

Council of Governors



**Greater Manchester
Mental Health**
NHS Foundation Trust



Improving Lives

MEETING OF THE COUNCIL OF GOVERNORS

**Conference Room 7, The Curve
Greater Manchester Mental Health NHS Foundation Trust
Bury New Road
Prestwich
M25 3BL**

11th December 2017

PROGRAMME

9.45am	Registration and Coffee
10.00am	Council of Governors Meeting
12.00pm	Meeting Close - Lunch

COUNCIL OF GOVERNORS

Monday 11 December 2017

10.00am, Conference Room 7, Ground Floor, The Curve

AGENDA

ITEM		ACTION	PRESENTED BY	TIME
01	Welcome and Introductions	To Note	Rupert Nichols, Chair	10.00am
02	Apologies for Absence	To Note	Rupert Nichols, Chair	
03	Declarations of Interest	To Note	All	
04	Minutes of the Council of Governors Meeting held 11 September 2017	To Approve	Rupert Nichols, Chair	
05	Matters Arising from the Previous Meeting	To Note	Rupert Nichols, Chair	
06	Chair's Report to the Council of Governors (December 2017)	To Note	Rupert Nichols, Chair	10.05am

GOVERNANCE

07	Community Mental Health Patient Survey Results 2017	To Note	Neil Thwaite, Deputy Chief Executive/Director of Strategic Development	10.10am
08	Freedom to Speak Up <i>Presentation</i>	To Note	Nicky Littler, Associate Director of HR/Freedom to Speak Up Guardian	10.20am
09	Council of Governors – Assessment of Effectiveness	To Note	Rupert Nichols, Chair	10.35am

GOVERNANCE

10	Developing our Strategic Plans <i>Presentation and Group-work</i>	To Note	Neil Thwaite, Deputy Chief Executive/Director of Strategic Development	10.45am
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WORKING GROUP AND COMMITTEE REPORTS

11	Feedback from the CARE Hub Meeting held on 13 October 2017	To Note	Michael Crouch, Service User and Carer Governor	11.40am
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LEAD GOVERNOR

12	Lead Governor Feedback (Verbal)	To Note	Les Allen, Lead Governor	11.45am
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BOARD OF DIRECTORS

13	13.01 – Minutes of the Board of Directors Meeting Held in Public on 30 October 2017 (Ratified) 13.02 – Chair’s Report on Part 2 Items (Verbal)	To Note	Rupert Nichols, Chair	11.50am
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ANY OTHER BUSINESS

14	Schedule of Meetings 2018: <ul style="list-style-type: none">• Council of Governors• Governor Development/Membership Engagement Working Group	To Note	Kim Saville, Company Secretary	11.55am
15	Any Other Business	To Note	All	12.00pm

DATE AND TIME OF NEXT MEETING

The next Council of Governors’ Meeting will take place on Monday 12 February at 10.00am in Conference Room 7, Ground Floor, The Curve



Council of Governors

TITLE OF REPORT:	Minutes of the Council of Governors Meeting held 11 September 2017
DATE OF MEETING:	11 December 2017
AGENDA ITEM:	04
PRESENTED BY:	Rupert Nichols, Chair
AUTHOR(S):	Kim Saville, Company Secretary

EXECUTIVE SUMMARY:	The Council of Governors are asked to review and approve the minutes of the Council of Governors meeting held on 11 September 2017.
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RECOMMENDATIONS:	To approve
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UNRATIFIED

**COUNCIL OF GOVERNORS MEETING, MONDAY 11 SEPTEMBER 2017, 10.00AM,
CONFERENCE ROOM 7, GROUND FLOOR, THE CURVE**

PRESENT:

Council of Governors:

Rupert Nichols	-	Chair
Trish Anderson	-	Appointed Governor (Greater Manchester Clinical Commissioning Groups (CCGs))
Philip Benson-Hannam	-	Public Governor (City of Manchester)
Rob Beresford	-	Public Governor (Other England and Wales)
Nayla Cookson	-	Public Governor (City of Manchester)
Stuart Edmondson	-	Staff Governor (Nursing)
Lynn Howe	-	Public Governor (City of Manchester)
Nasur Iqbal	-	Staff Governor (Psychological Therapies)
Margaret Kerr	-	Public Governor (Trafford)
Margaret Rowe	-	Appointed Governor (University of Salford)
Phil Saxton	-	Public Governor (Other England and Wales)
Chief Insp. Andrew Sidebotham	-	Appointed Governor (Greater Manchester Police)
Dan Stears	-	Service User and Carer Governor
Dr Victoria Sullivan	-	Staff Governor (Medical)
David Sutton	-	Public Governor (Salford)
Julie Turner	-	Staff Governor (Non-Clinical)
Margaret Willis	-	Service User and Carer Governor
Rick Wright	-	Staff Governor (Social Care)

IN ATTENDANCE:

GMMH:

Chris Daly	-	Medical Director
Kathy Doran	-	Non-Executive Director
Gill Green	-	Director of Nursing and Governance
Ismail Hafeji	-	Director of Finance and IM&T
Alison Hand	-	Executive Assistant
Julie Jarman	-	Non-Executive Director
Pauleen Lane	-	Non-Executive Director
Andrew Maloney	-	Director of HR and Corporate Affairs
Steph Neville	-	Head of Corporate Affairs
Deborah Partington	-	Director of Operations
Caroline Pickwell	-	Communications and Marketing Manager
Kim Saville	-	Company Secretary (Minutes)

Neil Thwaite - Deputy Chief Executive/Director of Strategic Development

Members of the Public:

Councillor Debbie Newall - Bolton Council
 Dr Louise Sell - Medical Director, North West Boroughs Healthcare NHS FT
 Warren Heppolette - GM Health & Social Care Partnership (Item 7 only)

No.	Item	Action
35/17	<p>Welcome and Introductions</p> <p>Rupert Nichols welcomed Trish Anderson, Mental Health Lead for Greater Manchester CCGs and Chief Officer of Wigan Clinical Commissioning Group (CCG), and Chief Inspector Andrew Sidebotham, Greater Manchester Police (GMP) to the Council of Governors. He advised that Trish Anderson and Andrew Sidebotham will act as Appointed Governors representing Greater Manchester CCGs and GMP respectively. Rupert Nichols also welcomed the return of Margaret Willis to the Council of Governors as a Service User and Carer Governor. This follows the resignation of John Hogan in July 2017.</p> <p>Rupert Nichols noted that Dr Louise Sell, Medical Director of North West Boroughs Healthcare NHS Foundation Trust, would be observing the meeting.</p>	Noted
36/17	<p>Apologies for Absence</p> <p>Apologies for absence were received from the following Governors:</p> <ul style="list-style-type: none"> • Les Allen – Lead Governor/Public Governor (Bolton) • Bryan Blears – Public Governor (Salford) • Michael Crouch – Service User and Carer Governor • Iris Nickson – Public Governor (Trafford) • Albert Phipps – Public Governor (Bolton) • Margaret Riley – Service User and Carer Governor • Chris Vogl – Staff Governor (Nursing) <p>Apologies for absence were also received from the following members of the Board of Directors:</p> <ul style="list-style-type: none"> • Anthony Bell, Non-Executive Director • Stephen Dalton, Non-Executive Director • Bev Humphrey, Chief Executive • Andrea Knott, Non-Executive Director 	Noted
37/17	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>	Noted
38/17	<p>Minutes of the Council of Governors Meeting held 10 July 2017</p> <p>The minutes of the previous meeting of the Council of Governors held on 10 July</p>	Approved

	2017 were accepted as a true and correct record. Trish Anderson noted the quality of the minutes.	
39/17	Matters Arising from the Previous Meeting All matters arising were discussed as part of the main agenda.	Noted
40/17	Chair's Report to the Council of Governors (September 2017) Rupert Nichols presented his Chair's Report to the Council of Governors. He highlighted the continuing progress of the Manchester transformation work-streams and a number of recent service user and carer activities and events. He briefed the Governors on the Trust's new values, which were discussed at the Council of Governors meeting in July 2017, and branding visuals, noting that activities to communicate the brand and incentivise behaviours that demonstrate the values will follow. Neil Thwaite, Deputy Chief Executive/Director of Strategic Development, provided an overview of the Trust's operational performance as at June 2017. He noted that the organisation continues to be in a positive position in terms of its delivery of NHS Improvement and Care Quality Commission (CQC) requirements. He highlighted a number of exceptions, which are expected at this stage in the Trust's transformation of Manchester services. With regard to the 'Red' rating against the Mental Health Service Data Set (MHSDS) priorities, he clarified that these indicators are relatively new and relate to the capture of data on employment and accommodation status. He noted that the Trust is currently experiencing issues in capturing this data in Manchester. The Trust is working hard to improve this using the current Manchester information system (AMIGOS) and achievement of a 'Green' rating is expected in the next few months. He confirmed that these issues will be permanently resolved through the introduction of the PARIS system in Manchester. With regard to the IAPT access and recovery targets, Neil Thwaite briefed Governors on the hard work undertaken in recent years to achieve these targets in Bolton, Salford and Trafford. He noted that a dedicated IAPT transformation work-stream has been established in Manchester and that the Trust is aiming to achieve this target at a Trust-wide level by the end of Quarter 1 2018/19. Neil Thwaite also drew the Governors' attention to the CQC ratings achieved by Greater Manchester West Mental Health NHS Foundation Trust (GMW) and the former Manchester Mental Health and Social Care NHS Trust (MMHSCT) in the most recent CQC inspections – 'Good' and 'Requires Improvement' respectively. He confirmed that the Trust has recently received notice that it will be inspected under the CQC's new inspection regime later this calendar year. He advised that the inspection approach will be different to the comprehensive inspection undertaken previously and will have a particular focus on the well-led domain. He noted that the CQC will want to hold focus groups with Governors and other key stakeholders as part of the inspection process. Ismail Hafeji, Director of Finance and IM&T, provided an overview of the Trust's	Noted

	<p>financial performance as at Month 5 (August 2017). He noted that the ‘1’ rating achieved against the NHS Improvement Single Oversight Framework Use of Resources rating in June 2017 was exceptional and that the Trust has subsequently moved back to a ‘2’ rating, which is consistent with plan. He advised that the Trust is in a minority of Trusts in Greater Manchester who are reporting a ‘2’.</p> <p>Neil Thwaite took the opportunity to brief the Council of Governors on a number of recent successful tenders, namely a bid to provide integrated drug and alcohol recovery services in Bolton, Salford and Trafford and a bid to deliver Community Links for Health in North Manchester. He advised that the former tender represents a significant expansion of the Trust’s current services in Bolton and Trafford and has a contract value of £8.5million per annum for five years. With regard to Community Links for Health, he noted the links with the existing ‘Buzz’ service in Manchester and the potential opportunity to expand this service into Central and South Manchester. He advised that the Community Links contract is for 2+2 years at a value of £1.2million per annum. He acknowledged the hard work of all involved in winning these tenders in the face of significant competition.</p> <p>The Council of Governors noted the Chair’s Report.</p>	
41/17	<p>Presentation: Greater Manchester Mental Health Strategy – Next Steps</p> <p>The Council of Governors received a presentation from Warren Heppolette, Executive Lead, Strategy and System Development, Greater Manchester Health and Social Care Partnership, on the next steps in the delivery of the Greater Manchester Mental Health and Wellbeing Strategy.</p> <p>Warren Heppolette briefed the Council of Governors on the overarching vision set out in the Greater Manchester Mental Health and Wellbeing Strategy and the characteristics (Prevention, Access, Integration and Sustainability) and ‘golden threads’ that underpin this. He noted parity of esteem between mental health and physical health as a key strategic driver. He outlined the involvement of commissioners, providers, other partners and individuals with lived experience in developing the Strategy, which was published in February 2016. He confirmed that the Strategy delivers on the national objectives for mental health, as set out in the Five Year Forward View for Mental Health (FYFVMH), and also includes a number of specific commitments to Greater Manchester residents. He provided an overview of both and outlined a number of key highlights and achievements to date. He also noted the need for greater transparency with regard to the level of investment in mental health and the access to and availability of services.</p> <p>Warren Heppolette continued by clarifying the investment framework for delivery of the Strategy, which was agreed by the Greater Manchester Partnership Board on 28 July 2017. He highlighted the ten priorities for investment, which are aligned with local, Greater Manchester and national objectives, and include perinatal mental health (Adult), IAPT and community,</p>	Noted

acute and crisis care (Adult). He confirmed that £134million investment has been committed to delivering the ten priorities over the next four years, of which £77.683million is targeted towards CCG and locality baseline funded programmes and £56.225million is targeted towards transformation funding. He noted that the transformation funding includes three elements – CCG locality plans to deliver FYFVMH and Greater Manchester Mental Health Strategy (£10.8million), co-ordinated programmes of work to deliver population health work-stream (£6.8million), and co-ordinated programmes of work to deliver FYFVMH and GM Mental Health Strategy (£34.625million). For the latter, he confirmed that individual business cases will be required to secure release of the required investment from the Transformation Fund.

Neil Thwaite provided the Trust's perspective on the investment opportunities. He confirmed that work is underway to map out the share of additional investment required to deliver the priorities in Bolton, Salford, Trafford and Manchester. He noted that a series of meetings have been scheduled with CCGs and representatives of the Health and Social Care Partnership to progress negotiations and agree an approach to the development of any required business cases. He advised that the outcomes of these meetings will be fed into the Trust's future plans, which will be considered at the December meeting of the Council of Governors. Chris Daly, Medical Director, provided feedback on the Trust's work to date with partners to progress the Core 24 RAID work-stream, which is one of the Greater Manchester co-ordinated programmes of work.

Warren Heppolette summarised the governance structures supporting the implementation of the Strategy. He noted the role of the Mental Health Programme Delivery Board, which is accountable to the GM Health and Social Care Strategic Partnership Board, in overseeing implementation of the Strategy. Warren Heppolette concluded his presentation by highlighting a number of challenges and requirements for mental health strategy delivery, including capacity and cultural change.

Andrew Maloney, Director of HR and Corporate Affairs, sought Warren Heppolette's views on the workforce resources required to support the strategy implementation. Warren Heppolette recognised the need to give the Workforce Collaborative a clearer agenda in terms of mental health and welcomed Andrew Maloney's contribution to this.

With reference to the objective to improve mental wellbeing and community resilience, Rob Beresford, Public Governor (Other England and Wales) noted the challenges facing GPs in meeting the rising demand on primary care services and questioned whether sufficient infrastructure is in place to support this. Warren Heppolette briefed Governors on work to enable more collaborative working and ease capacity issues. This includes the development of Local Care Organisations (LCOs) across Greater Manchester, which will integrate health and social care delivery at a neighbourhood level. He confirmed that these developments will improve GPs' connectedness into services and introduce more social prescribing.

