

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

Held on 31 October 2012 at 10.00 in the Conference Room, Callington Road

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, 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 & Commerce Andy Sylvester – Director of Operations
Emma Roberts – Company Secretary Jane Britton – FT Programme Director Louise Hussey – Assistant Company Secretary	Ray Chalmers – Head of Communications Victor Benson – Chantrey Vellacott

Item	Action
<p>Clinical Safety Presentation – Experience Based Design (EBD) ‘Shared Voice: Making a tangible difference’</p> <p>The Board received a presentation from Rachel Clark (Head of Innovation) and Kristin Dominy (Service Director Specialist Drug and Alcohol SBU).</p> <p>It was underlined that the impetus for this project had been to better understand what service users are experiencing and to use this as a platform to improve the quality of services.</p> <p>Kristin noted that it had been important for her to develop this within the SBU as it firmly put service users at the centre of future developments.</p> <p>It was emphasised that there is an intention to develop this approach more widely whilst appreciating that one size does not fit all.</p> <p>Tony Gallagher thanked Rachel and Kristin for the presentation on this impressive project. He stressed that he would like a plan from the Executive Team to demonstrate the wider application of this approach within the organisation and feedback to the Board on progress.</p>	<p>PM</p>

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	<p>Arden Tomison asked if there were explicit links between this approach and the quality improvement cycle and whether this fed quality improvement initiatives in the SBUs. Kristin confirmed that this was so and that it also provides the opportunity to make small changes with a significant impact.</p> <p>Peter Greensmith commended the use of peer mentors in this process and asked if this would be applicable across the Trust. Rachel confirmed that peer mentors within SDAS would be willing to support others in developing this and that it is her understanding that there is interest across the organisation in developing EBD but noted that it will require commitment and a targeted approach to develop it more widely.</p>	
<p>1. Apologies</p>	<p>1.1. Apologies were received from Tony McNiff – Non Executive Director</p>	
<p>2. Declaration of Members' Interest</p>	<p>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.</p> <p>2.2. There were no conflicts of interest declared..</p>	
<p>3. Questions from members of the public about the work of the Trust</p>	<p>3.1. There were none.</p>	
<p>4. Minutes of the meeting on 26th September 2012</p>	<p>4.1. The minute at 11.4 referring to '<i>small services</i>' within AWP should read '<i>Alison felt that since all closure decisions have the potential for reputational damage they should be considered in the context of the whole Trust service portfolio, not within SBUs, as it might have been possible to find alternative funding for this service elsewhere eg as part of a wider innovative or R&D funded service grouping.</i> Arden Tomison noted that this had been the thinking behind establishing the Specialised and Secure Business Unit'</p> <p>4.2. Peter Greensmith noted that he had not yet seen the data referred to in 11.5 and that this action had therefore not been completed. HW confirmed this would be provided immediately.</p> <p>4.3. Lee O'Bryan's name to be spelled correctly.</p> <p>4.4. Minute 17.4.5 should read '<i>.....the physical design of the estate does not lend itself to an optimal operating environment</i>'</p> <p>4.5. With these amendments the minutes were agreed as an accurate record.</p>	<p>HW</p> <p>LH</p> <p>LH</p>
<p>5. Matters Arising</p>	<p>5.1 The Board resolved that all matters arising be recorded as complete or carried forward in the Board Schedule of Matters Arising.</p>	

