

**Barnet, Enfield and Haringey**   
Mental Health NHS Trust

*A University Teaching Trust*

**Minutes of the Board Meeting held on Monday, 28 November 2016 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 3.33 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
Rebecca Harrington	Non-Executive Director
Christine Harvey	Non-Executive Director
Catherine Jervis	Non-Executive Director
Mary Sexton	Executive Director of Nursing, Quality and Governance
Mark Vaughan	Executive Director of Workforce
Charles Waddicor	Non-Executive Director

**In attendance:**

Barry Ray	Trust Board Secretary
Gill Bransby	Allied Health Professional Leadership Project Manager (For Minute Item 1.6)
Mark Cubitt	Magnolia Unit Manager (For Minute Item 1.6)
Marianne Welsh	Senior Occupational Therapist, Magnolia Unit (For Minute Item 1.6)
Sarah Hodges	Occupational Therapist, Magnolia Unit (For Minute Item 1.6)
Joan Kettle	Magnolia Unit Service User, (For Minute Item 1.6)
Two members of the public	

Item No.	Minute Item	Actions
<b>1.</b>	<b>General Business</b>	
<b>1.1</b>	<b>Chairman's Welcome</b> Michael Fox welcomed everyone to the meeting.	
<b>1.2</b>	<b>Apologies for Absence</b> None.	
<b>1.3</b>	<b>Declarations of Interest and Declarations of any Conflicts of Interest</b>  The Trust Board agreed to note:  <b>1. That there were no conflicts of interest declared in relation to items on the agenda.</b>	

	<p><b>2. The following amendments to the Board of Director’s Register of Interests:</b></p> <ul style="list-style-type: none"> <li>• <b>Charles Waddicor – appointed as Chair of The Primary Care Respiratory Society.</b></li> </ul>	
1.4	<p><b>Minutes of the Meeting held on 26 September 2016</b></p> <p><b>The Board confirmed the minutes of the last meeting as a true record.</b></p>	
1.5	<p><b>Matters Arising from the Minutes of the Meeting held on 26 September 2016</b></p> <p><b>The Board noted the written report on matters arising and accepted the updates.</b></p>	
1.6	<p><b>Patient Focus – ‘Establishing a Pets As Therapy Group’ – The Impact on a Service User’s Experience in The Magnolia Unit</b></p> <p>Sarah Hodges gave a presentation which outlined the introduction of Animal Assisted Therapy on the Magnolia Ward through the charity ‘Pets As Therapy’.</p> <p>The presentation highlighted:</p> <ul style="list-style-type: none"> <li>• The Magnolia Unit is located at St. Michael’s Primary Care Centre providing 28 beds for physical rehabilitation for adults following a variety of conditions, such as progressive and non-progressive neurological conditions, palliative care and care of the elderly and falls.</li> <li>• The role of Occupational Therapy in undertaking assessment and treatment to develop, recover, or maintain the activities of daily living skills.</li> <li>• The original aims of setting up an Animal Assisted Therapy (AAT) group which were to address the physical, emotional, spiritual, psychosocial and social / communicational aspects of recovery.</li> <li>• The steps taken to identify and engage a local volunteer through Pets As Therapy (PAT), a charity established in 1983 to introduce companion animals into hospital and social care settings.</li> <li>• Katie is the Magnolia Unit’s PAT dog, an 8½ year old Border Collie who has previously been a PAT dog within the Grovelands Priory Child and Adolescent Unit.</li> <li>• Examples of activities using the PAT dog, including grooming the dog in a variety of positions, throwing balls/bean bags/toys to a specific target for the dog to retrieve, providing verbal and non-verbal commands to the dog, graded distance walking with the dog, and following the dog up and down stairs.</li> <li>• Following each session feedback was obtained from attendees regarding their experience of the Animal Assisted Therapy (AAT) group. All attendees reported that they had developed task and functional skills in terms of increased distance in functional mobility and more effective ability in being able to reach and bend. Attendees spoke of having increased social stimulation and having an improved sense of wellbeing. Group attendees were able to socially interact, sharing information of their past pets and expressing emotional experiences with animals, acting as a form of reminiscence.</li> <li>• Qualitative feedback obtained indicated that AAT sessions did have a positive impact on those attending, for example improvement of the</li> </ul>	

