

Minutes of a Meeting of the AWP NHS Trust Board of Directors

Held on 24th September 2014 at 10.00am in the Sands Meeting Room, Coast Resource Centre, Weston-Super-Mare

These Minutes are presented for **Approval**

Members Present

Lee O'Bryan – Non-Executive Director, Acting Chair	Kristin Dominy – Executive Director of Operations
Peaches Golding – Non-Executive Director	Sue Hall – Executive Director of Resources
Ruth Brunt – Non-Executive Director	Alan Metherall – Acting Executive Director of Nursing
Tony McNiff – Non-Executive Director	Emma Roberts – Director of Corporate Affairs and Company Secretary
Peaches Golding – Non-Executive Director	Rachel Clark – Director of Organisational Development
Iain Tulley – Chief Executive	
Hayley Richards – Executive Medical Director	

Associate Members in attendance

Graham Coxell – Associate Non-Executive Director

Staff In attendance

Simon Gerard – Senior Communications Officer	Alison Devereux-Pearce – Governance Support Officer
Louise Hussey – Assistant Company Secretary	Ian Forster – Recovery Co-ordinator

Members of the Public in attendance in the gallery

Steven King – Patient

Members of the Public representing other organisations

Angela Kell – North Somerset CCG
Mary Backhouse – North Somerset CCG

Update from Bristol System Leader – Rhona MacDonald

1. The Board received a presentation from the Interim System Leader, Rhona MacDonald and the Programme Director for Mental Health Bristol on the transition of services in Bristol and more particularly relating to the role of AWP as system leader. Duncan Cooper also attended to provide the perspective of the programme management team.
2. The Board discussed a range of issues arising out of the presentation, focusing

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specifically on clarity around partnership governance and the innovative opportunity provided for new system wide working. The systems were being defined in a governance handbook.

3. In response to a question relating to the biggest challenge for the Trust, Rhona confirmed that the biggest challenge for AWP is in balancing the twin purposes of being supportive and co-ordinating in a new partnership.
4. Tony McNiff sought clarity around the evaluation criteria for the board to monitor the effectiveness of the implementation of the transition. It was confirmed, in response, that the CCG contract set out key performance metrics and that these would be the board's mechanism for seeking assurance, with oversight by the Finance and Planning Committee.
5. Peaches Golding sought assurance in relation to the mechanisms in place to develop leadership skills appropriate in such an innovative partnership framework. Ruth Brunt confirmed that the Employee Strategy and Engagement Committee work programme reflected an opportunity to review the Leadership Development Policy and to consider changes appropriate to address learning from Bristol. Rachel Clark confirmed that work was on-going in Bristol to develop a bespoke organisational development programme to develop this.
6. In conclusion the board thanked Rhona for the information provided, noting that additional assurance was required in relation to the practical application of the partnership governance arrangements and that this would be added to the workplan. Concerns were expressed about insufficient clarity in terms of the governance arrangements for Lot1 and the partnership dynamic therein. There remains further lack of clarity and failure to satisfy the governance arrangements relating to 'system leadership'. Additional Board oversight will be reintroduced through a fortnightly conference call, until these requirements are met. The conference call will be chaired by the Chair of the Finance and Planning Committee. **Action – Iain Tulley.**

BD/14/147 – Chair's Urgent Action

1. In accordance with Trust Standing Order 6.2, Emergency Powers and urgent decisions, the Board **resolved to appoint** the Senior Independent Director to the position of Vice Chair for the duration of the meeting of the Trust Board on 24 September 2014. As required by Standing Order 6.2, two non-officer members were consulted (Ruth Brunt and Tony McNiff) and approval for the urgent decision was given.
2. Lee O'Bryan took the Chair of the meeting in his capacity as Vice Chair.

BD/14/148 - Apologies

3. Apologies were **received and accepted** from:
Anthony Gallagher, Trust Chair
Susan Thompson, Non-Executive Director and Vice Chair
Barry Dennington, Non-Executive Director

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BD/14/148.1 - Declaration Of Members' Interests

1. In accordance with AWP Standing Orders (s7.1) members present were asked to declare any conflicts of interest with items on the Board meeting agenda.