	<p>He also referenced the establishment of GP federations, which bring GPs together to serve larger populations and enable the development of more specialist capacity.</p> <p>Julie Jarman, Non-Executive Director, sought further understanding of the relationship between the GM Health and Social Care Partnership and the Department for Work and Pensions (DWP). Warren Heppolette advised that the Working Well initiative has opened the opportunity to better understand how the DWP and JobCentre Plus operate in the region, with DWP recognising the benefits of improved support to help people find and keep work.</p> <p>In response to a question from Kathy Doran, Non-Executive Director, Warren Heppolette outlined how third sector providers have been involved in the development of the strategy. This includes the agreement of a Memorandum of Understanding with voluntary sector organisations across the region and the establishment of a specific reference group. Dan Stears, Service User and Carer Governor, highlighted the need for improved information sharing between organisations to enable frontline staff to develop a better understanding of the third sector 'offer' in their local areas.</p> <p>Rupert Nichols thanked Warren Heppolette for his presentation.</p>	
42/17	<p>Election of FT Governors to NHS Providers' Governor Advisory Committee</p> <p>Rupert Nichols briefed the Council of Governors on a forthcoming opportunity for all NHS providers to nominate one governor for election to NHS Providers' Governor Advisory Committee (GAC). He outlined the role of NHS Providers and the GAC and advised that the call for nominations is expected to be published on 11 December 2017. He asked that any interested Governors contact Kim Saville, Company Secretary, after the meeting.</p>	<p>Noted</p> <p><i>Action: All</i></p>
43/17	<p>Presentation: Role of the Quality Governance Committee (QGC)</p> <p>Kathy Doran delivered a presentation to the Council of Governors on the role of the Quality Governance Committee (QGC) of the Board of Directors and the Committee's key areas of focus. She noted that she has chaired the QGC since January 2017 and was a member of the Committee prior to that date.</p> <p>Kathy Doran outlined the purpose of the QGC in establishing a Trust-wide vision for how services are received by service users and carers and placing quality at the centre of the Trust's strategic plans. She summarised the Committee's membership, noting the joint approach taken by managers and clinicians and the sub-group structure. She confirmed that the Committee has begun to meet more frequently since the acquisition of Manchester Mental Health and Social Care NHS Trust (MMHSCT), with meetings taking place a minimum of nine times per annum, and outlined the arrangements for reporting to the Board of Directors.</p> <p>Kathy Doran advised that the QGC's key areas of focus are aligned with the CQC's</p>	<p>Noted</p>

	<p>definition of quality (experience, effectiveness and safety). She summarised the elements of each, noting in particular the QGC's role in overseeing the post-CQC inspection action plan, its links with the CARE Hub, and the assurance received via the annual clinical and internal audit programme.</p> <p>Kathy Doran provided examples of a number of presentations received by the QGC since January 2017, including on the outcomes of recent Quality Matters walkarounds to Bollin and Greenway Ward, Bolton Home-Based Treatment Team's Royal College of Psychiatrists accreditation, and the Trust's autism spectrum condition (ASC) services. She noted that the peer-led Quality Matters programme has been well-received since its introduction at the beginning of 2017.</p> <p>Kathy Doran provided an overview of the QGC's deep-dive assurance process, which aims to triangulate data to identify potential themes/trends requiring closer inspection and support learning and staff development. She summarised the outcomes of a deep-dive undertaken on drug-related deaths in substance misuse services and confirmed that the next deep-dive will focus on positive and safe.</p> <p>Rupert Nichols thanked Kathy Doran for an informative presentation and confirmed that feedback from the QGC will be incorporated into the Council of Governors' annual work-plan.</p>	
44/17	<p>Feedback from the CARE Hub Meeting held 18 July 2017</p> <p>Dan Stears presented a report prepared jointly with Michael Crouch, Service User and Carer Governor, on the key matters discussed at the CARE Hub meeting on 18 July 2017. All four Service User and Carer Governors are members of the CARE Hub.</p> <p>Dan Stears provided an overview of CARE Hub discussions on peer support apprenticeships, communication between the Adult Forensic Service (AFS) and the Recovery Academy, and plans to develop digital patient stories following a successful bid to the Trust's Dragons' Den. Dan Stears noted that the CARE Hub will be reviewing the opportunity to progress unsuccessful Dragons' Den bids. Neil Thwaite advised that a significant number of bids were received in 2017 and all would have been supported if the funding was available. He offered the support of the Service and Business Development Team in progressing this review.</p> <p>With regard to the feedback on communication between AFS and the Recovery Academy, Victoria Sullivan, Staff Governor (Medical), clarified the legal position on leave.</p> <p>The Council of Governors noted the report.</p>	Noted
45/17	Board of Directors:	Noted

	<ul style="list-style-type: none"> • Minutes of the Board of Directors Meeting Held in Public on 26 June 2017 • Chair's Report on Part 2 Items <p>The Council of Governors noted the minutes of the Board of Directors meeting held in public on 26 June 2017. Rupert Nichols provided an overview of items discussed in Part 2 of the July 2017 meeting, including the monthly financial monitoring return to NHS Improvement and an update on the Trust's capital investment programme. He advised that the Trust's capital investment in 2017/18 is likely to be less than the original plan due to issues of timing – i.e. a number of schemes have been slipped to 2018/19 – rather than changing commitments. He also notified Governors that the Trust's contractual joint venture with Elysium to deliver Recovery First concluded at the end of July 2017 following a change in ownership of the service. He assured Governors that actions have been taken to ensure that service user safety and wellbeing is not compromised during the transition and that, where possible, staff are redeployed elsewhere in the Trust. Neil Thwaite confirmed that the Trust's sub-contract arrangement with Elysium at Braeburn House will continue.</p>	
46/17	<p>Any Other Business</p> <p>Rupert Nichols reminded Governors that the Annual Members Meeting is scheduled for 10 October 2017 at The Curve. He noted that Andy Burnham, Mayor of Greater Manchester, will be the keynote speaker and encouraged all Governors to attend.</p> <p>There were no further items of business.</p>	Noted
47/17	<p>Date and Time of Next Meeting</p> <p>The next Council of Governors meeting will take place on Monday 11 December 2017 at 10.30am in Conference Room 7, Ground Floor, The Curve</p>	Noted

Certified as a true record of the meeting

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Chair – Rupert Nichols

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Date

Action Log – Part 1

Meeting	Minute No.	Item	Action	Agreed Timescale	Forecast Completion	Owner	Status
Sept-17	42/17	Election of FT Governors to NHS Providers' Governor Advisory Committee	Any Governors interested in standing for election to NHS Providers' Governor Advisory Committee to contact Kim Saville, Company Secretary	30/09/2017		All	Interest received from two Governors. Agreement reached that Dan Stears will stand for election.

Not yet due	
Completed on time	
In progress and on target	
Incomplete and overdue	



Council of Governors

TITLE OF REPORT:	Chair’s Report to the Council of Governors
DATE OF MEETING:	11 December 2017
AGENDA ITEM:	06
PRESENTED BY:	Rupert Nichols, Chair
AUTHOR(S):	Marketing and Communications Team

EXECUTIVE SUMMARY:	The following report from the Chair provides information on items of interest and key issues, including an overview of the Trust’s financial and operational performance.
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RECOMMENDATIONS:	Members of the Council of Governors are invited to note the Chair’s Report.
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Meeting of the Council of Governors

Chair's Report

Introduction

This report briefs the Council of Governors on items for noting since its last full meeting in September 2017 and provides details on upcoming events/opportunities.

Council of Governors

1. Annual Members' Meeting

The 2017 Annual Members' Meeting took place on 10 October at The Curve, with Andy Burnham, Mayor of Greater Manchester, as the keynote speaker. During his speech, Mr Burnham welcomed a new era for mental health, acknowledging the unique opportunity offered by Greater Manchester devolution to shape provision of future services. He also spoke of the need to deliver whole-person support (physical, mental and social) and to shift from medical models to social ones.

With Bev Humphrey, Chief Executive, Mayor Burnham also thanked all GMMH staff for the ongoing support provided to individuals affected by the Manchester Arena attack.

Bev Humphrey and Ismail Hafeji, Director of Finance and IM&T then delivered presentations, which reflected on GMMH's achievements and performance during its first year and the challenges that lie ahead.

The event ended with the presentation of the annual staff excellence awards, which were inspired by the new Trust values.

2. Staff Governor By-Election

Frances Wilkinson, Staff Governor (Allied Health Professionals) has stepped down from her role on the Council of Governors with effect from October 2017. As this seat was uncontested in the last elections, the Trust will be holding a by-election to fill this vacancy in the New Year.

Our Services

3. Care Quality Commission (CQC) Core Service with Well-led Inspection

During the period 18 September 2017 to 1 November 2017, the Care Quality Commission (CQC) have completed inspection visits in the following five, of the Trust's nine, core service areas:

- Wards for older people with mental health problems
- Acute wards for adults of working age and psychiatric intensive care units
- Substance misuse services
- Child and adolescent mental health wards
- Long stay/rehabilitation mental health wards for working age adults

All inpatient wards have been inspected in the above areas, in addition to community substance misuse service sites.

The core service visits have been conducted in accordance with the CQC's new inspection regime, as set out in the guidance 'How CQC Monitors, Inspects and Regulates NHS Trusts' (published June 2017). The CQC's main approach to inspections is now 'Core Service with Well-led', as opposed to comprehensive inspections, with inspections of a number of core services against the CQC's five key lines of enquiry (Safe, Effective, Caring, Responsive and Well-led) plus an inspection of the well-led key question at Trust-level.

To enable the CQC to test the Trust's approach to well-led, the Trust submitted a range of information to the CQC in July 2017, in response to a 'Provider Information Request'. The CQC have also recently observed a number of key Trust meetings - including the Board of Directors, Quality Governance Committee, Annual Members Meeting, CARE Hub and Medicines Management Committee - and held a series of focus groups with key stakeholders including:

- Governors
- Healthwatch
- Staff
- Service users
- Mental Health Act (MHA) - Hospital Managers, MHA Administrators and Approved Mental Health Professionals (AMHPs)
- Commissioners

The final stage of the well-led inspection, will be interviews with Executive and Non-Executive members of the Board of Directors on 6 and 7 December 2017. The focus of the interviews will be informed by the CQC's findings in the core service inspections. The Trust has received preliminary feedback from the CQC following the core service inspections, which identified positive examples of good practice in addition to areas of focus for the Trust going forward. A full inspection report is expected in early 2018. The Trust's existing ratings will be reviewed and updated, as required, at this point and the Trust will also receive an overall GMMH rating rather than the current separate ratings of 'Good' for GMW and 'Requires Improvement' for the former MMHSCT.

A further update on the CQC inspection outcomes will be provided to the February 2018 meeting of the Council of Governors.

4. Specialist Perinatal Services

GMMH has been selected to deliver specialist perinatal mental health services across Greater Manchester. A team of perinatal mental health professionals will deliver community services as well as inpatient care in a Mother and Baby Unit at Laureate House, Wythenshawe. Recruitment to the team is underway and they will offer services to pregnant women and mothers of infants up to one year of age, who need mental health services. The service will begin in January 2018.

Lead: Deborah Partington, Director of Operations

Our Service Users and Carers

5. The Manchester Health and Wellbeing Fund

Community groups and projects across Manchester can now bid for financial support from a £1.5million fund set up by GMMH. The Manchester Wellbeing Fund is a three-year programme designed to build community support, promote wellbeing and help people living with mental health conditions. For more information and to apply, please visit www.gmmh.nhs.uk and click on the Manchester Wellbeing Fund banner.

Lead: Deborah Partington, Director of Operations

6. Harpurhey Wellbeing Centre

Harpurhey Wellbeing Centre is receiving a £500,000 investment from GMMH and the Manchester NHS Clinical Commissioning Group. Plans are underway to refurbish the centre as it becomes a base for psychological therapies alongside enhanced community facilities. An open engagement event will take place in the New Year with workshops and discussion sessions involving service users, community groups and staff from GMMH to ensure plans are collaboratively developed.

Lead: Deborah Partington, Director of Operations

7. Alcohol Awareness Week

As part of Alcohol Awareness Week, the Marketing and Communications team facilitated an interview with a volunteer from Unity Substance Misuse Service in Cumbria for ITV. Theresa Hetherington shared her story of recovery and the impact alcohol issues have on friends and family, which was aired on 20 November 2017.

Lead: Gill Green, Director of Nursing and Governance

8. Healthy Brains conference

GMMH's Research and Innovation department organised and hosted a 'Healthy Brains' day at The Curve on 20 October 2017. One hundred health professionals and service users from the Trust attended. Dr Chris Daly, Medical Director for GMMH welcomed Dr Angela Parker, Research Delivery Manager, Dr Catherine Cross and keynote speaker Professor Iracema Leroi who underpinned the learning for the day with her knowledge and innovative work. Interactive workshops took place, which aimed to find innovative ways to raise the profile of the Join Dementia Research appeal. To find out more, visit www.joindementiaresearch.nihr.ac.uk

Lead: Dr Chris Daly, Medical Director

Marketing and Communications

9. Values Matter

The new edition of members' magazine, 'Values Matter' is out now and has been shared with our membership. The magazine features a full write-up of the Annual Members' Meeting as well as updates and news from around the Trust. If you would like a copy, please email communications@gmmh.nhs.uk

Lead: Andrew Maloney, Director of HR and Corporate Affairs

Chair and Non-Executive Director Activity (1 September 2017 to 30 November 2017)

10. Service Visits

Visits to services provide opportunity for Non-Executive Directors to:

- increase their visibility across the organisation;
- meet frontline staff and service users and carers;
- observe and hear first-hand about what is working well and any current pressures and challenges;
- triangulate evidence presented to the Board of Directors and Board committees for the purposes of obtaining assurance; and
- better understand the impact of Board decisions on operational services.

During the reporting period, Non-Executive Directors have visited the following services:

- 04/09/2017 – Bolton Community Mental Health Team (CMHT) and Home-Based Treatment Team – Julie Jarman
- 18/09/2017 – HMP Manchester – Julie Jarman
- 16/10/2017 – Park House, North Manchester – Rupert Nichols

- 20/11/2017 – ‘Discover’ Drug and Alcohol Services, Central Lancashire – Andrea Knott and Anthony Bell
- 23/11/2017 – Working Well Service – Julie Jarman

Further visits are planned for the final quarter of 2017/18 as part of a new, more structured programme of visits.

11. Meetings

Non-Executive Directors have continued to provide challenge and scrutiny at Board of Directors meetings and Board Committee meetings. A breakdown of Chair and Non-Executive Director attendance at meetings during the period 1 September 2017 to 30 November 2017 is provided in Appendix 1.

Our Performance

12. Operational

The extract from the Board of Directors’ monthly ‘Board Performance Report’ for September 2017, provided as Appendix 2, demonstrates the Trust’s overall positive performance against its key performance targets, including NHS Improvement’s mental health indicators, national and local CQUIN schemes and locally-set priorities.

Four ‘Red’ exceptions are identified in the performance dashboard:

1. **Priority Metrics** (employment and accommodation status). The Trust’s overall performance is at 78.4% of 85% target. Plans are being progressed through operational forums to improve this, however, Manchester’s performance is impacted by the current clinical information system.
2. **IAPT SOF Operational Performance** – Manchester’s performance continues to impact on the overall position, as expected. A clinical transformation work-stream has been established to address this over the coming year. Salford have also missed the six week access target for the last three months due to a capacity shortfall. Increased fixed term capacity has been funded.
3. **Sickness** - Sickness is marginally above target at 5.76% of 5.75% target although this is an improvement on the August position.
4. **National CQUIN indicators** - All CQUIN schemes are on target at Quarter 2 with the exception of an Amber position reported for N9a – Risky Behaviours. This target is aimed at improving the screening of service users admitted for inpatient care for smoking and alcohol use and offering advice and further referral as appropriate. The number of service users screened improved significantly however the referral on / interventions offered did not increase at the same rate. The physical healthcare leads is working with teams to ensure compliance and to get back on track for Q3. The overall CQUIN schemes value is £3.74m. It is not expected this performance will impact on the quarterly CQUIN payments from Commissioners in relation to this target (£93,577) given the progress made.

A full copy of the Board Performance Report is available via the website as part of the Part 1 Board meeting papers.

Lead: Neil Thwaite, Deputy Chief Executive/Director of Strategic Development

13. Financial

At October 2017, the Trust's financial performance is broadly in line with the 2017/18 plan submitted to NHS Improvement. With regard to NHS Improvement's Single Oversight Framework, which is the main mechanism for monitoring the performance of providers, the Trust reported an overall rating of '3' against the 'Finance and Use of Resources' metric. This is due to increasing agency costs in month, which has limited the overall Use of Resources rating to 3.

