

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

Held on 25 July 2012 at 10.00 in Green Lane, learning & Development Suite

These Minutes are presented for Approval in the Part 1 session of the Board

Board Members Present

Anthony Gallagher – Chair Susan Thompson – Non-Executive Director Alison Paine – Non-Executive Director Peter Greensmith – Non-Executive Director Lee O’Bryan – Non-Executive Director	Paul Miller – Acting Chief Executive Hazel Watson – Executive Director of Nursing, Compliance, Assurance & Standards, Acting Deputy Chief Executive Arden Tomison – Executive Medical Director and Director of Strategy and Business Development Andy Sylvester – Director of Operations Julie Thomas – Executive Director for People Sue Hall – Acting Director of Finance & Commerce
Emma Roberts – Company Secretary Jane Britton – FT Programme Director Louise Hussey – Assistant Company Secretary	Matthew Davies – British Telecom Lorraine Reeves – Wiltshire Swindon Users Network Sophie Reed – Rethink mental Illness David Colyer – Service Director Adult Acute Inpatient SBU Julie Hankin – Clinical Director Service Redesign Ovais Badat – Consultant Psychiatrist

Item	Action
1. Apologies 1.1. Apologies from Tony McNiff were accepted.	
2. Declaration of Members’ Interest 2.1. In accordance with AWP Standing Orders (s7.1) all members present are required to declare any conflicts of interest with items on the Board Meeting agenda. 2.2. There were no conflicts of interest declared for the agendas for both parts of the Board Meeting.	

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<p>3. Minutes of the meeting of the Board on 30 May 2012</p> <p>Part One</p> <p>Part Two (disclosable)</p> <p>3.1. The Minutes were received and accepted as a correct record.</p>		
<p>4. Matters arising</p> <p>4.1. The Board resolved that all matters arising be recorded as complete or carried forward in the Board Schedule of Matters Arising.</p>		
<p>5. Chair's and Chief Executive's Actions</p> <p>5.1. None were recorded</p>		
<p>6. Chair's report</p> <p>6.1. The Chair noted that he had recently been formally appointed as substantive Chair of the Trust following the Appointments Commission recruitment process.</p> <p>6.2. He thanked all those present for their support during his interim appointment.</p>		
<p>7. Chief Executive's Report</p> <p>7.1. The Board received the report from the Chief Executive which gave an overview of work in the Trust from May to July 2012.</p> <p>7.2. The Board noted that the Primary Care Liaison Service (PCLS) has been established in the Trust's 6 geographic areas and that it is expected that PCLS teams will be at full staffing complement by the autumn.</p> <p>7.3. The Board noted the imminent publication of the SHA Independent Review of governance and management arrangements in AWP. It was noted that the Fit for the Future Implementation Plan will be the basis for the Trust's response to this as it emphasises the actions to take the organisation forward into the future.</p>		
<p>8. Service User and Carer Engagement</p> <p>8.1. The Board received this report on progress made in relation to the Trust's objective to put service users and carers at the centre of everything it does.</p> <p>8.2. It was noted that under paragraph 2.6 the reference should be to an '<i>Experience based design pilot in SDAS ...</i>'</p> <p>8.3. The Board welcomed the progress made by the lively and inclusive Service User and Carer Engagement Steering group.</p> <p>8.4. It was noted that that this group is in its infancy and that further engagement from a wider group of service users and carers would be welcomed in parallel with SBU involvement.</p> <p>8.5. Susan Thompson expressed concern at the lack of medical engagement in</p>		

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	<p>these ToR and felt they were too operational and compliance focussed. It was noted that Hayley Richard (Psychiatrist for Older People and Director of Medical Education) and Justine Faulkner (formerly Interim Clinical Director for Adult Acute Community Services) have been asked to attend as clinicians.</p> <p>8.6. It was suggested that the 1600 FT members of the Trust would be a useful resource to tap for a fresh perspective.</p> <p>8.7. Hazel Watson’s mapping of service user and carer groups across the Trust geography was welcomed. It was noted that there is no current involvement from the Wiltshire area. It was suggested that 3rd sector involvement should be considered in the mapping exercise.</p> <p>8.8. Peter Greensmith noted that integral to this process should be agreement on how to measure tangible improvements and progress.</p> <p>8.9. Arden Tomison noted the need to encourage service user and carer involvement across the Trust and that integral to this will be the work to get the agenda of this group aligned to that of Professional Council and to encourage input from the group into the training of the next generation of psychiatrists.</p> <p>8.10. Tony Gallagher noted the encouraging progress made to date.</p> <p>8.11. The Board resolved to note this report and to approve the Terms of Reference for the Service User and Carer engagement steering group.</p>	
	<p>9. Clinical Presentation – ‘The experience of people with severe and enduring mental illness engaged in a physical activity programme integrated into the mental health service’.</p> <p>9.1. The Board received a presentation on the Trust’s <i>Active Life</i> programme.</p> <p>9.2. This presentation highlighted the importance of physiotherapists and exercise professionals embedded in mental health services.</p> <p>9.3. The presentation was welcomed although concern was expressed at the apparent obstacles in extending this across the Trust.</p> <p>9.4. It was noted that the service is currently placed in the Adult Acute Inpatient SBU and that it is recognised that this should be better integrated and promoted across the Trust.</p> <p>9.5. It was noted that a business case is due to be considered at the Operations’ Directorate meeting to take this forward within AWP.</p> <p>9.6. It was agreed that this should be recognised as an appropriate intervention as part of the recovery pathway.</p> <p>9.7. it was requested that a report on this should come back to the Board with a plan for extending the service.</p>	AS
	<p>10. Bristol CMHT – Safeguarding</p> <p>10.1. It was noted that the title of this report should read ‘– <i>North Bristol Recovery</i></p>	

