

**Meeting of the Council of Governors
Wednesday 8 December 2021 at 16:00 – 18:10
Microsoft Teams Meeting**

Vision: Working to Improve Lives

PART ONE MEETING – HELD IN PUBLIC

AGENDA

1	APOLOGIES FOR ABSENCE	SS	Verbal	Noting	16:00
2	DECLARATIONS OF INTEREST	SS	Verbal	Noting	16:03
3	MINUTES OF THE MEETING (PART 1) HELD ON 1 SEPTEMBER 2021	SS	Attached	Approval	16:06
4	ACTION LOG AND MATTERS ARISING	SS	Attached	Noting	16:11
5	WELCOME TO NEW STAFF	SS	Verbal	Noting	16:15
Public Involvement Baseline Summary Matt Sisto, Director of Patient Experience					16:20
6	TRUST UPDATES				
(a)	Report from the Chair	SS	Attached	Noting	16:35
(b)	CEO Report	PS	Attached	Noting	16:40
(c)	Annual Assurance Reports from the Chairs of the Board of Directors Standing Committees				
	(i) Quality Committee	AS / RH	Attached	Noting	16:45
	(ii) People, Innovation & Transformation (PIT) Committee	ARQ / ML	Attached	Noting	16:50
(d)	Board Safety Oversight Group Update	ARQ	Attached	Noting	16:55
(e)	EPUT Audit Opinion	JWd / TS	Attached	Noting	17:05
(f)	Patient-Led Assessment of the Care Environment (PLACE) 2021	TS	Attached	Noting	17:10
7	STRATEGIC ITEMS				
(a)	Restrictive Practice	NH	Attached	Discussion	17:20
Comfort Break (5 Minutes)					17:35
8	COUNCIL OF GOVERNORS BUSINESS ITEMS				
(a)	Remuneration of the Chair and Non-Executive Directors Procedure	JJ	Attached	Approval	17:40

(b)	Removal of the Chair and Non-Executive Directors Procedure	JJ	Attached	Approval	17:43
(c)	Changes to the Council of Governors and Membership of its Committees	CJ	Attached	Noting	17:46
(d)	CoG Membership Committee Assurance Report & Terms of Reference	JW	Attached	Approval	17:51
(e)	Lead Governor Election Result	CJ	Verbal	Noting	17:56
9	OTHER REPORTS				
(a)	Lead and Deputy Lead Governor Update	JJ / PE	Attached	Noting	17:58
10	ANY OTHER BUSINESS				18:01
11	QUESTION & ANSWER SESSION FROM MEMBERS OF THE PUBLIC				18:10
12	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				
13	DATE AND TIME OF NEXT MEETING 23 February 2022				
14	DATES OF FUTURE MEETINGS 6 June 2022 31 August 2022 8 December 2022				

Professor Sheila Salmon
Chair

**Minutes of the Council of Governors Meeting Held in Public
On Friday 1 September 2021
Microsoft Teams**

Attendees:

Prof Sheila Salmon (SSa)	Chair of the Trust (Chair of the meeting)
David Bamber (DB)	Public Governor West Essex & Hertfordshire
Keith Bobbin (KB)	Public Governor Essex Mid & South
Peterr Cheng (PC)	Public Governor North East Essex & Suffolk
Dianne Collins (DC)	Public Governor Essex Mid & South
Mark Dale (MDa)	Public Governor Essex Mid & South
Jared Davis (JDv)	Staff Governor Clinical
Cllr. 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
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
Stuart Scrivener (SSc)	Public Governor Essex Mid & South
David Short (DS)	Public Governor North East Essex & Suffolk
Paul Walker (PW)	Staff Governor Non-Clinical
Michael Waller (MWa)	Public Governor West Essex & Hertfordshire
Matt Webster (MW)	Appointed Governor Anglia Ruskin University
Judith Woolley (JW)	Public Governor Essex Mid & South

In attendance:

Rufus Helm (RH)	Non-Executive Director
Manny Lewis (ML)	Non-Executive Director
Alison Rose-Quirie (ARQ)	Non-Executive Director
Amanda Sherlock (AS)	Non-Executive Director
Janet Wood (JW)	Non-Executive Director
Sean Leahy (SL)	Executive Director of People & Culture
Trevor Smith (TS)	Executive Chief Finance & Resources Officer
Dr. Greg Wood (GW)	Clinical Director of Psychological Services
Mick Di Stazio (MDi)	Director of Marketing, Communication & Brand
Gill Mordain (GM)	Strategic Adviser
Graeme Jones (GJ)	Director (for the Presentation)
Chris Jennings (CJ)	Assistant Trust Secretary
Clare Sumner (CS)	Trust Secretary's Office Administrator

047/21 APOLOGIES FOR ABSENCE

James Day	Interim Trust Secretary
Lara Brooks	Staff Governor Clinical
Cllr. Matt Dent	Appointed Governor, Southend-on-Sea Borough Council
Cllr. Fraser Massey	Appointed Governor, Thurrock Council
Ian Plunkett	Public Governor, Essex Mid & South

Signed Date

SSa welcomed everyone to the meeting.

048/21 DECLARATIONS OF INTEREST

JJ declared an interest in item 061/21 relating to the election of the Lead Governor. SSa agreed the item was regarding the process for the election and therefore there was no reason to leave the meeting for the item.

049/21 MINUTES OF THE MEETING (PART 1) HELD ON 28 MAY 2021

The minutes of the meeting held on the 28 May 2021 were reviewed. PM commented she had attended the meeting, but was listed as apologies. CJ advised he would ensure PM's attendance at the meeting was recorded.

PG noted Page 5 029/21 included a comment she had made prior to the meeting regarding Governor involvement in strategic planning. PG clarified this was more around the planning for the Trust which was not undertaken in the usual way, however, acknowledged there had been Governor involvement in the strategic objectives which had been taken forward into the next financial year.

PE highlighted Page 11 042/21 where she had stated the Substance Misuse service did not feel part of the Trust. PE felt this should state the Substance Misuse service did not "always" feel part of the Trust to clarify the point.

050/21 ACTION LOG AND MATTERS ARISING

The action log from the meeting held on the 28 May 2021 was reviewed and two actions were noted as open within timescale. The first related to re-establishment of the Task and Finish Group to review strategic items for the Council agenda. This will be taken forward once the strategic objectives have been approved by the Board of Directors on the 29 September 2021.

The second action related to Disability Access scores for PLACE visits. The PLACE-Lite visits had taken place during August 2021 and a further update would be provided once the results of these are known.

PRESENTATION: STRATEGIC OBJECTIVES

GJ delivered a presentation providing the Council with an update in relation to the development of an Accountability Framework and progress to agree a new strategy, vision purpose and strategic plan.

GJ outlined the process undertaken to gather the views of external partners and reviewing their priorities in reviewing the strategic objectives for the Trust. GJ provided details of subsequent engagement within EPUT to build on the input gained from external partners. This included engaging with:

- Council of Governors
- NED Sessions
- People, Innovation & Culture Committee

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- Executive Team
- L30
- Board of Directors

GJ gave reasons behind changing the strategic principles including the world changing due to the impact of the pandemic and introduction of ICS working, the change in leadership, focusing more on integration and collaboration, rather than competition. GJ highlighted the range of strategic drivers and context behind the changes to strategic direction.

GJ presented a refreshed set of strategic principles in the form of a graphic. The graphic included the proposed vision, purpose, strategic objectives and values for the Trust. GJ advised this was all still a work in progress.

GJ provided details of the next steps including briefing NEDs in September, presenting to the Board of Directors on the 28 September 2021, engagement with staff groups through director-led sessions, playing back to external stakeholders and the completion of a strategic plan.

GJ invited questions from the Council. JJ noted the reference to feedback from external partners. JJ asked what the views were of external partners. GJ advised the feedback from external partners was more from the perspective of working with the Trust and their own priorities, which was then used to develop the strategic objectives for the Trust.

KB asked whether Essex County Council education partners were included in the external feedback. GJ advised Essex County Council education partners were not included.

PE noted the presentation referred to UCL partners and asked whether this meant the partners based in London. GJ advised this referred to University College London which the Trust undertakes different elements of partnership working. PE also noted a reference to L30 and queried to what this referred. GJ advised this stood for Leadership 30 and was a group of the top senior managers within the Trust.

DBa commented it was impossible to prevent ill health and therefore it was important to ensure any strategic direction ensured services were in place and of good quality when a person becomes unwell.

MDa suggested including Healthwatch as an external partner when determining the strategic plan for the Trust.

SSa thanked GJ for the presentation.

051/21 REPORT FROM THE CHAIR

SSa presented a report as circulated providing an update 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.

PE noted the reference to a report being developed by Stephen Heppell. PE asked whether the report would be shared with Governors when received. SSa confirmed the report could be shared with Governors and suggested Stephen Heppell is invited to a session with Governors once the report has been produced.

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The Council of Governors received and noted the report.

Action:

1. Invite Stephen Heppell to a future session with Governors once the report relating to the environments of visited locations has been received. (SSa)

052/21 CEO REPORT

TS presented a report on behalf of Paul Scott providing a summary of key activities and information to be shared with the Council.

The Committee discussed the content of the report and queried the information provided. There was discussion about interpreting some of the graphs included in the report. TS agreed to cover this outside of the meeting if Governors had any specific queries. ARQ provided an explanation for one of the graphs.

The Committee received and noted the report.

053/21 ANNUAL ASSURANCE REPORTS FROM THE CHAIRS OF THE BOARD OF DIRECTORS STANDING COMMITTEES

(i) Remuneration & Nominations Committee

SSa presented a report as circulated highlighting the work of the Remuneration & Nomination Committee during the period of 1 October 2020 to 31 July 2021 from the Chair of the Committee's perspective.

The Committee received and noted the report.

054/21 AUDITORS ANNUAL REPORT

JWd advised the Auditor's Annual Report for the year ended 31 March 2021 had been included in the papers for the meeting. However, the External Auditors would be attending the Annual Members Meeting on the 1 November 2021 to present the report and therefore did not intend to present the report in detail.

The Committee received, noted the External Auditors report and agreed this would be presented in more detail at the AMM.

055/21 ANNUAL REVIEW OF AUDIT SERVICES

JWd presented a report as circulated providing a review of external audit services and seeking approval for the re-appointment of Ernst & Young (EY) for a further year from the 1 October 2021.

JWd advised a review of external audit service had been completed by the Audit Committee in terms of price and service delivery. The external audit fee continued to remain comparable to similar organisations despite charges being incurred for such areas as the impact of Covid-19 and new accounting / auditing standards. The service received from the senior audit team continued to be professional and responsive, and all audit deadlines had been met over the term of the contract.

Signed Date

JWd advised on the basis of the review the Audit Committee had agreed to recommend to the Council that the contract be renewed for a further 12 months from the 1 October 2021. JWd advised this would be the final time the contract could be renewed without the need for a full market testing exercise. This would be taken forward with Governors over the next 12-months.

The Committee received, noted the report and approved the re-appointment of Ernst & Young as External Auditors for the Trust for a further 12-months commencing on the 1 October 2021.

056/21 QUALITY INDICATORS

GM presented a report providing the local indicators from the Quality Account 2020/21 to select one for auditing and providing details of arrangements for the future.

GM advised the process of obtaining assurance from its external auditors on the Quality Account had been suspended for the previous two-years due to the Covid-19 pandemic. This included the process by which Governors select a local indicator for data quality testing. GM advised Governors accepted the reason for the suspension, but requested a retrospective audit is undertaken on a chosen local indicator, even though the Quality Account for 2020/21 has been finalised.

GM provided details of the different local indicators and provided details to help Governors in choosing one of the indicators to review. SSa suggested Governors indicate in the chat function of Microsoft Teams which of the indicators they would like for an audit to be completed. CJ tallied each of the votes placed in the chat and provided a total for each local indicator:

- **Restraints:** 0 Votes
- **Safer Staffing:** 4 votes
- **Serious Incidents:** 10 votes
- **Complaints:** 0 votes
- **Patient Environment:** 0 votes
- **Delayed Transfers of Care:** 0 votes

CJ advised the Council had therefore chosen Serious Incidents as the local indicator to undertake a data quality audit. The Council agreed with this outcome.

The Council of Governors received, noted the report and agreed for a data quality audit be undertaken of the Serious Incident local indicator.

Action:

1. **Undertake a data quality audit of the Serious Incident local indicator contained in the Quality Account 2020/21. (GM)**

057/21 STANDING ORDERS FOR THE COUNCIL OF GOVERNORS

JD presented a report providing the Standing Orders For The Council Of Governors for its required annual review. JD advised a review had been completed by the Trust Secretary's Office and scrutinised by the CoG Governance Committee on the 16 August 2021, with the following amendments agreed:

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- **Section 3.5.3:** Additional statement to encourage Governors to consider contacting the Lead Governor prior to contacting Monitor (NHSE/I) directly to confirm if any alternative action can be taken. However, this does not prevent any Governor from directly contacting Monitor (NHSE/I) should they wish to do so.
- **Section 3.7.3:** Additional statement added to confirm action if a Governor vacancy cannot be filled.
- **Section 14.7.3:** Additional statement added to clarify when a meeting takes place entirely virtually, the meeting will be recorded as having taken place via the specific virtual platform. The current statement refers more to meetings that take place virtually across two locations (such as video conferencing).

The Council of Governors received, noted the report and approved the Standing Orders For The Council Of Governors for presentation to the Board of Directors.

Action:

1. **Present the Standing Orders For The Council Of Governors to the Board of Directors for final ratification. (CJ)**

058/21 NED OBJECTIVES 2021/22

SSa presented a report providing assurance to the Council of Governors that following confirmation of re-appointment for five of the seven Non-Executive Directors, individual roles and personal objectives have been discussed with each individual.

SSa advised the CoG Remuneration Committee had received the priority 5 objectives for NEDs and had agreed to make a recommendation to the Council that the objectives were in place from the point the objectives were received by the Committee. JJ confirmed the objectives had been discussed by the CoG Remuneration Committee and agreed with the summary provided by SSa. This now addressed the issue identified by the Committee in April 2021 as part of the NED – Governor Reviews where personal objectives had not been in place at the time.

The Council of Governors received and noted the report.

059/21 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 Council of Governor meetings. The report also provided details of current vacancies and consideration whether to undertake a by-election.

CJ provided details of the resignation of a Staff Governor (Clinical) and the end of term for two Appointed Governors, with two new Governors joining the Council. CJ also provided details of vacancies within sub-committees and Governors that had not attended two or more Council meetings in a row, including the action subsequently taken.

CJ advised recent resignations had meant there were now three vacancies across three constituencies. Good governance would suggest a by-election should be held to fill the vacancies, however, consideration needed to be given for the cost of a by-election alongside the full election process due to take place the following year. CJ advised the CoG Governance Committee had received details of the cost of a by-election (£3000 + VAT) and

Signed Date

the timescale for the individuals to be in post before the next election took place (Four Months). In addition, the Staff Governor (Clinical) would serve the rest of the term for the previous Governor expired in June 2022, which meant they would only serve 4 months in office before needing to seek re-election.

CJ advised the CoG Governance Committee had discussed the options in full and agreed to make a recommendation to the Council of Governors to hold the vacancies until the elections in 2022. However, the Committee advised this would be revisited should there be any further resignations.

The Council of Governors received, noted the report and approved the recommendation to hold the three vacancies until the formal election process next year.

060/21 COG NOMINATIONS COMMITTEE ASSURANCE REPORT & TERMS OF REFERENCE

SSa presented a report providing an assurance report relating to the work of the CoG Nominations Committee and presented the Terms of Reference for approval. SSa advised the report was developed in line with the decision of the Council of Governors Agenda Task and Finish Group to move assurance reports to annual, coinciding with the review of the Terms of Reference.

SSa advised the primary business of the Committee for the year related to the re-appointment of a number of Non-Executive Directors whose terms of office ended in July 2021. SSa advised she believed the Committee had fulfilled its Terms of Reference in line with delegated authority of the Council.

The Council of Governors received, noted the report and approved the Terms of Reference for the CoG Nominations Committee.

061/21 LEAD GOVERNOR ELECTION

CJ presented a report providing role description, process and timetable for the appointment of the Lead Governor. CJ advised the role description, process and timetable for the appointment had previously been approved in September 2019 for a period of two years ending in October 2021. The role description, process for appointment and timetable for the process of appointing the Lead Governor had been reviewed and attached to the report for Council consideration and approval.

The Council of Governors received, noted the report and approved the process for the election of the Lead Governor.

062/21 NED SITE VISITS REPORT

CJ presented a report providing details and feedback of site visits completed by NEDs in July – August 2021. CJ advised the Chair / NEDs completed seven site visits in July 2021:

- The St. Aubyn Centre, Colchester (6 July & 4 August)
- Topaz Ward, The Crystal Centre, Chelmsford (14 July & 4 August)
- Finchingfield Ward, The Linden Centre, Chelmsford (14 July)

Signed Date

- Finance, Thurrock Hospital, Grays (16 July)
- St. Margaret's Hospital (22 July)

CJ advised two site visits were completed to both The St. Aubyn Centre and Topaz Ward. SSa had visited the services with external guests to focus specifically on the environment, whilst ARQ had visited the services as part of her role as NED Chair of the Board of Directors Safety Oversight Group.

The Council of Governors received and noted the report.

063/21 GOVERNORS SKILLS AND EXPERIENCES

DS gave a verbal presentation outlining his skills, experiences and history, including the reasons he became a Governor.

064/21 LEAD AND DEPUTY LEAD GOVERNOR UPDATE

JJ presented a report providing an update on activities involving the Lead and Deputy Lead Governors.

The Council of Governors received and noted the report.

065/21 ANY OTHER BUSINESS

None

066/21 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting is 8 December 2021 at 4pm via Microsoft Teams.

Signed Date

In the Chair

ESSEX PARTNERSHIP UNIVERSITY NHS FT

**Council of Governors Meeting
Action Log (following Part 1 meeting held on 1 September 2021)**

Lead	Initials	Lead	Initials	Lead	Initials
Sheila Salmon	SSa	James Day	JDy		
Gill Mordain	GM	Trevor Smith	TS		
Chris Jennings	CJ				

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
Sep 051/21	Invite Stephen Heppell to a future session with Governors once the report relating to the environments of visited locations has been received.	SSa	Feb-22	Draft report received from Stephen Heppell which is being reviewed. Session to be established once the report has been finalised and circulated.	Open	
Sep 056/21	Undertake a data quality audit of the Serious Incident local indicator contained in the Quality Account 2019/20	GM	Feb-22	Data quality audit scheduled for January 2022.	Open	
Sep 057/21	Present the Standing Orders For The Council Of Governors to the Board of Directors for final ratification.	CJ	Oct-21	Standing Orders presented and approved by the Board of Directors on the 28 September 2021	Closed	
May 035/21	Re-establish Task and Finish Group to take forward strategic themes for Council of Governors meetings.	JDy	Oct-21	Currently seeking a date to hold this session.	Open	
Dec 080/20	Review PLACE Scores 2019 and confirm reason for decline in Disability Access from 90.4% in 2018 to 84.7% in 2019.	TS	Feb-21	11/02: Fiona Benson, Head of Estates and Facilities confirmed that the PLACE audit scores can fluctuate to this degree year-on-year and the decline in score from 2018 to 2019 on this question is not significant. The scores are based on the opinions of those completing the PLACE audits at the time and therefore changes can be because someone has registered more negative responses than the previous year.	Open	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
				<p>However, to ensure this is fully reviewed the question on Disability Access will be added to environmental audits to provide assurance in this area, particularly as PLACE audits are currently suspended due to the pandemic.</p> <p>18/02: The Council agreed to keep this action open to ensure it is fully followed-up in relation to the environmental audits.</p> <p>21/05: Environmental Audits are being undertaken and this is included, with areas of concern raised to the appropriate group to rectify. PLACE-Lite visits are also being arranged to take place in the summer and Governors will be involved.</p> <p>01/08: PLACE-Lite audits currently underway.</p> <p>29/11: Agenda item for the 8 December 2021 to provide feedback of visits.</p>		

		Agenda Item No: 6(a)					
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				8 December 2021		
Report Title:		Report from the Chair					
Report 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
2 Request any further information or action.

