

## **2GETHER NHS FOUNDATION TRUST**

### **BOARD MEETING HESTERS WAY COMMUNITY RESOURCE CENTRE 26 JANUARY 2009**

**PRESENT**

Rennie Fritchie, Chair  
Tracey Barber, Non-Executive Director  
Sandra Betney, Director of Finance and Commerce  
Roger Brimblecombe, Non-Executive Director  
Shaun Clee, Chief Executive  
Martin Davis, Non-Executive Director  
Carolyn Elwes, 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  
Hazel Watson, Director of Nursing Social Care and Therapies  
Paul Winterbottom, Medical Director

**IN ATTENDANCE**

Anna Hilditch, Assistant Trust Secretary  
Alan Brown, Apira (Item 16)  
Tony Burton, Member of the Public  
Emily Cleland, Gloucestershire Echo  
Gavin Davies, Assistant Director of Communications  
Bren McInerney, Member of the Public

#### **1. APOLOGIES**

Apologies were received Lizzie Abderrahim.

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

There were no changes to the Declaration of Interests. No conflicts of interests arising from the items being discussed were declared.

#### **3. NOTES OF THE MEETING HELD ON 22 DECEMBER 2008**

The notes from the last meeting were agreed.

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

- 4.1 It was agreed that the Social Inclusion Strategy would now be presented to the February meeting of the Board.
- 4.2 All other action points identified at the last meeting had been completed. There were no other matters arising from the notes of the last meeting.

#### **5. QUESTIONS FROM THE PUBLIC**

- 5.1 Mr Tony Burton had submitted some questions for the meeting relating to Improved Access to Psychological Therapies. Rennie Fritchie gave Mr. Burton a verbal response to his questions. These are detailed below.

**I would like some more detailed information on the 'Improving Access to Psychological Therapies' plan announced last year by the Department of Health.**

**1. How will 2gether services be involved? And tied in with Primary Care?**

2gether is the preferred provider for the delivery of IAPT in Gloucestershire and the services will meet the needs of people with common mental health problems, anxiety and depression in primary care or other community locations as required. This service is focused on meeting the psychological needs of people who would normally be seen by their primary health care team.

**2. What groups and numbers might benefit? e.g. in the three service age groups and learning disabilities**

IAPT services will deliver psychological therapy services for adults 18+, and it is a phased 3 year rollout predominantly in WAA and OP services initially. However, the service will not be discriminatory. There is an expectation that the Trust will develop a plan and seek additional monies to meet what is being called by the DOH "hard to reach groups", an example being postnatal women, BME users, offenders and LD.

Gloucestershire has an expected prevalence of 16,000 adults with an anxiety/depressive disorder, of which the IAPT service will deliver 6,300 treatments per year. IAPT is a self referral service

**3. When would patients expect to benefit?**

The IAPT services will commence in April 09 and will be fully operational by Oct 09, as per SHA requirements.

5.2 No further questions or comments were received from members of the public present at the meeting.

**6. CHAIR'S REPORT**

6.1 Rennie Fritchie provided the Board with a verbal update on some of her activities since the Board last met in December.

6.2 A meeting of the Council of Governors took place on 14<sup>th</sup> January. Rennie was happy to welcome two new Governors to the meeting; Tim Coupland who had been appointed as Nursing Staff Governor and Jan Marriott who had replaced Ingrid Barker as the Nominated PCT Governor. At the meeting, the Director of Operations agreed to involve a number of Governors in the review of the action plan for the Annual Patient Survey. Five Governors had put their names forward to be involved in this. It had been agreed that the Governors would find a session on Risk, and in particular an appreciation of the SUIs process, very helpful so the Medical Director would be invited to attend the next meeting in March to lead a session on this with the Director of Corporate Affairs. The future dates for the Council of Governors were agreed and would take place on 25 March, 8 July, 14 October and 20 January 2010. Rennie Fritchie informed the Board that a joint Governors session with the Hospital's Trust would be taking place on 2 February to hear more about the Dementia Strategy. This would be taking place at Redwood House at Gloucestershire Royal Hospital

and the invitation was extended to those Board members who had not been able to be part of a similar Board event last year.

- 6.3 Rennie Fritchie informed the Board that nominations were now being received for the Pride of Gloucestershire Awards. This was an annual initiative and the Trust was happy to be supporting the Caring Hero award category.

