

## **2<sup>GETHER</sup> NHS FOUNDATION TRUST**

### **BOARD MEETING**

**25 APRIL 2008**

**PRESENT** Rennie Fritchie, Chair  
Lizzie Abderrahim, Non-Executive Director  
Tracey Barber, Non-Executive Director  
Roger Brimblecombe, Non-Executive Director  
Shaun Clee, Chief Executive  
Mike Evans, Non-Executive Director  
Kay Harrison, Director of Human Resources  
David McGrath, Director of Corporate Affairs/Trust Secretary  
Dermot McMeekin, Non-Executive Director  
Frank Powell, Non-Executive Director  
Simon Thompson, Director of Operations  
Paul Winterbottom, Medical Director

**IN ATTENDANCE** Roger Antrobus Holder, Communications Manager  
Sean Ceres, Deputy Director of Finance  
Anna Hilditch, Trust Administrator  
Laurence James, Chair, Stroud and Swindon Building Society  
Bren McInerney, Barton and Tredworth Community Trust  
Philip Skelton, Gloucestershire Echo Newspaper  
Alan Bourne-Jones, Trust Employee

#### **1. APOLOGIES**

Apologies were received from Sandra Betney, Hazel Watson and Carolyn Elwes.

#### **2. DECLARATION OF BOARD MEMBERS INTERESTS**

- 2.1 Rennie Fritchie declared an addition to her Declaration of Interests. She had been nominated and taken up the role of Patron for Women in Banking.
- 2.2 Roger Brimblecombe advised that as from 1 April 2008, he was no longer a Non-Executive Director of Tissue Science Laboratories (TSL) plc.
- 2.3 There were no conflicts arising from the business to be conducted.

#### **3. NOTES OF THE MEETING HELD ON 31 MARCH 2008**

- 3.1 These were agreed as a correct record.

#### **4. MATTERS ARISING AND ACTION POINTS**

- 4.1 The Chief Executive informed the Board that he would be visiting the Early Intervention Team over the coming few weeks and would personally congratulate them on their achievements on behalf of the Board.
- 4.2 All other actions identified at the March meeting had been progressed or completed.

## 5. QUESTIONS FROM THE PUBLIC

- 5.1 The Trust had received two questions from a member of the public via e-mail on Thursday 24 April. One question related to complaints and the second related to the Charlton Lane Centre Business Case. Rennie Fritchie asked that the second question be deferred until later in the meeting when the business case would be discussed.
- 5.2 A response had been written in answer to the question on complaints. The question and answer were:

### **Question**

Regarding the 'complaints' report, it does not show the state of the 40% of complaints not replied to and resolved within the 25 working days target. How many unresolved are carried forward from quarter to quarter? and how long have some been outstanding?

### **Answer**

The Complaints Report indicates that 37% of complaints received between October and December 2007 were not replied to within 25 working days. However, it summarises the replies to all but one of the complaints received including those that took in excess of 25 days to complete. Detail of the time taken to respond is shown in each case. One complaint was still being investigated when the report was written. To capture a full picture, the timescales for investigation and a summary of the response to each complaint received during the year is also provided in the Complaints Annual Report. In the light of the concern raised in this question, in future, any incomplete complaint from one quarter will be included in the next quarter's report.

- 5.3 The Board were informed that Rennie Fritchie would be meeting with the Director of Corporate Affairs and the Complaints and Health Records Manager to carry out a thorough review of the complaints process.
- 5.4 A formal response would be constructed and sent to the requester with the answers to the two questions raised.

***ACTION: Response to be sent to requester answering two public questions received under the Public Questions Protocol***

- 5.5 No further questions were received from members of the public.

## 6. PRESENTATION FROM THE STRATEGIC SERVICE UNITS – LEARNING DISABILITIES

- 6.1 Debbie Furniss, Service Director, Learning Disability Services, was in attendance to present the Board with an overview of the progress and developments within the Strategic Service Unit (SSU) over the past year and looking towards the future.
- 6.2 The Chief Executive advised that he was excited by the work that was going on within Learning Disabilities. Nationally, there was little guidance to follow, however, the service was responsive and open to change.
- 6.3 Debbie Furniss noted that there was a need to align the service with the “News Ways of Working” agenda.

