

| Board Part One: Ongoing Actions | | | | | | | | | |
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| Board | Action No. | Paper Ref. | Topic | Action Required | Date Raised | Assigned To | Date Due | Progress | Completed |
| | 1 | BD/15/013 | Clinical Executive presentation | Andrew Dean will provide a report to the Board on Nursing revalidation following completion of ongoing review work | 29-Apr-15 | Andrew Dean | 30-Sep-15 | A report is being put to ESEC on Thursday 6th August 2015. This will be reported on to Board in September. Ruth Brunt is to be the NED lead on revalidation going forward. | |
| | 2 | BD/15/105 | Quality and Performance Report M3 | The 'Access to Healthcare for People With LD' KPI on the Monitor Dashboard is blank, and needs to be clarified. | 04-Aug-15 | Mathew Page | 30-Sep-15 | To be incorporated within future iterations of this report | |
| | 3 | BD/15/105 | Quality and Performance Report M3 | The 'Number of Concerns Raised' KPI, on the Locally-Specified Indicators dashboard, is blank and needs to be clarified. | 04-Aug-15 | Mathew Page | 30-Sep-15 | To be incorporated within future iterations of this report | |
| | 4 | BD/15/105 | Quality and Performance Report M3 | Information within the Quality and Performance Report to be presented more clearly going forward, and with further clarification where possible. | 04-Aug-15 | Mathew Page | 30-Sep-15 | To be incorporated within future iterations of this report | |
| | 5 | BD/15/105 | Quality and Performance Report M3 | Plot the trajectory to move the Bristol quality ratings to demonstrate compliance, with a specific focus on deaths and OIA. | 04-Aug-15 | Mathew Page | 30-Sep-15 | Complete - within September Board report | |
| | 6 | BD/15/105 | Quality and Performance Report M3 | Produce a report to Board, to provide assurance around the actions being taken in Bristol. Report to show the impact of Bristol on the Trust's overall position/rating. | 04-Aug-15 | Mathew Page | 30-Sep-15 | To be provided to Board | |
| | 7 | BD/15/105 | Quality and Performance Report M3 | Consider how to better communicate initiatives/needs at a management and locality level. | 04-Aug-15 | Emma Roberts/Mathew Page | 30-Sep-15 | Communications Team are working with the localities to carry out a communications audit to understand the best methods of communicating effectively within localities to ensure messages are shared and cascaded effectively. Complete | |
| | 8 | BD/15/105 | Quality and Performance Report M3 | Deliver an update on the position of the Quality Academy. | 04-Aug-15 | Emma Adams | 30-Sep-15 | Emma has been contacted in request of this, and is expected to deliver an update to the Board in October. | |
| | 9 | BD/15/106 | Clinical Executive Report | Withdraw the Week in Focus Appendix from the Clinical Executive Report. | 04-Aug-15 | Emma Roberts | 30-Sep-15 | Complete - withdrawn | |
| | 10 | BD/15/106 | Clinical Executive Report | Clinical Executive Report to include details of all immediate actions being taken to address the concerns outlined in the Secure Services Week in Focus report. | 04-Aug-15 | Andrew Dean / Hayley Richards | 30-Sep-15 | The Clinical Executive are considering this and an update will be provided to the Board. | |
| | 11 | BD/15/109 | Trustwide Risk Register | Give further consideration to the level of controls against SP3, for the next iteration of the report. | 04-Aug-15 | Mathew Page | 30-Sep-15 | Controls considered and update to be provided. | |
| | 12 | BD/15/108 | Finance Report M3 | Clarify the discrepancy between the turnover figures. | 04-Aug-15 | Rachel Clark/Sue Hall | 30-Sep-15 | Reports presented to Board in August described two turnover figures. The higher figure reflected turnover in the Trust for all staff and the lower reflects the measure of permanent staff who leave the Trust excluding those who are fixed term, dismissed, TUPE transferred or die in service. The latter is our internal measure of turnover. | |
| | 13 | BD/15/109 | Quarterly Review of Performance Against Objectives | Track out-of-area placements against financials. | 04-Aug-15 | Mathew Page | 30-Sep-15 | Complete and will be presented to Board in next iteration. | |
| | 14 | BD/15/109 | Quarterly Review of Performance Against Objectives | Clarify the baseline for occupancy rates. | 04-Aug-15 | Mathew Page | 30-Sep-15 | Complete and will be presented to Board in next iteration. | |