## **7. NON-EXECUTIVE DIRECTOR'S UPDATE**

- 7.1 The purpose of this item was for the Non Executive Directors to present the Board with a brief update on some of their activities since the Board last met in December.
- 7.2 Roger Brimblecombe had attended one MHAM review and two serious untoward incident reviews. He said that he was always impressed with the sensitivity with which these reviews were conducted. Roger had also carried out two Board visits with the Chief Executive; one to Coleford House to see the Recovery and PCAT teams and one to Fieldview to the Accommodation Team. He said that the visit to the Accommodation Team had been very useful and he received helpful information about the contracts that the Trust held with supported housing. As part of the visit, Roger Brimblecombe and the Chief Executive had been taken to visit some accommodation which Roger reported was of a good standard and the lady living in the apartment had a sense of pride in her home. Roger Brimblecombe had also attended the meeting to discuss the proposed new Board Committee structure and the Board Development session.
- 7.3 Frank Powell informed the Board that he had met again with the Governor's Nominations and Remuneration Committee to discuss the process for the Chair and Non Executive Director appraisals. Frank advised that work had not yet started on the review of the MHAM role. He had attended both the Board Committee structure meeting and Board Development session.
- 7.4 Martin Davis had attended two MHAM reviews as well as the meeting to discuss the proposed new Board Committee structure and the Board Development session.
- 7.5 Tracey Barber informed the Board that she had carried out a Board visit with the Director of Human Resources to Acorn House. She said that this had been a useful visit but it was important that there were correct communication channels in place to be able to take forward any learning from these visits. Tracey Barber had had some conversations with the Assistant Director of Communications who was develop a Marketing and Communications Strategy and was able to give some initial feedback. This was progressing well and Tracey expressed her thanks to Gavin Davies.
- 7.6 Carolyn Elwes, in addition to normal committee work and reviews had arranged a meeting with Gary Mills, debt advisor and volunteer for the Royal British Legion (RBL) to address his concerns about rising numbers of ex-HM Armed Forces personnel using mental health services. There was agreement about strengthening such advice where appropriate and the Director of Nursing, Social Care and Therapies had agreed to look into the possibility of asking each contact on arrival 'Are you, or have you ever been, a member of HM Armed Forces.' This would enable a further tranche of support to be engaged through the RBL. Carolyn continued her work with the Director of Nursing, Social Care and Therapies to map voluntary organisations in the county and work on exploring specific interests of each Voluntary group on the PALS list had been completed. It would now be possible to

consider how to meet with them, where the gaps were, and where there was over provision.

- 7.7 Dermot McMeekin informed the Board that he had now attended his third MHAM review which meant that he was now a full panel member.

## 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 Regulations have been made directing PCTs to commission independent mental health advocate (IMHA) services for patients subject to the Mental Health Act 1983. The regulations also set out the minimum appointment requirements for IMHAs. From April 2009, statutory access to an IMHA will be available to patients subject to certain aspects of the Mental Health Act 1983. IMHAs are an important new safeguard that will help and support patients to understand and exercise their legal rights. IMHAs will be available to most detained patients as well as patients on supervised community treatment or guardianship. Other patients whose treatment is subject to the special safeguards provided by the Act, will also be eligible for the services of IMHAs. The Chief Executive informed the Board that he had requested the Director of Nursing, Social Care and Therapies and the Director of Operations to ensure that all relevant professionals are well informed of the new arrangements locally. Frank Powell noted that the MHAM Committee would be receiving a presentation on advocacy services at their next meeting. He said that advocacy services required different skills and queried whether the Trust would have any input into this. The Medical Director informed the Board that any tender for the services would need to include the requirement to make any reasonable adjustments. It was noted that the PCT had commissioned some work around this with the National Development Team. The Director of Corporate Affairs noted that the Trust currently secondary commissioned advocacy services from the Local Authority. He said that advocacy should be encouraged for those people not under the MH Act as well as they were often just as ill.

