the Council to decide whether to propose a vote on the Trust's or Directors' performance

4.19.2 The Trust may choose to involve Governors in hospital/service visits or volunteering. However, Governors acknowledge that they do not have a right to inspect Trust property or services and they are not under a duty to meet patients and conduct quality reviews

4.19.3 Governors may refer a question concerning whether the Trust has failed, or is failing, to act in accordance with its constitution, or Chapter 5 of the 2006 Act to the Panel for Advising Governors appointed by ~~Monitor (NHSE/I)~~NHS England under the 2006 Act.

4.20 Variation and Amendment of Standing Orders

4.20.1 Any variation of these SOs shall not constitute a variation of the constitution. These SOs shall be amended only if:

(a) unless proposed by the Chair, a notice of motion under SO 4.7 has been given; and
(b) not fewer than half of the Trust's Governors vote in favour of amendment; and
(c) at least half of the Governors are present at the meeting at which the amendment is considered; and
(d) the variation proposed does not contravene a statutory provision or requirement, condition or notice issued by ~~NHS England~~ ~~Monitor (NHSE/I~~); and
(e) the amendment is approved by the Council.

5. ARRANGEMENTS FOR THE EXERCISE OF COUNCIL FUNCTIONS

5.1 The Council may not delegate its functions to any committee of the Council. Subject to the constitution and any requirements of ~~Monitor (NHSE/I~~NHS England~~)~~, the Council may appoint committees to assist the Council in the proper performance of its functions under the constitution and the regulatory framework, consisting wholly of the Chair and members of the Council.

5.2 A committee appointed under this SO 5 may, subject to such requirements, conditions or notices as may be given by ~~Monitor (NHSE/I)~~NHS England or such directions as may be issued by the Council, appoint sub-committees consisting wholly of members of the committee.

5.3 The SOs of the Council, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Council. In which case the term "Chair" is to be read as a reference to the chair of the committee as the context permits, and the terms "member of the Council" or "Governor" is to be read as a reference to a member of the committee also as the context permits.

5.4 There is no requirement to hold meetings of committees established by the Council in public.

5.5 Each such committee shall have such terms of reference and be subject to such conditions (as to reporting back to the Council), as the Council shall decide and shall be in accordance with the regulatory framework and any requirement, condition, notice or guidance issued by ~~Monitor (NHSE/I)~~NHS England. Such terms of reference shall have effect as if incorporated into the SOs.

5.6 The Council shall approve the terms of reference and appointments to each of the committees which it has formally constituted.

5.7 The committees established by the Council shall be such committees as are required to assist the Council in discharging its responsibilities.

5.8 A Governor and/or a member of a committee of the Council and/ or any non-Governor shall not disclose a matter dealt with by, or brought before, the Council or a committee of the Council without the permission of the Council or such committee (as applicable) until such matter shall have been concluded or in the case of such committee, until the committee shall have reported to the Council.

5.9 A Governor or a non-Governor in attendance at a committee or of a meeting of the Council shall not disclose any matter dealt with by the committee or the Council, notwithstanding that the matter has been reported or concluded, if the Council or committee resolves that it is confidential.

5.10 The Trust Secretary or his deputy or assistant will attend all meetings of the committees in support of them.

5.11 Notwithstanding anything in these SOs, the Chair and Governors may meet informally or as a committee of the Council at any time and from time to time, and shall not be required to admit any member of the public or any representative of the media to any such meeting or to send a copy of the agenda for that meeting or any draft minutes of that meeting to any other person or organisation. For the avoidance of doubt, no business shall be conducted at such meetings.

6. PREVENTION OF CONFLICTS OF INTEREST

6.1 Declaration of Interests

6.1.1 The Trust recognises that, as volunteers, Governors may have private interests that could conflict with those of the Trust. It is the responsibility of Governors to ensure that any potential conflicts of interest are registered and declared at meetings in accordance with this SO and paragraph 22 of the constitution.

6.1.2 The Trust policy for Conflicts of Interest, Gifts and Hospitality (CP80) defines a conflict of interest as “A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”

6.1.3 A conflict of interest may be

- **Actual:** There is a material conflict between one or more interests.
- **Potential:** There is the possibility of a material conflict between one or more interests in the future.

6.1.4 Governors may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see if different and perceived conflicts of interests can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

6.1.5. Interests fall into the following categories:

(a) Financial interests: Where an individual may get direct financial benefit[1] from the consequences of a decision they are involved in making.

[1] This may be a financial gain, or avoidance of a loss.

(b) **Non-financial professional interests:** Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.

(c) **Non-financial personal interests:** Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

(d) **Indirect interests:** Where an individual has a close association[2] with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

6.1.6 Governors must declare interests which are relevant and material to the Council. All existing Governors should declare such interests. Any Governors appointed subsequently should do so on appointment

6.1.7 At the time Governor's interests are declared they should be recorded in the Council register of interests and in the minutes of the relevant meeting at which the declaration is made. Any changes in interests should be declared at the next meeting following the change occurring

6.1.8 Governors' directorships of companies likely or possibly seeking to do business with the NHS should be published in the annual report. The information should be kept up to date for inclusion in succeeding annual reports

6.1.9 During the course of a meeting of the Council, if a conflict of interest is established, the Governor concerned should withdraw from the meeting and play no part in the relevant discussion or decision

6.1.10 There are a number of common situations which can give rise to risk of conflicts of interest, as follows:

- Gifts
- Hospitality
- Outside employment
- Shareholdings and other ownership issues
- Patents
- Loyalty interests
- Donations
- Sponsored events
- Sponsored research
- Sponsored posts
- Clinical private practice

6.1.11 The interests of Governors' spouses or partners if living together, in contracts are to be declared. If Governors have any doubt about the relevance of an interest, this should be discussed with the Chairman. Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in

[2] A common sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

professional partnerships including general practitioners should also be considered.

6.2 Register of Interests

6.2.1 The Trust Secretary will ensure that a register of interests is established to record formally declarations of interests of Governors. In particular the register will include details of all directorships and other actual and potential interests which have been declared by Governors, as defined in paragraphs 22 of the constitution and SO 6.1.3

6.2.2 The Trust Secretary shall keep these details up to date by means of an annual review of the register, for which Governors will be required to complete a further declaration via an Annual Declaration of Interest Form. It is the responsibility of each Governor to provide an update to the Trust Secretary of their register entry if their interests change. The form will also require Governors to provide consent to process and publish this information as per GDPR or ~~equivalent~~equivalent requirements.

6.2.3 The register will be available to the public and the Trust Secretary will take reasonable steps to bring the existence of the register to the attention of the local population and to publicise arrangements for viewing it

6.2.4 In establishing, maintaining, updating and publicising the register, the Trust shall comply with all guidance issued from time to time by the NHSE/I.

6.3 Interests of Relatives, Spouses and Partners

6.3.1 A Governor is required to declare, as if it was their own interest, interests owned or otherwise held by:

6.3.1.1 Their spouse or civil partner
6.3.1.2 Any person with whom they have a long-term relationship as a couple on a domestic basis
6.3.1.3 Their children, step-children or other minors living in the same household as them
6.3.1.4 Any parent, grandparent, uncle or aunt living in the same household as them

6.3.2 Where a declaration is made under SO 6.3, the Governor shall declare and the Trust Secretary shall note on the Register:

6.3.2.1 The name of the individual having the interest
6.3.2.2 Their relationship to the Governor making the declaration.

6.4 Interest of Governors in Contracts

6.4.1 If it comes to the knowledge of a Governor that a contract in which he has any pecuniary interest not being a contract to which he is himself a party, has been, or is proposed to be, entered into by the Trust he shall, at once, give notice in writing to the Trust Secretary of the fact that he is interested therein. In the case of persons living together as partners, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner

6.4.2 A Governor should also declare to the Trust Secretary any other employment or business or other relationship of his, or of a cohabiting spouse, civil partner or person living together with them as partner, that conflicts or might reasonably be predicted could conflict with the interests of the Trust. Interests, employment or relationships declared, are to be entered in a register of Governor's interests.

6.4.3 Further details are included in the Conflict of Interest, Gifts and Hospitality policy & procedure.

7. STANDARDS OF BUSINESS CONDUCT

7.1 Standards of Conduct

7.1.1 The Council shall agree, from time to time, codes of conduct for the proper execution of the office of Governor

7.1.2 Governors must comply with the Council's *Code of Conduct,* the requirements of the regulatory framework, the constitution and any guidance, requirement condition or notice issued by ~~Monitor (NHSE/I)~~NHS England.

7.2 Canvassing of, and Recommendations by, Members of the Council of Governors in Relation to Appointments

7.2.1 Except in relation to the appointment of a person as a member of the Trust, a Governor shall not solicit for any person any appointment under the Trust or recommend any person for such appointment, but this SO shall not preclude a Governor from giving written testimonial of a candidate's ability, experience or character for submission to the Trust

7.2.2 This SO does not prevent a Governor from contributing to the appointment of a Non-Executive Director to the Trust or the Chief Executive in accordance with the statutory requirements

7.2.3 Informal discussions outside appointment panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

8. MISCELLANEOUS

8.1 Standing Orders to be given to all Governors

It is the duty of the Trust Secretary to ensure that existing Governors and all new appointees are notified of and understand their responsibilities within these SOs.

8.2 Review of Standing Orders

The SOs shall be reviewed annually by the Council. The requirement for review extends to all documents having the effect as if incorporated in the SO.

8.3 Potential Inconsistency

In the event of any conflict or inconsistency between these SOs and any of the legislation and guidance listed in these SOs, the legislation shall prevail. In the event of any conflict or inconsistency between these SOs and the licence and/or the constitution, the licence and/or the constitution shall prevail.

9. DISPUTE RESOLUTION

9.1 Where there is a dispute between the Council of Governors and the Board of Directors, Governors shall follow the procedure set out in the current *Council of Governors Policy for Engagement with the Board of Directors where there is disagreement and/or concerns regarding performance.*

9.2 Where a dispute arises out of or in connection with the constitution, including the interpretation of these SOs and the procedure to be followed at meetings of the Board, the Trust and the parties to that dispute shall use all reasonable endeavours to resolve the dispute as quickly as possible.

9.3 Where a dispute arises that involves the Chair, the dispute shall be referred to the Senior Independent Director who will use all reasonable efforts to mediate a settlement to the dispute.

9.4 For the avoidance of doubt, the Trust Secretary shall deal with any membership queries and other similar questions in the first place including any voting or legislation issues and shall otherwise follow a process for resolving such matters in accordance with any procedures agreed by the Board.

10. RELATIONSHIP BETWEEN THE BOARD OF DIRECTORS AND THE COUNCIL OF GOVERNORS

10.1 Governors should discuss and agree with the Board how they will undertake their statutory roles and responsibilities, and any other additional roles, giving due consideration to the circumstances of the Trust and the needs of the local community and emerging good practice.

10.2 Governors should work closely with the Board and must be presented with, for consideration, the annual report and accounts (including any report of the auditor on them) and the annual plan at a general meeting. The Governors must be consulted on the development of forward plans for the Trust and any significant changes to the delivery of the Trust's business plan.

10.3 The annual report should state how performance evaluation of the Board, its committees, and its Directors, including the Chairman is conducted and the reason why the Trust adopted a particular method of performance evaluation.

10.4 The annual report should identify the members of the Council, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the appointed Lead Governor. A record should be kept of the number of meetings of the Council and the attendance of individual Governors and Directors and it should be made available to members on request.

10.5 The Council should take the lead in agreeing with the Audit Committee the criteria for appointing, re-appointing and removing external auditors. The Council will need to ensure they have the skills and knowledge to choose the right external auditor and monitor their performance. However, they should be supported in this task by the Trust's Audit Committee, which provides information to the Governors on the external auditor's performance as well as overseeing the Trust's internal financial reporting and internal auditing.

10.6 If the Council does not accept the Audit Committee's recommendations, the Board should include in the annual report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council has taken a different position.

10.7 The annual report should describe the process followed by the Council in relation to appointments of the Chair and Non-Executive Directors.

END

		Agenda Item No: 6b
SUMMARY REPORT	**COUNCIL OF GOVERNORS PART 1**	**7 November 2022**

Report Title:	**Council of Governors Membership Committee Assurance Report & Terms of Reference**					
Executive/Non-Executive Lead:	Mark Dale, Public Governor					
Report Author(s):	Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:	n/a					
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Purpose of the Report		
This report provides the Council of Governors with an assurance report relating to the work of the Council of Governors Membership Committee and presents a reviewed Terms of Reference for approval.	**Approval**	✓
	Discussion	
	Information	

Recommendations/Action Required

The Council of Governors is asked to:

1 Note the contents of the report
2 Approve the Terms of Reference for the Council of Governors Membership Committee

Summary of Key Issues

The Council of Governors Membership Committee has delegated responsibility to recommend to the Council of Governors appropriate actions to implement the Trust's membership recruitment and engagement strategy and to ensure the ongoing development of the strategy in response to the Trust's operating context.

The report provides information of the work of the Council of Governors Membership Committee for the period 1 September 2021 – 9 August 2022. The report also provides the Terms of Reference of the Committee for approval.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	✓
Service impact/health improvement gains	
Financial implications: **Capital £**	Nil

		Revenue £ **Non Recurrent £**	
Governance implications			✓
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			

Supporting Documents and/or Further Reading
Main Report Appendix 1: Council of Governors Membership Committee Terms of Reference

Lead
Mark Dale **Public Governor** **Chair of the Council of Governors Membership Committee**

Agenda Item 6b
Council of Governors Meeting Part 1
7 November 2022

Report from the Chair of the Council of Governors Membership Committee

1.0. PURPOSE OF THE REPORT

This report provides the Council of Governors with an assurance report relating to the work of the Council of Governors Membership Committee and presents a reviewed Terms of Reference for approval.

2.0 COMMITTEE PURPOSE AND TERMS OF REFERENCE

The Membership Committee has delegated responsibility to recommend to the Council of Governors appropriate actions to implement the Trust's membership recruitment and engagement strategy and to ensure the on-going development of the Strategy in response to the Trust's operating context.

The Terms of Reference (attached as Appendix 1) were discussed at the Committee meeting on the 9 August 2022. The Committee requested the option of electing a Deputy Chair for the Committee to support the Chair and deputise for them in their absence. This provision has been added as Section 2.2 and Section 2.3 has been amended to reflect the role of the Deputy Chair. No further changes have been made.

3.0. ANNUAL REVIEW (SEPTEMBER 2021 – AUGUST 2022)

The Council of Governors Membership Committee annual review covers the activities of the Committee for the period September 2021 – August 2022. Within this period, meetings were held on six occasions:

- 10 September 2021
- 13 October 2021 (Extra Ordinary)
- 22 November 2021
- 19 January 2022
- 17 May 2022
- 9 August 2022

The Committee was chaired until the 17 May 2022 by Judith Woolley, Public Governor, Essex Mid and South and Mark Dale, Public Governor, Essex Mid and South from 9 August 2022.

Included in the current membership are:

- Pippa Ecclestone, Public Governor, West Essex and Hertfordshire
- Jason Gunn, Public Governor, West Essex and Hertfordshire (from September 2022)
- Megan Leach, Public Governor, Essex Mid and South
- Stuart Scrivener, Public Governor, Essex Mid and South
- Paul Walker, Staff Governor, Non-Clinical

Additional Members during the year included:

- Judith Woolley, Public Governor, Essex Mid and South (until May 2022)
- Michael Waller, Public Governor, West Essex and Hertfordshire (until May 2022)

The Terms of Reference for the Committee focuses on the Membership Framework (Strategy) which concluded in 2021. The framework was not renewed due to the pandemic and the uncertainty of membership engagement going forward. The Committee has focused on ensuring membership activities take place (Your Voice etc.) and receiving information on the current membership. The information and discussions by the Committee will be used in the development of a new Membership Strategy this year.

The key activities undertaken by the Committee:

Your Voice / Annual Members Meeting

The Committee has received information relating to the Annual Members Meeting for consultation and has been instrumental in producing the agenda and content for the Your Voice meetings. The Committee held an extra-ordinary meeting on the 13 October 2021 to discuss the Annual Members Meeting for November and plan the Your Voice meeting for the 1 December 2021.