| | 15 | BD/15/109 | Quarterly Review of Performance Against Objectives | Include timelines/dates for the actions to mitigate gaps in assurance, across all dashboards. | 04-Aug-15 | Executive Leads | 30-Sep-15 | Complete and will be presented to Board in next iteration. | |
| Board Part One: Actions Closed in July | | | | | | | | | |
| | 1 | BD/15/010 | Achieving CQC Compliance across all Five Quality Domains | Sue Hall, Barry Dennington and Kristin Dornoy or Mathew Page to meet to discuss use of agency staffing and feed back to Finance and Planning Committee | 29-Apr-15 | Sue Hall, Barry Dennington and Kristin Dornoy | 29-Jul-15 | Meeting to take place in early July. | X |
| | 2 | BD/15/033 | Questions to the Board | Update to next Board meeting on progress to improve public transport links to Callington Road Hospital. | 27-May-15 | Tony Gallagher | 29-Jul-15 | The CCG has sent a letter to George Ferguson, Mayor of Bristol, requesting parity of service for mental health service users. Iain Tulley has sent a letter in support of this to George Ferguson also. We are also encouraging service users and carers to do the same. The Bristol Managing Director, Sarah Branton, received a petition from staff regarding the bus and (with their permission) will be sending this to the Mayor to request that he liaise with the City Council and First Bus to require improved access to the hospital and safe pedestrian access. Further update to be provided to July Board. | X |
| | 3 | BD/15/034 | Minutes of the Previous Meeting | Review the percentages given (95% - 105%) in relation to strategic objective 2 at page 9, point 9 for accuracy. | 27-May-15 | Rachel Clark | 04-Aug-15 | To be incorporated in Safer Staffing paper to be received by Trust Board. | X |
| | 7 | BD/15/037 | Chair's report | The Board discussed whether locally wards and units could improve their environments through cosmetic improvements etc. Executive Team to report back on what delegated levels of authority are to affect change locally. | 27-May-15 | Iain Tulley | 04-Aug-15 | The Design Authority Group (DAG) are putting together a 'standard' for decoration that is expected across all of our sites. If they meet the criteria (eg. Disclosures or changed paint) then the sites can go ahead and decorate, though this must include walls, doors and skirting boards to ensure a complete redecoration of the location. Investment Planning Group this month agreed to allocate £150k of capital funds to an Operations pot for use for small, ad-hoc matters, including decoration. | X |
| | 8 | BD/15/045 | Finance Report - Month 1 | Ensure that Finance and Planning Committee covers the issue of staffing arrangements in its scrutiny. | 27-May-15 | Lee O'Bryan | 04-Aug-15 | This is being covered as part of monthly financial review. There is a key dependency on Trust development work on safer staffing which has yet to be reported on. | X |
| | 9 | BD/15/045 | Finance Report - Month 1 | A further review to be undertaken to provide more detail on IT expenditure. | 27-May-15 | Sue Hall | 04-Aug-15 | Deep dive into all IM&T Capital items underway. Review presented to Executive Team on 15th July and to Finance and Planning Committee in August. | X |
| | 10 | BD/15/065 | Minutes of Trust Board | Mr Ody asked a whether, in follow up to an answer he received at the May meeting of the Trust Board, there is theme in complaints reflecting people being sectioned in breach of the Mental Health Act. Jo Collins to review themes over past 6 months and advise Mr Ody, in light of reassurance given by Board members that this is monitored through governance structures. | 24-Jun-15 | Andrew Dean | 04-Aug-15 | Letter sent to Mr Ody by Jo Collins confirming that during 2014/15, "The Trust investigations into complaints have not found any instances of illegal detention under the Mental Health Act". | X |