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	

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			
CQC	Care Quality Commission	CAMHS	Child and Adolescent Mental Health Services
F2SU	Freedom To Speak Up	PECC	People, Equality and Culture Committee

Supporting Documents and/or Further Reading
Accompanying Report

Lead
Professor Sheila Salmon Chair

REPORT FROM THE CHAIR

1.0 PURPOSE OF REPORT

This paper presents an update report from the Chair of the Trust in support of Governors holding the Non-Executive Directors (NEDs) to account both individually and collectively for the performance of the Board and to provide an understanding of the work of the Chair, NEDs and Board of Directors. This report covers the period since the last report to the Council of Governors.

2.0 ACTIVITY UPDATE FROM CHAIR AND NEDS

i) **Sheila Salmon**

I am delighted to report that the Covid-19 vaccination programme at EPUT has met a major milestone – delivering more than one million Covid-19 vaccinations at our vaccination centres across Essex and Suffolk. This figure has been reached just 43 weeks after the launch of the first large vaccination centres in January 2021 and is equivalent to around 3,300 vaccinations every day! I would like to extend thanks on behalf of the Board of Directors to each and every colleague that has worked tirelessly to contribute to this significant achievement.

As Governors will be aware, the Essex Mental Health Independent Inquiry will review inpatient mental health deaths from 01 January 2000 to 31 December 2020 at the former NEP and SEPT, as well as EPUT, which took over following the merger in 2017. The Inquiry team have announced its first call for evidence – families, friends and carers of inpatients who died are invited to give evidence to the Inquiry about what happened to their loved one. Members of the public with experience of mental health inpatient services in Essex are also invited to give evidence and over the coming months there will also be the opportunity for staff to take part and give evidence. Patient safety remains our top priority and is at the forefront of everything we do at EPUT and we have already made significant investment to improve patient safety. Support services are in place for colleagues that may have any concerns.

As part of the dynamic progression of the Board of Directors, I have worked with the Non-Executive Directors to review and adjust chairing & leadership responsibilities across the standing committees and groups that have a reporting relationship with Trust Board. The review has been informed by the 20-21 NED annual appraisal and review process, including feedback from Governors, and the fresh recruitment to the NED team in year. The intention always is to make best use of the skills and talent that exist within and across the NED team to continuously strengthen Board intelligence and collective capability.

The up to date status is:

- Audit Committee – Janet Wood (unchanged) with a refreshed membership.
- Quality Committee – Rufus Helm (new)
- Finance & Performance – Loy Lobo (new)
- People, Equality and Culture Committee – Manny Lewis (new Committee replaced the former People, Innovation and Transformation Committee)
- Board Safety Oversight Group – Alison Rose-Quirie (oversight of safety strategy implementation)

- Charitable Funds Committee – Amanda Sherlock (new)
- Mental Health Act Committee – Mateen Jiwani NED Champion & oversight

Mateen is also taking a NED lead on supporting academic & commercial relationships, research and development, innovation.

The NEDs are active members of designated committees to ensure balance and quoracy. Additionally, to strengthen scrutiny, Amanda Sherlock in her role as Senior Independent Director and Janet Wood as Audit Chair have roving access to each and every committee on an ex officio basis.

I am fully confident that we have a first class, top performing team of Non-Executive Directors and I thank Governors for your support in recruiting and retaining such talented people.

I have had the continuing opportunity of undertaking service visits and I am always so encouraged by the excellent standards of care that are clearly evident. Most recently I visited the Health and Wellbeing Centre hub in central Ipswich, headed by Adrian Kirkby. The levels of expertise coupled with passion, commitment and imagination came together as a stunning practical example of community based outreach services working effectively with often extremely vulnerable individuals and groups across Suffolk, Norfolk and reaching down into Essex .

ii) Alison Rose-Quirie

Since the last COG report the PIT Committee has been disbanded and been replaced by the People, Equality and Culture Committee (PECC) chaired by NED Manny Lewis. The PIT achieved its objectives to support the development of a refreshed Trust Strategy and provided valued headspace to members to think creatively and brainstorm ideas in a safe space.

It is now time for a real focus on our people as our most valued and to some extent scarce asset and ensure we facilitate increasingly effective support to many more people in the future.

I was pleased to be invited to join the Audit Committee and have attended several training sessions with my colleague Janet Wood as Chair, our Internal and external Auditors and the Local Counter Fraud Specialist in preparation for the role.

I have had a face-to-face meeting with the Principal Freedom To Speak Up Guardian and joined her and Dr Milind Karale on a visit to Edward House. I then dropped in on the Linden Centre wards before heading to Brockfield House for a very informative meeting and visit with Nosi and Anna Davis. This month I spent time on Robin Pinto wards which gave me an opportunity to speak to all staff and see the patient safety initiatives being discussed at the BSOG in action. It was a real pleasure to talk to such well-motivated and dedicated staff and to hear the patient's appreciation first hand.

I have attended the F2SU quarterly meeting, the Bedford, Luton and MK Constituency meeting, completed Suicide Awareness Training and had 1:1s with Johnny Townson and Richard James.

iii) Janet Wood

Since the last Council meeting, we have had a refresh of Audit Committee membership. Alison Rose-Quire and Rufus Helm have joined Amanda Sherlock and myself as members. I held induction meetings with both Alison and Rufus and arranged a training session for them both with our auditors and counter fraud specialists – Amanda and I joined to refresh our training too.

We may be deep into the second half of the financial year but the EPUT settlement has only now been agreed. This is due to complexities in planning from the centre and the need for system agreement. There have been numerous updates and briefings from the senior finance team on both numbers and process. We can now start looking forward to 2021/22 and the opportunities and challenges for financial planning.

In September, Manny Lewis and I visited our vaccination centre on the Thurrock site. We were able to meet with staff, volunteers and members of the public attending for their boosters. It was particularly pleasing to speak with new/temporary staff who came forward to join the vaccination drive and are now very interested in pursuing a permanent appointment with EPUT.

iv) Rufus Helm

As winter looms and a new, potentially more infectious variant of Covid-19 emerges, EPUT is preparing for another difficult period. However, the Trust continues to innovate with evidence now emerging of the effectiveness of Oxehealth in helping reduce risk for our patients and the new Surge Management & Resilience Toolset (SMART) preparing to help improve the efficiency of bed-use.

v) Loy Lobo

It is eight months since I joined EPUT as a NED. It has been a steep learning curve, climbing up mountains of Board briefing papers, other background reading, and mandatory training. I helped rekindle my practice of speed-reading although I am nowhere near the peak of my past abilities. I remain a strong advocate for receiving focused Board papers that highlight strategic issues for discussions and decisions at the Board level. I am delighted to note the progress towards a more usable assurance framework and the intention to invest in a modern risk management system.

In October, I visited the Wood Lea and Robin Pinto facilities along with my NED colleague Amanda Sherlock. This was my first opportunity to meet frontline service colleagues and the people we serve. It was an eye opening experience with quite a contrast between the two sites. We have great people who are doing fantastic work, often under difficult circumstances. I admire their dedication. As part of EPUT's digital transformation journey, I will keep looking out for opportunities to improve the experience of working on the frontline of our services.

I have learned quickly from observing the work of my experienced NED colleagues. I feel privileged to have been asked to Chair the Finance and Performance Committee. On completing my first meeting as Chair, I reflected on the quality of my chairing and my missteps along the way. I am grateful to my Committee colleagues for their guidance and patience as I acquire a grip on the responsibilities of this important role.

Looking ahead, I eagerly await discussions about EPUT's digital transformation strategy and to our growing influence on the digital strategies of the ICS's of which we are a part. I sense a generational opportunity to co-create a health service for the 21st century.

vi) Amanda Sherlock

There has been a welcome opportunity to visit a number of services including Woodlea and Robin Pinto in Bedfordshire and the mental health wards in Epping. The visits give an opportunity to listen to staff experiences through the real challenges of Covid-19 and as EPUT and the wider health and social care sector

moves to 'reset'. It has also been an interesting time as the NED responsibilities for committee leadership has started to 'bed' and a new committee for people and culture is established that I am delighted to be a member of. The Charitable Funds Committee continues to do excellent work to ensure the opportunities of funds and bids from NHS charities 'NHS Together' continues to make a positive impact and be a real and tangible 'thank you' from the public for the exceptional work of the NHS and care sectors through Covid-19. The business as usual work of ensuring the Board's Safety First and risk and assurance strategies pick up momentum has also been a focus of my input over the last few weeks and as a NED I really welcome the organisational learning packages and continued staff events focusing on key priorities such as ligature for EPUT.

vii) Manny Lewis

Apart from the standard meetings, since the last COG I have met with Charles Hanford, the interim Director of Estates to review the estates strategy prior to its submission to Board and also met with Sean Leahy to discuss the follow up to the independent HR Service review and on which I followed through the actions necessary in discussions with Sheila and Paul. I also undertook service visits to Basildon MHU and Thurrock Vaccination centre, which is reported on elsewhere on the COG agenda.

I joined an IT customer focus group, which I had worked with Jan Leonard to arrange following feedback from staff governors on the IT service. It was a very open and effective dialogue, which identified both the challenges for the IT Service desk, but also some clear areas where improvement is taking place.

I also represented the Trust in the recruitment process for the Chief Executive of the HWE ICB. Although final interviews have taken place, no decision has yet been made.

I agreed the terms of reference for the new People Equality & Culture Committee with Sean. I am keen to use the committee particularly to review progress across the People strategy, recruitment, workforce development, workforce transformation, and equality in particular, but we will also include patient experience, marketing & communications and freedom to speak up in the brief as these all report in to Sean. The first PEC committee successfully took place last month with good feedback from our governor observer.

As NEDs, we all took part in the Board seminar on risk, reviewing the Trust's strategic risks and risk appetite in the context of the Trust's refreshed strategic priorities.

I also attended the MSE JV Board covering for the Chair and took part in the stakeholder interviews for the Trust's new Director of Governance and Corporate Affairs role.

viii) Mateen Jiwani

Over the last month, we have been managing various challenges across the ICS and how to find the best way forward to encourage and commit to a digital transformation across the organisation. We will work closely with academic institutions and also those around us that will allow us to cope with winter pressures. The challenges to the leadership is to see how we will cope with and transform our services. I have had the opportunity to do visits to a couple of sites including Basildon where the hard work was witnessed and the challenges for our estates and teams becomes more evident with the new wards. New safer environments as well as forward

thinking use of monitoring in-patients has been successfully implemented. I now work closely with the team to ensure we make use of the data and encourage *research* for the safety of our patients.

I also have been joining the Audit committee, which, I have stepped away from to take on vice chair of the People and Culture committee alongside Manny Lewis, where I hope to continue my position on the push for workplace transformation and innovation. I continue working with Anglia Ruskin University and the ambition for a joint event is now set for spring 2022. This is now handed over to my operational colleagues to harness what seems to be a strategic partnership ever evolving.

I have also consistently pushed to bring about permission for the ability to innovate for staff and now take more of an interest in EPUT lab as well as the leaders programme and ensuring that staff feel they are able to safely *be creative* to help us successfully get through the winter. I also hope to see more from Patient safety working groups in the future.

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: 6(b)						
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1					8 December 2021		
Report Title:		Chief Executive Officer (CEO) 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
2 Request any further information or action.

Summary of Key Issues
The report attached provides information in respect of Covid-19, Performance and Strategic Developments.

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	
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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			
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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

Accompanying Report

Lead

Paul Scott Chief Executive Officer

**Chief Executive Officer (CEO) Report –
November 2021****1.0 Introduction**

I write this report as we enter the winter months. This means that the NHS, and EPUT, are entering into the period that is, historically, our busiest time. It is clear that a combination of reopening of society, winter bugs, and the need to catch up on the elective backlog mean colleagues across health and care anticipate this to be one of the most challenging winters on record. The incremental toll of living through a pandemic is affecting many colleagues across health and care, which undoubtedly adds to the challenges this winter.

We will not be complacent – staffing numbers are, and will remain for some months, the presenting issue raised when I speak to colleagues across the organisation. We have ambitious and creative plans in place to alleviate the pressure – both in terms of recruitment, retention and making day-to-day life easier for our frontline colleagues.

With these pressures in mind, I remain in awe of colleagues across EPUT who continue to go the extra mile for our patients. The sense of collective endeavour across the organisation is palpable. With this collective compassion and “team-ness”, our staff turnover is relatively low and we continue to be able to attract colleagues to join us. This month we will have welcomed an equivalent number of nurses and HCA’s than the last 3 months combined.

The leadership team in the organisation will be making additional effort to support, and recognise, all colleagues over the coming months. I want to take this opportunity to thank all colleagues across the EPUT family for their resilience, compassion and dedication to our patients.

We are not alone in facing these challenges and we are working very closely with acute care, primary care and social care providers, as well as our partners in MH and community care, to support all sectors as best we can. The work we have done to build trust and relationships is a strong platform to face the challenges of this winter and has allowed us to develop a comprehensive winter plan that will see increased capacity in our crisis and primary care services.

Many of our partnerships across Essex, and neighbouring counties, will be formalised by the formation of Integrated Care Boards (ICB) in April when the Health and Care Act is implemented. Recruitment has taken place over the last few months for the role and CEO of these new statutory organisations. I would like to offer my congratulations to Anthony “Mac” McKeever who has been appointed to the role of CEO designate for the Mid and South Essex ICB; Ed Garrett who has been confirmed as CEO designate of Suffolk and North East Essex ICB; and Jane Halpin who is CEO designate of Hertfordshire and West Essex ICB. All three were leading the ICS’s and so it is great to have the continuity of leadership in our three ICB’s.

It was a real pleasure to attend, for a short period, a “Your Voice” meeting. It was a very informative and powerful meeting and I will be asking for Executive representation to join future meetings so we can ensure what we hear is brought into decision making.

2.0 Key Issues**Strategic Objectives and Accountability Framework**

Safety

The Executive Team continue to focus on the four priorities (Staffing, Learning, Observation and Engagement and Ligature risk reduction). On the basis of what colleagues have told us we will be introducing a fifth area of focus based on making sure our bed base is used to the best effect. This is based on staffing pressures we face, the needs of the patients that are presenting to us and increased demand for our inpatient services.

As well as delivering a comprehensive ligature reduction programme our Estates, teams have improved a number of wards in North East Essex and have completely refurbished two wards in our Basildon unit. These improvements are making a huge difference to the environment for patients and colleagues.

Our accountability framework meetings are now in place and offering an improved platform for conversation, and action, between the Executive Team and clinical services on matters of safety.

We are implementing a new operational structure to ensure our leadership time is appropriately focussed on safety and we will be investing in clinical leadership to join operational leadership teams.

Vaccination Programme

Our vaccination teams continue to be incredibly responsive in this fast moving environment.

Our school age immunisation teams have stepped in to offer Covid-19 vaccinations to the 12-15 year old age group across Essex and Bedfordshire, Luton and Milton Keynes. The speed and flexibility of their response to this ask has been incredible and a huge thank you to everyone involved.

Our adult Covid-19 vaccination services continue to deliver across Mid and South Essex and Suffolk and North East Essex integrated care systems and are now busy delivering booster vaccines as well as first and second vaccines.

Our Teams have administered over 1million vaccines. From a standing start, this is an incredible achievement and has played a massive role in improving public health during the pandemic. Thank you and well done to all colleagues whether you are a permanent employee, someone who has returned to work or joined us temporarily or one of our incredible volunteers.

The detection of the Omicron variant has meant that our vaccination efforts will be stepped up further. At the time of writing, we were working with partners in primary care and the acute sector to develop system plans for enhanced and accelerated vaccine delivery.

Children's and Adolescents Mental Health Tier 4 Inpatient Services (CAMHS) CQC report

Our teams have worked incredibly hard to stabilise the service by reducing reliance on agency staff, implementing some rapid estate enhancements and delivering significant improvements in compliance. We have been very successful in recruiting in an incredibly challenging market and I am delighted that we have been able to add 11 health care assistants, eight nurses and one consultant to our fabulous teams.

With these improvements, we have been able to reopen two wards to limited admissions and will look to increase our capacity incrementally over the coming weeks.

		Agenda Item No: 6(c)i
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	08 December 2021
Report Title:	Report from the Chair of the Board of Directors Quality Committee	
Report Lead:	Rufus Helm/Amanda Sherlock: Committee Chair & Non-Executive Director	
Report Author(s):	Gill Mordain, Strategic Advisor on behalf of Natalie Hammond, Executive Nurse	
Report discussed previously at:	NA	
Level of Assurance:	Level 1	Level 2 ✓ Level 3

Purpose of the Report

This report provides the Council of Governors with a highlight of work and key issues reviewed by the Quality Committee during the period 1 November 2020 – 31 October 2021 from the Chair's perspective.

Approval

Discussion

Information

✓

Recommendations/Action Required

The Council of Governors is asked to:

- 1 Note the contents of the report
- 2 Request any further information or action.

Summary of Key Issues

The Committee is an integral part of the Trust's corporate governance arrangements and committee structure, which has been, established in-line with statutory and regulatory requirements.

The Committee is responsible for ensuring compliance with any mandatory regulatory guidance, relevant statutory requirements and contractual obligations. The duties of the Committee include:

- Obtaining assurance that high standards of care and patient safety are provided by the Trust
- Obtaining assurance that adequate and appropriate governance processes and controls are in place to promote safety and excellence in patient care
- Ensuring the effective and efficient use of resources through evidence based clinical practice
- Oversight of quality improvement, innovation and research and delivery against national and local priorities
- Oversight of the protection of Trust employees in relation to health, safety and wellbeing
- Identify, manage and prioritise risks arising from delivery of clinical care

The main issues which the Committee dealt with during the last 12 months included:

- Consideration of patient stories and delivery against lessons learnt
- Review of policies and procedures
- Received and monitored Sub-Committee assurances
- Agreement of the Trust's quality priorities and supporting frameworks
- Delivery against CQC standards and action plans from CQC inspection received in October 2019
- Learning from deaths (Mortality Review)
- Review of relevant BAF risks
- Approval of annual reports
- Embedding of quality improvement methodologies across key work streams

- Introduction of frameworks and guidance to manage and reduce risks associated with COVID-19 for staff and service users.

Assurance was provided that the Quality Committee had been fulfilling its Terms of Reference and that any issues and recommendations identified were escalated to other committees and/or Board as appropriate, and that all risks were recorded on the appropriate risk registers

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):	
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Acronyms/Terms Used in the Report			
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CQC	Care Quality Commission	WRES	Workforce Race Equality Standard
EPPR	Emergency Preparedness, Resilience and Response	WDES	Workforce Disability Equality Standard
LD	Learning Disability	SIRO	Senior Information Risk Owners
MH	Mental Health	IG	Information Governance
IPCC	Infection Prevention and Control	EU	European Union

Supporting Documents and/or Further Reading
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Accompanying Report

Lead

Amanda Sherlock Chair and Non-Executive Director

Rufus Helm Chair and Non-Executive Director
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REPORT FROM THE CHAIR OF THE BOARD OF DIRECTORS QUALITY COMMITTEE

1 Purpose of Report

This report is provided to the Council of Governors by the Chair of the Quality Committee. It is designed to highlight the work and key issues reviewed by the Committee during the period 1 November 2020 to 31 October 2021 from the Chair's perspective.

The Committee is responsible for ensuring compliance with any mandatory regulatory guidance, relevant statutory requirements and contractual obligations.

