

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

Held on 26<sup>th</sup> September 2012 at 10.00 in the Conference Room, Jenner House

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

**Board Members Present**

<p>Anthony Gallagher – Chair Susan Thompson – Non-Executive Director Alison Paine – Non-Executive Director Peter Greensmith – Non-Executive Director Lee O’Bryan – Non-Executive Director Tony McNiff – Non Executive Director</p>	<p>Paul Miller – Acting Chief Executive Hazel Watson – Executive Director of Nursing, Compliance, Assurance &amp; Standards, Deputy Chief Executive Arden Tomison – Executive Medical Director and Director of Strategy and Business Development Julie Thomas – Executive Director for People Sue Hall – Interim Director of Finance &amp; Commerce</p>
<p>Emma Roberts – Company Secretary Kristin Dominy – SDAS Service Director (for Director of Operations) Jane Britton – FT Programme Director Louise Hussey – Assistant Company Secretary</p>	<p>Ray Chalmers – Head of Communications Katherine Godfrey – Trust Lead Occupational Therapist and Head of Professional Council</p>

Item	Action
<b>1. Apologies</b> 1.1. Apologies were received from from Andy Sylvester – Director of Operations	
<b>2. Declaration of Members’ Interest</b> 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..	
<b>3. Minutes of the meeting on 25<sup>th</sup> July 2012</b> 3.1. The minute under 8.5 should read ‘Susan Thompson expressed concern at the lack of medical engagement in the <i>membership of the steering group, which she felt was too operational and compliance focussed</i> ’.	

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	<p>3.2. The minute under 8.7 should read ‘ It was noted that there was no current involvement <i>in the steering group in the Wiltshire area</i>’.</p> <p>3.3. The minute under 11.5 should read ‘Susan Thompson <i>underlined that the Trust welcomes FOI requests but</i> noted there is a reasonable exemption for responding to these requests if they incur unnecessary costs in time or money’.</p> <p>3.4. With these amendments the minutes were received and accepted as a correct record.</p>	
<p><b>4. Matters arising</b></p>	<p>4.1. It was noted that the incorrect version of the Board Schedule of Matters Arising had been circulated and that the correct version would be distributed outside the meeting.</p> <p>4.2. The Board reviewed the matters arising from the last meeting, and resolved that all matters arising be recorded as complete or carried forward in the Board Schedule of Matters Arising.</p>	<p><b>LH</b></p>
<p><b>5. Chair’s and Chief Executive’s Actions</b></p>	<p>5.1. None were noted.</p>	
<p><b>6. Chair’s report</b></p>	<p>6.1. Tony Gallagher advised that the recent focus in the organisation has been on the meeting with the Department of Health on 2 October and that there has been on-going work on the Fit for the Future Implementation Plan, New Ways of Working and relationship management.</p> <p>6.2. He noted that he has met with PCTs, CCGs, local organisations, the third sector and others and that he has received encouraging feedback particularly on the work of Trust clinicians with the CCGs. This was reflected in a positive message from the Chief Executive of NHS South which indicates that it is recognised that the Trust is making positive progress.</p> <p>6.3. Tony noted that he had attended a Workshop on the SDAS Experience Based Design Project this month which demonstrated just one example of the widespread continued good practice in the organisation. It was suggested that this team should present this project to the Board at a future meeting. This will be added to the workplan.</p> <p>6.4. Tony also noted that he had attended a recent Trust conference on ‘Violence, Anxiety and Coping’ which had been both impressive, thought provoking and well attended.</p>	<p><b>ER</b></p>
<p><b>7. Chief Executive’s Report</b></p>	<p>7.1. The Board received <b>Report 12.0671</b> of the Chief Executive which updated it on Trust progress on its journey of improvement.</p> <p>7.2. Paul Miller noted that the Trust is sighted on the issues around service</p>	

