

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

Held on 29 April 2015 at 10.00am in the Conference Room at Jenner House, Chippenham, Wiltshire

These Minutes are presented for **Approval**

Members Present

Anthony Gallagher – Chair of the Trust	Iain Tulley (IT) – Chief Executive
Susan Thompson (ST) – Vice Chair	Mathew Page (MP) – Deputy Executive Director of Operations
Peaches Golding (PG) – Non-Executive Director	Sue Hall (SH) – Executive Director of Resources
Emma Roberts (ER) – Company Secretary	Barry Dennington (BD) – Non-Executive Director
Hayley Richards (HR) – Executive Medical Director	Lee O'Bryan (LOB) – Senior Independent Director
Andrew Dean (AD) – Executive Director of Nursing	
Rachel Clark (RD) - Director of Organisational Development	

In attendance

Katherine Godfrey – Trust Lead Occupational Therapist	Nel Gintare – Senior Management Accountant
Daphne Branch-Flower –	Larissa Schmidt – Senior Management Accountant
Alison Howard-Evans – Head of Information Management and Technology	Chris Williams – Resilience Manager
Sally Wood – Patient Experience Manager	Douglas Bruce – Management Accountant
Phil Mattingly – Information Analyst	Emma Bye – Media Communications Specialist
Lilly Evans – HR Business Partner	Nicola Fry – Directorate Accountant
Samantha Robinson – Directorate Accountant (Corporate)	

Members of the Public in the gallery

Paul Taylor	Sue Willingham
David Cook	Owen Upton
John McWilliam	Patrick Steel
Steven King	

Patient Related Story, Clinical Executive

1. It was noted that the patient's story was anonymised.
2. HR outlined that the patient in question was elderly, living alone, and was supported by her family. Over the course of two years, the patient had experienced numerous physical complaints and had been subject to multiple referrals and

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investigations in respect of her health. The patient had been referred to the Section 136 Suite, Crisis Team, A&E, Primary Care, Secondary Care and other services but had declined these offers. The situation had escalated over time, and the patient committed suicide.

3. The Trust had received complaints from the patient's family that its investigation into the patient's suicide had been inadequate. HR stated that the Trust had subsequently undertaken an independent investigation, in order to determine whether it had acted in keeping with best practise guidance and in the patient's best interest. The investigation concluded that the Trust had missed several opportunities to formally diagnose a depressive illness, and to communicate fully with colleagues in Primary Care and other services.
4. HR outlined the lessons that had been learned in light of the incident, and what practises were now performed differently. Staff undertaking root cause analyses investigations needed to be fully trained, experienced and well supervised. The Trust had learned the value of independent, 'second look' reviews and evaluations of practice. As a matter of policy, complaints were now thoroughly investigated in order to learn and improve. Further, it would be a matter of course that there would be correspondence with the relevant GP in the event of any person assessed in a Section 136 Suite. Clear criteria would be defined so that staff were fully aware of when to escalate a patient from Primary to Secondary Care services. The Trust would work closely with commissioners to develop a greater awareness of the presentations of a 'medically unexplained physical symptom', which may ultimately have a psychological or mental health cause.

BD/15/001 – Apologies

1. Apologies were received from Ruth Brunt, Tony McNiff, Graham Coxell and Kristin Dominy. Mathew Page was deputising on behalf of Kristin Dominy.

BD/15/002 – 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.
2. **No interests were declared.**

BD/15/003 – Questions from Members of the Public

1. The Chair read a question from Mr Ody, which asked why records sent to patients did not show who had accessed RiO records and when or who had added notes to records and when. The Chair stated that records showed who had accessed any patient's records and when, and was annotated with the staff member's name and the date and time of their access. He clarified that the only people who would not be shown in a subject access request are those who had a role as part of the support service, for example members of the Clinical Applications Team or PALS. This was covered by the Care Record Guarantee (CRG).
2. The Chair read a question from Mr Ody, which asked if the Board or the Chairman ran AWP and how the Board answered questions from members of the public. He explained that ER, as Company Secretary, was responsible for administration of the Board. Questions from members of the public were directed to ER, and a

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decision was subsequently taken as to who was best placed to provide an answer. The Chair further clarified that the Trust was run by the Chief Executive Officer, who received support from the Board (comprised of Non-Executive and Executive Directors). The Board, which was run by the Chair, was responsible for the success of the organisation by setting the strategy for the Trust.