2 Summary

2.1 Committee Purpose

The Committee is an integral part of the Trust's corporate governance arrangements and committee structure, which has been, established in-line with statutory and regulatory requirements.

The duties of the Committee include:

- Obtaining assurance that high standards of care and patient safety are provided by the Trust
- Obtaining assurance that adequate and appropriate governance processes and controls are in place to promote safety and excellence in patient care
- Ensuring the effective and efficient use of resources in the delivery of evidence based clinical practice
- Protect health, safety and wellbeing of Trust employees
- Identify, manage and prioritise risks arising from clinical care
- To ensure the Trust is working within the legal requirements of the Mental Health Act (1983), as amended by the Mental Health Act 2007 and Mental Capacity Act 2005, and with reference to guiding principles as set out in the Code of Practice to the Mental Health Act 1983, the Mental Capacity Act 2005 and all relevant Deprivation of liberty legislation
- To ensure children and adults are safeguarded from abuse

2.2 Membership

The Committee is comprised of:

- Non-Executive Director (Chair of Committee)
- Non-Executive Director (Vice Chair of the Quality Committee)
- Non-Executive Director
- Executive Medical Director (Caldicott Guardian)
- Executive Nurse
- Executive Director of People & Culture
- Executive Director Mental Health

In attendance (as required):

- Director of Compliance & Assurance
- Director of ITT Business Analysis and Reporting
- Chief Pharmacist
- Trust Secretary
- Director of Nursing & Infection Prevention and Control

- Director of Patient Safety
- Other Directors and Officers as deemed necessary

Amanda Sherlock stepped down as Chair in June 2021 and was replaced by Rufus Helm in July 2021.

2.3 Review

The Quality Committee met 11 times during the period of 01 November 2020 – 31 October 2021. Due to the second wave of the COVID-19 pandemic, three meetings held were 'exception' meetings with shorter agendas (January, February and March 2021). The August meeting was cancelled due to high levels of annual leave. All meetings continue to be held virtually.

An assurance report is produced following any meeting of the Committee and presented to the Board of Directors. There is an opportunity to raise questions on any matters of discussion or scrutiny at the Quality Committee.

I would like to bring to Governors attention the following issues, which the Committee dealt with during the last 12 months:

Regular reports received by the Committee:

- Patient stories relating to the following areas:
 - Partnership working enabling the successful discharge of a young person to a community placement. The need for further training in relation to communication with patients with a diagnosis of Autistic Spectrum Disorder that has been put in place through joint work with NHS England
 - A positive story of a gentleman at the end of his life that saw delivery against a care plan that met his spiritual, social and psychological needs enabling a peaceful and dignified death
 - The death of an individual following an inpatient period resulting in a review of disengagement guidelines and record keeping
 - Multi-agency working regarding a patient with a long history of an eating disorder that demonstrated leadership and compassion resulting in high levels of engagement and an improvement in health
 - Successful engagement and treatment of a young person following an overdose
 - Family concerns raised following an unexpected death in relation to processes and communication. A range of learning was noted leading to changes within the system and this was shared as part of a lunch-time learning event
- The Quality Committee received a combined bi-monthly assurance report inclusive of an annual review of their Terms of Reference and Schedule of Business from the following Sub-Committees:
 - Health, Safety and Security
 - Clinical Governance & Quality
 - Patient and Carer Experience
 - Physical Health
 - Equality and Inclusion
 - Learning Oversight
 - Mortality Review
 - Multi-Professional Education
 - Mental Health Act & Safeguarding
 - QI & Innovation
 - Research and Innovation
 - End of Life
 - Restrictive Practice
- Each meeting other than exception meetings received a patient story

- Bi-monthly CQC Assurance Report
- Bi-monthly CQC Exception Report
- Bi-monthly Covid-19 Board Assurance Framework
- Six monthly Quality Academy Progress Report
- Monthly sign off of policies and procedures
- Bi-monthly Quality Performance Report
- Bi-monthly Board Assurance Framework Action Plan
- Quarterly Mortality Data and Learning Report
- Quarterly EPPR Assurance Report
- Annual review of Terms of Reference

New items introduced during this reporting period:

- Draft Patient Safety Strategy presented at the November 2020 meeting. This has since been presented quarterly following its approval by the Board in July 2021. This has replaced the Quality Strategy Report that was previously presented quarterly
- Quarterly Update on progress made against Learning Disability Standards. The first presentation was made in early 2020 and the Committee agreed to receive regular updates, initially bi-annually and then changed to quarterly in July 2021
- Following a presentation of the review of the new ligature process in April 2021, the Committee agreed to receive regular Ligature Update Reports on a quarterly basis

Annual reports received by the Committee:

- Mental Health Community Service User Survey 2020
- Establishment Review Annual Report
- Internal Audit Programme
- Ligature Management Annual Report
- Quality Account
- Complaints Annual Report
- Infection Prevention & Control Annual Report
- Emergency Preparedness & Resilience & Response Annual Report
- End of Life Annual Report
- Mental Health Act Annual Report
- Safeguarding Annual Report
- WRES Annual Report
- WDES Annual Report
- Patient Experience Annual Report
- SIRO Annual Report
- IG Toolkit
- Pharmacy & Medicines Optimisation Annual Report
- IG Framework
- Annual review of Trust's systems for recognising and rewarding quality, and monitoring implementation
- Suicide Prevention Strategy and Implementation Plan Annual Report

- Research Programme and Governance Framework

Presentations received by the Committee:

- Development of IPCC
- Covid-19 QI Initiatives
- Infection Prevention & Control Testing
- Carers Framework
- Covid-19 Assurance Report
- Performance Hotspots Assurance Report
- Accountability Review
- Mass Vaccination Progress
- EU Exit Report
- Physical Health

2.4 Assurance

In our opinion, the Quality Committee has been fulfilling its Terms of Reference during the period of 01 November 2020 to 31 October 2021.

We can also assure Governors that issues and recommendations identified were escalated to other committees and the Board of Directors as appropriate, and that all risks were recorded on the appropriate risk registers.

3 Action Required

The Council of Governors is asked to note the work of the Board of Directors Quality Committee undertaken during the period of 01 November 2020 to 31 October 2021.

Report prepared by:

Gill Mordain, Strategic Advisor

On behalf of

Amanda Sherlock

Chair of the Committee and NED (Nov 2020 – July 2021)

And

Rufus Helm

Chair of the Committee and NED (July 2021 to date)

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1					8 th December 2021
Report Title:	Annual Assurance Report from the Chairs of the People, Innovation & Transformation (PIT) Committee and People, Equality and Culture (PEC) Committee					
Executive/Non-Executive Leads:	Dr Alison Rose-Quirie Non-Executive Director and Chair of PIT Committee and Manny Lewis Non-Executive Director and Chair of PEC Committee					
Report Author(s):	James Day, Interim 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 People, Innovation and Transformation (PIT) Committee during the period of 13th January 2021 to 11th August 2021 along with a review of the first meeting of the People Equality and Culture Committee (PEC) on 4th November 2021 from the Chair of that Committee.

Approval	
Discussion	
Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

- 1 Note the contents of the report
- 2 Request any further information or action.

Summary of Key Issues

This report confirms:

- the purpose and membership of the PIT Committee;
- the purpose and membership of the PEC Committee
- the PIT Committee met virtually three times between 13th January 2021 to 11th August 2021; One scheduled meeting, (January 2021), was replaced by an exchange of reports for comment
- the PEC Committee met virtually once on 4th November 2021
- the activities undertaken by the PIT Committee and PEC Committee during the year to date;
- assurance the Committees have been fulfilling their Terms of Reference.
- there has been a Governor observer for the Committees since the summer of 2021.

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:			Nil
Capital £			
Revenue £			
Non Recurrent £			
Governance implications			✓
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	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			
PIT	People, Innovation & Transformation	PEC	People, Equality and Culture

Supporting Documents and/or Further Reading
Attached Report

Lead
Dr Alison Rose-Quirie Non-Executive Director and Chair of PIT Committee Manny Lewis Non-Executive Director and Chair of the PEC Committee

Annual Assurance Report from the Chairs of the People, Innovation & Transformation (PIT) Committee and People, Equality and Culture (PECC) Committee

1. Purpose of Report

This is the Annual Assurance Report provided to the Council of Governors setting out the work of the People, Innovation & Transformation (PIT) Committee and the new People, Equality and Culture (PEC) Committee. It covers the work of the Committees during the period 13th January 2021 to the present.

Because the PEC Committee met for the first time on 4th November 2021 this report primarily focusses on the work of the PIT Committee in the past year.

The Committees are responsible for ensuring compliance with any mandatory, regulatory or statutory requirements within their remit.

2. PIT Committee Purpose

The Terms of Reference of the PIT Committee were approved in June 2020. The Committee was an integral part of the Trust's corporate governance arrangements and committee structure and was established in line with statutory and regulatory requirements, the NHSE/IT's Code of Governance, and the Trust's Constitution and good practice.

The duties of the Committee include to:

- Inform and support the Board in the development of the Trust's current and future strategic direction and Commercial Strategy, making recommendations to the Board as appropriate.
- Oversee and provide strategic direction on behalf of the Board, and oversee engagement with all health and care systems in which the Trust currently operates, or may operate in the future.
- Keep abreast of wider sector developments and policy direction in order to inform the Board on options for the Trust's future strategic direction.
- Have oversight of the delivery of the Trust's transformation programmes.
- Have oversight of workforce strategy and planning, organisational development, talent management, mandatory training and the Just Culture.
- Promote the work of the EPUT Lab and digital developments.

3. PIT Membership

The PIT Committee membership comprised:

- Four Non-Executive Directors, including:
 - The Chair of the Trust.
 - One Non-Executive Director, other than the Chair of the Trust, to be the Chair of the Committee. (Dr Alison Rose-Quirie)
- Chief Executive Officer
- Executive Director of Strategy & Transformation (Executive Lead for the Committee to May 2021)
- Executive Chief Finance Officer.
- Executive Director of People & Culture. (Executive Lead for the Committee from May 2021)

In attendance (as required):

- Executive Director Mental Health//Deputy Chief Executive Officer.
- Executive Medical Director.
- Executive Nurse.
- Other Directors and Officers of the Trust, including deputies for Executive Directors.

4. PIT Annual Review

The last assurance report for the Committee was presented to the Council of Governors in December 2020. Therefore, this assurance report provides assurance for Committee activity from the 13th January 2021 to 11th August 2021, with the Committee meeting virtually on three of four occasions:

- 13 January 2021(This was by email sharing of reports for comment only without meeting)
- 1 March 2021
- 5th May 2021
- 11th August 2021

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

In **January 2021**, because of the pressures introduced by the COVID 19 pandemic, the Committee discharged its role via email exchange of reports for information or approval.

The information items, reflective of the original PIT terms of reference, included details of the Mass Vaccination Programme, EU Exit, BAF action plans, Contract Negotiations and Tender Submissions.

Because of their continued relevance, PIT approval was given to present the COVID specific Corporate Objectives agreed in June 2020 to the Board for continuance into Q2 of 2021/2022.

Following updates received, the Board approved these on 27th January 2021.

Meeting virtually in **March 2021**, the PIT Committee was introduced to the emerging Safety Strategy, remitting this to the Quality and Finance and Performance Committees for future consideration. Other items noted following consideration were the 2021/2022 Planning Process, the Mental Health Transformation Programme, Digital Innovation, and BAF risks.

In **May 2021**, PIT again met virtually and was delighted to endorse the innovative work undertaken jointly with the Cambridge University Engineering Department to reduce ligature risks. Other key issues considered were progress on the emerging Trust Strategic Objectives, and the future of Workforce. Of significance was a change in emphasis, with approval that future PIT meetings should be used for open strategic discussion, and therefore regular assurance items should be diverted to alternative committees wherever possible.

The **August 2021** PIT meeting endorsed the direction of travel of the ongoing HR Review, and further considered the future direction to be adopted by PIT.

The previous meeting had recognised the value of a Committee-level opportunity and forum for discussion of innovative and transformational matters, less encumbered by detailed reporting of metrics. Work with other Trust Committee Chairs had therefore been undertaken to ensure those detailed areas were covered without duplication, freeing PIT to become that forum.

More recently, the need to address and have a forum obviously dedicated to People issues had come to the fore. The current PIT terms of reference and Committee direction did not fully meet that growing internal and regulatory expectation, and change was required.

In discussion, it was agreed workforce was a central, huge and overlapping factor, and that the time was right to move PIT to a more structured People forum, also referencing Equality and Culture. The terms of reference for the new PEC Committee would be developed for approval.

The PIT Chair, Dr Alison Rose-Quirie was thanked for her stewardship of PIT at the September 2021 Board, freeing her to Chair the Board Safety Oversight Group. The Terms of Reference for the new People Equality and Culture Committee were approved at the November 2021, bringing PIT to a close.

5. PIT Assurance

The People Innovation and Transformation Committee fulfilled 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, except that future review of the Safety Strategy would sit with the Quality and Finance and Performance Committees.

There was a recognition that Board approval for a new People Equality and Culture Committee (PEC) would be required, along with other Standing Committees taking on the future review of some of the data submissions previously considered by the PIT Committee.

6. People Equality and Culture Committee (PEC)

The new PEC Committee met once and for the first time on **4th November 2021**, chaired by Manny Lewis.

The Committee is an integral part of the Trust's corporate governance arrangements and committee structure and was established in line with statutory and regulatory requirements, the NHSE/I's Code of Governance, and the Trust's Constitution and good practice.

The Terms of Reference were agreed and subsequently approved by the Board in November 2021. These Terms of Reference contained the following confirmation of purpose and role:

- To continually strive to improve the experience of all employees, ensuring EPUT demonstrates compassionate leadership and is a place individuals choose to work.
- To foster and to maximise the opportunities from the link between the quality of employee experience and the quality of patient experience.
- To ensure the Trust drives talent management and develops individuals at every level of the organisation.
- To oversee and scrutinise the development of, and delivery against, the Trust's People Strategy.
- To provide assurance to the Board that the People performance indicators are being monitored and targets met.
- To support the achievement of a stable, permanently staffed core workforce, with efficient, modern recruitment practice and high levels of retention, health & wellbeing.

- To support the development of the organisational culture, promoting the Trust's values.
- To support the development of effective employee communications and engagement, promoting openness and freedom to speak up.
- To support the development of a diverse workforce, securing equality & inclusion across the Trust.
- To challenge and escalate any areas of concern relating to the achievement of the Trust's People strategy and ensure that mitigations are in place.
- To keep abreast of wider sector developments and policy direction in order to inform the Board on options for the Trust's future strategic direction.
- To oversee People transformation and innovation and contribute to the delivery of the Trust's wider transformation and innovation programmes.
- To have oversight of workforce development and initiatives, workforce design, workforce planning, organisational development, Board development, talent management, mandatory training and cultural initiatives
- To consider and monitor implementation of the NHS People Plan and the opportunities presented for system working.
- To consider and review high-level workforce and culture risks and their mitigations.

Core membership was identified as three Non- Executive Directors, one of whom would Chair, along with the Executive Director of People and Culture and Executive Chief Operations Officer. As required, the Committee would be supported by:

- Executive Medical Director
- Executive Nurse
- Trust Secretary
- Executive Chief Finance Officer
- Communications and Engagement
- Organisational Development
- Patient Experience
- Quality Improvement
- Equality and Diversity
- Workforce development lead
- Workforce Transformation Lead
- Freedom to Speak Up Guardian

In a full and enthusiastic meeting, initial topics covered were:

- Executive Director Objectives
- People and Culture Directorate Structure
- Staff Engagement
- Safe Staffing Programme
- Recruitment, On-Boarding and Retention
- Equality Diversity and Inclusion
- Learning and Development
- HR Services update
- Marketing and Communications.
- People Strategy
- Patient Experience
- Innovation

The People Equality and Culture Committee fulfilled its Terms of Reference during this first meeting.

7. Action Required

The Council of Governors is asked to:

- 1 Note the contents of the report
- 2 Request any further information or action.

Report prepared by

James Day, Interim Trust Secretary

On behalf of

Dr Alison Rose-Quirie Non-Executive Director and Chair of PIT Committee
Manny Lewis Non-Executive Director and Chair of the PEC Committee

		Agenda Item No: 6(d)						
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1					8 December 2021		
Report Title:		Board Safety Oversight Group Update						
Report Lead:		Alison Rose-Quirie, Non-Executive Director						
Report Author(s):		Richard James, Director of Transformation						
Report discussed previously at:		Executive Safety Oversight Group Board of Directors						
Level of Assurance:		Level 1		Level 2	✓	Level 3		

Purpose of the Report		
This report provides the Council of Governors an update on the role of the Board Safety Oversight Group, the Executive Safety Oversight Group and the progress of projects and related activity linked to the five safety priorities within the safety strategy.	Approval	
	Discussion	
	Information	✓

Recommendations/Action Required
The Council of Governors is asked to: <ol style="list-style-type: none"> 1 Note the contents of the report 2 Request any further information or action.

Summary of Key Issues
<p>The Board Safety Oversight Group (BSOG) has been meeting monthly since August 2021. The role of this group is to provide oversight and governance to ensure the safety strategy is being delivered to the agreed time, cost and quality parameters. BSOG is chaired by Dr Alison Rose-Quirie, Non-Executive Director.</p> <p>The BSOG monitors progress of projects and related activity linked to the five safety priorities within the safety strategy:</p> <ul style="list-style-type: none"> • Safe Staffing • EPUT Culture of Learning (ECOL) • Ligature Risk Reduction • Engagement & Supportive Observations • Inpatient Flow (added November 2021)

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			
ECOL	EPUT Culture of Learning	BSOG	Board Safety Oversight Group
PMO	Programme Management Office	ESOG	Executive Safety Oversight Group
PID	Project Initiation Document		

Supporting Documents and/or Further Reading
Accompanying Report

Lead
<p><i>Signed electronically</i></p>  <p>Alison Rose-Quirie Non-Executive Director Chair of the Board Safety Oversight Group</p>

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
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BOARD SAFETY OVERSIGHT GROUP UPDATE
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1.0 PURPOSE OF REPORT

This report provides the Council of Governors an update on the role of the Board Safety Oversight Group, the Executive Safety Oversight Group and the progress of projects and related activity linked to the five safety priorities within the safety strategy.

2.0 BACKGROUND

The Board Safety Oversight Group (BSOG) has been meeting monthly since August 2021. The role of this group is to provide oversight and governance to ensure the safety strategy is being delivered to the agreed time, cost and quality parameters. BSOG is chaired by Dr Alison Rose-Quirie.

The BSOG works in conjunction with the Executive Safety Oversight Group (ESOG). The ESOG oversee the development, curation and delivery of the Trust wide safety strategy and related action plans.

The BSOG agenda is structured around five safety priorities which are, Safe Staffing, EPUT Culture of Learning (ECOL), Ligature Risk Reduction, Engagement, Supportive Observations and Inpatient Flow. We are continuously re-evaluating and developing our safety priorities and as a result Inpatient Flow was added to the list in November 2021.

3.0 SUMMARY OF PROGRESS

A summary of progress for each of the safety priorities is below:

Safe Staffing

- Daily Sit-rep calls have been established with direct escalation points through to the Executive Team to ensure daily resolution takes place at the appropriate level of authority.
- Converted 29 flexible members of staff into substantive posts within the Trust.
- Completion of Safecare system changes and refresher training.
- Internationally recruited ten nurses from India (seven of which started in October and a further three start at the end of November).
- Successful completion of a bid submission to NHSE to recruit a further 185 International Nurses in 2022.

EPUT Culture of Learning (ECOL)

- Scoping review undertaken of the processes used to record lessons learned, systems and historic action plans.
- Engagement with subject matter experts in learning lessons, serious incident reporting and data management to inform and refine processes.

