

**Minutes of the Board Meeting held on Monday, 30 January 2017 in the Lecture Theatre,
St Ann's Hospital, St Ann's Road, London, N15 3TH**

The meeting commenced at 1.00 pm and closed at 3.20 pm

Present:

Michael Fox	Trust Chairman
Maria Kane	Chief Executive
Jonathan Bindman	Medical Director
Frank Devoy	Non-Executive Director
Paul Farrimond	Non-Executive Director
Simon Goodwin	Chief Finance and Investment Officer
Andy Graham	Executive Director of Patient Services
Cathy Hamlyn	Non-Executive Director
Christine Harvey	Non-Executive Director
Catherine Jervis	Non-Executive Director
Ruchi Singh	Non-Executive Director
Jackie Stephen	Deputy Director of Organisational Development and Learning (in place of Mark Vaughan)
Charles Waddicor	Non-Executive Director

In attendance:

Barry Ray	Trust Board Secretary
Cedi Frederick	Designated Non-Executive Director
Paul Ryb	Designated Non-Executive Director
Nicola Davey	Specialist Musculoskeletal Podiatrist - Biomechanics and Paediatrics (for Minute Item 1.6)

One member of the public

Item No.	Minute Item	Actions
1.	General Business	
1.1	Chairman's Welcome Michael Fox welcomed everyone to the meeting, particularly Ruchi Singh, Cedi Frederick and Paul Ryb to their first Trust Board Meeting.	
1.2	Apologies for Absence <ul style="list-style-type: none"> Mary Sexton, Executive Director of Nursing, Quality and Governance Mark Vaughan, Executive Director of Workforce <p>Michael Fox noted that Mark Vaughan had submitted his apology as he was on paternity leave following the birth of a baby boy. Michael Fox requested that the best wishes of the Trust Board be passed on to Mark Vaughan.</p>	

1.3	<p>Declarations of Interest and Declarations of any Conflicts of Interest</p> <p>The Trust Board agreed to note that there were no conflicts of interest declared in relation to items on the agenda.</p>	
1.4	<p>Minutes of the Meeting held on 28 November 2016</p> <p>The Board confirmed the minutes of the last meeting as a true record.</p>	
1.5	<p>Matters Arising from the Minutes of the Meeting held on 28 November 2016</p> <p>The Board noted the written report on matters arising and accepted the updates.</p>	
1.6	<p>Patient Focus – The Joint Paediatric Foot and Movement Clinic: Musculoskeletal Podiatry and Paediatric Physiotherapy working together for improved patient care</p> <p>Nicola Davey gave a presentation which outlined how the joint working between the Musculoskeletal Podiatry and the Paediatric Physiotherapy teams improved the experience of patients.</p> <p>The presentation highlighted:</p> <ul style="list-style-type: none"> • The reasons for establishing a joint clinic, which came about through recognising the link between musculoskeletal and podiatry needs to address certain service users' underlining issues. • The common conditions, the treatments provided and the benefits of holding a joint clinic, which included unified patient management and better targeting of resources. • The positive feedback received from service users, including recognition of a whole body approach to diagnosing and addressing issues, which saved service users from having to attend separate clinics. • Results from an audit of the joint clinic approach. <p>Charles Waddicor asked how staff knew that they were making a difference to the care provided to service users. Nicola Davy stated that through experience she was able to advise that the service was making a difference as the service was seeing far fewer repeat visits. The results of the clinical audit and patient experience survey also confirmed that the joint service was valued by service users.</p> <p>In response to questions from Maria Kane, Nicola Davy advised that the average waiting time to access the joint service had been increased from four to eight weeks. This was in response to a high number of service users who did not attend their appointments as four weeks was considered too short notice. Referrals to the joint service were made internally by staff from either of the two disciplines.</p> <p>In response to a question from Andy Graham, Nicola Davy outline examples in other Trusts where Podiatry teams were able to provide more services in the community which reduced the need for services to be provided in hospitals, including closer working relations with Orthopaedic services.</p> <p>Jonathan Bindman asked whether the joint service model was unique. Nicola Davy commented that she felt that this was a unique approach and that she was publicising this when undertaking talks to undergraduates at universities.</p>	