No interests were declared.

BD/14/149 - Questions From Members Of The Public

1. The Chair reminded those present about the protocol for dealing with members questions. The Board was advised that one question had been received from a questioner from Swindon Service User Network (SUNS) which related to the publication of the Report of the Care Quality Commission into the Trust which had been published the previous week. The question sought clarification about the Trust's approach to supporting service users who may have been concerned about issues raised in the report. Iain Tulley responded that the Trust had put into place a clear framework for responding to the report, including a frank approach with the media. Further information had been provided by the Localities to local service user groups and other stakeholders. However, a full response would be provided to the respondent.
2. The other aspects of the question related to the extent to which Service User and Carers are engaged in services in Swindon. Ruth Brunt reported back from a recent meeting of the Quality and Standards Committee which had received a report from service users in Swindon and learned that there were some really innovative opportunities being offered for service users to get involved, and that the Board was assured that a full range of opportunities were available.
3. A comment from the floor was raised and concern expressed that attendees could not pose questions without expressing them in advance. The Chair reminded the public that the protocol was designed so as to ensure that the Board could provide a fulsome response to a question.
4. The questioner went on to express disappointment with the content of the CQC report expressing concerns about the ability of the trust to put to use the expertise of senior clinicians who had been on secondment to CQC in the last year; and not being able to fix all the problems before the trust was inspected.
5. Additionally, the questioner explained that the CQC had met with a room full of Swindon people at length and he did not believe that any of the matters raised had been included in the CQC report.
6. The Chair invited the questioner to remain until lunchtime when he would have an opportunity to speak to him in more detail.

BD/14/150 – Minutes Of The Previous Meeting

1. The minutes were **agreed** as an accurate record.

BD/14/151 – Matters Arising

1. The Board considered the Board Schedule of Matters Arising and resolved to note progress and remove those items marked as complete.

BD/14/152 – Chair And Chief Executive’s Actions

1. There were none to report.

BD/14/153 – Chair’s Report

1. The Board **noted** that there was nothing to report from the Chair.

BD/14/ – Chief Executive’s Report

1. The Chief Executive presented his regular report on matters of national and local interest, raising key points in his summary for the board.
2. Since the last meeting of the Trust Board the Chief Executive has met with the Coroner for Avon, with the Executive Medical Director, and a future meeting planned with the Coroner for Wiltshire and Swindon.
3. It was intended that a report would be presented to the Board today on Safer Staffing, however this has been deferred to collate additional information. The Trust continues to track its staffing levels and, as the report notes, has seen slippage in some areas with levels falling below those identified in some instances. Levels are reported in detail in the Quality and Performance report, which highlights this slippage is in the majority in Fromeside.
4. The Department of Health is seeking views on draft regulations to make it a requirement for health and care providers rated by CQC to display their inspection ratings at their entrance or in waiting rooms. The Trust has some work to do regarding this and will be attending meetings with the CQC to focus on learning from inspections at pilot sites and experience e-ratings.
5. North Somerset Clinical Commissioning Group (CCG) is running a survey of people who have used the Trust’s Primary Care Liaison Service (PCLS) and were discharged prior to September 2014. The Trust will take learning from this.
6. Three Trust teams/initiatives have been shortlisted in the positive practice awards - The Substance Misuse Team’s Inside Recovery programme at HMP YOI Portland; Bristol Boxfit; and the recently completed Trust Walking Challenge. This is an opportunity for the Trust to celebrate the great work being done by its staff.
7. The Trust has have recently appointed Jenny Turton as Head of HR. Jenny joins on 6 October from Somerset Partnership NHS Foundation Trust and who will play a key role in augmenting work with organisational development and increasing the pace in work on HR related issues. The Chief Executive thanked Elaine Sheppard, who has been fulfilling the role on an interim basis for the past two years, for her significant contribution to the Trust.
8. The Chief Executive reflected on the recent publication of the CQC report, reiterating the tone set by the Trust at the Quality Summit that it accepts the report, is taking the issues raised very seriously and is addressing concerns with immediate effect. It was the Trust’s decision to invite the CQC to inspect and the Trust was pleased it chose to do so. The Trust has been on a journey of recovery and improvement. The board has and continues to recognise there is further to do to realise the intention to become fully quality focused, clinically led and locally integrated. The Trust has made considerable progress in ensuring that quality of

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care is the primary consideration of all staff, managers and leaders across the Trust and that this is reflected through policy and practice.