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	<p><i>Team– Safeguarding’.</i></p> <p>10.2. The Board received this report on the outcome of the CQC safeguarding alert in relation to the North Bristol Recovery Team. The Board noted that the report referred to an ongoing investigation, and that it would be inappropriate to discuss any of the detail.</p> <p>10.3. The Board noted the timeline of the actions taken prior to the visit of the CQC.</p> <p>10.4. The Board also noted the information provided to the commissioning PCT, the CQC and the local authority and that these organisations were assured that actions taken by the Trust were sufficient to address the issues identified.</p> <p>10.5. It was confirmed that a meeting with all concerned is taking place on 6 August to ensure all actions have been finalised and that the Trust is providing a weekly progress report to the CQC.</p> <p>10.6. Paul Miller sought assurance on the 161 cases awaiting allocation as outlined on page 3 of the report.</p> <p>10.7. Hazel Watson underlined that things have moved on since the writing of this report and that, apart from new referrals, all service users will have been allocated a care co-ordinator although some of these care co-ordinators are awaiting movement to a new team. This ensures that all service users have care co-ordinators allocated.</p> <p>10.8. Alison Paine underlined the adverse effect on service users of the changes around the redesign process and that the Trust should work to minimise unsettling change in this process.</p> <p>10.9. Lee O’Byran asked about lessons learned in relation to the particulars of the work practices that led to the concerns raised and that this be formally closed off.</p> <p>10.10. It was stressed that this is an on-going investigation and that lessons would learned from this.</p> <p>10.11. The Board resolved to note this report.</p>	AS
<p>11. Information Governance Annual Report</p>	<p>11.1. The Board received this report to brief it on the standards of Information Governance achieved for the financial year 2011/12 and the arrangements in place to ensure the maintenance of compliance in 2012/13.</p> <p>11.2. The Board noted that the Trust had achieved an overall score of 81% which is an 8% increase on the last year and that this represents a Level 2 satisfactory score.</p> <p>11.3. The number of FOI requests was queried in terms of whether this was an increase or decrease on the previous year. It was confirmed that this was an increase and reflected the national trend.</p>	

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11.4.	It was noted that a significant amount of time is tied up in these requests, some of which appear to be vexatious. However it was underlined that the organisation complies with FOI legislation and strives to be open and transparent in doing this .	
11.5.	Susan Thompson noted that there is a reasonable exemption for responding to these requests if they incur unnecessary costs in time or money.	
11.6.	Lee O'Bryan noted that there is a balance to be made between the costs incurred in striving for Level 3 compliance and being content with the compliance as currently achieved.	
11.7.	The Board resolved to note this report.	
12. Quality and Performance Dashboard		
12.1.	The Board received this report which provided it with a high level overview of key performance changes for the period including the Monitor Compliance Dashboard.	
12.2.	The Board noted that the Monitor Risk Rating for June 2012 had decreased by 2.5 to 0.0 as a result of on target performance in all areas for taking on service users with 'first episode psychosis' and an update in the Monitor Compliance Framework 2012/13 risk rating scores for CQC compliance.	
12.3.	Paul Miller noted that, whilst he welcomed this new arrangements, it is important to recognise that this scorecard is the minimum expected for a Foundation Trust and that the Board should remain sighted on all moderate and minor concerns.	
12.4.	Susan Thompson noted that the Mental Health Legislation (MHL) committee had noted the increase in the number of detained patients coming in to the Trust in acute distress and a disproportionate number of BME patients accessing the Trust through other routes. She confirmed that the MHL committee will be requesting that the Trust's Professional Council be sighted on this,	
12.5.	Hazel Watson underlined that Early Intervention teams would expect to have many new referrals. It was noted that the identification of people eligible for early intervention is part of the redesign process.	
12.6.	Alison Paine noted the issue of homeless and other individuals not registered with GPs who cannot access the Primary Care Liaison Service (PCLS) and asked what the plan is to cover this.	
12.7.	Arden Tomison confirmed that PCLS is positioned to serve walk in services and that the court assessment and referral service pick up individuals as well as the prison service. Andy Sylvester noted that at a recent event 3 rd sector providers were being encouraged to refer on through PCLS.	