Lead: Ismail Hafeji, Director of Finance and IM&T

Rupert Nichols, Chair
December 2017

Appendix 1

Name	Attendance at Meetings (1 September 2017 to 30 November 2017)				
	Board of Directors	Audit Committee	Quality Governance Committee	Charitable Funds Committee	Remuneration and Terms of Service Committee
Rupert Nichols Chair	3/3	-	-	-	No meetings
Anthony Bell Non-Executive Director	3/3	1/1	-	No meetings	No meetings
Stephen Dalton Non-Executive Director	3/3	-	-	-	No meetings
Kathy Doran Non-Executive Director	3/3	-	3/3	-	No meetings
Julie Jarman Non-Executive Director	3/3	-	3/3	No meetings	No meetings
Andrea Knott Non-Executive Director	3/3	1/1	-	-	No meetings
Pauleen Lane Non-Executive Director	3/3	1/1	-	-	No meetings

- indicates that a Director is not a member of the Committee

Appendix 2 – Performance Overview (Extract from Board Performance Report (September 2017))

Quick View—CQC Domains											
Safety			CQC Domains			Caring			Responsiveness		
Area	Indicator	RAG		GMW	MMH	Area	Indicator	RAG	Area	Indicator	RAG
SOF 1	Gatekeeping	G	Safe	Requires Improvement	Requires Improvement	SOF 5a	IAPT Recovery	R	SOF 2	Early Intervention - treatment start within 2 weeks	G
CQC	Registration	G		Effective	Good	Requires Improvement	NHSI SOF	Quality of Care	G	SOF 3 / National CQUIN N3a	Cardio Metabolic Assessment
National CQUIN N1a	NHS Staff Health	G	Caring		Good	Good	NHS England MH2	Recovery Colleges	G	SOF 5b	IAPT - Treated within 6 weeks
National CQUIN N1b	Healthy Food	G		Responsive	Good	Requires Improvement	Well Led				
National CQUIN N1c	Flu Vaccinations	G	Well Led		Good	Requires Improvement	Trust Rating				
National CQUIN N3b	Communication with GPs	G									
National CQUIN N5	Transition from CAMHS	G									
CCG CQUIN L1	Suicide Prevention	G									
NHS England MH3	Reducing Restrictive Practices	G									
NHS England MH4	Discharge & Resettlement	G									
NHS England MH5	Transition from CAMHS	G									
HR 3	Staffing Levels	G									
Effectiveness									Well Led		
Area	Indicator	RAG				Area	Indicator	RAG			
SOF 4a	MHSDS Identifiers	G				NHSI SOF	Finance and Use of Resources	G			
SOF 4b	MHSDS Priorities	R				NHSI SOF	Strategic Change	G			
NHSI SOF	Operational Performance	G				NHSI SOF	Leadership and improvement Capability	G			
NHSI SOF	Quality Indicators	G				HR 1	Sickness Rolling 12 Months	G			
National CQUIN N4	Frequent A&E Attenders' Support	G				HR 2	Sickness In Month	R			
						HR 4	Staff, Friends and Family Test	G			



Council of Governors

TITLE OF REPORT:	Community Mental Health Patient Survey Results 2017
DATE OF MEETING:	11 December 2017
AGENDA ITEM:	07
PRESENTED BY:	Neil Thwaite, Deputy Chief Executive/Director of Strategic Development
AUTHOR(S):	Neil Thwaite, Deputy CEO/Director of Strategic Development Miranda Washington, Deputy Director of Performance & Business Development

EXECUTIVE SUMMARY:	<p>The CQC have just published the 2017 Community Mental Health Patient Survey. This is the first report for GMMH, so there are no comparisons to previous years' results in the report and relates to care and treatment between 1 September 2016 – 30 November 2016 (prior to the acquisition). Each question is scored to show if GMMH is performing 'about the same' , 'better' or 'worse' compared to other Trusts. The Trust had a 21% response rate (171 response) cf. 26% national response rate.</p> <p>Of the 10 areas the questionnaire examines, GMMH scored 'better' results in the questions related to reviewing care which looks at how involved service users are in their care. In the other 9 sections, the Trust performed 'about the same' with the majority of scores in the upper range (a positive position).</p> <p>Service users rated GMMH highest in relation to:</p> <ul style="list-style-type: none"> - Agreeing with someone what care they will receive - Being involved in discussing how their care is working - Feeling that decisions were made together - Being told who is in charge of organising their care and explaining reasons if there are changes - Checking how they were getting on with medication - Being treated with dignity and respect. <p>Areas to explore for improvement:</p> <ul style="list-style-type: none"> - Information that can be understood in relation to new medicines. - Being more involved in agreeing care.
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	<ul style="list-style-type: none"> - Help and advice with finding support for finding or keeping work and financial advice/benefits. <p>The CQC survey does not provide a breakdown of the results between Bolton, Salford, Trafford and Manchester. In any case, given the small sample size this would be unreliable. As such, Quality Health Ltd were commissioned by GMMH to undertake an extended survey sample of 3000, with 649 completed surveys returned. This sample will be analysed by GMMH by district at the Operational Leadership Committee (OLC) and reported to Quality Governance Committee (QGC) to identify both areas of good practice and performance improvement.</p>
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RECOMMENDATIONS:	Members of the Council of Governors are invited to note the results of the Community Mental Health Patient Survey 2017 and the areas for improvement to be explored by the Trust.
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Survey of people who use
community mental health services
2017



Survey of people who use community mental health services
2017

Greater Manchester Mental Health NHS Foundation Trust

Survey of people who use community mental health services 2017



National NHS patient survey programme

Survey of people who use community mental health services 2017

The Care Quality Commission

Our purpose:

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:

- We register health and adult social care providers.
- We monitor and inspect services to see whether they are safe, effective, caring, responsive and well-led, and we publish what we find, including quality ratings.
- We use our legal powers to take action where we identify poor care.
- We speak independently, publishing regional and national views of the major quality issues in health and social care, and encouraging improvement by highlighting good practice.

Our values:

- Excellence – being a high-performing organisation
- Caring – treating everyone with dignity and respect
- Integrity – doing the right thing
- Teamwork – learning from each other to be the best we can

Survey of people who use community mental health services 2017

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used their local health services to tell us about their experiences.

The 2017 survey of people who use community mental health services involved 56¹ providers of NHS mental health services in England (including combined mental health and social care trusts, Foundation Trusts and community healthcare social enterprises that provide mental health services). We received responses from more than 12,000 people, a response rate of 26%.

People aged 18 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition and had been seen by the trust between 1 September 2016 and 30 November 2016. For more information on the sampling criteria for the survey please see the instruction manual for the survey (see 'Further Information' section). Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between February and June 2017.

Similar surveys of community mental health services were carried out between 2004 and 2008, and 2010 to 2016.² However, the survey has undergone two major redevelopments ahead of the 2010 and 2014 surveys to reflect changes in policy, best practice and patterns of service. This means that the 2017 survey is only comparable with the 2014, 2015 and 2016 surveys. Surveys carried out between 2010 and 2013 are comparable with each other but not with any other surveys, due to the re-development in 2010.

The community mental health survey is part of a wider programme of NHS patient surveys which covers a range of topics including acute adult inpatient, children's inpatient, A&E (emergency department) and maternity services. To find out more about the programme and to see the results from previous surveys, please see the links in the 'further information' section.

CQC will use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England. Survey data will be used in CQC's Insight, an intelligence tool which indicates potential changes in quality of care to support decision making about our regulatory response. Survey data

¹One trust was excluded due to having a high proportion of dissenters.

²In 2009 a survey of mental health inpatients took place.

will also form a key source of evidence to support the judgements and inspection ratings published for trusts.

NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. NHS Improvement will use the results to inform their oversight model for NHS.

Interpreting the report

This report shows how a trust scored for each evaluative question in the survey, compared with other trusts. It uses an analysis technique called the '**expected range**' to determine if your trust is performing 'about the same', 'better' or 'worse' compared with most other trusts. For more information on the expected range, please see the 'methodology' section below. This approach is designed to help understand the performance of individual trusts, and to identify areas for improvement.

This report shows the same data as published on the CQC website (available at the following link: www.cqc.org.uk/cmhsurvey). The CQC website displays the data in a more simplified way, identifying whether a trust performed 'better', 'worse' or 'about the same' as the majority of other trusts for each question and section.

A 'section' score is also provided, labelled S1-S10 in the 'section scores'. The scores for each question are grouped according to the sections of the questionnaire, for example, 'health and social care workers', 'organising care' and so forth. Please note that Q3 (*In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?*) is in section nine ('Overall views of care and services') as this was the only question that could be scored in the 'Care and Treatment' section of the questionnaire.

Standardisation

Trusts have differing profiles of people who use their services. For example, one trust may have a higher proportion of male service users than another trust. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of people.

To account for this, we 'standardise' the data. Results have been standardised by the age and gender of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-gender profile reflects the 'national' age-gender distribution (based on all of the respondents to the survey). It therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this standardisation will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions in the questionnaire as not all of the questions assess the trusts in any way, for example, they may be 'routing questions' designed to filter out respondents to whom the following questions do not apply. An example of a routing question is Q24 (*In the last 12 months, have you been receiving any medicines for your mental health needs?*).

For full details of the scoring please see the technical document (see 'further information' section).

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the orange section of the graph, its result is 'about the same' as most other trusts in the survey;
- If your trust's score lies in the red section of the graph, its result is 'worse' than would be expected when compared with most other trusts in the survey;
- If your trust's score lies in the green section of the graph, its result is 'better' than would be expected when compared with most other trusts in the survey.

The text to the right of the graph clearly states whether the score for your trust is 'better' or 'worse'. If there is no text the score is 'about the same'. These groupings are based on a rigorous statistical analysis of the data, as described in the following 'methodology' section.

Methodology

The 'about the same,' 'better' and 'worse' categories are based on a statistic called the **'expected range'** which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above or below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases there will be no red and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no red section). This could be because there were few respondents and / or a lot of variation in their answers.

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section³). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on the CQC website (see 'further information' section).

Tables

At the end of the report you will find tables containing the data used to create the graphs, the response rate for your trust and background information about the people that responded.

Scores from last year's survey are also displayed where available. The column called 'change from 2016' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2016. A statistically significant difference means that the change in the result is very unlikely to have occurred by chance. Significance is tested using a two-sample t-test with a significance level of 0.05.

Please note that comparative data is not shown for sections as the questions contained in each section can change year on year.

Comparisons are also not able to be shown if a trust has merged with other trusts since the 2016 survey, or if a trust committed a sampling error in 2016.

³A section score is not able to be displayed as it will include fewer questions compared with other trusts hence it is not a fair comparison.

Notes on specific questions

This section provides information about the analysis of particular questions:

Q9 and Q10:

Q9 *Do you know how to contact this person if you have a concern about your care?*

Q10 *How well does this person organise the care and services you need?*

Respondents who stated at Q8 that their GP is in charge of organising their care and services have been removed from the base for these questions. This is because results will not be attributable to the mental health trust.

Q14:

In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?

As the question specifies a time period of 'the last 12 months' respondents who stated at Q2 they had been in contact with mental health services for less than a year have been removed from the base for this question. This is because it is not fair to penalise trusts for not having reviewed a person's care, if they have not been in contact with services for long enough to have reasonably expected them to have had a care review.

Q15 and Q16:

Q15 *Were you involved as much as you wanted to be in discussing how your care is working?*

Q16 *Did you feel that decisions were made together by you and the person you saw during this discussion?*

Last year we revised the analysis rules for Q15 and Q16, to be consistent with that applied to Q14.

This approach removes respondents who stated at Q2 they had been in contact with mental health services for less than a year from the results for Q15 and Q16 (as well as for Q14) because we cannot be certain that respondents were referring to a care review.

Further information

The results for England, and trust level results, can be found on the CQC website. You can also find a 'technical document' here which describes the methodology for analysing the trust level results:

www.cqc.org.uk/cmhsurvey

The results from previous community mental health surveys that took place between 2004 and 2008, and between 2010 and 2013 are available at the link below.⁴ Please note that due to redevelopment work, results from the 2017 survey are only comparable with 2014, 2015 and 2016.⁵

www.nhssurveys.org/surveys/290

Full details of the methodology for the survey, including questionnaires, letters sent to people who use services, instructions for trusts and contractors to carry out the survey, and the survey development report, are available at:

www.nhssurveys.org/surveys/1014

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys can be found at:

www.cqc.org.uk/content/surveys

More information on how CQC monitor trusts that provide mental health services is available at:

www.cqc.org.uk/content/monitoring-trusts-provide-mental-health-services

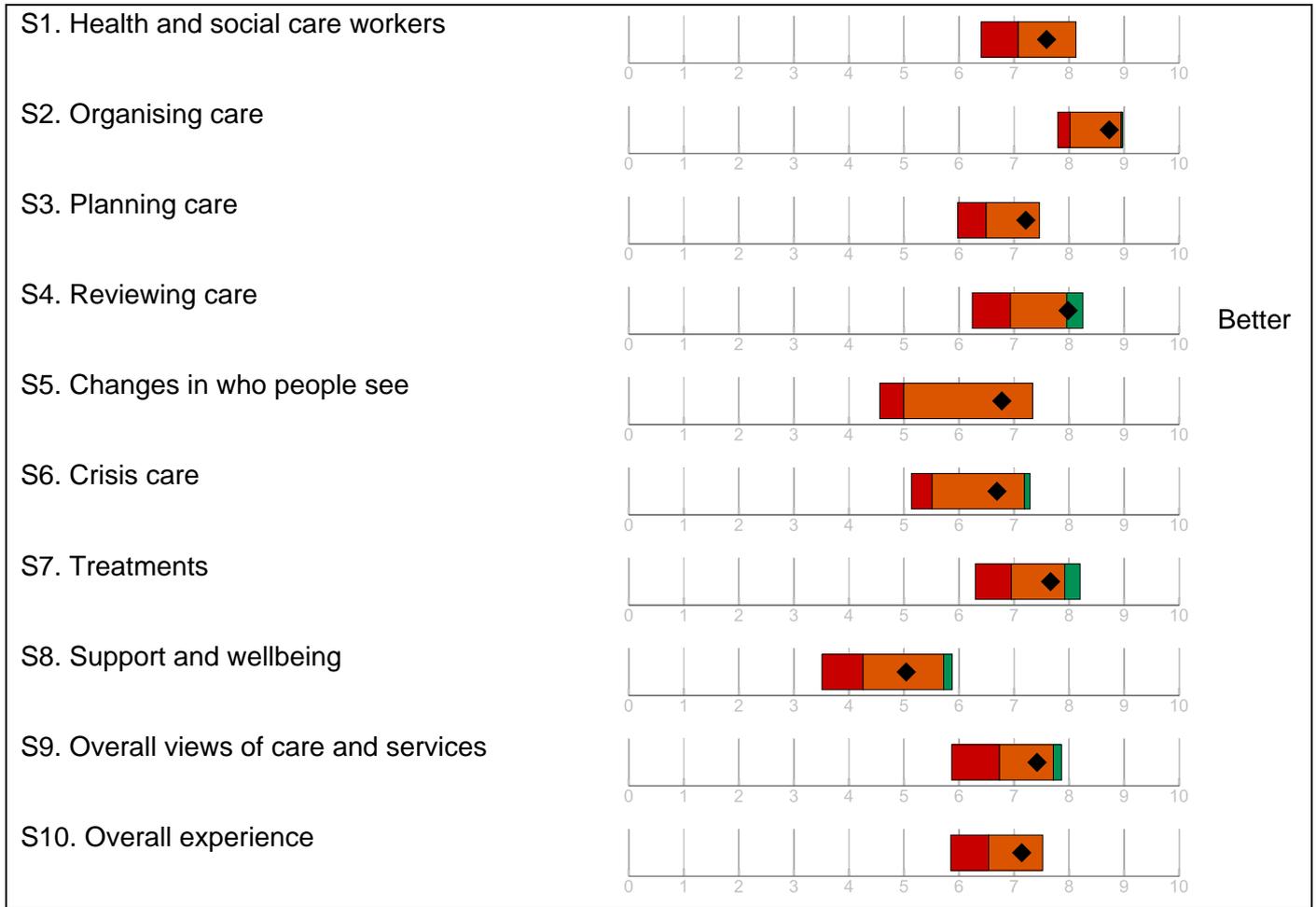
⁴In 2009 a survey of mental health inpatient services took place.

⁵Please note that the survey was also substantially redeveloped in 2010. This means that surveys carried out between 2010 and 2013 are comparable with each other but not with any other surveys.