3. The Chair read another question which had been put to Board, which asked whether there could be a travelling exhibition of art work. The question also asked how much the practise of mindfulness was taught throughout AWP. The Board agreed that the proposal for an artwork was exhibition was positive and would be followed up. HR added that mindfulness was a part of a number of psychological approaches and therapies in use throughout the Trust, and was adopted on some wards by some practitioners. She clarified that mindfulness was an approach, rather than a psychological or therapeutic intervention. The Chair stated that a full answer to the questions would be given in writing subsequent to the current meeting and would be raised at the next Board meeting.
4. Mr King highlighted the difficulty he had had in accessing accurate or complete sets of his records. ER understood that Mr King was in ongoing discussions with the Complaints Team in respect of this issue. She stated that it would be inappropriate to discuss individual care during a public meeting. The Chair confirmed that PALS would liaise with ER subsequent to the current meeting, and that a full response to Mr King's would be provided.
5. A member of the public asked if the Board papers were subject to the Data Protection Act. ER confirmed that the papers were publicly available and were published to the Trust's website. There was no patient-sensitive or confidential information included in the Board papers.

BD/15/004 – Minutes/Summary of the Meeting of the Board on 25 March 2015

1. The minutes of the meeting of 25th March 2015 were **approved** and taken as accurate, subject to the following amendments:
2. SH confirmed that Gary Bryant had been present for the entire meeting.
3. Point 8 at page 5 should read: 'a Board seminar had been planned on safeguarding and the Care Act'.
4. Point 1 at page 6 should read: 'IT had attended an event in London, for all Trusts which had undergone the CQC process.'
5. Point 2 on page 8 should read: 'The TDA was monitoring the £2.8 million control total, for which the Trust was meeting its guidelines.' Point 8 on page 8 should read: 'a two-year rolling programme was assessing CIPs for 2015/16.'
6. Point 2 of item 321 on page 13 should read: 'ST noted that, compared to other Trusts in the South West, AWP is recorded as having the lowest Community caseload.'

BD/15/005 – Matters Arising from the Previous Meeting

1. AD confirmed that the review of all PICU services would be brought to Board in May.

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2. ER confirmed risks were being segmented according to Committees, as part of the Board assurance framework and the Annual Objectives Dashboards.
3. The Hazel Ward item was being brought to Board in May, by AD.
4. HR stated that the Wiltshire bed closure Quality Impact Assessments (QIAs) would be put through the Quality and Standards Committee. QIAs were now reviewed on a fortnightly basis to allow for regular reporting to localities.
5. SH updated that the 2014/15 CQUIN scheduled had been provided. Going forward, the financial aspects would be reported in the Finance Paper, and the quality aspects involved in delivering CQUIN would be reported to the Quality and Standards Committee.
6. AD confirmed that the Safeguarding Business Case had been discussed in the Quality and Standards Committee. The case would be brought to the Committee meeting in June, and would subsequently be presented to Board.
7. A proposal had been put forward for a VCS Champion, and would be followed up.
8. The February Board 'minutes item' was **closed**.
9. ER updated that the IQ Metrics item related to the way in which Dashboards were used. This was being reviewed by the Board in the current meeting, and would be followed up by AD in his IQ Metrics Review.
10. MP updated that work was ongoing to improve control over rosters. Understanding and visibility had improved following the implementation of the e-rostering system. KPIs had been developed to allow for reporting within LDUs and central huddle meetings. Work was being undertaken with the Bank team, to ensure that they were able to provide support to all managers and identify learning and training needs, so that rosters were managed to a high standard.
11. AD updated that the Quality and Performance Metrics would be brought to the May Board meeting.
12. AD was on track to review safer staffing for the May meeting.
13. MP would present on the heat-map item in the current meeting.
14. ER confirmed that item 15 was **complete**.
15. ER confirmed that the Governance Review item was ongoing and would be presented to the Board at the May meeting.
16. AD updated that a caseload paper had been brought to the Quality and Standards Committee, but the Committee had not been satisfied with the level of information provided. The paper was to be updated and brought to the Committee in June. AD confirmed that triangulation would be achieved.
17. The Chair updated that long-term historical trends had been presented to the Board in the previous meeting. He confirmed that benchmarking data would be given to the Board for comparison at the May meeting.