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12.8.	The Board resolved to note this report.	
13. Strategic Objectives and Organisational Behaviours		
13.1.	The Board received this report which updated it on the process of developing the 2012-13 Strategic and Principal Objectives and also the re-stated vision and values developed as a result of engagement with commissioners, staff and service users.	
13.2.	Peter Greensmith questioned whether the Trust’s vision had been tested with service users as he felt there were a number of contrasting views on the vision as expressed in this document and that this had been raised previously with the previous Chair and Chief Executive.	
13.3.	Paul Miller acknowledged that the testing process had been light touch .	
13.4.	Peter Greensmith underlined that the vision as it stands does not connect with service users and carers as they have not felt engaged in the process of developing this.	
13.5.	It was discussed whether there is an issue that the vision is right but that the Trust had not delivered against this or that the vision should be re-defined.	
13.6.	Alison Paine noted that there appears to be a Trust tendency to set objectives, vision and values internally and that she has previously suggested that there is a piece of work to be done with Clinical Commissioning Groups (CCGs) to understand their views. Alison also described some confusion about the distinction between Principal Objectives and Strategic Objectives.	
13.7.	Sue Hall agreed that Strategic Objectives should be sufficient in themselves and that Principal Objectives are essentially the actions the Trust is required to deliver to give assurance through the Assurance Framework.	
13.8.	Paul Miller noted the pragmatic challenge facing the Board to close off the Assurance Framework in a timely fashion for 2012/13 whilst revisiting these concerns for the 2013/14 process.	
13.9.	Hazel Watson suggested that there is an option to use the themes from the FFtF implementation plan, as aligned with Board Committees, to construct the Assurance Framework for this year.	
13.10.	Tony Gallagher asked that the Trust vision be tested through the Service User and Carers Steering Group and feedback be provided to the Board on this. He also agreed that Principal Objectives as they stand are redundant and that the Strategic Objectives should be based on the themes as outlined in the FFtF implementation plan.	PM
13.11.	Susan Thompson welcomed the diagrammatic representation of the Strategic Objectives but struggled with some of the terminology such as excellent/effective and requested that there should be reference to	

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13.12.	<p><i>positive</i> SU outcomes and <i>improved</i> partnerships and engagement. It was agreed that these should be amended in this way.</p> <p>The Board agreed to delegate authority to the Chief Executive to make these changes.</p>	PM
<p>14. Review of Register of Seals</p> <p>14.1. The Board received the Register of Seals for review in accordance with the Board’s annual cycle of governance reporting.</p> <p>14.2. The Board resolved to note this.</p>		
<p>15. Report of Committee Chairs</p> <p>15.1. The Board received the reports of the chairs of the following committees:</p> <p>15.1.1. Finance & Planning (verbal)</p> <p>15.1.1.1. The committee spent some time reviewing its FFtF implementation plan oversight responsibilities and will meet monthly in the medium term to ensure proper scrutiny. It was noted that it considered that there was nothing to escalate to the Board as it was assured that all actions were initiated or planned within the required timeline.</p> <p>15.1.1.2. The committee has also reviewed Finance and Performance reporting, IT Capital Projects, actions from the final IMP Board, the Trust’s commercial activities and the recruitment of a Commercial Director.</p> <p>15.1.2. Employees, Strategy and Engagement Committee</p> <p>15.1.2.1. The committee is currently working to an agenda driven by the FFtF implementation programme. It is felt that all issues in its remit are progressing well.</p> <p>15.1.2.2. Concerns around supervision and analysis on vacancies are being followed up.</p> <p>15.1.3. Audit & Risk</p> <p>15.1.3.1. The actions assigned to this committee from the FFtF Implementation Plan were noted and reviewed.</p> <p>15.1.3.2. Concerns were raised around risk methodology within the Trust and it is agreed that further work is required to improve this. The escalation of risk identified through the clinical audit process, as reported to the Quality and Safety Committee, and the involvement of this committee, was considered.</p> <p>15.1.3.3. The Internal Audit report on the use of Rio was considered and concerns were expressed on the lack of</p>		