- 6.4 The Board heard about some excellent partnership working that was going on with Older People Services around Value Mapping. Ted Quinn, Service Director for Older People's Services and Debbie Furniss had met with a consultant colleague from outside of the NHS to look at the value mapping work. This had proved very beneficial as challenging questions were asked as well as some very basic background questions.
- 6.5 Tracey Barber asked the Board to note that the Learning Disability business plan had been very well written and she would recommend this above all others in terms of demonstrating delivery of good practice.
- 6.6 The Medical Director advised that the Trust was very lucky as it had always had good investment in learning disability services. The Value Stream Mapping work that had been carried out had been shared with the Royal College of Psychologists (??) and they had invited the Trust to attend an event in the autumn to present the work to them.
- 6.7 Rennie Fritchie thanked Debbie Furniss on behalf of the Board for attending the meeting and for giving a positive update on learning disability services within the Trust

## **7. CHAIR'S REPORT**

- 7.1 The purpose of this item was for the Chair to bring to the attention of the Board any key items of interest that had arisen over the past month.
- 7.2 Rennie Fritchie advised that she was starting to take forward the issues that had been raised out of her one to one meetings with Board members, with one key area being looked at in detail being the Board Committee structure. A meeting would be taking place with the Committee Chairs to discuss this further.
- 7.3 A meeting had taken place with Rennie Fritchie alongside the Chief Executive and Bren McInerney from Barton and Tredworth Community Trust to discuss local initiatives. Rennie Fritchie advised that this had been a very helpful meeting. A second meeting had also taken place with Ruth Fitzjohn, Chair of Gloucestershire PCT, in order to further facilitate her learning and induction.
- 7.4 Rennie Fritchie had attended a carers event that had taken place at Churchdown Community Centre and the Board were informed that the Trust was planning to carry out some positive events for Carers week coming up in June.
- 7.5 The Chair had shadowed the Medical Director in the Forest locality for a day, focussing on Learning Disabilities which she had found immensely interesting. Rennie Fritchie advised that it felt as though there was a real grip on what was happening within the teams and an enthusiasm to better develop services. It had been a very helpful day.

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

- 8.1 The purpose of this item was for the Chief Executive to bring to the attention of the Board significant items of business in progress.
- 8.2 The Chief Executive was pleased to advise the Board that the Trust had been notified that its work on patient experience and user involvement had been recognised in the Dr Forest/Picker Institute audit as outstanding. This was excellent news and thanks were

- noted to Kathy Holmes for picking up responsibility for the quarterly patient experience report.
- 8.3 The Chief Executive and Director of Nursing, Social Care and Therapies had returned from Northern Ireland after attending a meeting as part of the Ashridge/Vital Signs programme. It was noted that the programme developed Chief Executives to extend their skills in order to carry out work quite often passed out to external consultancies. The Chief Executive advised that he would be asked back at a later date to assist with the MH services reconfiguration planned. The Board were informed that some learning could be picked up from them as the Northern Ireland MH Services had excellent relationships with the local authority housing services.
- 8.4 The Chief Executive and Chair had attended a MH Network meeting. This used to take place in two separate meetings, one for Chair's and one for Chief Executive's however it was now moving into one integrated forum. Proposals had been put forward at the meeting for how the Healthcare Commission reviews MH Trust performance.
- 8.5 The Trust carried out its annual staff survey during October to December 2007. There was a 51.4% response rate which was above the Picker average of 49.8%. The survey demonstrated a number of areas showing significant improvement, including access to health and safety training, communications, reduction in certain types of injury and staff receiving appraisals. The results of the survey were encouraging that the actions taken following last years survey had been effective and were taking the Trust in the right direction. More work was needed and the Workforce Committee would consider the results alongside the Human Resources action plan for 2008/09.
- 8.6 The Chief Executive expressed his thanks to people for taking part in the learning event held on 15 April, with particular thanks to the Director of Nursing, Social Care and Therapies who opened the event. Lizzie Abderrahim said that she had found the day fascinating and useful. It also made a good opportunity for the Non-Executive Directors to meet up with staff.
- 8.7 Tracey Barber raised the issue of the Social Inclusion agenda and suggested that the private sector could be used to move this forward. The Chief Executive confirmed to the Board that the Trust had been invited by the National Social Inclusion Programme to become a "Community of Influence" site. This work programme aims to identify, evaluate and disseminate the innovative ways in which lay expert members and governors of FTs can be engaged in positively influencing opportunities for inclusion and social networks in the various communities of which users are members, and in helping to achieve a corresponding reduction in stigma and discrimination. The Board were also informed that the Trust's community broadcast DVD on social inclusion and membership had been picked up as an example of good practice and will feature as a link on the NSIP website.