	<p>patients' task related and functional skills, increased interaction between patients and improved mental health state. Occupational therapists reported improvement in the development of patients' activities of daily living skills.</p> <ul style="list-style-type: none"> <li>• Other benefits identified include improved posture, improved hand strength, reduced stress and blood pressure.</li> <li>• The AAT group has now been established as part of the rehabilitative therapy programme.</li> </ul> <p>Joan Kettle, a service user at the Magnolia Unit, provided an outline of her experience and her observations of the benefits for other service users, of having Katie the PAT dog involved in AAT.</p> <p>In response to a question from Christine Harvey, Sarah Hodges advised that the initial trial period was for three weeks, and involved Katie the PAT dog visiting the Magnolia Unit for one hour on each occasion. Service users were assessed by occupational therapists to participate in the AAT group sessions.</p> <p><b>The Trust Board agreed to note the Patient Focus on 'Establishing a Pets As Therapy Group' – The Impact on a Service User's Experience in The Magnolia Unit.</b></p>	
<p><b>1.7</b></p>	<p><b>Chairman's Report</b></p> <p>Michael Fox informed the Board that the recent Autumn Statement by the Chancellor of the Exchequer did not include any additional funding for the NHS or for social care despite the difficult financial position. Michael Fox referred to a briefing entitled 'The Autumn Statement: Joint statement on health and social care' which has been published by Nuffield Trust, The Health Foundation and The Kings Fund. The briefing, produced prior to Autumn Statement by the Chancellor of the Exchequer, called on the Government to recognise the immediate funding pressures facing the sector by bringing forward funding from the Better Care Fund and highlighting the need for the NHS funding settlement to be revisited in future Statements.</p> <p>Michael Fox advised that he had attended the Mental Health Law Conference held on 2 November which was very well attended. Michael Fox placed on record his thanks to Paul Farrimond for the work he has done in leading the Trust's work in this area.</p> <p>Michael Fox informed that on 21 November he had undertaken visits to the three in-patient wards on at the St Ann's Hospital site, which continued to confirm his views that facilities at St Ann's Hospital were substandard and reaffirms the need to redevelopment the St Ann's Hospital site.</p> <p>Michael Fox was pleased to report that the Trust has made several Consultant appointments since the last meeting with further interview panels set up before the end of the year. He commented that the Trust was attracting high calibre internal and external candidates for the posts.</p> <p><b>The Trust Board agreed:</b></p> <ol style="list-style-type: none"> <li><b>1. To note the Chairman's verbal report.</b></li> <li><b>2. That a copy of the 'The Autumn Statement: Joint statement on health and social care' be circulated to all Board members.</b></li> </ol>	<p><b>Barry Ray</b></p>