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<p>redesign and the associated staffing issues.</p> <p>7.3. He noted that there will be a post implementation review of the Primary Care Liaison Service (PCLS) in October and that there will be lessons to be learned. These will be followed up through the relevant Board sub committees.</p> <p>7.4. Julie Thomas underlined that evaluation of the redesign process should be focussed more widely than the PCLS service. This should be across the redesign process as there are vacancy and staffing challenges across the piece. Susan Thompson noted that the Board had originally agreed that there should be evaluation of the whole of service redesign.</p> <p>7.5. It was agreed that it is important to allocate resource to undertake these reviews and that these should be segmented to reflect financial and operational outcomes to establish the overall impact of the process against the original project intentions.</p> <p>7.6. Paul Miller undertook to clarify with the Director of Operations that there is an expectation that the whole of service redesign should be evaluated post project implementation.</p> <p>7.7. Paul noted the work to meet the requirements of the Fit for the Future Programme which was to be considered by the Board later in the meeting.</p> <p>7.8. The New Ways of Working report and proposals was to be discussed in the Part 2 Session of the Board. Paul outlined the process around this which has included a range of informal discussions, a formal engagement exercise and discussions at a Board Seminar and the Trustwide Management Group. He reiterated that the outcome of the discussions today in the Part 2 Session will be subject to a formal consultation process.</p> <p>7.9. Paul commended colleagues and commissioners for their work on developing a revised set of key performance indicators informed by clinical input. He also commended the work of the Local Area Directors in providing an effective link to local commissioners.</p> <p>7.10. It was noted that that this work is reflected in communication received by the Trust from commissioners confirming that a performance improvement notice will not be issued relating to poor performance at the end of 2011 and beginning of 2012. The Board noted that commissioners reserve the right to impose such contractual sanctions should performance deteriorate in the future.</p> <p>7.11. Paul noted that the Trust is awaiting a formal report on concerns raised in Wiltshire regarding the RiO system and the use of information. Hazel Watson added that the Trust is also waiting for detail of the allegations in order that it can investigate the issues in further detail.</p> <p>7.12. Paul outlined the work of the Trust with the Care Quality Commission (CQC) and the report on the inspection of its community services. It was noted that the Quality and Safety Committee is scrutinising the</p>	<p><b>PM</b></p>

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<p>implementation of the Trust's plan to ensure full compliance with some of the Quality Standards.</p> <p>7.13. The CQC review of the Learning Disability Service provision at the Lansdowne Unit was also noted. The Trust is awaiting the formal report on this review but is already working closely with the CQC implementing changes in response to initial issues that were raised.</p> <p>7.14. Susan Thomson requested there should be additional reflection under <i>Quality and Performance</i> which closes the loop around the Board Assurance Framework and Risk escalation.</p> <p>7.15. The Board resolved to <b>note</b> this report.</p>	<b>PM</b>
<p><b>8. Clinical Engagement Framework</b></p> <p>8.1. The Board received <b>Report 12.0672</b> of the NCAS Director which briefed it on progress against the following action points in the Fit for the Future programme:</p> <ul style="list-style-type: none"> <li>• 3.1 – Develop Trust Clinical Engagement Strategy</li> <li>• 3.2 – Establish a Trust Clinical Cabinet</li> </ul> <p>8.2. Katherine Godfrey (Head of Professional Council) presented this report.</p> <p>8.3. It was noted that the Professional Council had agreed an action plan to develop a Trust Clinical Engagement Strategy, to be known as the Clinician Engagement Strategy, and a draft definition was posted on Ourspace in August inviting colleagues to comment on this and to suggest ways forward to promote clinician engagement in line with the definition.</p> <p>8.4. This definition is '<i>Clinician engagement is the active consultation, partnership and involvement of health and social care professionals in the Trust operational and strategic decision making to ensure the best outcomes and experience of services for all service users.</i>'</p> <p>8.5. Katherine noted that although the response to the survey had been low it had been representative of Trust clinicians of multi professional backgrounds and of good quality. The results of this survey have been subject to a thematic review and will be discussed at Professional Council on 8th October 2012. It is hoped that the Strategy will be delivered in November.</p> <p>8.6. Work towards establishing a Trust Clinical Cabinet has involved identifying examples of clinical leadership groups in other NHS organisations. A further development workshop is planned in October, led by Rees and England, to review terms of reference and methods of working.</p> <p>8.7. Tony McNiff welcomed this report and noted that it is suggested in the report that the Professional Council could become the Trust Clinical Cabinet and that his understanding was that these two bodies would co-exist. Katherine responded that this had been considered and that the intention is to create a more powerful representative group. She noted that it is intended that it will</p>	

