

2GETHER NHS FOUNDATION TRUST

BOARD MEETING

HESTERS WAY COMMUNITY RESOURCE CENTRE, CHELTENHAM
26 OCTOBER 2009

PRESENT

Rennie Fritchie, Chair
Lizzie Abderrahim, Non Executive Director
Sandra Betney, Director of Finance and Commerce/Deputy Chief Executive
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 and Organisational Development
Dermot McMeekin, Non Executive Director
Colin Merker, Director of Internal Customer Services
Frank Powell, Non Executive Director
Vikki Twedde, Acting Director of Nursing, Social Care and Therapies

IN ATTENDANCE

Tony Burton, Member of the Public
Anna Hilditch, Assistant Trust Secretary
David McGrath, Trust Secretary

1. WELCOMES AND APOLOGIES

Apologies were received from Tracey Barber, Simon Thompson and Paul Winterbottom.

2. DECLARATION OF BOARD MEMBERS INTERESTS

There were no changes to the declaration of interests.

3. NOTES OF THE MEETING HELD ON 28 SEPTEMBER 2009

3.1 Lizzie Abderrahim asked that it be noted that she was interested in taking part in discussions around the integration of social inclusion, race equality and PPI noted at 6.5 as she was the Non Executive lead for Social Inclusion.

3.2 The Chief Executive asked that his request to ask the Caldicott Guardian to review existing arrangements within 2gether against the Information Sharing and Mental Health guidance be noted as a formal action. The Medical Director, who acted as the Trust's Caldicott Guardian, would be alerted to this action.

ACTION: Caldicott Guardian to review existing arrangements within 2gether against the Information Sharing and Mental Health guidance – as reported to the Board on 28 September

3.3 Lizzie Abderrahim noted the item at 9.7 regarding apprenticeships and asked that the Board receive an update on progress with this at the next meeting.

ACTION: Update on progress with introducing apprenticeships into 2gether to be provided to the Board at the November meeting

4. MATTERS ARISING AND ACTION POINTS

4.1 The Chief Executive informed the Board that the Trust had planned to begin the implementation of the new Complaints process in 2010 once the Director of Quality and Performance had taken up post and to ensure that the necessary enabling works had been

carried out. However, it was noted that the Trust's existing policy did not comply with updated national guidance. The Chief Executive advised that he would therefore sign off the new policy as previously agreed by the Board with actions in place to enable a staged implementation. The Board also noted that the checklist for the Non Executive Director Audit of Complaints would be revised to take into account this new national guidance.

5. QUESTIONS FROM THE PUBLIC

- 5.1 Tony Burton had submitted a comment and a question to the Board, in line with the public questions protocol. The acting Director of Nursing, Social Care and Therapies presented these to the Board along with the Trust's response. The Board was informed that the response had been provided for Tony Burton from Paul Winterbottom, Medical Director.

Question

My congratulations for another splendid Annual Day. The talks were extremely informative and I was able to sit and talk on the 'outside settee'. Unfortunately another AGM in the evening took priority and I was not able to stay for yours.

May I ask the Board to re-announce its policies for 'carers', for example is the DH leaflet 'A Commitment to Carers' issued after the NSF still available and put into practice? As the voluntary group leader of three RETHINK self help locality groups I have become aware that family carers and friends have in the last year experienced three 'sudden death' incidents of 2gether users (the inquests are still outstanding). These carers have felt their calls for help have gone un-actioned to prevent these fatalities. I know the Board is working hard to give the very best services for the public, but is there a systematic failure of Trust processes?

Response

Thank you to Tony Burton for his commendation of the Annual Information Day on 15th September.

In response to Mr Burton's question regarding the experience of families, carers and friends following a sudden death. Whilst I cannot identify from the question the individuals to whom Tony Burton refers I can, in response, describe the processes by which 2gether aims to provide safe, effective and evidence based services. When a serious untoward incident occurs a review of the events is undertaken immediately. Wherever possible this includes contact with and support for the family. An investigation is undertaken and the report is shared with the Director of Nursing, Medical Director and the Assistant Director of Governance. A review meeting takes place with clinicians, managers and a Non-Executive Director, chaired by the Medical Director. In the course of this meeting a series of recommendations and actions are developed. These are shared with the commissioners- NHS Gloucestershire, the Trust Board, Governance Committee, Delivery Committee and Strategic Service Unit Boards. With the agreement of relatives a separate meeting with a Non-Executive Director and the Medical Director can be arranged to consider the relative's experience and identify any additional recommendations.

The recommendations made are summarised in reports to the Trust Board and the Board Sub-committees such that any patterns can be identified. Our analysis of serious untoward incidents leads to the development of services and increased patient safety. There is no evidence of a systematic failure in the provision of care and CQC have assessed our service provision as being excellent. However, there are always lessons that can be

learned and improvements that can be made in the delivery of service and the experience of relatives. At present we are working to develop a service to support relatives following a suicide, recognising that whilst we seek to prevent such events we will not always be successful. This development has arisen from the meetings that Rennie Fritchie and I have undertaken with relatives in the course of this year and responds to a need that they have identified.

