

**Minutes of the Open Board of Directors Meeting  
Wednesday 30 January 2019  
Boardroom Redesmere - commencing at 1.00p.m.**

<b>PRESENT</b>	<p>Sheena Cumiskey Avril Devaney</p> <p>David Harris</p> <p>Dr Anushta Sivananthan</p> <p>Andy Styring Tim Welch Rebecca Burke-Sharples Andrea Campbell Lucy Crumplin Edward Jenner Dr James O'Connor</p>	<p>Chief Executive Director of Nursing, Therapies and Patient Partnership Director of People Services and Organisational Development Medical Director, Quality, Compliance and Assurance Director of Operations Director of Finance Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director (Chair)</p>
<b>IN ATTENDANCE</b>	<p>Suzanne Christopher Katherine Wright</p> <p>Justin Pidcock (for items 18.19.119)</p> <p>Gary Flockhart (for item 18.19.120 - 123) David Pearson (for item 124)</p> <p>Dr Freya Boor Keith Millar Peter Ashely-Mudie</p>	<p>Corporate Affairs Manager (mins) Associate Director of Communications and Engagement Associate Director of Infrastructure and Estates Associate Director of Nursing. Head of Facilities</p> <p>Higher Trainee - Observing Governor - Observing Governor - Observing</p>
<b>APOLOGIES</b>	<p>Mike Maier Dr Faouzi Alam</p> <p>Louise Brereton</p>	<p>Chairman Medical Director, Effectiveness, Medical Education and Medical Workforce &amp; Caldicott Guardian Head of Corporate Affairs</p>
	<b>MINUTES</b>	<b>ACTION</b>
<b>18/19/111</b>	<p><b>APOLOGIES AND ABSENCE</b></p> <p>Dr J O'Connor took the role of Chair for the meeting in the absence of M Maier (Chairman).</p> <p>The Chair welcomed all to the meeting. The meeting was quorate. Apologies were noted as above.</p> <p>Observers to the meeting (as noted above) were warmly welcomed.</p>	
<b>18/19/112</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>None were declared.</p>	
<b>18/19/113</b>	<p><b>MEETING GUIDELINES</b></p>	

	The meeting guidelines were noted.	
<b>18/19/114</b>	<p><b>MINUTES OF PREVIOUS MEETINGS</b></p> <p>The minutes of the Open Board Meeting held on the <b>28 November 2018</b> were <b>approved</b> as a correct record.</p>	
<b>18/19/115</b>	<p><b>MATTERS ARISING AND ACTION POINTS</b></p> <p>The action schedule was reviewed as follows:-</p> <p>Item 18.19.61 – was agreed as closed  Item 18.19.72 – this action remains open and will be reported to the next meeting.  Item 18.19.94 – was agreed as closed.</p>	
<b>18/19/116</b>	<p><b>BOARD MEETING BUSINESS CYCLE 2018/19</b></p> <p>The Board of Directors <b>noted</b> the business cycle.</p>	
<b>18/19/117</b>	<p><b>CHAIR'S ANNOUNCEMENTS</b></p> <p>The Chair gave the following announcements:</p> <p><b>Non-Executive Director Recruitment Process</b>  Board members were reminded that Ann Pennell had stepped down from her position of Non-Executive Director with effect from 31<sup>st</sup> December 2018. Board Members were also advised that Lucy Crumplin would not be re-standing following her current period of office further to her re-locating.</p> <p>Given the above, plans are in place to commence a recruitment process shortly. The remuneration and nominations committee of the Council of Governors are due to meet on the 21 February 2019 to move the plans forward. It is hoped that following a recruitment process a recommendation of appointments can be made to the April Council of Governors meeting with the individual taking up office in the Summer.</p> <p><b>NHS Long Term Plan</b>  Board Members were advised that the plan is now published. The document is to act as a blueprint to make the NHS fit for the future, encouraging local NHS organisations to work with their partners to turn the ambitions in the plan into improvements in services. From a CWP point of view, the Trust is currently considering the document and its implications.</p> <p><b>CANDDID</b>  Board Members were advised that the first annual conference for CANDDID (Centre for Autism, Neuro-Developmental Disorders and Intellectual Disability) will take place on the 10 May at The Double Tree Hilton Hotel in Chester. This year the theme for the conference will be "Autism Spectrum Conditions". The Trust has planned an exciting and informative programme. Details of times and an agenda will be released soon.</p>	
<b>18/19/118</b>	<b>CHIEF EXECUTIVE ANNOUNCEMENTS</b>	

The Chief Executive provided the following summary of the discussions held during closed board:-

The Board Members began by discussing a patient story which outlined the experience of a young patient with Learning Disability and Mental Health needs. Board Members considered the care that was delivered by the Intensive Care Team. The story was largely a positive one. However, it also identifies areas for learning to ensure that we continually improve as a Trust.

