Sheffield Health and Social Care NHS
NHS Foundation Trust

17th December 2015
Item 5

Minutes of the 39th Meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held on Thursday 22nd October 2015 in the Mayfield Suite Trust Headquarters, Fulwood House, Old Fulwood Road, Sheffield S10 3TG

Present:

Name	Governor Constituency	Name	Governor Constituency
Professor Alan Walker CBE	Chair	Brandon Ashworth (left at 4.50pm)	Public South West
Angela Barney	Carer	John Buston	Public North West
Tyrone Colley	Service User	Dorothy Cook	Public South East
Dan Creber	Staff	Rosemary De Ville	Public South West
Ian Downing	Carer	Sylvia Hartley	Public North West
Joan Healey	Appointed	Gill Holt	Carer
Cllr Adam Hurst	Appointed	Professor Paul Ince	Appointed
Jules Jones	Public South East/Lead	John Kay	Service User
Dr Paul Miller	Staff	Toby Morgan	Service User
Cllr Josie Paszek	Appointed	Dr Abdul Rob (left at 4.30pm)	Appointed
Sue Roe (left at 4.25pm)	Carer	Dr Leigh Sorsbie	Appointed

Apologies:

Name	Governor Constituency	Name	Governor Constituency
Teresa Barker	Appointed	Barbara Bell	Public
Sarah Burke	Service User	Dean Chambers	Service User
Debjani Chatterjee	Service User	Joan Davies	Staff
Cllr Roger Davison	Appointed	Abbey George	Young SU/C
Elaine Hall	Staff	Sue Highton	Appointed
Dani Hydes	Staff	Celia Jackson-Chambers	Appointed
Vin Lewin	Staff	Pat Molloy	Service User
Russell Shepherd	Service User	Janet Sullivan	Appointed
Nev Wheeler OBE	Service User		
Clive Clarke	Deputy Chief Executive	Rosie McHugh	Board Secretary

In Attendance:

Name	Role	Name	Role
Richard Bulmer	Service Director	Tony Clayton	Non-Executive Director
Becci James	Public observer	Faye Mellors	Governor & Membership Officer
Sue Rogers	Non-Executive Director	Jason Rowlands	Director of Planning, Performance & Governance
Ann Stanley	Non-Executive Director	Sam Stoddart	Deputy Board Secretary
Kevan Taylor	Chief Executive	Mervyn Thomas	Non-Executive Director

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COG39/1	**Welcome and Apologies** The Chair welcomed everyone to the 39th meeting of the Council of Governors. The Chair was sad to report apologies from 17 governors. However the	

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	meeting was quorate in line with the constitution. Clive Clarke and Rosie McHugh also sent their apologies. The Chair reported that Public Governor for the North East, Afrah Alkheili, had resigned and that this position will go into the election process. Other things to note are that the Performance Overview Group scheduled for 28th October has been cancelled. Dates of future meetings to follow. The Chair also informed the meeting that governors would be contacted shortly to fix a date for early November for the Business Planning session. Also, the Nomination and Remuneration Committee of COG needs a representative from the appointed governors. Any one interested please respond to the invitation letter asking for nominations that will go out beginning of November. A vote or confirmation of this appointment will be at the December COG meeting.	All to note All to note
COG39/2	**Declarations of Interest** The Chair asked for any changes in declaration of interests. Angela Barney declared that she is now Vice Chair of the Carers Service Improvement Group, Sheffield City Council. The Chair declared this duly noted. Toby Morgan would like it known that he is no longer a member of the Green Party as declared on his appointment but is now a member of the Cooperative Party.	Angela Barney Toby Morgan
COG39/3	**To receive and approve the minutes of the meeting held on 16th July 2015.** The minutes were accepted as a correct record by all present.	Approved
COG39/4	**Matters arising from the meeting held on 16th July 2015** The Chair's action under COG38/4 to provide further information will be done in his next letter to governors. The Chair apologised that this had not yet happened, but discussions are not yet finalised. No other matters arising.	ACW
COG39/5	**Reconfiguration Update** The Chair stated that Governors had asked for this item to be a regular update on the agenda. The Chair welcomed and introduced Richard Bulmer, Service Director for Inpatient Services, to the meeting. Richard began by reminding governors of his previous attendance about 6 months ago when he discussed inpatient reconfiguration. He spoke to his slides about the whole reconfiguration of acute and inpatient services. The key areas are threefold: acute care reconfiguration and rehabilitation and recovery, the third being the wider reconfiguration that is linking up with other directorates and parts of the Trust. There are a number of drivers for the reconfiguration but the bottom line is that we want to have the best possible services in the Trust and Sheffield. The headlines from the reconfiguration are going from a position two years ago of having to place people outside of the city and struggling to find beds to a very positive position in Sheffield. In terms of the context for mental health services in Sheffield, a joint strategy across community and inpatient services is being developed with the joint goal of providing acute care. Services should be	