***ACTION: Director of Nursing, Social Care and Therapies and the Director of Operations to ensure that all relevant professionals are well informed of the new advocacy arrangements locally.***

- 8.3 The Board were informed that a formal consultation commenced on 19 December to seek views on whether the Care Quality Commission is the appropriate body to monitor and report on the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. The draft regulations confer power on the Care Quality Commission for the purpose of monitoring, and reporting on, the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. The Board were asked to determine the view that it would wish the Chief Executive to represent in their response. The Medical Director said that this did need regulation and overview and he felt that the Care Quality Commission was the correct body to do this. He noted that the Trust would support them in their work. The Chief Executive asked that the Board therefore endorse this as the way of travel. This was agreed.
- 8.4 On 4<sup>th</sup> December 2008, Jo Davidson, Group Director for Children and Young People, wrote to all Chief Executives within the County with regard to safeguarding children arrangements. The letter was written in the context of the joint inspection report of safeguarding arrangements in Haringey and following a Gloucestershire Children and

Young People's Strategic Partnership Board meeting, in which the decision was made to request all Chief Officers of relevant Health bodies, Police and District Councils, to undertake a stocktake of their own safeguarding arrangements, with a view to assuring themselves and the Group Director of their effectiveness. The Board were reminded that the Chief Executive had informed them in December that David Nicholson, NHS Chief Executive had written to all Chief Executives and Chairs ensuring that active consideration was given to the Ofsted report on the Joint Area Review in Haringey. The Chief Executive advised in December that the Director of Nursing, Social Care and Therapies had been requested to consider the most effective mechanisms to ensure that the issues raised by the Ofsted report were considered and acted upon in a timely manner. The Chief Executive sought advice from the Director of Nursing, Social Care and Therapies as the Executive Director with responsibility for child protection and the Named Nurse for safeguarding children, in order to inform the completion of the stocktake.

- 8.5 On 7<sup>th</sup> January 2gether hosted a visit from Sue Baker, National Director for Time to Change, (previously Moving People campaign) and two members of her senior team. The meeting was an opportunity for the two organisations to brief each other on key strategic themes in each organisation's work plan and explore if there were areas of mutual interest, where closer collaboration would be beneficial to both agenda's. The Chief Executive, supported by colleagues from within the Trust, gave a presentation on how the Trust has conceptualised its approach to Social Inclusion and the work streams supporting that agenda. Sue Baker gave a presentation on the significant amount of work that has been undertaken to support the design of the social marketing campaign that will run nationally from mid January, designed to tackle stigma and discrimination associated with mental health. The Chief Executive and the Director of Nursing, Social Care and Allied Health Professionals are due to attend the National launch of the media campaign in London during January and have agreed to meet again with colleagues from Time for Change to progress further opportunities for collaborative working.
- 8.6 As referenced earlier within the Chair's report, the Board were informed that for the third year running, Gloucestershire media have launched the Pride of Gloucestershire Awards. In line with the organisational desire to become an essential part of the fabric of Gloucestershire, a decision was taken by the Chief Executive and Director of Finance to support one of the awards this year. Given the important role that carers play in the work of the Trust, the award that 2gether will support is that of "Caring Hero". Nominations opened on January 16<sup>th</sup> and close on March 6<sup>th</sup>. The Chief Executive and Rennie Fritchie asked Board members to encourage all colleagues from within the Trust to look at the nomination guidance and to make any nominations that they feel appropriate.

## **9. FINANCE UPDATE**

- 9.1 The Director of Finance provided a verbal update on the financial position for the period ending 31 December 2008. The Trust was currently performing better than plan with a strong surplus position at month 9 and strong forecast outturn at year end. Work would be carried out to look at how the Trust could bring forward expenditure from next year or use this surplus to invest in the improvement of Trust services.
- 9.2 Work was now picking up with the main capital schemes within the Trust. The Trust had a very strong cash balance.

- 9.3 The Trust was working towards the implementation of a public sector payment target of paying invoices within 10 days. The Trust was already performing well in relation to this proposed new target. It was hoped that this would be of some help to small local businesses during the current financial crisis.
- 9.4 Good progress was being made with budget setting for 2009/10 and this was in line with plans submitted to Monitor.
- 9.5 The Board would be looking again at the financial information made available to the public to help engage transparency in financial processes.