6. BOARD COMMITTEE SUMMARIES

Delivery Committee – 7 October 2009

- 6.1 Frank Powell, Deputy Chair of the Committee informed the Board that the Committee had requested that a summary of Serious Untoward Incidents and safeguarding learning come to the November Delivery Committee.
- 6.2 The Committee had had a robust debate with all of the SSUs around financial management and how the Trust is monitoring trends and ensuring the right direction of travel. These discussions would continue at future meetings.
- 6.3 The Committee requested an analysis of the increase in community activity from the SSUs and the implications of this to help identify what had been happening in relation to trends.
- 6.4 The Committee had received a report on S136 and requested a report into cost efficiencies and funding in relation to increased activity. The Committee requested the Mental Health Act Management Committee to look at Practices on detention.

ACTION: MHAM Committee to pick up and review practices on detention following a request from Delivery Committee

- 6.5 It was agreed that the SSUs would look at scheduling to ensure appraisals and statutory and mandatory training were delivered and report back to the committee in November. Frank Powell said that discussions had also covered potential issues such as releasing staff and the effect that the Pandemic flu may have on staff being able to attend training. He said that a more in depth look was needed but it was the Trust's intention that the 100% targets set for these would still be achieved by year end.
- 6.6 Following discussions the Delivery Committee agreed that benchmarking should be passed to the Executive team for proposals to be drawn up.

ACTION: Executive Team to pick up work on Benchmarking following a request from Delivery Committee

- 6.7 Frank Powell said it was clear that the Delivery Committee was starting to work well with representatives from the Board and the SSUs present. Important issues were being discussed and clear messages being received.
- 6.8 Rennie Fritchie asked whether the Non Executive Directors were required to carry out statutory and mandatory training such as fire and moving and handling. It was noted that this had appeared on the Board return as not achieved. The Director of Human Resources agreed to clarify the position.

ACTION: Director of Human Resources to clarify training requirements for NEDs

7. CHAIR'S REPORT

- 7.1 Rennie Fritchie presented her written report to the Board and highlighted some of the key points for information.
- 7.2 The Board was informed that the Trust had recently received its CQC ratings for this year. 2gether achieved Excellent for each of the categories. Rennie Fritchie said that she recognised that these independent assessments were the result of a huge amount of hard work and commitment from all staff across the Trust. She said that It was an excellent achievement and one for which everyone should feel justly proud.
- 7.3 On October 13th Rennie Fritchie attended a Carers Forum at Churchdown Community Centre. She said that these were extremely well attended events with a great deal of planning, thought and organisation going into their design. Rennie Fritchie informed the Board that the overriding message that she took away from these occasions was that there is no substitute for listening and she would continue to make the most of these opportunities. It was noted that the Gloucestershire Carers Annual Meeting would be taking place on 12 November at the Guildhall, Gloucester. Tony Burton, Member of the Public, expressed his thanks to Rennie Fritchie for attending the Carers Forum meeting.
- 7.4 On Friday the 16th October at Gloucester Rugby Club, Rennie Fritchie chaired a highly successful Social Inclusion Conference. The sponsors for the day were, Gloucestershire County Council, NHS Gloucestershire and 2gether. It was attended by more than 200 people and included nine partners in the Gloucestershire Inclusion Strategy which was formally signed at the event. The guest address was given by H.R.H. The Princess Royal who spoke in support of this work. A huge amount of planning, organising and sheer hard work was put into making the day so successful and special mention must be made of Jane Melton and Gavin Davies who gave outstanding personal and professional commitment which produced an event to be proud of. A letter had been received from the Lord Lieutenant congratulating the Trust on the event and giving special mention to Jane Melton. Rennie Fritchie also thanked Lizzie Abderrahim for her input into the day and helping to shape the programme of events.

8. NON EXECUTIVE DIRECTOR UPDATE

- 8.1 The Board noted the contents of the Non Executive Directors update report.
- 8.2 Tracey Barber had chaired the Delivery Committee, had two meetings with the Chief Operating Officer to discuss direction and focus for Delivery, attended a Social Inclusion day, led a Board development day on Delivery and met with the Trust Chair.
- 8.3 Roger Brimblecombe had chaired an Advisory Appointments Committee for a Consultant in General Adult Psychiatry and had participated in a Development Committee, a MHA Management Committee, two MHA Manager Reviews and an Internal Review.
- 8.4 Martin Davis had attended a Mental Health Act Management Committee meeting, participated in the Board development day, participated in a Mental Health Act Managers hearing and chaired a special Audit Committee meeting in order to consider the IFRS statement for the Trust. Martin had also participated in a European accountancy seminar (at FEE offices in Brussels).
- 8.5 Frank Powell had prepared for and chaired the Mental Health Act Management Committee and attended a Delivery Committee and the Council of Governor's Meeting. He had

participated in Social Inclusion events including the Making Life Better Road Show in Cheltenham and the Time for Change Conference. Frank had also attended the special service for Mental Health Day at Gloucester Cathedral and attended two Mental Health Act Reviews and two Internal Reviews in relation to Serious Untoward Incidents.

- 8.6 Lizzie Abderrahim informed the Board that she had been happy to contribute her views on mental health on the Making Life Better campaign sofa in Cirencester. She said that this had been an excellent campaign.
- 8.7 Dermot McMeekin chaired the Development Committee meeting on 14th October and a further single purpose meeting to review the Hereford opportunity PQQ before submission. He had attended the Board Development Day on 21st October and the Governance Committee Audit meeting on the 26th October. Dermot had also participated as a panel member reviewing and assessing the submissions for the Clinical Excellence Awards 2008/9. He said that this had been a tough challenge.
- 8.8 Carolyn Elwes had taken part in one MHA review at Wotton Lawn and an internal review at Rikenel and had met several times with Jane Melton to take forward the mapping of voluntary service plans. Carolyn attended the Social Inclusion Conference on 16 October and a Mental Health Act Managers meeting. Carolyn also attended a Combat Stress event and she would be making contact with the Chief Executive to discuss the number of ex-service personnel needing specialist treatment which the Trust may or may not be able to provide.