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	seamless and of a very high quality. Support should be provided close to home and in the least restrictive way and the shortest and most therapeutic stay should be provided when someone has to go into hospital. We need to provide crisis care across whole age range and city with better community provision. There needs to be improved responses to people presenting with personality disorder. Acute care progress - care and compassion is deliberately at the forefront and something that the Trust is really committed to. Services have to be very efficient and compassionate and the Trust must support its staff to deliver compassionate care. Recovery care planning: this changes how we deliver care plans for patients. We have changed how care plans are written and what they actually mean and we work more collaboratively with service users in care planning. As such the name has now been changed to collaborative care plans. There are improved staffing ratios across inpatient areas which are linked to reducing ward sizes. Psychology is now available and accessible to all on inpatient wards. All staff have access to training and supervision. Three years ago the Trust took on the management of inpatient budgets from the CCG. This has resulted in clear pathways for service users, increased productivity and better managed nursing time all of which have helped reduce length of stay for inpatients, ultimately reducing the number of beds. There are improved home and community services across the age range and improved community provision in the older adults community. This is all about delivering better services for less money. With some of the investments we have developed a Crisis House that people can be admitted to when they don't necessarily need the hospital but require a place of safety. The Trust is currently in the process of reviewing the Crisis House to see how effective it has been. We have invested in the Functional Intensive Community Service (FICS) and in strengthening multidisciplinary team working. There are now weekly bed management meetings. The physical environment is very important. All wards have had refurbishments over the last couple of years. The Trust has also looked at how those spaces are used. Green rooms have been introduced (places you can go when distressed and have one to one time with staff). We now respond to crises in a different way. Staffing levels on the Psychiatric Intensive Care Unit (PICU) have been enhanced by psychology and an exciting and inspiring new PICU is being built which has taken three years to come to fruition. We have consulted with service users and staff to ask them what their vision of a psychiatric unit should be like and the official opening of the PICU will take place on 20th November. It will be something to aspire to for all our services. The PICU is a 10 bedded unit for the most ill. There is now only one Dovedale ward for older adults based at the Michael Carlisle Centre. As a result there is a better staff ratio and shorter length of stay. There are reduced occupancy levels across all of our wards and a significant reduction in admissions to inpatient beds.	

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	We are reviewing how the 5 substance misuse beds in the system are working. The '136 Suite' (based on Maple Ward) is used as a place of safety where people in distress are picked up by the Police and we are looking at having another which will mean the use of police cells will be very rare. We are also working with the Children's Hospital NHS Trust to ensure that there is a place of safety for under 18s. <u>Next steps in acute care</u> Street Triage working with police. Rehab strategy: people traditionally had very long stays in hospital. We want to prevent people having to go out of town for locked rehab and have better assessments to decide if locked rehab would be the best option. The Community Enhanced Recovery Team (CERT) was recognised at Annual Members' Meeting. This provides intensive input for service users (on average 6 hours a day) with staff to discuss how they live their lives within their own home. We also have a partnership with South Yorkshire Housing to bring people home. There are capital works being undertaken including the development of the Forest Close site. The Chair thanked Richard for his presentation and the hard work he had undertaken. He then asked for any questions. Jules offered Richard her congratulations on his talk and thanked him for his confidence and empathy. Leigh Sorsbie stated that she no way wanted to undermine the presentation and particularly the figures which are phenomenal and wanting to bring people back to be cared for in their own community is fantastic but she had two questions: firstly in relation to the quality measures slide, she understood this model comes with risk but she didn't understand how the indicators provide evidence that quality is not being compromised. Kevan Taylor responded that staffing levels are higher per person, serious/untoward incidents within the inpatient service have significantly reduced (it has been 8 months since the last untoward incident), emergency readmission rates have not increased, complaints have not increased, and all of the things looked at in the quality indicator would indicate an improved quality service. He added that the Trust still has to be cautious and we will know more after a substantial period of time working in this way. Leigh Sorsbie followed her question by stating that dovetailing this with the performance report, there is obviously a decreasing number of patient beds but there are delayed discharges due to factors beyond our control. Therefore is the Trust still able to cope with the delayed discharge given the reducing number of beds? Richard responded there are delayed discharges within the performance report across all directorates. The weekly bed management meeting gives managers the chance to talk about any bed blockages in the system, and the opportunity to liaise with the Local Authority and tell them there is a problem, but there are systems in place to try and manage that and reduce problems. Kevan	

