

**Minutes of the Board Meeting held on Tuesday, 18 July 2017 in the Large Meeting Room, Halliwick Centre, St Ann's Hospital, St Ann's Road, London, N15 3TH**

**The meeting commenced at 1.00 pm and closed at 3.16 pm**

**Present:**

Michael Fox	Trust Chairman
Mary Sexton	Executive Director of Nursing, Quality and Governance / Acting Chief Executive
Jonathan Bindman	Medical Director
Paul Farrimond	Non-Executive Director
Andy Graham	Executive Chief Operating Officer
Catherine Jervis	Non-Executive Director
Paul Ryb	Non-Executive Director
Ruchi Singh	Non-Executive Director
David Stonehouse	Chief Finance and Investment Officer
Mark Vaughan	Executive Director of Workforce
Charles Waddicor	Non-Executive Director

**In attendance:**

Barry Ray	Trust Board Secretary
Gill Bransby	Allied Health Professional (AHP) Leadership Project Manager (For Minute Item 1.6)
Sarah Hill	Service Manger (For Minute Item 1.6)
Caroline Tawiah	Expert by Experience / User Forum Chair (For Minute Item 1.6)
Andrew Wright	Director of Strategic Development
One member of the public	

Item No.	Minute Item	Actions
1.	<b>General Business</b>	
1.1	<b>Chairman's Welcome</b>  Michael Fox welcomed everyone to the meeting.	
1.2	<b>Apologies for Absence</b> <ul style="list-style-type: none"> <li>• Maria Kane, Chief Executive</li> <li>• Frank Devoy, Non-Executive Director</li> <li>• Cedi Frederick, Non-Executive Director</li> </ul>	
1.3	<b>Declarations of Interest and Declarations of any Conflicts of Interest</b>  <b>The Trust Board agreed to note that there were no conflicts of interest declared in relation to items on the agenda.</b>	

1.4	<p><b>Minutes of the Meeting held on 30 May 2017</b></p> <p>The Trust Board confirmed the minutes of the last meeting as a true record.</p>	
1.5	<p><b>Matters Arising from the Minutes of the Meeting held on 30 May 2017</b></p> <p>The Trust Board noted the written report on matters arising and accepted the written updates, and noted the following verbal update:</p>	
1.5.1	<p><b>Chairman’s Report (Minute 1.6)</b></p> <p>Mark Vaughan highlighted that the Trust had undertaken a survey of all European Union (EU) migrant staff working at the Trust in order to identify their concerns as a result of Brexit. Details of the survey have been shared with EU migrant staff and a meeting held on 22 June in order to receive feedback on the survey results and to hear staff’s experiences of working in the Trust.</p> <p>Staff attending the meeting were pleased that the Trust was taking an active interest into their concerns regarding Brexit.</p>	
1.6	<p><b>Patient Focus – Patient Engagement in Forensic Services</b></p> <p>Sarah Hill and Caroline Tawiah attended the meeting to give a presentation on how the Forensic Service was delivering patient engagement. Sarah Hill informed that Caroline Tawiah was an expert by experience and the first female chair of the Forensic Service User Forum.</p> <p>The presentation highlighted:</p> <ul style="list-style-type: none"> <li>• The development and benefits of the ‘Positive CHOICES’, which is a co-produced, values based model, which aims to: <ul style="list-style-type: none"> <li>○ Support patients to identify what CHOICES are available</li> <li>○ Develop skills to identify positive CHOICES</li> <li>○ Support patients to make better life CHOICES that improve health and opportunities</li> </ul> </li> <li>• The range of engagement opportunities with patients, which include Ward Community/Business meetings, the User Forum, engagement of Experts By Experience, and attendance of representatives at Management Forums.</li> <li>• The development of the Recovery College, for which 57 courses to date have been co-produced.</li> <li>• An outline of how restrictive practices are being reduced, which include the development of sensory rooms, implementation of Ward Round Summaries and Positive Handovers, and self-catering.</li> </ul> <p>In response to a question from Paul Farrimond, Sarah Hill provided details about the sensory rooms and advised that patients were encouraged to access sensory rooms whenever they felt the need.</p> <p>In response to a question from Ruchi Singh, Sarah Hill advised that the ‘Positive CHOICES’ model had been developed over time and was aligned to national thinking around engaging with patients in secured environments.</p>	