	The Trust Board agreed to note the Patient Focus on the Joint Paediatric Foot and Movement Clinic: Musculoskeletal Podiatry and Paediatric Physiotherapy working together for improved patient care.	
1.7	<p>Chairman's Report</p> <p>Michael Fox referred to an article published by The King's Fund entitled 'How hospital activity in the NHS in England has changed over time'. Michael Fox advised that the article was useful in articulating the challenges faced by the NHS.</p> <p>Michael Fox was pleased to note that the Trust's response rate to the national Staff Survey had exceeded 50%, which was in his opinion a positive indicator that staff were engaging with the Trust. Michael Fox noted that the results of the Staff Survey were expected at the end of February.</p> <p>Michael Fox informed Board members that he meets with and writes to all local Members of Parliament on a regular basis to provide an update on the work of and challenges faced by the Trust. He agreed to circulate a copy of his recent letter to all Board members.</p> <p>Michael Fox noted that the Trust had undertaken a second annual Quality Review Week during January, and that several Board members had attended visits to services. Michael Fox informed that he had undertaken a visit to Trust staff providing mental health services at HMP Wormwood Scrubs, and highlighted that the Trust was now one of the largest providers of mental health services in prisons.</p> <p>In response to a question from Paul Farrimond, Michael Fox noted that there was a need for the Trust to ensure the safety of staff and the provision of services were not unduly affected by staff shortages in the prison service. Andy Graham advised that Trust staff do try to ensure treatment is maintained through various means during periods when prison staff are not available to escort prisoners to clinics. Ruchi Singh highlighted the reconfiguration of the prison service that was taking place. In response to a question from Frank Devoy, Andy Graham advised that the impact of the shortage of prison staff availability was included on local prison's Risk Registers, but that he would confirm this.</p> <p>The Trust Board agreed:</p> <ol style="list-style-type: none"> 1. To note the Chairman's verbal report. 2. That a copy of a recent letter from the Chairman to all local Members of Parliament be circulated to all Board members. 3. To receive assurance that the potential impact on services as a result of shortages in the number of prison staff is listed on relevant local Risk Registers and that staff are not unduly being put at risk. 	<p>Michael Fox</p> <p>Andy Graham</p>
1.8	<p>Chief Executive's Report</p> <p>Maria Kane presented her report on Trust Matters and highlighted the following:</p> <ul style="list-style-type: none"> • Rebecca Harrington, Non-Executive Director, came to the end of her appointment and left the Trust on 3 January. Christine Harvey, Non-Executive Director, was due to come to the end of her appointment on 8 February. 	

	<ul style="list-style-type: none"> • Ruchi Singh was appointed as a Non-Executive Director to replace Rebecca Harrington and started on 16 January. Paul Ryb has been appointed as a Non-Executive Director to replace Christine Harvey and was due to take up his position from 10 February. Cedi Frederick has been appointed as a Non-Executive Director with effect from 1 April. • The Trust’s annual Celebrating Excellence Awards Night took place on 1 December 2016. Details of all award winners and staff receiving long service awards were set out in the report, including recognition of 50 years service to the NHS by Susan Jowett, Service Manager in the Enfield East Older People Community Mental Health Team. • Contracts with the main Clinical Commissioning Groups (CCGs) and NHS England (NHSE) were signed on 23 December 2016. Both include a Longstop list of issues to be settled. The CCG contracts for mental health services included demographic and non-demographic growth equivalent to 3% per CCG, with non-demographic growth of £1.3m. The NHSE contract also incorporated an element of growth, though not to the same extent as the CCG contract. • The Trust has been selected as one of 23 Trusts nationally to take part in Lord Carter’s review into hospital efficiency and savings. The purpose of the Review is to help determine how savings can be made through improving productivity and reducing non-pay spend. • The Trust has signed up to the European Community based Mental health Service providers (EuCoMS) Network’s Consensus on Values and Ambition. The Consensus set out a statement of intention to strengthen community mental health services and to provide effective alternatives to inpatient care. • The Trust has received the Mayor of London’s Healthy Workplace Award in recognition of the initiatives developed by the Workforce Directorate under the BEHWell programme to get employees thinking about their mental and physical health. • The report outlined details of communication activity since the last report, which now included a notional news value assigned to each aspect of communications. <p>Maria Kane also informed the Board that Mary Sexton, Executive Director of Nursing, Quality and Governance, celebrated 30 years as a registered nurse in January.</p> <p>In response to a question from Charles Waddicor, Maria Kane provided an overview of the EuCoMS Network meeting which provided an opportunity to hear presentations from representatives from a number of countries about the way in which they approached community mental health services.</p> <p>The Trust Board agreed to note the Chief Executive’s report.</p>	
<p>1.9</p>	<p>Chief Operating Officer / Executive Director of Patient Services’ Report</p> <p>Andy Graham presented the Chief Operating Officer / Executive Director of Patient Services’ report and highlighted the following:</p>	