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	added that the principal challenges for the Trust around delayed discharge are within dementia services where there are high levels of people ready to be moved and these skew the figures. Toby Morgan asked about the impact of Street Triage on the 136 admissions? Richard said it had had no impact on admissions but has had a very positive impact on working with the police. Gill Holt stated that it is really good to have the new PICU but will the enhanced staffing levels increase access to therapeutic activities, and will therapeutic activities be geared to service users' needs. Richard said that the actual physical environment is much better with space available to provide more activities, for example a gym. Secondly, with recovery care planning staff are being asked to think differently and if a service user finds something therapeutic to them that they want to do then we should be encouraging that and facilitating it. Angela Barney stated that there had been a very interesting article in a newspaper about an empowerment programme for people to work with peers to prevent admission to hospital which was called Parachute. This has come originally from New York but the NHS appeared to be rolling it out in parts of the country. The programme provides alternatives to hospitalisation at times of crisis. She asked if Richard had heard of this. Richard said he had not, but would research it but he added that peer support work is something that the Trust is working on, especially in rehabilitation services. www.nyc.gov/html/doh/html/mental/parachute.shtml Angela's second question related to the transition from Child & Adolescent Mental Health services (CAMHS) into adult services. She asked how this is being managed and whether it fell into the remit of the reconfiguration. Richard responded that it was not. However, the Trust works with CAMHS and the Early Intervention Service is very good at keeping in touch with young people, but there is nothing specific at CAMHS, apart from our work with the Children's Hospital NHS Trust about how they can better provide a place of safety. The Chair added that this is also a priority for the CCG. Angela's third question related to residential care delivery options. She stated that there seems to be a shortage of 'in-between' accommodation. Richard responded that this is around the rehab strategy, what happens when people are discharged and the provision for residential care in the city. He said that in the future we may have to think about different types of residential care and how this is delivered. Angela asked if this is about the Trust having its own residential units. Richard said not necessarily. The Chair thanked Richard and moved on.	
COG39/6	**Care Quality Commission Action Plan: update on progress** The Chair introduced this regular item following the outcome of the CQC inspection and he said it was of the highest priority to the Board and Trust. The Board set an aspirational agenda to have at least good ratings in all of the areas inspected by the CQC and he was hopeful that this will be achieved well in advance of the next round of visits and the board regularly receives an update on progress towards that goal.	

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	Kevan Taylor spoke on behalf of Clive Clarke in his absence. The action plan has 151 actions. Not all actions are dictated by the CQC but are a combination of CQC findings and our own as a result of the feedback. There is a sophisticated monitoring process that reports to the Executive Directors Group (EDG) on a fortnightly basis, and also to the Quality Assurance Committee, sub committee to the Board and to the Board itself. **Headlines from the 151 actions identified:** • Vast majority 87% (132) on track to being delivered. • Confidence that these will be delivered in the appropriate timescale. • Relatively small number, around 3%, described as blue (to get blue it has to be fully imbedded with a number of sources of evidence, not only the issue identified by the CQC being resolved, but systems in place and a degree of confidence that this could not happen again). • Some of the actions have not been achieved, but this does not mean that progress has not been made. • Timescales have had to be revised for some of those due to things beyond the Trust's control. • Disappointment that there are still some reds but these will be achieved although we have had to revise the timescale. Main point here is to give reassurance to governors that things are on track and the appropriate monitoring processes are place. The Chair thanked Kevan and asked if anyone had any questions. John Kay asked if the timescales against the red items set out in document would happen or not as some were showing an October deadline. Kevan explained that most of the timescales given were set in August and that he was fairly confident that these would be met. The CCG are fully informed. Cllr Adam Hurst commented on the reds. In his experience if you do not get record keeping right something goes wrong and that the Trust should not underestimate record keeping as most criticisms are due to poor record keeping. Kevan agreed and said that this was in hand with people working on this since receiving the report about six months ago. Cllr Josie Paszek asked about the actions marked green and amber. Kevan apologised for the decision not to share all of the information and not put all of the papers out but reported that 87% of actions are green. What EDG focus on are the reds because they need action and the blues to ensure that we are 100% sure that this issue could not rise again and there is evidence to support this. The Trust has not made any of the proposed greens into blues. However it has made a few blues into greens because it is not quite sure that there is the full level of 'embededness' required. Kevan clarified the percentages to Council: • Blue 3%, • Green 87%, • Red 7% • Amber 2% (and 1% got mixed up in the rounding down).	All to note