9. CHIEF EXECUTIVE'S REPORT

- 9.1 The Chief Executive informed the Board that according to the Care Quality Commission's (CQC) Annual Health Check 2008/09, the NHS has performed well against a rigorous assessment on quality, with more trusts rated "excellent" or "good". It was noted that the national compliance rate for core standards is the highest it has ever been, at 96.3% this year. But the CQC raised concerns about the 20 trusts rated "weak" this year on Quality and a further 27 that have not been higher than "fair" for Quality and Financial Management in the last four years, saying these organisations face a tough challenge to meet requirements of the new registration system.

- 9.2 The Trust has received notification from the Care Quality Commission (CQC) that it is intended to role the Registration process out in five phases:

- Phase 1: Developing the new registration system (1 June to 30 September 2009). Now completed
- Phase 2: Refining the process of registration (1 October to 30 November 2009)
- Phase 3: Preparing for registration (1 to 31 December 2009)
- Phase 4: Applying for registration (1 January to 31 March 2010)
- Phase 5: Registration goes live (1 April 2010 onwards)

The Chief Executive advised that the Trust is currently reviewing and auditing key areas of business under the Standards for Better Health and NHS Litigation Authority Risk Management Standards frameworks. Alongside regular performance monitoring this will provide assurance that significant risks to registration have been addressed.

- 9.3 The Board noted that a license for the GSK swine flu vaccine has been approved by the European Commission. Guidance has been issued on the use of antiviral medicines for

pregnant women, women who are breastfeeding and children under the age of one. Guidance has also been issued on the rotation of doctors in training, along with guidance for GPs on sickness certification. The first batches of licensed vaccine are now in the NHS distribution network and it is anticipated that the first supplies will reach NHS acute hospitals from 21 October. The earliest possible delivery date for the first supplies of vaccine to general practices is Monday 26 October 2009. The Chief Executive informed the Board that that first wave of swine flu had seen more of an out of county impact with critical care cases being pushed over the borders into neighbouring counties. It was noted that routine and booked operations may be affected. A second wave of swine flu was expected over the coming month. Dermot McMeekin asked about the percentage take up of the swine flu vaccine by NHS staff. The Chief Executive advised that the vaccination programme was due to start next week; however, he said that the timeliness of this with the second wave of flu expected needed to be considered.

- 9.4 The General Medical Council has published new confidentiality guidance with up-to-the-minute advice on electronic health records, sharing information with patients' families and disclosures for research and other secondary uses; plus supplementary guides on reporting gunshot and knife wounds, responding to criticism in the press and reporting concerns to the DVLA. The Chief Executive has asked the Chief Operating Officer and the Medical Director to disseminate this guidance to appropriate forums for discussion.

ACTION: Chief Operating Officer and Medical Director to disseminate GMC confidentiality guidance to appropriate forums for discussion

- 9.5 The Healthcare 100 awards represent an opportunity for organisations to demonstrate commitment to the NHS Constitution. The awards will recognise and celebrate good employment practice across the NHS and will be presented for delivering the staff pledges and the values in the Constitution. The Chief Executive has asked the Director of Human Resources and OD to consider the benefits of these awards and advise the Board accordingly. Registration will close at the end of December.

ACTION: Director of Human Resources to consider the benefits of the Healthcare 100 awards and advise the Board accordingly

- 9.6 As reported in the Chairs Report, the Chief Executive advised the Board that the Social Inclusion event was held in the presence of HRH, The Princess Royal on Friday 16th October 2009 at Gloucester Rugby Club. It aimed to foster a culture of social inclusion and mental health promotion in Gloucestershire through the launch of the Social Inclusion Strategy. The event emerged from the leadership of Gloucestershire's Social Inclusion Executive Group and was sponsored by NHS Gloucestershire, Gloucestershire County Council and 2gether NHS Foundation Trust. The programme was designed by service users in partnership with 2gether NHS Foundation Trust and partner organisations. Participants from across stakeholder groups were invited and the event was a compelling driver for positive change in Gloucestershire. Keynote speeches were provided by Paddy Cooney, Director of the South West Development Centre, Sue Baker, Director of Time to Change and Ian Mean, Editor-in-Chief of Gloucestershire Media. On behalf of the Social Inclusion Executive Jan Stubbings, Chief Executive of NHS Gloucestershire introduced the Social Inclusion Strategy for Gloucestershire. Suzie Wild provided the final words from a service user perspective by reading some bespoke poetry about social inclusion. The Chief Executive said that feedback from the day was overwhelmingly positive. Of those who submitted their evaluation form (n=72) 97% reported that they gained new information about social inclusion in Gloucestershire. 94% felt that they had been able to review the progress of social inclusion in Gloucestershire, 93% had generated new ideas through participating in

the day. 96% had strengthened existing connections with people and a similar figure had developed new connections. Perhaps of greatest importance was that 92% had used the event to set their own actions to promote social inclusion into the future. In addition helpful suggestions for further work were provided including specific events to enhance work with BME groups, people with learning disabilities and people who are homeless. The Chief Executive informed the Board that Sue Baker from Time to Change has congratulated the Trust on the event, noting that it demonstrated the best community engagement that she had seen.