Survey of people who use community mental health services 2017

Greater Manchester Mental Health NHS Foundation Trust

Section scores

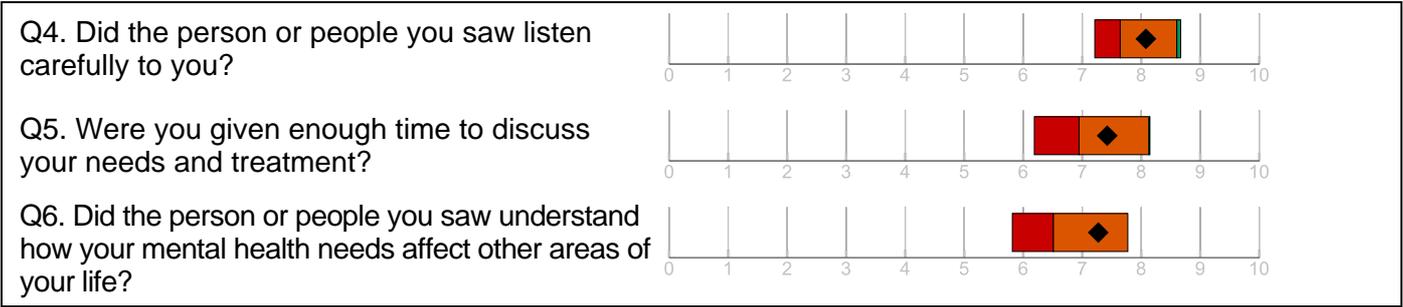


	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

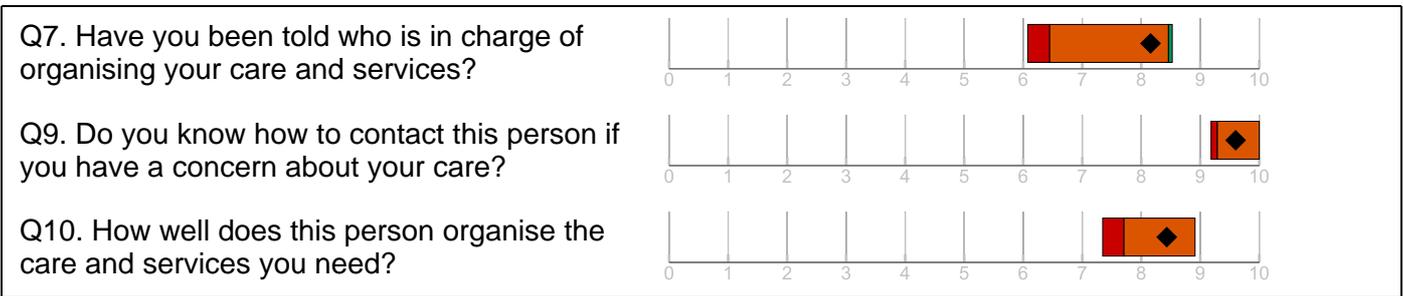
Survey of people who use community mental health services 2017

Greater Manchester Mental Health NHS Foundation Trust

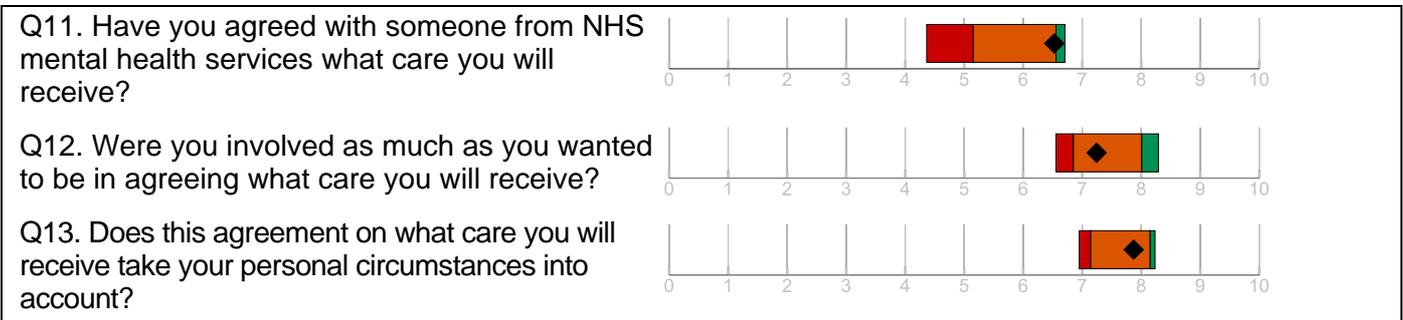
Health and social care workers



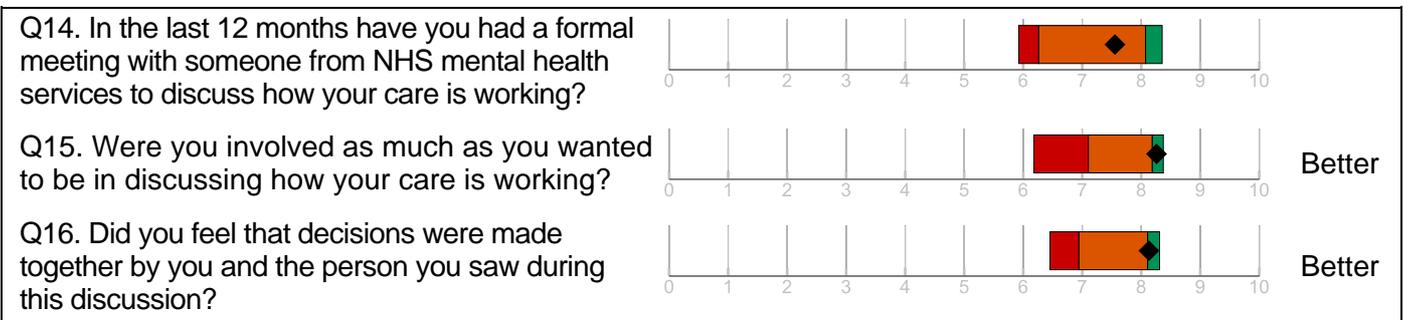
Organising care



Planning care



Reviewing care

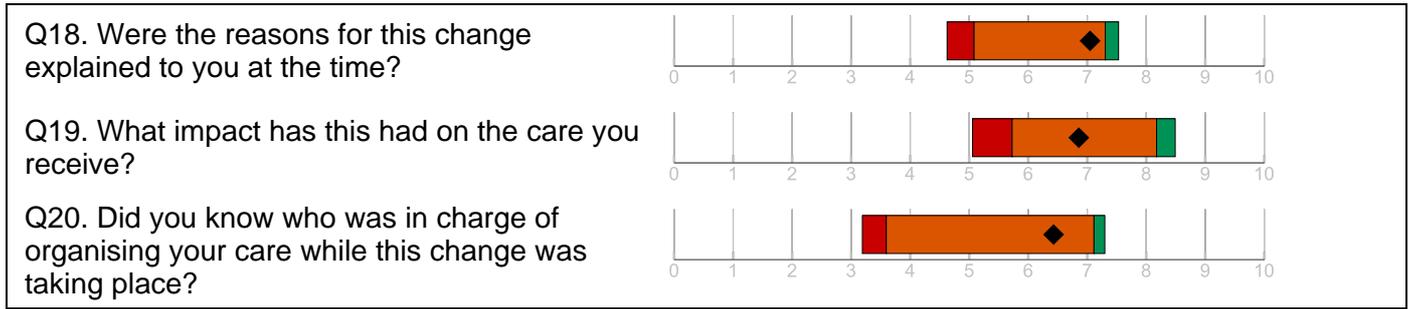


	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

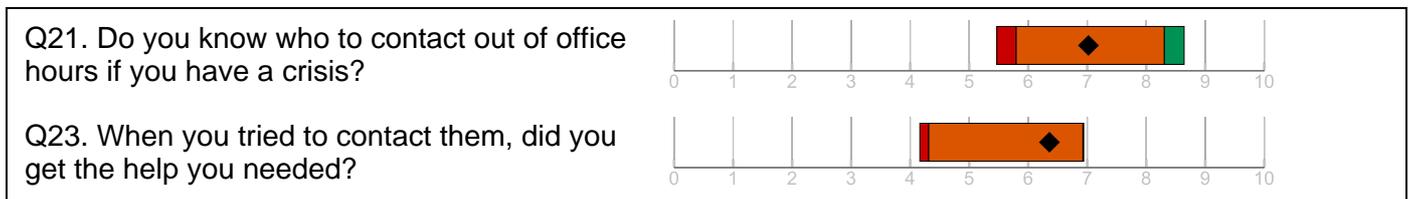
Survey of people who use community mental health services 2017

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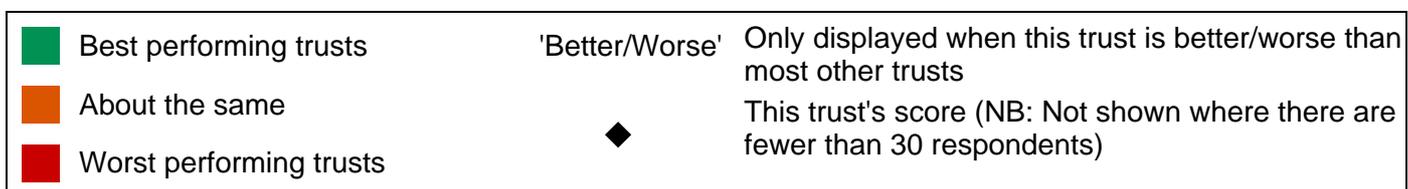
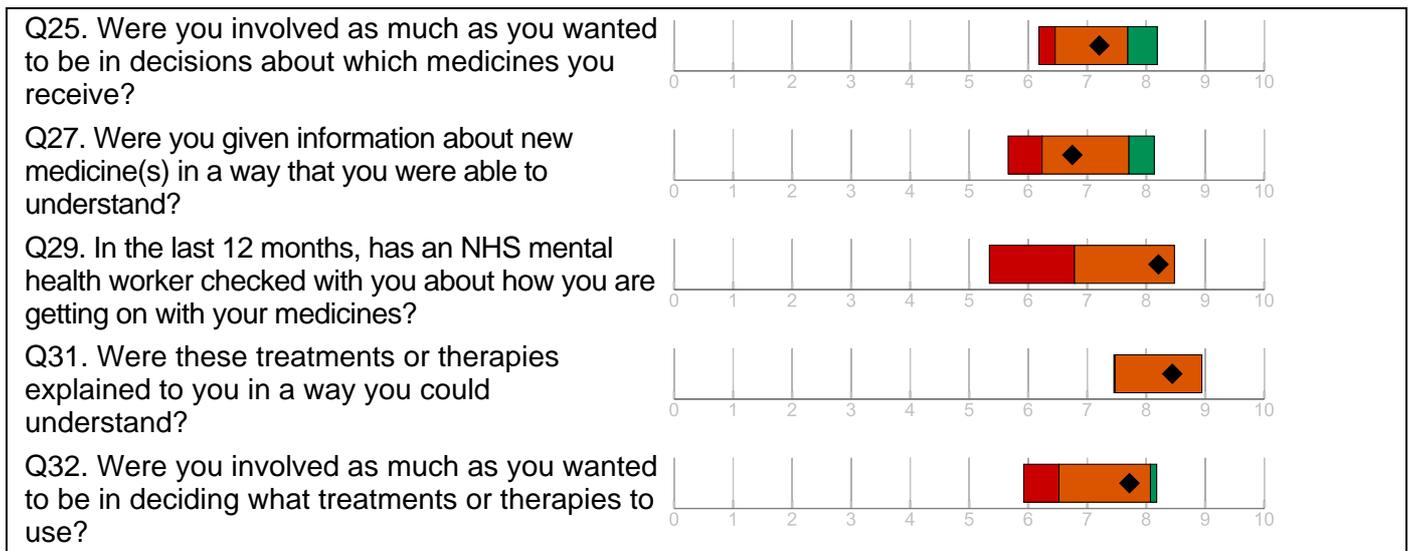
Changes in who people see



Crisis care



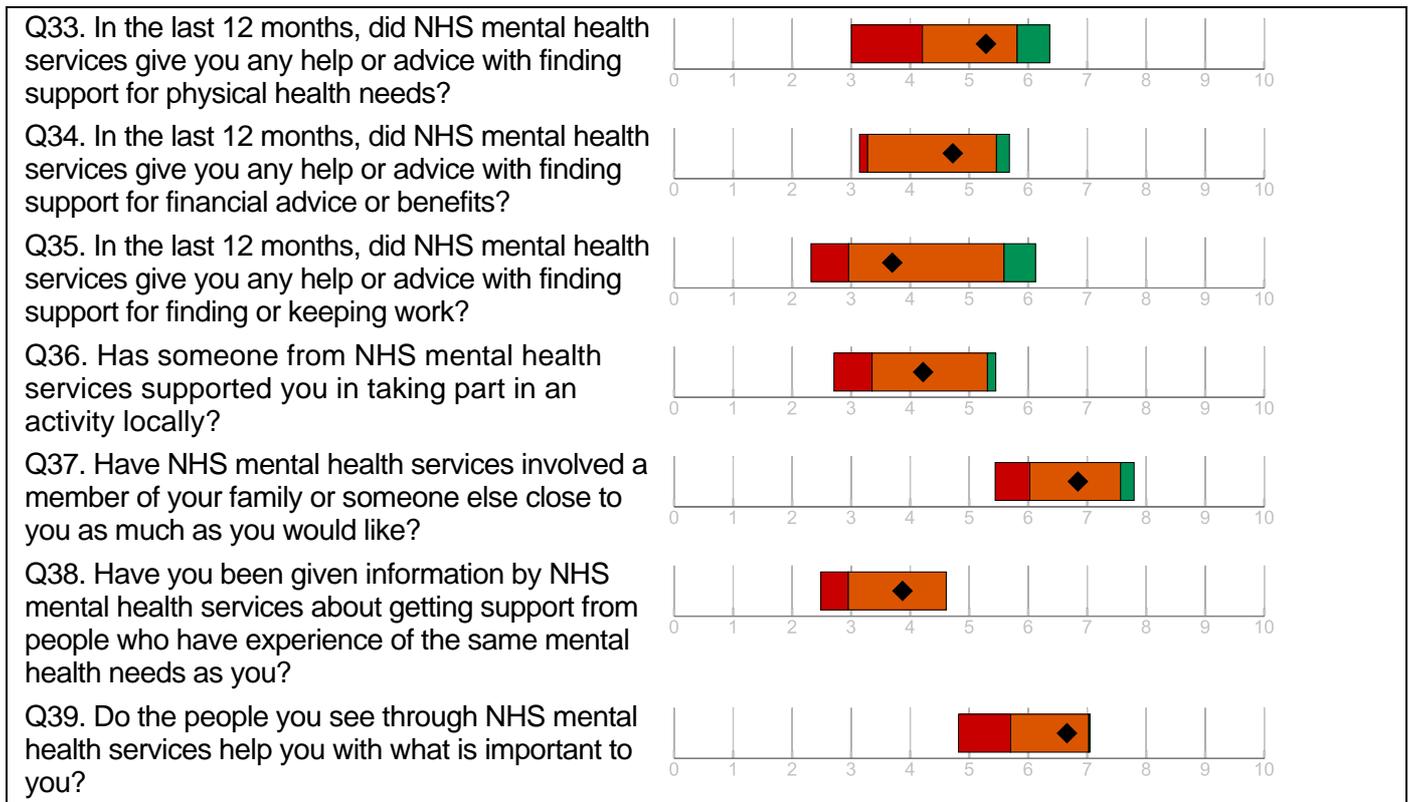
Treatments



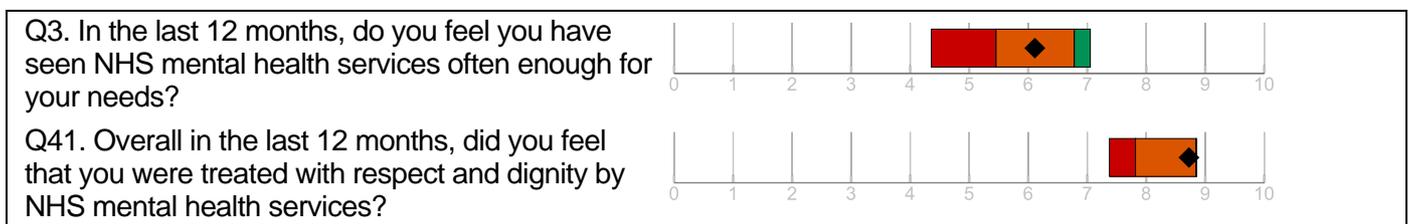
Survey of people who use community mental health services 2017

Greater Manchester Mental Health NHS Foundation Trust

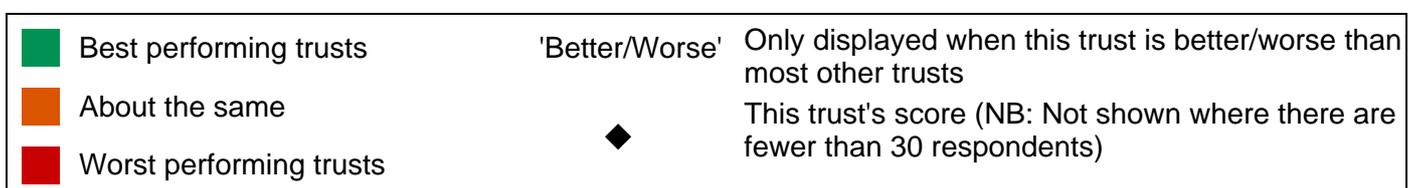
Support and wellbeing



Overall views of care and services



Overall experience



Survey of people who use community mental health services 2017

Greater Manchester Mental Health NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
Health and social care workers						
S1	Section score	7.6	6.4	8.1		
Q4	Did the person or people you saw listen carefully to you?	8.1	7.2	8.7	166	
Q5	Were you given enough time to discuss your needs and treatment?	7.4	6.2	8.1	167	
Q6	Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.3	5.8	7.8	162	
Organising care						
S2	Section score	8.7	7.8	9.0		
Q7	Have you been told who is in charge of organising your care and services?	8.2	6.1	8.5	140	
Q9	Do you know how to contact this person if you have a concern about your care?	9.6	9.2	10.0	89	
Q10	How well does this person organise the care and services you need?	8.4	7.3	8.9	94	
Planning care						
S3	Section score	7.2	6.0	7.5		
Q11	Have you agreed with someone from NHS mental health services what care you will receive?	6.5	4.4	6.7	159	
Q12	Were you involved as much as you wanted to be in agreeing what care you will receive?	7.2	6.6	8.3	129	
Q13	Does this agreement on what care you will receive take your personal circumstances into account?	7.9	7.0	8.2	127	
Reviewing care						
S4	Section score	8.0	6.2	8.3		
Q14	In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	7.6	5.9	8.4	137	
Q15	Were you involved as much as you wanted to be in discussing how your care is working?	8.3	6.2	8.4	102	
Q16	Did you feel that decisions were made together by you and the person you saw during this discussion?	8.1	6.5	8.3	100	

↑ or ↓ Indicates where 2016 score is significantly higher or lower than 2017 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2016 data is available.