The Committee received feedback from Your Voice meetings at subsequent Committee meetings, which showed good levels of attendance by members and mostly positive feedback. The feedback was used by the Committee in developing future Your Voice sessions, such as ensuring enough time is provided for interaction with members to prevent any significant overrunning.

Membership Metrics

The Committee received a baseline survey of membership on the 22 November 2022. The low response rate for the survey identified the difficulty in communicating with members via the membership database and prompted consideration for utilising other communication methods.

From the 19 January 2022, the Committee has received a regular Membership Metrics report which provides details of the current membership and any changes since the previous report, including demographical information. The report also includes data on any communication circulated to members and the level of interaction.

The metrics will continue to be reported to allow the Committee to understand the impact of any communication campaigns. The Committee also agreed for the metrics to be considered as part of any new strategy.

Communication with Members

From the 19 January 2022, the Committee has invited a member of the Communications and Marketing Team to attend the meetings. The Committee has discussed options for communicating with members, including the development of a regular newsletter. The Committee also discussed the development of a pack for Governors containing information that can be handed to individuals during any public engagement. The costings for the pack has been developed and will be considered by the Committee. The discussions relating to the regular communication with members will be fed into the new Membership Strategy.

Council of Governors Effectiveness Review

The Committee on the 17 May 2022 considered a report providing results of the Council of Governor effectiveness review. The review included questions relating to membership engagement and the Membership Committee. The majority of responses provided were positive, but there were some areas identified where improvements could be made. The Committee considered these areas and confirmed the action being taken by the Committee, in terms of metrics and communication, addressed the areas identified by the review.

4.0 ASSURANCE

In my opinion, the Council of Governors Membership Committee has been fulfilling its Terms of Reference during the period set out in this report, in line with the delegated authority of the Council of Governors. The Committee intends to strengthen by the development of a new Membership Engagement Strategy.

5.0 ACTION REQUIRED

The Council of Governors is asked to:

1 Receive and note the report
2 Approve the Terms of Reference for the Council of Governors Remuneration Committee (Appendix 1)

Report prepared by

Chris Jennings
Assistant Trust Secretary

On behalf of

Mark Dale
Public Governor
Chair of the Council of Governors Membership Committee

ESSEX PARTNERSHIP UNIVERSITY NHS FT

COUNCIL OF GOVERNORS MEMBERSHIP COMMITTEE TERMS OF REFERENCE

Overall Purpose of Committee

The Membership Committee has delegated responsibility to recommend to the Council of Governors appropriate actions to implement the Trust's membership recruitment and engagement strategy and to ensure the on-going development of the Strategy in response to the Trust's operating context.

The Membership Committee will be responsible for monitoring implementation of the actions and reporting progress to the Council of Governors. The aim should be to ensure that information is provided to and views sought from members and the public on material issues relating to the Trust including its vision, forward plan, performance and material strategic proposals.

All responsibilities are undertaken in support of the Council of Governors – it is the Council that holds the responsibility for decisions relating to all issues covered by the Committee.

1 Name of Committee: **Council of Governors Membership Committee**

2 Chair:

2.1 The Committee will elect a Chair from its membership; the role of Chair will be reviewed annually.

2.2 The Committee can elect a Deputy Chair from its membership to provide support to the Chair and deputise in their absence. The role of any Deputy Chair will be reviewed annually.

2.3 In the absence of the Membership Committee Chair, the Deputy Chair will chair the meeting. In the absence of the Chair and Deputy Chair, the remaining members present will elect one of their number to chair the meeting.

3 Reporting to: The Council of Governors (Council)

4 Authority:

4.1 The Membership Committee (Committee) is constituted as a standing committee of the Trust's Council. Its constitution and terms of reference are set out below and are subject to regular review and approval by the Council

4.2 The Committee is authorised by the Council to act within its terms of reference. All members of the Council and/or staff are requested to co-operate with any

request made by the Committee

4.3 The Committee will act in accordance with (Monitor's) *Code of Governance* and current best practice

44 The Committee does not have any delegated authority. All responsibilities are undertaken in support of the Council – it is the Council that holds the responsibility for decisions relating to all issues covered by the Committee.

5 Functions: **General Duties:**

5.1 Support the review of the Membership Framework (Framework) working with relevant teams including the Communications and Patient Experience Teams, as well as relevant Executive and Non-Executive Directors to ensure it supports the delivery of the Trust's Engagement Strategy

5.2 Lead on the development and maintenance of an action plan for approval by the Council to implement the Framework approved by the Trust

5.3 Lead on overseeing the delivery of the action plan, monitoring progress and reporting any issues to the Council

5.4 Identify and recommend support required from the Trust to facilitate the effective implementation of the Strategy and synergies in terms of best use of Trust resources to deliver the Framework

5.7 Receive regular reports in terms of Trust-led as well as personal activities in which Governors have been involved to inform identification of key issues for the membership and possible engagement approaches

5.8 Ensure that there are mechanisms in place which enable the information gathered from the membership/public from the activities above to inform the Council in its decision making

5.9 Evaluate progress towards achieving the objectives of the Framework (via regular monitoring of membership numbers, breakdown, activity, engagement and implementation plan progress), including making every effort to ensure that:

- membership is representative of the local community (by constituency) – specifically mindful of gender, ethnicity, disability, age and socio-economic status
- there are effective recruitment and engagement mechanisms that recognise particular issues of

recruiting from 'hard to reach' groups and which facilitate a fully representative membership

- campaigning, recruitment and engagement activity is based around the issue of social inclusion, combating stigma and promoting positive images of people with a mental health issue or a learning disability

5.10 Agree any remedial actions necessary to address issues highlighted by the above evaluation of progress

5.11 Provide regular reports on membership activities to the Council, including progress towards achieving the objectives of the Strategy, and a report for inclusion in the Trust's Annual Report

5.12 Contribute to member communications.

Monitoring of Effectiveness:

5.13 The Committee will receive and agree a description of its work (in the form of an annual work plan), and will regularly monitor progress against the work plan

5.14 To undertake an annual review of its own performance to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary for Council's approval. The results of this review will be reported to the Council of Governors Governance Committee in the first instance who will present a report to the Council of Governors.

5.15 To review the terms of reference of the Committee annually and to ensure their compliance with regulatory and other guidance.

6. Sub Groups / Working Groups:

There are no formal sub-groups. However, the Committee will consider the need for and, if necessary, action the establishment of time-limited task and finish groups to undertake specific detailed tasks and make recommendations to the Committee to support it in fulfilling its roles and responsibilities. Clear terms of reference, membership and timescales for the task and finish group(s) will be set by the Committee. Task and finish groups will be chaired by a member of the Committee but may include other Governors who are not members of the Committee.

7. Membership:

7.1 Eight (8) Governors with a minimum of six Public Governors, preferably one from each constituency

7.2 Members of the Committee may nominate an alternative to attend in their absence. This individual will have the same role, responsibilities and authority as a substantive Committee member

7.3 Appointments to the Committee will be made in line with the Committee Membership procedure and having due

regard to the Trust's Equality & Diversity Policy.

8. In Attendance:

8.1 Trust Secretary Office (minute taker)

8.4 Other persons may be invited to attend a meeting to assist in deliberations.

9. Support to Committee: Trust Secretary Office.

10. Quorum:

10.1 The quorum necessary for the transaction of business is four (4) members

10.2 Reserve Governors may act as alternatives for substantive Committee members and as such will count toward the quorum. However, there must be a minimum of two (2) standing members of the Committee to achieve the quorum.

11. Reporting and Minutes:

11.1 Minutes of the meeting will be recorded and circulated to Committee members for approval, unless it would be inappropriate to do so. Approved minutes will be made available to the Council on request, unless it would be inappropriate to do so

11.2 The Committee will report in writing to the Council on an annual basis or more frequently if requested by the Council.

11.3 The Committee will provide to the Council an annual self-assessment report which highlights areas for improvement

12. Frequency of Meetings: The Committee will meet regularly as required to fulfil its responsibilities.

13. Approval Dates: August 2017, February 2018, February 2019, August 2020, September 2021, September 2022

14. Frequency of Review: Terms of reference are to be reviewed annually and reported to the Council of Governors for ratification.

15. Next Review Date: September 2023

		Agenda Item No: 7a
SUMMARY REPORT	**COUNCIL OF GOVERNORS PART 1**	**7 November 2022**

Report Title:	**CAMHS CQC Final Report**					
Report Lead:	Denver Greenhalgh, Senior Director of Governance and Corporate Affairs					
Report Author(s):	Care Quality Commission (CQC)					
Report discussed previously at:	Board of Directors 28 September 2022					
Level of Assurance:	**Level 1**		**Level 2**		**Level 3**	✓

Purpose of the Report

To provide the Council of Governors with a copy of the EPUT Child and Adolescent Mental Health Wards inspection by the CQC carried out in March and April 2022.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to

1. Receive a copy of the final EPUT Child and Adolescent Mental Health Wards inspection report (published July 2022).

Summary of Key Issues

- CQC undertook an inspection of our Child and Adolescent Mental Health Service (CAMHS) inpatient units in March and April 2022, resulting in an improved rating for the service from 'inadequate' to 'requires improvement'.
- In line with the requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 201: Regulation 20A the Trust has updated the rating posters displayed across our sites.
- The inspection report made six (6) 'must do' recommendations to address observed breaches of regulation and seven (7) 'should do' recommendations to prevent a future breach.
- An improvement group was established and developed the improvement plan, which was submitted to the CQC on 25 August 2022. The Group continues to meet monthly to provide oversight and support to the delivery of the plan.
- As of the end of September 2022, 17 (68%) of the 'must do' actions are reported as being complete, and all remaining open actions are progressing to trajectory.

Relationship to Trust Strategic Objectives

SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered

1: We care	✓
2: We learn	✓

3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			✓
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			
CAMHS	Children and Adolescent Mental Health Services		

Supporting Documents and/or Further Reading
Copy of the EPUT Children and Adolescent Mental Health Service Wards CQC Inspection Report (Published July 2022).

Lead
 **Denver Greenhalgh** **Senior Director of Governance and Corporate Affairs**

Essex Partnership University NHS Foundation Trust

Child and adolescent mental health wards

Inspection report

Trust Head Office, The Lodge
Lodge Approach
Wickford
SS11 7XX
Tel: 03001230808
www.eput.nhs.uk

Date of inspection visit: 1 March, 17 March, 28 April, 29 April
Date of publication: 29/07/2022

Ratings

Overall rating for this service	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Requires Improvement**
Are services well-led?	**Requires Improvement**

Our findings

Child and adolescent mental health wards

Requires Improvement 

Essex Partnership University NHS Foundation Trust provide community health, mental health and learning disability services for a population of approximately 1.3 million people across Bedfordshire, Essex, Suffolk and Luton.

Essex Partnership University NHS Foundation Trust provides child and adolescent mental health inpatient services to young people and their families living across the country where a community setting would not be a safe or appropriate place for children and young people's treatment. The child and adolescent mental health inpatient service consists of three wards located across two sites at the St Aubyn Centre, Colchester and Rochford Hospital.

We carried out this unannounced focused inspection to follow up on the conditions placed on the Trust's registration after our previous inspection. The conditions included restricting the service from admitting any new children and young people without the prior written agreement of the Care Quality Commission and a condition to ensure all three wards are staffed with the required numbers of suitably skilled staff to meet the new children and young people's needs and to undertake children and young people's observations as prescribed.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. As result of this, the imposed conditions have now been removed.

At this inspection, we inspected all three wards of the child and adolescent mental health service; Larkwood ward, Longview ward and Poplar adolescent unit.

The St Aubyn Centre accommodates Larkwood ward and Longview ward. Larkwood ward is a ten bedded, mixed sex, locked psychiatric intensive care unit. It provides acute and intensive psychiatric care and treatment for young people between the ages of 13 and 18, who are experiencing acute, complex and / or severe mental health problems.

Longview ward is a 15 bedded, general psychiatric mixed sex ward, providing inpatient assessment and treatment for young people aged 13 to 18 years.

Rochford Hospital accommodates Poplar adolescent unit, a 13 bedded general psychiatric, mixed sex ward providing inpatient assessment and treatment for young people aged 13 to 18 years.

All three wards had education facilities on site, providing education and vocational opportunities in line with the national curriculum.

The Care Quality Commission have registered this service for the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Treatment of disease, disorder or injury.

1.

Our rating of services improved. We rated the service as requires improvement because:

Our findings

- The service did not manage the disposal of medicines and sharps safely. The service did not dispose of out of date stock items as required.
- Staff did not always follow the Trusts' policies and procedures with regards to the use of mobile phones and wearing personal protective equipment.
- The service did not ensure children and young people had access to snacks at all times without being dependant on staff.
- Not all staff respected children and young peoples' privacy and confidentiality. Staff did not give carers information on how to find the carer's assessment.

However

- The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well and followed good practice with respect of safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the children and young people and in line with national guidance about best practice.
- The ward teams included or had access to the full range of specialists required to meet the needs of children and young people on the wards. Managers ensured these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed good practice with respect to young people's competency and capacity to consent to or refuse treatment.

How we carried out the inspection

For this inspection we reviewed all the key lines of enquiry; safe, effective, caring, responsive and well led.

The inspection team visited all three wards between 1 March and 29 April 2022 and completed off-site inspection activity during this time. We returned to Poplar adolescent unit twice during this time following concerns raised during the inspection. During the inspection we:

- Visited the service and observed how staff cared for children and young people
- Visited the Poplar adolescent unit at night and observed how staff cared for children and young people
- Viewed eight extracts of CCTV from Poplar adolescent unit
- Viewed five pieces of body camera footage from Poplar adolescent unit
- Toured the clinical environment
- Spoke with nine children and young people who were using the service
- Interviewed 23 staff members and managers
- Spoke with five carers
- Observed one community meeting

Our findings

- Reviewed 11 children and young people care records
- Reviewed 15 prescription charts
- Reviewed policies and procedures relevant to the running of the service.

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

What people who use the service say

We spoke with nine children and young people across all three wards.

One young person told us not all staff knock on their door before entering.

One young person told us some staff ignore them and don't engage with them. Four children and young people told us they do not always know the night staff, they were always different, and this makes them feel uncomfortable.

Two children and young people told us they never meet with their named nurse.

Three children and young people from either Longview ward or Larkwood ward, told us their leave had been cancelled due to the wards being short staffed.

Two children and young people told us there is a lot of restraint on the wards and one young person told us they feel non-regular staff panic and don't de-escalate incidents as often as they should. One young person told us they felt they were restrained more than they should have been.

One young person told us some staff talk about other children and young people in front of them.

Five children and young people from Larkwood ward or Longview ward told us snacks are on a timetable and they cannot access fruit or snacks when they want.

Five children and young people told us they did not like the food and the quality of the food is poor. Two children and young people told us the level of choice was limited.

Three children and young people told us staff were nice, kind, respectful and felt like they cared.

Two children and young people told us they knew all about their medications and side effects.

Two children and young people told us education was good and had helped them.

We spoke to five children and young peoples' carers. Two carers told us they were not involved in their relatives' care and it is left to the young person to phone them to inform them what is happening.

Three of the carers we spoke to had not been asked to give feedback on the service.

Three carers told us they had not been informed about the carer's assessment.

Our findings

Is the service safe?

Requires Improvement 

Our rating of safe improved. We rated it as requires improvement.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Each ward had detailed accessible environmental risk assessments.

Staff could observe children and young people in all parts of the wards. Managers installed convex mirrors in all areas that had blind spots on the ward to aid the observation of children and young people.

The ward complied with guidance and there were no mixed sex accommodation breaches. Staff ensured each area of the wards were single sex. Two bedrooms were available on each ward, which were separate from the main bedroom areas. Staff could change use of these two beds to accommodate male or female young people, as demand required. Staff also used these areas for transgender children and young people.

Staff knew about any potential ligature anchor points and mitigated the risks to keep children and young people safe. Where there were potential ligature anchor points, staff mitigated the risks by always being with children and young people in those areas.

Staff had easy access to alarms and children and young people now had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. The service employed staff specifically to maintain the cleanliness of the wards.