	<ul style="list-style-type: none"> • The Trust, in partnership with Blenheim, was successful in the competitive procurement for Substance Misuse Services in Enfield. The contract is for a maximum of eight years, starting on 1 April 2017. • NHS England and the Home Office have agreed to extend the Anti-terrorism Prevent Liaison and Diversion (PLAD) Service pilot programme for a further year until July 2018. • All services, including mental health and community services, in Enfield have been rebranded as 'Enfield Health' in order to support a shared identity, integration and to aid recruitment into community services. • Child and Adolescent Mental Health Services (CAMHS) in Barnet remains an area of risk for the Trust as a result of continued uncertainty over future commissioning. In addition to this risk, Barnet CAMHS currently has no written confirmation of Barnet Clinical Commissioning Group's intentions to continue to fund Transformation initiatives beyond the current financial year. <p>The Trust Board agreed to note the Executive Director of Patient Services' report.</p>	
2.	Risk and Performance	
2.1	<p>Board Assurance Framework</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 2016 / 2017.</p> <p>Barry Ray highlighted that although each risk had been updated there had been no changes in the risk scores and therefore the BAF had three risks rated as 'high', with nine risks rated as 'moderate'. Four risks had achieved or exceeded their tolerable risk score.</p> <p>In response to a question from Charles Waddicor, Christine Harvey informed that the risk score for Risk 1.1.2 – 'Failure to evidence progress against compliance actions against regulated activity' had increased from 12 to 16 in September 2016 and had remained at 16 as there were a number of 'Must Do' actions that were outstanding and two which required investment in order to be delivered. Christine Harvey advised that the Quality and Safety Committee receives a regular report on progress in the delivery of the actions and that the Care Quality Commission has been kept informed of the Trust's progress.</p> <p>Christine Harvey reported that an Internal Audit review of the Trust's BAF and Risk Management arrangements had indicated that there was 'Reasonable Assurance', and that several of the recommendations had been implemented in the current edition of the BAF attached to the agenda.</p> <p>Frank Devoy proposed that shorter titles be used for each risk in the BAF. Christine Harvey advised that the title of each risk articulates the nature of the risk and cautioned that shortening the title may affect people's understanding of what the risk was. Frank Devoy agreed to submit suggestions to Barry Ray for consideration.</p> <p>The Trust Board agreed:</p>	

	<p>1. To note the content of the Board Assurance Framework for 2016 / 2017.</p> <p>2. That proposals to shorten the title of each risk be considered.</p>	<p>Frank Devoy / Barry Ray</p>
<p>2.2</p>	<p>Integrated Quality and Performance Report</p> <p>Andy Graham presented the Integrated Quality and Performance Report for 2016 / 2017. The report presented performance against targets set by NHS Improvement and other quality and performance targets. Andy Graham highlighted the following:</p> <ul style="list-style-type: none"> • The waiting list for Enfield’s Child and Adolescent Mental Health Services (CAMHS) remained high despite working closely on a recovery plan with Enfield Clinical Commissioning Group and Enfield Council; this was caused by the unexpected loss of two therapists. Haringey CAMHS experienced a high level of sickness absence which contributed to the increase in the waiting list. • Activity recorded by community mental health teams was 6.9% above the contracted plan and more than 12% higher than at the same point last year. • Lengths of in-patient stay increased as patients discharged had a higher length of stay rate than patients discharged in the previous month. The number of delayed transfers for adult patients in Enfield increased in month. <p>Andy Graham presented information regarding the Trust’s use of beds, including the number of external placements, delayed transfers of care, and the number of bed days lost in order to update Board members on the work being undertaken to address bed occupancy across the Trust. Andy Graham advised that the table showing the number of patients on each ward was incorrect and that a revised copy would be circulated to all Board members.</p> <p>Catherine Jervis referred to the Trust’s total vacancy rate and asked whether establishment figures were routinely scrutinised. Simon Goodwin advised that there were several services that were holding vacancies due to planned reorganisations, but that as part of the budget setting process each team was being supported in reviewing their establishment. Simon Goodwin highlighted that the Vacancy Control Panel was scrutinising all requests to recruit to vacant posts and requests for non urgent agency staffing.</p> <p>Charles Waddicor commented that the total vacancy rate had not changed much over the course of the year despite all of the work undertaken. Jackie Stephen advised that the total staff turnover rate had remained steady over the year which had neutralised recruitment activity. Jackie provided an outline of the recruitment activity planned to be undertaken over the next few months.</p> <p>Michael Fox stated that he shared the concerns raised by Board members around recruitment. He noted a recent article about staffing numbers from European countries which was declining and the potential impact this could have for the NHS as a whole. Maria Kane advised that the Trust was developing an Integrated Business Plan, which would join up key areas across the Trust including a Workforce Strategy.</p> <p>Charles Waddicor noted the current number of staff that were compliant with mandatory training requirements. Jackie Stephen advised that staff were</p>	

