

ESSEX PARTNERSHIP UNIVERSITY NHS FT

**Minutes of the Board of Directors Meeting held in Public
Held on Wednesday 24 November 2021
Held Virtually via MS Teams Video Conferencing**

Attendees:

Prof Sheila Salmon (SS)	Chair
Paul Scott	Chief Executive
Prof Natalie Hammond (NH)	Executive Nurse
Sean Leahy (SL)	Executive Director of People and Culture
Nigel Leonard (NL)	Executive Director of Major Projects
Alex Green (AG)	Executive Chief Operating Officer
Janet Wood (JW)	Non-Executive Director
Alison Rose-Quirie (ARQ)	Non-Executive Director
Amanda Sherlock (AS)	Non-Executive Director
Manny Lewis (ML)	Non-Executive Director
Loy Lobo (LL)	Non-Executive Director
Rufus Helm	Non-Executive Director

In Attendance:

Angela Horley	PA to Chief Executive, Chair and NEDs (minutes)
James Day	Interim Trust Secretary
Chris Jennings	Assistant Trust Secretary
Gina Trimble	Trust Secretary Coordinator
Clare Sumner	Trust Secretary Administrator
Hilary Scot	Chief Pharmacist
John Jones	Lead Governor
Paula Grayson	Governor
Johnny Townson	Senior Business Support Manager
Tracy Reed	EOL Clinical Lead
Dr Gladvine Mundempilly	Clinical Director
Daniel Bayley	Head of Insight and Benefits Realisation, Oxehealth
Stephan Zentgraf	Account Manager, Oxehealth
Victoria Green	CQC
Charles Hanford	Interim Director of Estates Transformation
Yogeeta Mohur	Principal Freedom to Speak Up Guardian
Pippa Ecclestone	Deputy Lead Governor

SS welcomed Board members, Governors and members of the public joining this virtual meeting.

The meeting commenced at 10:00

128/21	APOLOGIES FOR ABSENCE
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Apologies were received from Dr Milind Karale and Dr Mateen Jiwani (received during the meeting).

129/21	DECLARATIONS OF INTEREST
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ML advised that he had recently been appointed to the Board of the Civil Aviation Authority from 01 October 2021 and had notified the Trust Secretary's Office accordingly. SS congratulated ML on this appointment and noted that there were no anticipated conflicts of interest.

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SS also congratulated AS on her recent appointment to the Board of Southend Care Ltd as of 01 November 2021, again noting that there were no anticipated conflicts of interest. SS stated that these appointments demonstrated the rich and diverse experience of our Board members.

There were no further declarations of interest.

130/21	PRESENTATION: OXEVISION
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AG advised that over the past year the Oxehealth safety monitoring system had been rolled out to inpatient MH wards across the Trust. This system is a remote patient monitoring tool designed to improve safety and quality of care on inpatient wards. AG introduced DB and SZ would provide an update on the early quantitative findings of the impact of the use of the system on four of our wards.

DB reported that four wards had been initially identified as pilot areas for the system – Ardleigh Ward, Chelmer Ward, Peter Bruff Unit and Hadleigh Unit. A before and after cohort study was completed for the wards which assessed self-harm and assault incidents and Bank and Agency spend related to 1:1 observations.

In terms of patient safety, the following was found:

- A 15% relative decrease in self-harm and assault incidents on the active wards compared to the control wards
- Self-harm decreased between 37% to 47% across the active wards in absolute terms or relative to control wards
- Ligatures decreased across the active wards between 9% and 85% in absolute terms or relative to control wards
- Harmful self-harm incidents and self-harm related A&E visits decreased 67% and 12% respectively
- Assaults decreased 4% in absolute terms across the active wards however results varied ward-to-ward between a 43% decrease to a 70% increase

And in terms of value for money:

- £516,679 annual cashable saving
- 417% positive cashable return on investment
- 43% reduction in Bank and Agency spend related to 1:1 observation spend across the four active wards

DB noted that the effects of Covid19 are likely to have impacted the data these results are based upon, despite attempts to mitigate its effect by managing evaluation periods.