9. The journey over the 18 months leading up to the inspection involved a significant change programme. A review of vision and values, a comprehensive programme of clinical engagement, clinical leadership development and a cross organisational restructure to improve relationships and to achieve a locally integrated approach to service delivery. It was evident at the Quality Summit at which the majority of Clinical Directors and all CCGs attended that there has been a marked improvements in relationships across and around the Trust. Progress made in relation to section 75 agreements with Local Authorities and the outcome of the Bristol tender is further testament to progress made.
10. The decision to volunteer to become involved in the CQC inspection pilot was based, entirely on the Boards' commitment to openness and quality improvement. A thorough and comprehensive would test the validity of the external reviews already undertaken within the Trust. Sutherland Review (May 2013) 'astonishing turnaround'. The TDA quality review in North Somerset, Bristol and Swindon (November 2013). External validation of BGAF/QGAF and the improvements therein.
11. Reflecting on the report itself, the Chief Executive noted and emphasised that staff had been viewed, almost universally, as caring and compassionate and stated that this is a strong base on which to build. In relations to other key domains, effective, responsive and well led services, while there remains areas which require further improvement, there were not serious concerns expressed. The most critical area of the report was in relation to the Safe domain, pertaining in particular to: staffing, some environments, medicine and learning from incidents. The Chief Executive stressed and the Board agreed that if services or aspects of services are unsafe, this must be viewed as 'inadequate' and immediate must be taken and sustained improvements put in place. The warning notices that have been issued are being addressed comprehensively and ongoing improvements will be reported to the Quality and Standards Committee.
12. Reflecting on public concerns which may relate to appalling issues reported at Mid Staffs, the CQC found no evidence of similar issues within the Trust in their inspection, and have publicly stated that the organisation has a strong strategy and a focus on quality. The Trust did receive a warning notice relating to compliance with Regulation 10. The issues are understood and have been escalated within the Trust prior to inspection. The Trust accepts the concerns raised and welcomes the report for providing further insight in how it can demonstrate that its services are safe and effective. We are confident we can move the Trust to a place of compliance.
13. Hayley Richards added that prior to the inspection the Trust was in a position to understand what the CQC would identify and these were the issues that formed the high level themes in the report. At the end of the inspection the Trust was given verbal feedback which it identified a number of specific actions to address immediately. This included addressing the quality of the environment in our unit in Bath, changing the nature of our Service User group and improving medicines handling Trust-wide. The Trust has also begun a programme to ensure all taps and

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windows will be replaced by January 2015. These action plans have been shared with and endorsed by commissioners in all localities and the Trust is working in partnership with commissioners to address both local and system-wide issues.

14. Tony McNiff observed that the Trust is on a journey and the inspection was a snapshot in time, to which the Trust has responded by mobilising and building blocks on which to make required improvements.
15. The Board recognised that there was criticism that the Trust does not close the loop on learning lessons quickly enough, and that it needs to more critical of the information it received. It noted, however, that the Trust responded very well to the report, especially in the media, in a difficult situation.
16. Lee O'Bryan asked what the next steps were for the Board. Hayley Richards confirmed that action plans will be overseen by the Quality and Standards Committee, and the Board will receive regular updates through the Chair's report. Alan Metherall confirmed that the action plans will be finalised with the CQC and that processes around these are being developed.
17. A member of the public in attendance commented that he was concerned about the report as it talked a lot about hospitals and he felt that the 70% of service users in the community were not receiving enough attention. He went on to make a comment relating to the resignation of the Clinical Director in Swindon. Iain Tulley responded that the Clinical Director in Swindon had registered his intention to move prior to the CQC report publication, and had moved for personal reasons, therefore that statement was inaccurate.
18. The Board resolved to **note** the report.