We found staff did not always follow infection control policies with regards to wearing personal protective equipment. We reviewed eight extracts of CCTV across six different night shifts on Poplar adolescent unit. We observed eight different occasions of staff not wearing masks correctly involving 10 different staff members. Only three of the eight pieces of CCTV reviewed show all staff correctly wearing their masks. We informed the Trust of our findings at the time of reviewing the CCTV and they took immediate action to put measures in place to respond to this. We attended the ward the following night and found all staff had been made aware of our findings. Instructions had been given from the Trust reminding all staff to wear their masks at all times. All staff wore masks correctly during our visit.

Our findings

Seclusion room

The seclusion room on Larkwood ward allowed clear observation and two-way communication. It had a toilet and a clock. Only Larkwood ward had a working long-term segregation suite, including a seclusion room at the time of our inspection. If patients from Longview ward required seclusion staff would support them to transfer to Larkwood ward to use the facilities. The seclusion data reviewed did not show there were any seclusions required for patients on Longview ward.

At the time of our inspection there were building works to improve the long-term segregation suite at Poplar adolescent unit and a long-term segregation suite was being built on Longview ward.

Clinic room and equipment

Not all clinic rooms were well managed. The medication destruction bin on Larkwood ward contained sharps as well as the medication to be disposed of which was an infection risk to staff. We found out of date items in the clinic room on Longview ward including a blood collection kit, 12 COVID-19 test kits, and a box of blood sample tubes.

However, clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs.

Safe staffing

The service had enough nursing and medical staff, who knew the children and young people and received basic training to keep people safe from avoidable harm.

Nursing staff

Managers accurately calculated and reviewed the number and grade of qualified staff and nursing assistants for each shift. The service had enough qualified and support staff to keep children and young people safe. We reviewed multiple documents the managers used to identify where staff were required on the wards. We identified initial documents which showed understaffing due to sickness and leave but we tracked these through and for each of the examples we looked at the wards were all supplied with staff over their planned staffing numbers. The ward manager could adjust staffing levels according to the needs of the children and young people.

The service had low vacancy rates. As of January 2022, Larkwood ward had a vacancy rate of three qualified staff and had over recruited two nursing assistants. For the same time period, Longview ward had no qualified staff vacancies and had over recruited three nursing assistants. Poplar adolescent unit had no qualified staff vacancies and two nursing assistant vacancies. The service had over-recruited some roles to increase their staffing capacity.

The service had low rates of bank and agency qualified staff. We reviewed bank and agency usage from 1 October 2021 to 28 February 2022. We found bank and agency staff were mainly being used to cover night shifts. Larkwood ward used the most bank and agency qualified staff across the three wards with an average of 19 agency qualified staff a month and 30 bank qualified staff a month. For the same time period Longview ward used an average of four agency qualified staff a month and 23 bank qualified staff a month, and Poplar adolescent unit used an average of six agency qualified staff a month and 22 bank qualified staff a month.

The service had high rates of bank and agency nursing assistants. We reviewed bank and agency usage from 1 October 2021 to 28 February 2022. We found bank and agency staff were mainly being used to cover night shifts. Longview ward used the most bank and agency nursing assistants across the three wards with an average of 45 agency nursing assistants a month and 172 bank nursing assistants a month. For the same time period Larkwood ward used an average

Our findings

of 42 agency nursing assistants a month and 146 bank nursing assistants a month, and Poplar adolescent unit used an average of 32 agency nursing assistants a month and 157 bank nursing assistants a month. Four children and young people told us they did not always know the night staff, they were always different, and this made them feel uncomfortable.

Managers requested bank and agency staff familiar with the service where possible.

Managers did not always make sure all bank and agency staff had a full induction before starting their shift. We reviewed induction figures correct at the time of our inspection. Temporary staff on Larkwood ward had a compliance rate of 49% with their inducton. Temporary staff on Longview ward had a compliance rate of 52% with their induction and temporary staff on Poplar adolescent unit had a compliance rate of 73% with their induction. However, the service made sure all new bank and agency staff completed a walk around of the wards on their first shift to become familiar with the layout of the ward and safety procedures. We spoke with one bank staff member who told us they were made familiar with the ward before they commenced their shift and was very positive about their familiarity experience.

The service had variable turnover rates.We reviewed the staff turnover rates from October 2021 to January 2022. Larkwood ward had the highest staff turnover rate in this time period and was 12.75%. The staff turnover rate in this time period for Poplar adolescent unit was 4% and the staff turnover rate in this time period for Longview ward was 0%.

Managers supported staff who needed time off for ill health.

Levels of sickness were high. The wards had a lot of staff off sick due to COVID-19. We reviewed sickness levels from October 2021 to January 2022. The staff sickness rate in this time period for Longview ward was the highest at 12%. The staff sickness rate in this time period for Larkwood ward was 5.25%. The staff sickness rate in this time period for Poplar adolescent unit was 4.25%.

The Care Quality Commission recognises that over the time period we reviewed, there was a national pandemic which caused staffing shortages across all NHS services. The Care Quality Commission also recognises at the time of the inspection there were national challenges for wards for children and adolescents relating to children and young people's needs and bed availability.

Not all children and young people had regular one to one sessions with their named nurse. We spoke with nine children and young people across all three wards. Two children and young people told us they never meet with their named nurse.

Children and young people sometimes had their escorted leave, or activities cancelled when the service was short staffed. Three children and young people from either Longview ward or Larkwood ward, told us their leave had been cancelled due to the wards being short staffed.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep children and young people safe when handing over their care to others.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. There was an out of hours rota for doctors to cover each of the wards.

Our findings

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Permanent staff had an overall compliance rate of 93% across the three wards. Non-permanent staff had a compliance rate of 92% for March 2022.

The mandatory training programme was comprehensive and met the needs of children and young people and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to children and young people and staff

Staff assessed and managed risks to children, young people and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the Trust's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each child and young person on admission or arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff updated risk assessments at the weekly multi-disciplinary meetings and more frequently where required.

Staff used a recognised risk assessment tool which was part of the children and young people's electronic care records.

Management of patient risk

Staff did not always follow the Trusts' policies and procedures with regards to the use of mobile phones. We reviewed eight extracts of CCTV across six different nights. We observed 10 different staff using personal mobile phones. Only three of the eight pieces of CCTV reviewed showed staff not on a mobile phone.

Staff knew about any risks to children and young people and acted to prevent or reduce risks. Staff completed risk management plans and positive behaviour plans for all children and young people. Staff formulated all risk management plans in the weekly multi-disciplinary meetings. Children and young people were central in the development of both risk management and behaviour support plans.

Staff identified and responded to any changes in risks to, or posed by, children and young people. Staff reviewed risk assessments and positive behaviour support plans; where children and young people who required them had them, regularly. Children and young people had access to areas such as de-escalation and chill out rooms. Children and young people on Poplar adolescent unit could also access the sensory room, which contained a range of equipment including weighted blankets and visual displays.

Staff followed procedures to minimise risks where they could not easily observe children and young people. We saw convex mirrors up in the wards to support the observation of children and young people.

Staff followed Trust policies and procedures when they needed to search children and young people or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were increasing across all three wards. We viewed data from 1 December 2021 to 28 February 2022. The Trust provided data in two formats. There were discrepancies in the data provided by the Trust. For

example, for Longview ward, on one format the data evidenced restraints had increased from 47 in January 2022 to 62 in February 2022, but on the other format the data evidenced restraints had increased from 26 in January 2022 to 70 in February 2022. Two children and young people told us there was a lot of restraint on the wards and one young person told us they felt non-regular staff panic and did not de-escalate incidents as often as they should have.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained children and young people only when these failed and when necessary to keep children, young people and others safe. During the review of body camera footage, we saw staff using multiple de-escalation techniques with children and young people which were personal to them. This included comfort toys, the use of ice and the use of weighted blankets. However, one young person told us new or unfamiliar staff did not use de-escalation and they felt they were restrained more than they should have been.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed The National Institute for Health and Care Excellence guidance when using rapid tranquilisation. Staff recorded in children and young peoples' case records when they used rapid tranquilisation and carried out physical health monitoring in line with guidance.

When children and young people were placed in seclusion, staff kept clear records and followed best practice guidelines. We reviewed seclusion records and found a clear rational for seclusion to continue.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if children and young people were put in long-term segregation. We reviewed the records of a young person in long-term segregation which showed staff had followed best practice and guidance.

Safeguarding

Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up-to-date with their safeguarding training. At the time of our inspection the compliance rate for training in Safeguarding Adults and Children Level 2, including Mental Capacity Act, Deprivation of Liberty and Prevent for permanent staff on Poplar adolescent unit was 96%, permanent staff on Larkwood ward had a compliance rate of 100% and permanent staff on Longview ward had a compliance rate of 91%. Non-permanent staff had a compliance rate of 92%. At the time of our inspection the compliance rate for training in Safeguarding Adults Level 3, including Mental Capacity Act, Deprivation of Liberty and Prevent for permanent staff on Poplar adolescent unit was 91%, permanent staff on Larkwood ward had a compliance rate of 88% and permanent staff on Longview ward had a compliance rate of 100%. Non-permanent staff had a compliance rate of 93%.

Staff could give clear examples of how to protect children and young people from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Our findings

Staff followed clear procedures to keep children visiting the ward safe. There was a family room adjoined to each ward where visits could be held so young children did not have to go onto the ward.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Children and young peoples' notes were comprehensive, and all staff could access them easily. All permanent and bank staff had a log in to access children and young peoples' notes and electronic systems and records. There were guest log ins for agency staff.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. Staff ensured any paper records were scanned onto the electronic care recording system.

When children and young people transferred to a new team, there were no delays in staff accessing their records. Although the Trust used two different electronic recording systems, staff could access the alternative system via an overarching system to review children and young peoples' care records.

Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on children and young people's mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We reviewed 15 prescription charts across the three wards and found no errors or omissions.

Staff reviewed children and young people's medicines regularly and provided specific advice to children, young people and carers about their medicines. We saw evidence of this in children and young peoples' records.

Staff stored and managed medicines and prescribing documents in line with the Trust's policy.

Staff followed current national practice to check children and young people had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so children and young people received their medicines safely. We saw examples of safety alerts that had been shared with staff.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. We saw evidence of this in regular meetings clinicians had with children and young people.

Staff reviewed the effects of children and young people's medication on their physical health according to The National Institute for Health and Care Excellence guidance.

Our findings

Track record on safety

Reporting incidents and learning from when things go wrong

The service managed children and young people's safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children and young people honest information and suitable support.

Staff knew what incidents to report and how to report them. We saw evidence of the different categories of incidents staff reported.

Staff raised concerns and reported incidents and near misses in line with Trust policy. Since our most recent inspection the Trust added additional criteria to their incident reporting system to allow staff to identify if they believed the incident impacted children and young people's safety or if staffing levels or staffing issues were a factor in the incident. We reviewed incidents from 1 September 2021 to 1 March 2022. We found 14 incidents where staff believed the incident impacted children and young people's safety and staffing levels or issues were a factor in the incident.

Staff reported serious incidents clearly and in line with Trust policy.

The service had no never events on any wards. A 'never event' is classified as a wholly preventable serious incident that should not happen if the available preventative measures are in place.

Staff understood the duty of candour. They were open and transparent, and gave children, young people and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. We saw evidence of robust and regular support for staff with psychological input for both children and young people and staff.

Managers investigated incidents thoroughly. Children, young people and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to children and young people's care. These were discussed in team meetings.

Managers shared learning from incidents with their staff and across the Trust. These were available in folders on each ward. Posters were also available for staff. Staff received a regular email with lessons learned and they were also discussed in team meetings.

Is the service effective?

Good

Our rating of effective went down. We rated it as good.

Our findings

Assessment of needs and planning of care

Staff assessed the physical and mental health of all children and young people on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected children and young people's assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of children and young people either on admission or soon after.

Children and young people had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for children and young people that met their mental and physical health needs. We reviewed 11 care plans. Staff developed care plans with children and young people, which were personalised, holistic and recovery-orientated. Care plans were up to date, reviewed regularly and updated through multidisciplinary discussion when children and young people's needs changed.

Best practice in treatment and care

Staff provided a range of treatment and care for children and young people based on national guidance and best practice. They ensured children and young people had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.

Staff provided a range of care and treatment suitable for the children and young people in the service. Care and treatment interventions were those recommended by, and delivered in line with, guidance from the National Institute for Health and Care Excellence. Staff delivered a wide range of structured psychological therapies and occupational therapy techniques. Including one to one psychotherapy, emotional regulation, sensory integration, family therapy and Dialectic Behavioural Therapy. Children and young people also had access to a wide range of other activities on the wards.

Staff identified children and young people's physical health needs and recorded them in their care plans. We saw specific physical health care plans for children and young people who required them.

Staff made sure children and young people had access to physical health care, including specialists as required. Staff used the modified early warning signs documentation to record children and young peoples' vital signs.

Staff met children and young people's dietary needs and assessed those needing specialist care for nutrition and hydration.

Staff helped children and young people live healthier lives by supporting them to take part in programmes or giving advice. Children and young people had access to physical activities. Children and young people on Larkwood ward and Longview ward had access to a gym and pedal bikes.

Staff used recognised rating scales to assess and record the severity of children and young people's conditions and care and treatment outcomes. These included the Health of the Nation Outcome Scale for children and adolescents.

Staff used technology to support children and young people. All wards had electronic tablets available and the facilities to make conference calls with other clinical teams. Staff also used tablets to record children and young people's

observations. These were newly implemented. Staff identified the internet signal dropped out when using these around the ward and they had to revert to paper observation records at times. We observed this in practice on multiple occasions during our inspection visits. The tablets were either not working or the internet signal had dropped, and staff reverted to paper records. The trust were aware of these issues and they were being addressed by the Trust prior to the inspection. At the time of the inspection the use of tablets to record children and young people's observations was part of a live trial to identify any issues when used in a real patient setting.

Qualified staff took part in clinical audits. Managers used results from audits to make improvements.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of children and young people on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals and supervision. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the children and young people on the wards. The multi-disciplinary team included consultant psychiatrists, speciality doctors, nurses, occupational therapists, clinical psychologists, family therapists, teachers and support workers.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the children and young people in their care, including bank and agency staff. Managers kept a record of the training compliance of bank staff.

Managers gave each new permanent member of staff a full induction to the service before they started work. We reviewed induction figures at the time of our inspection for permanent staff. Permanent staff on Poplar adolescent unit and Larkwood ward had a compliance rate of 100%. Permanent staff on Longview ward had a compliance rate of 96% with their induction.

Managers supported permanent staff to develop through yearly, constructive appraisals of their work. At the time of our inspection, Larkwood ward had a compliance rate of 93%, Longview ward had a compliance rate of 89% and Poplar adolescent unit had a compliance rate of 78%.

Managers supported staff through regular, constructive clinical supervision of their work. At the time of our inspection, Poplar adolescent unit had a compliance rate of 90%, Longview ward had a compliance rate of 86% and Larkwood ward had a compliance rate of 80%.

Managers made sure staff attended regular team meetings or gave information to those who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had weekly 'time to learn' sessions with therapists to complete bespoke training based around the presentation of the children and young people group admitted at that time.

Managers made sure staff received any specialist training for their role. All staff had access to a wide range of mandatory and specialist courses. We saw evidence some staff had been trained in Avoidant/Restrictive Food Intake Disorder, hearing voices, attachment, Dialectic Behavioural Therapy skills, emotion regulation skills, trauma training, psychosis training, Dialectic Behavioural Therapy distress tolerance skills, Dialectic Behavioural Therapy training session on interpersonal effectiveness skills, disordered eating, psychological informed all day induction which is to be rolled out across all staff. Monthly skills share sessions facilitated by therapy staff and doctors.

Our findings

Managers recognised poor performance, could identify the reasons and dealt with these. Managers described the visions and values of the organisation and expected these to be evident in practice.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit children and young people. They supported each other to make sure children and young people had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss children and young people and improve their care. We reviewed minutes of these from 6 December 2021 to 23 February 2022 and saw different types of multidisciplinary meetings occurred regularly involving a range of professionals.

Staff made sure they shared clear information about children and young people and any changes in their care, including during handover meetings. Nursing staff received a detailed handover at the commencement of each shift. Staff provided a daily structured handover to the multidisciplinary team daily.

Ward teams had effective working relationships with other teams in the organisation. The Trust safeguarding team worked closely with the wards to provide training and safeguarding supervision as well as external local authority teams.