	<p>Charles Waddicor noted that 'Positive CHOICES' was aligned to the Trust's enablement approach in supporting patients. He asked whether there was evidence to demonstrate whether the model was having an impact. Sarah Hill advised that the Trust had a very low reoffending rate. Andy Graham advised that the length of time that patients were spending in hospital was also reducing.</p> <p><b>The Trust Board agreed to note the Patient Focus on Patient Engagement in Forensic Services.</b></p>	
1.7	<p><b>Chairman's Report</b></p> <p>Michael Fox was pleased to report that the Trust had recently appointed a Perinatal Psychiatrist to support women during and immediately after pregnancy.</p> <p>Michael Fox highlighted the current national financial position of the NHS and the continued focus on addressing agency usage. Michael Fox referred to recent calls for lifting the cap on public sector pay and expressed his concern that Trusts would be expected to meet any proposed increase in the wage bill from within existing resources.</p> <p><b>The Trust Board agreed to note the Chairman's verbal report.</b></p>	
1.8	<p><b>Chief Executive's Report</b></p> <p>Mary Sexton presented a report on behalf of the Chief Executive which provided an update on Trust Matters and highlighted the following:</p> <ul style="list-style-type: none"> <li>• David Griffiths had been appointed as Chief Finance and Investment Officer and was due to take up his post from 29 August. David Stonehouse, Interim Chief Finance and Investment Officer, will remain in post until 30 September in order to provide a handover.</li> <li>• The Trust had signed up to the Mindful Employer scheme which provides businesses and organisations with easier access to information and support for staff who experience stress, anxiety, depression or other mental health conditions.</li> <li>• Students at Hendon School, working with Middlesex University and funded by the Trust, have developed a new App called 'Speak Out Barnet', which is aimed at providing mental health support and resources in a format which is user-friendly for young people.</li> </ul> <p><b>The Trust Board agreed to note the Chief Executive's report on recent Trust matters since the last Trust Board meeting.</b></p>	
1.9	<p><b>Executive Chief Operating Officer's Report</b></p> <p>Andy Graham presented the Chief Operating Officer's report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Trust has been progressing work on alternatives to admission and treating more patients locally. These include plans for a new rehabilitation ward, local 'crisis café' and 'street triage' initiatives, whilst also looking at the feasibility of opening more local acute beds.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The Trust was appointed as the new provider for the Improving Access to Psychological Therapies (IAPT) service in Barnet from October 2017. This is the culmination of a period of negotiation where the Trust was able to put forward a strong proposal, informed by the excellent work of the Trust's Enfield IAPT service, and reflects the enhanced standing of the Trust in Barnet, through the cooperative work on the 'Reimagining Mental Health' programme. Providing IAPT services in Barnet will enable the Trust to improve the service user experience through better integration of primary care, voluntary sector, IAPT and secondary care services.</li> <li>• The Trust has been appointed as lead provider for Forensic Services for North London as part of the New Models of Care Wave 2 devolve funding offer. The Trust will take responsibility for managing a devolved budget from NHS England starting from April 2018 and will work together with neighbouring Trusts on a number of work streams in order to improve consistency, quality and patient experience.</li> </ul> <p>In response to a question from Ruchi Singh, Andy Graham advised that existing staff in the Barnet IAPT service would transfer to the Trust, and that the Trust had already started the recruitment process to fill staffing gaps.</p> <p><b>The Trust Board agreed to note the Chief Operating Officer's report on progress made since the last Trust Board meeting.</b></p>	
<p><b>2.</b></p>	<p><b>Risk and Performance</b></p>	
<p><b>2.1</b></p>	<p><b>Board Assurance Framework</b></p> <p>Barry Ray introduced a report which presented the Board Assurance Framework (BAF), which identifies the risks faced by the Trust in meeting the Trust's objectives for 2017 / 2018.</p> <p>Barry Ray highlighted:</p> <ul style="list-style-type: none"> <li>• Risk 11 – 'Efficiencies through Enablement' – the risk score had decreased from 12 (Medium) to 9 (Medium) as a result of funding being secured to open a new rehabilitation ward, an agreement is in place with a housing provider to increase the number of people in secure tenancies, and pre-market intelligence on the future tender of enablement demonstrated an acceptable level of interest from the voluntary sector.</li> <li>• Three risks (4, 7 and 8) were rated as 'High', whilst all other risks were rated as 'Medium'.</li> <li>• Three risks (9, 10 and 12) have achieved or exceeded their respective tolerable risk score.</li> <li>• Seven risks required a risk score movement of 3 points to achieve their respective tolerable risk score.</li> </ul> <p>Charles Waddicor referred to the Nursing Vacancy Rate referred to in Risk 1 – 'Regulatory Standards', and Risk 4 – 'Recruit and Retain Staff', which remained consistently above target. Mark Vaughan informed that recruitment of nurses remained a challenge for all Trusts, and that the Trust's establishment had recently been increased, which had negatively impacted on the Vacancy rate. To address this, the Trust had undertaken international recruitment in the Philippines, resulting in over 200 job offers across various roles. Through strong</p>	