BD/14/155 – Trust-wide Risk Register

1. The Board received the Trust-wide risk register for review. The risk register had been reviewed by Executive Directors at the meeting of the Executive Team on 16 September 2014.
2. The Board noted that one new risk had been added relating to the feedback received from the CQC.
3. It was also noted that risk TW5 had been closed.
4. A phased reduction of risk plan had been added to the report this month. There is further work to be done to refine this process and show in detail how we reduce risk score and demonstrate this has been achieved.
5. Ruth Brunt commented that, in relation to the newly added risk, she was not content that the Board approved the projected score of 9 to be achieved by December 2014 and would have hoped this would be lower. Hayley Richards responded that this would be reflected upon, but that the score had been developed in the circumstance that the timeframe for closing all actions was yet unknown.
6. Tony McNiff suggested that risks, in future, in the risk register might be separated further into each of the CQC domains to highlight which are safety issues. **Action**
7. The Board resolved to **note** the risk register.

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BD/14/156 – Quality and Performance Report

1. The Board received a report on the Trust's M5 performance against each **quality domain** and the M5 **Monitor Compliance risk scores**.
2. This report focuses on quality and performance data for August 2014. Performance against IQ indicators is largely on track with exceptions noted in DTOC which will be discussed further in part 2 of the Board meeting. Monitor compliance has been reported as red following the publication of the CQC report.
3. The report for month 5 included an indicator regarding submission rates for CQC returns and records management. This allows the Trust to identify teams that are not submitting returns and triangulate this with other data to identify areas requiring additional support.
4. Supervision was highlighted as an area requiring further improvement. The Trust has not yet achieved sustainable performance, and supervision of Bank staff is an issue being addressed by the Employee Strategy and Engagement Committee, coupled with Learning and Development focus on statutory and mandatory training.
5. The report summarised actions underway to address highlighted issues. Action plans are in place for all indicators related to concerns raised by the CQC with a detailed approach to monitoring evidence and obtaining assurance. Iain Tulley is undertaking performance reviews with the Clinical Director in each locality to drill down into issues highlighted through performance reporting, financial information and CQC feedback, as well as business as usual.
6. Monthly data is returned to NHS England on a monthly basis. Additional challenges in maintaining staffing levels have been identified in the past month, and the issues are now understood. A detailed review of each ward is to be undertaken and outcomes presented to the Quality and Standards Committee. Fromeside is highlighted as an area with ongoing staffing issues and a process will be undertaken over the next 6 months to address this, including closure of a ward, with commissioner support.
7. Lee O'Bryan commented that the report was very helpful and provides a powerful statement about the hard decisions being made regarding Fromeside. Ruth Brunt added that relevant issues have been scrutinised at the Employee Strategy and Engagement Committee, specifically on analysing the workforce. Sample data implied that staffing challenges are not impacting on quality and localities are being consulted to confirm what information wouldn't be useful to them. This is a further level of assurance that is still being worked on but will be provided to Committees in future.
8. Tony McNiff stated that as the number of participants and response rates for community services is increasing the actual score is dropping. He noted that this is a warning that the more transparency there is around community services the more of an impact there could be on Friends and Family test results.
9. The Board resolved to **note** the report.

BD/14/157 – Results of the Staff Friends and Family Test

1. The Board received a report on the themes identified following qualitative analysis

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of the results of the **staff Friends and Family Test** which ran in May and June 2014.

