

# GLOUCESTERSHIRE PARTNERSHIP NHS TRUST

## MINUTES OF THE BOARD MEETING 12 DECEMBER 2005

**PRESENT** Robert Maxwell, Chairman  
Lizzie Abderrahim  
Sandra Betney  
Jon Cash  
David Coombs  
Mike Evans  
Kay Harrison  
Jeff James  
Kate MacDuff  
David McGrath  
Frank Powell  
Paul Winterbottom

**IN ATTENDANCE** Anna Hilditch, Board Administrator  
Gordon Benson, Clinical Governance and Risk Manager (Item 10)  
Mike Brittan, Visitor  
Linda Folley, Care Group Manager, WAA (Item 7)  
Kathy Holland, Service Carer Participation Worker  
Ian Kelsall, Visitor  
Ryan Lewis, Head of Information Management Services (Item 16)  
Ted Quinn, Care Group Manager, Learning Disabilities (Item 14)  
Deborah Richards, Communications Manager  
Julie Soutter, Asst Director – Planning and Performance Review  
Sue Coombs, Lead Nurse, Older People's Services (Item 18)  
Sally Ashton, MH Liaison Nurse (Item 18)  
Chris Keane, MH Liaison Nurse (Item 18)

### 1. WELCOMES AND APOLOGIES

Apologies were received from Ian Gregory.

### 2. MINUTES OF THE MEETING HELD ON 14 NOVEMBER 2005

These were agreed as a correct record.

### 3. MATTERS ARISING

3.1 There were no matters arising.

### 4. QUESTIONS FROM THE PUBLIC

4.1 Kathy Holland, Carer Participation Worker, was in attendance to ask questions regarding Sherborne House. It was agreed that these questions would be addressed when the paper on Sherborne House was presented.

### 5. OLDER PEOPLE'S MENTAL HEALTH REVIEW CONSULTATION DOCUMENT

5.1 The Director of Nursing presented the final draft Older People's MH Review Consultation document to the Board for comment and subsequent support. It was noted that the review had been ongoing for two years and the consultation document outlined the current thinking around the proposals.

- 5.2 Lizzie Abderrahim asked about the implications of the Trust not supporting the consultation document. The Director of Nursing noted that if this were the case, commissioners would need to think about whether the proposals could go ahead without the Partnership Trust. The Chairman asked for confirmation as to whether the Trust would be allowed to submit a formal response to the consultation document once it had been launched. It was noted that the Trust would have this opportunity.
- 5.3 The Chief Executive explained that it was important that the Board should be clear at this stage whether it approved the consultation document in principle. He expressed concern that there was little noted in the document regarding the actual implementation of the proposals. It contained a belated acknowledgement about how the service changes would work. Another concern was raised regard the omission to how the residential care market would be affected in light of the different structure being developed. The Board noted that the consultation document appeared to take into account national objectives and policy around Older People's MH services but lacked local implementation plans. There was also an issue regarding the public perception of this document regarding the proposed closures of Colliers Court and Weavers Croft. The Chairman agreed with the Chief Executive's remarks, reiterating that the document needed to address implementation and also consider a contingency plan.
- 5.4 The Chairman remarked on the Trusts underlying deficit of £4m and suggested that work should be done to rectify this before committing to further expenditure in relation to older people's services.
- 5.5 The Medical Director advised the Board that it was hard to see how services would work with the proposals as the strategy had planned to significantly reduce the availability of specialist services to the most vulnerable people.
- 5.6 The Chairman advised that questions would need to be asked of the commissioners regarding the finance and risk of these proposals. The Board agreed to support the consultation document but the Chief Executive and Director of Nursing would draft a response to the project lead on the concerns raised. This draft would be brought to the Board for approval. The Director of Nursing agreed to share initial feedback with the Project Lead following the Board meeting.