## **9. FINANCE REPORT**

- 9.1 The Deputy Director of Finance, Sean Ceres, provided a verbal update on the interim financial position for the period ending 31 March 2008. It was noted that the Trust continued to report a strong financial position, in line with Monitor expectations with regard ratios and the generation of a surplus, which was positive. The Board were advised that the Trust was required to generate a surplus which could then be reinvested back into services.

The maximum ratio that a first year FT could achieve was a 4 and the Trust had achieved this. The final accounts would be submitted to Monitor on 1 May.

- 9.2 Mike Evans offered praise to the Finance Department for the tight timescales being worked toward to pull together the annual accounts.

## 10. CHARLTON LANE CENTRE BUSINESS CASE

- 10.1 The purpose of this report was to present the Full Business Case for the redevelopment of services on the Charlton Lane site for approval and 'sign off' by the Board. The Chief Executive presented the Business Case to the Board in the absence of the Director of Nursing, Social Care and Therapies.
- 10.2 Some of the key highlights of the Capital Business Case were outlined. It included provision of high quality accommodation for older peoples inpatient services, provision of inpatient beds for people with profound and multiple learning disabilities and the provision of office accommodation for community teams in Cheltenham. The Business Case would be a £6.8m capital project however, the capital and revenue consequences had been accounted for to ensure financial ratios for the Trust remained high.
- 10.3 The Board noted that there was some variance around the proposed bed numbers at the unit, however, it was clarified that the Business Case proposed the full refurbishment of 47 beds but there would still be the agreed 65 beds in the system. The Trust continued and would continue to have the capacity to work out of 65 beds but was confident that it would not need to. Staffing levels were appropriate for 65 beds. The Chief Executive advised that he had spoken to the Health Overview and Scrutiny Committee (HOSC) to give clarity to these messages.
- 10.4 Frank Powell asked where the Trust's Commissioners were in terms of supporting the plans. The Chief Executive advised that an action plan was in place to implement the HOSC and Independent Review Panel recommendations about older people inpatient services which the Commissioners had agreed and signed up to. The Trust had their full support.
- 10.5 Frank Powell asked for more information about the proposal for two beds at the unit for profound and multiple Learning Disability services. The Chief Executive noted that these would not be specific beds but would mean that the Trust would have the capacity to support two people in an inpatient environment. Staffing for these beds would be provided by staff from the Learning Disability service.
- 10.6 The Director of Operations offered his congratulations to the Director of Nursing, Social Care and Therapies for her lead in developing the Business Case. He stressed to the Board the importance of delivering excellence.
- 10.7 Frank Powell thanked those people who had been involved in the consultation process around the development and it was agreed that the Director of Nursing, Social Care and Therapies would be asked to write a letter of thanks to those people, thanking them for their contribution.

***ACTION: Letter of thanks to be written and sent to those people involved in the consultation process around the development of the Charlton Lane centre***

- 10.8 Dermot McMeekin asked the question as to what would happen next. The Chief Executive advised that if the Board approved the plan, a benefits realisation plan would need to be developed and a project team would be appointed to look at this. The Director of Corporate Affairs noted that the Infrastructure Committee would pick this up and review on a bi-monthly basis.
- 10.9 The Board were referred back to the second question raised from a member of the public in relation to the Charlton Lane Centre Business Case. The question and answer given were:

**Question**

Regarding the Business Case studies, I notice that in the financial appraisals of the options (appendix 2) only one discount rate of 3.5% has been used to compare net present costs. In my previous career on public works we would use a number of rates to check sensitivity, say plus/minus 1%. Was this considered, and would it have led to a different set of rankings?

**Answer**

The use of the discount rate of 3.5% represents the internal charge rate used by the NHS as a charge against capital employed. Where the asset is rented the scheme attracts no capital charge. The sensitivity planning looked at switching values on the overall financial and non financial evaluation process rather than just the financial one, this did not change the ranking, in fact the FBC illustrates that a swing of 212% in capital employed in order to change the ranking.