D/15/006 – Chair and Chief Executive's Actions

1. There were none.

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BD/15/007 – Chair’s Report

1. The Chair updated that he was in the process of appraising NEDs and was appraising Executives in relation to their role at Board.
2. The Chair and IT continued to meet with stakeholders, and had recently met with BaNES and Swindon CCG. The Chair and IT met with commissioners on a six-monthly basis. The Chair stated that all meetings had been positive.
3. A Board Seminar had recently been held to analyse the results of the staff survey. The Board had determined specific actions to be taken; Executives had been given individual and collective responsibility to follow these up and report back to Board for review. This was in addition to a comprehensive organisational development plan which was being implemented. The Chair emphasised that the Board were taking the staff survey results seriously.
4. The Chair stated that, in order to continue to improve Board performance, a ‘buddy’ arrangement had been established with the Nottinghamshire Foundation Trust. Notes were being compared in relation to governance, best practise and operation of the Board.

BD/15/008 – Chief Executive’s Report

1. IT updated that he had yet to meet with North Somerset CCG.
2. The CQC required that all organisations published their quality rating on their website and across their premises; AWP had yet to be rated. IT updated that the warning notices given to the Trust had been formally lifted.
3. For the first time, NHS England had published new waiting time targets for mental health. These new standards took effect from 1 April 2015, and it was expected that improvements and achievements would be realised over time. The report highlighted early intervention in psychosis, access to psychological therapy in Primary Care, improvements in liaison psychiatry, eating disorders and the improvement of Community treatment for children and young people. The Trust performed well in terms of early intervention. IT stated that he wanted to promote the benefits of, and the importance of being able to access, early intervention. A target had been set for 50% of people being able to access services within two weeks, and 95% within 18 weeks. In terms of access to psychological therapies, a target had been set for at least 50% of service users who accessed these services to be moved to recovery. The Trust had yet to meet this target. In terms of liaison, significant work had been undertaken throughout AWP to strengthen services. The Trust had yet to institute a liaison service in Weston Super-Mare, but development was expected to occur in 2015. IT stressed the importance of improving and strengthening liaison services.
4. IT asked the Board to highlight the importance of the key areas outlined above, target Universities in respect of early intervention and look for additional investment for liaison services.
5. A member of the public stated that more psychological therapies should be offered in wards, alongside psychiatry. IT agreed, and noted that one Trust objective pertained to this point. HR agreed and expected that psychiatrists would welcome

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the input of psychological therapists. She stated that psychological service provision for inpatients varied throughout the Trust.

6. A member of the public noted that service users were unlikely to report themselves for referrals, and asked who made referrals in these cases. HR explained that this varied, but said that GPs typically referred people for further care. People were also able to self-refer, or access mental health support through the Crisis helpline or voluntary organisations.
7. PG asked IT if Further Education Colleges' needs would be addressed in the same way as Universities' needs were being planned for. IT resolved to give further consideration to further education colleges and schools.
8. Mr King asked which of the Trust's policies incorporated expectations around duty of candour. IT confirmed that duty of candour was exercised by the Board. ER stated that duty of candour was reflected in the Trust's 'Being Open' policy.