Ward teams had effective working relationships with external teams and organisations.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure staff could explain children and young people's rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. At the time of our inspection Mental Health Act training compliance for staff across all wards was 95%

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Staff were aware of these and how to access them.

Children and young people had easy access to information about independent mental health advocacy and children and young people who lacked capacity were automatically referred to the service. Staff displayed posters relating to advocacy services and independent mental health advocacy services. Children and young people were aware of their legal status and knew they could speak to an advocate. Advocates regularly visited the wards.

Staff explained to children and young people their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in children and young people’s notes each time. We reviewed

the Mental Health Act documentation in the care records of three children and young people on Poplar adolescent unit. In two children and young people's records, staff had provided them with information about their legal position and rights, as required under section 132 of the MHA, at the point of the children and young people's detention and/or admission to the ward. However, in one record there was a two-day delay.

Section 17 leave of absence (permission to leave the hospital) was discussed with children and young people in their ward rounds and at other times when the responsible clinician was visiting the ward. We checked two children and young peoples' section 17 leave authorisation forms on Poplar adolescent unit. Children and young people's leave authorisation forms clearly set out the escort arrangements and the conditions of leave.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of children and young people's detention papers and associated records correctly and staff could access them when needed. These were scanned and stored electronically on the Trusts' electronic recording system.

Children and young people admitted to the service informally knew that they could leave the ward freely and the service displayed posters to tell them this.

Care plans included information about after-care services available for those children and young people who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported children and young people to make decisions on their care for themselves. Staff assessed and recorded consent and capacity clearly. They understood the Trust policy on the Mental Capacity Act 2005 and how it applied to young people. However, not all staff were aware of the term Gillick competency.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of the five principles. Mental Capacity Act training was included as part of the Safeguarding Adults and Children Level 2 training and Safeguarding Adults' level 3 training. At the time of our inspection, the compliance rate for training in Safeguarding Adults and Children Level 2 for permanent staff on Poplar adolescent unit was 96% and Safeguarding Adults Level 3 was 91%. Larkwood ward had a compliance rate for permanent staff of 100% for Safeguarding Adults and Children Level 2 and Safeguarding Adults Level 3 was 88%. Longview ward had a compliance rate for permanent staff of 91% for Safeguarding Adults and Children Level 2 and Safeguarding Adults Level 3 was 100%. Non-permanent staff had a compliance rate of 92% for safeguarding adults and children level 2 training and 93% for safeguarding adults' level 3 training.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave children and young people all possible support to make specific decisions for themselves before deciding if children and young people did not have the capacity to do so.

Our findings

Staff assessed and recorded capacity to consent clearly each time children and young people needed to make an important decision. Staff made a record of children and young people's mental capacity to consent to treatment, in all care records we reviewed.

When staff assessed children and young people as not having capacity, they made decisions in the best interest of the them and considered their wishes, feelings, culture and history. This was clearly detailed in the records we reviewed.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve. Staff audited the application of the Mental Capacity Act and acted on any learning that resulted from it.

Staff knew how to apply the Mental Capacity Act to young people aged 16 to 18 and where to get information and support on this. Staff understood how to support children under 16 wishing to make their own decisions. However, not all staff were aware of the term Gillick competency.

Is the service caring?

Good

Our rating of caring improved. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated children and young people with compassion and kindness. Most staff respected children and young people's privacy and dignity. They understood the individual needs of children and young people and supported them to understand and manage their care, treatment or condition.

Most staff were discreet, respectful, and responsive when caring for children and young people. Most staff gave children and young people help, emotional support and advice when they needed it. Most staff followed policy to keep children and young peoples' information confidential. However, one young person said not all staff knock on their door before entering, some staff ignore them and don't engage with them and some staff talk about other children and young people in front of them.

Staff supported children and young people to understand and manage their own care treatment or condition. Two children and young people told us they knew all about their medications and side effects.

Staff directed children and young people to other services and supported them to access those services if they needed help.

Children and young people said staff treated them well and behaved kindly. Three children and young people told us staff were nice, kind, respectful and felt like they cared.

Our findings

Staff understood and respected the individual needs of children and young people. Staff on all wards now had access to adequate tear proof clothing items including different items and appropriate sizes for children and young people. Children and young people wore tear proof clothing if they were at risk of ripping and using their normal clothing to self-ligature. One young person told us there was adequate clothing available. However, one young person told us their tear proof clothing was too big.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards children and young people.

Involvement in care

Staff involved children and young people in care planning and risk assessments. They ensured children and young people had easy access to independent advocates. However, staff did not always involve families and carers appropriately or actively seek their feedback on the quality of care provided.

Involvement of children and young people

Staff introduced children and young people to the ward and the services as part of their admission. We saw admission packs detailing information about the wards which children and young people were given on admission to the ward.

Staff involved children and young people and gave them access to their care planning and risk assessments. We saw children and young peoples' involvement in all of the care plans we reviewed.

Staff made sure children and young people understood their care and treatment. Children and young people had weekly meetings to discuss this.

Staff involved children and young people in decisions about the service, when appropriate. Children and young people had input into how they wanted the sensory room and chill out room on Poplar adolescent unit.

Children and young people could give feedback on the service and their treatment and staff supported them to do this. Children and young people had weekly community meetings on all wards.

Staff supported children and young people to make decisions on their care.

Staff made sure children and young people could access advocacy services.

Involvement of families and carers

Staff did not always inform and involved families and carers appropriately.

Staff did not always inform and involved families or carers. We spoke to five children and young peoples' carers. Two carers told us they were not involved in their relatives' care and it was left to the young person to phone them to inform them what was happening. Following the inspection, the Trust provided evidence to show they were contacting carers after children and young people had their ward reviews and shared outcomes from meetings.

Staff did not always help families to give feedback on the service. Three of the carers we spoke to had not been asked to give feedback on the service.

Staff did not give carers information on how to find the carer's assessment. Three carers told us they had not been informed about the carer's assessment.

Our findings

Is the service responsive?

Requires Improvement

Our rating of responsive went down. We rated it as requires improvement.

Access and discharge

Staff planned and managed the discharge of children and young people well. They worked well with services providing aftercare and managed children and young people's move out of hospital. As a result, children and young people did not have to stay in hospital when they were well enough to leave unless there was an issue at their next placement.

Managers made sure bed occupancy did not go above 85%. We saw evidence of this across all three wards from June 2021 to the time of our inspection. However, from 9 June 2021 to 21 March 2022 there were conditions placed on the Trusts' registration preventing admission without prior written permission from the Care Quality Commission.

Managers regularly reviewed length of stay for children and young people to ensure they did not stay longer than they needed to. Data provided by the Trust showed the average length of stay for children and young people on Poplar adolescent unit as of February 2022 was 137.5 days, Longview ward was 18.5 days and Larkwood ward was 0 days due to no patients being discharged from Larkwood ward in February 2022. Data is based on the young people who were discharged that month and their average length of stay.

Managers and staff worked to make sure they did not discharge children and young people before they were ready.

When children and young people went on leave there was always a bed available when they returned.

Children and young people were moved between wards during their stay only when there were clear clinical reasons or it was in their best interest. Due to the conditions placed on the service by the Care Quality Commission following the previous inspection in 2021 the service also had to ask the Care Quality Commission to move children and young people between wards if necessary. This occurred on one occasion in the previous nine months.

Staff did not move or discharge children and young people at night or very early in the morning.

Discharge and transfers of care

Managers monitored the number of children and young people whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. The service told us there were 10 children and young people whose discharge was delayed due to waiting for alternative beds in different placements.

Children and young people did not have to stay in hospital when they were well enough to leave.

Staff carefully planned children and young people's discharge and worked with care managers and coordinators to make sure this went well. However, children and young people were not always involved in their discharge planning. We reviewed care plans and weekly review meeting minutes. Discharge planning was only discussed in one young persons' weekly review meeting.

Our findings

Staff supported children and young people when they were referred or transferred between services. For example, if they required treatment in an acute hospital. The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported children and young people's treatment, privacy and dignity. Children and young people had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. However, the food was not of good quality and children and young people could not always make hot drinks and snacks at any time.

Children and young people had their own bedroom, which they could personalise.

Children and young people had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. Children and young people had access to a range of rooms including activity rooms and single sex seating areas.

The service had quiet areas and a room where children and young people could meet with visitors in private. All wards had separate visitors' rooms off of the ward so visitors could bring children and keep them safe and away from the ward environment.

Children and young people could make phone calls in private. The wards had cordless phones which children and young people were able to use. Children and young people also had access to a basic mobile phone.

Larkwood ward and Longview ward had an outside space that children and young people could access easily. Poplar adolescent unit did not have access to an outside space unless escorted due to the ward being on the first floor.

Not all children and young people could make their own hot drinks and snacks as access is provided by staff. Larkwood ward and Longview ward had set snack times for children and young people to be offered a snack. We saw no facilities on these wards for children and young people to make or access hot drinks without staff support. Five children and young people from Larkwood ward or Longview ward told us snacks are on a timetable and they cannot access fruit or snacks when they want. However, children and young people on Poplar adolescent unit had access to a kitchenette in the lounge to make hot drinks.

Patients were unhappy with the quality and variety of food offered. We spoke to nine children and young people. Five children and young people told us they did not like the food and the quality of the food is poor.

Children and young people's engagement with the wider community

Staff made sure children and young people had access to high quality education throughout their time on the ward.

Staff made sure children and young people had access to opportunities for education and work and supported them. Children and young people had access to an educational facility onsite during the week. Children and young people who were unable to leave the ward were brought educational materials to complete with staff support if required, for example, children and young people who were in long term segregation. Two children and young people told us education was good and had helped them.

Our findings

Staff helped children and young people to stay in contact with families and carers. Staff facilitated regular family and carer visits on the ward.

Staff encouraged children and young people to develop and maintain relationships both in the service and the wider community. Children and young people had access to 'smart' phones and the internet during a daily 'phone club' and supervised sessions allowing children and young people to use these in a safe and controlled environment.

Meeting the needs of all people who use the service

The service met the needs of all children and young people – including those with a protected characteristic. Staff helped children and young people with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Children and young people could access Poplar adolescent unit via a lift. Children and young people had easy access to both Larkwood ward and Longview ward which had been purpose built with disabled access. Children and young people had access to a disabled bathroom and a range of equipment including a hoist and wheelchair. The service met children and young peoples' specific communication needs on an individual basis.

Staff made sure children and young people could access age appropriate information on treatment, local service, their rights and how to complain. The information provided was in an age appropriate format.

The service could access information leaflets in different languages spoken by children, young people and the local community as required.

Managers made sure staff, children and young people could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual children and young people. However, two children and young people told us the level of choice was limited.

Children and young people had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints

The service did not treat concerns and complaints seriously raised by children and young people. However, the service investigated external complaints and learned lessons from the results, and shared these with the whole team and wider service.

Children, young people, relatives and carers knew how to complain or raise concerns. Poplar adolescent unit was the only ward to receive any complaints in the last 12 months and received two complaints in total. One of the complaints was partially upheld and the other was not upheld.

We saw in multiple community meeting minutes across all wards children and young people complaining about the food. Children and young people were not always listened to or actions taken with regards to issues brought up by the children and young people. We found in most of the community meeting minutes from 1 December 2021 to 21 February 2022 children and young people had raised issues with the food and although in some cases actions had been recorded no outcomes had been recorded. We spoke to two staff members who told us children and young people continue to raise complaints with regards to the food.

The service clearly displayed information about how to raise a concern in ward areas.

Our findings

Staff understood the policy on complaints and knew how to handle them. The complaint is discussed with children and young people as part of a complaint investigation.

Managers investigated complaints and identified themes.

Staff protected children and young people who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. We reviewed team meeting minutes across the service and found learning points from complaints were discussed at team meetings. Lessons identified from complaints were shared at the quarterly Learning Oversight Sub-Committee, where attendees (representatives from all areas) are asked to disseminate these to staff.

The service used compliments to learn, celebrate success and improve the quality of care. There were 22 compliments received for Longview ward between May 2021 and February 2022. All 22 compliments related to the staff at Longview Ward. There were four compliments received for Larkwood ward between August 2021 and February 2022. All four compliments related to the staff at Larkwood Ward.

Is the service well-led?

Requires Improvement 

Our rating of well-led improved. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were approachable for children, young people, families and staff.

Leaders had a good understanding of the needs of the children and young people and how to address these. Leaders had a comprehensive understanding of the services they managed. Leaders could explain clearly how the teams were working to provide high quality care.

Staff told us leaders were supportive and approachable. Staff knew who the local leaders were. Most staff knew who the most senior managers in the organisation were or where to find that information.

Vision and strategy

Staff knew and understood the Trust's vision and values and how they were applied to the work of their team.

During the inspection we observed staff displaying the Trust values of care, learn and empower in their interactions with children and young people and colleagues.

The Trust's senior leadership team successfully communicated the Trust's vision and values to the frontline staff in this service. Staff were able to identify these and how these were displayed in care and treatment on the ward.

Our findings

Culture

Staff felt respected, supported and valued by their colleagues and leaders. They could raise any concerns without fear.

Staff did not always follow the Trusts' policies and procedures with regards to the use of mobile phones and wearing personal protective equipment. We reviewed eight extracts of CCTV across six different nights. We observed eight different occasions of staff not wearing masks correctly involving 10 different staff members. We also observed 10 different staff using personal mobile phones. There was no evidence of other staff on shift challenging this behaviour.

Staff said they felt leaders and their colleagues were supportive and felt respected and valued in their teams.

Staff knew how to use the whistle-blowing process if they needed to. Staff at all levels were actively encouraged to speak up and raise concerns. Staff consistently stated they felt able to raise concerns without fear. Staff described an open and supportive culture.

Leaders dealt with poor staff performance when needed. Leaders dealt with areas of concern including behaviours and attitudes of staff.

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level and that performance and risk were not always managed well. Details can be found in the report sections for safe, effective, caring and responsive.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There was a clear framework of what must be discussed at a ward and senior management team level meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Managers did not ensure they consistently implemented or monitored adherence to the government guidelines relating to the use of face masks in the hospital to reduce the risk of transmission of COVID-19. Managers had not identified staff failure to adhere to this guidance. Managers assured us they completed night visits to the wards where any issues were resolved. Managers did not routinely sample CCTV footage. The Trust took immediate action following our feedback and sent an urgent communication to all staff reminding them of government guidelines.

The service had systems and processes in place to monitor risk and performance. The service held daily morning meetings to review staffing across the wards. The service also held handover meetings to discuss incidents, children and young peoples' risks, and any issues of concern. Managers formed plans and actions to address these.

The Trust had a risk register in place which they used to record, review and manage risks to the service.

Information management

Staff engaged actively in local and national quality improvement activities.

Our findings

Staff told us they had access to the equipment and information technology needed to do their work however the WIFI was intermittent for technology that required it, such as tablets that staff used to record children and young peoples' observations on, in different areas of the wards.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

There were consistently high levels of constructive engagement with staff and children and young people. Staff and children and young people had access to up-to-date information about the work of the Trust and the services they used. The Trust used several methods to communicate with staff, children and young people and carers that included its own website, bulletins, emails, displays, intranet, live senior leadership virtual engagements, children and young peoples' community meetings and carers' forums. However, staff told us they felt they did not always get the opportunity to give feedback on services and input into service development.

Learning, continuous improvement and innovation

Larkwood ward had been accredited onto the Quality Network for Inpatient CAMHS scheme.

Our findings

Areas for improvement

Action the Trust MUST take is necessary to comply with its legal obligations. Action a Trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

- The trust must ensure staff follow infection control policies with regards to wearing personal protective equipment. (Regulation 12(1)).
- The trust must ensure all medication and sharps are disposed of as per trust policy. (Regulation 12(1)).
- The trust must ensure clinic rooms do not contain out of date items. (Regulation 12(1)).
- The trust must ensure children and young people are not reliant on staff for access to snacks at prescribed times. (Regulation 14(1)).
- The trust must ensure staff follow the trusts' policies and procedures with regards to the use of mobile phones in ward areas. (Regulation 12(1)).
- The trust must ensure all bank and agency staff have a full induction and understand the service before starting their shift. (Regulation 18(1)).