	<p>relations with local Universities the Trust was expecting a cohort of 52 newly qualified nurses from September.</p> <p>Mary Sexton advised that some services were holding back vacancies in order to offset against Cost Improvement Programme targets. Andy Graham highlighted that in some areas, such as Health Visiting, some posts remained vacant as the Trust was not adequately funded.</p> <p>Paul Ryb asked whether the Trust provided any incentive to staff to refer friends or family to work at the Trust. Mark Vaughan confirmed that the Trust did have a scheme in place, which had not proved successful in attracting new staff.</p> <p>In response to a question from Charles Waddicor, Mark Vaughan advised that the Trust’s compliance with Mandatory Training was currently just over 85% and that there was adequate provision in place to achieve the target of 90% by September.</p> <p>Paul Farrimond noted that there was a Non Executive Director vacancy on the Trustwide Serious Incident Review Group and put his name forward.</p> <p><b>The Trust Board agreed:</b></p> <ol style="list-style-type: none"> <li><b>1. To note the content of the Board Assurance Framework for 2017 / 2018, including the updates provided for each risk.</b></li> <li><b>2. To note the change to the risk score for Risk 11 – ‘Efficiencies through Enablement’.</b></li> <li><b>3. To appoint Paul Farrimond to the Trustwide Serious Incident Review Group.</b></li> </ol>	<p><b>Jonathan Bindman</b></p>
<p><b>2.2</b></p>	<p><b>Integrated Quality and Performance Report</b></p> <p>Andy Graham presented the Integrated Quality and Performance Report for 2017 / 2018. The report shows performance against targets set by NHS Improvement and other quality and performance targets.</p> <p>Andy Graham highlighted:</p> <ul style="list-style-type: none"> <li>• Enfield’s ‘Let’s Talk’ Improving Access to Psychological Therapies (IAPT) service has continued to meet all waiting time standards. The referral rates have increased and were reporting higher than average. The overall recovery rates dropped to 46%; improvement plans are in place to address this. No agreement has yet been reached with Enfield Clinical Commissioning Group regarding additional funding to increase the numbers of people entering treatment in 2017 / 2018.</li> <li>• The Enfield Child and Adolescent Mental Health Service (CAMHS) have made improvements to their waiting list. All clients who have waited over 13 weeks have appointments booked and were due to be seen by the end of June.</li> <li>• An emerging issue had been identified with the Haringey CAMHS due to several factors including a rapid increase in the number of referrals and recent staff departures.</li> </ul> <p>In response to a question from Michael Fox, Andy Graham advised that performance against the target for Liaison Services was due to the number of</p>	