SS thanked DB and SZ for sharing these encouraging results of the pilot project. ARQ agreed that these were indeed encouraging initial results and queried whether the financial impact in relation to a reduction of bank and agency usage is due to inpatient levels during the pandemic and whether there was any variance / impact.

Secondly, ARQ queried how the issue of consent from patients was dealt with, in particular what happens should a patient not consent to the use of this monitoring tool. DB advised that in terms of the financial impact, the study had normalised results against changes in occupied bed dates so this would be able to account for and not affect results of the study. In terms of consent, there is a robust process in place on admission to provide information to patients regarding the use of the monitoring tool. Patients are able to decline consent if they wish and there is a range of information on display around wards which explains the system as well as staff communicating what it is and how it is used. AG added that staff are not using the system to visually monitor patients but the system monitors the status of each bedroom and may, for example, alert staff to an issue which they would then respond accordingly. DB clarified that this was not a CCTV system. AG added that a

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robust SOP was in place which was an important part of the patient welcome programme. Patients are shown where the monitoring systems are and posters are on display to advise how the system works. AG clarified that the Oxehealth system is part of a safety tool kit and not a standalone or replacement; therefore should a patient decline to consent to the use of the system, there are other mechanisms in place, and strong engagement remains in regard to observations and engagement.

NH noted that there are clearly good patient outcomes and patient safety measures and suggested that it is important to acknowledge digitalisation within the MH space and the need to keep a learning environment. Narrative from patients and staff also shows other benefits of the use of the Oxehealth system, for example, a better nights sleep as there is no interruption by staff to conduct observations. It is also noteworthy that the system can provide early warning signs in the deterioration of physical health which can prevent harm. Patients have reported feeling safer on the wards and staff have also reported a feeling of increased assurance with this additional tool in the safety toolkit.

RH acknowledged the very positive initial findings and the encouraging reduction in assaults recorded. RH queried whether statistical analysis had been applied to understand the significance. DB confirmed that overall the data that underpins the results was reliable, however further data would be required to show statistical significance. AG advised that the system had now been rolled out across the MH bed base and it was important to continue to learn to see what benefits it brings in a quality and safety space and so it is important to continue to explore where we can take this system.

RH queried whether staff and patient feedback in regards to the system had been sought. DB confirmed that this was the case and feedback indicated that patients felt safer and privacy and dignity had improved. RH suggested that there may be potential for 'false positive' incidents and queried the rate of this. SZ noted that alerts may be triggered for example should a patient be in the bathroom area for a period of time and upon exploration there are no concerns however this is an overall part of the monitoring and engagement of patients.

NL noted that the focus of the findings was around the decrease in assaults, however noted that there had also been a reduction seen in the use of restraint and prone restraint which was also positive. NL also commented that the system had been installed in other NHS trusts and queried how our early results compared. DB confirmed that initial findings were in line with those seen elsewhere; adding that some results seen were also seen in line with pre Covid findings.

PS noted that this had been a very important investment and good early data shows the positive impact of the system. We will continue to collect data which will be monitored via the ESOG / BSOG and Quality and Safety Committee to ensure continuous learning.

131/21	MINUTES OF PREVIOUS MEETINGS
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The minutes of the meeting held 29 September were agreed as an accurate reflection of discussions held.

132/21	ACTION LOGS AND MATTERS ARISING
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The action log was reviewed as follows:

- 035/21 a large amount of work had been undertaken in terms of a refreshed Board Assurance Framework as well as the undertaking of due diligence work during development sessions. PS confirmed that the refreshed framework would be presented to Part 2 of the Board of Directors today for discussion before submission to the public Board of Directors meeting in January 2022.