- 9.7 As reported earlier in the item, the Care Quality Commission's (CQC) Annual Health Check results had been published. The CQC awarded 2gether a score of Excellent for the Quality of its Services and Excellent for the Quality of its Financial Management. David Nicholson, the Chief Executive of the NHS and Barbara Young, the Chair of the Care Quality Commission have written to the Chief Executive expressing congratulations to all Trust staff on our performance. 2gether was one of only 37 Trusts in the country rated Excellent for both the quality of our services and our financial management and among only 41 Trusts to receive special congratulations from the Chair of the CQC and the Chief Executive of the NHS for being among the highest performers in the country. The Chief Executive said that this was a fantastic achievement and was the result of the hard work, dedication and skills of all colleagues within the Trust. On behalf of the Board, the Chief Executive thanked all colleagues for their continued focus on delivering high quality services. He said that it was hoped that the recognition of the Care Quality Commission would reassure the public that 2gether serve, that mental health services within Gloucestershire are amongst the very best available anywhere. The Trust is not complacent and will strive to ensure that this extremely high standard is maintained. Rennie Fritchie informed the Board that the Council of Governors had been given the Annual Health check results at their Council meeting on 14th October and also wanted to express their thanks and gratitude to all Trust staff for such a fantastic achievement. Rennie Fritchie suggested that the Trust should write to David Nicholson and Barbara Young separately thanking them for their congratulatory letter.

ACTION: Letter of thanks to be written to David Nicholson and Barbara Young separately thanking them for their congratulatory letter following the CQC Annual Health check results

10. SUMMARY FINANCIAL REPORT

- 10.1 The Director of Finance presented the Trust's financial performance for month 6 of the 2009/10 financial year. The month 6 position was a surplus of £1,678k with a surplus forecast outturn of £1,582k.
- 10.2 The Board was informed that the Trust's Monitor risk rating was currently a 3 with expenditure 2.6% over plan; however, work was in progress to move this back up to a 4. The Trust was looking at ways to off set expenditure and would be speaking to the County Council about the Community Care budget expenditure.
- 10.3 The Trust had improved its performance in relation to the Public Sector Payment Policy (PSPP) and was very close to all payments being made within 30 days (93%) and 62% of creditors being paid within 10 days. The Director of Finance reported that the Trust had been accepted as a Prompt Payer under the Prompt Payment Code and could now use the prompt payment logo on paperwork. Lizzie Abderrahim said that this was a great achievement and using the logo meant that the Trust could be recognised as an organisation seen to support the local community.

11. PERFORMANCE DASHBOARD

- 11.1 The purpose of this report was to provide the Board with a commentary on performance against key national and local indicators during the first six months of 2009/10.
- 11.2 The Board noted that all key National indicators were being met across a wide range of mental health and learning disability services. Challenging targets for assertive outreach, crisis home treatment and early intervention services are all being met. It was also noted that the Trust was either meeting or exceeding target or trajectory in 42 of the 51 key indicators, with those 9 indicators currently not meeting target moving in the right direction.
- 11.3 There has been a significant improvement over the past 6 months to raise compliance rates with the maximum waiting time for assessment to 82%. There has been further improvement during the second quarter with compliance rates now standing at 91%. Continuous monitoring and updating of non-compliant cases is taking place across all services and an “early warning” system of potential breaches is being developed for implementation over the next 3 months. The Board was informed that this target covered all SSU waiting times. The Chief Executive informed the Board that a new target of 4 weeks maximum waiting time would come into force in April 2011 and the Delivery Committee were asked to start tracking this.

ACTION: Delivery Committee to start considering implications of moving to a 4 week maximum waiting time assessment target in April 2011

- 11.4 The Chief Executive noted that within working age adult inpatient services, admissions were up but occupancy was steady and length of stay was down. Community activity was up by 30%. This was a healthy sign of the system with the Trust trying to provide more care to people in the community. In older people’s services, delayed transfers of care, admissions and length of stay had all reduced. Since the Independent Review Panel (IRP) decision over the Trust Older People’s inpatient developments, the Trust was asked to monitor the situation in relation to occupied beds. The Trust had 65 older people’s beds and had proposed to reduce this to 48. Over the past two years the Trust had not operated above 45 beds which was excellent and proved that the Trust’s plans were appropriate. Frank Powell noted the increase in community activity but questioned the impact this would have on the community care budget.
- 11.5 The Chief Executive advised that the proportion of staff having up to date appraisals now stood at 74%. It was noted that the Trust Board now had a return of 100% which was important by way of demonstration to the rest of the Trust.

12. CQC INPATIENT SURVEY REPORT 2009

- 12.1 The Inpatient Service User Survey 2009 is part of the NHS Patient Survey Programme led by the Care Quality Commission. It is a mandatory annual/national survey and was conducted by Quality Health on behalf of 2gether for Gloucestershire between January and March 2009 at the Wotton Lawn Hospital site. The information collected on the survey is delivered to the Trust and to the Care Quality Commission, evaluating the Trust’s performance. The report establishes 2gether’s performance against national benchmark figures and informs commissioners, professionals and the public. The report takes into account key performance areas and future planning.
- 12.2 Of the 35 areas reviewed the Trust scored in the top 20% of performance in 15, was well above average in a further 9, average in 5 and had a poor response in 6 of the areas. There

were excellent scores in the care and treatment section and the Trust was rated in the top 20% overall. The 6 lower scoring areas have been reviewed and form the basis of an action plan which was presented to the Board. It was noted that the detailed findings would also be shared with the Service User/Carer Group and appropriate local management teams.