During the closed meeting, Board Members also;

- Considered developments in the implementation of the transforming people's lives agenda and the work taking place within CWP.
- Reviewed the Trust's dynamic risk register and were alerted to new and emerging risks.
- Received an update in respect of the Operational Plan that has further built on the work undertaken with the Council of Governors at their recent meeting.
- Received an update on serious incidents and the work to support patients, families and staff affected by such incidents.
- Heard about the Place Based plans for Cheshire East.
- Heard that the Trust is on track against its planned 18/19 financial performance and on target to achieve its control total.

The Chief Executive then also provided the following updates;

#### **Wirral IAPT services**

A Styring reminded Board Members that the Trust is part of a strategic partnership in providing IAPT services in the Wirral area. A Styring advised that the recent tender for these services had been awarded to the Partnership. The contract has a start date of 1 April 2019 for a period of three years, with the option to extend for two further years. Reports will be provided to future Board meetings.

#### **Public Services Hub - Ellesmere Port, Coronation Road**

Board Members were advised that the premises would be formally opened on Friday 1 February 2019 by the local MP, Justin Madders.

#### **Shadowing Experience**

The shadowing experience is an initiative that enables Executive Directors to shadow teams and for them to shadow Executive Directors. S Cumiskey advised that she has visited a Mental Health Community Health Team recently and was impressed by their skill and compassion. The Team were clearly thinking about how they deliver person-centred care and how they meet the needs of the local population. This was an extremely positive experience and thanks was offered to the Team.

#### **Director of Nursing**

Board Members were advised that A Devaney, Director of Nursing had formally advised the Trust that she wished to retire from her position with effect from September 2019. This was a life decision to allow her to spend more time with her young family. Board Members wished Avril Devaney all the best for her future plans. Recruitment processes will commence shortly.

18/19/119

**ADULT & OLDER PEOPLE'S SPECIALIST MENTAL HEALTH REDESIGN: EAST/SOUTH CHESHIRE/VALE ROYAL**

*J Pidcock joined the meeting.*

J Pidcock introduced the item.

Board Members were reminded that the business case had been presented to the CCG's Committee in Common on the 22 November 2018. The overview and Scrutiny Committee has also met to consider the business case and requested a further period of consultation to address the further consideration of Option 2 plus.

At the end of that period, the panel concluded that no material or substantial feedback had been received. The consultation process was then confirmed as concluded and instruction was provided to proceed with the plans.

CWP has, therefore, commenced implementation of Option 2 Plus. Staff consultation processes commenced in January 2019, as well as practical plans to undertake the redesign and relocation of services. People accessing specialist rehabilitation services in East Cheshire have also been kept fully informed of progress.

A Project Board has now been established who will meet regularly and will escalate to Board as appropriate. A programme structure has also been developed and leads and resources identified to support the programme work. Formal reporting will be provided via the CWP programme management office.

A local Resident engagement event has been arranged for the 7 February 2019 at which local residents will have an opportunity to meet with the project group and consider any concerns they have regarding the extension of Lime Walk House.


Implementation of all these plans is due to be concluded by September 2019.

Board Members were asked to note the agreement of the CCG to approve Option 2 Plus, acknowledge that consultation processes have now concluded, note the positive support received from the Overview and Scrutiny Sub-Committee and from the Mental Health Forums, and approve the next steps and timescales.

A Styring noted thanks to all those who have been part of the journey to date. A Styring reminded Board Members and Members of the Public observing that the consultation process highlighted the preference from the local public to retain some beds in the East area. Option 2 Plus has responded to this request.

It was noted that overall the outcome has been positive and responds to meet the needs of the local population. Board Members echoed the thanks given by A Styring to all those who have contributed to the process and been part of the consultation to influence the outcome.

A discussion took place in regards to the reaction of staff members. It was confirmed that staff are on-board with the plans and morale has increased.