Action the trust Should take to improve:

- The trust should ensure children and young people have regular one to one sessions with their named nurse
- The trust should ensure all staff maintain children and young people's privacy, dignity and confidentiality at all times for all patients.
- The trust should ensure the service offers a variety of good quality food focussing on the patient group and responds to patient feedback on this topic.
- The trust should ensure staff provide children and young people with information about their legal position and rights, as required under section 132 of the MHA, at the point of the young person's detention and/or admission to the ward.
- The trust should ensure all staff are aware of the term Gillick competency.
- The trust should ensure staff get the opportunity to give feedback on services and input into service development.
- The trust should ensure staff inform and involve families and carers including enabling families or carers to give feedback on the service.

Our inspection team

The team that inspected the service comprised a Care Quality Commission lead inspector, two other Care Quality Commission inspectors, a Care Quality Commission inspection manager, two specialist advisors and an expert by experience. The inspection team was overseen by a Head of Hospital Inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

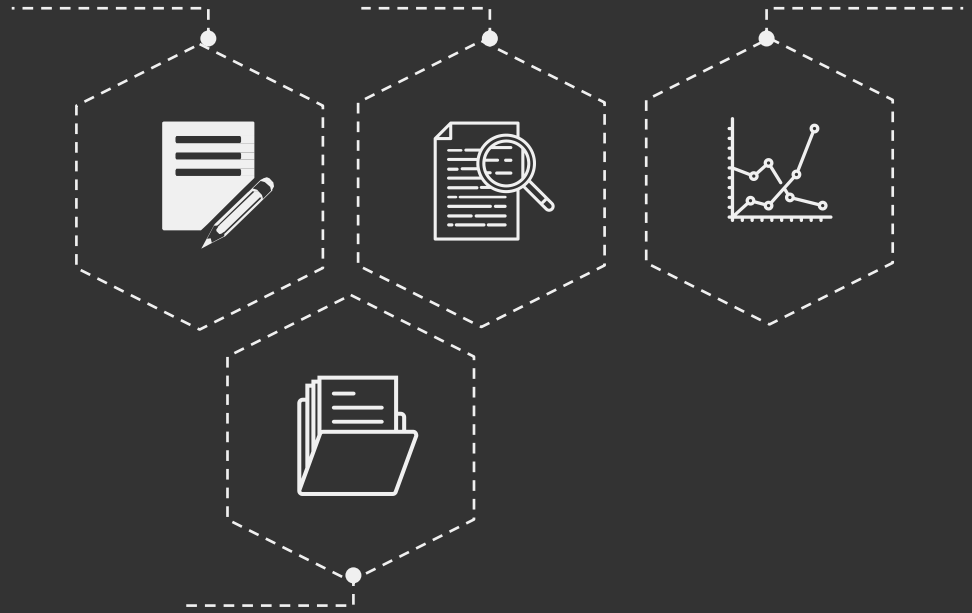
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Essex Partnership University NHS Foundation Trust Auditor's Annual Report

Year ended 31 March 2022

Contents



The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter of 21 December 2021.

This report is made solely to the Audit Committee, Board of Governors and management of Essex Partnership University NHS Foundation Trust in accordance with our engagement letter. Our work has been undertaken so that we might state to the Audit Committee, Board of Governors and management of Essex Partnership University NHS Foundation Trust those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Audit Committee, Board of Governors and management of Essex Partnership University NHS Foundation Trust for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.

Introduction

Purpose

The purpose of the Auditor's Annual Report is to bring together all of the auditor's work over the year. A core element of the report is the commentary on value for money (VFM) arrangements, which aims to draw to the attention of the Trust or the wider public relevant issues, recommendations arising from the audit and follow-up of recommendations issued previously, along with the auditor's view as to whether they have been implemented satisfactorily.

Responsibilities of the appointed auditor

We have undertaken our 2021/22 audit work in accordance with the Audit Plan that we issued in March 2022. We have complied with the National Audit Office's (NAO) 2020 Code of Audit Practice, other guidance issued by the NAO and International Standards on Auditing (UK).

As auditors we are responsible for:

Expressing an opinion on:

- The 2021/22 financial statements;
- The parts of the remuneration and staff report to be audited;
- The consistency of other information published with the financial statements, including the annual report; and
- Whether the consolidation schedules are consistent with the Trust's financial statements for the relevant reporting period.

Reporting by exception:

- If the governance statement does not comply with relevant guidance or is not consistent with our understanding of the Trust;
- To the Secretary of State for Health and Social Care and NHS England if we have concerns about the legality of transactions of decisions taken by the Trust;
- If we identify a significant weakness in the Trust's arrangements in place to secure economy, efficiency and effectiveness in its use of resources;
- Any significant matters that are in the public interest; and
- Any significant issues or outstanding matters arising from our work which are relevant to the NAO as group auditor.

Responsibilities of the Trust

The Trust is responsible for preparing and publishing its financial statements, annual report and governance statement. It is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Introduction (continued)

2012/22 Conclusions	
Financial statements	Unqualified – the financial statements give a true and fair view of the financial position of the Trust as at 31 March 2022 and of its expenditure and income for the year then ended. We issued our auditor's report on 22 June 2022.
Parts of the remuneration report and staff report subject to audit	We had no matters to report.
Consistency of the other information published with the financial statement	Financial information in the annual report and published with the financial statements was consistent with the audited accounts.
Value for money (VFM)	We had no matters to report by exception on the Trust's VFM arrangements. We have included our VFM commentary in Section 03.
Consistency of the annual governance statement	We were satisfied that the Annual Governance Statement was consistent with our understanding of the Trust.
Referrals to the Secretary of State and NHS England	We made no such referrals.
Public interest report and other auditor powers	We had no reason to use our auditor powers.
Reporting to the Trust on its consolidation schedules	We concluded that the Trust's consolidation schedules agreed, within a £300,000 tolerance, to the audited financial statements.
Reporting to the National Audit Office (NAO) in line with group instructions	We had no matters to report to the NAO.
Certificate	We issued our certificate on 29 June 2022.

Audit of the financial statements

Key findings

The Annual Report and Accounts is an important tool for the Trust to show how it has used public money and how it can demonstrate its financial management and financial health. The financial statements have been prepared properly in accordance with the Department of Health and Social Care Group Accounting Manual 2021 to 2022 and the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

On 22 June 2022, we issued an unqualified opinion on the financial statements. We reported our detailed findings to the 17 June 2022 Audit Committee meeting. We outline below the key issues identified as part of our audit, reported against the significant risks and other areas of audit focus we included in our Audit Plan.

Significant/Fraud risk	Conclusion
Management override: Misstatements due to fraud or error	We did not identify any evidence that management has overridden controls in order to prepare fraudulent financial statement balances or postings within the financial statements.
Risk of fraud in revenue and expenditure recognition	We did not identify any evidence of manipulation of revenue and expenditure through improper revenue and expenditure to inflate income or understate expenditure,
Inappropriate capitalisation of revenue expenditure	We did not identify any evidence of manipulation of expenditure through incorrect capitalisation of revenue expenditure.

Area of Audit Focus	Conclusion
Agreement of balances with commissioners	We investigated differences from the agreement of balances exercise and did not identify any issues.
International Financial Reporting (IFRS) 16 Leases disclosure	We were satisfied that the Trust's lease disclosures relating to the future impact of IFRS16 were materially accurate. We did however note an error in the operating leases note related to properties leased from NHS Property Services which were initially included in the calculation of 'Future minimum lease payments due' using an assumption of three years compared to one year in the prior year. We challenged management on their use of a longer lease period and, in the absence of a signed agreement for the period, the Trust amended their disclosure to included only 1 year. This resulted in a decrease in 'Future minimum lease payments due' that are 'later than one year and not later than five years' by £10.2 million.
Valuation of land and buildings	In addition to testing a sample of the Trust's land and buildings, we employed the use of our own expert to support the work in relation to the valuation of these assets. They concluded that the valuer's methodologies used in developing the estimate were consistent with valuation practice given the characteristics of the asset being measured. The comparative analysis did not identify evidence that contradicts the specialist's significant assumptions used in developing the estimate. We are therefore satisfied that the Trust's valuation of land and buildings (including investment properties) are not materially misstated.
Local Government Pension Scheme (LGPS)	To gain assurance over the material accuracy of the balances related to the LGPS, we liaised with the administering authority (Essex Pension Fund) to obtain information and supporting evidence over the investment asset values and assessed the work of the Pension Fund actuary including the assumptions they used. We also undertook additional procedures using our own pensions specialists to gain assurance over this material estimate. We did not identify any matters arising from the work completed and are satisfied that the Trust's valuation of pension assets, liabilities and disclosures are not materially misstated.

Value for Money

We did not identify any risks of significant weaknesses in the Trust's VFM arrangements for 2021/22.

Our VFM commentary highlights relevant issues for the Trust and the wider public.

We had no matters to report by exception in the audit report.

Scope

We are required to report on whether the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in it use of resources. We have complied with the guidance issued to auditors in respect of their work on value for money arrangements (VFM) in the 2020 Code of Audit Practice (2020 Code) and Auditor Guidance Note 3 (AGN 03). We presented our preliminary VFM risk assessment to the Audit Committee members in March 2022 as part of our Audit Plan. We completed our risk assessment procedures during our audit, based on a combination of our cumulative audit knowledge and experience, our review of Trust Board and committee reports, meetings with the Executive Chief Financial Officer and Deputy Chief Executive, and evaluation of associated documentation through our regular engagement with Trust management and the finance team.

Reporting

We completed our risk assessment procedures in June 2022 and did not identify any significant weaknesses in the Trust's VFM arrangements. We have also not identified any significant risks during the course of our audit. As a result, we had no matters to report by exception in the audit report on the financial statements.

Our commentary for 2021/22 is set out on pages 7 to 9. The detailed arrangements underpinning the reporting criteria are set out in Appendix 1.

In accordance with the NAO's 2020 Code, we are required to report a commentary against three specified reporting criteria:

Reporting criteria	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services	No significant risks identified	No significant weaknesses identified
Governance: How the Trust ensures that it makes informed decisions and properly manages its risks	No significant risks identified	No significant weaknesses identified
Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services	No significant risks identified	No significant weaknesses identified

Value for Money (continued)

Financial Sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services

Essex Partnership University Trust has continued to improve the management of financial pressures over the year and has maintained both its governance and financial oversight arrangements. Particular improvements noted during the year have included the implementation of a new Accountability Framework Model (which focusses on six Care Units) and increased focus on longer term planning in the capital budget setting processes.

The Trust submitted a draft operating plan on 25 May 2022 which set out the key plans, challenges, and opportunities for the Trust for 2022/23. The draft operating plan has been developed with the new Care Units and is based on operating plans from each of them that summarise their successes in 2021/22, the key risks carried forward into 2022/23, the service priorities and the link to the Trusts strategic objectives. The plan also includes details of key corporate risks, overall budgets and workforce growth.

The Trust also submitted a financial plan for 2022/23 on the 27 April 2022 to the Board of Directors. This included an overview of the anticipated costs, allowances and risks as well as setting out the next steps to enable a financial risk assessment, in line with NHSE/I guidance. The proposed financial plan for 2022/23 highlighted that the Trust plans to achieve a breakeven position. The Trust also plans to achieve a breakeven position for its 5-year capital programme to 2026/27. We have noted that the Trust been prudent and have factored various costs into their short and medium-term plans, such as an increased provision for the costs of the mental health inquiry, energy and fuel cost increases and reduced covid-19 allocations.

The Trust continued to actively monitor any short-term financial pressures throughout the year. As these pressures have been identified, strategies have been put in place to mitigate them. These strategies have then been subject to frequent review and adjusted as required. The Trust achieved savings of £9.3 million against the total efficiency requirement for the year of £9.8 million in 2021/22 through a combination of both recurrent and non-recurrent measures.
In developing the financial plans for 2022/23, the Trust identified the need for £17.3 million of efficiencies. At present, the Trust has unidentified savings of £10.9 million but is developing plans being to mitigate this risk. We have evidenced the monitoring of these risks and mitigations through our review of the minutes for the Finance and Performance Committee.

Moving forward into 2022/23, there will be a return to more historic contracting arrangements. System financial allocations will continue, and Integrated Care Board (ICB) governance and structures will be put in place. The Trust recognises the financial landscape into 2022/23 will be challenging with levels of Covid funding reducing and a national efficiency requirement of 1.1%.

Notwithstanding these challenges, the Trust has set a balanced financial position for 2022/23 with the financial plan formally agreed by the Board. The Trust's plans have improved its underlying deficit position from circa £7 million to £6 million. The Trust however recognises delivery and development of recurrent efficiencies will be required to further improve this position.

Conclusion
The Trust had the arrangements we would expect to see in 2021/22 to enable it to plan and manage its resources to ensure that it can continue to deliver its services.

Value for Money (continued)

Governance: How the Trust ensures that it makes informed decisions and properly manages its risks

The Trust has continued to improve its governance structures through constant review of its existing frameworks throughout the year.

During the year, the Trust has strengthened governance oversight arrangements through the implementation of a new Accountability Framework Model (which focusses on six Care Units). Monthly meetings have taken place with the six new Care Units and further meetings have been planned for 2022 with regular times and dates for each team. This has enabled teams to meet internally to review their positions ahead of meeting the Executive Team representatives. It also provides a common structure to produce the supporting data packs. The administration of the meetings has been led by the Chief Finance Officer's office and the initial feedback from the Care Units has been positive, with the meetings having been used to encourage transparency and dialogue.

The supply of nurses to NHS organisations is a well-known and documented challenge for all NHS Trusts in the UK and for the Trust this is one of the key strategic risks. To address this risk, the Trust has developed an International Recruitment Business Case to tackle the issue of nurse retention and workforce supply. The Trust has identified key areas of funding to support the international recruitment, which includes strategic and financial backing from NHSE/I. The Trust recognises the need for a range of short-term and long-term strategies, in accordance with its People Plan, to ensure it has the right staff, in the right place, at the right time. The recruitment of international nurses is key to the Trust's strategy to move away from incurring high temporary staff costs. The business case produced by the Trust supports the need to recruit international nurses and was considered at Finance & Performance Committee and PEC and recommended to the Board in January 2022. The business case remains subject to commissioner funding confirmation.

In 2021/22, the Trust also entered provider collaborative arrangements with system and regional partners. A key priority for 2022/23 is to develop partnerships with new Provider Collaborative for Secure Services. Provider organisations have historically worked together to address mutual challenges, well before sustainability and transformation partnerships and ICSs were conceived. However, the requirement for some providers to be part of a collaborative arrangements in the structure of ICSs are new and need careful consideration. They have been more formally recognised in policy terms over recent years and are expected to be a key element of ICS delivery. EPUT is part of two provider collaborative structures (East of England Mental Health Provider Collaborative & Mid and South Essex Community Collaborative) acting as a lead provider for 'Secure Services' within the Community Collaborative. For the Mental Health Provider Collaborative, the Trust has a shared leadership and accountability model with leads which host each of the three service streams. All members share the risk and reward on each contract as co-commissioners, and co-ordinate through the joint Transformation and Commissioning Team as set out in the collaborative agreement and respective contracts.

The Essex Mental Health Independent Inquiry was announced by the Government on 21 January 2021 to investigate the circumstances of mental health inpatient deaths which occurred over a 20-year period between 1 January 2000 and 31 December 2020 at the former North Essex Partnership University NHS Foundation Trust, the former South Essex Partnership University Trust and the successor body, Essex Partnership University NHS Foundation Trust. On 10 November 2021, the Independent Inquiry announced its first call for evidence, including obtaining evidence from families, carers, and friends of those who died; others with experience of mental health inpatient care in Essex during the 21 year period; as well as staff, former-staff, relevant professionals, and organisations.

The Trust has established a Programme Team to service the inquiry and regular updates are presented at each key meeting, allowing the Executive Team to make decisions on a timely basis and the Audit Committee to discharge its governance responsibilities. Where there have been changes to the scope of the inquiry, the Trust has responded appropriately by reviewing the implications and ensuring that support has been provided in the form of legal representation, through internal and external communications, by back filling posts and re-aligning the financial provision.

Conclusion: The Trust had the arrangements we would expect to see in 2021/22 to enable it to make informed decisions and properly manage its risks.