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ARQ noted there were actions discussed previously that did not appear on the action log:

- An agreement had been made to invite representatives from the Vulnerable Adults Service working with homeless and refugees to share a presentation regarding this valuable service. SS advised that she had visited this service last week and had been extremely impressed with the range of support for these vulnerable cohorts of patients and remitted this action to the TSO for a future Board of Directors meeting.
- It had been agreed that TS would bring to a NED discussion group the Accountability Framework and RAG rating of Divisional performance. TS confirmed that he had been invited to attend the January 2022 NED discussion group to discuss early findings and development of data packs.

There were no other matters arising that were not on the action log or agenda.

The Board discussed and approved the Action Log.

ACTION:

1. **Vulnerable Adult Service to be invited to present at a future Board of Directors meeting. (TSO)**

133/21	CHAIRS REPORT INCLUDING GOVERNANCE UPDATE
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The Chair presented a report providing the Board of Directors with a summary of key activities and an update of governance developments within the Trust.

SS was delighted to note that the EPUT mass vaccination centre programme had now delivered over 1 million vaccinations; SS extended congratulations to NL and team for this significant achievement

In partnership and accordance with CQC guidance, SS was pleased to report that Longview and Poplar CAMHS inpatient services had now reopened to new admissions under a phased process. The Trust will continue to proceed slowly and carefully and will engage fully with the CQC.

SS advised that she and the Non-Executive Directors were pleased to have recommenced visits to services across the Trust. SS also advised that RH had agreed and was keen to act as the Board Dementia champion to take a thematic view and ARQ had picked up on safety actions through the BSOG. AS thanked staff for welcoming NEDs during the service visits which provided a real opportunity to hear first-hand the experience of our staff, hearing what we can do to continue to support and acknowledging that Covid is not over. .

SL noted that there was a broader cultural piece and a real opportunity for reverse mentoring and broadening our mentoring programme as well as new ways into professional roles in the organisation through the apprenticeship programme. SS was also pleased to note that there was now an Apprenticeship Board established to steer and oversee this work.

The Board received and noted the Chair's Report.

134/21	CEO REPORT
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PS presented the CEO report which provided a summary of key activities and information to be shared with the Board and stated that the performance report would also be discussed during this item.

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ARQ noted that month 7 results summarised within the report noted that £3.5m efficiency had been delivered and queried how this had been achieved based on additional expenditure due to the Covid pandemic. TS responded that as a result of cost savings during the pandemic (i.e. travel expenditure etc.) we had been able to identify and deliver genuine savings and clarified that the efficiency had not been identified as a result of additional investment to respond to the pandemic.

SS acknowledged the sad passing of Sir David Amess MP and extended on behalf of the Board, sincere and heartfelt condolences to his family. SS continued that Sir David was deeply respected and it had been a pleasure for many to work alongside him and he would be deeply missed.

AG confirmed that a fifth Executive Safety Priority had been identified – Flow and Capacity; under which sat five work streams:

- Personality Disorders
- Community Flow
- Flow Processes
- Out of Area Placements
- Inpatient Modelling

AG provided assurance that these five areas had been brought together and linked from a safety point of view with executive oversight from AG and MK to bring together these key work streams. AG confirmed that the current position in terms of out of area placements represents the regional position. The Trust has also commissioned 11 block beds at the Priory. The OOA Plan identifies a trajectory to reach our zero ambition by March 2022 and we are confident that this will be achieved. NHSE recognise this challenge and have stretched the target until then. AG continued that we cannot look at this issue in a in silo and work is taking place with local authority and system colleagues regarding accommodation, admission avoidance and flow to the community as well as working on purposeful admissions. There is a lot of scrutiny expected as we move to the challenging winter period but this focus will help us to achieve safe occupancy levels. SS agreed that a cross system approach was key.

ARQ was assured regarding the out of area focus and the impact on the wider system which was far reaching; ARQ noted that the target for reduction and measured progress against the zero ambition was taking place at BSOG which provided further assurance that this is looked at closely.