1.8	<p><b>Chief Executive’s Report</b></p> <p>Maria Kane presented her report on Trust Matters and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The North Central London (NCL) Sustainability and Transformation Plan (STP), which sets out plans for the future of health and social care across the five boroughs of Camden, Islington, Haringey, Barnet and Enfield, was published on 14 November 2016.</li> </ul> <p>The Trust has been closely involved in the development of the STP, particularly the Mental Health work stream which has made significant progress over recent months and has developed a clear and consistent plan for the development of mental health services across the NCL sector. This has been recognised by NHS England who rated the NCL mental health proposals as “Outstanding”, along with just three other STPs.</p> <ul style="list-style-type: none"> <li>• The Trust held a Strategy and Leadership Away Day for senior clinical and managerial leaders across the Trust on 16 November 2016. The purpose of the Away Day was to review the Trust’s priorities for the year ahead in the context of the bigger picture across the wider NHS and the NCL sector.</li> <li>• The Trust’s Enablement, Quality Improvement, and Financial Turnaround programmes are working together seamlessly, reporting on a fortnightly basis through the Improvement and Delivery Board. This three pronged approach will help the Trust deliver better quality care to the people who use the Trust’s services and their families, and to do it more efficiently, whilst assisting the Trust’s financial position.</li> <li>• The Trust will be holding its annual Celebrating Excellence Awards Night on 1 December 2016. A record number of 329 nominations were received for 185 teams and individuals. This year’s Awards Night will also feature the final of the ‘BEH has got Talent’ competition.</li> <li>• Project Future, a community based, youth led mental health project that works with socially excluded young men aged 16-25 involved in gangs, offending and serious youth violence, won the HSJ Award in the ‘Improving Environmental and Social Sustainability’ category, and was highly commended in the ‘Most Effective Adoption and Diffusion of Best Practice’ category. The Care Home Assessment Team was highly commended in the ‘Improving Outcomes through Learning and Development’ category.</li> <li>• The Royal College of Speech and Language Therapists’ Sternberg Clinical Innovation Award was awarded to HMYOI Feltham for developing and implementing standards across the prison to improve the identification and support of autistic people at HMYOI Feltham. HMYOI Feltham was the first prison in the world to be awarded Autism Accreditation by the National Autistic Society, after working with the charity to adapt its national accreditation programme to the prison environment.</li> <li>• David Lammy MP opened the Outsider Gallery London, a collaboration between the Trust, Clarendon Recovery College, Public Health England and the Teenage Cancer Trust, providing London’s first art and music gallery for mental health. More than 250 people turned up to see the opening show called ‘Untitled’, an exhibition of works by NHS patients and therapists.</li> </ul>	
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	<ul style="list-style-type: none"> <li>September's employee of the month award went to Keith Foster, a social worker on Mint Ward, Chase Farm Hospital. Valda Ozolina, who works in the Estates and Facilities Department, was awarded the October employee of the month.</li> </ul> <p><b>The Trust Board agreed to note the Chief Executive's report.</b></p>	
1.9	<p><b>Executive Director of Patient Services' Report</b></p> <p>Andy Graham presented the Executive Director of Patient Services' report and highlighted the following:</p> <ul style="list-style-type: none"> <li>The adult pathway review is progressing well in each borough; the most advanced being Barnet who have started formal consultation on a new primary care based style of service. Consultations in Enfield and Haringey will be launched early in the New Year following further staff engagement.</li> <li>External bed placements continue to be an issue. Focused peer reviews of all patients in placements outside of the Trust have been implemented and six additional adult beds have been opened on the Chase Farm Hospital site.</li> <li>Trust staff have recorded 13% more activity this year to date compared to the same period last year. This is above the level of planned activity agreed with our Clinical Commissioning Groups (CCGs) and a reflection of the intensive work that teams undertake.</li> <li>The Section 136 suite at St Ann's Hospital will be closing from 9 January 2017. This follows significant clinical safety and concerns raised by the Care Quality Commission. Extensive discussions have been undertaken with our CCGs, Local Authority and Police partners. All Trust Section 136 activity will now take place at the Chase Farm Hospital site.</li> </ul> <p>In response to questions from Board members regarding the closure of the Section 136 suite at St Ann's Hospital Andy Graham advised that the suite was used on average 4-5 times a week. Patients requiring a Section 136 suite would be taken to the Chase Farm Hospital site where two suites were available and a third would be made available, subject to refurbishment requirements. An escalation policy has been agreed with local police to undertake prior to seeking a place in one of the Section 136 suites. Dedicated staff have been recruited for the Section 136 suites.</p> <p>Charles Waddicor noted that the Trust was forecasting an average of 14 external bed placements. However, in addition to the six adult beds opened on the Chase Farm Hospital site the Trust had 18 external bed placements. Maria Kane highlighted that in recent mental health benchmarking information the Trust had one of the highest reliance on external bed placements. As part of work being undertaken through the North Central London (NCL) Sustainability and Transformation Plan (STP) there was a commitment to achieve a 95% bed occupancy, which needed to be reflected in contract discussion with the CCGs.</p> <p>In response to a question from Michael Fox, Andy Graham advised that the Trust currently had 75 substantive District Nurses against an establishment of 99 posts, which were being supplemented through the use agency staff. This was an area which was difficult to recruit to. The Trust was observing other Trust's that were looking at creating different roles in order to assist in attracting new staff.</p>	