**10.10 The Board approved the Charlton Lane Centre Business Case.**

**11. STANDARDS FOR BETTER HEALTH DECLARATION**

- 11.1 The Board is required to provide a declaration to the Healthcare Commission on the Trust's compliance with the Standards for Better Health for the year 2007/08. The purpose of this report was to invite the Board to consider its response.
- 11.2 The declaration the Trust is required to provide assesses its performance against the core standards over the past 12 month period, from 1<sup>st</sup> April 2007 to 31<sup>st</sup> March 2008. It is based on a self-declaration which states that the Trust Board has received reasonable assurance that the Trust has complied with the core standards without significant lapses. The Commission will cross check this against a range of data sets that have national coverage and information from other regulators and review agencies in order to identify those Trusts they consider most at risk of not meeting the core standards. In undertaking cross checks they will also review the statements from Trusts against any relevant comments gained from the internal and external auditors on the robustness of the statement on internal control, and from the Patient and Public Involvement Forum, the Health Overview and Scrutiny Committee, the local Safeguarding Children Board and, for Foundation Trusts, their Governors. The Board were directed to the comments received from these forums at Annex A of the report.
- 11.3 The Director of Corporate Affairs recommended that the Board give a full compliance declaration indicating that the Trust is meeting the requirements of the Core Standards for Better Health. He advised the Board that full compliance was the minimum level required and the Trust still needed to raise its sights.

- 11.4 The Board noted that there was no requirement for the Trust to declare its progress in relation to the developmental standards, however, the Governance Committee asked for an assessment to come to the Board as part of this report. A report will be prepared shortly for consideration by the Governance Committee in the first place.
- 11.5 The Board accepted the recommendation to submit a declaration of full compliance against its core standards for better health.**

## **12. PERFORMANCE DASHBOARD 2007/08 OUTTURN REPORT**

- 12.1 The purpose of this report was to update the Board on performance against key performance measures and targets between April 2007 and March 2008. The Board noted that this was the end of year report.
- 12.2 The Director of Operations reported that all of the key national targets had been fully achieved with the exception of the 7 day follow up after discharge target where 94% had been achieved against the 100% target. The Board were advised however, that the Trust had been performing at 67% of follow ups taking place within 48 hours over the past few months.
- 12.3 There had been significant improvement in appraisals and training over the year and thanks were noted to the Director of Human Resources and the SSUs for picking this up. It was agreed that there was still lots of work to do.
- 12.4 Following recently made amendments to the methodology employed to calculate drug misuse 12 week retention rates, the Trust was reporting an 89% retention rate for 2007/08 against the national target of 85%.
- 12.5 Both the Crisis and Home Treatment and Early Intervention Team trajectories had been met. As noted earlier in the meeting, the Chief Executive would be visiting the Early Intervention team to offer the Board's congratulations on the work done to achieve the targets.
- 12.6 The Board noted that Delayed Transfers of Care (DToC) within older people's services had reduced to 7 compared to 10 at the end of February. The Trust was working with partner organisations to expedite transfers to nursing home placements. Working Age Adult services had 16 DToC at the end of March and work was ongoing to find suitable alternative accommodation. The Board were informed that many of the DToC were not solely down to the Trust to resolve as there were many external factors to consider. Lizzie Abderrahim agreed, noting that the individuals in question were outside of the Trust's control and it was a local authority issue. Roger Brimblecombe informed the Board that Alan Metherall, Matron Manager at Wotton Lawn had been asked to prepare a more detailed report on DToC and report back to the Performance Management Committee with the findings.
- 12.7 The Director of Operations noted that CPA performance had shown an improvement in terms of direction of travel, however, we should not be complacent. It was thought that much of the performance issues related to data quality, not patient care.
- 12.8 The Director of Human Resources reported that there had been another drop in sickness absence rates at the end of March. The Board were reminded that there had been a

significant period of service change which had impacted on people's attendance. A review had been undertaken of the Attendance Management Policy to make it tighter and clearer to understand. It was hoped that this would have a further positive impact on sickness absence.

- 12.9 The Board noted that the Trust needed to start looking at predicting its performance throughout the year. It was agreed that the Executive Team would pick this up and consider further.

***ACTION: Executive Team to explore ways of predicting performance***

- 12.10 The Chief Executive noted that the average length of stay in working age appeared to be rising. He advised that this needed to be examined, as well as the apparent rise in admissions under the MH Act.
- 12.11 The Deputy Director of Finance asked whether the targets set for public membership had been set by Monitor. The Chief Executive advised that these were targets set by the Trust for itself to achieve in line with the Social Inclusion agenda. It was also noted that it made good business sense. If the targets were not achieved, Monitor may not have a problem, however, there might be some concern that the Trust was unable to predict effectively. The Director of Corporate Affairs informed the Board that there was a new membership recruitment programme that would be starting next month and that would contribute to achieving these targets.
- 12.12 The Director of Operations highlighted the usefulness of the Intelligent Board report. Roger Brimblecombe advised that a paper had been received at the Performance Management Committee presenting a gap analysis against this document. This would be reviewed in more detail at the next meeting of the Committee.