Survey of people who use community mental health services 2017

Greater Manchester Mental Health NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
Changes in who people see						
S5 Section score	6.8	4.6	7.3			
Q18 Were the reasons for this change explained to you at the time?	7.0	4.6	7.5	65		
Q19 What impact has this had on the care you receive?	6.9	5.1	8.5	57		
Q20 Did you know who was in charge of organising your care while this change was taking place?	6.4	3.2	7.3	55		
Crisis care						
S6 Section score	6.7	5.1	7.3			
Q21 Do you know who to contact out of office hours if you have a crisis?	7.0	5.5	8.6	151		
Q23 When you tried to contact them, did you get the help you needed?	6.4	4.2	6.9	47		
Treatments						
S7 Section score	7.7	6.3	8.2			
Q25 Were you involved as much as you wanted to be in decisions about which medicines you receive?	7.2	6.2	8.2	135		
Q27 Were you given information about new medicine(s) in a way that you were able to understand?	6.7	5.7	8.1	88		
Q29 In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	8.2	5.3	8.4	116		
Q31 Were these treatments or therapies explained to you in a way you could understand?	8.4	7.5	8.9	56		
Q32 Were you involved as much as you wanted to be in deciding what treatments or therapies to use?	7.7	5.9	8.2	56		

↑ or ↓

Indicates where 2016 score is significantly higher or lower than 2017 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2016 data is available.

Survey of people who use community mental health services 2017

Greater Manchester Mental Health NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
Support and wellbeing						
S8 Section score	5.0	3.5	5.9			
Q33 In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	5.3	3.0	6.4	107		
Q34 In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	4.7	3.1	5.7	106		
Q35 In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	3.7	2.3	6.1	43		
Q36 Has someone from NHS mental health services supported you in taking part in an activity locally?	4.2	2.7	5.5	94		
Q37 Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	6.8	5.4	7.8	107		
Q38 Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?	3.9	2.5	4.5	108		
Q39 Do the people you see through NHS mental health services help you with what is important to you?	6.7	4.8	7.0	165		
Overall views of care and services						
S9 Section score	7.4	5.9	7.9			
Q3 In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.1	4.4	7.1	163		
Q41 Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	8.7	7.4	8.8	166		
Overall experience						
S10 Section score	7.1	5.9	7.5			
Q40 Overall...	7.1	5.9	7.5	160		

↑ or ↓ Indicates where 2016 score is significantly higher or lower than 2017 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2016 data is available.

Survey of people who use community mental health services 2017

Greater Manchester Mental Health NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	171	12139
Response Rate (percentage)	21	26
Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	45	43
Female	55	57
Age group (percentage)	(%)	(%)
Aged 18-35	13	14
Aged 36-50	22	21
Aged 51-65	32	25
Aged 66 and older	34	40
Ethnic group (percentage)	(%)	(%)
White	80	87
Multiple ethnic group	2	2
Asian or Asian British	5	4
Black or Black British	5	3
Arab or other ethnic group	2	1
Not known	6	4
Religion (percentage)	(%)	(%)
No religion	16	24
Buddhist	1	1
Christian	71	64
Hindu	0	1
Jewish	0	1
Muslim	6	3
Sikh	0	0
Other religion	2	3
Prefer not to say	4	4
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	87	88
Gay/lesbian	3	2
Bisexual	2	2
Other	3	1
Prefer not to say	5	6



Council of Governors

TITLE OF REPORT:	Council of Governors – Assessment of Effectiveness
DATE OF MEETING:	11 December 2017
AGENDA ITEM:	09
PRESENTED BY:	Rupert Nichols, Chair
AUTHOR(S):	Kim Saville, Company Secretary and Steph Neville, Head of Corporate Affairs

EXECUTIVE SUMMARY:	<p>In October 2017, all governors were invited to share their views on the performance of the Council of Governors by completing a short survey. Members of the Board of Directors were also invited to comment on the difference made by the Council of Governors over the last 12 months and the opportunities for the future.</p> <p>The following report provides a summary of the responses received from both governors and Board members and proposes a number of ways in which the Trust can work with the Council of Governors to act on this feedback.</p>
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RECOMMENDATIONS:	<p>Members of the Council of Governors are invited to review the assessment outcomes and agree the proposed responses to the feedback received or identify additional/different ways of acting on the feedback.</p>
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Council of Governors – Assessment of Effectiveness

1. Introduction

Evaluating the effectiveness of the Council of Governors on a regular basis helps to ensure that governors are operating as effectively as possible and to identify any further development or support needs. In October 2017, all governors were invited to provide their views on the performance of the Council of Governors by completing a short survey. A total of 15 governors out of the Trust's current 24 governors responded to the survey, equating to a 63% response rate. Of the 15 respondents, 8 individuals had no prior governor experience when they joined the Council of Governors in April 2017, and this is reflected in elements of the feedback received. One governor declined to respond to the survey, at this point, due to their newness to the role.

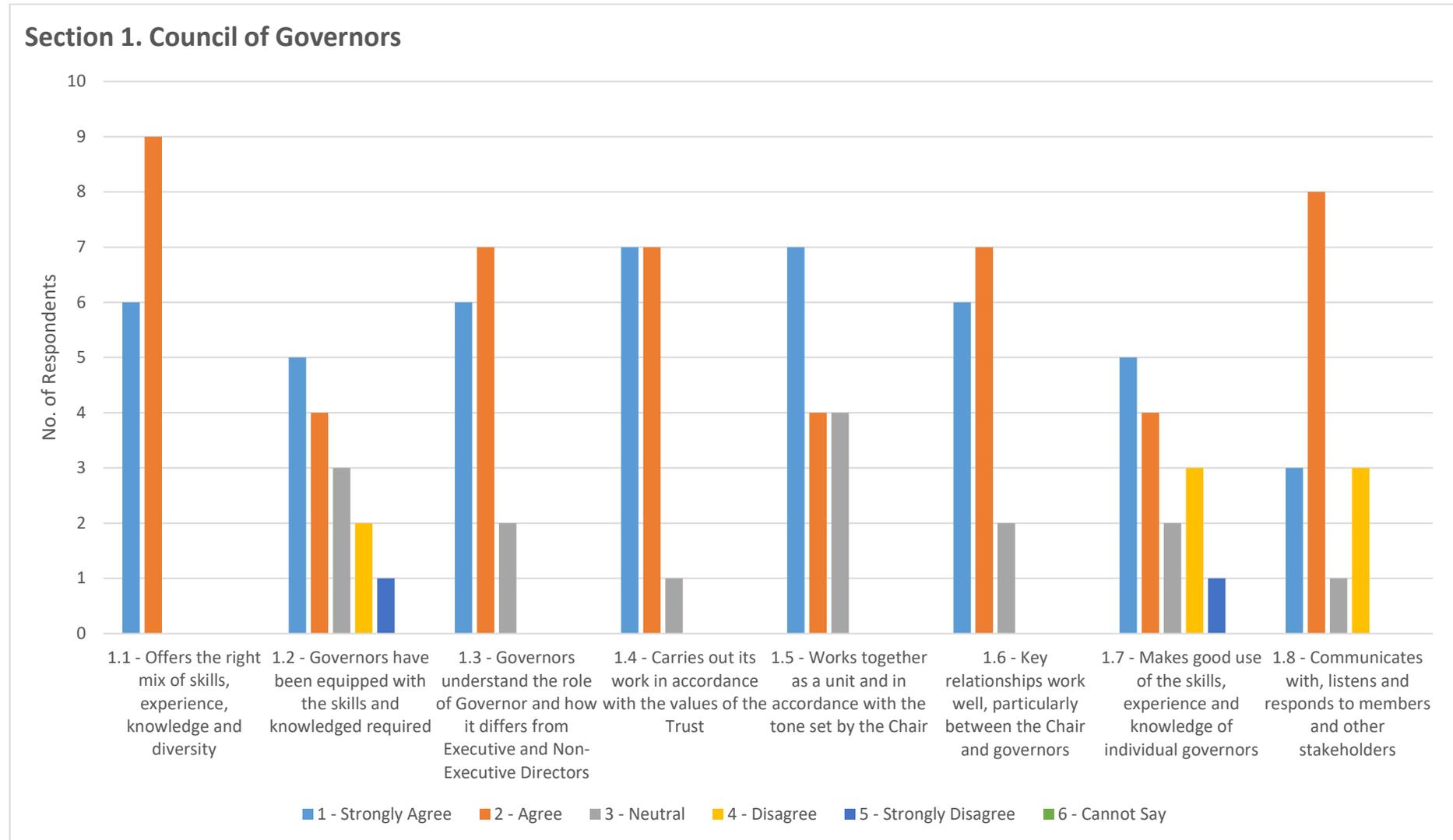
This report provides a summary of the responses received to each of the questions asked of governors and of any additional observations/suggestions made. An overview of the responses received from Board members to the following two questions is also provided to enable a 360 degree view:

1. How do you think the Council of Governors has made a difference to the Trust in the last 12 months?
2. In what areas do you think the Council of Governors can add particular value over the coming 12 months and how?

The report concludes by proposing a number of ways in which the Trust can work with the Council of Governors to act on the feedback received.

2. Collated Governor Survey Responses

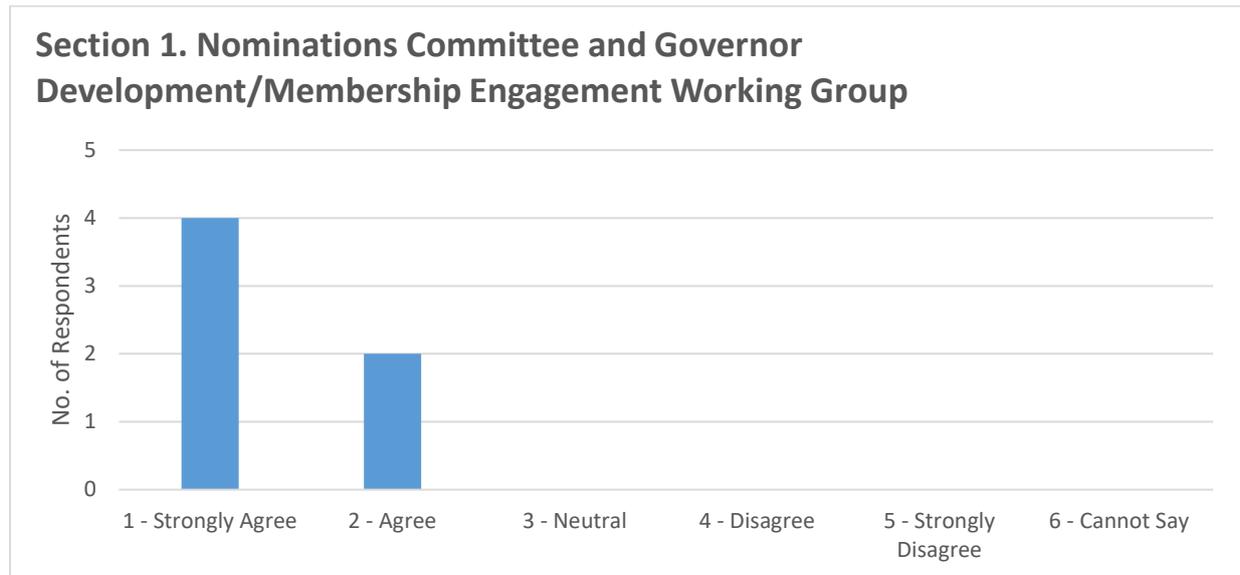
2.1 Responses to Individual Questions



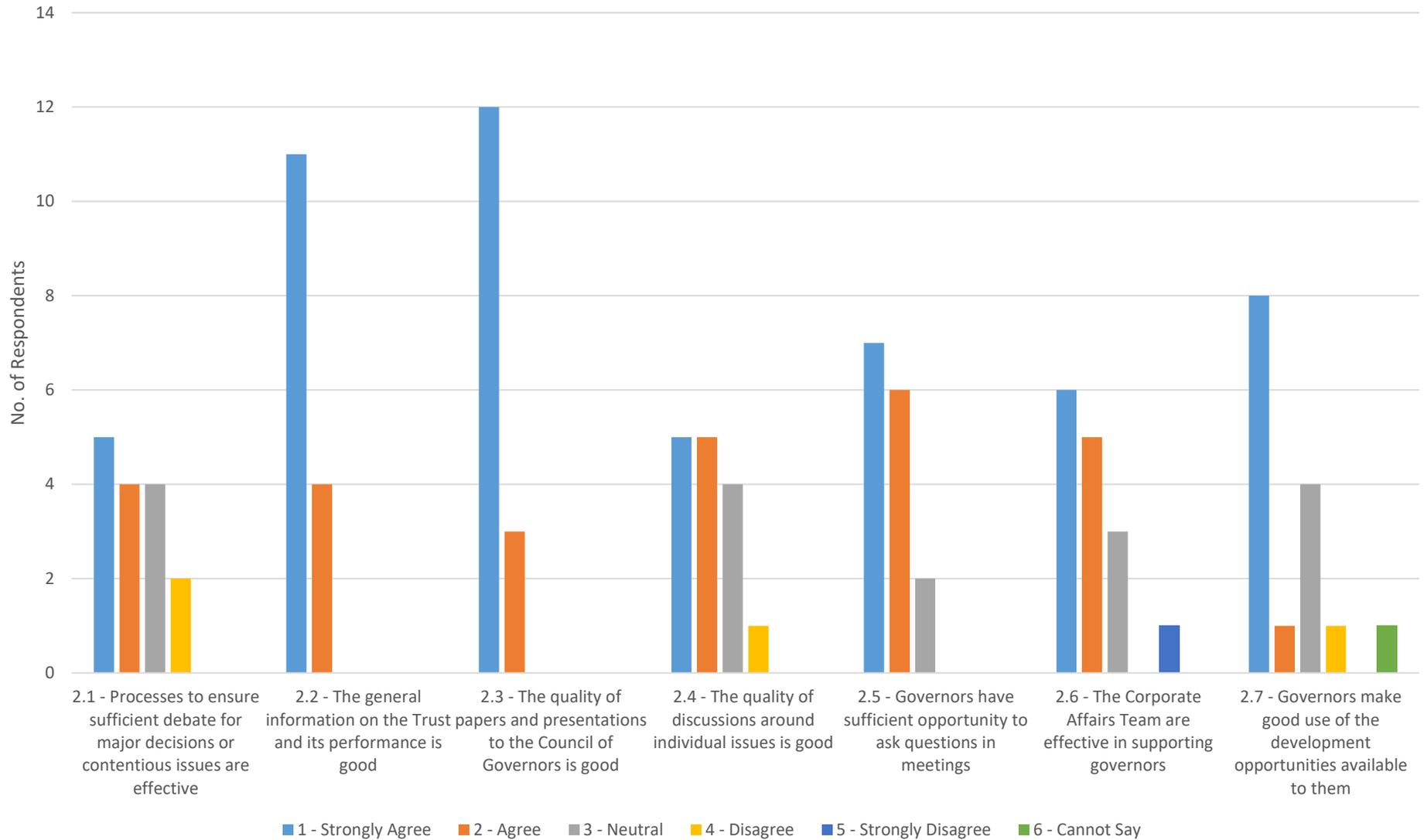
Section 1 of the survey also included a question specifically targeted towards members of the Council of Governors' Nominations Committee and/or Governor Development/Membership Engagement Working Group:

- Question – The Council of Governors' Nominations Committee and Governor Development/Membership Engagement Working Group are effective. They operate within their Terms of Reference and are well-connected with the Council of Governors.