	<b>The Trust Board agreed to note the Executive Director of Patient Services' report.</b>	
<b>2.</b>	<b>Risk and Performance</b>	
<b>2.1</b>	<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 2016 / 2017.</p> <p>Barry Ray highlighted that the BAF includes 12 identified risks, of which two have decreased in score (3.1.8 and 3.1.9) and one risk had increased in score (3.1.10). The BAF therefore had three risks rated as 'high', with nine risks rated as 'moderate'. Four risks had achieved or exceeded their tolerable risk score.</p> <p>Charles Waddicor noted that the risk score for Risk 10 – 'Failure to procure and implement a new IT systems supplier from June 2017' had increased from 12 to 16. Maria Kane advised that she chaired a monthly IT Board meeting which discussed progress. She informed that provision of IT services was currently out to tender with submissions expected by the end of November.</p> <p><b>The Trust Board agreed to note the content of the Board Assurance Framework for 2016 / 2017.</b></p>	
<b>2.2</b>	<p><b>Integrated Quality and Performance Report</b></p> <p>Andy Graham presented the Integrated Quality and Performance Report for 2016 / 2017. The report shows 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"> <li>• The waiting list for Enfield Child and Adolescent Mental Health Services (CAMHS) remains high. The IST Demand and Capacity model was completed for all three CAMHS services and indicated a shortfall in the capacity required to maintain appropriate waiting times. The Trust is working with Enfield Clinical Commissioning Group and Enfield Council to develop a recovery plan.</li> <li>• Activity recorded by community teams was now 3% above the contracted plan and more than 12% higher than the same point last year, strengthening the Trust's position for the 2017 / 2018 contract negotiations.</li> <li>• The Early Intervention in Psychosis (EIP) and Improving Access to Psychological Therapies (IAPT) waiting times standards and IAPT coverage targets were all met. The IAPT recovery rate has fallen further from target; the Trust is working with Enfield CCG on a recovery plan.</li> </ul> <p>In response to a question from Christine Harvey, Andy Graham advised that the inpatient bed occupancy rate was affected by a number of issues. Improvement in the Delayed Transfer of Care (DToc) indicator would have a positive impact but was not directly reflected in the bed occupancy rate.</p> <p>Charles Waddicor asked whether the Trust was holding on to patients longer than required. Andy Graham advised that the Trust's data indicated a low length of stay and low re-admission rates.</p>	

	<p>In response to a question from Paul Farrimond, Mark Vaughan advised that due to a number of legislative changes the Trust reviewed the mandatory training matrix to ensure that there was a robust training needs analysis. This has resulted in an increase in the number of staff required to complete mandatory training requirements.</p> <p>Mark Vaughan highlighted that the Trust was aiming to improve the time to hire indicator to achieve parity with neighbouring Trusts. The time to hire indicator did not include the period prior to the Workforce Directorate being notified of the vacancy.</p> <p>Michael Fox referred to discussions about the Trust's Quality Improvement work being undertaken through the Haelo methodology and requested that the Trust seek to identify a set of metrics to underpin the work being undertaken.</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 Reports for the year-to-date performance for 2016 / 2017.</b></li> <li><b>2. That a set of metrics, to underpin the Quality Improvement work being undertaken through the Haelo methodology, is to be identified as part of the annual review of the Key Performance Indicators in April 2017.</b></li> </ol>	<p><b>Andy Graham</b></p>
<p><b>2.3</b></p>	<p><b>Financial Performance: Month 7 (October) 2016</b></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"> <li>• At the end of Month 7, the Trust's financial performance was a deficit of £7,287k against a planned deficit of £7,056k, a favourable variance of £68k.</li> <li>• The key areas of risk to the achievement of the forecast deficit are the continued use of private beds, costs arising from the action plan following the Care Quality Commission inspection, decorating and furniture costs that are not able to be capitalised, implementation of the new Junior Doctor contract, and slippage on identified Cost Improvement Plans.</li> <li>• The Cash Flow Forecast indicated that at the end of Month 7 there was a favourable variance of £6.5m. This was largely due to creditors being greater than planned due to deferred income arising from advanced Service Level Agreement payments by the local Clinical Commissioning Groups. Cash support is now forecasted to be required at the beginning of Quarter 4.</li> </ul> <p>Charles Waddicor reported that the Finance and Investment Committee was pleased to hear about the work being undertaken by the Trust to develop the required level of Cost Improvement Plans (CIPs). The programme for developing the CIPs has been assisted by the Programme Management Office which has provided additional capacity.</p> <p><b>The Trust Board agreed to note the year-to-date financial performance for 2016 / 2017.</b></p>	