### **13. SERVICE EXPERIENCE REPORT**

- 13.1 The purpose of this report was to provide the Board with an overview of Patient and Public Involvement activities within the Trust from October to December 2007.
- 13.2 The Board were reminded of the earlier discussion where it was noted that the Trust had received a commendation from the Dr Foster/Picker Survey and the Trust's PPI and service experience work had been recognised as excellent.
- 13.3 The Chief Executive informed the Board that the Trust was not fully meeting its targets for responding to all complaints within 25 days. He noted that he received the complaints responses to check and sign off and these were usually factually correct. However, he felt that they did not give the complainant what they wanted in terms of a response. The Chief Executive advised that the Trust received a relatively low level of complaints and it was therefore disappointing that a disproportionate amount of time was spent having to redraft response letters. Rennie Fritchie agreed that the style and tone of a letter was extremely important. She reiterated that she would be working with the Director of Corporate Affairs and the Complaints Manager to review the whole complaints process.
- 13.4 The Board noted that working age adults received the majority of complaints, however, it was agreed that it would be more useful to see this displayed as the percentage of

contacts. Working Age Adults was the largest service unit and therefore looked out of proportion with the rest of the SSUs.

- 13.5 The Board approved the recommendation made that the Chief Executive and Director of Operations be asked to review the content and format of the report in light of feedback from the Governors meeting on 25 March 2008 and the Mental Health Intelligent Board report.**

#### **14. BOARD ASSURANCE FRAMEWORK**

- 14.1 The purpose of this report was to provide the Board with a quarterly update on the Board Assurance Framework.
- 14.2 The Board were informed that two new risks had been added to the assurance framework; Estates Safety Checks and Information Governance. It was noted that the Infrastructure Committee were taking a rigorous approach towards the estates safety checks and would ensure that any problems would be rectified as soon as possible.
- 14.3 Information Governance audits had now been carried out and training and briefings had been provided for staff. A number of revised information governance policies had also been issued, providing guidance for staff on use of removable media such as memory sticks. New network services and cabling had been installed throughout the Trust. This work had moved the Trust from red to amber in the Connecting for Health toolkit and represented a 32% improvement. The Chief Executive queried the information governance underspend and the timeframes associated with the installation and implementation of infrastructure. The Director of Corporate Affairs advised that the reported underspend of approximately £80k had occurred due to all works being completed more cost effectively than initially planned. The Chief Executive suggested that discussion take place at the Executive Team around profiling the Trust's units.

***ACTION: Executive Team to start discussions on profiling Trust estate***

- 14.4 The Deputy Director of Finance queried the outcome of the internal audit report on budgetary controls which recommended that the Trust should review the processes by which finance information was compiled and issued and implement any measures to improve the timeliness of issue to budget holders. The Board were informed that a new system had been put in place and monthly budget sheets would now be circulated to budget holders via e-mail.
- 14.5 The Board accepted the recommendations made within the report that the assurance framework be updated to take account of the assurances received and to amend the risks as proposed.**

#### **15. MONITOR QUARTERLY REPORT**

- 15.1 The purpose of this report was to report to the Board on the quarterly and adhoc declarations required by Monitor.
- 15.2 The Board were informed that Monitor had used the Trust as an example of good practice in relation to its reporting of potential problems in meeting the Early Intervention targets. It

was clear that they would much prefer to be notified well in advance of any concerns, even if it was just precautionary, than having it sprung on them late in the day.

- 15.3 The Board agreed the recommendations outlined in the report and confirmed that all targets had been met over the period and that plans were in place to ensure that all known targets which would come into force would also be met.**

## **16. USE OF THE TRUST SEAL**

- 16.1 The purpose of this report was to present the Board with the use of the Trust seal during the period January to March 2008. The seal was used three times during the period and this usage was noted.