BD/15/009 – Quality and Performance Report, Month 12

1. It was understood that some elements of sub-optimal performance, as outlined in the report, related to the way in which reporting had been undertaken. Another issue was around the delivery of services in Bristol. Additional effort had been put into improving these services, and work was being undertaken with the triumvirate to determine whether the best possible plans were in place.
2. The Chair noted that RiO had been running for a significant period of time and had been embedded in localities for 18 months. He asked for assurance that the gaps in data quality and performance were being closed. MP replied that the particular issues in Wiltshire Community Services had resulted from recent restructuring, during which new teams had been formed and aligned on RiO. This had led to deterioration in performance. MP stated that the importance of information processing had been put to the Wiltshire Triumvirate.
3. The Chair said that the report did not give sufficient narrative around red issues. MP agreed and said that the figures could be broken down to give further detail.
4. LOB asked how localities shared best practice. MP replied that peer reviewing had been developed, to encourage triumvirates to work together on more challenging issues. AD added that 'cross learning' was being explored. A formal process would be implemented, in conjunction with PALS, the Complaints team and the Investigations team, and would be disseminated across the Trust.
5. ST suggested that the report include forward-looking trajectories, against which performance could be benchmarked. AD confirmed that the IQ Review would include projections for upcoming months, as well as stretch targets. ER added that KD intended to include forecast information in her report, going forward.
6. The Chair suggested that a deep dive could be undertaken to review out-of-areas, and to explore the performance and best practices of other Trusts. MP updated that, as of 28 April, the number of out-of-area admissions was 18.

BD/15/010 – Achieving CQC Compliance Across All Five Quality Domains

1. MP updated that the staffing issue in Wiltshire and Secure services was

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considered to be intractable, despite progress in some areas.

2. The issue of outdoor shelters in Secure Services had been resolved.
3. The Week in Focus programme was ongoing and had been successful to date.
4. BD asked if a more strategic approach was being adopted in terms of the use of agency staff. SH confirmed that the Trust had agreements with five agencies that ran on national frameworks. AWP was working with neighbouring Trusts to agree better-priced contracts with Thornbury Nursing and Prohealth, which were non-frameworked agencies. The Chair suggested that SH, BD and MP meet to discuss the item further, and return their findings to the Finance and Planning Committee.
5. On 2.2 of the report, HR clarified that a review was being undertaken of the work that would be required to allow the Trust to adopt a smoke-free position. The decision on this position had not yet been made. The Chair added that the impact of the policy on service users and carers had been discussed at TWIG.
6. MP noted that there were two red issues on the heat-map: outdoor smoking areas and staff shortages in Wiltshire. The move from amber to green was being reviewed via the Check and Challenge process. MP explained that ratings were given in light of Week in Focus findings and reviewed accordingly. The Chair suggested that items which would always have an amber rating be annotated thusly. Further, dates at which amber items were estimated to turn green should be specified.
7. PG noted that there were a high number of amber items within Secure Unit performance. MP replied that, with the large numbers of temporary staff employed in the Service, it was difficult to demonstrate learning from incidents. ST added that the Quality and Standards Committee had visited Secure Services and had received assurance that a robust system had been implemented, so that shortfalls could be identified and governance appropriately managed.
8. IT noted that levels of embedded-ness and the subjectivity of amber ratings were an issue within Secure Services. The Chair asked AD to consider this issue.

Acute Care Pathway

1. MP updated that, on the Personality Disorders Pathway, a draft strategy had been developed by Doctor Beales that would be reviewed by clinicians. A Short Life Working Group would review the strategy before it could be agreed as a Trust-wide strategy. The strategy aimed to improve the effectiveness of hospital admissions.
2. On Inpatient Service improvements, work was ongoing to free up time for face-to-face, therapeutic intervention. Evidence-based treatment pathways were being reviewed.
3. Work was being undertaken in terms of Community-based improvements, to ensure that pathways worked effectively and efficiently and to ensure that patients entered and left hospital at the correct time.
4. Work was being undertaken with Estates colleagues to understand how the architecture of Trust buildings could be improved, to be more therapeutic. Ward sizes were being analysed to increase efficiency. Programme managers would be

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recruited within the next two months to provide relevant technical expertise to deliver the clinical pathways. Mel Corish was meeting with all triumvirates to ensure that localities fully understood the work being implemented. Further, the Information Team were determining metrics so that progress could be measured appropriately.

5. MP stated that beds were provided locally within the Trust area, to reduce the call on Inpatient beds.
6. IT was satisfied that the levels of engagement and understanding were good, but said that the pace of the work needed to be picked up. MP confirmed that timelines for the work would be reported at the next meeting.