- 12.3 The Board noted that concern had been expressed nationally about the small sample size. 2gether had 47 respondents to the survey which represented a 30% return; however, it was noted that this was in line with the national return which stood at 28%. Frank Powell said that there was an issue around the sample size but there was also an issue as the survey only went out to those people aged 65 or under. The Chief Executive informed the Board that 2gether was doing lots of work to improve how it gets user feedback and would be installing survey equipment in inpatient areas which would enable the Trust to receive more specific and real time feedback from service users.
- 12.4 Lizzie Abderrahim noted the low response received in relation to information being given to patients about making a complaint. The Chief Executive advised that all service users received this information as standard on admission to hospital and this is what this indicator related to; however, it was acknowledged that a reminder of the process during their stay may be appropriate. The acting Director of Nursing, Social Care and Therapies said that inpatient units could start to display posters letting people know more about the complaints process which would help combat this problem.

ACTION: Consideration to be given to displaying posters in the Trust's inpatient units letting people know more about the complaints process

- 12.5 The Director of Finance asked that the action plan addressing the weaker areas of the report be tidied up and specific dates and deadlines be allocated as it was important that this was specific and measurable. The Board agreed that the Governance Committee would be tasked with keeping this action plan under review.

ACTION: Action plan to address the 6 weaker areas from the inpatient survey to be tidied up and specific dates and timescales to be added to each action

ACTION: Governance Committee to lead on the monitoring of the Inpatient Survey action plan

13. BOARD ASSURANCE FRAMEWORK

- 13.1 The Board received the quarterly update on the Assurance Framework. The assurance gap relating to Risk 1 (Occurrence of Serious untoward incidents) was noted and the Trust Secretary advised that a full review of the measures in place to prevent SUIs was due in the fourth quarter of 2009/10.

14. ANNUAL MANAGEMENT LETTER 2008/09

- 14.1 The Director of Finance presented the Annual Management Letter to the Board which provided a summary of findings from the 2008/09 external audit by the Audit Commission. The Board noted that the Management Letter had been presented to and approved by the Governors at their Council meeting on 14 October.
- 14.2 The Board was informed that in relation to the audit of the financial statements, the Audit Commission had issued an unqualified opinion on the statements and did not identify any material errors. The Trust's working papers had also been picked up as being of a very

good quality. The Audit Commission had concluded that 2gether had made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Audit Commission also reviewed the Trust's arrangements for implementing Internal Financial Reporting Standards and concluded that 2gether had good arrangements in place.

15. CQC MENTAL HEALTH ACT ANNUAL STATEMENT 2009

- 15.1 The Board was informed that the Care Quality Commission (CQC) had taken on the role of the Mental Health Act Commission and produces an Annual Statement commenting on the Trust's discharge of functions relating to the powers and duties of the Mental Health Act 1983.
- 15.2 The CQC visits all places where patients are detained under the Mental Health Act and Mental Health Act Commissioners meet and talk with detained patients in private and also with staff and managers about how services are provided. At the end of each visit a 'feedback summary' is issued to the provider identifying any areas which require attention. The CQC assesses and follows up the provider's response.
- 15.3 The Trust has received an Annual Statement from the CQC drawing on findings of visits made to eight different sites by Mental Health Act Commissioners between October 2008 and May 2009. It includes six Recommendations for Action, on which the CQC has requested the Trust's confirmation. These recommendations and an action plan for responding to them were presented to the Board along with the Annual Statement.
- 15.4 The Chief Executive informed the Board that the Annual Statement was overall a good and positive report for 2gether. He said that the statement had reported that relations between the Trust and the Mental Health Act Commissioner had been constructive and the Trust had responded fully with appropriate information and documentation. With regard to legal paperwork, the report stated that the Mental Health Act Commissioner was pleased to note that patients were legally detained and that section papers were up to date and present in the file. The Annual Statement also said that 2gether was to be commended in reducing the incidence of seclusion with the patient group.
- 15.5 Frank Powell, Chair of the Mental Health Act Management Committee said that he found the report to be very positive but said that there would always be issues for the Trust to look at and to consider improvements. Frank Powell said that he hoped to bring a report to the Board in the near future looking at how the Trust organises its work around the MH Act and to look at strengthening current arrangements.
- 15.6 Lizzie Abderrahim said that the report had addressed seclusion within the learning disabilities service but asked about other areas of service. The Chief Executive informed the Board that seclusion was only practiced within learning disabilities and nowhere else within the Trust.

16. RESPONSE TO NATIONAL FRAMEWORK FOR REPORTING AND LEARNING FROM SUIs

- 16.1 The purpose of this report was to inform the Board of the Trust's response to the consultation for the proposed National Framework for Reporting & Learning from Serious Incidents.
- 16.2 The acting Director of Nursing, Social Care and Therapies informed the Board that the purpose of the framework was to provide a nationally consistent definition of a serious

incident for investigation, clarify roles and responsibilities, provide information on notification requirements and timescales and to draw together legal and regulatory requirements associated with the notification and management of serious incidents.