In relation to suspension of staff, ARQ noted that it was agreed at the previous Board meeting that the length of time staff had been suspended for be included within future reports. RH observed that the average length of stay also impacted the need for staffing and celebrated and acknowledged the work that is happening internally and with system partners to unblock challenges. ML commented that the Finance and Performance Committee gives intensive scrutiny and are rigorously trying to understand blockages and system issues as well as potential solutions with recruitment and retention the underpinning issue.

PS commented that the Executive Team had identified flow as a priority which was being overseen by the ESOG and BSOG as well as ongoing discussions at other committees.

The Board received and noted the CEO's Report.

ACTION:

1. Information regarding length of suspension to be included within CEO Brief / Performance Report. (SL)

135/21	QUALITY AND PERFORMANCE SCORECARD
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Discussed as part of the CEO Report agenda item.

The Board of Directors received and noted the report.

136/21	END OF LIFE ANNUAL REPORT 2020 - 2021
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NH introduced Tracy Reed, EOL Clinical Lead and highlighted that the EPUT EOL services remain rated as 'outstanding' by the CQC; as well as the leadership of the team recognised by the community collaborative. The team has also received national acclaim and is pivotal in an advisory space into what EOL in MH looks like.

TR presented the updated EOL Annual Report paper and advised that a revised version had been submitted which included a patient story. JW thanked TR for this report which brings to life the powerful work being done. JW also appreciated the inclusion of a patient story and the positive results from evaluation forms and queried whether we are sharing this with the system. TR confirmed that we have a 57% response rate to evaluations which is higher than the national average. 96% are positive. Any issues raised are relating to fragmented services prior to being referred to the EPUT Team; meetings are ongoing with system partners to provide a collaborative approach and support learning.

AG reflected on the challenging past 18 months and was pleased to see the patient story and the impact of the wider health and care MDT.

The Board of Directors received, welcomed and noted the contents of the report.

137/21	A FRAMEWORK OF QUALITY ASSURANCE FOR RESPONSIBLE OFFICERS AND REVALIDATION – ANNUAL BOARD REPORT
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GM presented the report and advised that it was noteworthy that the appraisal take up rate had decreased. The reason for this was NHSE suspending the process for six months during the pandemic. GM continued that during this time, the majority of doctors within EPUT voluntarily went through with their appraisal process and therefore we are on trajectory to report a higher take up rate. In response to a query from RH, GM confirmed that for locums sourced via an agency, the agency is responsible for the appraisal process, however EPUT would request assurance that this process is complete.

The Board of Directors received and noted the contents of the report.

138/21	LEARNING FROM DEATHS MORTALITY REVIEW Q1 REPORT 2021/22
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NH presented the report which provided information relating to deaths in scope for mortality review for Q1 2021/22. Within this period, there were 43 deaths which fell within scope for mortality review in accordance with the Trust's Mortality Review Policy. This is in line with quarters not impacted by Covid 19 in previous years. NH provided assurance that full exploration and scrutiny had taken place in line with the Trust's Mortality Review Policy.

The Board of Directors received and noted the contents of the report.

139/21	SAFEGUARDING ANNUAL REPORT
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NH presented the report which provided the Board with an account of the safeguarding activities undertaken across services and with partners during the year 01 April 2020 to 31 March 2021. NH

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advised that a revised version of the report had been circulated. This was as a result of minor typographical errors and did not affect the content of the report.

NH advised that the Quality and Safety Community had received and reviewed this report and had been humbled by the breadth and complexity of this agenda. NH continued that the report identified that there had been an increase in safeguarding activity, however this had been identified as a result of the pandemic.

LL commented that it may be useful to include some commentary or narrative to accompany graphs included within the report in future.

The Board of Directors received and noted the contents of the report and approved the report and publication.

140/21	HEALTH SAFETY AND SECURITY ANNUAL REPORT
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PS presented the Health Safety and Security Annual Report advising that this report had been reviewed by the Quality and Safety Committee prior to submission to the Board of Directors. PS continued that a particular area of focus over the past year had been in regard to ligature risk reduction.

LL commented that similar to the previous report, it may be helpful to include commentary / narrative to accompany graphs within reports.