- Review of best practice procedures externally to EPUT from within the health service and other industries such as the military and aviation.
- Mobilised working and steering groups to ensure all avenues are explored and engaged in terms of socialising all aspects of the project with corporate and clinical teams.
- Undertaken one to one stakeholder discussions and presented update on EPUT's all staff teams' call to share the visions of ECOL.

Ligature Risk Reduction

- Undertaken a review of historic action plans to build a list of required works whilst agreeing new minimum standards for wards to be adhered to in the future.
- Completed an audit on wards against the new minimum standards and carried out a gap analysis process to produce a plan of remedial works.
- Ensured new minimum standards are met across all wards whilst also building a robust and repeatable audit process and continuous improvement model.
- Instigated remedial work on CAMHs units and other wards.
- Revision of governance processes within the Estates, Operations and Risk teams, with an emphasis on prioritisation, planning, funding approval and execution for estates work moving forward.

Engagement & Supportive Observations

- Developed CQC standards for inspections in relation to observation and engagement.
- Implementation of daily and weekly documentation checks across all mental health and specialist services with comprehensive audits being carried out using the Perfect Ward app.
- Recording forms rolled out to all mental health and specialist services through the revision of the Trust policy and procedures.
- Mobilised regular task and finish group meetings between operational, corporate and our nursing teams to monitor documentation regarding observations and engagement during site visits.
- Pilot taken place of Oxehealth's e-observation software with a wider roll-out planned in December.

Inpatient Flow

- Academic and scientific research undertaken to review the literature available on managing personality disorders and outline best practices and protocols implemented by other Trusts.
- Plan, do, study, act cycle underway on all Sit-rep reporting to improve oversight of patient flow.
- Implementation of SMART toolset to provide 'live' bed occupancy and capacity.
- Mobilised purposeful admission and acute therapeutic care inpatient steering group.
- Initiated new work stream to review and scope best practice in line with the Essex wide Mental Health strategy.
- Preparation of an action plan to reduce and eliminate inappropriate 'Out of Area' placements, which includes a trajectory for complete elimination by March 2022.

4.0 ACTION AND RECOMMENDATIONS

The Council of Governors Committee is asked to:

- 1 Note the contents of the report
- 2 Request any further information or action.

Report prepared by

Richard James
Director of Transformation

On behalf of

Alison Rose-Quirie
Non-Executive Director
Chair of the Board Safety Oversight Group

		Agenda Item No: 6(e)			
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				8 December 2021
Report Title:		Update on 2020/21 Audit Opinion			
Report Lead:		Trevor Smith, Executive Chief Finance Officer Janet Wood, Non-Executive Director / Chair of Audit Committee			
Report Author(s):		Clare Barley, Head of Financial Accounts			
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 an update on the audit opinion issued by Ernst and Young on the 2020/21 financial statements.	Approval	
	Discussion	
	Information	✓

Recommendations/Action Required
The Council of Governors is asked to:
1 Note the contents of the report
2 Request any further information or action.

Summary of Key Issues
<p>The Council of Governors will be aware that as part of the statutory year end audit process, the Trust's external auditors (Ernst and Young - EY) are required to issue an audit opinion for inclusion within the Annual Accounts.</p> <p>Following an internal quality review process at EY, they notified the Trust on 15th November 2021 that they had made a drafting error associated with the wording of the audit opinion issued in respect of the 2020/21 financial statements. These financial statements have now been laid before Parliament and are publically available on the Trusts website.</p> <p>In summary, the Opinion issued to the Trust omitted the 'basis for opinion' section and made references to NHS Trust legislation rather than NHS Foundation Trust within the 'certificate' section. The attached opinion highlights the changes that should have been made in the final opinion.</p> <p>The Executive Chief Finance Office and Chair of the Audit Committee have discussed this issue with the Associate Partner at EY, and whilst unfortunate, are in agreement that these omissions are not of sufficient materiality to warrant the reissue of the audit report. This is on the basis that the Opinion itself remains correct and is supported by adequate and appropriate audit work. The view of the Trust Secretary is similarly that the substance of the Opinion is unchanged.</p> <p>This matter has, however, been brought to the attention of the Council of Governors for noting.</p>

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	£nil
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

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Supporting Documents and/or Further Reading

Appendix 1 – Annotated Audit Opinion for 2020/21
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Lead

Trevor Smith Executive Chief Finance Officer	Janet Wood Non Executive Director/Chair of Audit Committee
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INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Essex Partnership University NHS Foundation Trust for the year ended 31 March 2021 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and the related notes 1 to 29. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2020/21 HM Treasury's Financial Reporting Manual (the 2020/21 FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion, the financial statements:

- give a true and fair view of the financial position of Essex Partnership University NHS Foundation Trust as at 31 March 2021 and of its income and expenditure ~~and income~~ for the year then ended; and
- have been prepared properly in accordance with the Department of Health and Social Care's Group Accounting Manual 2020/21 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Foundation Trust's ability to continue as a going concern for a period of 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Foundation Trust's ability to continue as a going concern.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the Annual Report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

Opinions on matters prescribed by the Code of Audit Practice issued by the NAO

Basis for qualification on the Remuneration Report

The Remuneration Report set out on pages 50 to 55 of the Annual Report, does not disclose the Total Accrued Pension at Pension Age, Lump Sum at Pension Age or the Cash Equivalent Transfer Value at Pension Age for the former Chief Executive, former Executive Chief Finance Officer and current Executive Director of Corporate Governance for 2020/21 or 2019/20. This was because this information was requested from NHS Pensions Agency but was not provided on the basis of the individuals previously opting out of the scheme during 2018/19 and therefore having no active membership during 2019/20 or 2020/21.

Qualified opinion on the Remuneration Report

Except for the reasons set out in the basis for qualification on the Remuneration Report, in our opinion the part of the Remuneration Report subject to audit has been prepared properly in accordance with requirements of the Foundation Trust Annual Reporting Manual 2020/21.

Opinion on the Staff Report

In our opinion the part of the Staff Report subject to audit has been prepared properly in accordance with requirements of the Foundation Trust Annual Reporting Manual 2020/21.

Opinion on Other Information

In our opinion, the Other Information for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources;
- we have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2020/21 and is not misleading or inconsistent with other information forthcoming from the audit; or
- we have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

The NHS Foundation Trust Annual Reporting Manual 2020/21 requires us to report to you if in our opinion, information in the Annual Report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit; or
- otherwise misleading.

We have nothing to report in respect of these matters.

Responsibilities of Accounting Officer

As explained more fully in the Statement of the Chief Executive's Responsibilities as the Accounting Officer, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations, or have no realistic alternative but to do so.

As explained in the Statement of the Chief Executive's Responsibilities as the Accounting Officer, as the Accounting Officer of the Trust, the Accounting Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), as well as relevant employment laws of the United Kingdom. In addition, the Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

We understood how Essex Partnership University NHS Foundation Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, internal audit, those charged with governance, and the local counter fraud specialist, and obtaining and reviewing documentation relating to the procedures in place to identify,

evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Trust's board minutes and through the inspection of policies and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance and inappropriate capitalisation of revenue expenditure to be our fraud risks.

To address our fraud risk around the manipulation of reported financial performance, we:

- Reviewed and tested expenditure cut-off at the period end date
- Reviewed the Department of Health and Social Care Agreement of Balances data and investigate differences with counter-parties which we considered to be significant.
- Tested the appropriateness of manual journal entries recorded in the general ledger and other adjustments made in preparing the financial statements.
- Focussed our testing on manual year-end debtor and creditor accruals where we believed the risk of management override and/or inappropriate revenue recognition to be greater.
- Reviewed accounting estimates for evidence of management bias.

To address our fraud risk of inappropriate capitalisation of revenue expenditure we:

- Performed test of journals designed to identify revenue expenditure being inappropriately transferred to capital.
- Tested property, plant and equipment additions using lower testing thresholds to ensure they were appropriately supported by documentary evidence and that the expenditure incurred and capitalised was clearly capital in nature.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in April 2021, as to whether the Foundation Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Foundation Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in

its use of resources. Under the Code of Audit Practice, we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Foundation Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

We certify that we have completed the audit of the accounts of Essex Partnership University NHS Foundation Trust in accordance with the requirements of [Chapter 5 of Part 2 of the National Health Service Act 2006](#) and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General (C&AG). ~~the Local Audit and Accountability Act 2014 and the Code of Audit Practice~~

Use of our report

This report is made solely to the Council of Governors of Essex Partnership University NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Debbie Hanson
Ernst + Young LLP

Debbie Hanson
for and on behalf of Ernst & Young LLP
Luton
28 June 2021

		Agenda Item No: 6(f)								
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1					8 December 2021				
Report Title:		Patient Led Assessment of the Care Environment (PLACE) 2021								
Report Lead:		Trevor Smith, Executive Chief Finance Officer								
Report Author(s):		Lee Williams, Strategy Lead								
Report discussed previously at:		Executive Operational Committee – 30 November 2021								
Level of Assurance:		Level 1			Level 2			Level 3		✓

Purpose of the Report		
This report provides the Council of Governors: • The 2021/2022 PLACE-Lite inspection results.		Approval
		Discussion
		Information ✓

Recommendations/Action Required
The Council of Governors is asked to:
1 Note the contents of the report
2 Request any further information or action.

Summary of Key Issues
<ul style="list-style-type: none"> Identifies the process taken to develop the 2020/2021 PLACE-Lite programme Note site scores following the 2020/2021 PLACE-Lite programme against the 2019/2020 Full PLACE Programme Consider the remedial actions, and pathway to rectification (i.e. immediate action or inclusion into a rolling programme of works) Note the proposed changes to the development of the 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	✓

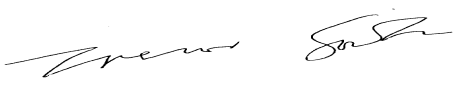
Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	✓
Communication and consultation with stakeholders required	✓
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			
PLACE	Patient-Led Assessments of the Care Environment		

Supporting Documents and/or Further Reading
Place Audit Report

Lead
 <p>Trevor Smith Executive Chief Finance Officer</p>

Patient-Led Assessments of the Care Environment (PLACE)

EPUT 2021



Contents

- Introduction
- Key findings
- Scoring
- Locations and numbers
- Results by domain
- Conclusions
- Annex 1: Regional comparison of results 2019
- Further information



Introduction

- The PLACE programme was introduced in April 2013 to replace the Patient Environment Action Team (PEAT) assessments, which ran from 2000-2012.
- The PLACE collection underwent a national review, which started in 2018 and concluded in summer 2019. The question set has been significantly refined and revised, and guidance documents have been updated. The review ensured that the collection remains relevant and delivers its aims.
- The annual PLACE programme was suspended in 2020 due to the operational difficulties and associated risks brought about by Covid-19. PLACE Lite remained open for healthcare organisations to undertake assessments if they chose to do so. The same arrangement now applies to PLACE in 2021.
- PLACE Lite was instigated in September 2021



Key Findings

- The PLACE collection was substantially reviewed and refined in 2019. 2019 scores therefore establish a new baseline
- EPUT substantially improved in both Privacy and Dignity & Wellbeing. We also saw smaller improvements in Food & Hydration and Dementia Friendly
- We fell slightly in Cleanliness, Condition, Appearance & Maintenance and Disability & Access

	PLACE-Lite 2021/2022 Average Score	PLACE 2019/20 Average Score	Change	National Average 2019/20	Change
Cleanliness	97.04%	99.50%	-2.46	98.6%	-1.56
Food & Hydration	93.74%	90.46%	+3.28	92.2%	+1.54
Privacy, Dignity & Wellbeing	90.90%	84.89%	+6.01	86.1%	+4.8
Condition, Appearance & Maintenance	95.73%	97.6%	-1.87	96.4%	-0.67
Dementia Friendly	97.12%	95.09%	+2.03	80.7%	+16.42
Disability & Access	89.68%	90.40%	-0.72	82.5%	+7.18

Scoring

- On the day(s) of assessment, the teams visit the various areas of the hospital and unit (e.g. wards, communal areas) filling out the relevant scorecards (paper or digital) based on observed conditions.
- Marks awarded for each question count towards one or more domains. Domain totals are then calculated on EFM and expressed as a percentage of the maximum marks available for each domain for each organisation and site.
- National averages are calculated using the following formula, to take into account the variation in hospital size (and that not all areas are assessed in larger sites):

$$\frac{\text{The sum of [Each site's score (points) multiplied by the number of beds in that site]}}{\text{The total number of beds in all assessed sites}}$$



Locations and numbers



The following locations took place in
the 2021 Place Lite Assessment

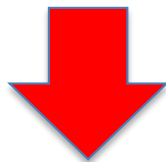
439 Ipswich Road
Chelmer ward
Stort ward
Clifton Lodge (Carehome)
Brockfield House
St.Margarets Hospital
Robin pinto
Woodlea
Basildon MH Unit
The Lakes
Broomfield Hospital
Rochford Hospital
Christopher Unit
Rawreth Court (Care Home)
Kingswood
Mary St. Aubyn's
Landermere
Thurrock Hospital
Byron Court (heath Close)

Assessment teams visited and assessed:

- 760 Beds
- 44 Wards
- 18 inpatient units

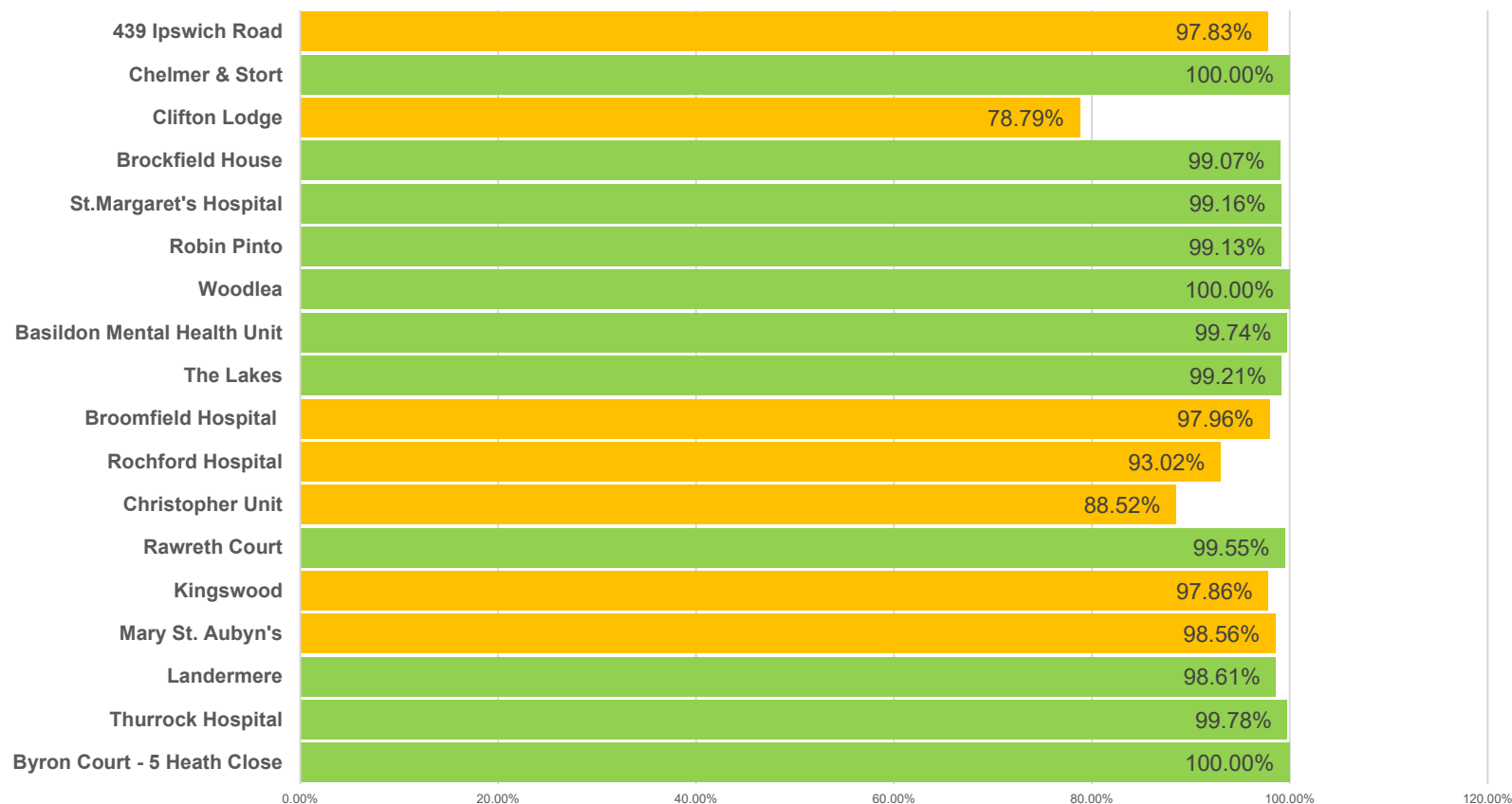


Cleanliness



97.04% (1.57% below National Average 2019/20, 2.46% below EPUT 2019/20 99.50%)

Cleanliness

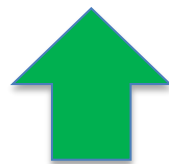


Cleanliness

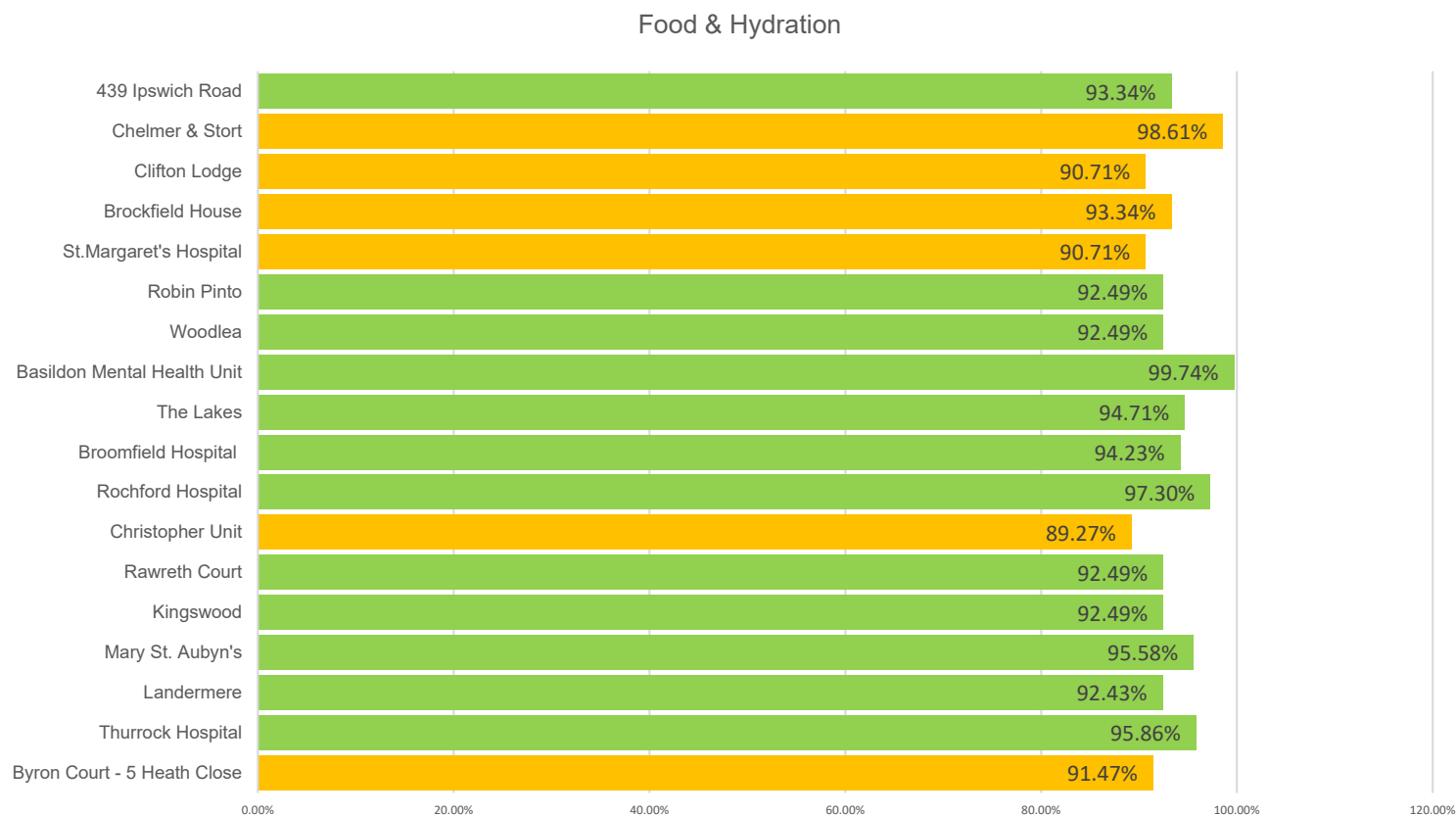
- Continued monitoring through regular weekly and monthly auditing.
- Cleaning audit scores submitted to Trust Quality Groups and Infection Control for monitoring by the CCG's.
- The department is currently exploring options to improve the process, by moving away from paper based audits to digital audits where data is captured on an intuitive platform, and live reporting is enabled.
- For areas of non-compliance, the Department is investing in additional professional training that will be cascaded throughout the department to ensure full understanding of healthcare cleanliness standards.
- The Estates and Facilities Team are reviewing the new national cleaning standards to ensure that the Trust is compliant, with any additional requirements are in situ before March 2022.