## **10. PERFORMANCE DASHBOARD REPORT**

- 10.1 The Board was presented with the performance dashboard report which provided commentary on performance against national and local indicators for the first nine months of 2008/09.
- 10.2 The Crisis Home Treatment service was well above target to deliver the 1021 cases required by the end of the financial year. They had supported 905 home treatment packages against a target of 766 at the end of December. The Early Intervention service has reached and exceeded its target of 211 as at the end of the year. The service caseload stood at 225 at the end of December which is 7% above the required target.
- 10.3 Sickness absences rates have continued to reduce with the 12 month rolling average for the Trust standing at 5.05% at the 15<sup>th</sup> December. The Director of Human Resources said that credit should go out to managers for maintaining this good performance. The Chief Executive asked whether the Trust was forecasting to hit its targets for sickness and training. The Director of Human Resources advised that the Trust was on plan to meet these, subject to no winter bugs being picked up.
- 10.4 It was reported that the Delayed Transfers of Care (DToC) position had improved over the past month; however, the position in relation to the Healthcare Commission target of 7.5% was still challenging. The zero position has been maintained within learning disability and substance misuse services and there has been a reduction from 11 to 8 in working age and 6 to 5 within older people's services. The Board was advised that the Trust's 'run rate' for 2008/9 stood at 9.4% of occupied bed days accounted for by delayed transfers. Despite performance exceeding the HCC target of 7.5%, the Board were asked to note that 2gether was one the best performing Trust's in the country in relation to DToC. As noted at the last meeting, Monitor had been alerted to the Trust's current position.
- 10.5 The Chief Executive expressed his thanks to colleagues for ensuring that all national and "must do" targets had been met. In relation to DToC, the Trust was doing all it could to manage the position and robust interagency plans were being developed. The Chief Executive reminded the Board that the target for DToC was only set in August and the Trust was currently one of the best performing mental health Trusts. The Chief Executive informed the Board that it should be aware that in achieving its Early Intervention trajectory, 2gether was one of few mental health Trusts in the country to manage this and this huge achievement should be acknowledged.
- 10.6 Roger Brimblecombe pointed out to the Board that there were still 11 targets which had not been met; however, the direction of travel for all of these was good and all were improving. He noted that the Performance Management Committee would be considering a better

metric to demonstrate how far away from hitting the target the Trust was and how long it would take to get there.

- 10.7 Carolyn Elwes raised the issue of the block contract for delivery of services. The Chief Executive advised that the Trust would keep focussed and continue to respond to clinical demand regardless of whether it had exceeded its contracted caseload. The Director of Finance informed the Board that by over-achieving, the Trust would not get anything in return. The Medical Director said that over-achieving the targets was great news but he noted that the Trust needed to ensure that services were sustainable and that working over the planned targets were not having a knock on effect on clinical care and staff capacity.

## 11. ASSURANCE FRAMEWORK

- 11.1 The purpose of this report was to provide the Board with a quarterly update on the Board Assurance Framework.
- 11.2 The Director of Corporate Affairs informed the Board that two risks had been reduced in relation to estates and health and safety. It was noted that all Trust properties have received a fire risk assessment this year with only two recommendations that needed to be addressed.
- 11.3 The Board noted that two additional risks had been added to the framework which related to the Trust's growth strategy.
- 11.4 The Director of Corporate Affairs advised that all assurances received were highlighted within the report and the majority of these had been presented to the Board. The Mental Health Act Commission annual report had provided the Trust with significant assurance. The Governance Committee would be reviewing the Annual Patient Safety Report to consider the areas raised for action within it. A report would be presented to the March Board on the prevention of Serious Untoward Incidents.
- 11.5 The Director of Finance asked that the assurance given against the Director of Finance reports on the 2008/09 outturn in relation to Monitor ratios be changed from significant assurance to full assurance.

***ACTION: Assurance given to Director Finance report to move from significant assurance to full assurance***

- 11.6 The Chief Executive highlighted that 5 of the 7 assurance documents received by the Board had received either full or significant assurance. The remaining 2 documents related to complaints and a total overhaul of the complaints process was underway which would hopefully bring these up to significant assurance in a future report.

## 12. QUARTERLY REPORT TO MONITOR

- 12.1 The purpose of this report was to provide the Board with the quarterly and ad hoc declarations to be submitted to Monitor.
- 12.2 The Board was asked to agree the submission of Declaration 2 highlighting the current position with Delayed Transfers of Care. It was noted that the Declaration presented to the

Board was still in draft form. The Board was informed there had been some movement on the importance of the DToC target for Monitor.