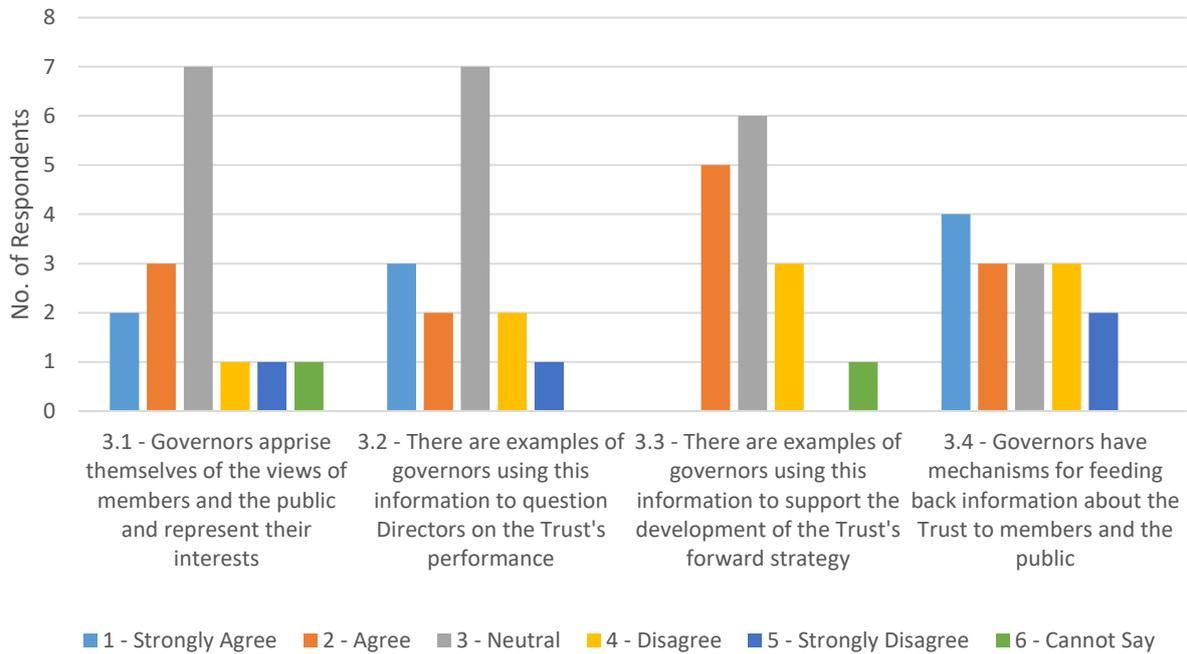
6 of the 15 governors responded positively to this question as demonstrated below.



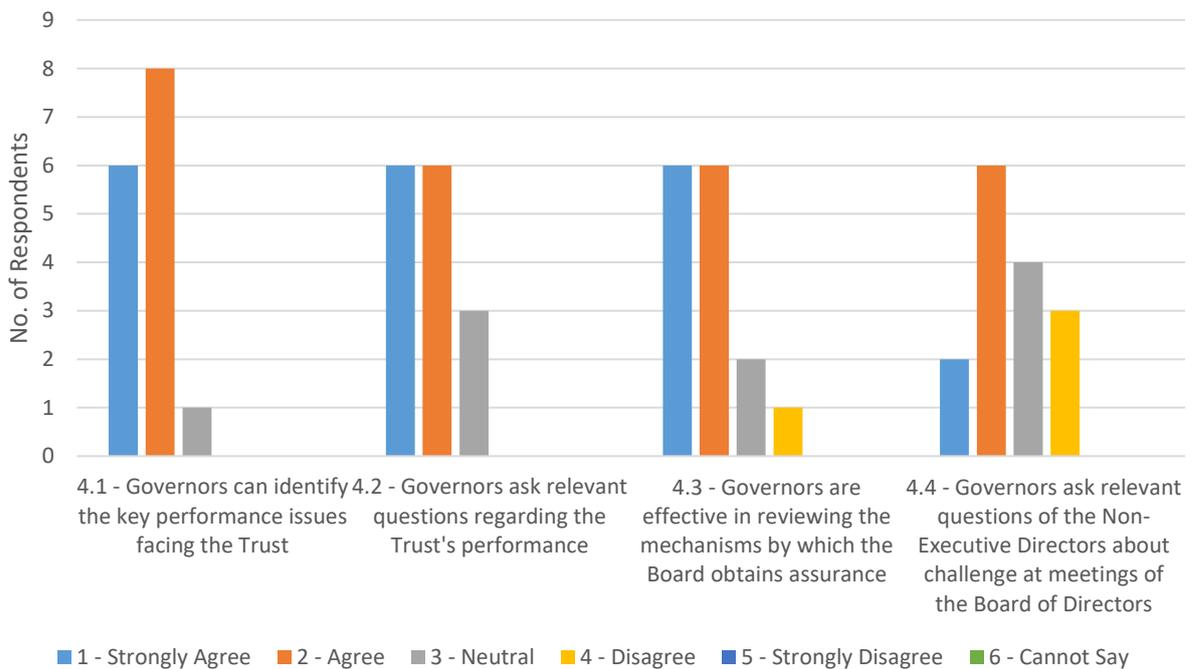
Section 2. Processes and Information



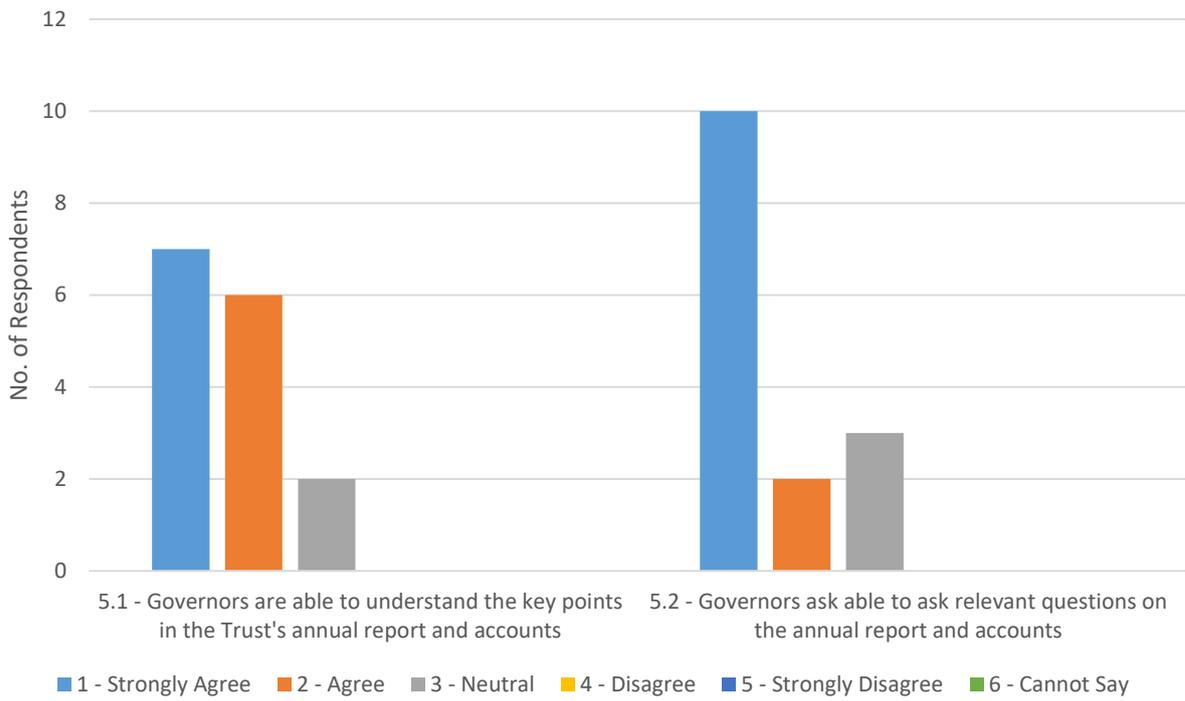
Section 3. Representing the Interests of Members and the Public



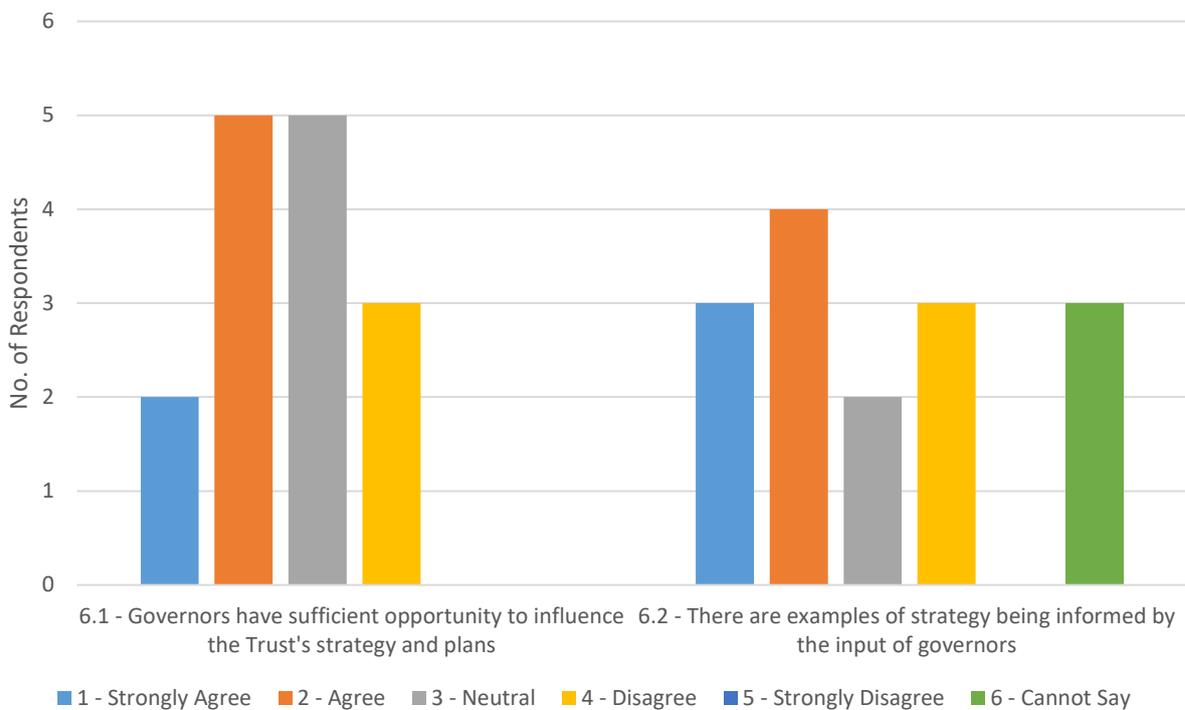
Section 4. Holding Non-Executive Directors to Account



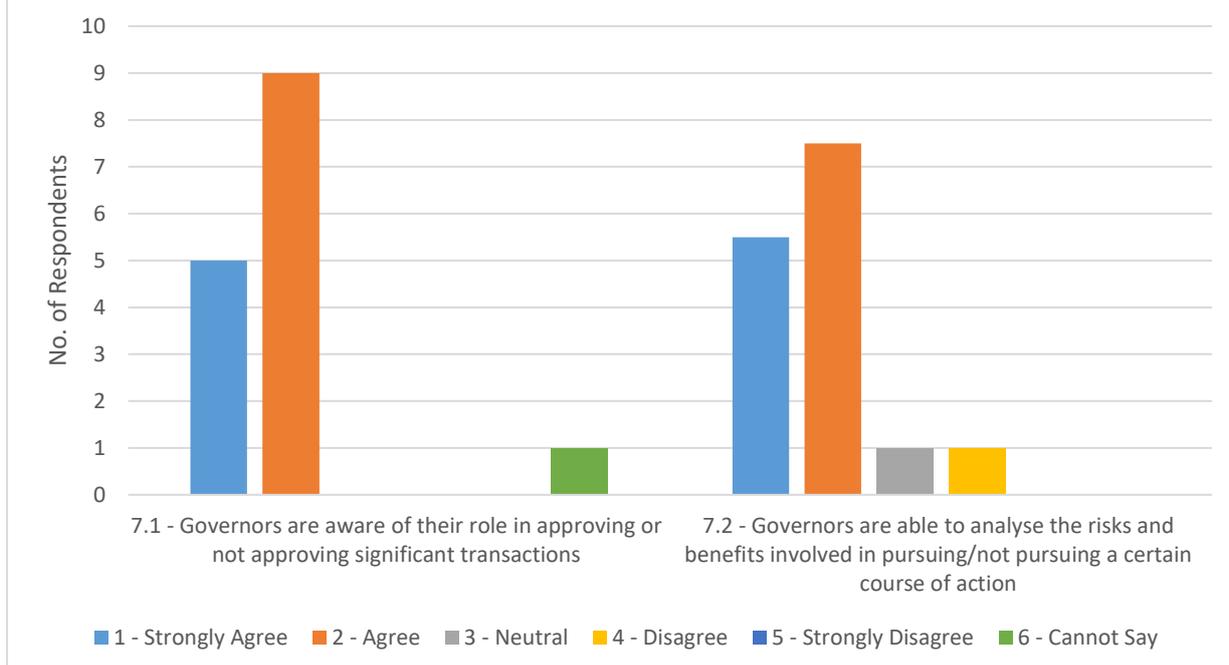
Section 5. Receiving the Annual Report and Accounts



Section 6. Influencing Strategy



Section 7. Approving Transactions



2.2 Additional Observations/Suggestions for Improvement

A number of respondents also made additional observations/suggestions for improvement. The key themes emerging from these align with the survey analysis presented above and identify the need for:

- Stronger mechanisms for two-way dialogue between the public, members and governors to enable governors to understand and represent the views of their constituents
- A clear system for governors to feedback information/views to the Trust and other governors
- More support/guidance for governors when engaging with members, the public and other key stakeholders
- Awareness raising of the role of governors both internally and externally
- Greater opportunity for governors to influence the Trust's strategic direction
- More time allowed for debate and discussion during Council of Governor meetings
- Consideration to be given to additional, more tailored training/development for governors – including governor observation of Board and Board Committee meetings
- Better use of individual governors' skills, interests and experience

3. Feedback from the Board of Directors

To support the governors' evaluation, members of the Board of Directors also shared their views on the difference made by the Council of Governors in the last 12 months and the opportunities for the future. The responses to these two questions are summarised below:

1. How do you think the Council of Governors has made a difference to the Trust in the last 12 months?
 - Positive support to the Board during the MMHSC transaction process and in approving the acquisition
 - Subsequent involvement of a number of governors in the Manchester Transformation Working Groups (TWGs), with governors adding their own expertise and perspective
 - New perspectives brought as an outcome of the newly constituted Council of Governors, including through engagement of a number of key partner organisations
 - Provision of an independent perspective in relation to the appointment of the new Chair and three new Non-Executive Directors, and the reappointment of an existing Non-Executive Director
 - Positive support for the achievement of the Trust's objectives and input into the Trust's forward plans
 - Support for the implementation of the Membership Engagement Strategy and input into the work of the CARE Hub
 - Input into the development of the Quality Account 2016/17

2. In what areas do you think the Council of Governors can add particular value over the coming 12 months and how?
 - By becoming positive ambassadors for GMMH within their respective constituencies
 - Increased involvement in the transformation/development of services. Making use of the expertise and perspective/views of Governors, and their membership communities, in this work as standard
 - Oversight of the completion of the MMHSC integration
 - Holding the Trust to account for its performance in relation to NHS Improvement, Care Quality Commission and commissioner requirements through questioning, challenge and representing the views of the public and members
 - Better engagement with members and feeding back the outcomes of this to the Trust
 - Continued input into the CARE Hub and development of the Quality Account priorities and future strategic plans
 - Review of Non-Executive Director appointments, with two existing Non-Executive Directors being eligible for re-appointment in July 2018 – to be addressed through the work of the Nominations Committee

4. Proposed Responses to the Feedback Received

The survey results and additional observations highlight the greatest improvement need as relating to governor representation of the interests of members and the public. A number of other potential opportunities are indicated in terms of governor development, governor involvement and engagement, and strategic influence, though the proportion of neutral/disagree responses in some of these areas is less significant. To support the continued development of the Council of Governors, and

enable the Trust to maximise the potential benefits offered by governors, it is proposed that the feedback received is addressed by:

1. Membership Engagement/Governor Development Working Group:
 - To meet more frequently (five times per annum) in advance of the Council of Governor meetings
 - To review progress against the Membership Engagement Strategy, including in relation to governor development
 - To clarify current networks and identify opportunities for further engagement
 - To establish clear mechanisms for feedback from governors to the Trust and Council of Governors, including via the Lead Governor
 - To support governors, as required, to build networks and engage with their membership communities and the wider Trust (including in transformation work)
 - To raise awareness of the governor role both internally and externally
 - To report on progress to the Council of Governors
2. Focusing presentations and reports to Council of Governor on eliciting more discussion and enabling governors to share their views
3. Enabling increased governor involvement in the development of the Trust's strategic plans – the governors will be invited to input into the Trust's future direction in December 2017

5. Recommendations

The Council of Governors are invited to review the survey outcomes and agree the proposed responses to the feedback received or identify additional/different ways of acting on the feedback.