<b>3.</b>	<b>Quality and Safety</b>	
<b>3.1</b>	<p data-bbox="264 286 1302 353"><b>Clinical, Quality and Safety Report</b></p> <p data-bbox="264 286 1302 353">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 data-bbox="264 394 1315 2016" style="list-style-type: none"> <li data-bbox="264 394 1315 492">• Since the last meeting the Care Quality Commission (CQC) had undertaken six Mental Health Act visits. Final reports have been received in most cases, with feedback being mainly positive.</li> <li data-bbox="264 533 1315 667">• The Trust's Flu Vaccination Campaign commenced on 3 October and was scheduled to run until the end of February 2017. Uptake of vaccinations was currently at 35% of eligible staff which was a significant improvement on previous years.</li> <li data-bbox="264 707 1315 936">• The newly qualified nurses, who started during September and October 2016, have all commenced the Trust's new Preceptorship Programme. The Preceptorship and Mentorship Lead is working with clinical areas/teams where additional support may be required due to the high level of newly qualified nurses starting in those areas. The feedback received has been positive with preceptees reporting finding the programme sessions supportive, helpful and integrating.</li> <li data-bbox="264 976 1315 1137">• Following the Government's announcement In December 2015 to create a new nursing support role, Health Education England (HEE) launched a public consultation on the proposal for introducing a new "Nursing Associate" role to support the Registered Nurse workforce in providing high quality person centred care across health and social care settings.</li> <li data-bbox="264 1178 1315 1406">• The Trust, as part of a consortium of organisations in the North Central and East London (NCEL) region have been chosen to become a test site to pilot the training and development of a new "Nursing Associate" role, which aims to support the Registered Nurse workforce in providing high quality person centred care across health and social care settings. The Trust has committed to taking on up to five trainee Nursing Associates and these positions are open to both existing members of staff and new recruits.</li> <li data-bbox="264 1447 1315 1644">• Recruitment for cohort 8 of the Trainee Graduate Mental Health Worker Programme is due to commence in January 2017. The Programme runs for 12 months and is designed for individuals with a degree who are passionate about mental health and wish to develop a career in this field. A total of 30 trainees have been appointed to the Trust and are currently undergoing employment checks.</li> <li data-bbox="264 1684 1315 1783">• The Trust held the 2nd Annual Allied Health Professions (AHPs) Conference on 2 November. The event provided an opportunity for AHPs to hear about the Trust's priorities and how AHPs can contribute to change.</li> <li data-bbox="264 1823 1315 2016">• The Trust has developed a Continuing Professional Development (CPD) Programme for Psychological Therapists for 2017. The Programme has been shaped through feedback received from a questionnaire which captured the Psychological Therapists supervision requirements, their areas of expertise for presentations, knowledge and interests, topics and their training competencies.</li> </ul> <p data-bbox="264 2056 1248 2083"><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 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>Mary Sexton highlighted the following:</p> <ul style="list-style-type: none"> <li>• Vacancy levels remain variable across all wards even with the recent initiatives in respects to recruitment, with improvement in substantive staffing levels in some areas. Further assurance was required with respect to recruitment activity and outcomes regarding the Trust's active recruitment into vacancies to continue the momentum and address innovatively long standing vacancies in hard to fill areas.</li> <li>• Overall, the wards have 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.</li> <li>• For October 2016, the overall vacancy rate for the Trust's inpatient wards was 7.4%.</li> <li>• Overall sickness rates across inpatient wards continue to improve, albeit with some variations. The overall sickness rate for October 2016 was 4.6%.</li> </ul> <p>Charles Waddicor referred to the high vacancy rate for Avon Ward. Mary Sexton advised that a number of substantive appointments have recently been made but that the staff had not yet taken up their posts.</p> <p>Christine Harvey noted that several wards were showing negative vacancy rates. Mary Sexton advised that some wards had been allowed to over recruit due to expected staff turnover.</p> <p>In response to a question from Michael Fox, Mary Sexton advised that once the Safecare module had been fully rolled out it would be possible to capture similar information across all Trust services, including community services.</p> <p><b>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.</b></p>	
4.	<p><b>Governance and Assurance</b></p>	
4.1	<p><b>North Central London (NCL) Sustainability and Transformation Plan (STP)</b></p> <p>Maria Kane presented a report which provided an overview of the published North Central London (NCL) Sustainability and Transformation Plan (STP).</p> <p>Maria Kane highlighted that the STP had been produced by all the main healthcare organisations and local authorities within the NCL sector. The STP sets out plans to meet the challenges faced locally and to deliver high quality and sustainable services in the years to come.</p>	