Food & Hydration



93.74% (1.54% above National Average 2019/20, 3.28% above EPUT 2019/20 90.46%)



Food & Hydration

- New catering contractors (Raynors Food, Tillery Valley, Brakes Bros and Kent Diaries) appointed August 2021.
- Good feedback has been received regarding:
 - (i) the variety of menus
 - (ii) and quality of the food provided
- Brexit & Covid recently impacted on the supply chain causing menu restrictions
- Temporary measures implemented to mitigate and counteract issues
- Contingency measures have been reviewed in light of the difficulties.

NB: Food and hydration are measured against personal preference and is challenging to substantiate the results.

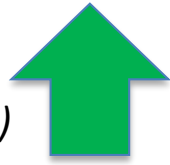


Privacy, Dignity & Wellbeing

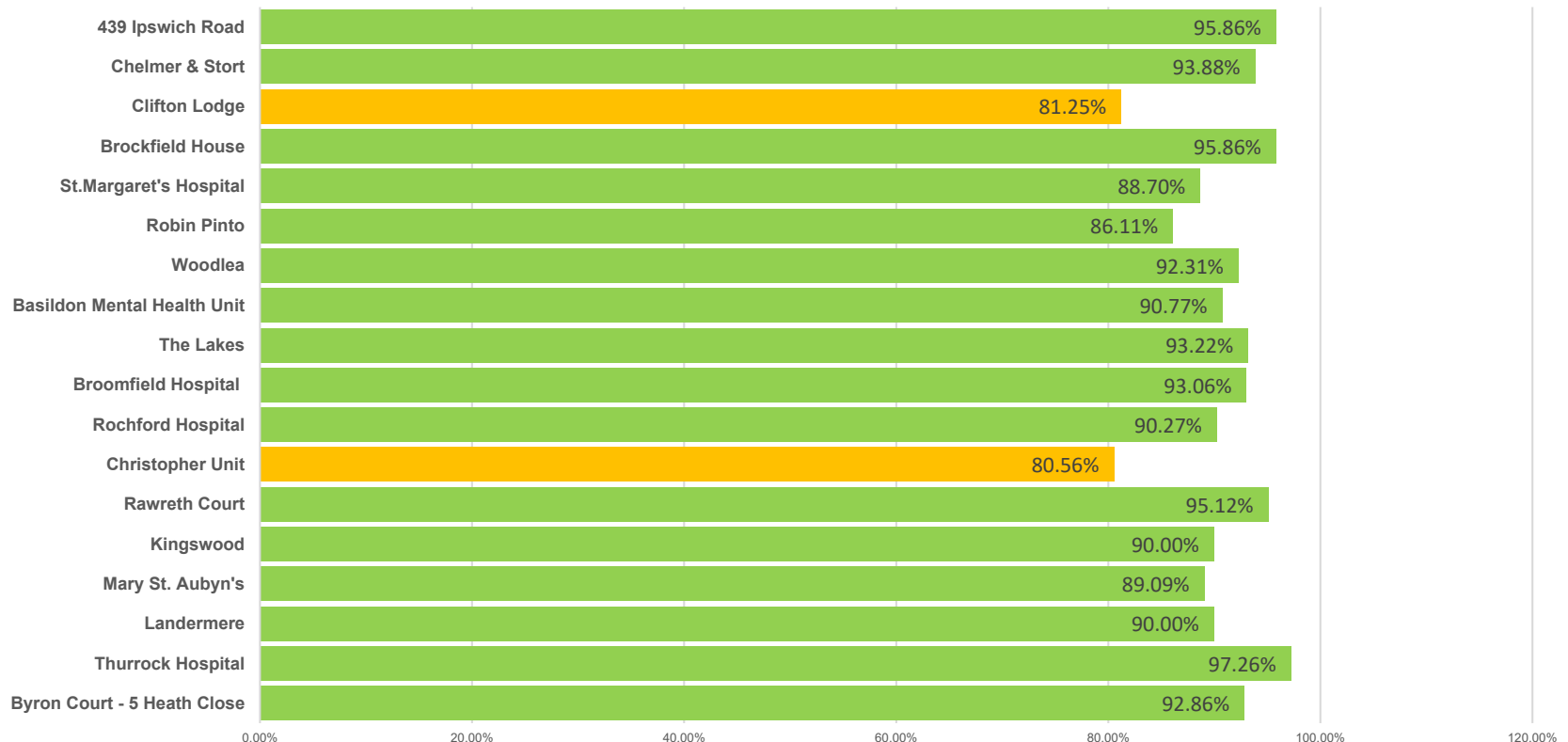


Essex Partnership University
NHS Foundation Trust

90.90% (4.8% above national average 2019/20, 6.01% above EPUT 2019/20 84.89%)



Privacy, Dignity & Wellbeing

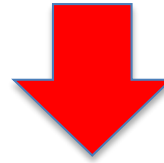


Privacy, Dignity & Wellbeing

- The trust improved on the national average and our own previous scores due to several key undertakings:
- The Trust has invested a substantial amount of money (over £3 million) to remove dormitory accommodation at Basildon Mental Health Unit.
- This led to Basildon Mental Health Unit notable increasing its score by 8.04% (Cherrydown and Kelvedon wards)
- The training and development team have also improved training and access to all which has almost certainly had an effect on the improved score.



Condition, Appearance & Maintenance



95.73% (EPUT **0.67%** below national average, 2019/20, **1.43%** below EPUT 2019/20 97.16%)

Condition, Appearance & Maintenance

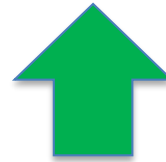


Condition, Appearance & Maintenance

- The Trust has an overarching theme around tired and weary décor such as :
 - I.Walls
 - II.Painting
 - III.Lime scale on bathroom furniture.
- A draft 5 year capital and revenue improvement plan is in production that will address these issues
- The plan will seek Executive support in January 2022 as part of planning for 2022/23 – 2027/28
- Clinical, technical and patient input will be included within the plan.



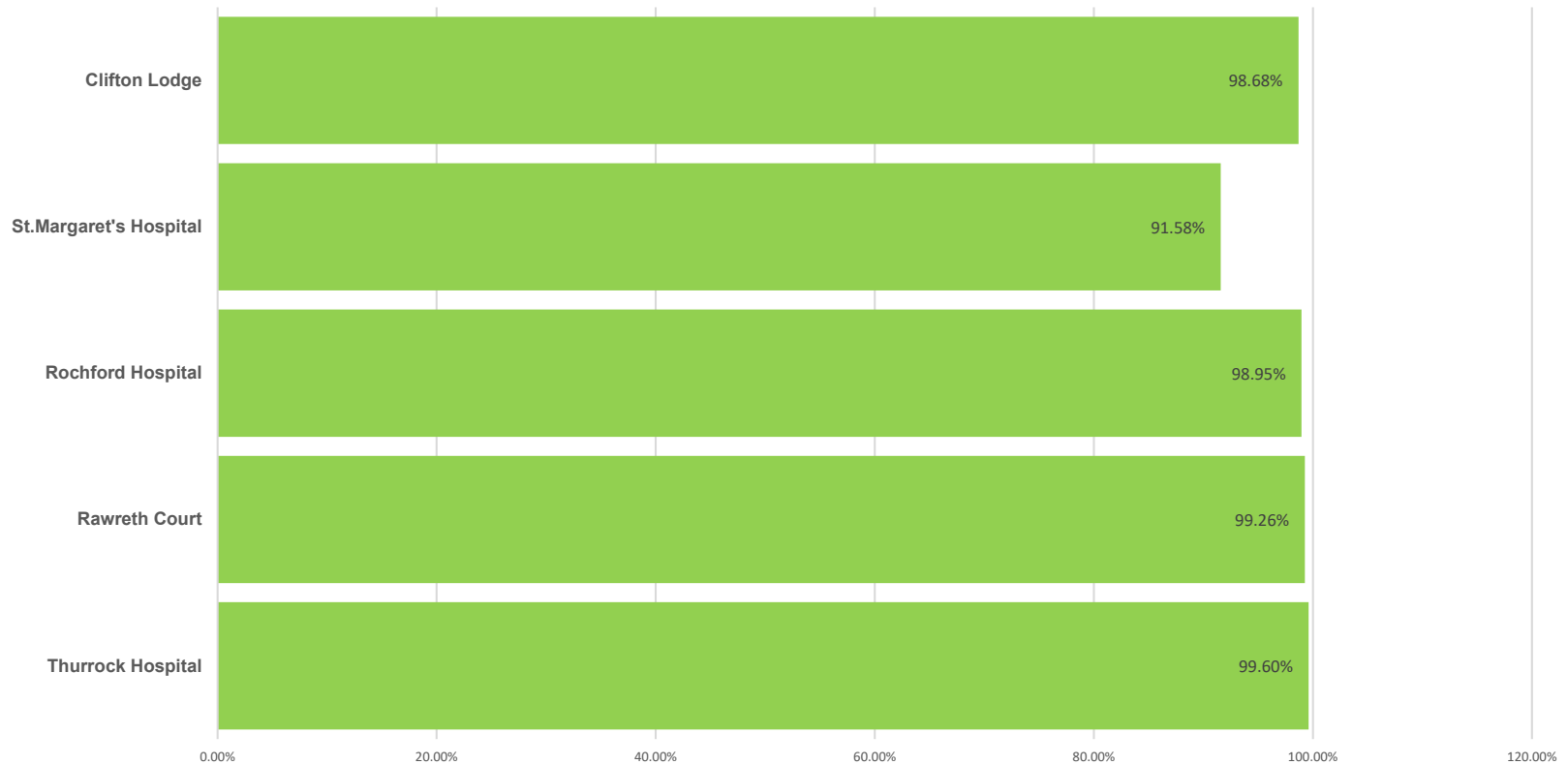
Dementia Friendly



Essex Partnership University
NHS Foundation Trust

97.12% (EPUT **16.42%** above national average, 2019/20, **2.03%** above EPUT 2019/20 95.09%)

Dementia Friendly

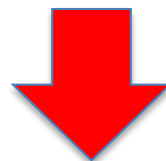


Dementia Friendly

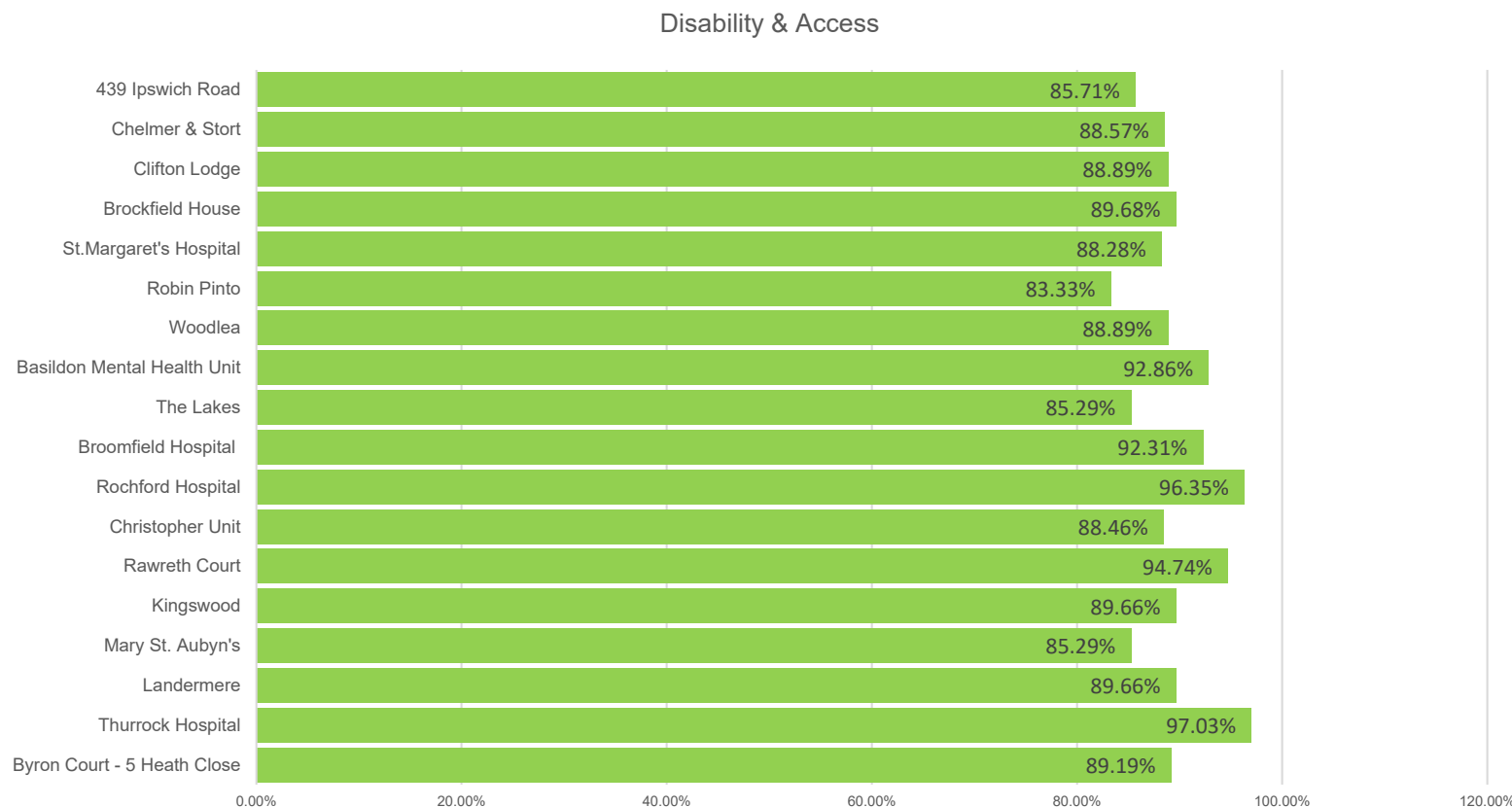
- EPUT performed extremely well for Dementia Friendly
- To put this into perspective, against the 2019/20 scores EPUT would be ranked in the top 15 in the country for how Dementia Friendly our wards are.
- We will be taking this away and sharing our feedback with our system partners, ultimately sharing best practice to improve the experience of patients across Essex



Disability & Access



89.68% (7.18% above national average 2019/20, 0.72% below EPUT 2019/20 90.40%)



Disability & Access

- While we still maintain a strong position against the national average we did drop slightly in our previous score
- The Trust has included within its 5 year plan, both strategic and operational actions in support of accessibility.
- Signage and access are key action points in the 22/23 plan.
- While major works around disability & access have not been completed due to resources being dedicated to patient safety, we have still improved on:
 - Signage
 - Furniture
 - Lighting
 - Colour paints
 - Phone loops



Disability & Access Capital Planning

SITE NAME / BUILDING	SPECIFIC ACTIVITY OR AREA	TENURE (OWNED/OCCUPIED /LEASED)	DELIVER IN-YEAR	PROJECT DESCRIPTION	AREAS / REGIONS	BUILDING PROJECTED REMAINING LIFE	RISK RANKING	Projected Budget Cost
ALL SAINTS HOUSE	DISABLED	OWNED / OCCUPIED	5	NO PASSENGER LIFT ACCESS TO 1ST & 2ND FLRS. FOR DISABLED PEOPLE.RECOMMENDATION - WHEN FUTURE REFURBS / NEW BUILD PROJECTS OCCUR PROVIDE PROVISION FOR DIASBALED PEOPLE TO IMPROVE / UPGRADE ACCESS IN ACCORDANCE WITH BEST PRACTICE GUIDANCE.	NORTH	20	Moderate	£50,000
C. & E. CENTRE	DISABLED	OWNED / OCCUPIED	1	DISABLED PROVISIONS IN GENERAL IS DEEMED POOR THROUGHOUT. RECOMMENDATION - UNDERTAKE AN EQUALITY ACT SURVEY AND ASCERTAIN WHAT IS REQUIRED.	NORTH	20	Significant	£1,000
KINGSWOOD CENTRE	DISABLED	OWNED / OCCUPIED	2	NO PROVISION HAS BEEN MADE FOR DISABLED ACCESS TO THE FIRST FLOOR. RECOMMENDATION - CONSIDER EQUALITY ACT REQUIREMENTS.- SURVEY AND DESIGN CHANGE .	NORTH	20	Low	£8,000
EPUT - TRUST WIDE	SIGNAGE	OWNED / OCCUPIED	1	WAYFINDING	ALL	35	MODERATE	£15,000
THE LAKES BUNGALOW	DISABLED	OWNED / OCCUPIED	1	DISABLED PERSONS PROVISION IS GENERALLY POOR THROUGHOUT. RECOMMENDATION - UNDERTAKE AN EQUALITY ACT SURVEY & IMPLEMENT THE FINDINGS.	NORTH	20	Moderate	£1,500

Overall Conclusions, Observations and Recommendations for 2022/23

- EPUT performed strongly against the national average and improved on many areas compared to last year
- A particular highlight being our ranking for Dementia Care. A score that places us in the top 15 healthcare providers in the country for Dementia Care
- While scores were good across many areas there still seems to be a lack of a coherent plan and strategy for improving PLACE scores in the future
- In addition there is a requirement to raise the profile of the PLACE process, align and triangulate with data available from other quality review processes and provide additional monitoring to help embed awareness of the impact of a good care environment for patient safety and experience.



What worked well

- Staff engagement: it was felt that staff were accommodating and friendly to the Assessing Team.
- Open to ideas and suggestions: In areas where it was felt that improvements could be made, the Assessing Team felt that opinions, ideas and suggestions was valued. Assessors had the opportunity to complete multiple site visits, this allows individual assessors to compare site standards and share ideas and recommendation based on other site practices.
- Responsive to the current climate (COVID-19): Comments reflect the responsiveness and site preparation for visitors and staff to the current COVID-19 pandemic.



What can be improved

- Timings: Assessors found there was not enough time to complete a thorough and detailed assessment. The assessment asked that paperwork is completed at point of access, but individuals would like to reflect on their experience.
- Planning and communication: It was felt that preparation for the assessment was confusing. Estates and Facilities will review the process with the Patient Safety Team to simplify the appointment of assessors, and circulate easy to read documentation prior to each visit. Training sessions to be established.