BD/15/011 – Reviewing 2014/15 Annual Objectives for 2015/16

1. IT updated that five of the 2014/15 Annual Objectives (AOs) had been achieved in full, one had been partially achieved four had not been achieved. The Board **noted** the Trust's position in terms of the 2014/15 AOs. The Chair asked that further clarity was given on the Quality Academy objective. IT confirmed that an updated position would be reported back to Board: **ACTION IT**.
2. There had been an arguable lack of definition to the 2014/15 AOs, which had meant that it was difficult to measure achievability. Work had been undertaken to ensure that the 2015/16 AOs were 'developmental', more definitive, more deliverable and were measured throughout the year.
3. Each AO would be sponsored by an Executive, who would have overall responsibility for ensuring that the AOs were reported regularly to Committees and to Board. AOs would be reflected in local objectives; this was currently being agreed by localities. AOs would be subject to and included in individual appraisals. Each AO would be reported through Committees, and assurance would be provided to Board through the Assurance Framework.
4. Each of the Trust's overarching aims had been broken down into deliverable measurables, and would be supported by AOs. A baseline and desired outcome had been set for each AO. Actions to support the delivery of the aim were designed to ensure that all staff were aligned to deliver and achieve the AOs. Each AO was linked to a corresponding Dashboard; these were currently in progress.
5. ST asked for assurance to be given that engagement in the AOs was occurring at a Trust-wide level. It was noted that AOs would be cascaded through the organisation via the appraisals process and the annual planning process.
6. LOB asked for a narrative to detail and justify why the 2015/16 AOs had been chosen. He suggested that not all of the AOs should be locality-based. IT agreed.
7. RC updated that every member of staff was due to receive a letter from IT, expressing the Board's concern over bullying and harassment and outlining that the following actions will be taken:
 - An independent, electronic survey would be distributed, in order to give a more thorough understanding of what staff experienced as bullying and harassment;

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- Staff would be given the opportunity to speak with independent individuals about their experiences.
8. On appraisal quality, RC updated that appraisal documentation had been revised in response to concerns identified by the staff survey, such as how the appraisals were structured and the fact that staff wanted to feel valued. The revised approach was currently being tested by the Executive team. An appraisal rating system was to be implemented in June, so that staff would be able to feed back in real time how effective they considered their appraisals to be. Further, managers were due to be given training around appraisals. IT confirmed that the progress of these actions would be reported through the relevant Committee, to provide assurance to the Board.
 9. RC asked that the two-year programme on team-based working be manifested in the 'Supporting and Developing Our Staff' objective. She asked that the objective also include the fact that, for between 95% and 105% of shifts, declared safer staffing levels would be achieved.
 10. On Strategic Priority 2.3, the Chair asked that a baseline figure be given for the outcome, 'A reduction by 2 per month of out-of-area placements'.
 11. SH asked that consideration be given to which Committees the different AOs would be referred into.
 12. The Board **approved** the Annual Objectives.

BD/15/012 – Trust-wide Risk Register

1. ER said that, moving forward, Board Assurance Framework (BAF) would be demonstrated to the Board via a series of Dashboards. These will align with, and depict the risk to the achievement of, the agreed Annual Objectives.
2. HR turned to risk TW16, which related to the implementation of the new electronic patient record. She updated that the risks had been successfully mitigated down. The Audit and Risk Committee had accepted the recommendation to remove the risk from the Trust-wide Risk Register. The Clinical Executive continued to review the risks which related to other aspects of the EPR.

BD/15/013 – Clinical Executive Presentation

1. HR and AD proposed to give a Clinical Executive update to Board on a regular basis, to highlight areas of greatest focus. It would be possible to see triangulation between these areas and the operational response. HR and AD aimed to standardise practise where possible, simplify practise where possible and make explicit the standards and expectations staff needed to perform to.
2. There was variability across the Trust, in terms of the function and provision of Section 136 Suites. HR and AD proposed that, through a forum called the Design Authority Group, the environment, processes, functions and staffing complement of the Section 146 Suites be standardised. Work was being undertaken with medical trainees and the deanery, to ensure that appropriate medical cover, physical healthcare, medicines access and supervision was given.
3. HR reported that service users had been remaining in Section 136 Suites for

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longer than had even been intended. She clarified that the service was a short-stay assessment service. HR and AD proposed to review the escalation protocol, to ensure that provisions were made for service users to be moved from Section 136 Suites in a timely and appropriate manner.