	<p>Maria Kane advised that the STP was still a 'work in progress' as the STP submitted on 21 October 2016 showed an overall £75m deficit in 2020 / 2021 across NHS organisations. A number of areas for further work have been identified where additional savings can be found to address the residual gap. A communications and engagement work stream will be developed to build active and effective engagement into the further development and delivery of the STP.</p> <p>Board members expressed concerns that the STP did not make reference to the funding position of services by each Borough and the lack of reference to the proposed redevelopment of the St Ann's Hospital site.</p> <p><b>The Trust Board agreed:</b></p> <ol style="list-style-type: none"> <li><b>1. To note the North Central London Sustainability and Transformation Plan.</b></li> <li><b>2. To support the direction of travel and priorities for improving services and outcomes set out in the Sustainability and Transformation Plan.</b></li> <li><b>3. That Maria Kane provide feedback on behalf of the Trust Board expressing the Trust Board's concern regarding the lack of mention about the proposed redevelopment of the St Ann's Hospital site and the wider benefit this may have on the North Central London sector.</b></li> </ol>	<b>Maria Kane</b>
4.2	<p><b>Medical Director's Report</b></p> <p>Jonathan Bindman presented a report providing an update on the work of the Medical Director since the last Trust Board meeting. He highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Trust continues to make good progress towards implementation of the Trust's Smokefree Policy on 17 January 2017. As the date approaches, the Smokefree Implementation Committee has been meeting fortnightly and has been well attended, and now has good representation from all boroughs.</li> <li>• Work is being undertaken to implement the new Junior Doctor's contract from 1 April 2017. New rotas have been drawn up and costed.</li> <li>• A meeting was held on 4 November attended by representatives from the Royal Free London Foundation Trust and Barnet Clinical Commissioning Group (CCG) to discuss the future of the interim protocol for Child and Adolescent Mental Health Services (CAMHS) cover to the Accident and Emergency Department at Barnet Hospital. The Trust received assurances from Barnet CCGs of their commitment to additional investment in CAMHS liaison services and their intention to develop a new service model which will support Trust consultants.</li> <li>• The Clinical Cabinet met on 8 November and discussed its role in bringing together services of similar types across the borough Directorates. In addition to the Clinical Networks (eight of which are now functioning well across the organisation and reporting to the Cabinet), it was felt that the Cabinet had a role in bringing a clinical perspective to changes within the organisation.</li> </ul> <p><b>The Trust Board agreed to note the Medical Director's report.</b></p>	