Recommendations

1. A review of oversight and engagement to take place in Jan 2022
2. PLACE awareness slide pack to be developed that can be shared in both clinical and non-clinical forums.
3. PLACE awareness training to be provided to department leads, Matrons and Heads of Nursing in order to increase awareness of the requirements of PLACE audits.
4. Review of the quality of local training and preparation for assessors as this is fundamental to the success of PLACE as assures good assessors and demonstrates that we value our volunteers and intend to take their views seriously.
5. For all new build projects the Dementia and Disability-specific PLACE criteria will be considered at the early planning stages.
6. Explore a model for undertaking additional PLACE-lite audits to provide additional monitoring and embed awareness of the impacts of a good care environment for patient safety and experience.
7. Explore opportunities for peer auditing with partner organisations.





Annex 1

Regional comparison of results

Average site score by region

Regional Average Cleanliness scores 2019

	2019
England	98.6%
East of England Commissioning Region	98.9%
London Commissioning Region	98.5%
Midlands Commissioning Region	98.6%
North East and Yorkshire Commissioning Region	98.8%
North West Commissioning Region	98.9%
South East Commissioning Region	98.4%
South West Commissioning Region	97.9%

Source: NHS Digital

Regional Average Food and Hydration scores 2019

	2019
England	92.2%
East of England Commissioning Region	91.0%
London Commissioning Region	91.8%
Midlands Commissioning Region	92.1%
North East and Yorkshire Commissioning Region	93.2%
North West Commissioning Region	92.6%
South East Commissioning Region	91.6%
South West Commissioning Region	92.4%

Source: NHS Digital

Averages are means and are weighted for bed numbers, and do not include sites with no beds.
See page 10 on Scoring for more detail



Regional Average Organisational Food scores 2019

	2019
England	91.9%
East of England Commissioning Region	91.8%
London Commissioning Region	93.2%
Midlands Commissioning Region	92.6%
North East and Yorkshire Commissioning Region	92.1%
North West Commissioning Region	91.5%
South East Commissioning Region	91.3%
South West Commissioning Region	89.6%

Source: NHS Digital

Regional Average Ward Food scores 2019

	2019
England	92.6%
East of England Commissioning Region	91.4%
London Commissioning Region	91.7%
Midlands Commissioning Region	92.5%
North East and Yorkshire Commissioning Region	93.9%
North West Commissioning Region	93.2%
South East Commissioning Region	91.9%
South West Commissioning Region	93.7%

Source: NHS Digital



Regional Average Privacy, Dignity and Wellbeing scores 2019

	2019
England	86.1%
East of England Commissioning Region	83.5%
London Commissioning Region	86.7%
Midlands Commissioning Region	85.9%
North East and Yorkshire Commissioning Region	87.8%
North West Commissioning Region	88.0%
South East Commissioning Region	84.2%
South West Commissioning Region	84.6%

Source: NHS Digital

Regional Average Condition, Appearance and Maintenance scores 2019

	2019
England	96.4%
East of England Commissioning Region	96.7%
London Commissioning Region	96.3%
Midlands Commissioning Region	95.9%
North East and Yorkshire Commissioning Region	97.5%
North West Commissioning Region	96.9%
South East Commissioning Region	95.8%
South West Commissioning Region	95.7%

Source: NHS Digital



Regional Average Dementia scores 2019

	2019
England	80.7%
East of England Commissioning Region	78.9%
London Commissioning Region	81.9%
Midlands Commissioning Region	78.8%
North East and Yorkshire Commissioning Region	81.2%
North West Commissioning Region	83.3%
South East Commissioning Region	79.9%
South West Commissioning Region	80.1%

Source: NHS Digital

Regional Average Disability scores 2019

	2019
England	82.5%
East of England Commissioning Region	80.4%
London Commissioning Region	83.5%
Midlands Commissioning Region	81.8%
North East and Yorkshire Commissioning Region	82.9%
North West Commissioning Region	84.6%
South East Commissioning Region	82.0%
South West Commissioning Region	80.9%

Source: NHS Digital



Further information

- The PLACE programme was introduced in April 2013 to replace the Patient Environment Action Team (PEAT) assessments, which ran from 2000-2012.
- The PLACE collection underwent a national review, which started in 2018 and concluded in summer 2019. The question set has been significantly refined and revised, and guidance documents have been updated. The review ensured that the collection remains relevant and delivers its aims.
- PLACE aims to promote the principles established by the NHS Constitution that focus on areas that matter to patients, families and carers:
 - Putting patients first;
 - Active feedback from the public, patients and staff;
 - Adhering to basics of quality care;
 - Ensuring services are provided in a clean and safe environment that is fit for purpose.
- PLACE encourages the involvement of patients, the public, and both national and local organisations that have an interest in healthcare in assessing providers.



PLACE – Patient Led Assessments of the Care Environment

- The Patient-Led Assessments of the Care Environment (PLACE) are an annual assessment of the non-clinical aspects of the patient environment, how it supports patients' privacy and dignity, and its suitability for patients with specific needs e.g. disability or dementia.
- The PLACE assessment tool provides a framework for assessing quality against common guidelines and standards. The environment is assessed using a number of question forms depending on the services provided by the facility. These can be viewed here: <http://content.digital.nhs.uk/PLACE>
- Questions score towards one or more non-clinical domains: Cleanliness; Food/Hydration; Privacy, Dignity and Wellbeing; Condition, Appearance and Maintenance; Dementia; and Disability.
- A total score as a percentage is produced for each domain at site and organisation level, as well as a national and a regional result.



PLACE domains

- PLACE assesses a number of non-clinical aspects of the healthcare premises identified as important by patients and the public, known as domains:
 - Cleanliness
 - Food and hydration
 - Privacy, dignity and wellbeing
 - Condition, appearance and maintenance
 - Dementia: how well the needs of patients with dementia are met
 - Disability: how well the needs of patients with a disability are met
- The criteria for each represent good practice as identified by professional organisations whose members are responsible for the delivery of these services
e.g. the Healthcare Estates Facilities Managers Association, the Association of Healthcare Cleaning Professionals and the Hospital Caterers Association.
Dementia domain criteria draw heavily on the work of The Kings Fund and Stirling University.
- **As the changes following the review have been extensive, it is important to note that 2019 scores establish a new baseline and are not comparable to those achieved in previous assessments.**



- The annual PLACE programme continues to be suspended in 2021 due to the operational difficulties and associated risks brought about by Covid-19. PLACE Lite remained open for healthcare organisations to undertake assessments if they chose to do so
- It is for organisations to decide how and when they organise and undertake their PLACE Lite assessment(s). The frequencies vary, some organisations prefer monthly assessments, some quarterly, every six months or once a year. For EPUT these assessments took place in September 2021



							Agenda Item No: 7(a)	
SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1					8 December 2021	
Report Title:			Restrictive Practice					
Executive/Non-Executive Lead:			Professor Natalie Hammond, Executive Nurse					
Report Author(s):			Gill Mordain, Strategic Advisor/Jo Paul, Deputy Director of Quality Transformation					
Report discussed previously at:								
Level of Assurance:			Level 1	✓	Level 2		Level 3	

Purpose of the Report

This report provides analysis in relation to restrictive practice data and sets out the steps that are being taken to drive this agenda as one of the primary outcomes set against the Trust's Patient Safety Strategy 'Safety First, Safety Always'.

Approval	
Discussion	✓
Information	

Recommendations/Action Required

The Council of Governors is asked to:

1. Note the contents of this report.
2. Discuss the content of the report
3. Request any further information.

Summary of Key Issues

Reducing restrictive practices particularly prone restraint is a priority for the Trust in delivering against its Patient Safety Strategy. The Trust has an overarching ambition to reduce restrictive practices with an aim to achieve zero prone restraints.

In May 2021, the Council of Governors discussed the Trusts ambition to reduce the level of prone restraint in the Trust to zero. The Council requested a further update on progress and future plans at a later Council meeting.

It has been recognised that the Covid-19 pandemic has led to an increase in mental ill health, as a result of both the illness itself and the measures being taken to protect people from the virus. The data in relation to recorded restraints has been analysed giving consideration to the impact of Covid-19 and a multi-factorial approach has been taken in the introduction of a number of actions as outlined in the body of this report.

It is noted that the impact of the Covid-19 pandemic is shown in an increase in acuity across all services but this has been particularly visible in Child and Adolescent Services and assessment units. The report highlights the position regarding the number of restrictive interventions and those of prone restraints.

The number of restrictive interventions recorded are similar to that of 2020 although there has been a reduction in prone restraint since measures were introduced to enhance scrutiny, feedback and learning. The Trust continues to build accountability structures to drive improvement and seeks to continuously learn about best practice initiatives through involvement in collaboratives that support the mental health safety programme.

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

PMO	Project Management Office	TASID	Therapeutic and Safe Interventions and De-escalation
PTSD	Post-traumatic stress disorder	IM	Intramuscular
UCL	University College London		

Supporting Documents and/or Further Reading

Accompanying report

Lead



Natalie Hammond
Executive Nurse

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
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Restrictive Practice

1.0 Purpose of Report

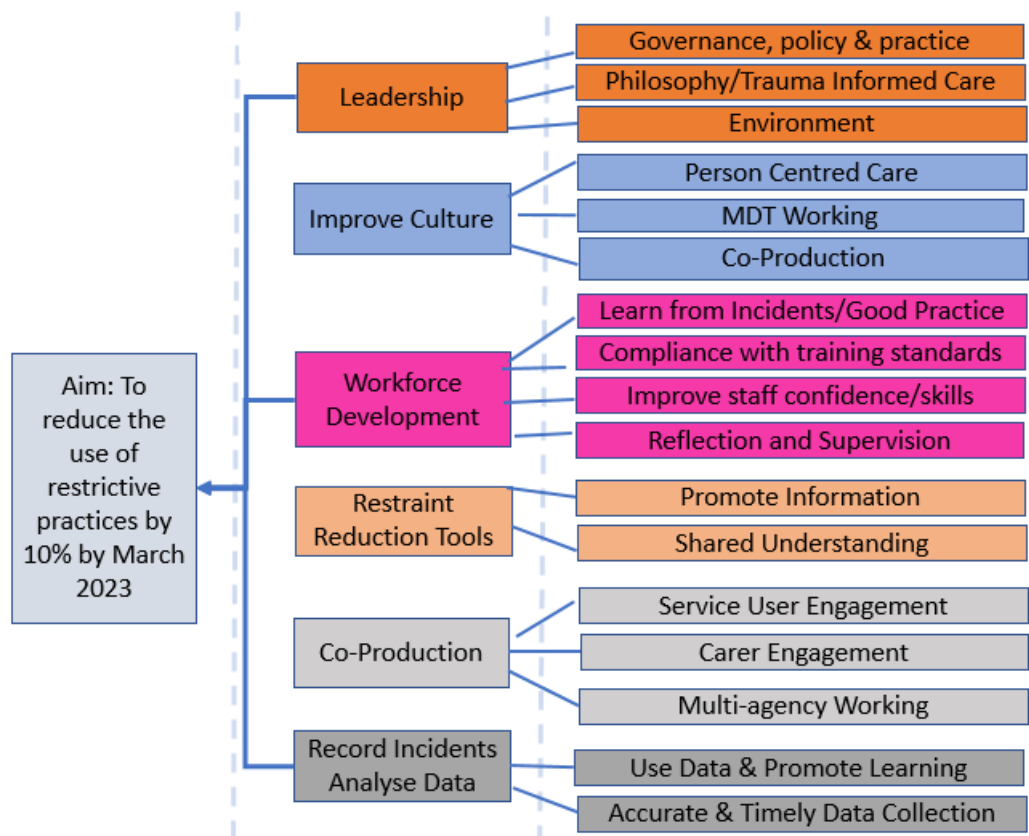
The purpose of this report is to give the Council of Governors an overview of incidents in which a restrictive intervention has taken place in inpatient areas and provide assurance of actions being taken to drive a reduction.

2.0 Introduction

During the Covid-19 outbreak, mental health services nationally went through a period of rapid transformation. In EPUT, inpatient wards were reconfigured reducing inpatient numbers by 50% in order to isolate and provide services for those with suspected or confirmed cases of Covid-19. Services deemed to be non-critical were temporarily closed and capacity and resources were moved where appropriate to priority areas.

It is now recognised that the Covid-19 pandemic has led to an increase in mental ill health, as a result of both the illness itself and the measures being taken to protect people from the virus. The impact of enforced isolation and containment and disrupted services are being seen in higher levels of acuity. That along with the economic impact of the pandemic, grief reactions and potential for a percentage of survivors experiencing PTSD is expected to lead to an increased prevalence of mental illness. The increase in recorded restraints has been analysed giving consideration to the impact of Covid-19 and a multi-factorial approach has been taken in the introduction of a number of actions as outlined in the body of this report.

Following the success of an internal collaborative focused on reducing restrictive interventions, the Trust is working with UCL in a collaborative with other trusts in the area as part of the Mental Health Safety Programme. In January, the Trust is show-casing some of the work that has been undertaken over the last six months. The following driver diagram highlights key areas of activity that will be implemented and evaluated. Learning from work undertaken at individual ward level is shared as part of the collaborative and discussed at the restrictive practice steering group.

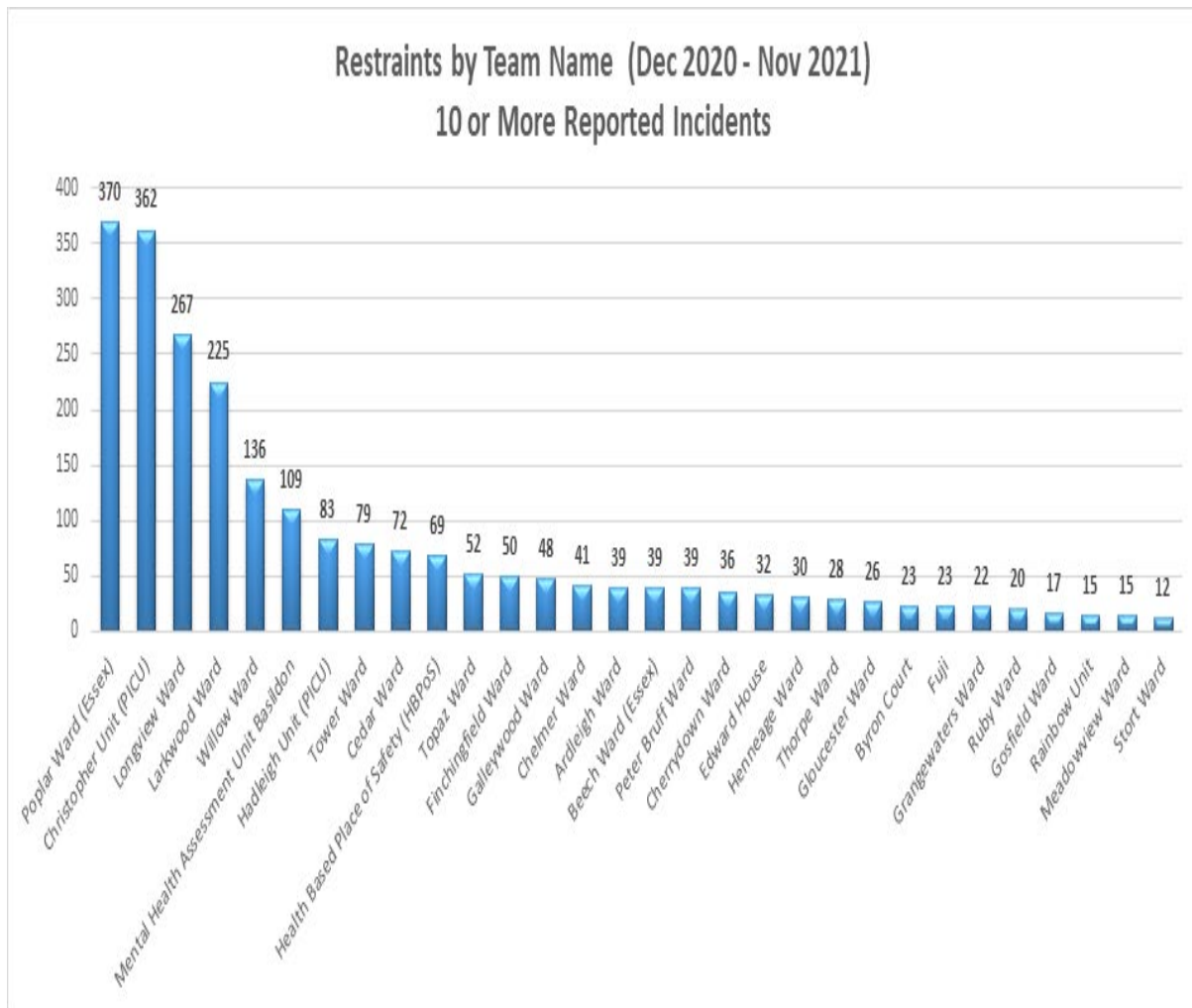


3.0 Restrictive Practice Data Analysis

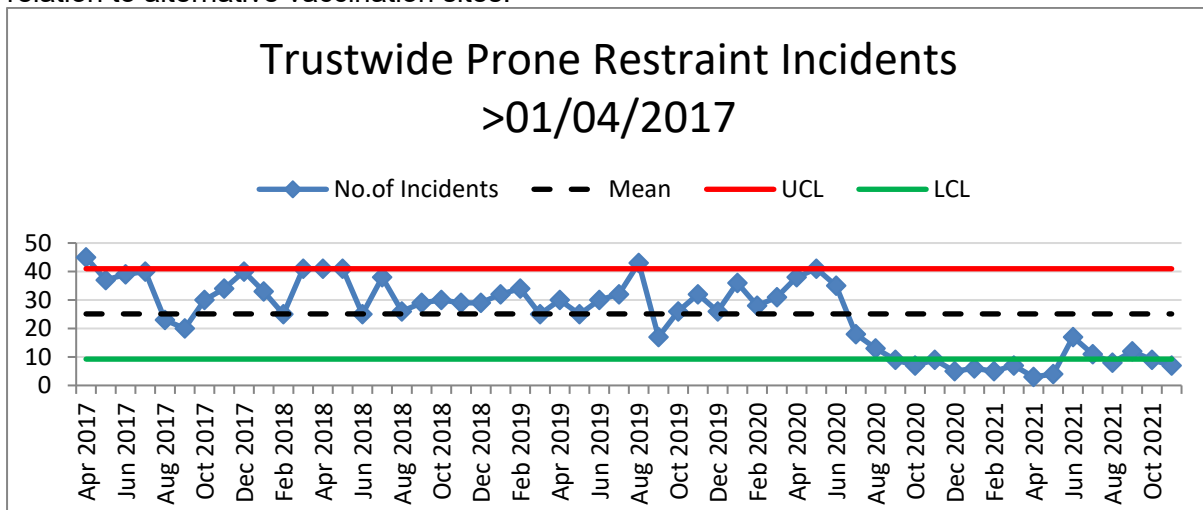
During 2021, there has been 2,304 restraint incidents reported on the Datix system at the time of analysis that is comparable with the number of incidents recorded during 2020.



Of the 2,304 incidents recorded the highest proportion were from the three Child and Adolescent Units and Christopher Unit. Deep dives have been undertaken across these areas with the ward receiving support from the Compliance, Nursing, Quality and TASID teams. A range of issues have been identified with staffing and leadership identified as cause for concerns. All issues have been addressed but additional support continues to be provided to ensure there is a positive correlation in relation to incident profiles.