## **6. RATIONALISATION OF INPATIENT SERVICES FOR OLDER AGE ADULTS**

- 6.1 The Director of Nursing presented the Board with a report outlining a number of identified options for the rationalisation and more efficient use of in-patient resources in the older Peoples Care Group.
- 6.2 The Board were advised that the care group had been running with occupancy at approx 60% for a number of years. Due to the Trust's current financial position it had been deemed necessary to explore all possibilities for increasing efficiency to find significant savings. It was advised that the care group had already contributed significantly to the financial position non-recurrently and had a projected outturn of £400k at year-end.
- 6.3 Two key proposals were shared with the Board. The first involved the reduction in the number of inpatient units by one, which would require the reopening of beds not currently in use in two of the remaining units. This action would produce savings of approximately £105k in the current year, however it would necessitate the relocation of a number of patients and staff. Initial discussions with West Gloucestershire PCT had noted that this option was not supported in view of the countywide review of

Older People's services. The second proposal entailed the continuation of operation of all four inpatient units but adjusting the staffing to reflect more closely the patterns of occupancy. The Director of Nursing advised the Board that this second option had received the majority of clinical support.

- 6.4 The Chairman confirmed that the first proposal would offer possible savings of £105k whereas the second proposal would offer £73k. The Director of Finance advised the Board that these savings were not necessarily savings in the budget, as some of the costs involved had not been budgeted for in the first place.
- 6.5 The Associate Director, AHPs asked for clarification around the current figures in relation to the shift patterns compared to the new proposed figures.
- 6.6 The Chairman noted that the second proposed option was favourable as it had the advantage of not causing as much disruption as a closure. The Chief Executive agreed, noting that this option took into consideration people's needs. He also advised that the Trust was pre-empting the actions proposed within the Older Peoples MH Review consultation that was due to be released early next year. The Board approved the proposals to adjust the staffing levels within the inpatient units.

## **7. TEMPORARY CLOSURE OF SHERBORNE HOUSE, CHARLTON LANE**

- 7.1 Linda Folley, Care Group Manager for Working Age Adults was in attendance to present the Sherborne House report to the Board.
- 7.2 The report outlined the requirement to temporarily close Sherborne House. A number of factors had been instrumental in this decision including the inability of the unit's structure to meet safety, privacy and dignity regulations, a number of identifiable ligature points and a report from the Healthcare Commission stating that Sherborne House was an unsuitable environment to care for patients. Another contributing factor to the decision for temporary closure involved a potential £65k saving in-year to assist the Trust achieve break-even.
- 7.3 The Board were advised that at the end of the week commencing 30 November only one patient was being cared for at Sherborne House and since then this patient had received a care plan review and has been moved to an acute unit at Charlton Lane. The staff at the unit have temporarily been placed in existing vacancies elsewhere within the Charlton Lane. It was advised that work was underway to relocate the ward manager.
- 7.4 Linda Folley informed the Board that the action of closing Sherborne House was to suspend beds not the services provided there. It was noted that it was still unclear at this time with regard to Sherborne House's long term future.
- 7.5 Kathy Holland, the Trust's Carer Representative raised a number of questions on behalf of a carer who had been unable to attend the Board meeting. These related to the reason for the closure and the effect on the continuation of service. Linda Folley advised that patients who would have normally been directed to Sherborne House would be directed to other clinical services. She reiterated that the unit had been unsuitable for 24-hour care in terms of its environment. Linda Folley also advised that the speed in closing the unit was partly influenced by the need to meet the Trust's financial targets.
- 7.6 The Chief Executive advised that Sherborne House was the only unit that the HCC had advised that the Trust shouldn't be running as it was an environmentally poor

quality unit. He also noted that if the Trust was working toward the Recovery model of care work should be done on looking at providing services outside an institutional environment.