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	Therefore, the vast majority of actions are on track with just 7% behind schedule. The Chair said the important thing for governors to understand is that this is not simply a tick box exercise, and what the Trust has done is set an aspirational set of targets. The test is 'are these changes embedded?' That is why there is so much scrutiny within the Quality Committee and Board. Regular updates will be provided as this is of such great importance to the Trust's service users and carers.	
COG39/07	**Amendment to Constitution** The Chair explained how at the last Council, Governors had expressed concern that the constitution was not gender neutral. This has now been amended at their request. All governors present voted unanimously to accept the changes. The Chair expressed his thanks to Sam Stoddart for doing this task.	
COG39/08	**Non-Executive Director Recruitment Process** Tony Clayton, Sue Rogers and Mervyn Thomas declared and interest and left the room for this item. **(a) Recommendation to Approve the Appointment of Richard Mills** The Chair referred to the paper and said how a number of the governors present had taken part in the recruitment process. He delivered the Nomination & Remuneration Committee's (NRC) recommendation to recruit Richard Mills to the vacant post with effect from the 1st December for a period of three years. Ian Downing - as a member of the Nomination and Remuneration Committee - informed Council how he had been involved and how the outcome had been reached. Jules Jones also provided further information on this process in her written report at item 12a. The Chair asked Council to accept the Nomination and Remuneration Committee's decision. The Chair offered sincere thanks to all those involved in the NRC and grateful to Sam Stoddart for all her help. The Council voted unanimously to accept the recommendation. **(b) Recommendation to Approve a one year extension to the terms of Mervyn Thomas and Sue Rogers** Following a rigorous interview process, the Chair asked the Council to approve the recommendation of the NRC to grant 1 year extensions to two of the current three NEDs: Mervyn Thomas and Sue Rogers. This was unanimously agreed. The Chair added, for Council to note, that the NRC felt the need to provide a transition plan for Richard Mills. It was suggested that Tony Clayton, current post holder, should become a 'shadow NED' and mentor Richard. This was felt necessary for two reasons: firstly Richard does not have any previous experience as a NED and this would help with his induction, and secondly, Tony is chair of the Finance and Investment Committee (FIC) and he will help to introduce Richard to this role. Constitutionally, we cannot appoint Tony Clayton as a shadow NED, but we can appoint him in a consultancy role for a short transitional period. The Chair hoped that the governors would find this acceptable and it was duly noted.	Agreed Agreed Noted

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	Brandon Ashworth stated that this is an awkward situation in that on one hand it was a recommendation by the NRC but that if it was him taking up the new NED position he would not want his predecessor there. He asked if Tony would chair the FIC during this time and what else Tony would be doing. The Chair explained that Tony Clayton is not constitutionally allowed to chair FIC and this would be done by Richard. However, Tony would assist Richard Mills with his induction into the NED role and get him up to speed with FIC and other committees. The Chair also said that he did not consider throwing the new NED in at the deep end as good practice. Abdul Rob asked if this will this be a paid position. The Chair confirmed this, but explained it would be a small, short term consultancy contract. Jules Jones wished to respond to Brandon Ashworth's comments as a member of the NRC and appointment panel. Jules explained how lengthy discussions had taken place and NRC felt that help into the NED role was crucial, especially with the work around CQC. John Kay asked that future transition planning be discussed and plans and recommendations for any handovers be put in place before the next recruitment. Sam Stoddart said that this would be a discussion for NRC. The Chair thanked everyone and moved on.	John Kay Sam Stoddart
COG39/09	**Senior Independent Director (SID)** The Chair explained that the loss of Mick Rooney also meant the loss of the SID position. It had been proposed and accepted by the Board that Mervyn Thomas takes up this position. The Chair asked Council to note this appointment. The Chair invited the NEDs back into the meeting.	Noted
COG39/10	**Chief Executive Update** Kevan Taylor provided governors with a brief update. He was pleased to inform everyone that at the National Positive Practice Awards in mental health services held the previous week we won one of the national awards in the category supporting the physical health needs of people with severe mental illness. This is in relation to a project we are doing in collaboration with the CCG and SCC. It involves a whole range of initiatives in and around primary care. Kevan suggested that primary care comes along to a future meeting and provides more information. The Trust was also highly commended in the partnership working category for similar work. Toby Morgan asked what award the dementia ward (G1) at Grenoside Grange had won and what it was for. Kevan wasn't aware of any award but did know that they had received 'outstanding' in the PLACE scores for the cleanliness of the physical environment. Dorothy Cook asked about the Clover Group and the initiatives they are pioneering and asked if it was time to provide an update to Council. Kevan said that yes, it may well be time to have an update on some of their initiatives. One thing that has been developed within Clover Group is Enhanced Primary Care. This initiative is looking to identify people within the practice population that are most at risk of becoming unwell and react to that by putting in specific	