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<p>6. Chair's and Chief Executive's Actions</p> <p>6.1. None were noted.</p>	
<p>7. Chief Executive's Report</p> <p>7.1. The Board received Report 12.0706 of the Chief Executive which provided it with a briefing on key issues.</p> <p>7.2. The Board noted that, alongside the Chair, NCAS Director and FT Programme Director, the Interim Chief Executive met with the NHS Trust Provider Development Authority on 2 October. It was noted that the Trust now has an FT pipeline entry date in July 2013 and that much work is required for the organisation to prepare to meet the re-entry date.</p> <p>7.3. The Board also noted that the Trust has continued to engage with external stakeholders and has submitted its response to the Bristol PCT consultation on the re-tendering of its mental health services. The Trust awaits the outcome of this.</p> <p>7.4. Paul highlighted the CQC draft report on the Lansdowne Unit. He emphasised that the Trust is working on an urgent action plan to ensure it meets the requirements of the two warning notices that it has received regarding this unit. Work is ongoing to find alternative appropriate placements for the service users concerned to allow urgent maintenance work to take place.</p> <p>7.5. Paul updated the Board on the on-going work related to service redesign and the issues around staffing vacancies associated with this. The outcomes of the project implementation review will be fed back to the Board.</p> <p>7.6. The Board noted the continuing work on-going within localities and specialised services to work with the Trust's partners including the series of 'Lets get engaged' events which have taken place over the summer.</p> <p>7.7. Excellence within the organisation was underlined by the BEST in Mental Health Team being shortlisted for an HSJ award and the Psychiatry Liaison team in the Bristol Royal Infirmary also shortlisted for the Royal College of Psychiatry psychiatric team of the year. Dave Cooper, staff nurse on Kennet Ward, Fromeside has won the University of the West of England's Best Practice Award for supporting nursing students in practise.</p> <p>7.8. The Board noted the Trust's work with the Swindon Service Users Network (SUNs) and Swindon PCT in relation to Sandalwood Court and the relocation of the MIND crisis service and the SUNs listening line.</p> <p>7.9. The Board resolved to note this report.</p>	AS
<p>8. Chair's Report</p> <p>8.1 Tony Gallagher verbally updated the meeting on activity over the month.</p> <p>8.2 Tony thanked Paul Miller for his contribution in taking the Trust forward in a difficult period Trust whilst acting as Interim Chief Executive in recent months.</p>	

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<p>8.3 Tony confirmed that the Trust has appointed Ian Tulley as its new Chief Executive. Tony noted that Ian Tulley has a long standing Mental Health background and expressed confidence that Ian will take the organisation forward, building on the Fit for the Future Plan, and ensuring that the Foundation Trust journey is successful.</p> <p>8.4 Tony noted that the principals engendered by the Board are now becoming embedded across the organisation and that this is evidenced by projects such as the evidence-based design work presented at the beginning of this meeting.</p> <p>8.5 Tony confirmed that the Trust will meet with the Foundation Trust Development Authority (FTDA) in December and that, as part of the preparatory work for this, there will be an additional Board Meeting at the end of November. The Trust's appointed point of contact within the FTDA is Steven Dunn.</p> <p>8.6 Tony briefed that he had attended the Chair and Chief Executive's meeting for the South of England recently. He emphasised that the primary focus of the Chief Executive, Sir Ian Carruthers, is on objectives relating to quality, safety and financial sustainability. It was noted that the integration of the health and social care agenda will be a significant issue going forward and that it was identified that mental health will be the number one issue over the next ten years.</p> <p>8.7 Tony noted the continuing ward safety visits involving both Executive and Non Executive Directors.</p> <p>8.8 A major meeting for service users and carers took place at the beginning of October. Tony welcomed this and looked forward to taking this forward and translating initiative into actions.</p> <p>8.9 Susan Thompson noted recent comments by the Minister for Social Care on the need to integrate health and social care services and the importance of services relating to mental health and well being. She asked that any related communication of further funding for mental health be tracked by the Trust.</p>	PM
<p>9. Electronic Patient Records System – Update</p> <p>9.1 The Board received Report 12.0707 of the NCAS Director which updated it on the use of RiO as the Electronic Health Care record.</p> <p>9.2 The Board noted the current position with the electronic health care record and the changes in the culture to ensure that it is widely recognised as primarily an electronic patient record. The setting up of the Clinical Systems Management Group (CSMG) to provide a governance framework for the development and reporting of clinical systems was noted.</p> <p>9.3 Systems issues such as the inability in producing in RiO a user friendly care plan, are being addressed with the review of a number of options. It was noted that the present version of RiO under the BT contract has a lack of local configurability that is at the centre of this issue.</p>	