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<p>be one group but that what it will be called is not yet decided.</p> <p>8.8. It was noted that this work is feeding into the on-going Board assurance work and that Professional Council will be properly supported in the governance framework.</p> <p>8.9. The Board resolved to <b>note</b> this report.</p>	
<p><b>9. Risk Management Strategy</b></p> <p>9.1. The Board received <b>Report 12.0673</b> of the NCAS Director which provided it with an interim update to the Trust's Risk Management Strategy to reflect the changed governance arrangements and address the recommendations in the Fit for the Future Implementation Plan.</p> <p>9.2. It was noted that this report does not reflect on-going work but includes all changes that have already been made. The Risk Management Strategy will return to the Board as revisions are completed.</p> <p>9.3. Paul Miller outlined the challenging discussions at the September Audit &amp; Risk Committee which underlined the need for the organisation to further develop its use of Risk Registers as a mainstream management tool.</p> <p>9.4. Tony McNiff noted that judgements on severity and likelihood when assessing risk are subjective and that there is a training need to improve this and promote consistency. Kristin Dominy confirmed from a SBU perspective that recently provided training in using risk registers as a tool to manage services had been helpful.</p> <p>9.5. Sue Hall noted that the Ulysses tool that the Trust is planning to implement is helpful in terms of promoting and requiring consistency.</p> <p>9.6. Susan Thompson noted that this report does not identify the gap in the Trust process around the process for risk escalation.</p> <p>9.7. It was agreed that the column in the table on page 8 on Risk Ranking Matrix should better read 'Likelihood of <i>Occurrence</i>'. It was also requested that when a mitigated risk score is shown it should include information on which of the axes has been revised.</p> <p>9.8. Sue Hall stated that she would welcome a review of the Trust's risk appetite especially around future opportunities. It was agreed that this was a potential item for a Board Seminar.</p> <p>9.9. The Board resolved to <b>note</b> this report.</p>	<p><b>HW</b></p> <p><b>ER</b></p>
<p><b>10. Electronic Incident Reporting integration with clinical records</b></p> <p>10.1. The Board received <b>Report 12.0674</b> of the NCAS Director which sought the Board's approval for the continued use the Safeguard Risk Management System and briefed it on the feasibility of pursuing electronic incident reporting integration with the RiO clinical record.</p> <p>10.2. It was noted that an action from the Fit for the Future implementation Plan</p>	

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	<p>was to evaluate and brief the Board on the feasibility of integrating electronic incident reporting with the RiO clinical Record. This is a recommendation that came out of the first Independent Governance Report on Management arrangements in the Trust.</p> <p>10.3. Hazel Watson outlined that the Trust has looked at this in great detail and that the recommendation is that any potential benefits of integration would be outweighed by the risks and that the Trust should continue using its Ulysses Safeguard Risk Management System and not pursue possible integration with RiO.</p> <p>10.4. Susan Thompson noted that a key issue is how the Trust works to effectively gather data from the current system and feeds this into the delivery of services. This is the loop that is not necessarily closed despite the systems in place.</p> <p>10.5. Jane Britton noted that the intention behind the recommendation had been to increase the timeliness of reporting and that the solutions we have in place will do this, whilst integrating systems would not necessarily achieve this.</p> <p>10.6. It was agreed that the conclusion should better state that the ‘ <i>Trust is satisfied with its risk management arrangements...</i>’</p> <p>10.7. The Board <b>agreed</b> that it remained satisfied that the Trust will continue using its Safeguard Management System and not pursue possible integration with the RiO system as recommended by the Independent Review.</p>	<b>HW</b>
<b>11. Integrated Patient Experience Update</b>		
	<p>11.1. The Board received <b>Report 12.0675</b> of the NCAS Director which provided it with information and evidence relating to the patient experience across the Trust. The range of sources of this information is mainly drawn from PALS and Complaints, praise received and national and local surveys.</p> <p>11.2. It was noted that that there has been a change in approach to a SBU focus to this report rather than a Trustwide approach.</p> <p>11.3. The effect on AWP service users of the closure the Bristol University Psychopharmacology Service was discussed and the steps that the Trust has taken to mitigate this were noted.</p> <p>11.4. Alison Paine noted that the closure of this service could have a reputational effect on the Trust despite the fact that it was not its service and not its decision to close this. Alison suggested that small services such as this could be gathered together under one umbrella to better preserve them. Arden Tomison noted that this had been the position taken when the Trust established the Specialised and Secure Business Unit</p> <p>11.5. Peter Greensmith requested further data on 4.6 where it is reported that ‘92% of service users in the community state that they are happy with</p>	