	<p>referrals received. The Liaison Service at the North Middlesex has attracted Sustainability and Transformation Plan (STP) funding for 2018 / 2019.</p> <p>Paul Farrimond requested further details of the fall resulting in a severe injury that occurred during May. Mary Sexton advised that a patient on Cornwall Villa had fallen resulting in a broken hip, which required surgery.</p> <p>Paul Farrimond referred to the target for 'Bank as a % of Employee Spend', which he felt should be higher than the target for 'Agency as a % of Employee Spend' in order to reflect the Trust's focus on addressing agency usage.</p> <p><b>The Trust Board agreed:</b></p> <ol style="list-style-type: none"> <li><b>1. To note the Integrated Quality and Performance Report for the year-to-date performance for 2017 / 2018, and the work undertaken to improve those areas of quality and performance which required action, and those areas of improvement during the last month.</b></li> <li><b>2. That the Integrated Quality and Performance Report be updated to include data up to June be circulated to all Board members.</b></li> <li><b>3. To amend the target for 'Bank as a % of Employee Spend'.</b></li> </ol>	<p><b>Andy Graham</b></p> <p><b>Mark Vaughan</b></p>
2.3	<p><b>Financial Performance: Month 3 (June) 2017</b></p> <p>David Stonehouse presented a report providing an update on the year to date financial performance. The report highlighted the current position in respect of the Trust's Income and Expenditure, Cost Improvement Programme (CIP), Balance Sheet, Cash Flow, Capital Expenditure, and the Financial Risk Rating.</p> <p>David Stonehouse highlighted the following:</p> <ul style="list-style-type: none"> <li>• At the end of Month 3, the Trust's year to date financial performance was a deficit of £761k against a planned deficit of £880k, a positive variance of £119k.</li> <li>• The forecast outturn was a deficit of £4.6m, which was in line with the Trust's Control Total, which includes Sustainability and Transformation Plan (STP) funding of £1.1m. The forecast was dependent on £4.3m as yet unidentified income linked to the Pricing Review.</li> <li>• Other key risks to achieving the Control Total was the continued use of private beds over the budgeted number and use of agency staffing.</li> </ul> <p>David Stonehouse advised that a draft copy of the Independent Review of Costs and Contract Prices (the Pricing Review), being produced by Bailey &amp; Moore, was expected by the end of July and would be circulated to all Board members for information.</p> <p>Charles Waddicor highlighted that the Trust's income position was also subject to Sustainability and Transformation Plan funding as a result of whether or not the Trust achieved the Control Total.</p> <p><b>The Trust Board agreed:</b></p> <ol style="list-style-type: none"> <li><b>1. To note the year-to-date financial performance for 2017 / 2018.</b></li> </ol>	

	<b>2. That a copy of the draft Independent Review of Costs and Contract Prices (the Pricing Review), be circulated to all Board members.</b>	<b>David Stonehouse</b>
<b>3.</b>	<b>Quality and Safety</b>	
<b>3.1</b>	<p><b>Clinical, Quality and Safety Report</b></p> <p>Mary Sexton presented a report which provided an indication of the Quality and Safety of the Trust's services. Mary Sexton highlighted the following issues:</p> <ul style="list-style-type: none"> <li>• The Infection Control Audit, which monitors compliance with the "Hygiene Code" and the Trust's 'Hand Washing Policy', found that all areas of the Trust were compliant.</li> <li>• The Safeguarding Annual Report has been completed for 2016 / 2017 (see Minute Item 6.3) and demonstrates the on-going achievements and challenges related to the complex area of safeguarding. A review of safeguarding activity for 2016 / 2017 showed a significant increase in the number of concerns being raised by Trust staff. The Safeguarding Team has produced a pocket size Safeguarding Adult handbook for staff, which contains a wealth of useful information and has been very well received by staff. The Safeguarding Team will be producing a Safeguarding Children handbook over the next few months.</li> <li>• The Trust has received detailed reports following the Care Quality Commission's (CQC) Mental Health Act Monitoring Visits into three of the Trust's services. Since the report was produced the CQC have undertaken a further visit to The Tier 4 Child and Adolescent Mental Health Services provided at The Beacon Centre.</li> <li>• The CQC full inspection is scheduled for the week of 25 September 2017. It was expected that the inspection of some services will be carried out in the weeks prior to and post the main inspection week. The Provider Information Return (PIR) was received containing 76 requests, 271 individual actions and 45 document requests. The PIR was four times the size of that for the pre 2015 inspection and was more in depth with additional narrative required. The PIR was completed and submitted by the required timeline of 14 July 2017.</li> <li>• The Trust's Quality Account for 2016 / 2017 was published on the NHS Choices website on 30 June 2017.</li> </ul> <p>In response to a question from Paul Ryb, Mary Sexton outlined the differences between the Friends and Family Test and complaints data. MS highlighted that the Trust was monitoring informal complaints which were not presented in the report.</p> <p>Andy Graham referred to the PIR and acknowledged the contribution from staff across the Trust in collating the information / data required for submission to the CQC.</p> <p>In response to a question from Paul Farrimond, Mary Sexton advised that, at the time of this meeting, the CQC had not yet appointed the Chair for the inspection.</p> <p><b>The Trust Board agreed to note the Clinical, Quality and Safety report.</b></p>	