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9.4 Work to upgrade to RiO 1.1 has been delayed because of a lack of assurance on the risk to the continuity of the service. A new date in mid November has been set for this.	
9.5 RiO interface issues with some services such as PCLS were outlined.	
9.6 The flow of information from the Clinical Systems Management Group was outlined in the diagram at the back of the paper. This is supported by regular updates on the Rio pages on Ourspace.	
9.7 The decision to go for an early slot within the RiO 2.0 implementation plan was queried, given the issues with the RiO 1.1 upgrade. Hazel Watson noted that the choice would be to go for an early slot as this will have an impact on the system license that the Trust holds when its contract comes to an end.	
9.8 Alison Paine noted the risks of being an early adopter and questioned the benefits. She expressed concern at the lack of customer power with the current system and the lack of flexibility around reporting. Tony Gallagher noted that other organisations are likely to have had similar experiences and that there would some sense in looking at some external benchmarking and making an approach as part of a consortia.	
9.9 Hazel confirmed that the Trust is externally well referenced in national and regional groups and has chosen to play a significant role in the next steps post RiO. At Tony's request. Hazel will produce a quality impact assessment of the Trust's position as an early adopter of RiO 2.0, identifying risks and benefits.	HW
9.10 Susan Thompson highlighted the critical importance of clinical engagement in RiO as a quality tool. She suggested that the membership and ToR of CSMG do not necessarily demonstrate this. Hazel identified that this group is chaired by the Deputy Nurse Director and that the Clinical Systems Manager acts as the clinical interface to the group. She also noted that there are RiO Champions in every ward and team and the role of CSMG is to ensure that Rio works clinically. Hazel agreed to circulate the membership list of CSMG for greater clarity.	HW
9.11 It was noted that the ToR refer to the Clinical Cabinet and that this should be changed to <i>Professional Council</i> .	HW
9.12 Paul underlined the effect of clinical engagement on the outputs of the system through the data warehouse. It was noted that reportzone is populated by information that comes out of the data warehouse and that this is essentially the executive information management system.	
9.13 Lee O'Bryan noted the risk identified around the failure of any of the local access databases at 3.5.1 and asked which workplan addresses this. Hazel confirmed that the IT Workplan has prioritised the data warehouse to pull all systems together and that the Clinical Systems Management Group has worked to identify all systems in use. Sue Hall will provide the workplan that demonstrates that this risk is being addressed.	SH
9.14 Alison Paine questioned which Board Committee has oversight of issues	

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<p>raised at CSMG. Hazel noted that the default committee for this group is Quality and Safety (Q & S) and it was confirmed that quality issues should be reported through to Q & S whilst strategic issues be referred to Finance & Planning (F & P). It was noted that CSMG reports by exception to TWMG and that significant concerns would be escalated through the Risk Register.</p> <p>9.15 The Board resolved to note this report.</p>	
<p>10. Bristol North Recovery Team – Update</p> <p>10.1 The Board received a verbal update from the NCAS Director on lessons learned from the CQC inspection of Community Services, and specifically issues raised in the Bristol North Recovery Team.</p> <p>10.2 Hazel outlined changes within the Bristol North Recovery team where all service users are now immediately allocated a care co-ordinator. From this experience improved systems and processes have been rolled out across the Trust around caseload management, workforce modelling, skill mix, appraisal and training packages.</p> <p>10.3 It was noted that the NCAS Quality and Safety Team have done an initial re-audit that have confirmed that improvements have taken place within the North Bristol Team. Where there are some issues of non-compliance there is on-going work both with this team, the SBU and other teams.</p> <p>10.4 The overall CQC action plan is due at TWMG shortly which will confirm progress made to date.</p> <p>10.5 In terms of this issue and concerns raised at Lansdowne, Tony Gallagher questioned how expectations around service standards are communicated. He noted that achieving consistent service standards is part of the Fit for the Future (FFtF) plan and asked how this is demonstrated.</p> <p>10.6 Andy Sylvester noted that integral to service redesign is the intention to improve the quality and performance of teams. He noted a previous presentation to the Board by Sarah Frizzle, Community Redesign Manager in the Adult Community services, on the Care Programme Approach which had demonstrated this. It was agreed that it would be helpful for the Board to receive an update on steps taken to ensure consistency of application of this approach, including appropriate training, where required.</p> <p>10.7 Susan Thompson asked what service users can now expect from the Bristol North team in terms of allocation of cases. Hazel confirmed that there are now no unallocated cases and that it is not this area where further work is required. Julie Thomas underlined that there are now specific training plan requirements, with allocated training days, across all community teams.</p> <p>10.8 Susan asked if the issue of staff vacancies is having an impact on this team. Andy Sylvester was asked to provide the Board with this information.</p> <p>10.9 Paul Miller noted that the CQC is likely to revisit its review of community services, including the Bristol team and that it would be useful for the Board to be updated on the current position regarding the CQC action plan at its next</p>	<p>AS</p> <p>AS</p> <p>HW</p>