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	<i>their care 'always' or 'most of the time', as he felt that this did not reconcile with his understanding. Hazel undertook to share this information.</i>	<b>HW</b>
11.6.	Susan Thompson commented that this came up at the Bristol Service User Group meeting where it was underlined that service users do not respond to surveys and feel that they are not receiving a good service. Susan asked that other methods of getting real time information on the service user experience be explored.	
11.7.	It was agreed that the second paragraph under 4.8 should read '..... about half of service users who responded still feel that there are <i>not</i> enough activities on offer'.	<b>HW</b>
11.8.	Tony McNiff noted that he had found it difficult to read the report and distil useful information. He noted that some key issues are highlighted in the table in Section 7 on the Carer Survey which tell a story about how the Trust is delivering its services but that these issues are not well accentuated.	
11.9.	Hazel Watson acknowledged the issues of the presentation of the report owing to the volume of information.	
11.10.	Lee O'Brien noted a recent contact with a service user in Swindon who had indicated that contact with the PALS service had received a negative response from a clinician. Susan Thompson agreed that anecdotally service users do not like to complain about how they are treated. She encouraged the Trust to think innovatively about assisting people to make their views known including the use of patient peers as used in the Specialised and Secure Business Unit.	
11.11.	Hazel noted that there is much information within the organisation and acknowledged that the PALS team are probably aware of any clinicians who have demonstrated, in the past, that they are not as supportive of their service as they should be. She will review this and report back.	<b>HW</b>
11.12.	Alison Paine highlighted the vulnerability of those with a mental illness or long term conditions and their unwillingness to raise concerns.	
11.13.	Paul cautioned that the purpose of this paper is to triangulate issues and concerns through a range of external checks and balances to test the temperature. He noted that he would not want the Board to feel that Trust staff are uncaring or negative about complaints.	
11.14.	Julie Thomas noted that there is 'organisational behaviour's work on-going in the organisation which will enable more challenging discussions between staff and line managers.	
11.15.	Jane Britton noted that the use of the Trust PALS service is high and that it is important to support staff to see this service as a support to themselves as well as service users. It was agreed that this should be seen as part of the support infrastructure and where incidents occur	