- 12.3 The Chief Executive informed the Board that the Trust was currently performing at 96% of people being seen within 7 days following discharge. This was an excellent position.
- 12.4 The Board was asked to note that within Annex A, Compliance with the Hygiene Code, it had been stated that there had been no significant breaches of the Code. This was a standard form of words to use for the return but the Board were informed that there had been no breaches, significant or otherwise.

### **13. REGISTRATION WITH THE CARE QUALITY COMMISSION**

- 13.1 The purpose of this report was to provide the Board with the process for registration with the Care Quality Commission (CQC). It was noted that the Trust was required by law to register with the CQC by 1 April 2009. As part of the registration process the Board is required to provide a self declaration of the degree of Trust compliance with a number of standards derived from the Hygiene Code.
- 13.2 The Director of Nursing, Social Care and Therapies informed the Board that quarterly Infection Control reports were received and there was a high level of confidence in those reports and the arrangements in place to manage Infection Control within the Trust.
- 13.3 The Chief Executive said that he was confident that the Trust was compliant. He informed the Board that he had been asked to Chair two national meetings for the CQC on how mental health would be assessed in the future.
- 13.4 The Director of Finance noted that there were four outstanding issues listed in the statement of compliance. The Director of Nursing, Social Care and Therapies advised that the Director for Infection Control and Prevention at the Hospital's Trust, who also led on Infection Control for 2gether, had said that these were not significant enough to change the assurance; however, work was ongoing to fix them.

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

- 14.1 The Board noted the Use of the Trust Seal for the period October to December 2008.
- 14.2 The Seal had been used four times during the period for the following purposes:
  - Transfer of leases on S136 at Wotton Lawn from Barnwood Housing Trust to 2gether
  - Land Transfer document for the purchase of Ambrose House, Barnwood
  - Lease for Midway House, Staverton (underlease)
  - Licence to Underlet for Midway House, Staverton

### **15. END OF LIFE STRATEGY**

- 15.1 The purpose of this report was to brief the Board on the National Audit Office End of Life Report and its implications for 2gether.
- 15.2 The Board were informed that the End of Life Strategy was a national priority. Although 2gether was not the lead agency, the strategy does have implications for the Trust and its

staff. A multi-agency Gloucestershire End of Life Strategy Group, chaired by the PCT, has been set up to support the taking forward of the issues within the strategy.

- 15.3 The Board were presented with those issues that would have a direct impact in the Trust services and staff. These were noted. The Director of Nursing, Social Care and Therapies agreed to circulate the main national strategy to Board members for information.

***ACTION: Main End of Life Strategy document to be circulated to Board members***

- 15.4 The Chief Executive asked whether the Trust was happy that there was equitable access in all services countywide including learning disabilities and substance misuse. The Director of Nursing, Social Care and Therapies agreed to bring this assurance back to the Board.

***ACTION: Director of Nursing, Social Care and Therapies to provide the Board with assurance of equitable access to End of Life care across the whole Trust***

- 15.5 Rennie Fritchie asked that future reports to the Board included references to any national documents that had been used to form a context as it would be helpful to see where the information had come from.
- 15.6 Rennie Fritchie said that the End of Life Strategy might be something that could be raised at the joint Governor session on Dementia being held on 2<sup>nd</sup> February.

## **16. CLINICAL INFORMATION SYSTEMS BUSINESS CASE (RIO)**

- 16.1 The purpose of this report was to present the Board with the updated Business Case for the implementation of a single electronic patient record. The RiO business case was initially approved by the Board in October 2008, subject to some additional considerations. The revised Business Case represents an update with the inclusion of a pilot project for mobile working and also addresses specific Monitor guidance and provides a revised statement of the impact on the Trust's financial ratios.
- 16.2 Alan Brown, Apira, informed the Board that the deal between BT and Connecting for Health (CfH) was still being negotiated. Organisations had bid for different slots and commercial cover had been given for 2gether to proceed as planned in April 2009. The Chief Executive noted that the Trust would be required to cover BT for the costs involved in deploying a commercial contract and queried whether there would be any costs involved if it was called off and who would be liable. He suspected that there were still a few elements of risk involved.
- 16.3 Alan Brown advised that initial demonstrations of RiO had been run by BT with further sessions planned. Specifications for the system had now been received from BT and a project initiation document was being set up which would involve a lot of work. Alan Brown noted that the business case presented to the Board had been revised to include additional information on mobile working and financial information, as requested at the October meeting. He noted that the mobile working was a pilot and would cost £40k which had been included in the costs.
- 16.4 Dermot McMeekin asked what would happen if the Board approved the Business case and followed through with the planned arrangements, only for the BT contract not to be agreed nationally. The Director of Finance said that it was right to raise this risk. She said that