- 7.7 Frank Powell queried the future of the team based at Sherborne House and the services that were offered by this team. Linda Folley advised that the team had been dispersed within other areas of the Charlton Lane Centre. She advised that it was unlikely that the team would be reformed, however, this was due to looking at contributing to CMHTs and ACT teams and offering care in people's homes. Frank Powell asked that a progress report be brought to the Board to update members on developments within the service. Linda Folley noted that service redesign work had started within the working age adults care group and a clearer picture of the position was expected in February/March 2006. It was agreed that an update would be brought to the Board in March. The Director of Social Care asked that links be made with this redesign work with the supporting people proposals on accommodation.
- 7.8 The Chairman formally acknowledged the hard work of the Ward Manager from Sherborne House and her ability to keep morale up within the staff groups.
- 7.9 Linda Folley agreed to provide a written response on behalf of the Board to the questions raised by Kathy Holland.
- 7.10 The Board approved the actions already undertaken to temporarily close Sherborne House and offered support for further work to decide the future service reprovision.

## **8. RECRUITMENT AND RETENTION STRATEGY AND ACTION PLAN**

- 8.1 The Director of Human Resources presented the Recruitment and Retention Strategy and Action plan to the Board. It was noted that the strategy supported the Trust in delivering quality services by focusing activities on recruiting and retaining appropriately skilled and qualified staff. The strategy would be reviewed annually to assess the progress against the action plan.
- 8.2 Lizzie Abderrahim asked how the Trust would measure whether the implementation of the Strategy had been successful. The Director of Human Resources noted that a review of vacancy rates and annual feedback from the staff attitude survey would help to monitor this information. The Director of Finance advised that the vacancy information within the Trust came from the financial systems, which was not what was normally expected and hence meant that the system was working imperfectly. She noted that the introduction of the Electronic Staff Record would gradually help effective monitoring in this area. The Chief Executive asked that the information be presented comparatively.
- 8.3 It was agreed that some additional actions relating to the achievement and measurement of implementation would be added to the action plan. The Strategy was approved.

## **9. NHS CODE OF CONFIDENTIALITY**

- 9.1 The Director of Social Care presented the Board with the recommendation of revising existing Trust guidance on Confidentiality with more up to date guidance issued by the Department of Health. It was noted that a number of points had been raised by service users, carers and public forums pointing out some of the inconsistencies in the current document with more up to date guidance. It was hoped that adopting the

Department of Health 'Confidentiality: NHS Code of Practice' would help achieve a more consistent and robust procedural document for reference.

- 9.2 The Board approved the replacement of existing guidance with 'Confidentiality: NHS Code of Practice'.
- 9.3 An issue was raised about communicating this replacement to staff. The Communications Manager would be brought into discussions around this matter.

## **10. REVIEW OF INCIDENT REPORTING PROCEDURES**

- 10.1 Gordon Benson, Clinical Governance and Risk Manager was in attendance to present the review of Incident reporting procedures to the Board.
- 10.2 Two policies were presented to the Board for approval – Policy for Reporting and Investigating Incidents and Response to serious untoward incidents involving/relating to service users policy and procedure. The first policy was formed from two prior documents; Incident reporting and adverse event policy and the Root cause analysis procedure. Feedback from staff had indicated that it had been found cumbersome to refer to two policies when investigating incidents. Another addition to the revised policy included the 10 key principles from 'Being Open when patients are harmed' guidance from the National Patient Safety Agency. Gordon Benson advised that the new policy was quite weighty but hopefully addressed all necessary issues in a simple manner.
- 10.3 A request was made that an additional bullet point be added at appendix A outlining the requirement of information to be available on the day of a review. The Director of Social Care asked that reference to the use of devices in 4.3 be extended to included information about being labelled. A request was also made that the people outlined within the appendices of the policies be noted by job title rather than name.
- 10.4 Lizzie Abderrahim asked for clarification as to whether the Reporting and Investigating of Incidents was also to be used in relation to the receipt of complaints and if so, it needed to be explicit when it was to be used. Gordon Benson agreed that the Complaints Policy and Procedure would need to be amended to incorporate these comments.
- 10.5 Gordon Benson advised that the second policy under review in relation to Serious Untoward Incidents involving/relating to Service users had received some minor wording changes to reflect new NPSA guidance. The Chief Executive suggested that an alternative word be found to clarify the meaning of 'Rogue' staff noted within the policy.
- 10.6 Subject to the suggested amendments, both policies were approved for adoption within the Trust.