The Board of Directors received and noted the contents of the report.

141/21	PHARMACY AND MEDICINES OPTIMISATION ANNUAL REPORT 2020 - 2021
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NH acknowledged the pharmacy team for their continued dedication and support during the pandemic, stating that it would be impossible to maintain patient safety across the organisation without the input of this team. NH also acknowledged HS's leadership during this unprecedented time. On behalf of the Board, SS echoed praise for the team and leadership. NL added that the team had been instrumental in the establishment of our mass vaccination centres with HS's reputation within the region second to none. HS thanked all for their acknowledgement and stated that it was important for those at the coal-face to receive this recognition.

ARQ stated that there had been significant ongoing challenges over the past 12 months and it was a credit to the team that business as usual had continued despite these challenges.

ARQ noted that with operational staff challenged with other priorities had there been a risk around the reduction in reporting of incidents. HS recognised the reduction of levels of reporting due to the pandemic. However medication errors had continued to be monitored and reviewed to identify trends and deal with them appropriate. AG commented that it was important to look at the difference between acknowledging and dealing with an incident and not reporting. AG also noted that the occupancy level had decreased which had been dictated by the Centre which would also factor into a decreased level of reporting. NH added that there were a number of confounding factors, including occupancy rate and services that were stopped during the pandemic, all of which were on the agenda at the monthly Medicines Management Committee. NH highlighted that in future, electronic prescribing would be key to safety. Reporting would be clearer and so in future, following adoption of this programme, increased monitoring will become available. SS agreed that the benefits of e-prescribing were strong throughout the report.

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RH acknowledged the future implementation of e-prescribing and queried whether there may be anything that the Board could do to expedite this. HS confirmed that the project was underway (however had been paused during the summer) and was under review. It is hoped that during 2022/23 we will be in a position to roll this out – if not before.

ML referred to the increase in the cost of medications and noted that this had been a potential area to review as part of the CIP programme previously and queried whether procurement routes could be reviewed to ensure affordability. HS confirmed that there was no concern regarding procurement at this time, stating that a significant number of medications were obtained by national or regional contracts where best value is part of the contract. Where medications are purchased locally, the Trust aims to do so in a cost effective way however it is acknowledged that prices can fluctuate.

TS acknowledged the collective determination for an effective e-prescribing function and provided assurance that this will be resourced accordingly.

The Board of Directors received, noted and approved the contents of the report.

142/21	TRUST GREEN / SUSTAINABILITY PLAN
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TS introduced and thanked Charles Hanford, Interim Director of Estates Transformation who had been instrumental in the development of the plan. TS continued that this plan was intended to be a clear statement of the direction of travel. The late central publication of a new sustainability directive will be attached as an appendix, and sets out the 'must do' actions for the Trust.

JW thanked all involved for pulling this plan together, stating that there had been a gap in the governance arrangements previously and appreciated the assessment tool to show where we are now, areas where we are ahead and in line with national average and stated that it was important to monitor and understand risks and barriers to achievement at the Finance and Performance Committee.

The Board of Directors approved the Plan and supported the approach to environmental sustainability within EPUT and the broader community.

143/21	FREEDOM TO SPEAK UP REPORT
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SL extended thanks to Yogeeta Mohur, EPUT Principal Freedom to Speak Up Guardian for her continued positive engagement as part of this important agenda. LL noted the good level of engagement and progress. YM noted that the profile of the F2SU services continues to rise and those that have used the service have given excellent feedback. It is acknowledged that high performing organisations have a culture of speaking up and when staff are able to speak up, organisations are able to make better improvements for their staff. SL agreed that the highest performing areas are where managers are extremely engaged and understand the fatigue and emotional fatigue of their workforce and flex and adapt to meet their needs. SL continued that engagement is key and it is our responsibility to create conditions for our teams where engagement and freedom to speak up is a high priority.