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	<p>PALS should be integral to the way forward.</p> <p>11.16. Peter Greensmith noted that Service Users and Carers in the main praise the PALS system but that this report should reflect a balanced view.</p> <p>11.17. Tony Gallagher cautioned that the 'Near Misses' in Appendix 6 should be addressed prior to these becoming more severe.</p> <p>11.18. The Board resolved to <b>note</b> this report.</p>	
<b>12. Staff Patient Safety Survey</b>		
12.1.	The Board received <b>Report 12.0676</b> of the NCAS Director which outlined the findings of the staff survey on patient safety,	
12.2.	This survey was published on Ourspace and supported by a communication strategy to encourage staff participation. It was noted that there was a low response rate which could be in part attributed to the survey taking place in August to fit with the Fit for the Future Implementation Plan timeframe.	
12.3.	It was noted that staff feel more positive about the contributions to patient safety made by their team and managers than by AWP as a corporate body.	
12.4.	It is intended that the output of the survey will focus the patient safety programme and that the survey will be repeated at a later date. Hazel will confirm when this will happen at the next meeting.	HW
12.5.	Jane Britton noted that actions for the Executive Team have come out of this report. Hazel will circulate this for information.	HW
12.6.	Tony McNiff identified from this report that there are not sufficient staff and that this is a pressure on the organisation. This is not highlighted as a key issue and does not feature on the Corporate Risk Register. It was agreed that this was part of a broader issue which will be discussed later on the agenda.	
12.7.	Susan Thompson identified that there is a question about management not responding to concerns being raised which should be explored.	
12.8.	Hazel underlined that all feedback has been collated and circulated and will be brought back to the next meeting to ensure that the Board is sighted on actions taken.	HW
12.9.	The Board resolved to <b>note</b> this report.	
<b>13. Progress Report on Homicide Action Plans</b>		
13.1.	The Board received <b>Report 12.0677</b> of the NCAS Director which briefed it on progress in relation to the various homicide action plans.	
13.2.	It was noted a further action plan has been closed off and two others are close to being closed.	

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13.3.	It was confirmed that this remains a priority issue and significant work continues to address outstanding actions.	
13.4.	The Board resolved to <b>note</b> this report.	
<b>14. Care Programme Approach (CPA) Progress Report</b>		
14.1.	The Board received <b>Report 12.0678</b> of the NCAS Director which briefed it on progress made to improve the Trust's CPA performance.	
14.2.	The two principal targets relating to CPA which affect the Trust's scorecard were noted as well as progress over the last four months in each PCT area in respect of these targets.	
14.3.	The Board also noted the actions taken to improve CPA management.	
14.4.	Hazel Watson identified two major issues within the organisation, to ensure that CPA is as straightforward as possible for clinicians and service users and carers. Trustwide CPA training is being reviewed and the issues related to RiO will be addressed through RiO 1.1. An additional piece of work will then be required to ensure a good quality of CPA service and to hold people to account for professional practice.	
14.5.	Alison Paine highlighted an apparent anomaly relating to Indicator 2.2.16. It was noted that the target and performance are correct in terms of the contract. This issue is addressed in section 3.6 and will be further discussed in the Part 2 Session.	
14.6.	Tony Gallagher noted the marked improvement in performance in Swindon over the four months.	
14.7.	The Board resolved to <b>note</b> this report.	
<b>15. Monitor Compliance Dashboard</b>		
15.1.	The Board received <b>Report 12.0679</b> of the NCAS Director on the Trust's M5 position against Monitor Compliance Framework standards, including the Trust's current risk rating.	
15.2.	It was noted, that the Trust has a risk rating of 0 and the Monitor Compliance Dashboard is green.	
15.3.	However, in the Boar's role in ensuring a forward looking approach to risk, Hazel Watson cautioned that the imminent CQC report on the Lansdowne Unit will reflect in a significant dip in performance in relation to the CQC target on the Monitor Dashboard.	
15.4.	The Board resolved to <b>note</b> this report.	
<b>16. Fit for the Future Programme Monitoring and Review</b>		
16.1.	The Board received <b>Report 12.0680</b> of the Chief Executive which reported, by exception, on progress in the Fit for the Future (FFtF) programme of work and sought, in addition, Board approval for a draft	