- 16.3 The Board noted that Trust custom and practice regarding reporting and learning from serious incidents was considered to be compliant with the framework. The Trust continues to develop its systems to involve families and carers within the investigation process for serious incidents, and recent adaptations to practice mirror recommendations within the proposed National Framework. There will, however, be a challenge in terms of the Medical Director's time to meet with all families who are affected by serious incidents after the reviews have been held. Consideration must be given to increasing the staffing available for facilitating these meetings, with the sensitivity and responsiveness which they require.
- 16.4 The Board considered the Trust's response in relation to the definition of a serious untoward incident. Within mental health services, deaths of some patients assessed as being at high risk of self harm/suicide would not always be "unexpected". In these instances in which death is considered predictable and the level of service provided deemed appropriate, additional guidance would be helpful as organisations may not classify these tragic events as serious untoward incidents. Roger Brimblecombe said that the definition of unexpected was rather subjective. The Chief Executive said that he would like to see the Trust report on any untimely death. Frank Powell agreed, noting that he would wish to investigate any death that occurred within the Trust's services. The acting Director of Nursing, Social Care and Therapies said that the term "unexpected" death was one that related to mental health services; however, she thought that a term such as untimely would be more appropriate. She said that it was important to get a term that could be used across all health organisations, not simply mental health.
- 16.5 The Board noted that the new process would offer consistent timelines and timescales across all organisations which would enable benchmarking on performance; however, the process proposes decreased timescales for completion of reports to 45 working days. The current Quality Contract specifies 50 working days and there has been only one breach of this deadline to date. In order to improve the consistency of local investigations and maintain a response target of 45 working days consideration needed to be given to the resources available to the provision of investigations. The Assistant Director of Clinical Governance has currently seconded a practitioner for the period of 6 months to assist with the management of the serious untoward incident process, the follow up of action plans and dissemination of the learning from such events. The Chief Executive said that the Board should be pleased about the move to 45 working days for reviews to be complete. He suggested that consideration to creating a permanent post for the review practitioner should be dealt with via the necessary department, not the Board.
- 16.6 The Board approved the proposed response to the consultation on the National Framework for Reporting and Learning from SUIs.

17. NEW HORIZONS - TRUST REPOSENSE TO CONSULTATION

- 17.1 The purpose of the report was to present to the Board with the consultation feedback presented to the Department of Health by 2gether on October 15th 2009.
- 17.2 The radical reform of mental health services in England over the last 10 years has improved the quality of care nationally and is recognised internationally. A new approach is now recommended: one that builds on the NSF's successes by supporting the local development of higher quality, more personalised services, and that also moves the agenda

on by building a cross-government, multi-agency alliance that supports effective delivery of mental health services. New Horizons highlights a number of key themes amongst which include prevention and public mental health, stigma, early intervention, personalised care, strengthening transition and value for money.

- 17.3 Rennie Fritchie said that she thought that the Trust had provided a very well written response. She noted; however, that some of the questions asked, question 2 in particular, had not been well formed.
- 17.4 The Board noted the response provided to the New Horizons consultation.

18. BOARD GOVERNANCE

- 18.1 Following a review of Board functioning by the Chair and Chief Executive this paper reviewed relevant guidelines and research and summarised a number of considerations for the Board. The Board was invited to reflect on the content of the report and agree what elements it wished to take forward or consider in more detail.
- 18.2 The Trust Chair and Chief Executive carried out a series of interviews with board members during the summer 2009 that included conversations about board and committee functioning. There have also been discussions at board development days examining how well the board addressed the balance between various items of business on its agendas, the role of Governors and accountability to members, service users, carers and the public.
- 18.3 The report had broken down those areas for consideration into key sections Board functions, Board meetings, Public engagement, Board visits, Communication and Research.

Board Meetings

- 18.4 Lizzie Abderrahim said that the Trust held open Board meetings, not necessarily so the public could attend, but that reports and papers were publicly available and it was important that that remained for visibility and transparency purposes. Lizzie said that she did not hold a strong view as to whether the Board continued to meet every month.
- 18.5 The Chief Executive said that he thought it was important to continue to hold monthly meetings in public and it was hoped that these would be located in a central venue. He said that the Trust's accountability was through its Governors and members and he felt that the new Committee structure was not yet at the stage where it could cover this accountability.
- 18.6 The Director of Finance said that she found it difficult to judge the required frequency of meetings when the agenda for the meetings had not yet been set.
- 18.7 Roger Brimblecombe said that he also felt that Board meetings should continue to be held on a monthly basis. He said that there was often some duplication at the meetings; however, with a lot of business being covered in depth in the closed session meetings and then covered again in the open session.
- 18.8 Frank Powell said that the Trust should make more of an effort to organise public events to enable better engagement with the public. He acknowledged that the organisation of these events was time consuming but he felt that they produced good results. Frank said that it was about the Trust as an organisation, not just the Board and it was the organisation's responsibility to engage.