LL agreed that culture is important and queried what has been learned specifically related to our culture at EPUT to prevent our best talent from burn-out and to learn from our processes so they become embedded. SL responded that as the organisation was about to reach its fifth year, the EPUT identify had now become grounded and we can build from there. A behaviours toolkit will drive positive behaviours and it is clear that we can see 'hope' in our staff. SL was confident that EPUT was now one strong organisation and as we continue to grow and embed expected behaviours we would get to a positive environment. ARQ noted that an Executive Team Priority

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EPUT Culture of Learning would also introduce and integrate a positive impact on culture going forward.

The Board of Directors received, noted and approved the contents of the report.

144/21	STANDING COMMITTEES
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SS noted that a review of NED chair of sub committees had taken place and to ensure the best use of skills and experience the following changes had been made:

- LL would now chair Finance and Performance Committee.
- ML would now chair the new People, Equality and Culture Committee (PECC).
- RH would now chair the Quality and Performance Committee

(i) Audit Committee

The Board received and noted the report and confirmed acceptance of assurance provided.

(ii) Board Safety Oversight Group

The Board received and noted the report and confirmed acceptance of assurance provided.

(iii) Finance and Performance Committee

The Board received and noted the report and confirmed acceptance of assurance provided.

(iv) Quality Committee

The Board received and noted the report and confirmed acceptance of assurance provided.

(v) People, Equality and Culture Committee including Terms of Reference Approval

The Board received and noted the report and confirmed acceptance of assurance provided. The Board approved the proposed Terms of Reference.

145/21	RISK ASSURANCE REPORTS
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i) Covid 19 Assurance Report

PS presented the assurance report in relation to the actions taken in response to the Covid 19 pandemic. PS reflected that there had been significant work undertaken by all to respond to this pandemic but the Trust has also continued to deliver business as usual. PS acknowledged the continued work of the IPC team throughout the pandemic.

RH highlighted a typographical error in CRR 93/94. RH also queried whether there had been an impact following the directive for staff working within care homes being mandated to have received double vaccination. SL advised that minimal concern had been raised at this time, and we now focus on the vaccination of all NHS staff.

The Board of Directors:

- 1. Noted the contents of the report.**
- 2. Confirmed acceptance of assurance given in respect of actions identified to mitigate risks.**
- 3. Noted the Covid 19 Gold risk register and summary mitigations**
- 4. Did not request any further information or action.**

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ii) Ligature Risk management Q2 Report

PS presented the quarterly report providing oversight of actions underway to mitigate the potential risk associated with ligature from a fixed point within the Trust's inpatient estate. PS confirmed that this remained an Executive priority focus with robust scrutiny via the ESOG. AG was pleased to report that the Trust saw the second month with a considerable reduction of incidents involving ligature from a fixed point; this has now brought the Trust in line with the national benchmark.

The Board of Directors received and noted the contents of the report.

146/21	STRATEGIC INITIATIVES
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i) Safe Working of Junior Doctors Quarterly Report (Jul – Sept 2021)

GM confirmed that this report provided assurance that the Trust ensures doctor's contractual conditions are respected and advised there were no areas of concern to report.

The Board of Directors received and noted the contents of the report.

147/21	REGULATION AND COMPLIANCE
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i) CQC Update

PS presented the CQC update which provided information on activities that are being undertaken within the Trust and information available to maintain compliance with CQC standards and requirements. PS advised that the recent main focus of work had been in regards to CAMHS and we continue to progress well with recruitment and were pleased to be able to reopen a second CAMHS inpatient unit with permission from the CQC.

The Board of Directors received and noted the contents of the report. The Board of Directors approved the CQC Action Plan to submit to the CQC as the final version.

148/21	USE OF CORPORATE SEAL
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The corporate seal had not been used since the previous Board of Directors meeting.

149/21	CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING
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There were no items of correspondence circulated to the Board.

150/21	NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE RISK REGISTER OR ANY ITEMS THAT NEED REMOVING
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There were no new risks identified to be added to the Risk Register, nor any items that should be removed that were not discussed as part of the BAF discussions.