## **11. CHAIRMAN'S REPORT**

- 11.1 The Chairman updated the Board on key issues of business over the past month.
- 11.2 The Board noted that the StHA was about to launch the consultation on the proposed reconfiguration of PCTs. The Chairman advised that they would be consulting on a much broader range of options than previously thought including the proposed number of PCTs and also the proposed number of StHAs. The Chief Executive noted that the consultation document didn't explicitly debate the options and there

were no preferred options addressed. It also reopened the debate of a Swindon and Gloucestershire merger. The Chairman advised that this was a difficult time for the Gloucestershire PCTs. There was a strong acceptance for a Gloucestershire PCT but no work could begin until the consultation had been completed and the go ahead had been received from the StHA and the Department of Health. The Board noted that the PCTs had been issued target financial control totals by the StHA but these were not necessarily to meet breakeven. It was thought that Cotswold and Vale PCT had been set a target control total of £3m.

## **12. CHIEF EXECUTIVE'S REPORT**

- 12.1 The Chief Executive informed the Board that as part of a countywide approach to cost effective procurement, NHS organisations have agreed a joint printing contract for official stationary. Severn Enterprise applied to be selected as a potential provider but was unsuccessful in gaining a place on the shortlist of organisations invited to tender. The effect of the countywide procurement was to reduce costs for all NHS organisations involved. The Board noted however that the Trust would also be facing the additional consequence that the Severn Enterprise print service would need to come to an end. It was noted that the service had ceased taking orders and it was thought that it would cease operation and vacate Cleeve House on 23 December. The Trust's HR department is currently working with Severn Enterprise staff around suitable redeployment. The Chief Executive agreed to write on behalf of the Board to those staff based at Severn Enterprise, thanking them for their contribution over the years.
- 12.2 The Board were presented with the key highlights from 'Count Me in', the results of the census of the ethnicity of people using inpatient mental health services, conducted by the HCC. Amongst the findings, the census found that rates of admission into hospital were three times higher for black and white-black groups compared with the England and Wales averages and were more likely to have been referred by the police, subject to seclusion and to have experienced one or more incidents of control and restraint. Some of the recommendations highlighted in the census report included the need to tackle and explore the reasons behind the figures; the requirement of MH services to improve their ethnic monitoring as part of routine work and a review to be carried out by the Government on the way MH services collect data. The Chief Executive advised that the Race Equality Steering Group would consider the findings of the report.
- 12.3 The Board noted that the Trust's Health and Safety Policy had been reviewed to take into account organisational arrangements and new guidance that had been issued. The Executive Team on behalf of the Board had agreed the revised policy. This was noted and approved.

## **13. FINANCE REPORT**

- 13.1 The Director of Finance presented the finance report for the period ending 31 October 2005. The Trust was showing a year-to-date surplus of £1.27m, however, the forecast remained breakeven. The Director of Finance advised that the Trust was showing this surplus due to many of the identified savings being made earlier than expected.
- 13.2 The Board noted that discussions had been held with the StHA regarding the Trust's external financing limit. Work was underway nationally to address the issue of available cash within the NHS. Some suggestions had been issued including the delaying of payment to certain creditors by approximately 15 days and

underspending on the capital resource limit. The Director of Finance advised the Board that there could be some adverse consequences and the plans would have an effect on the Trust's PSPP target at year-end.