2. It was noted that the staff friends and family test is a board identified metric to assess the effectiveness of the board's approach to sustaining change in its staff culture. The board **noted improvements in the scores from the last quarter**, and that the Employee Strategy and Engagement Committee was providing scrutiny around the effectiveness of the trust policy in three specific areas when reviewed against the detail of the comments from staff.
3. It was noted that staff had commented that they felt under pressure in their work. In relation to this, the Committee was reviewing the contributory factors and in response to a question from Graham Coxell it was recognised that different staff groups face different professional pressure points in their daily work. In relation to understanding the **impact of staffing skill mix, the Trust was benchmarking with other comparable trusts**. It was agreed that this issue required further investigation and RC and AM would present their findings to the Employee Engagement and Strategy Committee when it next meets.
4. The board considered the additional mechanisms being put in place to ensure supervision rates are high, as a measure of opportunity for staff to be supported. Iain Tulley noted that **supervision was considered as a 'must do'** and managers would be held accountable to prioritise this key element of practice.
5. Tony McNiff expressed concern that the response rate was low and suggested that there was a danger in extrapolating a trust-wide position. It was further argued that a rise in response rate, of itself, was positive assurance around staff engagement. Graham Coxell expressed the view that locality level information should be provided to the locality teams to enable them to take focused action quickly. It was confirmed that this data had been provided already and it was confirmed that the actions arising from the Employee Strategy and Engagement Committee would be circulated. Ruth Brunt confirmed that the Committee carried out a deep dive by locality, and that the Committee would escalate variations to the Board in the next Board cycle. **Action: Rachel Clark to present to Board.**

BD/14/158 – Finance Report M5

1. The Board received a report of the Director of Resources which presented the Trust's financial position at Month 5. The Board was also invited to approve the Finance and Planning Committee recommendation to use £250k of contingency funds to support Sycamore and Laurel wards and Bristol transitional cost pressures.
2. Sue Hall presented a revision to the template for the paper which set out a 'red, amber, green (RAG)' rated table as part of the executive summary which detailed headline financial performance indicators for the Trust.
3. The Board noted that the financial position was solid and the Trust was still forecasting a surplus and a confident end of year position. However, a number of recurrent cost pressures had arisen during the year and off set cost reduction plans had been identified and implemented to resolve these. These would not negatively affect the front line services and arose out of efficiency savings in corporate

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services.

4. The board sought assurance in relation to the delivery of CIPs and Sue Hall affirmed that, through the Programme Management Office, a robust mechanism of tracking was in place, with Executive assurance meetings on a bi weekly basis. A small number of schemes relating to skills mix changes in staffing complements were unlikely to delivery fully due to the difficulty in recruiting staff in the first place, but these had been rolled over and were on track to deliver in 2015-16. The Finance and Planning Committee maintained oversight of the achievements through regular assurance reporting.
5. Sue Hall advised that the trust's capital programme had been re-provisioned to enable capital to be released to make the infrastructure change required arising from the quality improvements prioritised by the CQC.
6. Tony McNiff sought clarity in relation to the cash position and difference in the working capital position versus the delayed capital expenditure. Sue Hall confirmed that this directly related to the out of area spend and is reference in the income and expenditure account.
7. The Board **resolved** to accept the report and **authorise** the Finance and Planning Committee recommendation to use £250k of contingency funds to support Sycamore and Laurel wards and Bristol transitional cost pressures.

BD/14/159 – Audited Charitable Funds: Annual Report and Accounts

1. The Board received a report from the Charitable Funds Committee which sought the approval of the Board, in its capacity as Corporate Trustee, to its Annual Report and Account for 2013-14
2. The Board noted that the report and accounts had been the subject of an independent examination by Grant Thornton Auditors who have provided a finding of negative assurance i.e. they have found nothing of concern and there were no issues to bring to the attention of the Board either during or subsequent to the accounting period.
3. The Board noted that activity to start to try to embed charitable giving within the trust's activities was underway and it was anticipated that further fundraising would take place in the coming year.
4. Peaches Golding confirmed that, as Chair of the Charitable Fund, she was keen to grow the Charity, focusing on corporate giving and enabling staff to recognise the charitable trust as vehicle they can use.
5. The Board **approved** the Annual Report and Accounts of the Charitable Trust.

BD/14/160 – Reports of Board Committee Chairs

1. Finance and Planning Committee

Lee O'Bryan presented his report to the Board, as Chair of the Committee. The report outlined the key areas of assurance that the Committee had been testing on behalf of the Board.

It was noted that the length of stay and delayed transfers of care remained a focus

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for the Committee. Additionally, the Committee continued to scrutinise the trust's commercial plans to implement its commercial strategy.

2. Employee Strategy and Engagement Committee

Ruth Brunt advised that staff participation in the meeting had been good, with staff providing the committee with useful information with which to triangulate its assurance particularly in relation to staffing level. The Committee was of the view that supervision was critical for the resilience of the team and was crucial when the team make up comprised bank and agency staff.