Value for Money (continued)

Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

The Trust has a variety of ways of measuring its performance across all aspects of its operations. It brings these together in the form of monthly reporting to the Board against national and local indicators. The Integrated Quality & Performance Report sets out the performance of the Trust against a range of key indicators. Where performance is below plan, these reports highlight the action being taken to seek the required improvement.

In terms of financial review, monthly finance reports are reported to the Finance & Performance Committee. A detailed summary of the finance position is provided in these reports covering the current surplus/deficit position along with a forecast to the year end and this is challenged regularly by the Committee. At year end, the Trust had successfully achieved savings of £9.3 million against the total requirement of £9.8 million.

The Trust has an Internal Audit service which, in addition to providing assurance services, also provide operational recommendations and controls reviews. The outcome of these and any recommendations are tracked at various Audit and Assurance Committees. This information is used in conjunction with financial and performance information to identify areas for improvement.

Internal Audit undertook a number of reviews during 2021/22. Part of their programme of work included review of site visits, medical device management policies and the Trust's property management processes for tenancy accommodation at the Lodge. The reviews resulted in limited assurance in effectiveness of controls across these three audits, and limited assurance in full for management processes for tenancy accommodation. Management are developing plans to Internal Audit's recommendations and progress on the implementation of these plans will be routinely followed up to establish compliance through the Audit Committee.

The Trust also has an established Mental Health Partnership Board which provides oversight of its active role within the local Integrated Care System (ICS). An executive director and non-executive director head up work in each of the three of the ICS's in which the Trust operates: Mid and South Essex Health and Care Partnership, Hertfordshire and West Essex and Suffolk and North East Essex. This has ensured a strong Trust presence at decision-making ICS meetings, ensuring mental health and community health services remain a high priority in all system-wide considerations. This has also enabled ongoing scrutiny of the equality of service delivery to different groups.

The progression of the ICS is one of the key areas to address for the Trust heading into 2022/23. The formation of Integrated Care Boards and Integrated Care Partnerships alongside place-based health and care partnerships, will help to maintain inclusive focus of West Essex within the Herts and West Essex ICS. The Trust recognise creating and forming these new organisational structures and new strategic ways of working will allow more opportunities for the Trust and for them to work in partnerships with others to achieve strategic objectives.

Conclusion: The Trust had the arrangements we would expect to see in 2021/22 to enable it to use information about its costs and performance to improve the way it manages and delivers services.

Appendices

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Appendix A – Summary of arrangements

Financial Sustainability

Reporting Sub-Criteria	Findings
How the body ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them	The Trust's Finance and Performance (F&P) Committee maintains and provides oversight over the financial performance of the Trust. They also have oversight over the Board Assurance Framework (BAF) to identify and evaluate any changes in financial performance related risks. F&P reports monthly on financial performance to the Board and has received assessments of forecast outturn predictions during the year. The month end outturn position (and the associated report) is subject to review at a number of levels – it is reviewed by the finance team including senior (Director level) officers. Sign off meetings prior to regulatory submissions occur. The position is also reviewed at Executive level and the finalised reports are presented at monthly Board meetings. Key areas of variances are identified at each Board meeting and corrective actions are taken (e.g. high levels of bank/ agency use were address by tight control over staffing level and recruitment to fill vacant post). The Trust also runs monthly Accountability Framework meetings with each Care Unit. These new forums discuss operational, safety, quality and performance matters including financial performance. The Accountability Framework supports an operational and clinical led organisation with a continued drive for devolved decision making and empowerment. In preparation for the 2022/23 revenue budgets, the budget setting process included the identification of cost pressures along with a review at Executive level. In additional, the Trust's capital programme has been planned over longer time horizons with three year allocations in place and five year indication plans produced. These plans have been formed based on a risk based prioritisation with key forums supporting these including a system capital group and local capital planning group supplemented by sub groups.
How the body plans to bridge its funding gaps and identifies achievable savings	Management makes recommendations to the Board regarding savings required to address any funding gaps. Monthly reporting on financial performance and planning to the F&P Committee enable the Trust to identify gaps in funding and monitor progress on meeting savings targets. The Board then takes decisions in relation to areas such as strategic initiatives and major transactions and probes for explanations of past results (e.g. budget variances/gaps). There is evidence of constructive challenge by the Board and relevant subcommittees, such as the F&P Committee and the Quality Committee. The Trust has also established a Transformation Board whose terms of reference includes review and approval of transformational projects.
How the body plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities	The Trust has a vision and a long-term strategic plan (5 years) which articulates how it will deliver its statutory responsibilities. During the year, the Trust has reset its strategic objectives, vision and purpose. The primary focus is to deliver safe and high quality integrated care. Strategic objectives have been underpinned by programmes of work. The Trust is a key system partner and as such its objectives and strategy focus on delivery of sustainable services beyond traditional NHS boundaries. The Trust translates its strategy into an annual operating plan, including the financial plans for enabling sustainable delivery of services. The system also produces an overarching operational plan and financial strategy including a stewardship programme.

Appendix A – Summary of arrangements

Financial Sustainability

Reporting Sub-Criteria	Findings
How the body plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities	EPUT has a Board Assurance Framework (BAF) in place which identifies business risks, evaluates the significance of those risks and the likelihood of occurrence against strategic priorities. The BAF is reviewed by Executive Operational Committee and Audit Committee regularly. The Trust has aligned its financial plans with its BAF which is a key enabler of delivering its strategic plan, operational plans and statutory duties.
How the body ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system	The Trust reports to each Board meeting on key performance areas including Patients, Sustainability, People and Quality. The Trust's financial plans include reporting on these wider areas as part of the Trust's mechanisms for monitoring the achievement of targets for each of the key performance areas. Where the Trust identifies a risk to target achievement, it incorporates the resulting identified mitigating actions into the BAF, which enables it to identify the necessary financial resources required to implement the actions. The Trust's BAF provides a mechanism for the Board to monitor the risks to delivery of the Trust's strategic objectives as well as the effectiveness of the controls and assurance processes. The BAF is reviewed by Executive Operational Committee and Audit Committee regularly. Accountability Framework meetings facilitate triangulation of workforce, operational and finance matters. Likewise the Trust has moved towards a business partnering model. As part of the Trust's annual plan submissions triangulation tools are run to provide consistency checks between workforce, finance and activity plans. The Quality Committee provide assurance to the Board and oversight of the Trust's active role within the local Integrated Care System. The Trust is the System lead for the Capital planning process and chairs the System Investment Group (SIG). As part of this role the Trust takes a wider System view of capital plans and coordinates and assists in the prioritisation process across other System Providers and Primary Care organisations.
How the body identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans	The Trust maintains an integrated performance report that is reported to the Board and F&P Committee. The report includes the actual financial outturn as well as the expected/projected outturn position for the financial year. Within this report the Trust will identify if there are additional risks to financial resilience and required mitigations to deliver financial targets. During the 2021/22 financial year, the National response to Covid-19 continued, this included continuation of the adapted financial regime whereby the traditional approach to contracts was replaced by simplified flows of funding. This provided more certainty over levels of income with allocations made to systems. Moving forward into 2022/23, there will be a return to more historic contracting arrangements. System financial allocations will continue and ICB governance and structures will be put in place during 2022/23. The Trust recognises the financial landscape into 2022/23 will be challenging with levels of Covid funding reducing and a National efficiency requirement of 1.1%. Notwithstanding these challenges, the Trust has set a balanced financial position with plan formally agreed at Board level. The Trusts plans have improved it underlying position from c£7 million to £6 million and the Trust recognises delivery and development of recurrent efficiencies will be required to further improve this position.

Appendix A – Summary of arrangements (continued)

Governance

Reporting Sub-Criteria	Findings
How the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud	The Trust's BAF is refreshed annually to match its strategic aims and align to strategic priorities and risks. The BAF outlines the actions being undertaken by the Trust to provide assurance that risks are being mitigated to an acceptable level. This framework provides a comprehensive method for the effective management of the potential risks that may prevent the achievement of the key items (i.e. strategic priorities) agreed by the Board. The BAF is supported by corporate and service risk registers. The risks assessed are wider than just financial, due to the nature of the Trust's activities. The Trust assesses impact of risks on a matrix of likelihood and occurrence against a strategic priority, with a combined score produced to assess the importance of the risk. The Trust has a risk appetite statement that defines acceptable levels of risk for its activities. The BAF is reviewed regularly, with the Executive Operational Standard Committee (EOSC) receiving reports monthly and the Board every two months or as per the Board meeting schedule. In 2021, the EOSC oversaw a complete refresh of the BAF to ensure work is run in parallel to the high-level governance and accountability framework projects. The Trust is currently working on ensuring BAF risks can be consolidated where practical and ensuring that the Trust achieves regular Executive engagement on a monthly basis. The Trust has an Internal Audit service to help provide assurance over the effective operation of internal controls. It also has a Local Counter Fraud Specialist (LCFS) as part of its arrangements to prevent and detect fraud. The Trust's LCFS regularly reviews the Trust's policies and procedures and inputs into the Trust's counter fraud policy to ensure the Trust's internal processes are robust as possible. In addition to this, LCFS also run a series of counter fraud awareness sessions throughout the year and online surveys are undertaken and used to check staff awareness of counter fraud processes. The Executive Chief Finance Officer is responsible for the adequate provision of Internal Audit with oversight from the Audit Committee. Trust management is responsible for responding appropriately to the Internal Audit findings in a timely manner with challenge from the Audit Committee. The Audit Committee receives a copy of the counter fraud plan each year and approves the activities and proactive audits to be undertaken. LCFS attend all Audit Committee meetings and updates members on the progress of all investigations, proactive audits and awareness sessions. For 2021/22, the Trust Internal Auditors have issued a Head of Internal Opinion with a moderate assurance rating.
How the body approaches and carries out its annual budget setting process	The Trust has improved its budget setting process for 2022/23. The Trust submitted draft financial plans on the 17 March and 28 April. A final plan, incorporating National inflationary uplifts was submitted on 20 June. Plans were approved at Executive, Board and System level with wide stakeholder engagement. The budget setting process included identification of financial risks and pressures. Budgets were aligned to the new Care Unit model with a greater level of sign off than in previous years. Budget sign off sheets were produced which gave a clear reconciliation between budget proposals and its comparison to 2020/21 budget. Setting capital budgets equally involved wider engagement and longer terms plans being produced. To support this the Trust increased the frequency of its internal capital group to monthly and instigated sub-groups to work on element of specific plans e.g. estates, IT and medical equipment.

Appendix A – Summary of arrangements (continued)

Governance

Reporting Sub-Criteria	Findings
How the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed	The Operational CFO oversees the adoption and operation of the Trust's Standing Financial Instructions (SFIs) including the rules relating to budgetary control, procurement, banking, losses and controls over income and expenditure transactions. During the year, the Trust reviewed its SFIs and scheme of delegation. The CFO reports to the F&P Committee that oversees and ensures that effective processes and systems are in place to ensure budgetary control. This is evident through the quarterly reporting by the F&P Committee and to the Board on the actual financial outturn compared to the budget/plan. Hot spots for overspend are identified at each Board meetings and corrective action are taken (e.g. high level of bank/ agency use was addressed by tight control over staffing level and recruitment to fill vacant post). Reporting to the Board also includes the full range of non-financial management information on all the Trust's key performance areas. The Trust deliver a wide range of services commissioned by different Clinical Commissioning Groups (CCGs) and specialist commissioners. There are therefore a large number and wide variety of mandated, contractual, and locally identified key performance indicators (KPIs) that are used to monitor the performance and quality of services delivered. Each year, the Board of Directors approve a performance framework for the Trust that includes target levels of performance across the entire range of the organisation's activities; from front line customer care; to the efficiency of back-office functions; to the well-being of staff. The targets that have been agreed by the Board are then monitored at inpatient ward, community team and individual consultant level. In addition to these targets, managers at the Trust monitor local trends and measure the other work that EPUT to compare how well their services are performing. Activity is recorded and sent in a report to the CCGs. These monthly reports compare the levels of activity that have been planned to the actual activity that has taken place and highlight any areas of concern. Performance against all KPIs are provided to the F&P Committee each month and any areas of significant under-achievement are advised to the Board of Directors as 'Inadequate indicators' each month. Updates on how the Trust address these 'inadequate indicators' are also reported on and are evaluated and approved by the Board of Directors.
How the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee	The effective operation of the Board, supported by regular, clear and relevant information, is the Trust's key tool for ensuring that it makes properly informed decisions. Published Board papers and minutes evidence the challenge made by non-executive members and the transparency in decision making. The Audit Committee meets bi-monthly, is comprised of appropriately skilled and experienced members, has clear terms of reference which emphasises the Committee's role in providing effective challenge and has an annual work plan to help ensure that it focuses on the relevant aspects of governance, internal control, and financial reporting. We attend all meetings of the Audit Committee and have directly observed the challenge given by non-executives in their role as the body charged with governance for the Trust.

Appendix A – Summary of arrangements (continued)

Governance

Reporting Sub-Criteria	Findings
How the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer or member behaviour (such as gifts and hospitality or declarations/conflicts of interests)	The Trust has policies and procedures in place to ensure that staff operate in accordance with relevant legislative and regulatory requirements. These policies and procedures are monitored and reviewed by the Audit Committee annually. The Trust has an appointed 'Principal Freedom to Speak Up' guardian as well as local guardians, which allow staff to raise any further concerns. The Trust has a comprehensive system of internal control; this includes Standing Orders (SOs), Standing Financial Instructions (SFIs), Standards of Business Conduct (SBC), and disciplinary procedures in relation to fraud. The SOs, SFIs and SBC are set out in the Scheme of Reservation & Delegation (SoRD) and Governance Manual approved by the Board and circulated to all staff. The aim of the Standards of Business Conduct is to protect the Trust and its staff from any suggestion of corruption, partiality, or dishonesty by providing a clear framework through which the Trust can provide assurance that staff conduct themselves with honesty, integrity, and probity. The Trust has specific policies for staff and non-executive directors in respect of gifts and hospitality and conflicts of interest. Annually, all Senior Staff and non-executive directors as well the governors are required to make declarations. These declarations are recorded in a register and disclosed within the Annual Report.

Appendix A – Summary of arrangements (continued)

Improving economy, efficiency and effectiveness

Reporting Sub-Criteria	Findings
How financial and performance information has been used to assess performance to identify areas for improvement	The Director of Operational Finance produces a finance report which is considered by the F&P Committee and forms part of the Integrated Performance Report presented to every meeting of the Trust Board. This considers the current and forecast financial performance and position of the Trust, details of variations from plan, updates on funding arrangements which have changed throughout the year due to the impact of Covid-19, financial risks to the Trust and mitigating actions as appropriate. This is presented together with extensive reporting on performance, quality and workforce metrics so that a complete balanced scorecard for the whole Trust and its outputs can be considered by executives and non-executives. This is then used to identify areas that need to be improved and is also linked through to the BAF and wider risk management arrangements where areas needing improvement create corporate risks for the Trust. The Board receives reports on performance in its key areas, which includes Patients, Sustainability, People, Quality and Systems & Partnerships. The reports clearly outline performance against planned targets and outcomes. Depending on the performance area, a Board committee will have oversight of the actions being identified and taken to address areas where performance is below plan. Each committee has a process in place for monitoring agreed actions and these are then included in subsequent Board reports.
How the body evaluates the services it provides to assess performance and identify areas for improvement	The Trust has a variety of ways of measuring its own performance across all aspects of its operations. It brings these together in the form of monthly reporting to the Board against national and local indicators. The Integrated Quality & Performance Report sets out at the performance of the Trust against a range of key indicators. Where performance is below plan, these reports highlight the action being taken to seek the required improvement. The Finance and Performance Committee, People, Innovation and Transformation Committee, and Quality Committee have a responsibility to receive and scrutinise action plans that mitigate significant potential risks identified. The Trust would usually publish an annual Quality Report outlining its performance against a wide range of quality measures. The Trust is regularly inspected by the Care Quality Commission (CQC), with the current status being 'registered with conditions' as a result of findings from the investigation into services provided at Clifton Lodge and Rawreth Court Nursing Homes. During 2021/22, CQC carried out a focused inspection into Child and Adolescent Mental Health Service (CAMHS) and in June 2021 the CQC served the Trust with a Notice of Decision not to admit any new services users without written permission from CQC as well as other requirements. The CAMHS service was subsequently re-rated from 'outstanding' to 'inadequate' in September 2021. The Trust have subsequently taken remedial actions and, in March 2022, the CQC re-inspected the CAMHS service. The CQC are currently drafting their report on this inspection and at present there has not been any formal communication to the Trust in terms of the outcome. However, following informal communication with the CQC, the Trust applied for the removal of the s31 notice on the CAMHS service and we have seen correspondence from CQC which has confirmed that the CAMHS service may start to admit children and young people whilst their application to remove the s31 notice is being considered.