	<p>Staff also feel that their views have been considered as part of this process.</p> <p>Concerns were raised in respect of the implementation period, and if this was now realistic. It was acknowledged that although the additional period of consultation has impacted on the implementation phase, it has also allowed time for the team to further consider the planning and design work. The Planning Board will monitor progress on a monthly basis.</p> <p>The Board of Directors <b>noted</b> the update and <b>approved</b> the next steps and timescales.</p> <p><i>J Pidcock left the meeting</i></p>	
<p><b>18/19/120</b></p>	<p><b>SUICIDE PREVENTION STRATEGY</b></p> <p><i>G Flockhart joined the meeting.</i></p> <p>G Flockhart introduced the item and provided a presentation to Board Members regarding an up-date on CWP’s suicide prevention strategy and associated work streams.</p>  <p>Suicide Prevention presentation for Boar</p> <p>A Campbell enquired to the potential challenges that face the Trust. Dr A Sivananthan advised that the Trust does not have 24/7 crisis teams across Cheshire. Consideration also needs to be given to what can be done across Primary Care to support this agenda within Communities. Currently commissioning gaps do exist. It is hoped that these gaps will be addressed as part of the five year forward view.</p> <p>A Styring noted the success of the programme to date and how this links with other initiatives implemented by the Trust.</p> <p>The Board of Directors <b>noted</b> the strategy.</p>	
<p><b>18/19/121</b></p>	<p><b>SIX MONTHLY WARD STAFFING REPORT</b></p> <p>G Flockhart introduced the item.</p> <p>The six monthly report is provided to Board Members in line with requirements. This is the ninth occasion that the report has been presented to Board, and it is clear that the report has developed during that period further to feedback from Board Members.</p> <p>Thanks was offered to M Gould who led the 6 monthly review on this occasion.</p> <p>Overall the review concludes that the Trust remains very responsive in its approach to ward staffing. It is also worth noting that Bollin Ward scored high on this occasion.</p> <p>On average the Trust has 6% nursing and 3% support worker vacancies. This demonstrates the proactive approach taken by the Trust to</p>	

	<p>recruitment of staff.</p> <p>The Trust now has its first registered nursing associates in place who are due to graduate in July. The Trust also has approximately 15 Advanced Nurse Practitioners in Training. Work continues to consider broader cross skilling approaches, to consider staffing differently and more creatively.</p> <p>Board Members were asked to note the report and approve the recommendations.</p> <p>D Harris echoed the comments that the report was now much more developed and advocated the approach of the Trust to be more creative when considering staffing.</p> <p>A discussion took place in respect of fill rates and if an improvement in fill rates could be identified over a number of years. A Devaney commented that fill rates are likely to have remained the same. However, the report is now more detailed and provides evidence of supporting work taking place.</p> <p>R Burke-Sharples drew the Boards attention to page 7 of the report and asked if there were different ways of enabling individuals to access supervision.</p> <p>D Harris advised that a task and finish group is considering supervision processes currently. This can be fed back to them for consideration.</p> <p>S Cumiskey offered thanks to G Flockhart for the work he had done to improve the report provided to Board Members. It was noted that the Trust is developing much more effective methods of deploying staff.</p> <p>The Board of Directors <b>noted</b> the report and <b>approved</b> the recommendations.</p>	
<p><b>18/19/122</b></p>	<p><b>MONTHLY WARD STAFFING UP-DATE NOVEMBER AND DECEMBER 2018</b></p> <p>G Flockhart introduced the item.</p> <p>Board Members were reminded that it is a requirement that monthly staffing reports are reported to Open Board meetings. CQC stipulate that the reports also need to be published.</p> <p>Board Members were reminded of the bed pressures recently experienced by the Trust. However, despite that, the Trust has consistently achieved a fill rate of 95% during November and December. This is reflective of the responsiveness and flexibility of CWP staff. Capacity within the system also remains good.</p> <p>A Styring noted that recent pressures were overcome as a result of good clinical leadership which was maintained throughout the process. The complexity of the situation cannot be underestimated as well as the importance of supporting people to focus on this work.</p> <p>Non-Executive Directors commented that it should be recognised how well the organisation responds to such situations.</p> <p>The Board of Directors <b>noted</b> the report.</p>	