3.2	<p><b>Safe Staffing Levels</b></p> <p>Mary Sexton presented a report which provided an overview of nurse staffing for the Trust’s inpatient wards for May and June 2017. The data demonstrated both the planned and actual level of staffing achieved for each ward. The report presented a range of Quality, Safety and Patient Experience indicators across wards where the Trust is reporting Safe Staffing data to give assurance of staffing impact against patient safety indicators.</p> <p>Mary Sexton highlighted the following:</p> <ul style="list-style-type: none"> <li>• Overall, the wards had met their planned number of hours worked for registered and care support staff; they continued to address the challenge of securing staff with the use of temporary staff when required; this was sometimes a registered nurse in place of a health care assistant and vice versa.</li> <li>• Agency spend continues to be addressed with a mandate to reduce agency staff. Only named agency’s that have been approved are utilised. The Trust continues to prioritise the new Bank to address short term staffing issues.</li> <li>• Sickness continues to require robust management to ensure a consistent workforce to meet all quality and patient experience indicators.</li> </ul> <p>Charles Waddicor noted that the report did not include data in respect of Community Services. Mark Vaughan advised that the total vacancy rate was published in the Integrated Quality and Performance Report (see Minute Item 2.2), and that the Trust had plans in place to reduce vacancies across the Trust.</p> <p>In response to a question from Paul Ryb, Mark Vaughan confirmed that the Trust actively monitors sickness absence. Mary Sexton advised that the Trust had an older workforce which presented different sickness absence issues.</p> <p><b>The Trust Board agreed to note the nurse staffing report and the actions being taken to ensure all in-patient wards are safely staffed.</b></p>	
4.	<p><b>Strategy</b></p>	
4.1	<p><b>North London Partners in Health and Care – Sustainability and Transformation Plan</b></p> <p>AW introduced a report which presented the updated Sustainability and Transformation Plan (STP) for the North Central London sector (now known as ‘North London Partners in Health and Care’) for endorsement. The updated STP confirms the overall vision, strategic framework and programme governance to achieve change, and reflects the detailed planning which has been undertaken over the last six months.</p> <p>AW advised that the updated Plan confirms the overall vision put forward in October 2016 and reflected the detailed more granular planning which has been undertaken over the last six months. However, the Plan does not yet balance the finances by 2020 / 2021, with significant pressures on budgets, particularly in 2017 / 2018. North London Partners in Health and Care will continue to look for opportunities for further efficiencies, including one-off measures that can improve the financial position in the short term, pending full implementation of the transformational changes planned over the next few years.</p>	