4.3	<p><b>Annual Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation</b></p> <p>Barry Ray presented a report outlining revisions required to the Standing Orders, Reservation of Powers to the Board and Delegation of Powers, and Standing Financial Instructions for approval. These documents are required to be published in accordance with the National Health Services Act 1977 and Community Care Act 1990, as amended by the Health authorities Act 1995 and Health Act 1999 Code of Accountability and have been to ensure that these documents are accurate and up-to-date.</p> <p>Appendix 1 to the report set out the full list of revisions made to the above documents and the reasons for these. The key revision was the updating of the relevant OJEU limit from £111,676 to £106,047 (SFI para 8.5.3) with other amendments being the removal of obsolete paragraphs, correction of job titles and clarifications of contents.</p> <p>Barry Ray highlighted that the report was considered by the Audit Committee at their meeting on 14 November which recommended that the Trust Board ratify the proposed changes. Following consideration of the report by the Audit Committee a further two minor amendments were identified as set out in Section 11.1.2 and 14.1.1 in the Trust's Standing Financial Instructions and subsequent changes required in the Trust's Reservation of Powers to the Board and Delegation of Powers, as set out in paragraph 5 of the report.</p> <p><b>The Trust Board agreed:</b></p> <ol style="list-style-type: none"> <li>1. <b>To ratify the amendments to the Trust's Standing Orders (attached as Appendix 2 to the report);</b></li> <li>2. <b>To ratify the amendments to the Trust's Reservation of Powers to the Board and Delegation of Powers (attached as Appendix 3 to the report);</b></li> <li>3. <b>To ratify the amendments to the Trust's Standing Financial Instructions (attached as Appendix 4 to the report).</b></li> <li>4. <b>The further changes identified to Section 11.1.2 and 14.1.1 in the Trust's Standing Financial Instructions and subsequent changes required in the Trust's Reservation of Powers to the Board and Delegation of Powers, as set out in paragraph 5 of the report.</b></li> </ol>	<p>Barry Ray</p> <p>Barry Ray</p> <p>Barry Ray</p> <p>Barry Ray</p>
5.	<b>Annual Reports</b>	
5.1	<p><b>Annual Workforce Report</b></p> <p>Mark Vaughan presented a report which provided an overview of the activities of the Workforce Directorate during 2016, including information about progress against the Directorate's priorities for 2016 / 2017. Mark Vaughan highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Directorate's priorities for 2016 / 2017 have included: getting the basics right, promoting staff wellbeing, increasing staff engagement and developing management capacity and capability.</li> <li>• Comparison between Key Performance Indicators (KPIs) for 2015 / 2016 and Year-to-date progress for 2016 / 2017.</li> </ul>	

	<p>In response to a question from Maria Kane, Mark Vaughan advised that the priority KPIs that the Workforce Directorate was focussed on were those around recruitment and retention. The Directorate was seeking to continue to make improvements in these areas, which he expected would be reflected in the Staff Survey results.</p> <p>Mark Vaughan advised that information collected from exit interviews was being presented to meetings of the Joint Staff Side Committee. Comparisons with neighbouring Trusts with better retention rates would be undertaken in order to identify any lessons that can be learnt.</p> <p>Mary Sexton highlighted that the report did not present any information regarding employee relations and the activities being undertaken in dealing with employee relation issues.</p> <p><b>The Trust Board agreed to note the Annual Workforce Report.</b></p>	
<b>6.</b>	<b>Other Items</b>	
<b>6.1</b>	<b>Any Other Urgent Business</b>	
<b>6.1.1</b>	<p><b>Rebecca Harrington</b></p> <p>Michael Fox informed that this was Rebecca Harrington's last meeting of the Trust Board. He placed on record the appreciation of the Trust to Rebecca Harrington for her service as a Non Executive Director and presented her with gifts on behalf of the Board.</p>	
<b>6.2</b>	<p><b>Date and Time of Next Meeting</b></p> <p><b>The Board agreed to note the schedule of reports for consideration at the next meeting.</b></p>	
<b>7.</b>	<b>Exclusion of the Press and the Public</b>	
	<p><b>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).</b></p>	