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	support, like Health Champions, for those individuals to keep them healthy and at home. One big challenge around the Clover Group is that it is likely to be going out to tender soon. This will be a challenge as the value of the tender will be significantly less than is currently spent on Clover. This is leaving a high degree of uncertainty around its future. The Trust is currently in discussions with Primary Care Sheffield about how we move forward together. Nationally, primary care costs are always high on the political agenda. The Clover Group is unusual to other GP practices as it serves particular populations alongside general practice. One branch serves the entire Roma population in that district. The Chair said that this would come up in the strategic planning process and would be discussed at Board and brought to Council. The Trust has a strong allegiance with primary care and this will be discussed with governors.	
COG39/11	**Annual Corporate Governance Statement & Performance Report** The Chair welcomed Jason Rowlands to the meeting. Jason provided a brief overview of the Performance Report for the period ending August 2015. There were two main issues to raise, one positive and one of concern. National Access Standards in mental health services have been implemented for the first time by the Department of Health. This year these relate to IAPT and Early Intervention Services. This monitors the time it takes patients to access evidence-based interventions. IAPT standards this year are that 75% of all referrals to IAPT services should be seen within 6 weeks. The performance graph within the report shows that we are currently around 82%. This is good news and reflects the hard work within the service. An area of ongoing concern is around delayed discharges and this year saw a rise in people waiting to leave hospital due to a lack of appropriate care or accommodation in place. Older adult wards are particular experiencing these delays as Social Services struggle to complete social care assessments and find people places. This impact on peoples' lives as they want to move on and it blocks our ability to provide help to others. Brandon Ashworth asked if this was a target over which the Trust had any control. Jason said there are areas in which the Trust has control, for example working effectively with our partners. What the Trust does not have control over is the capacity, resources and responsiveness of Social Services. The Board have been monitoring this over several months and the Executive Team have escalated this with both SCC and CCG and they are looking to address this blockage. The Chair welcomed any questions on the performance report. Rosemary de Ville drew attention to Page 11 of the monthly performance report regarding Substance Misuse Services and said that she asked a question in July and due to circumstances has only just seen the response, 3 months on, within the council papers. Her question was "Is Fitzwilliam in danger of breaching its contract with the DACT due to a drop in referrals?" Chris Wood had provided a reply although had not yet met with Rosemary. Rosemary asked for clarification on Chris's reply and asked if opiates and non-opiates are underperforming as well. Jason replied that there had been a number of changes going on within the services over the past year. Teams were brought together and new pathways introduced. Performance indicators around referrals have often seen challenges. However, he was not aware of	

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	the commissioner for this service escalating a level of concern about its performance. Jason has been working with DACT to bring the service performance figures up to date, include news things and bring any recommendations to Board on how it wants to monitor these services. But, at the moment, yes the Trust is not getting as many people as it wants, and yes this is of particular concern. The Chair thanked Jason and recommended that Rosemary still meet with Chris Wood for further clarification. The Chair also said that following Rosemary's prompting, he had raised this at Board and they would be looking at this more closely. Rosemary asked if alcohol was included in the same contract as opiate and non-opiates when it comes to renewal in 2016. Jason said they are different contracts working to different timetables. Opiates and non-opiates are in year one of a three year contract and alcohol is expected to go out to tender at the end of this year on a three year contract. Jules Jones referred to the aPMS indicators on Page 10 and asked how we are planning to get the reds on target. A lot are showing massively under target. Tony Clayton responded by explaining that this had come up at Board and that the figures within the report are for one month and would not be the same at year end. They are cumulative and will balance out. John Kay asked about bed occupancy levels rising and if we have the capacity to cope if they rise further. Jason said the reason for this is that we formally reduced the bed numbers and these figures are inline with that adjustment. There is additional capacity to cope with a rise and that mothballed beds could be re-opened if required. Angela Barney asked about sickness absence and commented that it was good to see long-term sickness coming down slightly, but that overall sickness absence has risen. She asked if this is benchmarked against other Trusts and if so, is there any learning we can gain to improve this. Jason said that there is a big programme of work around sickness absence and that we do use benchmarking as part of our monitoring processes. A lot of work has been undertaken to improve staff health and wellbeing and the Trust engages with other Trusts, staff, experts and unions to better understand what is going on and how we can provide support in a positive way. The Workforce and Organisation Development Committee (a board sub-committee) are working to move this forward and progress will be reported to Council. Toby Morgan asked about the missing person's data. What, if anything can be done to reduce missing persons. Jason said generally this could be done by engaging more with the person on the ward to prevent them absconding. In line with risk reduction there are control mechanisms in place, i.e. if we feel the need to lock the ward we can. There are different reasons why people are absconding and if we discuss this with the individual then we will be more able to help them and prevent this happening in future. Moving on Jason presented the Corporate Governance Statement 2015-16 for information and explained that this is signed off by the Board every year around May/June. It is the Board's declaration, self-certification that it is delivering good corporate governance with the right standards in place. This	All to note All to note