	<p>required to undertake annual refreshers which resulted in a number of staff falling out of compliance at any one time. Jackie Stephen outlined existing and new methods recently implemented to support staff in achieving compliance.</p> <p>The Trust Board agreed:</p> <ol style="list-style-type: none"> To note the Integrated Quality and Performance Reports for the year-to-date performance for 2016 / 2017. That revised information on the number of admissions and discharges be circulated to all Board members. 	<p>Andy Graham / Barry Ray</p>
<p>2.3</p>	<p>Financial Performance: Month 9 (December) 2016</p> <p>Simon Goodwin 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>Simon Goodwin highlighted the following:</p> <ul style="list-style-type: none"> At the end of Month 9, the Trust's year to date financial performance was a deficit of £9,067k against a planned deficit of £9,028k, a variance of £38k The in-month financial performance was £147k better than planned; a deficit of £839k against a planned deficit of £986k. The key areas of risk to the achievement of the forecast deficit are the continued use of private beds. The Cash Flow Forecast indicated that at the end of Month 9 there was a favourable variance of £3m. This was largely due to creditors continuing at higher than planned levels due to deferred income and specific creditors remaining unpaid whilst disputes are resolved. This was offset by debt recovery being £3m below plan and borrowing being £2.5m below plan. The Trust was still forecasting an end of year deficit of £12.6m, in line with the Board approved budget. <p>Simon Goodwin reported that the Trust had approached NHS Improvement concerning the requirement for cash support and that clarification has been obtained regarding the availability of cash support and the interest rates applicable. Simon Goodwin advised that it was forecasted that the Trust required £4.9m of support in February with an additional £6.5m being required in March. Simon Goodwin highlighted that the Trust's requirement for cash support had been discussed at length at the Finance and Investment Committee meeting held on 23 January.</p> <p>Charles Waddicor asked that it be placed on record his appreciation to staff for the work undertaken to deliver Cost Improvement Programmes (CIPs) in the current financial year and identification of CIPs in future years.</p> <p>The Trust Board agreed:</p> <ol style="list-style-type: none"> To note the year-to-date financial performance for 2016 / 2017. 	

	<p>2. That a formal request for cash support be submitted to NHS Improvement in line with the Trust's forecast.</p>	<p>Simon Goodwin</p>
<p>3.</p>	<p>Quality and Safety</p>	
<p>3.1</p>	<p>Clinical, Quality and Safety Report</p> <p>Jonathan Bindman presented a report on behalf of Mary Sexton which provided an indication of the Quality and Safety of the Trust's services. Jonathan Bindman highlighted the following issues:</p> <ul style="list-style-type: none"> • The Trust held its quarterly meeting with the Care Quality Commission (CQC) in December 2016. The meeting reviewed the Trust's progress in the delivery of actions to address the variation in regulatory standards identified in the CQC's inspection of the Trust held in December 2015. The CQC have advised the Trust that they intend to carry out a further full comprehensive inspection during 2017. • The Trust received six Mental Health Act inspections during October and November 2016. The report outlined minor issues identified in each inspection and the Trust's response. A Mental Health Act inspection of Haringey Ward was carried out in December 2016; the Trust was awaiting written feedback from this visit. • The Trust's Flu Vaccination campaign has achieved a take up rate of 43% to date, compared to 29.5% in 2015 / 2016. • In line with the Intercollegiate Document for Safeguarding Children 2014, the Trust has expanded the group of staff who require level 3 Safeguarding training. This has resulted in a decrease in the compliance rate; however a training plan is in place to achieve a compliance of 90% over the coming months with an anticipated 10% trajectory increase each month. • As part of the Trust's work with Haelo on quality improvement, Collaborative teams have been established with agreed aims, plans and milestones. Each Team has been allocated an Executive Sponsor to provide support and to help overcome any barriers the Teams may experience. Richard Milner, Director of Improvement, commenced on 16 January 2017. Richard will be leading the Trust's work on quality improvement. <p>Christine Harvey noted that the Mental Health Act inspection of Severn Ward made reference to the presence of ligature risks in the seclusion room. It was noted that the Quality and Safety Committee had received an annual update on the Trust's Ligature Programme at their meeting on 17 January but had requested that this be updated as it did not present the full picture of items that had been deferred and items which had been brought forward. Simon Goodwin highlighted that proposals for the Trust's Capital Programme were in the process of being prioritised ahead of a report being submitted to the Trust Board meeting on 27 March.</p> <p>Michael Fox highlighted that staff involved with Project Future were actively seeking sustainability funding in order for Project Future to continue beyond the original programme, which was due to end in 2017. Michael Fox asked that Mary Sexton get in touch with Paul Ryb to discuss options for seeking funding.</p> <p>The Trust Board agreed:</p>	