Council of Governors

TITLE OF REPORT:	Feedback from the CARE Hub Meeting held on 13 October 2017
DATE OF MEETING:	11 December 2017
AGENDA ITEM:	11
PRESENTED BY:	Michael Crouch, Service User and Carer Governor
AUTHOR(S):	Michael Crouch, Service User and Carer Governor and Dan Stears, Service User and Carer Governor

EXECUTIVE SUMMARY:	The following report provides feedback from the CARE Hub meeting held on 13 October 2017. All Service User and Carer Governors on the Council of Governors have taken the opportunity to become members of the CARE Hub. This is one way in which governors can hear the views of service user and carer members and the wider public.
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RECOMMENDATIONS:	To note
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Service User and Carer Governors' Report to the Council of Governors

FEEDBACK FROM THE CARE HUB

Date of Council of Governors Meeting: 11/12/2017

Date of CARE Hub Meeting: 13/10/2017

Date of Next CARE Hub Meeting: 23/01/2018

Report Prepared by: Dan Stears (DS) & Michael Crouch (MC), Service User and Carer Governors

Key Areas of Feedback	<p><u>Bolton Area Complaints Improvement</u></p> <ul style="list-style-type: none"> ● In Q1, Bolton had an above average staff attitude ratio of complaints (26%). ● Following this, the CARE Hub asked Bolton Senior Leadership Team (SLT) to explore this further and to produce a report on their findings. ● These findings were used to introduce initiatives such as 'Compassionate Leadership Sessions' to help address these issues. In Q2, Bolton staff attitude complaints had reduced to 9%. <p><u>Lancashire Wildlife Trust</u></p> <ul style="list-style-type: none"> ● Adult Forensic Services (AFS) have been working with the Lancashire Wildlife Trust on a horticultural allotment project to break down the stigma of Mental Health. ● The project creates potential for future employment opportunities for current Service Users. <p><u>Carers Video</u></p> <ul style="list-style-type: none"> ● Carer Lead for the Trust, Neil Grace (NG) started a project in January to produce a series of short videos picking up on real feedback from Carers around their own experiences of using Trust services. ● The videos explore themes around patient confidentiality, not being involved in patient care and staff attitude, amongst other things.
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	<p><u>Manchester: Service User & Carer Feedback and Engagement & Involvement</u></p> <ul style="list-style-type: none"> • In the past, feedback was by paper-based forms. There has been no resource to collate these data. • Moving forward, electronic devices will be implemented in Manchester services as they currently are in other areas and specialist services. This will greatly facilitate data collation and presentation. • In Q2 there has been engagement with service users and carers with regards to clinical transformation. • The CARE Hub is meeting with Manchester service managers to facilitate an increase in engagement and volunteering • In Q3 a series of engagement workshops are being held in Manchester
<p>Any Agreed Actions</p>	<p><u>Bolton Area Complaints</u></p> <ul style="list-style-type: none"> • Cathy Lovatt (Head of Service User & Carer Involvement) and the CARE Hub will monitor this, and other areas of complaints to identify any more areas of improvement needed across the trust. • Any significant areas will be fed back to the CoG. <p><u>Lancashire Wildlife Trust</u></p> <ul style="list-style-type: none"> • A meeting was held at the end of October '17 to identify and apply for more funding for the project. <p><u>Carers Video</u></p> <ul style="list-style-type: none"> • Neil Grace (Carers Lead) is to complete the remainder of the videos for the trust. • Johnathan Roberts (Customer care Team Manager) has asked to be involved in the process. • Wayne Burrows suggested to include the videos in either the Trust Induction day or E-Learning awareness training. <p><u>Manchester: Service User & Carer Feedback and Engagement & Involvement</u></p> <ul style="list-style-type: none"> • Service User & Carer Governors to keep Council of Governors apprised of progress of Manchester transition in this regard.
<p>Other Items for the Council of Governors' Attention</p>	<p><u>Care Performance Q1 2017/18</u></p> <ul style="list-style-type: none"> • These figures are unavailable at the moment and will be reported to the Council of Governors in full at the next meeting.



Council of Governors

TITLE OF REPORT:	Board of Directors: <ul style="list-style-type: none"> • Minutes of the Board of Directors Meeting Held in Public on 30 October 2017 (Ratified) • Chair’s Report on Part 2 Items
DATE OF MEETING:	11 December 2017
AGENDA ITEM:	13.01 and 13.02
PRESENTED BY:	Rupert Nichols, Chair
AUTHOR(S):	Kim Saville, Company Secretary

EXECUTIVE SUMMARY:	<p>Under the Health and Social Care Act 2012, the Board of Directors is required to share a copy of the minutes of a meeting of the Board of Directors with the Council of Governors as soon as is practicable after a meeting.</p> <p>The most recent ratified minutes, provided here, contain a summary of the Board discussion on each agenda item and a record of any agreed actions. They include evidence of questioning and challenge from the Non-Executive Directors, which is one way in which the Non-Executive Directors hold the Executive Directors to account for the performance of the Board. Minutes of previous Board of Directors meetings are available via the Trust’s website.</p> <p>The minutes are presented to the Council of Governors for information. The Chair will provide a verbal report on items discussed recently under the private part (Part 2) of the Board agenda.</p>
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RECOMMENDATIONS:	The Council of Governors are invited to note the ratified minutes of the Board of Directors meeting held in public on 30 October 2017 and the Chair’s verbal report on items discussed recently in the private part (Part 2) of the Board meeting.
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RATIFIED

**IN PUBLIC BOARD OF DIRECTORS MEETING, MONDAY 30 OCTOBER 2017, 9.30AM,
ROOMS 1 AND 2, 1ST FLOOR, THE CURVE**

PRESENT:

Board of Directors:

Rupert Nichols	-	Chair	
Anthony Bell	-	Non-Executive Director	
Stephen Dalton	-	Non-Executive Director	
Chris Daly	-	Medical Director	
Kathy Doran	-	Non-Executive Director	
Gill Green	-	Director of Nursing & Governance	
Ismail Hafeji	-	Director of Finance and IM&T	
Bev Humphrey	-	Chief Executive	
Julie Jarman	-	Non-Executive Director	- From 10.50am
Andrea Knott	-	Non-Executive Director	- By telephone
Pauleen Lane	-	Non-Executive Director	
Andrew Maloney	-	Director of HR & Corporate Affairs	
Neil Thwaite	-	Deputy Chief Executive/Director of Strategic Development	

IN ATTENDANCE:

Dave Maguire	-	Bolton Primary Care Psychological Therapy Service, GMMH
Kim Saville	-	Company Secretary

No.	Item	Action
224/17	<p>Apologies for Absence</p> <p>Rupert Nichols, Chair, noted that Julie Jarman, Non-Executive Director, would be arriving late to the meeting due to a meeting with the Care Quality Commission (CQC) and that Andrea Knott, Non-Executive Director, will be joining the meeting via telephone. There were no other apologies for absence.</p>	Noted
225/17	<p>Service Presentation</p> <p>The Board of Directors received a presentation from Dr Dale Huey, Strategic Lead, Psychological Therapies Division, and Clair Carson, Associate Director of Operations, on Improving Access to Psychological Therapies (IAPT).</p> <p>Clair Carson set the context for the presentation with reference to the Layard Report (2005), which found psychological therapies as vital in the treatment of depression and anxiety. She provided an overview of the IAPT 'Stepped Care'</p>	Noted

model and noted the different provision in each of the Trust's districts (Bolton, Salford, Trafford and Manchester). She outlined the evidence-based treatment options and the benefits of routine outcome monitoring, and also summarised the four main IAPT targets (prevalence rate, recovery rate, not waiting longer than 6 weeks for treatment, and not waiting longer than 18 weeks). She confirmed that respective CCGs are monitored against these targets for the whole pathway, whilst the Trust only contributes to the target in relation to the steps provided.

Dale Huey demonstrated the impact of the acquisition of Manchester Mental Health and Social Care NHS Trust (MMHSCT) on the Trust's overall IAPT recovery performance. He noted that Manchester's impact is disproportionate due to the prevalence of common mental health disorders in the City. He highlighted an improving trend in Salford's performance from 2016/17 to 2017/18 and confirmed that Bolton and Trafford continue to achieve the 50% recovery target, influenced in part by the range of services/steps provided. He noted that where the Trust provides both Step 2 and Step 3 services, recovery rates tend to be 10-20% higher than for just Step 3.

In response to a question from Anthony Bell, Non-Executive Director, Dale Huey advised that approximately one third of individuals are expected to re-enter IAPT services after recovery. He confirmed that this is an appropriate use of services and that this demand is factored into the service model and skill mix. In response to a question from Kathy Doran, Non-Executive Director, Dale Huey advised that Manchester CCG's recovery rate for the whole IAPT pathway is in the region of 30%.

Dale Huey presented a breakdown of performance against the 6-week and 18-week access targets. With regard to 6-weeks, he noted that 2017/18 is the first year that the Trust is not expected to achieve the target. He confirmed that the target is calculated at discharge and assured the Board that Bolton's performance is expected to average out by year-end. With regard to 18-weeks, Dale Huey noted an improving position in Manchester in 2017/18.

Clair Carson set out the Five Year Forward View expectations in relation to IAPT prevalence and equated this to numbers of additional people receiving care within each district. Dale Huey outlined the work being undertaken with CCGs to deliver the Five Year Forward View, including a business case to increase the % of prevalence accessing IAPT services in Manchester.

Clair Carson concluded the presentation by sharing positive feedback received from an IAPT service user in Trafford.

Bev Humphrey, Chief Executive, highlighted the burden placed on providers by CCGs taking different approaches to implementing the national IAPT programme. All Board members acknowledged the need for the Trust to continue to influence this agenda.

Andrew Maloney, Director of HR and Corporate Affairs, sought clarity on the timeframes for improvement against the targets in Manchester. Dale Huey confirmed that work is ongoing to establish the conditions to deliver a service model that the Trust knows works. This includes infrastructure and is also in terms of workforce culture. He advised that once the conditions are in place there will be an approximate three-month lag for referral to treatment (RTT)

	<p>performance to be affected and a slightly longer lag of three to six-months for effectiveness to be affected.</p> <p>Neil Thwaite, Deputy Chief Executive/Director of Strategic Development, noted the increasing difficulties in attracting the people and skills needed to deliver IAPT and questioned whether there is anything more the Trust should be doing. Dale Huey outlined the changes to the funding model for IAPT trainees and confirmed that the Trust is now only able to take trainees within the budgets available. He noted that all Trusts are in this position and briefed the Board on proactive action taken with Health Education North West to prompt consideration of the potential re-introduction of a full funding model.</p> <p>Kathy Doran sought assurance on the Trust's ability to deal with any cultural issues in Manchester's IAPT services. Clair Carson fed back on recent visits with the three IAPT Teams in Manchester and confirmed that all are engaged and ready to move forward. Deborah Partington, Director of Operations, echoed this point, noting that work with the Manchester IAPT Teams started early and has been supported throughout by Dale Huey and the Trust's other IAPT leads.</p> <p>In response to a query from Pauleen Lane, Non-Executive Director, on budgeting for IAPT forward plans, Neil Thwaite confirmed that work is ongoing to develop detailed business cases for negotiation with commissioners.</p> <p>Rupert Nichols thanked Dale Huey and Clair Carson for their presentation.</p>	
226/17	Declarations of Interest	Noted
	There were no declarations of interest.	
227/17	Minutes of the Previous Meeting of the Board of Directors held 25 September 2017	Approved
	The minutes of the previous meeting were accepted as a true and correct record.	
228/17	Matters Arising and Action Log	Noted
	<p>The Board of Directors reviewed the action log.</p> <ul style="list-style-type: none"> • Action 169-17 (Definition of Vacancies) – Andrew Maloney advised that an update will be provided on vacancies under the Board Performance Report agenda item. In response to a query from Andrea Knott, Andrew Maloney confirmed that work to disaggregate agency staff by type is in progress and should be included in the action log. • Action 169-17 (IAPT Progress) - All Board members agreed that the presentation from Dale Huey and Clair Carson provided sufficient update on the IAPT transformation programme. • Action 178/17 (Service Visits) - Kim Saville, Company Secretary, confirmed that a programme of Non-Executive Director visits has been agreed for November 2017 to March 2018 and that Alison Hand is in the process of arranging the visits. 	<i>Action: KS</i>

	All other actions were noted as 'Green' or not yet due for completion.	
229/17	<p>Chair and Chief Executive Report – National and Regional Update</p> <p>Bev Humphrey advised that, as of 1 October 2017, Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM) have merged to become Manchester University NHS Foundation Trust (MFT). She also briefed the Board on two upcoming meetings/events in Manchester. On 31 October 2017, Bev Humphrey is due to meet with Manchester councillors, with Ian Williamson and Mike Deegan, to provide an update on the City's health and social care plans. On 6 November 2017, a civic reception is being held to thank staff for their emergency response to the Manchester Arena incident. Bev Humphrey advised that 20 GMMH staff have been nominated to attend this event.</p> <p>Bev Humphrey also provided an update on progress with the Trust's CQC core service with well-led inspection. She confirmed that four of the Trust's nine core services have been visited to date – older adults inpatient, adults or working age inpatient, substance misuse services (inpatient and community) and Child and Adolescent Mental Health Services (CAMHS) – and that the last core service, rehabilitation, is being inspected this week. Rupert Nichols provided feedback on a recent visit to Park House, North Manchester with Deborah Partington. He acknowledged the need to improve the physical environment, but welcomed the positivity from staff, which is a tribute to the support provided by the Operations Team.</p> <p>The Board of Directors noted the National and Regional Update.</p>	Noted
230/17	<p>Board Performance Report (August 2017)</p> <p>Neil Thwaite presented the Board Performance Report for August 2017, summarising the position as positive overall. He highlighted two exceptions in terms of performance against the Trust's statutory targets, which are in line with the Full Business Case:</p> <ul style="list-style-type: none"> • Priority metrics (employment and accommodation status) – Neil Thwaite confirmed that action plans are being progressed to achieve the 85% target by the end of quarter 3 2017/18. He noted that a consultation on the Single Oversight Framework is in progress and this target may be removed going forward • IAPT – with reference to Dale Huey and Clair Carson's presentation, Neil Thwaite highlighted the under-achievement in Manchester's performance and shortfall in Salford's performance against the 6-week target as at August 2017. He confirmed that non-recurrent funding has been agreed to staff the response to Salford's shortfall, whilst feedback is awaited from commissioners on the Trust's funding request. <p>Neil Thwaite also drew the Board's attention to the in-month sickness position,</p>	Noted

which has exceeded the Trust's target of 5.75% for the second month since December 2016. He advised that the agreed CQUIN targets have been achieved at Quarter 1 and that performance against the Trust's Quality Account priorities has been reviewed at Quality Governance Committee.

With reference to the vacancy data reported on page 14 of the Board Performance Report, Andrew Maloney advised that the reported difference between contracted and budgeted FTE (887) is broadly comparable to the active vacancies in the system (864). He noted that, of the active vacancies, approximately one third relate to individuals cleared and ready to start, one third relate to individuals who have been offered positions and are awaiting final clearance, and the final third represents active recruitment to vacancies. He agreed that it would be useful for the Board to see this split going forward, as this provides a clearer picture of the current position. He also referenced the recent investment in the recruitment team to expedite recruitment processes.