## **17. COUNCIL OF GOVERNOR MINUTES**

- 17.1 The Board were presented with the draft minutes from the Council of Governors meeting held on 25 March 2008.
- 17.2 A question had been raised at the meeting as to whether it would be useful for Governors to visit some of the Trust's sites. A suggestion had been made that the SSUs be invited to attend the Council of Governor meetings, as they had done for the Board, to present an overview of their service. It was thought that this might be more helpful than only site visits for the Governors and could also include the perspective of user groups. The Director of Operations agreed to consider further an outline programme for this.

***ACTION: Programme and method of SSU involvement with Council of Governors to be drawn up for sharing with Governors at July Council meeting***

- 17.3 Rennie Fritchie advised that the Governors had responded positively to a potential joint meeting of the Board and Governors. It was noted that the PCT had been invited to attend the Council of Governors meeting on 16 July 2008 and Board members were also invited to attend the meeting to take part in this discussion around commissioning.

## **18. BOARD COMMITTEE MINUTES**

- 18.1 The purpose of this report was to provide the Board with a regular update on the key areas of discussion taking place within the Board Committee structure.
- 18.2 The Board were presented with the reports from the Performance Management Committee held on 11 March and the Governance Committee held on 19 March.
- 18.3 Roger Brimblecombe, Chair of the Performance Management Committee informed the Board that the Committee had met a further time since 11 March. At the next meeting in May it was proposed that a review be carried out to see whether there was any new national or local guidance in place that would require to Trust to change its objectives or targets. A presentation would be received updating on the position with delayed transfers of care and further work would be carried out to assess the MH Intelligent Board report.
- 18.4 Mike Evans reported that there was an issue about consistency that had arisen at the Governance Committee. It was not clear whether all of the papers being presented to the Committees actually needed to be there and what the Committee was required to do with

them. It was agreed that the use of the new front sheet would be helpful in reducing this problem.

## **19. ANY OTHER BUSINESS**

- 19.1 The Board were asked to note that Frank Powell would take over the role of Chair of the MHAM Committee from Lizzie Abderrahim with immediate effect.
- 19.2 The Board were asked for feedback on the new cover sheets that had been used for the first time on the April Board reports. Feedback was mostly positive, however, it was agreed that sections should be added to the report to cover risk, equalities and financial implications. This would ensure that the Trust was being open and clear for monitoring purposes.
- 19.3 Rennie Fritchie advised that the Trust was moving into a new financial year and there would be some significant challenges ahead. She expressed her thanks to the Executive Team for agreeing to the late change in April Board meeting date and in their ability to take on and utilise the new front cover sheets so efficiently.

## **20. FAREWELL TO LINDA FOLLEY**

The Board welcomed Linda Folley, Service Director for Working Age Adults to the meeting. Linda would be retiring on 29 April and it was agreed that the Board should have the opportunity to express their thanks and gratitude to Linda for her work over 40 years in the NHS. Some of Linda's huge achievements were acknowledged and Rennie Fritchie asked Linda what she was most proud of. The Board were informed that she was most proud of the work put in to developing and building Wotton Lawn and some of the people that she had had the opportunity to see develop. Linda said that she had the opportunity to work with some extraordinary people and carry out some extraordinary work and she would find it very hard to leave. She said that the past few years with service changes and redesign had been hard but asked the Board to note the hard work put in by Dr Chris Fear who had supported her through it. The Board wished Linda Folley well for her future retirement.

## **21. DATE OF NEXT MEETING**

The next meeting would take place on Monday 19 May 2008 at a venue to be advised in the Forest of Dean.

**BOARD MEETING**

**ACTION POINTS**

<b>Date of Meeting</b>	<b>Item ref</b>	<b>Action</b>	<b>Lead</b>	<b>Status/Progress</b>
25 April 08	5.4	Response to be sent to requester answering two public questions received under the Public Questions Protocol	David McGrath	Response sent by e-mail on 29/4/08
	10.7	Letter of thanks to be written and sent to those people involved in the consultation process around the development of the Charlton Lane centre	Hazel Watson	
	12.9	Executive Team to start looking at ways of predicting performance	Shaun Clee for agenda	
	13.5	Chief Executive and Director of Operations be asked to review the content and format of the service experience report in light of feedback from the Governors meeting on 25 March 2008 and the Mental Health Intelligent Board report.	Shaun Clee / Simon Thompson	
	14.3	Executive Team to start discussions on profiling Trust estate	Shaun Clee for agenda	
	17.2	Programme and method of SSU involvement with Council of Governors to be drawn up for sharing with Governors at July Council meeting	Simon Thompson	