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<p>11. Assurance Framework Update</p> <p>11.1 The Board received Report 12.0709 of the NCAS Director to approve the Board Assurance Framework.</p> <p>11.2 It was noted that the Assurance Framework has been drafted based around the Fit for the Future Plan and also the Trust’s refreshed Strategic Objectives. It was noted that these Objectives will be updated as the Board has requested as part of the Communication Plan.</p> <p>11.3 Peter Greensmith queried whether the Internal Audit recommendation on the escalation of service users issues through the Trust, has been addressed within this framework. Peter noted that it is important that service users and carers can see that there is a demonstrable escalation process. Hazel Watson confirmed that this is on the agenda of the Service User Steering Group.</p> <p>11.4 Alison Paine commented on a lack of consistency between a control and an assurance of a control within the document. It was agreed this would be reviewed.</p> <p>11.5 It was also noted that under the section ‘<i>Change the culture of leadership and accountability</i>’ it is not clear which control is managing which risk.</p> <p>11.6 Hazel Watson will action these changes and bring the Assurance Framework to the next Board meeting for approval.</p>		<p align="center">RC</p> <p align="center">HW</p>
<p>12. Update on Policy for Policies</p> <p>12.1 The Board received Report 12.0710 of the NCAS Director which sought approval of the revised Policy for Policies.</p> <p>12.2 Hazel Watson confirmed that templates for Trust Strategy documents are being developed. Hazel will advise when this will be completed.</p> <p>12.3 Lee O’Byran noted comments from staff that they are not aware of Trust policies and policy changes. Hazel underlined that, mindful of this, all changes to policies are sent out as alerts to the organisation. It was suggested that a communication strategy around this should be considered. Hazel was asked to take this forward.</p> <p>12.4 It was requested that reference to ‘EMT’ within the document should be changed to Trustwide Management Group (TWMG).</p> <p>12.5 Following amendment, the Board resolved to approve the Policy for Policies.</p>		<p align="center">HW</p> <p align="center">HW</p> <p align="center">HW</p>
<p>13. Monitor Compliance Dashboard</p> <p>13.1 The Board received Report 12.0711 of the Director of Finance which reported the Trust’s M6 position against Monitor Compliance Framework Standards.</p> <p>13.2 The Board noted the risk score of 4 against the Governance Risk and the background to this. It was requested that, in future the Board report should</p>		