- 18.9 The Chief Executive advised that it was the Trust Board that sets the strategic direction for the organisation, with decisions being made at Board meetings but some discussion also at Board development sessions. He said that the Board should be open and accountable to not only its Governors and members, but to any member of the public. The Trust has organised a number of strategic events, the first of which would take place for 3 days in November. The feedback and outcome from these should be clearly seen to be leading strategic direction.
- 18.10 The Chief Executive suggested that the Trust could look at setting up Listening Events in different localities for people to come along and talk about the issues they wanted to raise with the Trust. He said that these could be held in the evenings or during the weekends to be more available and to boost attendance.
- 18.11 Martin Davis agreed with the Director of Finance's earlier comment that it was important to define the workload first before knowing what the right frequency for Board meetings would be. Martin said that he felt it was important to consider continuing holding Board meetings out in the community where the Trust's services were provided. He said that he would prefer Trust Board meetings to remain in the public domain, noting that most of the Trust's Board reports could be requested via the FOI act anyway.
- 18.12 Carolyn Elwes said that she did not want to see the Trust move to only closed session meetings and was happy that the Trust continue its current practice of a confidential session before the public Board meeting. Carolyn noted; however, that she would not be averse to the Trust moving to alternate open and closed session meetings each month. She said it was vital to ensure that the Trust continued to be transparent in its reporting.
- 18.13 The Director of Finance said that holding only open session meetings would mean that writing certain reports would be challenging due to the commercially sensitive nature of them. She said that the Board's accountability to the Council of Governors should be a key part of the work. The Chief Executive agreed that this was very important, noting that the Trust needed to develop an accountability framework.
- 18.14 The Director of Internal Customer Services asked whether it would be sensible to start inviting people to attend the meetings such as Governors and staffside. Rennie Fritchie said that people needed to be mindful that many of the Trust's Governors had full time jobs and would not necessarily be able to attend. She also reiterated the Governor's requirement to only attend 3 key meetings each year. The Director of Internal Customer Services said that there was symbolism in the Trust moving its meetings around the county but there was a need to get value out of this.
- 18.15 The acting Director of Nursing, Social Care and Therapies raised the issue of accessibility of agendas and papers for the Board, noting that these were not very engaging for most members of staff.
- 18.16 The Director of Human Resources said that it was important that if the Board decided to do certain things it also needed to consider the measure of success.
- 18.17 Lizzie Abderrahim said that if the Board did decide to move around the county, it should look at the key topics in each of the locations to try and encourage people to attend. She said that discussing plans for a Gloucester hub would not encourage people to attend a meeting in Coleford for example. The Director of Finance said that the Board needed to discuss items according to timescales and necessity and it would therefore be very difficult to find items to discuss about a part of the county purely because of where the meeting

would be held. It was suggested that this could be done if a key item was coming up at a certain meeting and the Board could then consider meeting in that particular locality.

- 18.18 Dermot McMeekin said that he thought that open meetings were important and valuable; however, he said that he was disappointed with the effect that they appeared to have. He was happy with the proposal to hold the majority of Board meetings locally. Rennie Fritchie informed the Board that a large meeting room had become available at Rikenel and it was hoped that this would enable the Trust Board and other large groups to meet there as a regular venue.

Board Function

- 18.19 The Board reviewed the four strand structure which had been used to offer a framework for structuring agendas. This was giving account, policy, strategic direction and overview and performance. It was agreed that this framework was still appropriate. The Chief Executive said it would be important to look at how the Trust related this framework into the Committee structure.

Public Engagement

- 18.20 The Chief Executive said that the Trust should look to engage with the public through its annual meetings, membership events, via the enactment of the social inclusion strategy and community specific events. As previously noted, he suggested that listening events could be organised asking for peoples view on things; things that the Trust had yet to agree on or things that had been put in place and asking people for feedback on how these were working. Carolyn Elwes suggested that the mapping of voluntary organisations work that had been carried out could sit nicely with this. The Chief Executive said that the first listening event could be held in the Forest as there were a number of key issues that could be addressed.
- 18.21 Rennie Fritchie informed the Board that engagement with staff was also an issue that needed to be addressed as it had been raised by the Staff Governors as well.

Board Visits

- 18.22 The Chief Executive suggested that the Board visits be set a year ahead with the visit dates posted on the corporate calendar for all to see. This would give everyone the opportunity to attend the visits with a lead Executive. Following discussion, the Board agreed that this could give more flexibility; however, no more than three people should attend any one visit as it would take away the informality of the visits which staff have found helpful. Those people wishing to attend a certain visit should express their interest in advance.
- 18.23 The Director of Finance said that it would be helpful to set out clear guidance on the purpose of the Board visits and in some cases, it would also be helpful to have briefings made available in advance to those doing the visit on any recent SUIs or sensitive matters that the unit may be dealing with.

Communications

- 18.24 The Director of Finance informed the Board that the Trust's Development Committee had recently approved a draft internal communications strategy and work could be done to link the Board's decisions around this report with that strategy. It was noted that the decisions

made by the Board and those items discussed did not get communicated to all Trust staff so thought should be given to ways of getting the key messages from the Board meetings out.

Research

- 18.25 The Trust Secretary informed the Board that research had been carried out to look at other Trust's websites to review the materials available for the public, such as Board reports and annual plans. Some examples of the findings had been printed off and were available for Board members to see.
- 18.26 The Director of Internal Customer Services, who started with 2gether in September, said that his previous Trust had Team Briefings that were produced and sent out to all staff two days after Board meetings. These offered the opportunity for two way communication. He said that Board visits were also carried out and these were valued by staff. The Trust also had regular Board to Board meetings with the local PCT.
- 18.27 The Chief Executive informed the Board that a new Strategic Forum had been set up for the Chairs and Chief Executives of the local Trusts to meet on a regular basis to discuss the development agenda for the coming years. The Board agreed that this would be a very helpful meeting.
- 18.28 It was suggested that those Trust staff doing middle management development training could be invited to attend a Board meeting as part of their development.
- 18.29 The Board agreed that further research would be helpful in looking at whether there was any learning to be had on effective Governor and Board dialogue taking place in other Trusts. This would be researched so that the Board might learn from this.