Action: AM

In response to a question from Neil Thwaite regarding over-recruitment, Andrew Maloney advised that opportunity exists to introduce a more systemic approach to cohort recruitment. Andrew Maloney and Deborah Partington also confirmed that the Trust already times recruitment drives to target newly qualified nurses. Pauleen Lane questioned the extent to which vacancy figures relate to unfilled sessions and the extent to which sessions are filled with bank and agency staffing. Andrew Maloney advised that this analysis would require bank and agency expenditure to be converted to whole time equivalents (WTEs) but, from a financial perspective, services are operating balanced budgets. Deborah Partington assured the Board that the Trust is aware of its vacancy hotspots – for example, nursing staff on inpatient wards. Andrew Maloney advised that the Trust needs to work more proactively with people to improve retention and support career progression. This will be addressed in the Workforce Strategy being developed by end of March 2018.

Ismail Hafeji, Director of Finance and IM&T, highlighted the agency expenditure rate of '4' in September 2017, which has contributed to the overall '3' rating in terms of use of resources.

Rupert Nichols raised a question on Andrea Knott's behalf regarding the higher use of restraint in Manchester, noting the work being progressed by the Quality Governance Committee in this area. Deborah Partington confirmed that the numbers reported are 'actuals' and are proportionate to the number of beds.

Stephen Dalton, Non-Executive Director, requested the sharing of more 'soft intelligence' with Board members in relation to, for example, identified hotspots and any emerging concerns. Anthony Bell also reiterated the need for the Performance Report commentary to be strengthened to clarify the key issues and actions being taken. Rupert Nichols advised that time will be set aside in December's Board of Directors meeting to consider Board evaluation feedback, including on the information brought to Board, and agree how to take things

	<p>forward over the next twelve months.</p> <p>The Board of Directors noted the Board Performance Report for August 2017.</p>	
231/17	<p>2017 CQC Action Plan Review</p> <p>Neil Thwaite presented a summary CQC action plan for the Board’s review, which highlights ongoing actions from the Trust’s combined action plan. He noted that the full plan has been subject to monitoring by the Executive Management Team (EMT), Quality Governance Committee and Board of Directors since its development, and that the summary was considered by the Quality Governance Committee on 12 October 2017.</p> <p>Chris Daly, Medical Director, provided an update on the ‘Amber’ action (Action 5) relating to rapid tranquilisation, which stemmed from GMW’s CQC inspection report. He advised that work is ongoing to review the rapid tranquilisation policies, and physical health policies, to ensure compliance with NICE guidance. He confirmed that a further update will be brought to the next Quality Governance Committee on this action.</p> <p>Andrew Maloney briefed the Board on further actions being taken to address the ‘Red’ and ‘Amber’ ratings for GMMH for mandatory training compliance and appraisal completion rates (Actions 7 to 11). He advised that training capacity has been reviewed to enable achievement of the 85% target over the next six months and that managers are being actively supported to release staff for training. He also outlined the ongoing actions to improve appraisal completion rates. Andrew Maloney suggested that a doubling of effort is needed to address this both of these issues as performance has not been sustained over the lifetime of the action plan.</p> <p>With regard to the actions identified for the former MMHSCT, Gill Green, Director of Nursing and Governance, confirmed that an audit of care plans is underway with the outcomes reported to the Quality Governance Committee in November 2017 (Action 12). She also confirmed that work is continuing to distil the key risks for Manchester services using Datix and that these will be reported to the Risk Management Committee in November 2017 (Action 16).</p> <p>Chris Daly summarised the outcomes of a spot audit undertaken with regard to T2 and T3 Mental Health Act forms. He advised that the Trust is not yet fully compliant and a Task and Finish Group has been established to identify further mechanisms for improvement. He assured Board members that this issue is not unique to GMMH and is being reported nationally. In response to a query from Neil Thwaite, Chris Daly agreed that the timeframe for completing this action may need to extend beyond end of November 2017.</p> <p>With regard to Action 22, Gill Green advised that an audit of clinical supervision has been undertaken, which demonstrates compliance at this point.</p>	Noted

	<p>The Board of Directors noted the current status of CQC actions following the review by the Quality Governance Committee. Neil Thwaite confirmed that the next formal action plan update will be brought to Board in February 2018.</p>	
<p>232/17</p>	<p>Board Assurance</p> <p>Andrew Maloney presented a paper on Board assurance, which progresses discussions at the recent Board Development session on this topic. He drew the Board’s attention to the proposed strategic risks, which aim to shift the Board’s focus towards emerging areas and business change. The new risks include risks disaggregated from existing risks in addition to a number of new quality risks under Objective 1. He noted that only one risk has been identified under Objective 2 and that the Board may wish to re-consider this objective at its strategic planning session in November 2017. He also highlighted the proposed Lead Committee for each risk and set out mechanisms for individual committees to review their risks and feedback to the Board of Directors.</p> <p>Andrew Maloney introduced the proposed new Board Assurance Framework template, which has been designed to enable improved clarity on controls and positive assurances. The new template will also demonstrate how a risk’s score changes over time.</p> <p>Andrea Knott, Non-Executive Director, and Anthony Bell expressed full support for the proposals. Andrea Knott questioned whether risks should be included in relation to workforce sustainability and the potential reduction in planned funds from Manchester. Kathy Doran requested that a summary sheet also be included in the report presented to Board, in addition to the individual risk templates. Kathy Doran also sought clarity on the process for Board’s review of its designated risks and challenged the designation of the safe staffing risk to the Quality Governance Committee. Andrew Maloney confirmed that the full Board Assurance Framework will continue to be reviewed by the Board on a quarterly basis, with particular focus given to the risks that the Board is responsible for. The Board considered the safe staffing risk and agreed that, given its quality focus, the Quality Governance Committee was the appropriate lead for this.</p> <p>In response to a question from Pauleen Lane in relation to the Executive Management Team’s role as ‘Lead Committee’, Andrew Maloney confirmed that the framework has been designed in the context of the current governance structures. Rupert Nichols advised that external, independent challenge on EMT-led risks will be via the Board of Directors.</p> <p>With reference to an earlier discussion, all recognised the Board’s review of the Board Assurance Framework as an opportunity to better understand ‘hotspots’.</p> <p>The Board of Directors approved the following:</p> <ul style="list-style-type: none"> the proposed changes to the Trust’s strategic risks, including the identified Executive leads and Lead Committees; 	<p>Noted</p> <p><i>Action: AM</i></p> <p><i>Action: KS</i></p>

	<ul style="list-style-type: none"> • the mechanisms for Lead Committees to carry out their role; and • the proposed new format for the Board Assurance Framework. <p>Andrew Maloney confirmed that a populated Board Assurance Framework will be brought to the November Board of Directors' meeting for review.</p>	
233/17	<p>Safeguarding Annual Report</p> <p>Gill Green provided an overview of the GMMH Safeguarding Annual Report 2016/17, which was considered by the Quality Governance Committee on 14 September 2017. She confirmed that the Report provides an update on the operation of the Trust's safeguarding functions and demonstrates compliance with Section 11 of the Children's Act (2004) and Section 42-47 of The Care Act (2014). She noted that the reports highlights significant improvements in relation to training and briefed the Board on the outcomes of a positive Joint Targeted Area Inspection completed in Salford in September 2016. She also highlighted the Trust's approach to safeguarding admissions of under 18 year olds to adult wards, noting that the Trust does not admit under 16 year olds to adult wards, and the actions undertaken to support the Prevent Strategy and Channel Programme.</p> <p>Stephen Dalton highlighted the higher number of admissions of under 18 years olds to adult wards in quarter one 2017/18 compared to the whole of 2016/17 and sought assurance on this. Gill Green acknowledged the significant increase in 2017/18 to date, noting that 5 admissions were recorded in quarter 2. She advised that this reflects the national picture and raises concerns about the effectiveness of procedures in Tier 3 Child and Adolescent Mental Health Services (CAMHS) to prevent admissions. She assured Board members that this position is closely monitored and that decisions are taken in each individual's best interest. She noted the alternative of using out of area CAMHS beds, which presents different quality challenges.</p> <p>In response to a question from Kathy Doran regarding use of Junction 17, Bev Humphrey confirmed that Junction 17 beds would be full in situations where under 18s are admitted to adult wards. She assured Board members that any under 18 admissions are moved on from quickly from adult wards and that CAMHS work closely with the wards to facilitate this.</p> <p>Pauleen Lane sought assurance on how risks previously identified in relation to internet usage and grooming have been addressed and questioned whether the scope of the report should be extended to include suicide risk. With regard to the former, Julie Jarman referenced the actions previously undertaken by the CAMHS service to reduce blanket rules and confirmed that care plans now set out levels of permissions/access on an individual basis. Gill Green acknowledged the latter and highlighted the importance of all clinicians being aware of trigger factors and safeguarding concerns.</p> <p>The Board noted the detail in the report and the assurance provided in relation</p>	Noted

	to training and the Trust's compliance with the required standards. The Board also noted that the report will be shared with the Trust's CCGs and local Safeguarding Boards.	
234/17	<p>Audit Committee:</p> <ul style="list-style-type: none"> • Minutes of the Meeting held 3 July 2017 • Committee Chair's Assurance Report on the Meeting held 2 October 2017 • Updated Terms of Reference <p>The Board of Directors noted the minutes of the Audit Committee meeting held 3 July 2017 and the Committee Chair's Assurance Report on the meeting held 2 October 2017. Andrea Knott noted that the format of the Chair's Report has been amended to enable increase focus on assurance on topics considered by the Audit Committee. She confirmed that there are currently no areas of 'No Assurance' where action is required from the Board.</p> <p>The Board of Directors also noted the updated Audit Committee Terms of Reference. Andrea Knott advised that, in reviewing the Terms of Reference, Committee members have noted the need to do more to fulfil the Committee's remit in relation to, for example, financial reporting and budgetary controls. Andrea Knott confirmed that the Committee will take this forward in their future year's work-plan.</p>	Noted
235/17	<p>Quality Governance Committee:</p> <ul style="list-style-type: none"> • Minutes of the Meeting held 14 September 2017 • Committee Chair's Report on the Meeting held 12 October 2017 <p>The Board of Directors noted the minutes of the Quality Governance Committee meeting held on 14 September 2017 and the Chair's Report on the meeting held on 12 October 2017. With reference to the Chair's Report, Kathy Doran highlighted the significant assurance received from Mersey Internal Audit Agency in relation to the Trust's management of serious incidents. She noted that the Care Quality Commission were in attendance at the October 2017 meeting.</p>	Noted
236/17	<p>Schedule of Board, Board Committee and Council of Governors Meetings 2018</p> <p>Kim Savile presented the schedule of Board, Board Committee and Council of Governors Meetings for 2018. She highlighted a number of changes, including the removal of a joint Board and Council of Governors meeting in February 2018 and the scheduling of the May Board and Audit Committee meetings on the same date.</p> <p>The Board noted the schedule of meetings for 2018.</p>	Agreed
237/17	<p>Board Work-plan 2018</p> <p>Kim Saville presented the proposed Board work-plan for 2018. She highlighted a number of new additions, which aim to raise the profile of the quality agenda at</p>	Noted

	<p>Board-level. She confirmed that the work-plan is a dynamic document, which she maintains and updates over the course of the year.</p> <p>The Board of Directors approved the work-plan for 2018.</p>	
238/17	<p>Any Other Business:</p> <p>There were no items of other business.</p>	Noted
239/17	<p>Questions from the Public</p> <p>There were no questions from the public.</p>	Noted
240/17	<p>Date and Time of Next Meeting</p> <p>The next Board of Directors meeting will take place on Monday 27 November 2017 at 10.00am in Meeting Rooms 1 and 2, 1st Floor, The Curve</p>	Noted
241/17	<p>Resolution</p> <p>The Board of Directors adopted the resolution ‘that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted’.</p>	Adopted

Certified as a true record of the meeting

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Chair – Rupert Nichols

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Date

Action Log – Part 1

Meeting	Minute No.	Item	Action	Agreed Timescale	Forecast Completion	Owner	Status
July-17 & Oct-17	169/17 & 230/17	Board Performance Report (May 2017)	Vacancy levels to be more clearly defined in future Board Performance Reports	30/10/2017	27/11/2017	Andrew Maloney, Director of HR and Corporate Affairs	
July-17	170/17	Board Assurance Framework (July 2017)	More detail to be included on the rationale for removal of risks from the BAF in future reports	30/10/2017	27/11/2017	Andrew Maloney, Director of HR and Corporate Affairs	BAF review scheduled for Nov. 2017
			Audit Committee members to meet to review the assurances set out in the BAF and identify any gaps	31/08/2017	27/11/2017	Andrea Knott, Audit Committee Chair	Progressed through Sept. Board Development session and Oct. and Nov. Board meetings
July-17	178/17	Any Other Business	Structured programme of Non-Executive Director service visits to be developed	30/09/2017	30/10/2017	Deborah Partington, Director of Operations and Kim Saville, Company Secretary	Visits allocated for Nov. 17– March 18. Scheduling in progress.
Sept-17	204/17	Agency Expenditure Update	Details of longer-term workforce strategy to be brought to Board by March 2018	31/03/2018		Andrew Maloney, Director of HR and Corporate Affairs	

Meeting	Minute No.	Item	Action	Agreed Timescale	Forecast Completion	Owner	Status
Sep-17	204/17	Agency Expenditure Update	Breakdown of agency staff by type to be provided to enable Board understanding of the underlying issues.	31/01/2018		Andrew Maloney, Director of HR and Corporate Affairs	
Oct-17	232/17	Board Assurance	Consideration to be given to the inclusion of strategic risks relating to workforce sustainability and potential reductions in planned income in Manchester	27/11/2017		Andrew Maloney, Director of HR and Corporate Affairs	Workforce sustainability to be addressed in Risk ID 2814 (Recruitment and Retention)
Oct-17	232/17	Board Assurance	Summary sheet to be included in the Board Assurance Framework alongside the individual templates	27/11/2017		Kim Saville, Company Secretary	

Not yet due	
Completed on time	
In progress and on target	
Incomplete and overdue	



Council of Governors

TITLE OF REPORT:	Schedule of Meetings 2018: <ul style="list-style-type: none"> • Council of Governors • Governor Development/Membership Engagement Working Group
DATE OF MEETING:	11 December 2017
AGENDA ITEM:	14
PRESENTED BY:	Kim Saville, Company Secretary
AUTHOR(S):	Kim Saville, Company Secretary and Steph Neville, Head of Corporate Affairs

EXECUTIVE SUMMARY:	<p>Council of Governors:</p> <p>The Council of Governors are asked to note the following schedule of Council of Governors meeting for 2018:</p> <ul style="list-style-type: none"> • Monday 12 February 2018 in Conference Room 7, Ground Floor, The Curve • Monday 9 April 2018 in Seminar Rooms 1 and 2, Ground Floor, The Curve • Monday 9 July 2018 in Seminar Rooms 1 and 2, Ground Floor, The Curve • Monday 10 September 2018 in Conference Room 7, Ground Floor, The Curve • Monday 10 December 2018 in Conference Room 7, Ground Floor, The Curve <p>All meetings are scheduled to commence at 10.00am. Given the regular attendance of Board members at Council of Governors meeting, the February 2018 meeting will be a standalone Council of Governors meeting rather than a joint meeting with the Board as in previous years.</p> <p>Governor Development/Membership Engagement Working Group:</p> <p>Members of the Governor Development/Membership Engagement Working Group are also asked to note the schedule of Working Group meetings for 2018:</p> <ul style="list-style-type: none"> • Wednesday 24 January 2018, Rooms 1&2, 1st Floor, The Curve • Wednesday 14 March 2018, Rooms 1&2, 1st Floor, The Curve • Wednesday 20 June 2018, Rooms 1&2, 1st Floor, The Curve
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	<ul style="list-style-type: none">• Wednesday 15 August 2018, Rooms 1&2, 1st Floor, The Curve• Wednesday 14 November 2018, Rooms 1&2, 1st Floor, The Curve <p>All meetings are scheduled to be held 11am – 1pm, including lunch.</p> <p>The frequency of Working Group meetings has increased and the meetings have been timed to enable regular feedback to the full Council of Governors.</p>
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RECOMMENDATIONS:	To note
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