Appendix A – Summary of arrangements (continued)

Improving economy, efficiency and effectiveness

Reporting Sub-Criteria	Findings
How the body ensures it delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve	The Trust has an established Mental Health Partnership Board which provides oversight of its active role within the local Integrated Care System (ICS). An executive director and non-executive director head up work in each of the three of the integrated care systems that EPUT operates in: Mid and South Essex Health and Care Partnership, Hertfordshire and West Essex and Suffolk and North East Essex. This has ensured a strong Trust presence at decision-making ICS meetings, ensuring mental health and community health services remain a high priority in all system-wide considerations. This has also enabled ongoing scrutiny of the equality of service delivery to different groups. An integral part of the Trust is the Council of Governors, which brings the views and interests of the public, service users and patients, carers, staff and other stakeholders into the heart of the Trust's governance. This group of committed individuals has an essential involvement with the Trust and contributes to its work and future developments to help improve the quality of services and care for all our service users and patients. The Trust believes that receiving and acting on feedback from its service users is crucial to maintaining the high-quality standards it sets itself and work has continued throughout 2021/22 to increase the feedback received and actions taken. The Trust uses a range of mechanisms to gather feedback from service users, including; Organisational and national patient surveys; "Your Voice" meetings giving service users, carers, members of the Trust and Governors as well as the public a chance to speak directly to the Chief Executive about the services provided by EPUT; Stakeholder Reference Group set up to involve service users in transformation work within the Trust (this was replaced by a Patient Council in 2021/22). During 2020/21, the Patient Experience Team finalised a project to engage with professionals with experience in their field (such as doctors, nurses and therapists) to co-produce the Trust's new Patient Experience Framework for 2020-2023, which is available on the Trust's website. The Trust also has a Membership Framework in place that recognises the need to put service users and the public at the heart of engagement. It outlines the visions for membership and includes the priorities to build an effective, responsive and representative membership body that will assist in ensuring the Trust is fit for its future in the changing NHS environment. The Trust seeks to ensure it is inclusive in its approach in engaging the community, appreciating the wide social and cultural mix of its constituencies. This Framework will be reviewed in 2022/23 to ensure that it is still current and in line with the future membership plans and the Trust's emerging strategy for the coming years.

Appendix A – Summary of arrangements (continued)

Improving economy, efficiency and effectiveness

Reporting Sub-Criteria	Findings
How the body ensures that commissioning and procuring services is done in accordance with relevant legislation, professional standards and internal policies, and how the body assesses whether it is realising the expected benefits	The Trust use national contracts or agreements wherever possible, primarily through NHS Supply Chain, the Crown Commercial Service and NHS Commercial Alliance. Where it is not possible to use a national agreement, contracts are advertised in the public domain via the government portal Contracts Finder. Procurement of services is undertaken by the Trust's in-house Procurement team. The team has appropriately qualified staff and policies to ensure that procurement is undertaken in accordance to legislation. Where specialist knowledge is required, the Trust will obtain advice, legal advice relating to tender or routes to market. The Trust did not receive any procurement challenges during 2021/22. The Trust takes all reasonable steps to ensure laws and regulations are complied with. This includes ensuring appropriate knowledge and expertise of its own staff and, where required obtaining professional and specialist advice in certain areas e.g. VAT, employment, health and safety. The Trust receives a quarterly update from its legal advisors which identifies all recent legal cases or legislation potentially relating to Trust business. The Executive Operational Committee are provided with details of any material claims from the Executive Director for Corporate Governance. Public stakeholders, including Clinical Commissioning Groups, Sustainability and Transformation Partnerships (STPs) and Local Authorities are involved in managing key risks through well-established contract management and partnership committee structures that oversee the operational delivery of and potential threats to services delivered in partnership. In addition, the Trust imparts information to the Council of Governors on key risks that may have arisen or are likely to materialise, through regular meetings. System wide partnerships, working arrangements and mutual aid principles have proved invaluable during the Covid-19 crisis.

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		Agenda Item No: 7c
SUMMARY REPORT	**COUNCIL OF GOVERNORS PART 1**	**7 November 2022**

Report Title:	Annual Review of External Audit Services					
Report Lead:	Janet Wood, Non-Executive Director					
Report Author(s):	Clare Barley, Head of Financial Accounts					
Report discussed previously at:	n/a					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Purpose of the Report		
This report provides the Council of Governors with the annual review of external audit services for the 2021/22 financial year.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

1 Note the contents of the report

Summary of Key Issues

The Trust has just completed the final year of a five year contract with Ernst and Young for external audit services. Following a market testing exercise in 2021/22, the Council of Governors approved the awarding of a new three year contract to Ernst and Young effective for the 2022/23 financial year. As such there is no requirement for the Council of Governors to approve appointment, however, for good practice a review of audit services has been undertaken.

Both nationally and locally the 2021/22 audit process encountered a number of challenges and led to a significant number of Trusts submitting Accounts late and/or with bottom line impacting adjustments required. General themes included extended sampling, capacity in audit and Trust teams, revaluations, deferred income and, in the case of Clinical Commissioning Group's (CCG) exit package and closedown of organisations as they migrate to Integrated Care Board (ICB) structures.

Despite these challenges, specifically for EPUT the impact of the full revaluation of land and buildings, the Trust continued to receive a professional and responsive service from external audit. The external audit team worked alongside the Trust to resolve matters on a timely basis and were committed to delivering the audit within the timetable. The previous qualification relating to the remuneration report was also successfully removed. The Trust successfully submitted its Accounts and Annual Report within the National timetable and received high quality and clean, audit and value for money (VFM) opinions with only minor amendments from draft Accounts. Given the backdrop of the aforementioned challenges this was a significant achievement and the External Auditors approach to the audit supported this delivery.

As good practice, both teams are performing individual debrief sessions and will meet to share findings and agree any associated actions in preparation for the 2022/23 year end. Initial findings from the Trust review identify that remote working arrangements sometimes impeded progress on audit queries and, in some cases led to duplication of queries. The Trust also experienced some disruption to continuity of audit personnel. However, overall the Trust was very satisfied with the provision of External Audit services and their responsiveness and support during the Annual Accounts process.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	✓
3: We empower	

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			n/a
Governance implications			✓
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	✓
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			
CCG	Clinical Commissioning Groups	ICB	Integrated Care Board
VFM	Value for Money		

Supporting Documents and/or Further Reading

Lead

Janet Wood
Non-Executive Director – Chair of Audit Committee

ESSEX PARTNERSHIP UNIVERSITY NHS FT

		Agenda Item No: 7d
SUMMARY REPORT	**COUNCIL OF GOVERNORS PART 1**	**7 November 2022**

Report Title:	**Membership / Your Voice**					
Report Lead:	**Chris Jennings, Assistant Trust Secretary**					
Report Author(s):	**Chris Jennings, Assistant Trust Secretary**					
Report discussed previously at:						
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Purpose of the Report		
The report provides details of the current membership metrics, details of the Your Voice meeting held on the 29 June 2022 and Annual Members Meeting on the 27 September 2022.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

1 Note the contents of the report

Summary of Key Issues

One of the general duties of the Council of Governors is to represent the interests of the members of the Trust and the interests of the public. The Council of Governors undertakes this role via a Membership Committee which oversees the approach to membership and engagement. Membership engagement is one of the key areas where the Council have requested more of a focus.

The report provides details of the current Trust membership (as at July 2022) via a set of metrics.. The report provides details of the Your Voice meeting held on the 29 June 2022 and Annual Members Meeting on the 27 September 2022.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications: **Capital £** **Revenue £**	

		Non Recurrent £	
Governance implications			✓
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			
CoG	Council of Governors	Comms	Communication Team
BoD	Board of Directors		

Supporting Documents and/or Further Reading
Main Report

Lead
Chris Jennings **Assistant Trust Secretary**

Agenda Item: 7d
Council of Governors Part 1
7 November 2022

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

MEMBERSHIP / YOUR VOICE

1.0 PURPOSE OF REPORT

The report provides details of the current membership metrics, details of the Your Voice meeting held on the 29 June 2022 and Annual Members Meeting on the 27 September 2022.

2.0 MEMBERSHIP METRICS

2.1 Membership Composition

According to the Civica Membership Database, the following is the current membership:

Composition	No. April-22	July -22	Percentage	Difference since April 2022
Public Members	4,954	4,945	34%	4,954 (-9)
Staff Members	9,540	9,538	66%	9,540 (-2)
Total Members	**14,494**	**14,483 (-11)**		**14,483**

By Public Constituency

The following table provides a breakdown of membership by Public Constituency:

Constituency	No. Apr	July	Percentage	Difference since April 2022
Essex Mid & South	1939	1933	39%	1939 (-6)
Milton Keynes, Bedfordshire & Rest of England	1694	1693	35%	1694 (-1)
West Essex & Hertfordshire	705	705	14%	705 (-)
North East Essex & Suffolk	599	597	12%	599 (-2)
Out of Area	17		Less than 1%	
Total	**4,954**	**4,945 (-9)**		

2.2 Demographics Groups

The following information provides a breakdown of demographics available on the Civica database system. Please note, members themselves populate the information and there may be gaps if not fully completed.

By Gender

Gender	No.	Percentage
Public Constituency		
Not Stated	127 (+1)	2.5%
Male	1886 (-7)	38%

Female	2932 (-3)	59%
Total	**4,945 (-9)**	
Staff Constituency		
Not Stated	9491 (-3)	99.5%
Male	14	2%
Female	33 (+1)	3%
Total	**9,538 (-2)**	
Public/Staff Members Combined Total	**14,483 (-11)**	

The Staff Constituency data provides 99.5% as "Not Stated". This is likely because the information uploaded by the Trust does not contain this information

By Age

AGE	No (July)	Percentage
Public Constituency		
0-16	0	0%
17-21	1	Less than 1%
22-29	415	8.8%
30-39	952	19%
40-49	659	13%
50-59	827 (-13)	17%
60-74	1048 (+14)	21%
75+	454 (+8)	9%
Not Stated	582	12%
Total	**4,945** (-9)	
Staff Constituency		
0-16	0	0%
17-21	172	2%
22-29	1113	12%
30-39	1894	20%
40-49	2303	24%
50-59	2552 (+28)	27%
60-74	1399 (+33)	14.6%
75+	44 (+4)	Less than 1%
Not Stated	0	0
Total	**9,538 (-2)**	

The data provided for public member's shows that 47% of the membership is over the age of 50, with around 8.8% under the age of 29.

By Ethnicity

Ethnicity	Number of Members	Percentage
Public Constituency		
White Scottish, Welsh, Northern Ireland British	3527 (3518)	71%
White Irish	79	1.5%
White-Irish Gypsy Irish Traveller	0	0
White - Other	118	2.3%
Mixed White - Black Caribbean	42	Less than 1%

Ethnicity	Number of Members	Percentage
Mixed White - Black African	13	Less than 1%
Mixed White - Asian	14	Less than 1%
Mixed - Other	30	Less than 1%
Asian or Asian British Indian	158	3%
Asian or Asian British Pakistani	124	2.5%
Asian or Asian British Bangladeshi	78	1%
Asian or Asian British Chinese	24	. Less than 1%
Asian or Asian British Other Asian	33	Less than 1%
Black or Black British Caribbean	81	1.6%
Black or Black British African	182 (183)	3.6%
Black or Black British Other Black	16	Less than 1%
Other Ethnic Group Arab	0	0
Other Ethnic Group	17	Less than 1%
Not Stated	416 (415)	8%
Total	**4,945** (-9)	
Staff Constituency		
White Scottish, Welsh, Northern Ireland British	6292 (6291)	65%
White Irish	125	1.2%
White-Irish Gypsy Irish Traveller	1	1
White - Other	482	5%
Mixed White - Black Caribbean	35	Less than 1%
Mixed White - Black African	38	Less than 1%
Mixed White - Asian	40	. Less than 1%
Mixed - Other	62	Less than 1%
Asian or Asian British Indian	277	3%
Asian or Asian British Pakistani	64	Less than 1%
Asian or Asian British Bangladeshi	47	Less than 1%
Asian or Asian British Chinese	22	Less than 1%
Asian or Asian British Other Asian	182	2%
Black or Black British Caribbean	100	1%
Black or Black British African	1258 (1257)	13%
Black or Black British Other Black	120	1%
Other Ethnic Group Arab	0	0
Other Ethnic Group	111	1%
Not Stated	284	3%
Total	**9,538** (-2)	

The above data shows that 71% of public members and 65% of staff members are White Scottish, Welsh, Northern Irish, and British. Further analysis will be undertaken to compare this against the population served by the Trust.

2.3 Membership Communication

The following information provides details of members preferred method of contact and any communication undertaken since the last meeting: All members who have unsubscribed from the email list, would be added to your postal list

By Communication Preference (Distribution Report)

	Public (Apr)	Public (Aug)	Staff (Apr)	Staff (Aug)
Electronic	3995	3869	9181	9179
Postal	959	1076	359	359
Total	4,954	4945 (-9)	9,540	9538 (-2)

The following table provides information on any communication circulated by the Trust to members electronically using the membership database:

Date	Communication	Members Emailed	Percentage Opened	Bounces
11/07/2022	EPUT Governor Election Results 2022	3702	29%	174
29/06/2022	Your Voice Meeting Reminder	3722	32%	178
01/06/2022	Your Voice Meeting Invitation	3746	31%	176
11/05/2022	BOD/CoG Meeting Dates 2022 (revised)	3784	31%	178
11/05/2022	BOD/CoG Meeting Dates 2022	3792	31%	178
29/04/2022	EPUT Governor Elections 2022	3811	28%	183

The data above indicates that 93% of members receive electronic communications when contacted through the Civica membership database. The bounced communications are reflective of changed email addresses or erroneous entries.

The following information is taken from the Civica system when postal communication has been circulated:

Date	Communication	Members Postal	Cost per posting	Cost
10/06/2022	Your Voice Meeting (29 June 2022)	1048	£1.63	£1707.82

3.0 YOUR VOICE

The Trust held a public virtual Your Voice meeting on the 29 June 2022. The meeting was chaired by Mark Dale, Public Governor, and Essex Mid & South and covered the following topics:

- **Celebration of EPUT Volunteers** A short presentation was delivered by the Patient Experience Team (PET) providing details of the celebrations and work of our volunteers. Attendees were able to ask any questions and share their experiences
- **EPUT Volunteer - Volunteering for the Buddy Scheme (Donna Robinson**) provided details of working as a volunteer and her experiences.

Individuals attended the meeting as follows:

Attendance Breakdown

Attendee Group	No. of Attendees
Public Member	24
Staff Member	11
Governor	10
Non-Executive Director	2
Executive Director	0
Total	**47**

Feedback forms were received from four attendees:

Scale: 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree					
	1	**2**	**3**	**4**	**5**
Celebration of our Volunteers Presentation and Discussion: was the presentation useful and easy to understand?				2	2
EPUT Volunteer - Volunteering for the Buddy Scheme – did you find this an interesting topic?				1	3

What did you think about the meeting?	Useful	3
	Engaging	3
	Worthwhile	2
	Inspiring	
	Welcoming	3
	Teams link good	3

Question:	Feedback Provided
How did you find the Your Voice meeting being held via a live event?	• I enjoyed the presentations, and well chaired. • It worked for me • Interesting • It is easily accessible online, works well and chaired well.
Would you like more meetings to be held on Teams or would you still prefer the meetings to be held in a public venue when social distancing allows?	• Public venue if local. Teams access to public meeting if not local. Essex is a large county and fuel charges are more of a consideration. • Until meetings resume in Constituencies, I prefer virtual sessions • This would depend on the numbers of people engaging with the process

Question:	Feedback Provided
	• I would like either alternate online/in person as both have pro's and cons, possibility of hybrid
Any other comments about the meeting and/or suggestions for improvement?	• The feedback form has its difficulties. Is this the only way it can be done? I will be interested to know how many people completed it, and what percentage of attendees that was • Thank you • Mark chaired the meeting very, he should be complimented and thanked for this
What was your main reason for attending today?	• I was a governor. I support membership involvement, where it is offered. • Listening to service users and volunteers, even if not from my constituency • Curious • Attended as a governor and committee member for membership, keen to hear what our members have to say. It's a good learning exercise for governors I feel
What topics would you like to see covered at future meetings?	• The nature of current clinical best practice, and whether it meets the needs of most patients • Will be discussing this at next membership, some success stories of patient journey to be included perhaps but to be a main subject.