- 13.3 The CAMHS care group was showing a £182k overspend, an increase from last month. It was noted that this was approximately 10% of the budget. The main areas of overspend continue to be waiting lists and management and administration costs. It was noted that the Care group had not yet made a contribution to the vacancy review, however that posts had been identified that could contribute to the saving.
- 13.4 The Learning Disability care group position at month 7 was £176k overspent, a decrease from last month's report., with the main area of concern being the Windrush inpatient unit. The Board noted the care group's progress toward meeting its planned £63k CRES savings.
- 13.5 The Older Age care group was reporting an underspend at month 7 of £360k. This underspend is primarily due to vacancies which are not being covered by bank or agency staff. The care group has contributed £31k so far to the vacancy review against a target of £105k, the remainder has not yet been identified. The Older Age care group was forecasting a year end underspend of £450k.
- 13.6 The Working Age Adults care group was reporting a £299k underspend at the end of month 7, with a forecast year-end position of £510k favourable. This includes the proposed £150k contribution to the supporting people savings programme.
- 13.7 The Board noted an overspend with the Social Services Budget of £130k. This overspend was due to over commitments on the community care budgets. The Board noted that the County Council has agreed to give the Trust an additional £125k for this year to cover some of the over spends within Section 31 but this was not reflected in the current social services position. The expected year-end forecast outturn for social services was £90k overspent.
- 13.8 The Director of Finance advised that the negative budget continued to be monitored and was currently ahead of schedule. In addition to existing savings plans, it would be necessary for the Trust to take further measures to reach breakeven at year-end. Approximately £4.4m needed to be saved in the remaining 4 months of the year. The Director of Finance advised that work had been done as part of the FT application on securing the the breakeven position which she would include in the Finance report for January.
- 13.9 The Board were updated on the current position with the dispute with Wyre Forest PCT and Worcestershire County Council regarding the funding for an out of county client. It was noted that agreement had been made at arbitration that the Partnership Trust should be paid however this had yet to be received. Concern was raised that this could mean the difference between breakeven or not. There were issues that needed to be addressed including the responsibility of the PCTs and whether the client in question was to become a Gloucestershire client instead of Out of County. The Chief Executive agreed to write a letter to the Department of Health setting out the issue.
- 13.10 Lizzie Abderrahim asked for clarification on appendix 2 with regard to red and green progress reports within the analysis of negative budgets. It was noted that the progress statement may be the same however, the colour rating was given in terms of the risk – time elapsed since the plan was put in place

- 13.11 The Chief Executive informed the Board that it was important that people recognised that the financial position could only be achieved if the proposed savings plans stayed in place until March 2006. He acknowledged the huge effort carried out by the Trust's finance department to keep things going. The Board agreed that it would be appropriate to send a letter of thanks to the operational managers for their assistance in implementing the tough savings within the Trust.

#### **14. BANK AND AGENCY STAFFING REVIEW**

- 14.1 Ted Quinn, Care Group Manager for Learning Disabilities was in attendance to present the bank and agency usage report to the Board.
- 14.2 The need to control the cost and quality of temporary nursing staff and to improve efficiency has been recognised since the launch of 'NHS Professionals' in 2000 and the subsequent publication of the Audit Commission's report 'Brief Encounters' in 2001. The Board were informed that nationally expenditure grew by 33% in 1999/2000 and 10% of shifts were covered by temporary staff. Historically, the Partnership Trust secured its need for bank and agency staff by independent ward, unit or home based nurse banks and direct agency supply organised by the lead nurse or home manager. It was noted that this system was steadily being replaced by a central Trust-wide electronic Staffbank which was introduced in September 2003 following a successful pilot.
- 14.3 The Board noted that agency spend during the first two quarters of 2005/6 was £912k compared with £804k for bank usage. Ted Quinn advised that expenditure and usage were two different issues. Data was not available on a Trust-wide basis regarding the demand and supply of bank and agency workers however this was available for the units and wards served by Staffbank. Supply and demand variations are poorly reflected in expenditure hence it was hoped that improved performance of Staffbank or preferred agency supply would greatly reduce expenditure without any decrease in demand. The Board noted that the main demand for bank and agency staff came from the requirement to cover annual leave and sickness.
- 14.4 The Board were presented with the progress made by Staffbank in the control of the cost and quality of temporary workers. Some of the key areas of progress included the introduction of a central booking system, a reduction in costs due to the improved supply of bank staff, the use of a strict cost dominated procurement protocol and the ability to centrally manage the Trust's relationship with agencies.
- 14.5 The Director of Finance suggested that it would be useful to start looking at the number of shifts that were being covered by bank and agency staff in a co-ordinated way across the Trust. She noted that there was a good link made in the report between the differing effects of supply and demand on use of bank and agency. Ted Quinn advised that data would not be available across the whole of the Trust until the roll-out of Staffbank had been completed. The Board noted that a further roll-out was due in January. The Chief Executive informed the Board that the Staffbank had been recognised as an example of good practice and it provided staff of a high level of quality and ability. Ted Quinn noted that Hollybrook had a 30% vacancy factor but it had developed a good relationship with Staffbank to cover these vacancies. The Director of Finance expressed concern that the Trust did not have a system that could record the amount of bank usage within the Trust. The Director of Nursing noted that there would be a possible need for a manual system where ward managers would be required to complete forms to request bank or agency cover.