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	allows the Council of Governors to see how the Board is working and provides assurance to governors that the right controls/standards of practice are in place and being delivered. Ann Stanley added that this statement forms part of the annual report and is also audited so that governors and the public are provided with an objective opinion. The Chair thanked Jason.	
COG39/12	**Governor Feedback** **(a) Feedback from Governor Activities** 18 Feedback sheets had been submitted. The Chair thanked Debjani Chatterjee, Joan Healey, Sarah Burke, Jules Jones, Sue Roe, Dorothy Cook and Josie Paszek for their tremendous contributions. The Chair emphasised the detail of these reports and how incredibly useful the feedback is. The Chair invited any questions arising from these reports. Paul Miller wished to ask Jules Jones more about her attendance at the Clover Group Patient Participation Group meeting. Paul said he had been alarmed by the comments within Jules report from that meeting. Jules Jones said that these were not her comments but these were expressed by people at the meeting and is an illustration of the sort of misinformation that can get around patient groups. Tony Clayton added that he was also at the meeting and did refute the group's comments on the Trust's funding of Darnall. He informed them that is was not a matter of the Trust not funding Darnall but rather the Trust is subsidising the deficit. Regarding the phone service, Tony explained that this was poor and had been inherited from the PCT, but within 48 hours of the patient participation group meeting it was in the process of being upgraded and changed. Tony also added that in respect to appointments, many patients do not attend at the appointed time. Jules Jones directed everyone to her further report following the meeting held on 17/09/2015 and said how people were now more confident with the Trust following the provision of good information. General discussions took place around primary care across the board including national issues around funding levels and distribution, inequality and provision of care. Dr Leigh Sorsbie said that the key to going forward is to work together, keeping patients at the heart of the discussion. The Chair suggested that further discussions take place around our partnership with primary care as part of the Trust's strategic planning. The Chair made reference to the governor feedback on the Compassion Conference held in July, and the favourable comments on this powerful conference. The Chair shared how the Board had been moved to applause following a presentation on this and hoped that more conferences would follow. Joan Healey asked how the work resulting from the compassion conference is being taken forward. Dr Gilbert's message was about a compassionate organisation/culture rather than compassion on an individual basis. The Chair said this was being taken forward in all sorts of ways and that Rosie McHugh, Director of Organisation Development, is working on this and has prepared a paper for Board's consideration. Please be assured that there is a strong push on the lessons to be learned. Sam Stoddart suggested that this would be a good governor question for Board to answer.	

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	Toby Morgan added that together with Catherine Carlick and two other service users he is getting together with staff and will meet with recovery enterprises on the 2nd November to set up a group/enterprise "Compassion Convoy Ltd". **(b) Governor Questions to the Board** The Chair drew attention to the governor's questions to board and the answers. Sam Stoddart asked that people note as an error on the response from Chris Wood to Rosemary De Ville's question. It states that Rosemary met with Chris to discuss this further. This hasn't happened as yet.	
COG39/13	**Any other business** John Kay asked about the incident of leafleting at the Annual Members' Meeting and asked if the Chair had met with the individual involved. Kevan Taylor said that following further incidents, the Chair was unable to meet with the individual. The Trust now has a formal agreement in place following the withdrawal of the legal process. All incidents raised were investigated sometime ago and found to be without substance. The Chair thanked everyone for coming and the meeting closed.	