18/19/123	<p><b>DEVELOPING WORKFORCE SAFEGUARDS: CWP POSITION STATEMENT</b></p> <p>G Flockhart introduced the item.</p> <p>The report provided a position statement against the NHS Improvement Developing Workforce Safeguards published in October 2018. The report informs that compliance will be assessed and stipulates that workforce decisions must promote patient safety.</p> <p>The report focuses on three areas, and the guidance states that providers;</p> <ul style="list-style-type: none"> <li>• Must deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively;</li> <li>• Should have a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service and keep them safe at all times.</li> <li>• Must use an approach that reflects current legislation and guidance where it is available.</li> </ul> <p>The SBAR outlined CWP's position against each of the recommendations stipulated within the publication.</p> <p>It was noted that staff Governance processes must be included as part of the Annual Governance Statement. The Director of Nursing and Medical Director must confirm to Board Members that staffing is safe, which is done via the monthly staffing reports. Workforce planning will be included for the May Board meeting.</p> <p>Board Members are asked to;</p> <ul style="list-style-type: none"> <li>• Receive the finding of the position statement, accept the statement from the Director of Nursing and Medical Director, in conjunction with the six monthly safer staffing reviews,</li> <li>• Confirm that they are satisfied with the outcomes of the assessments that staffing is safe, effective and sustainable,</li> <li>• Note that the forthcoming annual governance statement will include a section detailing the staffing governance processes and the extent of compliance with the NQB guidance,</li> <li>• Confirm that the business cycle for the public meeting includes the workforce plan for approval in April 2019,</li> <li>• Acknowledge and seek assurance through the People and Organisational Development Sub-Committee (rather than Operational Committee as stated in the SBAR) that all service changes, inclusive of redesign and introduction of new roles are subject to a quality impact assessment.</li> </ul> <p>A Devaney advised that going forward the minutes of Open Board will explicitly record the statement from herself as Director of Nursing and the Medical Director.</p> <p>Discussion took place in respect of the recent Central and East Cheshire redesign consultation process. It was noted that in this case the quality</p>	

	<p>impact assessment will be used to reflect on the process. Going forward, the quality impact assessment will inform the process.</p> <p>The Board of Directors <b>noted, acknowledged</b> and <b>confirmed</b> the areas as listed above.</p> <p><i>G Flockhart left the meeting.</i></p>	
<p><b>18/19/124</b></p>	<p><b>PLACE 2018/19 REPORT</b></p> <p><i>D Pearson joined the meeting.</i></p> <p>D Pearson introduced the item and advised that the Place Assessment had been completed for this year.</p> <p>Board Members were reminded that the assessment is a requirement of NHSI and NHSE and assesses non-clinical areas against a number of criteria.</p> <p>Historically the Trust has performed well. It is worth noting that year on year the assessments are becoming more challenging.</p> <p>Overall the 2018 visits recorded an improvement in all areas with the exception of one (the Millbrook Unit). Plans are in place to improve that environment. All other areas are recorded as higher than the national standards.</p> <p>A discussion took place in respect of the Millbrook unit and the support to staff. It was acknowledged that the issues raised are out of the ward staff's control and relate to issues of privacy and dignity. They are aware of the Trust's intentions moving forward.</p> <p>Board members acknowledged that despite the limitations of the building, the scores are still very good.</p> <p>The report links to the quality spot check reports provided to Audit Committee by the Trust's internal Auditors.</p> <p>D Pearson advised that further to the request made last year by Board, external validation by external partners has also been undertaken this year.</p> <p>The Board of Directors <b>noted</b> the report.</p> <p><i>D Pearson left the meeting.</i></p>	
<p><b>18/19/125</b></p>	<p><b>OPERATIONAL PLAN / BOARD PERFORMANCE DASHBOARD</b></p> <p>T Welch introduced the item. The report was taken as read and areas discussed at the recent Operational Committee were highlighted to Board Members.</p> <ul style="list-style-type: none"> <li>• CYP – CHEDS 4 week target. Board Members were advised that a relatively small number of patients are referred to this service. Therefore, only one or two targets need to be missed to have a large impact on the achievement rate. The Team have worked</li> </ul>	