there needed to be an understanding that the business case was approved subject to the BT contract going through. In 2008/09, £180k of capital was spent on equipment that the Trust wouldn't lose. The risk came if there was still no clarity moving into the next financial year. The Director of Operations informed the Board that the Trust getting ready for change was a positive thing and all of the preparatory work that had been carried out would not be lost if the BT contract did not go through. The Trust still needed to work towards the move to electronic patient records. The Chief Executive advised that currently there was no other viable proposition recognised by CfH or other mental health trusts. He noted that the point where the Trust would need to start to spend resources that would be wasted would be when the training started. He informed the Board that a sensible way forward would be to endorse the plans, subject to the commercial negotiations.

- 16.5 The Chief Executive asked colleagues to provide the Board with assurance that the project was affordable, doable and deliverable. The Director of Finance noted that it was affordable and the Trust would be using some of the service improvement expenditure towards this. Alan Brown informed the Board that the budget was constantly monitored at the RiO project board, the outcome of which was reported to the Executive Team. The Director of Operations said that the project was both doable and deliverable. He said that work had started to enhance the Communication Team involvement as this was a major change agenda for the Trust. He informed the Board that Mark Scheepers and Bronwen Carless were both championing the new system and it was great to get this clinical support.
- 16.6 The Medical Director was mindful that there needed to be an effective transfer of information between all health organisations in the county and RiO and other existing operating systems could work hand in and hand and were compatible. Alan Brown advised that a meeting had taken place with the PCT and the Hospitals Trust to discuss the systems that would need to feed in.
- 16.7 The Board approved the revised Business Case, subject to the ongoing national negotiations.

## **17. BOARD COMMITTEE REPORTS**

- 17.1 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.
- 17.2 The Board were presented with the reports from the Performance Management Committee held on 9 January, the Business Development Committee held on 16 January and the Governance Committee held on 21 January.
- 17.3 The Performance Management Committee had received a study analysing short term sickness rates. The Director of Human Resources informed the Board that this was work in progress and would be looking at collecting and analysing sickness centrally to gain more insight into the causes.
- 17.4 The Business Development Committee had considered the draft business plan and it was noted that this would be brought to the Board at the March meeting for approval. Work was ongoing to consider the appropriate process for communicating to Governors.
- 17.5 The Governance Committee had agreed a revised policy approval process that enables relevant Executive Directors to agree policies for their own areas of business. The

Committee also considered the management response to the Audit Commission papers "Issues to be considered by those charged with Governance". The Committee, whilst generally content with the evidence provided, agreed that further consideration needed to be given to possible financial misstatements to do with fraud.

**18. ANY OTHER BUSINESS**

Rennie Fritchie asked for volunteers to take part in a short life working group with Governors to review the Trust's Constitution. Martin Davis, Carolyn Elwes, Kay Harrison and Sandra Betney volunteered to take part.

**19. DATE OF NEXT MEETING**

The next meeting would take place on Friday 27 February 2009 at 1.30pm. The venue was to be confirmed.

Signed: .....  
**Rennie Fritchie, Chair**

Date: .....

**BOARD MEETING  
 ACTION POINTS**

<b>Date of Meeting</b>	<b>Item ref</b>	<b>Action</b>	<b>Lead</b>	<b>Status/Progress</b>
26 Jan 09	8.2	Director of Nursing, Social Care and Therapies and the Director of Operations to ensure that all relevant professionals are well informed of the new advocacy arrangements locally.	Hazel Watson / Simon Thompson	
	11.5	Assurance given to Director Finance report to move from significant assurance to full assurance	David McGrath	
	15.3	Main End of Life Strategy document to be circulated to Board members	Hazel Watson	
	15.4	Director of Nursing, Social Care and Therapies to provide the Board with assurance of equitable access to End of Life care across the whole Trust	Hazel Watson	