	<p>1. To note the Clinical, Quality and Safety report.</p> <p>2. That a discussion on sustainability funding for Project Future beyond the current financial year take place between Paul Ryb and Mary Sexton.</p>	Mary Sexton / Paul Ryb
3.2	<p>Safe Staffing Levels</p> <p>The Trust Board received a report which provided an overview of nurse staffing for the Trust's inpatient wards for September and October 2016. The data demonstrates 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 and experience indicators.</p> <p>The Trust Board noted the following:</p> <ul style="list-style-type: none"> • Overall, the wards met their planned number of hours worked for registered and care support staff; they continue to address the challenge of securing staff at times with the use of temporary staff, at times of an opposite grade. • Vacancy levels remain variable across all wards even with the recent initiatives in respects to recruitment; there has been some improvement in substantive staffing levels • Data for each of the community mental health teams was in the process of being reconciled and will be included in future reports. <p>Charles Waddicor stated his view that it was important for the Board to see data relating to each of the mental health community teams, in addition to the required information for in-patient wards.</p> <p>Maria Kane highlighted that there were a number of initiatives taking place that were looking at the roles of staff and the skill mix required which would help to address recruitment issues.</p> <p>The Trust Board agreed to note the information combined in the report and the actions being taken to ensure all in-patient wards are safely staffed.</p>	
4.	Governance and Assurance	
4.1	<p>Learning, Candour and Accountability – A review of the way NHS Trusts review and investigate the deaths of patients in England</p> <p>Jonathan Bindman presented a report which described and summarised the recent Care Quality Commission's (CQC) report into the investigation of deaths. The report described the current processes of investigation of deaths within the Trust and considered to what extent gaps in assurance identified in the CQC report were replicated within the Trust, and put forward recommendations for improvements to address identified gaps.</p> <p>Jonathan Bindman stated his view that the Trust had sound processes in place for investigating deaths, including recently strengthened processes for investigating deaths of patients known to Enfield Community Services.</p>	