| | 4 | BD/15/069 | Chief Executive's report - Bullying and Harassment | Rachel Clark to report back to Board on whether those reporting through new mechanisms are new reporters, or whether they have already reported through our existing systems, to confirm whether we can be assured that our existing systems are robust or whether this identifies further improvement need? | 24-Jun-15 | Rachel Clark | 04-Aug-15 | There are few formal reports of bullying and harassment in AWP. In 2014/15 AWP had only 4 reported incidents of bullying. It is therefore assumed that those who participated in the recent listening exercise had not utilised formal reporting processes though they may have sought informal resolution. 60% of staff who completed the anonymous survey had not reported the incident to their line manager and 57% of staff felt unable to do so because their line manager was the bully. Trust policies in relation to Bullying and Harassment and Grievance and Disputes encourage informal resolution, where possible, as well as setting out formal reporting and investigatory procedures. The Bullying and Harassment hotline has raised the importance of reporting and provided a clear means of raising concerns. The Hotline has received 3 calls since its launch on 6 July. I AM forward the anonymous data onto the HR Team who are reviewing this in terms of trend data and identifying areas of concern. The management of the Trust's response to staff concerns and whistleblowing is under review as part of the internal audit programme, testing awareness of how to raise concerns and staff views on the responsiveness of the organisation. | X |
| | 5 | BD/15/070 | Quality and Performance Report | Specific detail to be provided on ward closures and issues preventing reopening/delayed transfers of care and use of beds contracted from other providers. | 24-Jun-15 | Mathew Page | 04-Aug-15 | Included within Quality and Performance Report. | X |
| | 6 | BD/15/073 | Trust-wide Risk Register | Executive Team to consider escalation of risk relating to performance challenges in Bristol. | 24-Jun-15 | Emma Roberts | 04-Aug-15 | The Executive Team discussed whether Bristol as a whole should be included in the Trust Wide Risk Register but it was not felt appropriate at this time as the issues are in particular teams and are not Bristol-wide. Following the 360 review of Bristol with the triumvirate, a team of clinical and operational staff are working with the LDU to address and rectify immediately the performance issues. Any escalation of risk will be agreed as part of that process. | X |

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| 7 | BD/15/073 | Trust-wide Risk Register | Review of process for escalation to be included in report to Trust Board in July 2015. | 24-Jun-15 | Emma Roberts | 04-Aug-15 | Revision of process for escalation has been included in the Risk Management Strategy to be received by the Audit and Risk Committee on 6 August 2015. | x |
| 8 | BD/15/075 | Finance and Resources Report M2 | Clinical view of impact of out of area usage to be provided within Clinical Executive report, considering personal impact on service users and quality of care delivered. | 24-Jun-15 | Andrew Dean/Hayley Richards | 04-Aug-15 | Included within Clinical Executive report. | x |
| 9 | BD/15/075 | Finance and Resources Report M2 | Report to Finance and Planning to include costs associated with closure of Willow Ward and loss of income. | 24-Jun-15 | Sue Hall | 04-Aug-15 | This is included in the monthly Finance Report. | x |
| 10 | BD/15/075 | Finance and Resources Report M2 - Capital programme disposals | Assurance to be provided to Finance and Planning on achievement of disposal programme during 2015-16 | 24-Jun-15 | Sue Hall | 04-Aug-15 | This is included in the capital programme update for finance and planning and in detail in the Investment Planning Group Meeting minutes presented to Directors Team in July. | x |
| 11 | BD/15/075.1 | Quarterly HR report | Future reporting to include commentary on compliance with disciplinary process, specifically timescales, timeliness and breaches. | 24-Jun-15 | Sue Hall | 04-Aug-15 | Included in ESEC reporting for August and will going forward be in the Trust Board Resources Report. | x |
| 12 | BD/15/109 | Trustwide Risk Register | Change the SP4 rating to amber. | 04-Aug-15 | Sue Hall | 30-Sep-15 | This action has been completed. | x |
| 13 | N/A | Hazel Ward | By way of seeking assurance from Patient Feedback, information from the IQ system on Hazel Ward to be included in the June Quality and Performance Report | | Andrew Dean | 30-Sep-15 | Not included in report to this meeting, to carry forward and discuss in next month's report. | x |
| 14 | BD/15/013 | Clinical Executive presentation | The Clinical Executive will provide a report to the Quality and Standards Committee on under 18s admitted to S136 suites and changes to regulations in this area. | 29-Apr-15 | Andrew Dean and Hayley Richards | 29-Jul-15 | Ongoing specific issues which we are circulating with report to be provided to Q&S July. This will be picked up under the ESEC/Q&S transition. | x |