	<p>It was noted that whilst the STP included only a limited amount on Mental Health, the mental health component was recognised as being in the top two best developed plans in the country.</p> <p>Paul Ryb noted that the STP included a number of assumptions and risks associated with those. Andrew Wright advised that all STP area was required to produce a Plan that seeks to deliver a balanced financial position and that these invariably were based on a number of assumptions.</p> <p>It was noted that there had been limited public engagement so far on the detail of the STP, with the exception of plans for mental health.</p> <p><b>The Trust Board agreed to:</b></p> <ol style="list-style-type: none"> <li><b>1. Note the reframing of the Sustainability and Transformation Plan partnership of health and care organisations as North London Partners in Health and Care.</b></li> <li><b>2. Note the North London Partners in Health and Care Sustainability and Transformation Plan.</b></li> <li><b>3. Note the intention to produce a plain English public summary of the Plan.</b></li> <li><b>4. Note the commitment to continue to work with NHS England and NHS Improvement to produce a set of affordable NHS plans for 2017 / 2018 as part of the Capped Expenditure Process.</b></li> <li><b>5. Note the next steps.</b></li> </ol>	
4.2	<p><b>Fire Safety</b></p> <p>David Stonehouse presented report which provides assurance about the Trust's preparedness / risk management of fire safety, the actions taken since the Grenfell Tower Fire incident, and implications on fire safety due to the implementation of the Trust's Smokefree policy.</p> <p>David Stonehouse highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Trust had been asked by NHS improvement to complete a Cladding and Fire Improvement Questionnaire. The return stated that all of the Trust's buildings are low-rise, with cladding present on Trust Buildings representing less than 10% of the surface, and not of a similar type used on the Grenfell Tower. The Trust's Fire Officer will arrange for the London Fire Brigade to carry out independent checks as per the instruction received from NHS improvement.</li> <li>• All of the Trust's estate buildings are subject to an annual fire risk assessment and that these had all been completed and were up to date.</li> <li>• The Health and Safety Committee receives regular reports from the Trust's Fire Officer on all fire related activity and / or risks, and their mitigation. In 2016 / 2017 there was a total of 10 fires reported which were classed as small, a reduction of one compared to 2015 / 2016.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Since the introduction of the Smokefree Policy on 17 January 2017 there have been 10 small fires directly attributed to illicit smoking or smoking materials such as lighters, which have taken place on Acute Mental Health inpatient Wards.</li> </ul> <p>Jonathan Bindman noted that there were issues around the confiscation of smoking materials and that there was a need to remind staff about the Trust's Smokefree Policy and the Search Policy. Michael Fox requested that Jonathan Bindman, Mary Sexton and Andy Graham agree a consistent message for sending out to all staff.</p> <p><b>The Trust Board agreed:</b></p> <ol style="list-style-type: none"> <li>1. <b>To receive assurance regarding the Trust's arrangements in respect of fire safety.</b></li> <li>2. <b>That the Medical Director write to all ward staff, following consultation with the Executive Director of Nursing, Quality and Governance and the Executive Chief Operating Officer, to reinforce the Trust's Smokefree Policy and the Search Policy.</b></li> </ol>	Jonathan Bindman / Mary Sexton / Andy Graham
5.	<b>Governance and Assurance</b>	
5.1	<p><b>Medical Director's Report</b></p> <p>Jonathan Bindman presented a report providing an update on the work of the Medical Director his direct reports, and serious incidents. He highlighted the following:</p> <ul style="list-style-type: none"> <li>• The keynote presentation at the Patient Safety Conference was by Suzette Woodward of 'Sign Up to Safety', a national campaign which has informed a number of local projects which were presented at the conference. She described the shortcomings of the current approaches to investigation, and proposes a different approach to which examines the system functioning not linear causation, based on a 'just culture' approach. Jonathan Bindman advised that he will be exploring changes to the Trust's approach further, by exploring alternatives in use elsewhere.</li> <li>• The new Enablement Programme Board met for the first time on 13 June. A major focus was the development of a tender for external support to the programme. A Market Development event was held on 3 July, which was an opportunity to meet with a number of third sector groups who were invited to discuss and shape the tender.</li> <li>• A full report on Serious Incident (SI) data was submitted to the Quality and Safety Committee on 8 May. The Trust has agreed with commissioners that the Trust will hold a regular quarterly meeting in order to agree an approach to the rising numbers of Further Information Requests (FIR) received when SI reports are scrutinised by the Commissioning Support Unit, as the SI cannot be closed until all FIRs have been closed.</li> </ul> <p>Charles Waddicor attended the Patient Safety Conference and highlighted the positivity displayed by those staff who had attended.</p> <p><b>The Trust Board agreed to note the Medical Director's report.</b></p>	

<b>6.</b>	<b>Annual Reports</b>	
<b>6.1</b>	<p><b>Infection Control Annual Report</b></p> <p>Mary Sexton presented the Infection Control Annual Report which provided an update on infection prevention and control activities against the annual programme from April 2016 to March 2017. Mary Sexton highlighted that the report demonstrated that the Trust was fully compliant with its statutory responsibilities in relation to infection prevention and control, that the Trust's approach was robust, and that best practice was promoted and learning was shared across teams.</p> <p>Paul Farrimond noted that the report had been discussed at the Quality and safety Committee on 3 July and that the report was very positive whilst demonstrating a high level of scrutiny.</p> <p><b>The Trust Board agreed to endorse the Infection Control Annual report.</b></p>	
<b>6.2</b>	<p><b>Safeguarding Annual Report</b></p> <p>Mary Sexton presented the Safeguarding Annual Report which sought to provide high level assurance that service users and their families are effectively protected and staff are supported to work in partnership; and to respond proportionately and appropriately to safeguarding concerns for children, young people and adults at risk accessing services across the Trust.</p> <p>Mary Sexton advised that the report demonstrates that the Trust continues to meet its statutory responsibilities, the increasing demands on teams from a safeguarding perspective, and that a framework was in place to enable staff to make safeguarding personal.</p> <p>Charles Waddicor acknowledged the increase in work load which was associated with the increase in scope for Safeguarding.</p> <p><b>The Trust Board agreed to endorse the Safeguarding Annual Report.</b></p>	
<b>7.</b>	<b>Other Items</b>	
<b>7.1</b>	<p><b>Any Other Urgent Business</b></p> <p>None.</p>	
<b>7.2</b>	<p><b>Date and Time of Next Meeting</b></p> <p><b>The Trust Board agreed to note the schedule of reports for consideration at the next meeting.</b></p>	
<b>8.</b>	<b>Exclusion of the Press and the Public</b>	
	<p><b>The Trust Board resolved that representatives of the press and other Members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960).</b></p>	