	<p>through the non-attendance issues, and a significant improvement is now evident.</p> <ul style="list-style-type: none"> <li>• Bed State – significant improvements are evident in this area that have previously been discussed during this meeting.</li> <li>• Staff attendance – continues to be a challenge. Discussions were held in respect of how this could be supported going forward. The People Services teams continue to provide support to services in this area. A deep dive approach will be taken at Operational Committee (3 monthly reviews) and it will form part of the new dashboards. 6 monthly reports will be provided to Board (via Board Seminars).</li> <li>• Efficiencies – discussions are taking place regarding efficiency targets, how we reduce burden and how we link this work to the quality improvement strategy. This work is being taken forward within the care groups.</li> </ul> <p>It was highlighted that the report suggests that staff vacancies are becoming increasingly concerning. D Harris clarified that the target for this is internally set. Compared to other Trusts we are performing well in this area. As stated previously at Board, consideration needs to be given to the threshold we set ourselves to avoid this being escalated to Board too early. Workforce planning sessions are being arranged that will also consider this.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
<p>18/19/126</p>	<p><b>STRATEGIC RISK REGISTER AND BOARD ASSURANCE FRAMEWORK</b></p> <p>Dr A Sivananthan introduced the item and confirmed that this is a report that is provided regularly to Open Board. The risks are considered in depth at Quality Committee. Audit Committee also consider risks in depth as part of their terms of reference.</p> <p>12 risks were recorded on the register for this reporting period. All risk treatment plans are in place.</p> <p>3 risks were reported as in scope, as follows:-</p> <p>Ligature risk – that was identified via the National Nurses Network and relates to individuals with very low body weight. The biggest area of concern for CWP is its eating disorder wards.</p> <p>Mixed sex accommodation – this has been re-escalated and relates particularly to the East and Central Redesign.</p> <p>Inconsistent reporting of data –this risk was escalated from the Operational Committee of the Board. Risk Treatment plans are in progress. A task and finish group will oversee the work and will report to Quality Committee in March.</p> <p>The Board of Directors <b>noted</b> the report and <b>approved</b> the amendments.</p>	

<p>18/19/127</p>	<p><b>LEARNING FROM EXPERIENCE EXECUTIVE SUMMARY (TRIMESTER 2, 2018/19)</b></p> <p>A Devaney introduced the report and advised that those who attend Quality Committee are aware that this report is scrutinised in depth.</p> <p>The following areas were highlighted to Board Members by way of escalation;</p> <p>Complaints - It was noted that the number of complaints has increased. This was as a direct result of the addition of the All Age Disability Services into CWP. Work will be undertaken to fully understand the level of complaints.</p> <p>Compliments – It was noted that compliments have decreased slightly. Processes are being considered to ensure these are robust and all compliments are being collated accordingly.</p> <p>Place Based Reporting – need to consider the method of reporting in this area. This will be taken forward via the learning from experience group. It was also noted that the reporting now also demonstrates the difference between reporting types as well as the areas for continuous improvement.</p> <p>Learning from Deaths – there has been a significant focus in this area. Reporting has increased from 35% to 61%. The Trust is actively checking reporting against the national reporting from NHS digital to ensure all deaths are appropriately reported. The Trust is also reviewing which incidents require formal investigation to ensure all learning is appropriately captured. All deaths recorded as a serious incident are recorded and investigated. Work also continues to improve our response to families.</p> <p>Learning from External Reviews - the report now also includes learning from external reports (such as the NHS Resolution Report).</p> <p>The SBAR outlined the progress made against the recommendations of the previous report and listed new recommendations from this reporting period. These had recently been considered at Quality Committee.</p> <p>The Board of Directors <b>approved</b> the report and <b>endorsed</b> the recommendations.</p>	
<p>18/19/128</p>	<p><b>QUALITY IMPROVEMENT REPORT (EDITION 2, 2018/19)</b></p> <p>Dr A Sivananthan introduced the report advising that this was the second of three reports for the reporting year 18/19.</p> <p>Board Members were reminded that Quality Improvement is everyone's responsibility. It is, therefore, important to ensure we engage with people effectively. To assist with that a portal has been developed by Safe Services Staff (Alison Reavy and Ben Lee). Work is taking place to also secure this on the Trust internet site.</p> <p>Safety Huddles – this initiative has supported the improvement of observations within ward settings.</p> <p>Eating disorder services – work has taken place to connect with young people to consider the positive and negative impact of social media.</p>	