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	FFtF Project Initiation Document (PID) .	
16.2.	It was noted that progress against the plan was discussed at the Audit & Risk Committee the day previously.	
16.3.	Jane Britton reported the position following the recent internal audit of the implementation plan which concludes that there are 35 short term actions assessed to be Green and 10 at Amber. It is proposed that 3 of the Amber actions move to the medium term plan. A further 2 have actions in place to delivered by the end of September.	
16.4.	Jane also reported that Internal Audit have identified that a further 7 FFtF actions have an associated medium term action and are therefore not fully implemented.	
16.5.	Jane noted that the report will updated tomorrow for the SHA, following additional evidence regarding 10.4 and 1.6 which are now Green.	<b>JB</b>
16.6.	Julie Thomas queried whether the action relating to the Behaviours Policy should be recorded as Green. It was agreed that there was an issue related to the wording of this action that technically make it incomplete. The Audit and Risk Committee have accepted that this action is Green and the position can be reflected in a cover note.	<b>JB</b>
16.7.	Tony McNiff welcomed the input of Internal Audit in helping the Trust to re-focus on the implementation of these actions to achieve full benefit from the outcomes. He commended the organisation for its response to this plan and the also sense of common purpose which will be helpful going forward.	
16.8.	Julie Thomas recommended an additional risk in Section 5.3 of the PID that the planned re-structure related to New Ways of Working may be a risk in implementing this plan in diverting the focus of the organisation.	<b>JB</b>
16.9.	The Board resolved to <b>approve</b> the PID, with this amendment.	
<b>17. Report of the Board Committees</b>		
17.1.	Finance & Planning	
	17.1.1. The committee has reviewed its actions in the FFtF implementation plan. It confirmed it was assured on its short term actions and noted some progress against medium term actions.	
	17.1.2. Concern was expressed at the CRES position, vacancies and staffing it agreed that it will continue to track overspending on transport and drugs.	
	17.1.3. The committee continues to be concerned at the lack of commercial leadership on the Board though acknowledged that a marketing consultant is joining the Trust on a short term contract shortly.	
17.2.	Employee, Strategy and Engagement	

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<p>17.2.1. The committee welcomed increased input from the Trust Business Units.</p> <p>17.2.2. The committee reviewed its actions in the FFtF implementation plan and considers these are progressing satisfactorily.</p> <p>17.2.3. Indicators from the emerging dashboard are allowing the committee to drill down into issues.</p> <p>17.2.4. The committee welcomed the engagement plans lead by SBUs and that this will facilitate the sharing of best practise.</p> <p>17.2.5. The committee is most concerned with the vacancy problem.</p> <p>17.3. Audit and Risk</p> <p>17.3.1. The committee had a robust discussion at its most recent meeting on the Trust Risk Registers. Concern was expressed at the quality of the base level risk registers and the method for escalating risks to the Corporate Risk Register. The committee view is that unless the quality of the Directorate risk registers is improved then the Corporate Risk Register does not adequately reflect the level of risk within the organisation.</p> <p>17.3.2. The committee reviewed its FFtF actions.</p> <p>17.3.3. The committee agreed that the Internal Audit programme must be flexible to respond to emerging issues. Issues that emerged from Regularity Reviews triangulated with other concerns that have emerged around manpower.</p> <p>17.4. Quality and Safety</p> <p>17.4.1. The committee reviewed its FFtF actions and progress made against these. It is sighted on major issues.</p> <p>17.4.2. The committee agreed a definition for Clinical Audit and considered how this committee and Audit and Risk operate together in monitoring this. The overlap of committee responsibility was considered in terms of the sharing of agendas and minutes and sharing of Trust KPI oversight.</p> <p>17.4.3. It was noted that the establishing of a Users and Carers committee as a sub committee of Q &amp; S has not yet happened.</p> <p>17.4.4. The committee discussed concerns over staffing and vacancies. A survey of SBU top two concerns has shown that in three of the four business units, staffing is a major concern although this does not appear on their risk register. A further issues was that of premises and quality of premises.</p> <p>17.4.5. Paul Miller noted that issues around accommodation and estates can be that the physical design of the estate does not lend itself to a safe operating environment for the service user. Tony Gallagher responded that this should be reflected on risk registers</p>	