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	<p>provide a key which demonstrates the target score.</p> <p>13.3 Hazel Watson outlined the planned actions in response to the breaches identified by the CQC in relation to the Lansdowne Unit, and it was noted that when these are taken the risk score will be reduced.</p> <p>13.4 Paul Miller underlined that, although the moderate concerns identified in the CQC community services review do not give rise to a risk rating in line with the Monitor Compliance Framework, , the Trust must address these concerns swiftly as these reflect against the service that the Trust is providing.</p> <p>13.5 The Board resolved to note this report.</p>	SH
	<p>14. Fit for the Future programme Monitoring and Strategic Review</p> <p>14.1 The Board received Report 12.0713 which reported, by exception, on progress in the Fit for the Future (FFtF) programme and also presented a revision of the medium term plan for approval.</p> <p>14.2 It was proposed that the short term plan be signed off.</p> <p>14.3 The re-drafted actions around the piloting and roll out of Evidence Based Co-Design and the implementation of Service Line Management were noted.</p> <p>14.4 It was agreed that Evidence Based Co-Design should be described as ‘Experience Based Design’. This will be changed.</p> <p>14.5 It was confirmed that the Trust has established the direction of travel around service line management but that there should be a discussion on how best to describe this process as Monitor do not use this term.</p> <p>14.6 It was confirmed that having established a common understanding of the process a timeline will be required. Paul Miller and Sue Hall will work together to establish a revised target timeline and action plan for the next Board meeting. It was noted that Internal Audit will re-visit this in 6 months to ensure the Trust is on track.</p> <p>14.7 It was agreed that there should also be a timescale for the roll out of Experience Based design. It was requested that this be considered by TWMG, Quality and Safety and then to the Board. Andy was asked to produce a briefing note on the Trust’s current position in taking this forward.</p> <p>14.8 The Board resolved to approve that the short term plan be signed off and the revision of the medium term plan.</p>	<p>JB</p> <p>PM/SH</p> <p>AS</p>
	<p>15. Annual Review of Directors and Senior Officers’ Interests</p> <p>15.1 The Board received Report 12.0713 of the Chief Executive.</p> <p>15.2 It was noted that Andy Sylvester is a Board member and is the Director of Operations, and this should be correctly recorded in the minutes.</p> <p>15.3 It was also noted that Susan Thompson should not be described as NED (Associate) and is <i>Chair</i> of the Law Society Mental Health and Disability</p>	<p>LH</p> <p>LH</p>

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<p>17.1 The Board received Report 12.0714 of the NCAS Director as part of the FFtF requirement for the Trust to review its governance structures and quality assurance processes to ensure effectiveness.</p> <p>17.2 It was noted that it has become clear that the current system of management groups is ineffective and that the reporting lines between ‘ward’ and ‘board’ have become blurred.</p> <p>17.3 Work had taken place to review and rationalise the 92 management groups currently in existence. The refined management governance arrangements are identified at <i>Appendix 1 to the report</i>.</p> <p>17.4 It was noted that the Diversity Steering group should be included in these arrangements and that there should be greater clarity on where Clinical Audit sits.</p> <p>17.5 Susan Thompson noted a lack of connectivity between clinical engagement and committees and that there should be clearer cross-referencing of these groups to committees for advice and assurance purposes. This should include CSMG reporting into Finance & Planning and the Medicines Management Group into the Mental Health Legislation Committee.</p> <p>17.6 Arden Tomison noted that it was important that these arrangements demonstrate how clinical issues are reported through the organisation with clarity on where Professional Council sits.</p> <p>17.7 Tony Gallagher asked that, following amendment, this structure should return to the Board in three months alongside a review of effectiveness.</p> <p>17.8 With amendment, the Board resolved to approve the framework of revised management governance arrangements for onward development of the detailed requirements by the Trustwide Management Group.</p>	<p style="text-align: right;">HW</p> <p style="text-align: right;">HW/ER</p>
<p>18. Report of the Board Committee Chairs</p> <p>18.1 Quality and Safety (Q & S)</p> <p>18.1.1 Key Health and Safety issues by SBU have been brought to the committee. These all correlate with Risk Registers.</p> <p>18.1.2 The issues raised were as follows:</p> <p style="text-align: center;">Specialised and Secure</p> <ul style="list-style-type: none"> • Lansdowne environment • Bank fill rates (eg Fromeside) • PICU unexpected deaths <p style="text-align: center;">AOWA</p> <ul style="list-style-type: none"> • Extended hours • Recruitment 	