- 14.6 Frank Powell raised the issue of the on-costs and suggested that work be carried out to recognise and identify these.
- 14.7 Lizzie Abderrahim noted that there were a number of next steps that needed to be taken following a review of the report. These included a review of the recruitment and retention of staff, workforce redesign and the development of an action plan to monitor progress against identified actions.
- 14.8 The Chairman thanked Ted Quinn for producing the report and asked that a regular update be presented to the Board on a quarterly basis.

## **15. ANNUAL AUDIT LETTER**

- 15.1 The Director of Finance presented the Audit Commission's Annual Audit Letter to the Board. The Audit Letter had given a positive reflection of the Trust with a number of substantial assurances awarded.
- 15.2 A number of actions were identified for the Board to consider within the letter. The key action related to considering what further action should be taken in relation to obtaining settlement of the outstanding debt from Worcestershire County Council and Wyre Forest PCT. Discussion on this item was held earlier on in the meeting. Another key action related to the improvement of data quality in relation to management arrangements, patient records and ethnicity information. The Director of Finance advised that a report was being prepared from the IM&T Steering Group to the January Audit Committee on data quality.
- 15.3 Mike Evans, Chair of the Trust's Audit Committee advised that the key action for the Trust was the achievement of its target financial position.

## **16. MID YEAR PERFORMANCE OUTTURN**

- 16.1 Ryan Lewis, Head of Information Management Services was in attendance to present the mid year performance outturn report to the Board. The report covered the period April to September 2005.
- 16.2 It was noted that the unplanned readmission rates within working age adults were marginally higher than the annual Trust rates for 2004/5 and nationally reported rates. Regular monthly reports were being produced by the Information Department for the care group to help monitor the situation as there were no clear patterns in terms of specific wards or localities experiencing significant increases.
- 16.3 The Board were advised that the Trust would meet its outpatient waiting time targets at year-end however the Trust was under real pressure to maintain this performance.
- 16.4 Ryan Lewis advised that data capture was improving in both inpatient and community settings and had benefited from the work associated with the Black and minority ethnic census that the Trust undertook in March. Lizzie Abderrahim asked whether consideration had yet been given to incorporating ethnicity information into the quarterly performance reports. Ryan Lewis advised that the results of the ethnicity census had now been received in the form of 'Count Me In' and this would allow comparisons to be made against national benchmarks. The Chief Executive reminded the Board that it had been suggested that this issue be addressed by the Race Equality Steering Group.

- 16.5 The Chairman asked whether the increased level of readmissions was something that the Board needed to be concerned about. Ryan Lewis advised that the Trust's levels were still lower than the national average but the Board would be best advised to note them for now. The Medical Director suggested that the level of readmissions was being affected due to a reduction in occupancy rates.
- 16.6 Julie Soutter raised the issue of reductions in face to face contact and supervised consumption figures within the substance misuse care group. Ryan Lewis advised that Supervised Consumption clinic figures had never been reported as part of the performance report to the Board and agreed that the figures would be identified separately in future reports.
- 16.7 The Director of Social Care raised the issue of data quality and suggested that Board members needed a better understanding of what data was actually required to improve.