4. Close attention was being paid to provision for service users under 18 years old. HR suggested that consideration be given to the Trust withdrawing provision to under-18s in Section 136 Suites. The Board acknowledged the seriousness of the problem. AD updated that a meeting had been scheduled with the Children's Commissioner on 8th May, to discuss the issue.
5. AD updated that there was an issue with staff receiving the correct training for their specialities. Statutory Mandatory training provision was being reviewed. Findings and progress would be reported to the Quality and Standards Committee.
6. The prevention and management of violence and aggression was a further area of focus; AD was investigating whether relevant training could be given, to allow staff to provide support in the event of serious incidents. Findings and progress would be included in the Safer Staffing Report. AD and HR were also reviewing protocol for response times in respect of serious incidents.
7. AD updated on nursing and staffing issues. Two issues of whistleblowing had occurred in different areas, whereby two staff members had been identified as sleeping on duty. Investigations were being undertaken. A report of a serious allegation was being investigated; this was likely to end in a termination of employment. The press had recently referenced the Trust, in relation to a member of staff alleged to have been involved in appropriate relations with a service user. AD updated that the staff member was currently under a Fitness to Practise investigation.
8. A member of the public reported that staff on Beechlydene Ward had been seen smoking onsite. AD and HR confirmed that AWP was a non-smoking organisation, and that no provisions were given for staff to smoke on premises. HR added that feedback would be given to the ward in question.
13. The Chair asked that a paper be brought to the Quality and Standards Committee in respect of under-18 service user and lengths of stay in Section 136 Suites.

Report of the Quality and Standards Committee Chair

1. The Committee had received three Week in Focus reports from various localities, which aided with triangulation and assurance of Trust performance. ST noted that QIAs had been received too late, in some cases.
2. The Committee had been updated on Swindon's performance in respect of quality improvements. A 'navigator' scheme was being rolled out in the locality.
3. ST highlighted that members of the public were welcome to attend Committee meetings. Agendas for upcoming meetings were published on the Trust website.

Report of the Trust-Wide Involvement Group Chair

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1. TWIG had been considered as a precursor to the Board of Governors, moving towards Foundation Trust status.
2. A balance was being sought between constituency representation as a precursor to the governance body, and service users and carers as individuals.
3. Concerns had been raised over the style and timeliness of the Quality Report. The Chair understood that these since had been improved upon by the Executive.
4. The Payments Policy had been reviewed and approved.

BD/15/014 – Update on IQ Review and Data

1. AD updated that a front-facing IQ report would be produced, which would provide an overarching picture of safety, effectiveness, responsiveness, well-led and caring. This would also be aggregated to give a view of organisational performance. The information would be distributed to localities. Previous performance and projected performance would be determined, and benchmarking information would be included where possible.
2. An 'Early Warning score' would be calculated and presented to the Quality and Standards Committee on a monthly basis, which would give an outline of the temperature of the organisation. The pilot would be taken to the Committee in June, before being put to Board.
3. LOB noted that South Essex Trust were developing similar work, and could be consulted for benchmarking purposes.

BD/15/015 – Finance Report, Month 12

1. SH thanked the localities for their work throughout the year.
2. EBITDA was showing as a strong green. The target for the year, which was a surplus of £2.8 million before impairments, had been achieved. The bottom line figure was a surplus of £750,000, which had met throughout the year. There was a cash target of £10.5 million, which had been met at the end of March. A capital resource target of £5.5 million had been met. SH reported that all CIPs had been delivered on a recurrent basis.
3. There had been variances on income, which was £6.2 million above plan. The majority of income variance and over-spend in non-pay related to out-of-area costs. Pay costs were £1.8 million over-spent at year-end, because the Trust had invested the majority of its contingency in-year into pay. The main reason for the overspend were the high levels of agency staff.
4. The difference in nursing shifts, by locality, explained why there was a high bank and agency staff spend. Operations and Nursing were investigating rostering and how annual leave was planned for. This would be reported throughout the year. SH anticipated that variances would reduce as work progressed.
5. A number of Cost Reduction Schemes had implemented in-year, to offset the cost of staffing.
6. The main variance on the balance sheet related to total current assets.