ACTION: Research to be carried out to see whether there was any learning to be had on effective Governor and Board dialogue taking place in other Trusts

Board Development Days

- 18.30 The Board was asked whether it was happy with the current structure of the Board Development days. It had previously been agreed that these would be split equally between looking at the big strategic issues, looking at the development of the Board itself and receiving issues from Committees. The Board was content with the current arrangement.
- 18.31 The Board agreed that the recent Board development day focusing on the Delivery Committee had been very helpful and was a good way for all Board members to learn more about each of the Committees. The Director of Finance said that she was concerned that there was no process in place to record what had happened at the development days. It was noted that there was good debate and people took away actions to carry out but currently there was no record of this and therefore it was difficult to monitor whether any agreed actions had been taken forward. The Trust Secretary agreed that he would provide a record of each development day in the future.

ACTION: Future Board development day actions and follow up to be formally recorded and tracked by the Trust Secretary

Conclusion

- 18.32 The Board agreed that a report should be presented to the December meeting detailing the debate that had taken place and suggesting a way forward for each of the areas that the Board had been asked to consider.

ACTION: A report would be presented to the December meeting detailing the debate that had taken place and suggesting a way forward for each of the areas that the Board had been asked to consider

- 18.33 Lizzie Abderrahim noted Annex 1 of the report which was an example of a possible Board cycle from Monitor. She said that she would like to see equalities included in the Trust's Board cycle.

19. USE OF THE TRUST SEAL

- 19.1 The purpose of this report was to present the Board with the use of the Trust Seal for the period July to September 2009.
- 19.2 It was noted that the seal had not been used during this period.

20. QUARTERLY REPORTING TO MONITOR

- 20.1 The Board was presented with the Monitor quarterly report and adhoc declarations. The Trust Secretary recommended that the Board submit Declaration 1 which declared that all targets and national core standards had been and will continue to be met.

21. ANY OTHER BUSINESS

There was no other business.

22. DATE OF NEXT MEETING

The next public Board meeting would take place on Friday 27 November 2009.

Signed:

Rennie Fritchie, Chair

Date:

**BOARD MEETING
ACTION POINTS**

Date of Mtg	Item ref	Action	Lead	Status/Progress
26 Oct	3.2	Caldicott Guardian to review existing arrangements within 2gether against the Information Sharing and Mental Health guidance – as reported to the Board on 28 September	Paul Winterbottom	
	3.3	Update on progress with introducing apprenticeships into 2gether to be provided to the Board at the November meeting	Kay Harrison	Included within CE Report for November Board
	6.4	MHAM Committee to pick up and review practises on detention following a request from Delivery Committee	Frank Powell (MHAM)	
	6.6	Executive Team to pick up work on Benchmarking following a request from Delivery Committee	Shaun Clee (Executive Team)	Benchmarking discussions already taking place at ET Meetings
	6.8	Director of Human Resources to clarify statutory and mandatory training requirements for NEDs	Kay Harrison	Complete and reported back to Chief Executive
	8.8	Carolyn Elwes to link with Chief Executive to discuss Combat Stress and the number of ex-service personnel needing specialist treatment	Carolyn Elwes / Shaun Clee	
	9.4	Chief Operating Officer and Medical Director to disseminate GMC confidentiality guidance to appropriate forums for discussion	Simon Thompson / Paul Winterbottom	Link issued to Service Directors, Clinical Directors, and Central Operations Team. Meeting PW and ST arranged for 23/11/09
	9.5	Director of Human Resources to consider the benefits of the Healthcare 100 awards and advise the Board accordingly	Kay Harrison	Included within CE Report for November Board
	9.7	Letter of thanks to be written to David Nicholson and Barbara Young separately thanking them for their congratulatory letter following the CQC Annual Health check results	Shaun Clee	
	11.3	Delivery Committee to start considering implications of moving to a 4 week maximum waiting time assessment target in April 2011	Tracey Barber (Delivery)	Committee has discussed this and work has started
	12.4	Consideration to be given to displaying posters in the Trust's inpatient units letting people know more about the complaints process	Complaints Manager	Revised leaflet printed and ready for dissemination. Posters in development

	12.5	<p>Action plan to address the 6 weaker areas from the inpatient survey to be tidied up and specific dates and timescales to be added to each action</p> <p>Governance Committee to lead on the monitoring of the Inpatient Survey action plan</p>	<p>Simon Thompson</p> <p>Martin Davis (Governance)</p>	<p>Les Trewin produced timelines will undertake a review via the WAA Management Board. Results to be fed back to the Delivery Committee to share good practice.</p>
	18.29	<p>Research to be carried out to see whether there was any learning to be had on effective Governor and Board dialogue taking place in other Trusts</p>	<p>David McGrath</p>	<p>In progress Meetings to be arranged with other Trusts to discuss further</p>
	18.31	<p>Future Board development day actions and follow up to be formally recorded and tracked by the Trust Secretary</p>	<p>David McGrath</p>	<p>David McGrath to attend all future development days</p>
	18.32	<p>A report would be presented to the December meeting detailing the debate that had taken place and suggesting a way forward for each of the areas that the Board had been asked to consider</p>	<p>Rennie Fritchie / Shaun Clee</p>	<p>Scheduled for December 2009 meeting</p>