	<p>LD coffee morning drop in's – demonstrates how staff go the extra mile. The coffee mornings were held at a time convenient to patients, and so undertaken out of hours at weekends.</p> <p>S Cumiskey commented on the work around social media and how this could be used in a positive way.</p> <p><b>ACTION</b> – consider how this work can be shared nationally.</p> <p>The Board of Directors <b>noted</b> the report.</p>	<b>Katherine Wright</b>
<b>18/19/129</b>	<p><b>CQC STATEMENT OF PURPOSE</b></p> <p>Dr A Sivananthan introduced the item. Board Members were advised that the Trust is required to register all sites from which we provide healthcare activities with the CQC.</p> <p>Within the most recent return, Westminster surgery had been updated to state that it provided surgical interventions (this includes injections).</p> <p>Given the recent transfer of All Age Disability services to CWP, the Millennium Centre on the Wirral has also been registered.</p> <p>Thorn Heys' registration now also includes personal care. This will allow for flexibility should models of care change in the future.</p> <p>The Board of Directors <b>noted</b> the report and <b>approved</b> the changes.</p>	
<b>18/19/130</b>	<p><b>CHAIR'S REPORT OF THE QUALITY COMMITTEE HELD ON 9 JANUARY 2019</b></p> <p>L Crumplin introduced the item, advising that a number of presentations were provided to the last committee that demonstrated person-centred care.</p> <p>The strategic risk register was considered that demonstrated a dynamic, moving picture. However, the Committee did question why some risks seemed to sit on the register for some time. Deep dives were agreed to consider why these had failed to move off the register to date.</p> <p>Work continues to improve CWP data. The timeliness of data received by teams was noted by the Committee which allows teams to identify and address areas of concern efficiently (e.g. the Bed Hub).</p> <p>Dr A Sivananthan advised that the CQC have been commissioned under section 48 of their regulatory framework to review restricted practices. The Committee will, therefore, consider long term placements. This will include some bespoke data collection.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
<b>18/19/131</b>	<p><b>CHAIR'S REPORT OF THE AUDIT COMMITTEE HELD ON 15 JANUARY 2019</b></p> <p>E Jenner introduced the item, highlighting the following areas to the Board</p>	

	<p>Members;</p> <p>Patient safety improvement review process – A new approach is in place that takes a much more dynamic and holistic view. This should provide a more rounded picture of the issues going forward.</p> <p>Quality spot check – The Audit was reviewed. The Committee added to the scope of the audit in terms of the standards that the Non-Executive Directors would wish to see going forward.</p> <p>MIAA updated the Committee on the internal audit programme.</p> <p>External audit – it was noted that KPMG will be working their final weeks with the organisation.</p> <p>A presentation was received on anti-fraud work – all aspects of the programme were reported as on track.</p> <p>Workforce Planning – a discussion took place regarding assurance to Board in respect of people planning processes. This also links with other reports presented to Board during this meeting.</p> <p>The Board of Directors <b>noted</b> the report.</p>	
<p><b>18/19/132</b></p>	<p><b>ANY OTHER BUSINESS</b></p> <p>None noted.</p>	
<p><b>18/19/133</b></p>	<p><b>QUESTIONS FROM OBSERVERS OR MEMBERS OF THE PUBLIC</b></p> <p>Keith Millar – Safer Staffing report and Safeguarding report – what is the overall objective and how are these linked to patient experience?</p> <p>A Devaney commented that there are a number of indicators taken into consideration when considering safe staffing levels. It is important to use the tools available to us and to also ensure professional judgement is appropriately applied. Staffing is considered in all reviews and learning is fed into the safer staffing reports.</p> <p>Keith Millar – In December 2018 the Department of Health and Social Care Services published the taskforce report. Has that report been helpful to Board for supporting ladies with mental health issues?</p> <p>It was noted that the Trust was aware of the report, but a detailed review of this report had not yet taken place. However, work is already being undertaken by the Trust that relates to this area.</p> <p>Keith Millar – in respect of Suicide Prevention, Keith noted a personal concern regarding junction 3 on the M53 given the historical events and the risk this presents being in close proximity to Springview.</p> <p>A Devaney commented that CWP has raised the same concerns at appropriate forums. The Trust has been advised that the bridge has been re-assessed. A Devaney suggested that this may be an issue that the Mental Health Forum also wish to raise. CWP can provide appropriate contact details should this be helpful.</p>	

<b>18/19/134</b>	<b>REVIEW OF RISK IMPACTS OF ITEMS DISCUSSED</b> None were noted	
<b>18/19/135</b>	<b>KEY MESSAGES FOR COMMUNICATION</b> <ul style="list-style-type: none"> <li>• IAPT approach re partnership working</li> <li>• Celebrating the PLACE report</li> <li>• Implementation phase of the Central and East Redesign – and thanks to staff</li> </ul>	
<b>18/19/136</b>	<b>REVIEW MEETING PERFORMANCE</b>  The meeting was confirmed as effective.	
<b>18/19/137</b>	<b>DATE, TIME AND PLACE OF NEXT MEETING:</b> Wednesday 27 March 2019, Board Room, Redsmere.	

**Signed**

**Mike Maier, Chair**

**Date:**