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7. I.T. projects constituted more than half of 2014/15 expenditure. These projects enabled the Trust to have a more robust data infrastructure, and allowed for the new electronic patients record system to be hosted.

Progress With Contract Agreement

1. Some CCGs had not given the Trust their parity of esteem, but had used this money to invest in other areas. CCG colleagues were investing in safer staffing, which not be part of the block contract. Rather, this would show as in-year contract variation. There had been a NET increase in investments for the following year from CCGs.
2. The contract needed to be signed by 30 April, which was a deadline set by NHS England. SH updated that there were no concerns or arbitration issues.

Reference Cost Update

1. The Board **approved** the delegation of approval of the Annual Accounts to the Audit and Risk Committee, in its meeting of 22nd May 2015.

BD/15/016 – 2015/16 Budget

1. SH updated that the safer staffing investment of £540,000 had been agreed by NHS England. The transfer from Bristol CCG would be undertaken as a separate contract variation; NHS England would be invoiced separately.
2. CQUIN expenditure, agency premium costs and RiO had been identified as cost pressures in-year.
3. SH explained that the pay figure appeared to have reduced from 204/15 because it included Cost Improvement Plans into 2015/16.
4. The Board **approved** the Budget Plan and the Capital Programme.

Report of the Finance and Planning Committee Chair

1. The Chair highlighted that the Trust had met its financial targets.
2. It had been reflected that there were some difficulties in the Bristol transmission. The Committee had asked that work be undertaken to reinforce this.
3. The Chair asked that the process of QIA approval was improved and sped up.
4. It had been determined that there was a disproportionate cost in relation to service from the PCLS system. The Chair asked that internal and external commissioning work be undertaken to resolve this.

Report of the Audit and Risk Committee Chair

1. This item was deferred to the meeting of 27th May 2015.

BD/15/017 – Annual Operating Plan Update

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1. The requirement from the TDA and NHS England had moved from a two-year plan to a one-year plan. The Annual Operating Plan fed into the Trust's Five Year Integrated Business Plan and the integrated business plans of the wider economy.
2. There were clear links in the plan to commissioner plans and priorities. This was reflected in the Commissioning Intentions.
3. There were plans to address workforce challenges for 2014/15. CIP plans and associated governance had been identified.
4. Key Priorities would be reflected in the Operating Plan. A number of areas needed to be updated before the final submission on 14th May 2015.
5. The Board **agreed to sign off** the Plan, with the following caveats: Quality Impact Assessments would be completed for the final agreement of CIPs; agreement was subject to the final contract sign-off with commissioners; the linkage to the Five Year Plan was under review; changes to the Objectives would be made as agreed during Board, and changes made through the TDA were put back to Board.

BD/15/018 – Minutes of Board Committees

The Board **approved** the minutes of the following Committees: Audit and Risk, Finance and Planning, Quality and Standards and the Trust-Wide Involvement Group, subject to the following amendment:

1. The Audit and Risk Committee meeting was held on 15th February 2015.

BD/15/019 – TDA Oversight Report

1. The Board resolved to **approve** the TDA Oversight Report.

BD/15/020 – Any Other Business

1. IT updated that the CQC had posted the revised report for the Trust and warning notices had been formally lifted.
2. IT wanted to bring the 'Team of the Month' item to Board, alongside notice of achievements that staff had made. IT updated that Toby Rickard had completed the Paris Marathon in April. Dr Pete Wood resuscitated a passenger on a plane travelling from Tehran to London and had been commended. Chris Williams, Resilience Manager, had been presented with a commemorative medal from the Dutch Prime Minister, in recognition of his investigative work into the Malaysian Airways Flight MH17 disaster.
3. The Trust Board meeting dates for 2015/16 were taken as read.

Minutes Prepared for the Part 1 Trust Board dated 29 April 2015

Sponsored by the Chair

Agenda Item:

Serial:

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