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17.5.	<p align="center">to inform financial planning and the capital budget.</p> <p><b>Mental Health Legislation</b></p> <p>17.5.1. A significant theme the committee has addressed is that of medicines management. The national POMs audit has identified that the Trust is an increasing outlier regarding high dose prescribing. It has been requested that this report be circulated to all Operational Business Units, TMAG and Professional Council and report back to this committee.</p> <p>17.5.2. The committee discussed that the Trust should move to a less high dose prescribing culture with a combination of psychological therapies and the right skill mix in teams.</p> <p>17.5.3. A presentation on the role of advocacy services was received.</p> <p>17.5.4. The committee received a draft action plan to address the CQC report on the operation of the Mental Health Act. This is now with Business Units to identify actions to address concerns.</p> <p>17.6. The Board resolved to <b>note</b> these reports.</p>	
<i>The Board adjourned for lunch at 1.00pm and re-convened at 1.40pm</i>		
18.	<p><b>Finance Report – Month 5</b></p> <p>18.1. The Board receive <b>Report 12.0682</b> of the Interim Director of Finance which sought approval on amendments to the 2012/13 capital programme and presented the Trust's financial position for the year to 31 August 2012 and updated it on the 2012/13 capital programme</p> <p>18.2. It was agreed that the second sentence in paragraph 2 of the Executive Summary should read '.....and therefore the risk is <i>minimal</i> that the Trust will <i>not</i> spend its full capital allocation by 31<sup>st</sup> March 2013'. This should also be reflected in paragraph 3.1.1.</p> <p>18.3. The Board noted the key issues at Month 5. The Trust has achieved a year to date surplus with is £6k behind plan and forecast for year end is to deliver a surplus of £1m as per the plan. It was noted that a significant issue is the overspend on pay.</p> <p>18.4. The Board noted the current position on the 2012/13 capital programme against the agreed plan. It was noted that at Month 5 there has been actual capital expenditure of £659k against the plan of £5,809k, but that commitments have been made to fully spend up to the Capital Resource Limit.</p> <p>18.5. It was queried whether the whether the funding identified in 5.3.1 related to the relocation on Learning Disability Service inpatient beds from Lansdowne, addresses the physical environment concerns from the CQC. It was confirmed that this is about current expenditure to make this unit fit for purpose. The Trust is working to scope alternative premises for the</p>	<b>SH</b>

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18.6.	number of beds required. The Board discussed the 2012/13 disposal programme and the risk associated with the Grove Road sale which may not take place until the end of the financial year because of planning issues. The Trust has plans to mitigate this risk and is currently receiving rent for the premises.	<b>SH</b>
18.7.	Sue Hall agreed to clarify with Tony McNiff the actual month figure for 'Profit (Loss) on disposal of assets in the table in Section 4.	
18.8.	The Board resolved to <b>approve</b> the following: <ul style="list-style-type: none"> <li>• the revisions to the authorised capital envelope as detailed in sections 5.2 and 5.3 above.</li> <li>• the new capital bids for the Transfer of Liaison &amp; Later Life accommodation to Amblescroft (£178k) and for the Extra Care Area to Sycamore Ward at Hillview Lodge (£175k).</li> <li>• the drawdown of the £5k feasibility for the Wiltshire Hub</li> <li>• To include the proposed sale of Speedwell property in the 2012/13 disposal programme.</li> </ul>	
<b>19. Foundation Trust Report</b>		
19.1.	The Board received <b>Report 12.0683</b> of the Chief Executive which briefed it on progress in key areas of the FT work programme through August and September 2012.	<b>JB</b>
19.2.	Jane Britton will amend paragraph 8.1 to reflect that Tony McNiff has not resigned, which was added in error to the report.	
19.3.	The Board resolved to <b>note</b> this report.	
<b>20. To note minutes of Board Committees</b>		
20.1.	The Board noted the minutes of the committees as identified on the agenda.	
<b>21. AOB</b>		
21.1.	There was none.	
The Public Session of the Board meeting formally closed at 2.00pm		

## Board Meeting Minutes – Part 1 Session – 26 September 2012

<b>Key to Abbreviations Used</b>	
<b>Abbreviation</b>	<b>For</b>
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
Dir FTP	Foundation Trust Programme Director
CoSec	Company Secretary
ACoSec	Assistant Company Secretary
ET	Executive Team
SBU	Strategic Business Unit
NED	Non-executive Director

Minutes Prepared for the AWP NHS Trust Board dated 26 September 2012

In the Part I session, sponsored by the Chair