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	<p>improvement since the last report. Issues around RiO being recognised as a clinical record and levels of training were discussed.</p> <p>15.1.3.4. It was requested that a paper be brought to the next Board meeting on this issue to identify the gaps.</p> <p>15.1.4. Quality and Safety</p> <p>15.1.4.1. The continued issues around the management of controlled drugs was noted and the committee continues to be sighted on this.</p> <p>15.1.4.2. There are continuing concerns around the levels of training associated with Managing Conflict and Understanding, Preventing and Managing Aggression in Older People.</p> <p>15.1.4.3. NPSA data continues to require greater clarity to establish whether this is an issue of reporting or whether this is inherent in the process.</p> <p>15.1.5. Mental Health Legislation</p> <p>15.1.5.1. The committee’s work plan was not circulated as an appendix to this report and will be circulated with these minutes.</p> <p>15.1.5.2. The Mental Health Lead Commissioner and regional Inspection Lead of the CQC have met members of the committee to submit its annual report to the Trust.</p> <p>15.1.5.3. The committee has received presentations on key issues for concern to the Trust including violence and aggression, training, use of place of safety suites and medicines management. Each presentation has resulted in actions for the Executive or SBUs.</p> <p>15.1.5.4. It was noted that work is on-going with commissioners, colleagues and other stakeholders around S136. It was agreed that discussions around funding relating to S136 should take place in the Part 2 session.</p> <p>15.1.5.5. Concerns were noted that this committee and its supporting Management Group have not been well supported by the SBUs. This will be mandated in the revised Terms of Reference. It was agreed that Trust should be sighted on the workload of service and clinical directors with regard to this intention.</p> <p>15.2. The Board resolved to approve the revised Terms of Reference of the Employee Strategy and Engagement, Audit & Risk and Quality & Safety committees.</p>	<p>HW</p> <p>LH</p>

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15.3.	The Board delegated authority to the Chair of the Trust to approve the amendments to the Terms of Reference for the Finance and Planning Committee following amendments discussed at its recent meeting.	
15.4.	The Mental Health Legislation Committee ToR are to be revised and referred back to the Board at a future point.	
16. Finance report		
16.1.	The Board received the Quarter One Finance Report which provided it with an update on the Trust's financial position at 30 th June 2012 and clarified the detail of any key risks and issues impacting on the M3 financial position.	
16.2.	The Board noted that the Trust is on target to achieve its year end surplus of £1m.	
16.3.	It was noted that, whilst disposals are currently on track, the Trust is looking at bringing forward other land disposals to mitigate slippage on CRES plans. Susan Thompson cautioned that, in selling off estate, there should be acknowledgement of future strategy and investment particularly in relation to Crisis Houses and that there should be a consideration of services that may be required. Andy Sylvester confirmed that disposals are managed with clinical input.	
16.4.	PM recommended that the Finance & Planning committee should examine a paper on Estates disposal plans for 2013/14 and beyond.	SH
16.5.	It was agreed that Alison Paine's question on whether Estates and Facilities should be required to generate income should be considered at another meeting.	LH/ER
16.6.	Julie Thomas queried the graphs at Appendix 4 and it was noted that M4 should be identified as a forecast rather than actual position.	
16.7.	Sue Hall undertook to check the clinical supplies and services referred to in Appendix 2a as this amounts to £1.1m.	SH
16.8.	The Board resolved to note the report and agree the Capital decisions requested at section 4 of the report.	
17. Foundation Trust report		
17.1.	The Board received this report which updated it on key areas of the FT work programme in recent months.	
17.2.	It was noted that membership figures remain on target.	
17.3.	Susan Thompson requested that over 65s should be actively reported on regarding membership as the Trust provides a service for Older People, and it was agreed that this should be included.	JB
17.4.	The Board noted the attachment relating to the BGAF and that this is underway in preparation for independent valuation in September. It was	

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17.5.	noted that work on this will be done in Board Seminars. The Board resolved to note the report.	
18. IMP Board report	18.1. The Board received this report which reported to it one the closure of IMP. 18.2. It was noted that the IMP Board areas of responsibility will be monitored through the Finance & Planning Committee. 18.3. The Board resolved to note this report.	
19. Minutes of Board Committees	19.1. The Board noted the minutes of the following committees: 19.1.1. Finance & Planning 19.1.2. Quality and Safety 19.1.3. Audit & Risk 19.1.4. Mental Health Legislation	
20. AOB	20.1. There was none	
	The Public Session of the Board meeting formally closed at 12.55	

Key to Abbreviations Used	
Abbreviation	For
Chief Exec	Chief Executive
DoF	Executive Director of Finance & Commerce, and Deputy Chief Executive
Exec Dir People	Executive Director for People
Exec Dir M&S	Executive Medical Director and Director of Strategy and Business
Exec Dir NCAS	Executive Director of Nursing, Compliance, Assurance & Standards
Exec Dir Ops	Executive Director of Operations

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Key to Abbreviations Used	
Abbreviation	For
Dir FTP	Foundation Trust Programme Director
CoSec	Company Secretary
ACoSec	Assistant to the Company Secretary
EMT	Executive Management Team
SBU	Strategic Business Unit
NED	Non-executive Director

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