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	<p align="center">Adult Acute Inpatient</p> <ul style="list-style-type: none"> • Extra care areas • V & A training • 136 issues (eg Swindon) <p align="center">SDAS</p> <ul style="list-style-type: none"> • Training activity • Multiple data entry systems • Vacancies/redesign <p align="center">Liaison and Later Life</p> <ul style="list-style-type: none"> • Bank shortages • Charterhouse environment <p>18.1.3 It was noted that the continuing engagement process with service users and carers included a Co-Design event on 2 October.</p> <p>18.2 Finance & Planning Committee (F & P)</p> <p>18.2.1 The committee is content that its short term actions under FFtF are complete.</p> <p>18.2.2 Medium term actions are felt to be progressing to plan.</p> <p>18.2.3 Jane Britton suggested that common metrics from the FFtF implementation plan should be agreed for each committee. Tony Gallagher agreed this and that the metrics should be subject to Board review.</p> <p>18.2.4 The chair of the committee expressed concern at whether the committee was properly adding value to the Board, from an assurance perspective, as the timings of both the committee and the Board do not facilitate this. She suggested that it might be that the committee should be delegated by the Board to consider specific concerns. It was agreed this issue would be considered as part of the review of the new Committee framework in January 2013.</p> <p>18.2.5 The chair noted that a presentation on progress to date from the Trust's Marketing Consultant has been attached to her report for information. She noted that good progress was already being made.</p> <p>18.3 Employee Strategy and Engagement Committee (ESEC)</p> <p>18.3.1 The chair of the committee noted that it is now hitting its stride although the listening sessions with staff are not as well attended as he would like. The next meeting will be in Devizes.</p> <p>18.3.2 Peter Greensmith noted that at a recent engagement event it was clear</p>	<p>JB</p>

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<p>that some staff feel that they are not being heard at a senior level and he hoped that the ESEC listening sessions are seen as a forum to address this.</p> <p>18.3.3 Lee welcomed the improvement in Appraisal and Supervision but, whilst Appraisal now stands at 77% the aim is that it should be at least at 80%.</p> <p>18.3.4 Turnover is high at 16% and the committee has considered the staff groups that could be significant in this.</p> <p>18.3.5 The major issue considered was that of vacancies and Lee has held post committee meetings with Andy Sylvester, Julie Thomas and Paul Miller to further discuss this issue and move it forward. This has included discussion around the vacancy level that the Trust is aiming for and the forecasting of workforce demands.</p> <p>18.3.6 Alison Paine noted the critical importance of understanding vacancies and capacity planning as identified in the risks highlighted at the Q & S committee.</p> <p>18.3.7 Julie Thomas confirmed that the Trust is sighted and is taking action on vacancies and is working with the SBUs to understand their requirements.</p> <p>18.3.8 Tony Gallagher noted this but underlined that this remains a concern in the long and short term which should remain in sight both at the Committees, the Board and on Risk Registers.</p> <p>18.4 Tony noted that the Trust is now three months into the new committee structure and this will be reviewed after six months to ensure that this structure is appropriate to the Trust's needs.</p> <p>18.5 The Charitable Funds ToR were withdrawn as they are not yet finalised pending acceptance at the next meeting of the Board.</p> <p>18.6 It was noted that there has not been a meeting of either the Audit and Risk or Mental Health Legislation Committee since the last Board and there are therefore not reports from the chairs of these committees.</p>	
<p>The Board adjourned for lunch at 1.10pm to re-convene at 1.45pm</p>	
<p>19. Finance Report – Month 6</p> <p>19.1 The Board received Report 12.0716 of the Interim Director of Finance which presented the Trust's financial position to 30th September 2012.</p> <p>19.2 The Board noted the cumulative position to the end of September which is an actual surplus of £485k against the plan of £487k year to date.</p> <p>19.3 The Trust has achieved a Financial Risk Rating of 4 which is key for the Monitor pipeline.</p> <p>19.4 The Trust is forecasting a year end surplus of £1,000k.</p> <p>19.5 It was noted that the Trust income is above plan but that this will be offset by</p>	