	<p>It was noted that the Department of Health was due to publish a similar report which would be presented to the Trust Board in due course.</p> <p>In response to a question from Charles Waddicor, Jonathan Bindman advised that the CQC's report focussed only on deaths and that the Trust undertook investigations into other forms of Serious Incidents such as near misses. Details of Serious Incidents are reported to the Quality and Safety Committee.</p> <p>The Trust Board agreed:</p> <ol style="list-style-type: none"> 1. That the Trust should undertake regular audits of deaths reported from community services via Datix, to ensure that decisions in respect of the level of investigation required are recorded, robust and consistent. Audits and their learning will be reported via the Quality and Safety Committee and to commissioners. 2. That actions to ensure a more robust system for learning from Serious Incidents investigations and disseminating them be monitored via the Trust's governance framework. 3. To support the approach to be taken by the Care Quality Commission to improve the consistency of investigation of deaths at a national level, and the work to provide consistent definitions of natural, expected, and unavoidable death. 4. A further report to be submitted to the Trust Board following the publication of further information by the Department of Health. 5. A thematic report looking at best practice in other Trusts to be presented to the Quality and Safety Committee in July 2017. 	<p>Jonathan Bindman</p> <p>Jonathan Bindman</p> <p>Jonathan Bindman</p> <p>Jonathan Bindman</p> <p>Jonathan Bindman</p>
4.2	<p>Medical Director's Report</p> <p>Jonathan Bindman presented a report providing an update on the work of the Medical Director since the last Trust Board meeting.</p> <p>Jonathan Bindman highlighted that the Trust became Smokefree on 17 January. The Trust's Smokefree Policy and a Protocol on the Use of E-Cigarettes and Electronic Vaporisers by Service Users will be reviewed and reported to the Quality and Safety Committee on 6 March in order to address any issues or gaps identified as a result of the implementation. Jonathan Bindman informed that he had undertaken visits to all in patient wards where feedback from staff and service users had generally been positive, although there have been some teething problems.</p> <p>In response to a question from Charles Waddicor, Jonathan Bindman outlined the work that was being undertaken to develop a Suicide Strategy for the Trust and agreed to discuss the proposed Strategy at a future meeting of the Board Workshop.</p> <p>Charles Waddicor sought further information about the Trust's plans to develop an Autism pathway. Andy Graham advised that discussions have taken place with commissioners who have indicated that they are prepared to repatriate monies currently being spent at neighbouring Trusts. Charles Waddicor cautioned that there was a need to operate within the financial envelope and not to provide services that the Trust was not funded to provide.</p>	

	<p>The Trust Board agreed to:</p> <ol style="list-style-type: none"> 1. Note the Medical Director's report. 2. Schedule discussion of the Trust's Suicide Strategy at a Board Workshop. 	Jonathan Bindman / Barry Ray
5.	Annual Reports	
5.1	<p>Annual Equality and Diversity Report 2016</p> <p>Jackie Stephen introduced a report which presented the 2016 Annual Equality and Diversity Report. The purpose of the report was to update the Trust Board on progress against the Trust's equality objectives and areas to be kept under review in order meet the Trust's objectives.</p> <p>Jackie Stephen advised that whilst the Annual Report outlined a large number of positives the key challenge for the Trust was providing the quantitative data in relation to service user outcomes to evidence the work being undertaken.</p> <p>Michael Fox advised that reference to diversity of the Board on page 15 of the Annual Report needed amendment following recent Board appointments.</p> <p>Frank Devoy noted that there had been an increase in the number of staff from Black and Minority Ethnic background that felt that in the past 12 months they had personally experienced discrimination at work from a manager, team leader or other colleague from 2014 / 2015 to 2015 / 2016. Jackie Stephen advised that the data had come from the Staff Survey and that the Trust did not have a sufficient level of detail to understand the increase. The Trust was awaiting the results of the 2016 Staff Survey in order to identify trends.</p> <p>The Trust Board agreed to:</p> <ol style="list-style-type: none"> 1. Approve the Annual Equality and Diversity Report 2016 for publication by 31 January 2017, subject to the amendment identified. 2. Schedule training for Board members on their responsibilities under the Equality Act 2010 at a future meeting of the Board Workshop. 	<p>Jackie Stephen</p> <p>Jackie Stephen / Barry Ray</p>
5.2	<p>Trust and Charitable Funds Annual Report and Accounts</p> <p>Simon Goodwin presented a report presenting the Charitable Funds Annual Report and Accounts for the year ending 31 March 2016 for approval.</p> <p>The Trust and Charitable Funds Committee considered this report at their meeting on 21 November 2016.</p> <p>The Trust Board agreed to approve the following, for signing on its behalf as set out in the report and for formal submission:</p> <ul style="list-style-type: none"> • the 2015/16 Annual Report, • the 2015/16 Annual Accounts, and • the 2015/16 Letter of Representation 	Michael Fox / Charles Waddicor

6.	Other Items	
6.1	Any Other Urgent Business	
6.1.1	<p>Christine Harvey</p> <p>Michael Fox informed that this was Christine Harvey's last meeting of the Trust Board. He placed on record the appreciation of the Trust to Christine Harvey for her service as a Non-Executive Director, which has included chairing the Quality and Safety Committee since 5 May 2009. Christine Harvey was presented with gifts on behalf of the Trust Board.</p>	
6.2	<p>Date and Time of Next Meeting</p> <p>The Board agreed to note the schedule of reports for consideration at the next meeting.</p>	
7.	Exclusion of the Press and the Public	
	<p>The 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).</p>	