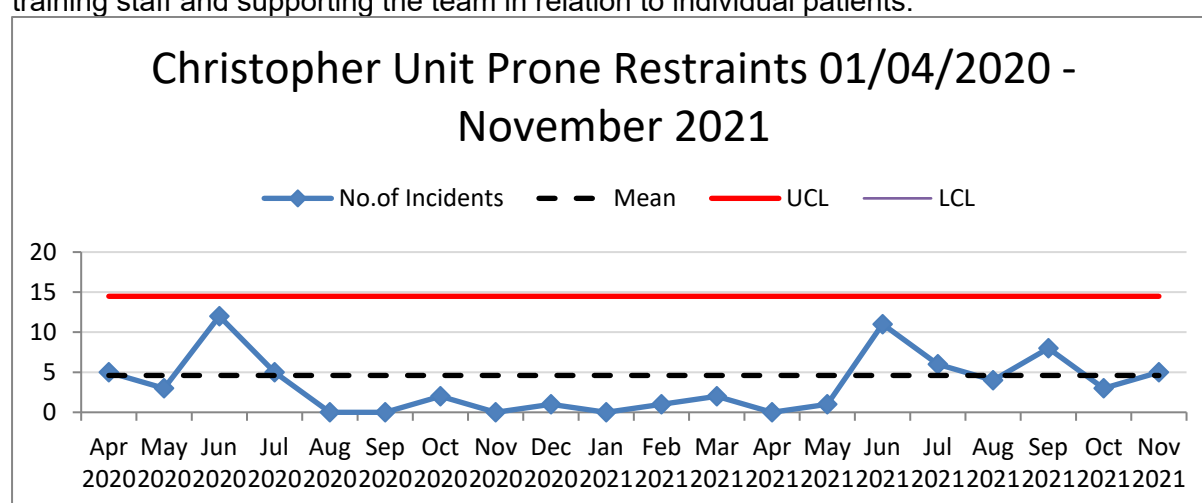
The Trust continues to have an ambition to reduce prone restraint to zero. In June 2020 a critical incident review process was introduced for all prone restraints and a seven day report to the Executive Team was initiated on 15 June 2020. This process has enhanced the level of learning at executive and operational level and has informed the actions taken to promote staff and patient safety. It had been noted that the prone position was often used when patients were being given IM Rapid Tranquilizing medication, and as a result, in January 2020, staff across all inpatient areas were given training in the use of alternative injection sites. This has led to a reduction in prone restraint as staff competency and confidence has increased in relation to alternative vaccination sites.



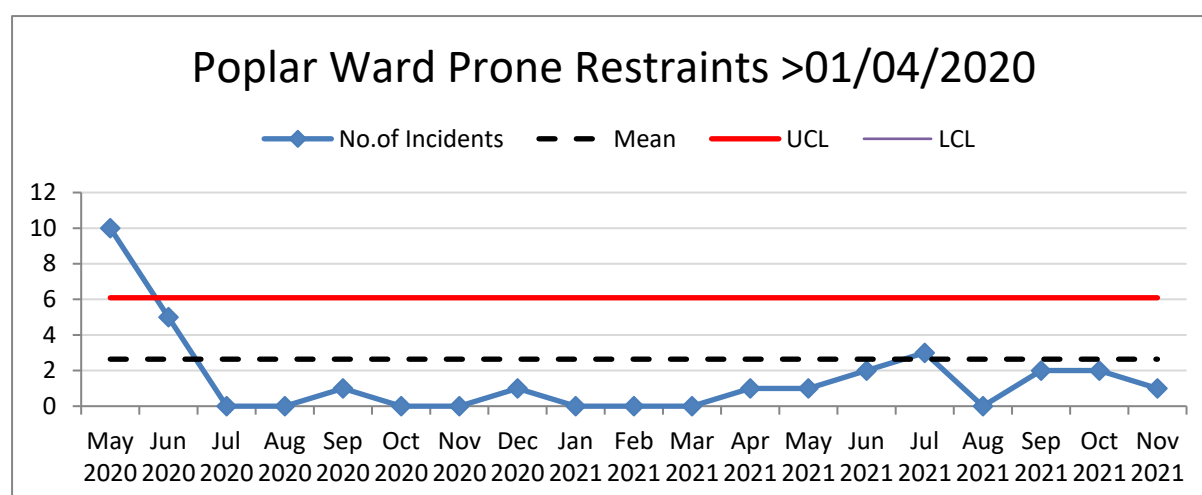
Analysis of the data has shown that most incidents fall into the category of exit prone safely with the technique being used to exit seclusion areas. A smaller number show that prone was used as a last resort to secure patient and staff safely. The remainder in very low numbers are linked to exceptional circumstances of disturbance where the Police were asked to intervene and initiated prone restraint for a short period of time whilst medication was issued, or related to staff who have not received training in alternative injection sites (this was addressed immediately), and a number where patients themselves pull to the floor ending up in prone.

Analysis of the data clearly identified that the majority of restraints occurred in a small number of areas with Christopher Unit and Poplar having the highest number of incidents.

The number of prone restraints at the Christopher Unit continues to be the highest in the Trust. Most incidents were to enable safe exit from seclusion. As a result, the TASID Team are training staff and supporting the team in relation to individual patients.



The other area that has shown an increase in prone restraint is Poplar Unit. The increase in July 2021 fits with low secure / PICU pathway disruption. The unit had two young people with high intensity needs that they were unable to move to a more appropriate placement for a period of time. Although the ward has the second highest levels in the Trust, the numbers are generally low and within limits. Poplar's seven day reports generally demonstrate attempts at alternative strategies including de-escalation and alternative holds, but confined spaces have sometimes limited scope of alternatives.



4.0 Next Steps

Reducing restrictive outcomes is a key outcome of the Patient Safety Strategy and the new accountability structure has embedded the commitment to this within organisational structures. Work has commenced to review the Restrictive Practice Framework to ensure that ambitions are clearly articulated for the next three years. A wider perspective is being taken that is inclusive of discussions in relation to the 'Model of Care' and the ability to support the 'No Force' agenda. Increased education/awareness will be embedded around trauma informed care and sensory work. A number of quality improvement projects are focusing on the reduction in self-harm and violence and aggression. A piece of work will be undertaken to correlate learning from all three areas to drive further improvements in patient safety.

The Restrictive Practice Steering Group continues to meet on a monthly basis with wide representation from operational and corporate services. The group has recently changed its structure to focus on learning with half of the meeting used to review Datix incidents in detail, and the other half to agree actions to continuously drive improvement.

Following the success of an internal collaborative focused on reducing restrictive interventions, the Trust is working with UCL in a collaborative with other trusts in the area as part of the Mental Health Safety Programme. In January, the Trust is show-casing some of the work that has been undertaken over the last six months.

Report completed by:
Jo Paul, Deputy Director of Quality Transformation &
Gill Mordain, Strategic Advisor

On behalf of:
Natalie Hammond, Executive Nurse

		Agenda Item: 8(a)			
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				8 December 2021
Report Title:	Remuneration of the Chair and Non-Executive Directors Procedure				
Report Lead:	John Jones Public Governor				
Report Author(s):	Chris Jennings Assistant Trust Secretary				
Report discussed previously at:	CoG Remuneration Committee 18 November 2021				
Level of Assurance:	Level 1		Level 2	✓	Level 3

Purpose of the Report		
This report provides the Remuneration of the Chair and Non-Executive Directors procedure for approval.	Approval	✓
	Discussion	
	Information	

Recommendations/Action Required
<p>The Council of Governors Committee is asked to:</p> <ol style="list-style-type: none"> Note the contents of the report. Approve the Council of Governors Remuneration of the Chair and Non-Executive Director Procedure.

Summary of Key Issues
<p>The Remuneration Procedure for the Chair and Non-Executive Directors was first implemented in 2018 and was due for review in 2021. NHS England / Improvement introduced a framework “Structure to Align Remuneration for Chairs and Non-Executive Directors of NHS Trust and NHS Foundation Trusts” which provided a “comply or explain” process. The Council of Governors agreed to follow the principles established by the framework, whilst ensuring the Council retained the power to set the remuneration as appropriate.</p> <p>Therefore, the policy and procedure has been rewritten and developed into a standalone procedural document. This brings the format into line with other Council of Governor procedures and provides a clear process for considering elements of the framework when making any decision about remuneration.</p> <p>The CoG Remuneration Committee considered the procedure on the 18 November 2021, making comments and requesting amendments. The Committee agreed to make a recommendation to the Council of Governors to approve the revised procedure.</p> <p>The revised procedure with track changes for any amendments made following the CoG Remuneration Committee have been attached as Appendix 1.</p>

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	NED	Non-Executive Director

Supporting Documents and/or Further Reading
Appendix 1 - CoG Remuneration of the Chair and Non-Executive Directors Procedure

Lead
John Jones Public Governor Chair of the CoG Remuneration Committee

REMUNERATION PROCEDURE FOR THE CHAIR AND NON-EXECUTIVE DIRECTORS

VERSION NUMBER:	2
KEY CHANGES FROM PREVIOUS VERSION	N/A
AUTHOR:	Trust Secretary
CONSULTATION GROUPS:	Trust Secretary CoG Remuneration Committee
IMPLEMENTATION DATE:	2018
AMENDMENT DATE(S):	November 2021
LAST REVIEW DATE:	2018
NEXT REVIEW DATE:	November 2021 2024
APPROVAL BY THE COUNCIL OF GOVERNORS	6 September 2018 8 December 2021

PROCEDURE SUMMARY

This procedure sets out the framework for the Trust's approach to set the remuneration and terms of service of the Chair and Non-Executive Directors, who are the Trust's most senior managers.

It will ensure that the processes followed are fair and non-discriminatory and that an audit trail of decisions is maintained.

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

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**REMUNERATION PROCEDURE FOR THE CHAIR AND NON-EXECUTIVE
DIRECTORS**

CONTENTS

- 1.0 INTRODUCTION**
- 2.0 COUNCIL OF GOVERNORS REMUNERATION COMMITTEE**
- 3.0 REMUNERATION OF THE CHAIR**
- 4.0 REMUNERATION OF NON-EXECUTIVE DIRECTORS (NEDS)**
- 5.0 MONITORING AND COMPLIANCE**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

REMUNERATION PROCEDURE FOR THE CHAIR AND NON-EXECUTIVE DIRECTORS

1.0 INTRODUCTION

- 1.1. Section D.2.4 of The NHS Foundation Trust Code of Governance (July 2014) provides that “the council of governors is responsible for setting the remuneration of non-executive directors and the chairperson.”
- 1.2. Section D.1.a provides that Levels of remuneration should be sufficient to attract, retain and motivate directors of quality, and with the skills and experience required to lead the NHS foundation trust successfully, but an NHS foundation trust should avoid paying more than is necessary for this purpose and should consider all relevant and current directions relating to contractual benefits ~~such as pay and redundancy entitlements.~~
- 1.3. This is reflected in the Trust Constitution (Annex 6, Section 2.1.5) where one of the duties of the Council of Governors is “to decide the remuneration of Non-Executive Directors and the Chair and to approve changes to the remuneration, allowances and other terms of office for the Chair and the Non-Executive Directors having regard to the recommendations of the Remuneration Committee of the Council of Governors”.
- 1.4. Further detail is provided in the Standing Orders For The Council Of Governors (Section 2.2.6) which states that “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.”
- 1.5. The Council of Governors is not fettered by any previous decisions made in relation to Remuneration and will consider each decision afresh.

2.0 COUNCIL OF GOVERNORS REMUNERATION COMMITTEE

- 2.1. The Council of Governors Remuneration Committee has delegated responsibility to recommend to the Council the remuneration levels for the Chair and all Non-Executive Directors including allowances and the other terms of service in accordance with all relevant legislation and regulations. It is the Council of Governors who is responsible for setting the remuneration of the Chair and Non-Executive Directors.
- 2.2. In reviewing the remuneration of Non-Executive Directors (including the Chair), the Committee will balance the need to attract and retain Directors with the appropriate knowledge, skills and experience required on the Board to meet current and future business needs without paying more than is necessary and at a level which is affordable to the Trust.

Remuneration Procedure for Non-Executive Directors and the Chair

- 2.3. The Committee will ensure it follows the principles as established by NHS England / Improvement "Structure to Align Remuneration for Chairs and Non-Executive Directors of NHS Trust and NHS Foundation Trusts" Framework (the Framework) whilst retaining the right to deviate from the framework if it is deemed appropriate.
- 2.4. The Trust Secretary's Office will support the Committee by providing relevant information and advice for Committee members to consider.

3.0 REMUNERATION OF THE CHAIR

- 3.1. The remuneration package for the Chair will include:
 - Remuneration amount to be paid.
 - Expected time commitment represented by a number of days per month.
 - Terms & Conditions
- 3.2. The remuneration package for the Chair should be reviewed during any appointment / re-appointment process or if there is a significant change at a point in time. Any amendment to remuneration will become effective from the date of any new term of office unless agreed with the Chair.
- 3.3. The Terms & Conditions are unlikely to change significantly, however, these should be presented to the Remuneration Committee and Council of Governors as part of this process, with any changes highlighted.
- 3.4. The time commitment should be considered as part of the overall remuneration package and consider the expectations of the individual undertaking the role of Chair.
- 3.5. In accordance with Section 5 of the Framework provides for the Chair to be remunerated using a banding system based on the size of the organisation with regards to annual turnover. The current Framework sets out the following bandings:
 - Small (<200m)
 - Medium (201m – 400m)
 - Large (401m – 500m)
 - Extra Large (501m – 750m)
 - Supra Large (>750m)
- 3.6. The banding provides three figures (Lower, Median, Upper) to indicate the expected range in which the Chair will be remunerated, based on the experience of the individual and complexity of the organisation.
- 3.7. The Trust Secretary's Office will provide the following information to the Committee to support the discussions:
 - Remuneration and number of days per month for the Chair seeking re-appointment or the principles previously adopted for any Chair seeking appointment.
 - The Annual Turnover of the Trust based on the last annual accounts.
 - Details of the experience and skills of the individual and any complexities of the Trust.

Remuneration Procedure for Non-Executive Directors and the Chair

- Details of Remuneration for other local Foundation Trusts and / or similar Foundation Trusts where available.
- Any current advice, frameworks or guidance from regulators or NHS Providers.

- 3.8. The Committee should consider ~~the~~ any information and advice provided by the Trust Secretary's Office and Human Resources in determining the overall remuneration for the Chair of the Trust.
- 3.9. The Framework does not specify the number of days the remuneration should cover, therefore the Committee should agree the number of days per month the Chair is expected to work within the Trust in determining the overall remuneration.
- 3.10. If the Committee decides to remunerate the Chair outside of the principles established by the Framework, an explanation should be provided of the reason behind the deviation to be able to provide to NHSE/I as required. This will also be included in the Annual Report.
- 3.11. The Committee will make a recommendation to the Council of Governors for the remuneration of the Chair for final approval.
- 3.12. The Lead Governor will formally write to the Chair following the Council of Governors advising of the terms of office and remuneration for formal acceptance as part of the appointment / re-appointment process.

4.0 REMUNERATION OF THE NON-EXECUTIVE DIRECTORS

- 4.1. The remuneration package for the NEDs will include:
 - Remuneration amount to be paid.
 - Expected time commitment represented by a number of days per month.
 - Terms & Conditions
- 4.2. The remuneration package for NEDs should be reviewed during any appointment / re-appointment process or if there is a significant change at a point in time. Any amendment to remuneration will become effective from the date of any new term of office, unless agreed with the individual NED.
- 4.3. The Terms & Conditions are unlikely to change significantly, however, these should be presented to the Remuneration Committee and Council of Governors as part of this process, with any changes highlighted.
- 4.4. The time commitment should be considered as part of the overall remuneration package and consider the expectations of the individual undertaking the role of the NED.
- 4.5. Section 5 of the Framework provides for NEDs to receive a fixed remuneration with an additional uplift for up to two NEDs for any additional responsibilities.
- 4.6. Unlike the Remuneration of the Chair, remuneration of NEDs should be determined and applied to all NEDs in office, rather than for individual NEDs.

Remuneration Procedure for Non-Executive Directors and the Chair
This ensures there is parity across the NED team with additional remuneration only provided for those with additional responsibilities.

- 4.7. The Council agreed to adopt the following principles:
- Each NED will receive a fixed per diem rate of remuneration which will be multiplied by the number of days of commitment expected per month.
 - NEDs with additional responsibilities (currently Chair of the Audit Committee and Vice Chair) will be expected to commit an additional half day (0.5) per month, which will be remunerated at the previously agreed per diem rate.
- 4.8. The Trust Secretary's Office will provide the following information to the Committee to support the discussions:
- Remuneration and number of days per month for the NED team currently in situ within the Trust.
 - Details of the experience and skills of the individual and any complexities of the Trust.
 - Details of Remuneration for other local Foundation Trusts and / or similar Foundation Trusts where available.
 - Any current advice, frameworks or guidance from regulators or NHS Providers.
- 4.9. The Committee should consider any information and advice provided by the Trust Secretary's Office, Chair of the Trust and Human Resources in determining the overall remuneration for NEDs.
- 4.10. The Framework does not specify the number of days the remuneration should cover, therefore the Committee should agree the number of days per month the NEDs ~~is~~are expected to work within the Trust in determining the overall remuneration. This should be determined so it aligns as closely as possible with the principles of the Framework.
- 4.11. If the Committee decides to remunerate the NEDs outside of the principles established by the Framework, an explanation should be provided of the reason behind the deviation to be able to provide to NHSE/I as required. This will also be included in the Annual Report.
- 4.12. The Committee will make a recommendation to the Council of Governors for the remuneration of the NEDs for final approval.
- 4.13. The Lead Governor will formally write to any newly appointed or re-appointed NED advising of the terms of office and remuneration for formal acceptance as part of the appointment / re-appointment process.

5.0 MONITORING AND COMPLIANCE

- 5.1 A report on the remuneration received by the Chair and Non-Executive Directors is prepared annually as part of the statutory annual report and accounts.

Remuneration Procedure for Non-Executive Directors and the Chair

5.2 The Council of Governors Remuneration Committee must ensure that they undertake an annual review, taking into account inflation, the labour market, and comparability factors.

5.3 ~~The Council of Governors Remuneration Committee should ensure that a market testing exercise is undertaken by external professional advisers at least once every three years as appropriate.~~

Commented [JC(EP1): This is covered by Section 1.4

END

Agenda Item: 8(b)

SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1			8 December 2021		
Report Title:		Removal of the Chair and Non-Executive Directors Procedure					
Report Lead:		John Jones, Public Governor					
Report Author(s):		Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:		CoG Governance Committee 17 November 2021					
Level of Assurance:		Level 1		Level 2	✓	Level 3	

Purpose of the Report

This report provides the Council of Governors with the Removal of the Chair and Non-Executive Directors procedure for approval.

Approval

✓

Discussion

Information

Recommendations/Action Required

The Council of Governors Committee is asked to:

1. Note the contents of the report.
2. Approve the Council of Governors Removal of the Chair and Non-Executive Directors procedure.

Summary of Key Issues

This report provides a procedure for the removal of the Chair and Non-Executive Directors by the Council of Governors as provided in the Foundation Trust Code of Governance, Trust Constitution and Standing Orders For The Council Of Governors.

The CoG Governance Committee considered the procedure on the 17 November 2021 and agreed to make a recommendation to the Council of Governors for approval. The procedure is attached to this report as Appendix 1.

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	NED	Non-Executive Director
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Supporting Documents and/or Further Reading
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Appendix 1 - Removal of the Chair and Non-Executive Directors Procedure

Lead

John Jones Public Governor Chair of the CoG Governance Committee

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Council of Governors

Removal of the Chair of the Trust / Non-Executive Directors

VERSION NUMBER	001
KEY CHANGES FROM PREVIOUS VERSION	n/a
AUTHOR	Trust Secretary
CONSULTATION GROUPS	CoG Governance Committee
IMPLEMENTATION DATE	December 2021
AMENDMENT DATE(S)	
LAST REVIEW DATE	December 2021
NEXT REVIEW DATE	December 2024
APPROVAL BY COUNCIL OF GOVERNORS	TBC

SUMMARY

This document sets out the process for the Council of Governors to remove the Chair of the Trust and / or Non-Executive Directors.