Ruth expressed the view that the committee was assured that morale was improving as staff who had attended the committee were very clear that they cared deeply about improving quality. Both members of staff who had presented to the committee were passionate about providing high quality care – despite frustrations of changing environment.

The Committee had identified bank staffing and Bristol transition as areas requiring further investigation and this would be added to the committee workplan.

Tony McNiff commented that sickness figures had increased for the past few months and queried the Committee's view on this. Ruth replied that the Committee had reviewed the mitigating factors and that in relation to both national benchmarking data and seasonal trends the trust was aligned. It was agreed that long term sickness was a key indicator, and it was noted that focus on long term sickness was seeing a consistent decreasing of figures.

3. Quality and Standards Committee

Ruth Brunt, on behalf of Susan Thompson, presented the Chairs report for Quality and Standards Committee. It was noted that the meeting had been in Swindon and had included a deep dive into the Swindon Locality including seeking and receiving assurance regarding the implementation of the CQC actions.

The Committee reviewed a report on harm free care; reviewing the results of the safety thermometer, which is a national tool looks at key areas of potential harm where Trust may be outlier. The Committee noted that the trust's area of focus would falls and pressure ulcers and the Committee had sought further assurance in relation to the systems in place to ensure appropriate clinical practice in both these areas.

Tony McNiff commented that falls had been the subject of an internal audit recently and that it would be advisable to ensure this area is on the clinical audit programme. Alan Metherall confirmed he would assess the methodology for this review, ensuring an appropriate sample of wards. **Action**

BD/14/161 – Minutes of Board Committees

1. The minutes of the Finance and Planning Committee meeting held on x were considered and endorsed.
2. The minutes of the Quality and Standards Committee meeting held on x were considered and endorsed.
3. The minutes of the Employee Strategy and Engagement Committee meeting held

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on x were considered and endorsed.

4. There were no issues for escalation to the board.

BD/14/162 – Register of Seals

1. The Company Secretary presented the annual report on the Register of Seals for review in accordance with the Board's annual cycle of governance reporting.
2. The Board noted table which set out the occasions when the trust seal was applied in the period 04 April 2013 to 03 April 2014 and noted the measures for both custody and application of the seal in accordance with the trust standing orders.
3. The Board **noted** the report.

BD/14/163 – TDA Oversight Return

1. The Company Secretary presented a report seeking the Board's self-certification for the month of August 2014 for the two returns it is required to make to the NHS Trust Development Authority (NTDA) on a monthly basis to support the NTDA's oversight of the Trust's operations. The first relates to the Board's Self-Certification of Compliance with the Monitor Provider License requirements, and the second relates to a series of Board Statements.
2. The Board noted that both returns require the Trust to state whether it is compliant with a number of requirements in relation to governance arrangements, financial control, clinical quality and compliance with elements of the Monitor Provider Licence.
3. The Finance and Planning committee, in accordance with the assurance arrangements for this report had reviewed the assurances in month and confirmed that there had been no changes to the assurances identified and that assurances were robust.
4. The Board declared itself compliant for August's return authorising the onward signature and submission of the returns.
5. The report was **approved**.

BD/14/164 – Any Other Business

1. There being no additional business, the meeting of the board in part one closed at 12.55pm with the board to reconvene in part two at 1.15pm.

The Board resolved under the Public Bodies (Admission to Meetings) Act 1960, to pass the following resolution:

"That under the provisions of Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, the public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted."

Non-members of the Board were asked to withdraw from this point forward.

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Summary of the business of the Board transacted in Part Two

BD/14/171 – Presentation Acute Care Pathway Diagnostic

1. The Board received a presentation on a proposed review of the acute care pathway for mental health service provision in the AWP area. The proposal was, at this stage, draft, and the board took the opportunity to have a lengthy discussion about the best way of scoping the piece of work, involving stakeholders, and ensuring that the outcome achieved better services for service users.
2. The Board agreed the diagnostic, and the Finance and Planning Committee will review the detailed business case as appropriate.