4.0 ANNUAL MEMBERS MEETING

The Trust held its Annual Members Meeting on the 27 September 2022. The meeting covered the following agenda items:

- Presentation of the Annual Report
- Presentation of the Annual Accounts and External Auditors Opinion
- Presentation of the Quality Account
- Looking Forward on Safety
- Co-Production at the Heart of Transformation
- Workforce
- Report from the Council of Governors.

The meeting was followed by a questions and answers session, where members present were able to ask the Board of Directors questions.

Attendance Breakdown

Attendee Group	No. of Attendees
Public Member	15
Governor	12
Staff Member	8
Executive Director	6
Non-Executive Director	3
Total	**44**

Report prepared by

Chris Jennings
Assistant Trust Secretary

		Agenda Item No: 7e
SUMMARY REPORT	**COUNCIL OF GOVERNORS PART 1**	**7 November 2022**

Report Title:	**Election to the Council of Governors**					
Report Lead:	**Chris Jennings, Assistant Trust Secretary**					
Report Author(s):	**Chris Jennings, Assistant Trust Secretary**					
Report discussed previously at:						
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Purpose of the Report		
The report provides the results of the Election to the Council of Governors held in June 2022.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

1 Note the contents of the report

Summary of Key Issues

Elections to the Council of Governors took place in June 2022, with 11 seats contested across the following constituencies:

- Bedfordshire, Luton, Milton Keynes & Rest of England
- Essex Mid & South
- North East Essex & Suffolk
- Staff (Clinical)

The official notification from CIVICA is attached at Appendix 1. All Governors both successful and unsuccessful have been advised of the outcome of the election process.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications: **Capital £**	

		Revenue £ **Non Recurrent £**	
Governance implications			✓
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			
CoG	Council of Governors	Comms	Communication Team
BoD	Board of Directors		

Supporting Documents and/or Further Reading
Appendix 1: Report of Voting

Lead
Chris Jennings **Assistant Trust Secretary**

Report of Voting

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 29 JUNE 2022

CONTEST: Public: Bedfordshire, Luton, Milton Keynes & the Rest of England

The election was conducted using the single transferable vote electoral system.
he following candidates were elected (in order of election):

ELECTED
Paula Grayson
John Jones

Number of eligible voters		1,694
Votes cast by post:	22	
Votes cast online:	24	
Total number of votes cast:		46
Turnout:		2.7%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		46

CONTEST: Public: Essex Mid & South

The election was conducted using the single transferable vote electoral system.
The following candidates were elected (in order of election):

ELECTED
Owen Cartey
Mark Dale
Dianne Collins
Megan Hazel Irene Leach
Stuart Scrivener

Number of eligible voters		1,934
Votes cast by post:	36	
Votes cast online:	79	
Total number of votes cast:		115
Turnout:		5.9%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		113

CONTEST: Public: North East Essex & Suffolk

The election was conducted using the single transferable vote electoral system.
The following candidates were elected (in order of election):

ELECTED
Sue Tivy-Ward
Cort Williamson

Number of eligible voters		600
Votes cast by post:	22	
Votes cast online:	21	
Total number of votes cast:		43
Turnout:		7.2%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		43

CONTEST: Staff: Clinical

The election was conducted using the single transferable vote electoral system.
he following candidates were elected (in order of election):

ELECTED
Sharon Green
Edwin Ugoh

Number of eligible voters		2,548
Votes cast online:	291	
Total number of votes cast:		291
Turnout:		11.4%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		291

The result sheets for each election form the Appendix to this report. They detail:-

- the quota required for election
- each candidate's voting figures, and
- the stage at which successful candidates were elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of Essex Partnership University NHS Foundation

		Agenda Item: 7g
SUMMARY REPORT	**COUNCIL OF GOVERNORS PART 1**	**7 November 2022**

Report Title:	**15 Steps Visit Feedback**					
Report Lead:	Chris Jennings, Assistant Trust Secretary					
Report Author(s):	Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:						
Level of Assurance:	**Level 1**		**Level 2**		**Level 3**	✓

Purpose of the Report		
This report provides feedback from 15 Steps Visits completed by Governors.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

1. Note the contents of the report

Summary of Key Issues

The 15 Steps Visits are an opportunity for Governors to visit services provided by EPUT, which includes speaking with staff and patients about the service. The visits are completed by an Executive Director, Non-Executive Director and Governors using the principles set-out in 15 Steps Guidance.

Two 15 Steps visits have recently been completed:

- Rainbow Mother and Baby Unit (29 July 2022)
- Plane Ward (CHS Inpatient, 26 August 2022)

The feedback from the visits has previously been circulated to the Council of Governors electronically and are attached to this report for information.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Health watch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications			
Governance implications			✓
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed?	**YES/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	✓

Acronyms/Terms Used in the Report			
CoG	Council of Governors		

Supporting Documents and/or Further Reading
Rainbow Mother and Baby Unit Feedback Plane Ward Feedback

Lead
Chris Jennings **Assistant Trust Secretary**

NHS
Essex Partnership University
NHS Foundation Trust

Rainbow Mother and Baby Unit, Chelmsford
15 Steps Visit
29 July 2022

Visiting Panel:

Stuart Scrivener, Public Governor, Essex Mid and South

Paul Scott, Chief Executive Officer (CEO)

Sheila Salmon, Chair of the Trust

Five Key Questions explored by the Visiting Panel:

1. What do you think is going particularly well within your service?

A well thought about and implemented service achieving positive outcomes for mother & baby.

The service leadership has made strong arguments for continued investment in the built environment the service operates in. In the last 2 years a new large bedroom, nursery and laundry area have been built. Securing this funding and the design of the new facilities adds to the service and something they are rightly proud of.

2. What do you think are the key challenges you face within your service? How are these overcome?

Recruitment and retention remain a challenge for the service. This is due to the scarcity of high quality qualified staff and the expansion of other Mother and Baby Units across the East of England.

The service operates with a great deal of earned autonomy and there was substantial thought into the mitigations and management of risk within the service. There was also an impressive forward view of the pipeline of students and other interested people.

3. How do patients experience the service and how are they kept safe?

There are procedures in place for risk management which I am confident always keep people safe. Specialist safety doors and windows are just a couple of examples of things implemented for safety.

It is clear that "service user experience" on this ward scores highly, mothers feel safe and well supported as they start their journey of motherhood. Note: This doubles up as mentioned below in the Governor feedback.

The multi-disciplinary team are working together to give holistic individualised care. They are focussed also on improving the experience of families – second parents and siblings.

4. Additional question based on the service

Asked about the ongoing support from community teams, I was happy knowing about the service/support upon discharge from Rainbow Unit, would like to visit the community teams in future.

The community perinatal service interfaces with the inpatient unit. There is a dynamic consultant led team.

5. Additional question based on the service

The service had plans for developing an outreach service and were looking forward to the formation of an East of England provider collaborative to develop these plans.

Additional thoughts from Stuart Scrivener, Public Governor, Essex Mid and South

The ward has been made to feel as homely as possible and not to feel like a generic inpatient unit, walking around it is clear a lot of thought has gone into making it feel homely. There is a calm atmosphere within the unit which really helps make mother & baby feel comfortable and safe.

The environment is bright, clean, modern, well maintained and built to fit the purpose of the unit. Each area of the ward is easily identifiable.

I was impressed with the level of interaction between staff, mothers and babies. Interaction takes place on a 1:2:1 level in bedrooms, and it was good to see people make use of the day room and having good communications with each other.

Before entering and inside the ward there are display boards with lots of useful and relevant information, I know that if a patient has a query not met on the information boards someone will be happy to assist with giving the information needed.

The use of outside space was also impressive, with colourful safe seating, bean bags, murals painted on fencing – it felt inviting and is well used. It has provided a safer space for visiting during times of Covid-19 pressures.

The Rainbow Unit, in my opinion, is a "flagship unit" for EPUT. The staff here give me the confidence and trust, there are dedicated and compassionate team. I would more than happy for any relative of friend of mine to be get the care they need here.

There are procedures in place for risk management which I am confident always keep people safe. Specialist safety doors and windows are just a couple of examples of things implemented for safety.

It is clear that "service user experience" on this ward scores highly, mothers feel safe and well supported as they start their journey of motherhood.

NHS
Essex Partnership University
NHS Foundation Trust

Plane Ward, St Margaret's Hospital
15 Steps Visit
26 August 2022

Visiting Panel:

Lara Brooks, Staff Governor

Stuart Scrivener, Public Governor, Essex Mid and South

Trevor Smith, Chief Finance Officer

Janet Wood, Non-Executive Director

Five Key Questions explored by the Visiting Panel:

1. What do you think is going particularly well within your service?

Forward rostering had improved staff morale as being able to plan shifts ahead with staff has helped with staff feeling they have a better life/work balance. Wi-Fi tech had helped with giving clinical teams back time to care.

2. What do you think are the key challenges you face within your service? And how are these overcome?

Staffing is an ongoing challenge – there are currently 3 posts out to recruitment – fast track and international recruitment have helped with earlier problems – this is managed by use of bank and agency (known to ward)

3. How do patients experience the service and how are they kept safe?

Good feedback from patients, up to date on training (safeguarding, manual handling, new equipment). Low number of complaints, most of which are resoled locally

4. *How is learning managed on the ward (asked by JW)*

Access to training, a few out of date training requirements to be taken in next few weeks, explained how learning is shared and involvement across EPUT

5. *Additional Question based on service.*

What are the key positive outcomes from your visit today?	Are there any significant issues you have identified today that you feel needs senior leadership oversight?
• Ward was welcoming, very calm and relaxed • Patients shared a largely positive experience with good care – one said that they had experienced issues with a social worker, but that had been resolved • Wi-Fi now available for patients and staff – improved patient experience and has operational benefits • Flexible on visiting hours etc	• Some rooms/walls are in need of a spruce up with painting etc – the PFI provider should do this and a request will be made

• Doctors very positive – they could not think of anything they needed to improve things – same was true of Tony and Livi • Pharmacy arrangements very clear, including out of hours • New international nurse recruits very positive about their experience • Governors welcomed to opportunity to tour the ward and speak to patients to directly hear their experiences of services • Ward signage and posters appropriate We would all be comfortable for our loved ones to be admitted to Plane Ward should the need ever arise	

Agenda Item No: 7i

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	7 November 2022

Report Title:	**Lead and Deputy Lead Governor Report**					
Report Lead(s)	John Jones, Lead Governor and Pippa Ecclestone, Deputy Lead Governor					
Report Author(s):	John Jones, Lead Governor and Pippa Ecclestone, Deputy Lead Governor					
Report discussed previously at:						
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Purpose of the Report		
This report provides an update on activities involving the Lead and Deputy Lead Governors	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

1. Note the contents of the report.

Summary of Key Issues

The report attached provides information in respect of:

- Our role as your Lead and Deputy Lead Governor
- The Regional Network of Lead Governors
- Arrangements for Governor Service Visits
- Provider Collaborative
- NHS Providers Governor Advisory Committee Report
- Member and Public Engagement
- Board of Directors Meeting
- Meeting with Chair
- Other Matters

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			✓
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed?	**YES/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			
NEDs	Non-Executive Directors	LGs	Lead Governors
NHSE/I	NHS England / Improvement	FT	Foundation Trust

Supporting Documents and/or Further Reading
Main Report

Lead

John Jones
Lead Governor

Pippa Ecclestone
Deputy Lead Governor

Agenda Item 7i
Council of Governors Part 1 Meeting
7 November 2022

LEAD / DEPUTY LEAD GOVERNOR REPORT

1.0 PURPOSE OF THE REPORT

The purpose of this report is to provide an update on activities involving the Lead and Deputy Lead Governors.

2.0 SUMMARY

2.1 Background

Foundation Trusts (FTs) are required by NHS England/Improvement (formerly operating as Monitor) to have in place a nominated Lead Governor who can be a point of contact for NHSE/I and can liaise with NHSE/I, on behalf of Governors, in circumstances where it would be inappropriate for NHSE/I to contact the Chair and vice versa. The Council of Governors agreed at its meeting on 16 August 2017 that in addition to the Lead Governor, elections should be held to appoint a Deputy Lead Governor to provide for cover as well as succession planning.

2.2 Our role as your Lead and Deputy Lead Governor

Our role as a Governor is the same as for all Governors. There may, however, be occasions when we are asked to represent Governors at meetings, coordinate consultations, etc. For this reason, it is important that we get to know our fellow Governors and to understand their views. We would be pleased to hear from Governors, and also to catch up with you at the various Council meetings as well as at the Board of Director meetings which we usually attend. We will also ensure that we provide you with regular updates on the work in which we are involved in our Lead and Deputy Lead Governor roles.

2.3 The Regional Network of Lead Governors

Colleagues may recall that this group was established by myself in early 2017 and meets every 3 months, and the last meeting was held virtually on 1st June 2022, when the following items were discussed:

2.3.1 Arrangements for Governor Service visits

Practice seems to vary considerably as the threat level was reduced from Level 4 to Level 3, with many Trusts still not prepared to have Governors visiting wards and talking directly to patients. This not surprisingly was more prevalent in the acute sector. There is a trend (though not universal) for CoGs to meet face-to-face, or in some cases hybrid.

2.3.2 Provider Collaborative. We had an update on the position of the regional Provider

Collaborative and the current position concerning NEDs on the Integrated Care Boards, and Governors are being urged to make sure that CoGs receive regular reports back from the relevant NEDs.

2.3.3 NHS Providers Governor Advisory Committee Report

The issue of Governors having an observer role is still exercising the GAC, but the advice is now being reviewed

2.3.4 Member and Public Engagement

Despite the postponement of our Annual Members Meeting due to the death of our Queen and the public mourning period thereafter, we had a 'virtual' but well attended meeting on the 27th September

We were reminded that we have a legal duty to represent members but that this requirement was sometimes being frustrated by the lack of opportunity to meet with them face to face. How to overcome this dilemma was discussed with a number of helpful suggestions.

2.4 Board of Directors Meeting.

We were pleased to be able to attend the July and September meetings of the Board and to ask questions on behalf of our members.

2.5 Meeting with Chair

The scheduled meeting with the Chair to discuss and adjust the Agenda for this Council meeting was held virtually on 16 August 2022. Additionally, we raised other issues which as Governors we felt should be aired with the Chair. We are grateful for the open and receptive way in which these meetings are conducted.

2.6 Other Matters

As a point of information, I have been asked by NHS Providers to rejoin the Governor Advisory Committee to represent the mental health providers throughout the country. It is a role I have done before so I should be able to run with it fairly quickly.

May we take this opportunity to thank those of you who have raised queries with either of us. We hope that the answers which you have received have been satisfactory. Please let either of us have any comments on how we are doing as your Lead and Deputy Lead Governors.

May we also thank colleagues for their co-operation with the Trust as we attempt to carry on using a virtual meeting process. We recognise that this is not ideal as so much is achieved by networking at Council and by the usual non-verbal communication, which is lost in a virtual meeting.

We are also grateful for the assistance given by the Trust Secretary's Office during these difficult times. Their patience and understanding is a real credit to them all.

3.0 ACTION REQUIRED

The Council of Governors is asked to:

1. Note the contents of the report.

Report prepared by

John Jones
Lead Governor
Public Governor
19 September 2022

Pippa Ecclestone
Deputy Lead Governor
Public Governor
19 September 2022

Council of Governors 7 November 2022