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**Removal of the Chair of the Trust and
Non-Executive Directors (NEDs)**

CONTENTS

1.0	INTRODUCTION	3
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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**Removal of the Chair of the Trust and
Non-Executive Directors (NEDs)****1.0 INTRODUCTION**

- 1.1 Section B.2.13 of the Foundation Trust Code of Governance (Monitor – July 2014) provides that “the governors are responsible at a general meeting for the appointment, reappointment and removal of the chairperson and the other non-executive directors”
- 1.2 The Trust Constitution provides at Section 28 for the Council of Governors to “appoint or remove the Chair of the Trust and other Non-Executive Directors.” The removal of the Chair or another NED shall require the approval of three-quarters of the members of the Council of Governors”, whether in attendance at the meeting or not.
- 1.3 The Standing Orders for the Council of Governors provides at Section 2.2.4 that “the Council should only exercise its power to remove the Chair or any other NED after exhausting all means of engagement with the Board.

2.0 GENERAL PRINCIPLES

- 2.1. The Council of Governors Procedure for Engagement with the Board of Directors (CP56) provides governance processes to be followed should there be any dispute between the Board of Directors (including the Chair and Non-Executive Directors). This procedure should be followed in the first instance to ensure sufficient engagement with the Board of Directors on any issues or concerns.
- 2.2. If the after following the procedure or if it is not appropriate for the concerns to be taken forward using the procedure, any concerns should be raised with the Lead and / or Deputy Lead Governor for advice and if there is any informal resolution.
- 2.3. This does not prevent any Governor from contacting NHS England / Improvement (NHSE/I) at any stage should it be deemed necessary.
- 2.4. The Chair and any Non-Executive Director may resign from their position at any stage of the procedure by providing one month notice in line with Section 3.2 of their Terms and Conditions.
- 2.4. If the Lead / Deputy Lead Governor are unable to resolve any concerns informally or if the concerns are considered serious where a formal process needs to be taken forward, this should be raised with the Trust Secretary for non-binding advice.
- 2.5. Following consultation with the Trust Secretary, the process as set-out in this procedure should be followed for the Chair of the Trust (Section 3.0) or a Non-Executive Director (Section 4.0)

3.0 PROCEDURE FOR THE REMOVAL OF THE CHAIR OF THE TRUST

Initial Process:

- 3.1. The Trust Secretary, following the informal meeting with the Lead / Deputy Lead Governor and any Governor raising concerns, will convene an informal meeting with the Senior Independent Director (SID), Chief Executive Officer (CEO), Lead / Deputy Lead Governor and any other appropriate Governor. The meeting will explore the concerns raised by the Governors to determine how to proceed.
- 3.2. The SID will undertake a formal investigation into the concerns raised to substantiate any issues identified. The SID will be given the resource and co-operation required to ensure this investigation takes place.
- 3.3. If the investigation substantiates any concerns raised that disqualify the Chair of the Trust from holding a directorship in line with Section 33 of the Trust Constitution the Chair's appointment will be terminated in line with Section 3.1 of their Terms and Conditions.
- 3.4. Subject to Section 3.3, the outcome of any investigation will be shared with members of informal meeting. The Trust Secretary will develop an outcome from the investigation and provide to the Chair for a response.
- 3.5. The Chair will have ten-working days to respond to the concerns raised. The Trust Secretary will convene a second meeting with the SID, Lead / Deputy Lead Governor and any other appropriate Governor. The Chair will attend this meeting and provide a response to the concerns raised.
- 3.6. The Group will discuss the response provided by the Chair and will agree in principle if the response has resolved the identified concerns.
- 3.7. If the group agrees the concerns have been addressed, an Extra-Ordinary meeting of the Council of Governors will be called chaired by the Vice Chair. The concerns raised, response received and agreement of the Group will be presented and a vote taken to determine if the Council of Governors considers the matter to have been resolved.
- 3.8. If the Council agrees, the matter is considered to be closed. If the Council does not agree, the process will move to section 3.9 of this procedure.
- 3.9. If the Group agrees the concerns have not been addressed, an Extra-Ordinary meeting of the Council of Governors will be called, chaired by the Vice Chair. The concerns raised, response received and agreement from the group the concerns still remain will be presented and a vote taken to consider whether to move to a formal process to be followed.

Procedure for the Removal of the Chair of the Trust:

- 3.10. The Trust Secretary will contact NHS England / Improvement to advise them of the concerns identified and for any advice to be provided by NHSE/I to the Council of Governors. This can include the identification of an individual to act as an independent Chair for any of these proceedings.

- 3.11. The Trust Secretary will arrange an Extra-Ordinary Council of Governors meeting chaired by the Vice Chair or external independent individual if appropriate.
- 3.12. The case for an against the removal of the Chair will be presented by the SID. The Chair will have the right to present / make representation and challenge. The Council of Governors will discuss the case and vote whether to approve the removal of the Chair or not. The voting will be conducted in line with the Trust Constitution.
- 3.13. The Trust Secretary will be responsible for recording the votes and determining if the threshold for the removal of the Chair has been met (three-quarters of the Council of Governors) and the vote is undertaken in line with Standing Orders Section 4.13 . This relates to all members of the Council of Governors not just those present at the time of the vote.
- 3.14. If the removal of the Chair is approved, the Trust Secretary and / or Lead Governor will inform the Chair of the outcome of the vote and provide one months notice for the termination of their term of office. The Council of Governors will begin the process of seeking the appointment of a new Chair of the Trust.
- 3.15. If the removal of the Chair is not approved, the Council should draw a line under the matter and allow the Chair to continue to undertake their duties.
- 3.16. The Board of Directors will be kept informed at all stages of this procedure, either informally through email communication or discussion at Part 2 of the Board of Directors.

4.0 REMOVAL OF A NON-EXECUTIVE DIRECTOR

Initial Process:

- 4.1. The Trust Secretary, following the informal meeting with the Lead / Deputy Lead Governor and any Governor raising concerns, will convene an informal meeting with the Chair, SID (if appropriate), Lead / Deputy Lead Governor and any other appropriate Governor. The meeting will explore the concerns raised by the Governors to determine how to proceed.
- 4.2. The Chair will undertake a formal investigation into the concerns raised to substantiate any issues identified. The SID will be given the resource and co-operation required to ensure this investigation takes place
- 4.3. If the investigation substantiates any concerns raised that disqualify the NED from holding a directorship in line with Section 33 of the Trust Constitution the NEDs appointment will be terminated in line with Section 3.1 of their Terms and Conditions.
- 4.4. Subject to Section 3.3, the outcome of any investigation will be shared with members of the informal meeting. The Trust Secretary will develop an outcome from the investigation and provide to the NED for a response.
- 4.5. The NED will have ten-working days to respond to the concerns raised. The Trust Secretary will convene a second meeting with the Chair, SID (if appropriate),

Lead / Deputy Lead Governor and any other appropriate Governor. The NED will attend this meeting and provide a response to the concerns raised.

- 4.6. The Group will discuss the response provided by the NED and will agree in principle if the response has resolved the identified concerns.
- 4.7. If the group agrees the concerns have been addressed, an Extra-Ordinary meeting of the Council of Governors will be called. The concerns raised, response received and agreement of the Group will be presented and a vote taken to determine if the Council of Governors considers the matter to have been resolved.
- 4.8. If the Council agrees, the matter is considered to be closed. If the Council does not agree, the process will move to Section 3.9 of this procedure.
- 4.9. If the Group agrees the concerns have not been addressed, an Extra-Ordinary meeting of the Council of Governors will be called. The concerns raised, response received and agreement from the group the concerns still remain will be presented and a vote taken to consider whether to move to a formal process to be followed.

Procedure for the Removal of the Chair of the Trust:

- 4.10. The Trust Secretary will arrange an Extra-Ordinary Council of Governors meeting.
- 4.11. The case for an against the removal of the NED will be presented by the Chair of the Trust. The NED will have the right to present / make representation and challenge. The Council of Governors will discuss the case and vote whether to approve the removal of the NED or not. The voting will be conducted in line with the Standing Orders.
- 4.12. The Trust Secretary will be responsible for recording the votes and determining if the threshold for the removal of the NED has been met (three-quarters of the Council of Governors) and the vote is undertaken in line with Standing Orders Section 4.13 . This relates to all members of the Council of Governors not just those present at the time of the vote.
- 4.13. If the removal of the NED is approved, the Chair and / or Lead Governor will inform the NED of the outcome of the vote and provide one months notice for the termination of their term of office. The Council of Governors will begin the process of seeking the appointment of a new NED.
- 4.14. If the removal of the NED is not approved, the Council he Council should draw a line under the matter and allow the NED to continue to undertake their duties
- 4.15. The Board of Directors will be kept informed at all stages of this procedure, either informally through email communication or discussion at Part 2 of the Board of Directors.

END

				Agenda Item: 8(c)						
SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1				8 December 2021				
Report Title:		Governor Composition and Attendance								
Report Lead:		Chris Jennings Assistant Trust Secretary								
Report Author(s):		Chris Jennings Assistant Trust Secretary								
Report discussed previously at:		CoG Governance Committee 18 November 2021								
Level of Assurance:		Level 1			Level 2		✓	Level 3		

Purpose of the Report		
This report provides details of any changes to composition, current sub-committee membership and attendance at the Council of Governors.	Approval	
	Discussion	
	Information	✓

Recommendations/Action Required
<p>The Council of Governors Committee is asked to:</p> <ol style="list-style-type: none"> 1. Note the contents of the report 2. Request any further information or action

Summary of Key Issues
<p>Composition</p> <p>Diane Fairchild has resigned as an Appointed Governor for CVS Essex. Diane had been contacted by the Lead Governor and Interim Trust Secretary as she had not attended any Council meetings, where she advised she was struggling to undertake her Governor duties due to work commitments. The work commitments have not eased and therefore Diane took the decision to resign.</p> <p>The CoG Governance Committee considered whether to identify a new Appointed Governor role in place of CVS Essex as there had been issues with engagement for some time. It was agreed consideration would be given to whether a Service User or other organisation (Samaritans, etc.) could be appointed instead. This will be incorporated into the review of the Trust Constitution.</p> <p>Committee Membership</p> <p>The following sub-committees have vacancies:</p> <ul style="list-style-type: none"> • Governance Committee (2 x vacancies) • Membership Committee (1 x vacancy) • Nominations Committee (3 x vacancies) • Remuneration Committee (1 x vacancy) <p>Training & Development Committee currently has full membership.</p> <p>Governor attendance</p> <p>Governor attendance at general meetings is reviewed in line with the agreed procedure for monitoring attendance. A summary of attendance to date is attached at Appendix 3.</p> <p>Emmanuel Jessa was written to by the Interim Trust Secretary, but no response has been received and he has missed a further Council meeting. The next step of the process is for the Chair of the Trust to formally write to the individual. No other Governors have missed two consecutive meetings.</p>

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	NED	Non-Executive Director
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Supporting Documents and/or Further Reading

Council of Governors Meeting Attendance (Appendix 1)
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Lead

Chris Jennings Assistant Trust Secretary

Governor	Notes	28 May 2021		01 September 2021							Total Meetings Attended	Total Meetings
		Part 1	Part 2	Part 1								
Brian Arney	Until May 2021	√	x								0.5	1
David Bamber	From August 2021			√							1	1
Keith Bobbin		A	A	√							1	2
Lara Brooks		√	√	A							1	2
Laurie Burton	Until July 2021	A	A								0	1
Peter Cheng		√	√	√							2	2
Dianne Collins		√	√	√							2	2
Mark Dale		√	√	√							2	2
Jared Davis		√	√	√							2	2
Matt Dent	From August 2021			A							0	1
Mark Durham		A	A	√							1	2
Pippa Ecclestone		√	√	√							2	2
Marianne Evans	Until July 2021	A	A								0	1
Diane Fairchild	Until October 2021	x	x	x							0	1
Paula Grayson		A	A	√							1	2
Emmanuel Jessa		x	x	x							0	2
John Jones		√	√	√							2	2
Pam Madison		√	√	√							2	2
Fraser Massey	From August 2021			A							0	1
Nosi Murefu		x	x	√							1	2
Ian Plunkett		√	x	A							0.5	2
Tracy Reed		√	√	√							2	2
Elizabeth Rotherham		√	x	x							0.5	2
Stuart Scrivener		√	√	√							2	2
Kate Shilling		√	A	x							0.5	2
Sue Shinnick	Until July 2021	x	x								0	1
David Short		√	√	√							2	2
Michael Waller		√	x	√							1.5	2
Paul Walker		√	√	√							2	2
Matt Webster		A	A	√							1	2
Judith Woolley		√	√	√							2	2

Key	
Attended	√
Apologies Received	A
No Apologies Received	x
Sabbatical / Agreed Absence	S
Not Required	NR
Holiday	H

Agenda Item No: 8(d)

SUMMARY REPORT		COUNCIL OF GOVERNORS PART 1			8 December 2021		
Report Title:		CoG Membership Committee Assurance Report & Terms of Reference					
Executive/Non-Executive Lead:		Judith Woolley, Public Governor					
Report Author(s):		Gina Trimble, Trust Secretary Co-Ordinator					
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 CoG 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 Request any further information or action.
- 3 Approve the Terms of Reference for the CoG Membership Committee

Summary of Key Issues

This report is the first assurance report for the CoG Membership Committee. The Council of Governors is asked to consider the content, approve the Terms of Reference for the Committee and provide any comments.

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:			Nil
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		
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Supporting Documents and/or Further Reading

Attached Report
Appendix 1: CoG Membership Committee Terms of Reference

Lead

Judith Woolley
Public Governor
Chair of the CoG Membership Committee

Report from the Chair of the Board of Directors
CoG Membership Committee

1. Purpose of Report

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

2. Committee Purpose and Terms of Reference

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

The Terms of Reference (attached as Appendix 1) was reviewed at the Committee meeting on the 10th September 2021. Amendments were made to Section 12 to clarify the meeting should meet at least four times per year, with additional meetings as required to ensure it is more proactive. The Committee also amended section 11.1 to allow minutes to be circulated to invited attendees as appropriate. Other minor amendments were agreed and all have been tracked in the attached document for approval.

4. Annual Review

The last membership report was presented to the Council of Governors in December 2020 and therefore this assurance report provides assurance from January 2021 – November 2021. Within this period, the membership Committee met on five occasions:

- 5th February 2021
- 19th April 2021
- 10th September 2021
- 13th October 2021 (Extra-Ordinary meeting)
- 10th November 2021

The following provides the key activities undertaken by the Committee during this period

Your Voice Meetings

The Committee meeting on 5th February 2021 received feedback from the Your Voice meeting held in December 2020. The Your Voice meeting was via live MS teams the meeting and was open to all constituencies; the general theme of the session was 'reflection', which included a number of different items.

The Committee received feedback from the event and identified any amendments to future Your Voice meetings based on feedback received.

Future Your Voice Plans

The Committee discussed the future plans for Your Voice within the context of the Covid-19 pandemic and agreed these would be held virtually, with a specific topic given for each constituency. The Committee discussed a range of ideas for future topics.

The committee agreed, virtual Your Voice meetings would be via MS Teams, which the committee agreed was more interactive than Teams Live. The Committee would revisit the principles of virtual meetings throughout the year, depending on the situation with the pandemic.

Communication

The Committee discussed the importance of Communication and the current issues being experienced due to changes being made to the Communications Team. The Committee identified a number of areas where communication support would be required and this continues to be monitored by the Committee to ensure it is not lost. The Committee agreed that once the Communications Department is fully in place, a representative would be asked to join the Committee to understand the input desired by the Committee and outline their own plans going forward.

Annual Members Meeting Planning

The Committee met in an extra-ordinary meeting to contribute to the agenda for the Annual Members Meeting. The Committee expressed views and suggested changes to the agenda that was fed back to the Communications Team in developing the agenda.

The Committee would have liked to be more involved in the development of the agenda; however, this was not possible due to the turnover in the Communications Team meaning the development of the AMM agenda was delayed. It was agreed the Committee would be more involved for future meetings as the agenda would be planned earlier in the year.

Engagement Strategy / Membership Strategy

The Membership Committee had discussions the engagement strategy that would also incorporate engaging with members. The pandemic has meant the way the Trust engages with the public and service users has needed to become more dynamic and varied. This presents a great opportunity to transform the approach to involvement and engagement. Getting this right would provide a huge opportunity to influence regionally and nationally how mental health organisations involve and engage service users, patients, carers, families, friends and partner organisations.

The strategy plan is to Engage with members more, through communication and surveys. This would take time to build and anticipated end date would be August 2023.

A baseline survey has been created to understand the current position in terms of the membership. The Committee reviewed the baseline survey questions, reviewed the findings and drew conclusions to take forward.

Committee Work Plan

The Committee on the 10th November 2021 considered a work plan and standard agenda to be utilised in future meetings. This will allow the Committee to ensure the right items are being discussed at each meetings and individual actions / ideas / requests are tracked through to completion. The work plan will also allow the Committee to ensure it is fulfilling its terms of reference.

5. Assurance

In my opinion, the CoG 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. However, the implementation of a work plan and standard agenda for future meetings will ensure the Committee fulfils all aspects of the Terms of Reference.

6. Action Required

The Council of Governors is asked to:

- 1 Note the contents of the report
- 2 Request any further information or action.
- 3 Approve the Terms of Reference for the CoG Membership Committee.

Report prepared by

Gina Trimble
Trust Secretary Co-Ordinator

On behalf of

Judith Woolley
Public Governor
Chair of the CoG 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: | <p>2.1 The Committee will elect a Chair from its membership, the role of Chair will be reviewed annually.</p> <p>2.2 In the absence of the Membership Committee Chair, the remaining members present will elect one of their number to chair the meeting.</p> |
| 3 Reporting to: | The Council of Governors (Council) |
| 4 Authority: | <p>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</p> <p>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</p> <p>4.3 The Committee will act in accordance with (Monitor's) <i>Code of Governance</i> and current best practice</p> <p>4.4 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.</p> |

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

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. Minutes can also be circulated to invited attendees if appropriate.

11.2 The Committee will report in writing to the Council after ~~each meeting~~ 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~~ a minimum of four times per year or more frequently as required to fulfill its Terms of Reference.

13 Approval Dates:

August 2017, February 2018, February 2019, August 2020, September 2021

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:

~~August 2020~~ September 2022

		Agenda Item No: 9(b)					
SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1				8 December 2021		
Report Title:		Lead and Deputy Lead Governor Update					
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
<p>The report attached provides information in respect of:</p> <ul style="list-style-type: none"> • Our role as your Lead and Deputy Lead Governor • The Regional Network of Lead Governors • Annual Members meeting • Meeting with the 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
 <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> John Jones Lead Governor </div> <div> Pippa Ecclestone Deputy Lead Governor </div> </div>

UPDATE REPORT FROM THE LEAD AND DEPUTY LEAD GOVERNORS**1 Purpose of Report**

The purpose of this report is to provide an update on activities involving the Lead and Deputy Lead Governors.

2 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 10th September 2021. Regrettably I was unable to attend this meeting but it did proceed with my apologies. I have arranged the next meeting for 10th December 2021.

2.4 Annual Members' Meeting

I was pleased to present a Report to the Members on the occasion of the annual members' meeting on November 1st 2021 and feedback received was favourable, reflecting the considerable amount of work which the Governors have been able to undertake on behalf of the members, during this difficult past year.

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 23 November 2021. 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

I would like to record my gratitude to Pippa Ecclestone for taking over during my enforced absence throughout September. I have been made aware that she did an excellent and professional job, taking over without warning. 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. However, we recognise that this is the best way to maintain contact and involvement with Governors. 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 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
8 December 2021

Pippa Ecclestone
Deputy Lead Governor
Public Governor
8 December 2021