## **17. SERVICE EXPERIENCE REPORT**

- 17.1 The Director of Social Care presented the key highlights from the Service Experience Report to the Board.
- 17.2 In terms of Patient and Public activity the CAMHS care group had held a 'Have your say' forum in September. It was noted that this had had a small turnout but was a good step toward involvement. A two day link nurse training course is being provided for Gloucestershire Hospitals Trust staff by the Partnership Trust and includes sessions co-run by people with learning disabilities. The Director of Social informed the Board that a powerpoint presentation had been created to promote foundation Trust membership to people with learning disabilities. The Board noted that the Speakout group for working age adults was going from strength to strength. Staff involvement in the group has reduced and group members have taken on a lot of the work themselves and are supporting each other to carry out this work.
- 17.3 Lizzie Abderrahim asked for clarification about what happened to people's suggestions once they put them into the suggestion boxes situated at Wotton Lawn and Charlton Lane. The Director of Social Care advised that the unit manager would take up the suggestions and feedback would be issued via the internal unit newsletter.
- 17.4 The Board noted the remainder of the Service Experience Report. The Director of Social Care highlighted the need to ensure effective links between the PALS service and Governors.

## **18. MH LIAISON FOR OLDER PEOPLE IN ACUTE HOSPITALS**

- 18.1 Sue Coombs, Sally Ashton and Sue Keane were in attendance to present an overview of the Older People's MH Liaison project. The overall aim of the project was to improve the hospital experience for older people with mental health problems in the acute general setting by providing education and training to general hospital staff. Funding of £85k was received from the Department of Health to carry out this two year project.
- 18.2 Sally Ashton informed the Board that 200 referrals had been received during year one of the project and more than 110 referrals had been received in year two since September. It was noted that the majority of referrals had been received from rehab

teams and in most of the cases where people were presenting common signs of depression, delirium and dementia.

- 18.3 Sue Coombs advised that the project had highlighted the key gaps in service provision so work would now be carried out to look at how an actual service could be developed. The Director of Social Care queried whether similar work was due to be done with other care groups. He also noted the importance of this project in terms of commissioners still viewing mental health separately from other aspects of care.
- 18.4 The Chief Executive noted that the figures within the report highlighted that more people were being diagnosed with mental health problems in district hospitals than on the whole county caseload. The Director of Nursing advised that people were being taken into hospital with physical disabilities which in turn could lead to a review of their MH. It was agreed that it would be good to get a fix on this information.
- 18.5 The Chairman thanked the Older People's MH Liaison team for attending and presenting the progress with the project. It was agreed that this was a very beneficial project, the model for which could be incorporated into other care groups in the future.

## **19. NON EXECUTIVE DIRECTOR AUDIT OF COMPLAINTS**

- 19.1 Mike Evans presented his audit of complaints for the period July to September 2005 to the Board. He advised that the complaints system appeared to have improved and was performing well.
- 19.2 One of the complaints reviewed related to the control of repeat prescriptions. The Trust Complaints Manager was pursuing this issue and had agreed to provide an update in due course.
- 19.3 The Board noted that the other two complaints reviewed for the period related to the attitude of a locum and Trust Manager respectively. It was noted that the investigation into these complaints had identified shortcomings on the part of the complainants that had given rise directly to responses that were then perceived by complainants as unacceptable. In each case the evidence suggested that the Trust had acted appropriately and in one case had raised issues regarding the safety of staff.

## **20. AUDIT COMMITTEE MINUTES**

The notes from the Audit Committee held on 20 October 2005 were noted.

## **21. DRAFT NOTES FROM 5 DECEMBER BOARD MEETING**

The Board agreed that these minutes which had been tabled due to tight timescales would be reviewed again at the January Board meeting.

## **22. ANY OTHER BUSINESS**

The Director of Social Care informed Board Members that a series of meetings were being set up in January for potential Foundation Trust Governors. Board members were asked to express an interest if they wished to be involved in these meetings.

## **23. DATE OF NEXT MEETING**

The next meeting would be held on 9 January 2006 at 10.30am at Age Concern, Station Road, Gloucester.