151/21	REFLECTION ON EQUALITIES AS A RESULT OF DECISIONS AND DISCUSSIONS
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AG reflected that conversations held today regarding flow and long length of stay on wards as well as discussions regarding physical health demonstrate how hard we are working to bring parity to

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physical and mental health. AG continued that discussions regarding a culture of learning and freedom to speak up also demonstrate work compassionate leadership.

152/21	CONFIRMATION THAT ALL BOARD MEMBERS REMAINED PRESENT DURING THE MEETING AND HEARD ALL DISCUSSION (SO REQUIRMENT)
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It was noted that ML left at 12:09, however all other Board members had remained present during the meeting and heard all discussions.

153/21	ANY OTHER BUSINESS
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There was no other business.

154/21	DATE AND TIME OF NEXT MEETING
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SS thanked all for joining the meeting.

The next meeting of the Board of Directors is to be held on Wednesday 26 January 2022.

It was noted due to the ongoing pandemic, the meeting will again be held virtually via the MS Teams video conferencing facility.

154/21	QUESTION THE DIRECTORS SESSION
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Questions from Governors submitted to the Trust Secretary prior to the Board meeting and also submitted during the meeting are detailed in Appendix 1.

The meeting closed at 12:30.

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Governor / Member / Public	Query	Response provided by the Trust
Judith Wooley	Oxehealth Savings: Are these actual, from staff currently deployed, or based on the establishment number of staff, assuming no vacancies or sickness?	Response from TS: These were actual and related to the reduced 1:1 observations carried out by our bank and temporary staff and aligned with the savings anticipated in the original business case.
Paul Walker	Oxehealth: results look very good especially regarding reductions in self harm & cost savings. The assault figures seem unexpected. Have patients expressed irritation because of these extra observations on them?	Response from NH: this is driven by patient profile and acuity. There is a lot that clinicians can do in terms of de-escalation, but sometimes this can be related to symptomology. Evidence shows greater irritation with closer observations and not permitting privacy and dignity so this irritation is expected to ease as we use more remote monitoring tools. Response from AG: early qualitative data shows a better quality of stay as patients are less disturbed with the use of remote monitoring tools, particularly during the night.
Paula Grayson	Performance Scorecard: Looking at the inadequate measure "patients not seen/contacted for 12 months", are we working on finding some innovative methods for enabling staff to contact them in some way if the issue is available time?	JW confirmed that a lot of work is being discussed at Finance and Performance and we are confident this will be de-escalated to a 'business as usual' as the number of patients not seen in 12 months reduces to become within the agreed KPI. JW added that there are escalation processes in place if the situation deteriorates. AG added that the solution has been clinically led where clinicians have helped to determine issues contributable to performance. We know that there are still some issues and we are addressing these.
Paula Grayson	At some future date, please can Governors have a second briefing showing the improvements to service activities for children transitioning to adult services and the positive assistance for Looked After Children?	AG confirmed that she would be happy to return and provide a further update.

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John Jones	On patients not seen in last 12 months, I recall a major drive on this happened earlier this year but there seem to be a stubborn residue across all areas. I note a T&F final meeting on 16th November. What was the result? Clearly there is no benefit to patients of being on a list when no action /intervention takes place. Are primary care aware of this and fully cooperating?	Response from Nigel Leonard: We met with the Execs from SNEE yesterday. The commissioners across our 3 systems have been working with us on the mental health investment standard and on a joint approach for MH services going forward. This plan has 49 actions. A significant proportion of new funding will increase capacity in primary care and with the alignment of secondary and primary care. In the future many patients on this list that our medics are holding in outpatients can be discharged and jointly managed in a community and primary care setting
John Jones		Response from Nigel Leonard: this is being worked through with the joint transformational teams CCG/EPUT
Paula Grayson	I assume that the positive, jointly agreed with service users', discharges are unlikely to take place before the ICBs are in place in April 2022?	Response from Nigel Leonard: this is being worked through with the joint transformational teams CCG/EPUT

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