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<p>Out of Area income recovery.</p> <p>19.6 Pay expenditure is above plan which is mainly due to the non delivery of savings targets and the use of agency to cover vacancies connected to the implementation of redesign.</p> <p>19.7 It was noted that the overspend of Clinical Supplies and Services is mainly linked to out of area spend to be recovered through income.</p> <p>19.8 The cash balance at Month 6 is £1.3m above plan. There are commitments to capital spend within the capital plan which will address this.</p> <p>19.9 The Board resolved to ratify the following capital decisions identified in Section 6:</p> <p style="padding-left: 20px;">19.9.1 The revised authorised capital envelope outlined at 6.5 – 6.8 of the report</p> <p style="padding-left: 20px;">19.9.2 The bid for ECT equipping (43k in current year).</p> <p style="padding-left: 20px;">19.9.3 Callington Road Fencing (180k in current year)</p> <p>19.10 The Board resolved to note this report.</p> <p>Transfer of Land at Blackberry Hill to North Bristol NHS Trust (NBT)</p> <p>19.11 The Board received a further Report 12.0716 of the Interim Director of Finance which advised it of a request from NBT to transfer of a plot of land at Blackberry Hill Hospital.</p> <p>19.12 The Board noted the background to the request and that NBT is looking for the transfer to be completed at Net Book Value and that this is the practise within the NHS.</p> <p>19.13 It was noted that the Operation Director has delegated authority for this decision and that the Board are asked to ratify the approach taken..</p> <p>19.14 Susan Thompson asked whether there was any consistency in this decision being delegated to the Operations Director yet the Board being asked to approve Callington Road Fencing. Paul Miller agreed that the annual revision of Standing Orders and the Scheme of Delegation should look empowering the organisation to take more locally owned decisions whilst maintaining overall control.</p> <p>19.15 It was noted that the Callington Road decision had come to the Board as it was a change to the agreed capital programme.</p> <p>19.16 Tony Gallagher agreed that the issue of locally owned decisions should be part of a review of delegated authority with an understanding that decisions taken are appropriate in terms of quality and safety. Decisions should then come to the Board to note.</p> <p>19.17 The Board resolved to ratify the approval of this land transfer.</p>	<p>PM</p>

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<p>20. Foundation Trust (FT) Report</p> <p>20.1 The Board received Report 12.0717 of the FT Programme Director on progress in the period against the FT work programme focussing on the Single Operating Model, progress against key delivery mechanisms and 8 key domains of FT readiness as outlined in the report..</p> <p>20.2 It was noted that the FT timeline is provisional until the Tripartite Formal Agreement (TFA) is signed, which should be by the end of November.</p> <p>20.3 It was noted that the Trust is now no longer required to undertake a third Quality Review and that it is in discussion on the details of the consultation process.</p> <p>20.4 Work is on-going on the refresh of the IBP.</p> <p>20.5 It was noted that there is much work to do and that a projected initiation document (PID) will come to the Board next month having been considered by the Executive Team.</p> <p>20.6 It was underlined that the Board will be driving this process going forward through its meetings and Seminars.</p> <p>20.7 Tony Gallagher noted that all issues covered on this agenda relate to the Foundation Trust work programme. He underlined that although timescales are tight they are achievable and that where, possible it will be about refreshing existing information. Tony reiterated that the focus will be on leadership, governance, quality and safety.</p> <p>20.8 The Board resolved to note this report.</p>	JB
<p>21. To note minutes of Board Committees</p> <p>21.1 The Board noted the minutes of the committees as identified on the agenda.</p> <p>21.2 The Audit and Risk Committee minutes of 12th July should note that Sue Hall was in attendance.</p> <p>21.3 The ESEC Committee minutes should be recorded as 23 July 2012.</p>	LH
<p>22. AOB</p> <p>22.1 Academic Health Science Network Briefing</p> <p>22.1.1 The Board received a briefing note on developments in relation to Academic Health Science Networks (AHSN) which is a significant part of the changing NHS landscape.</p> <p>22.1.2 It was noted that the intention of this network is to bring together local providers of NHS services and others to focus on innovative health care and the to stimulate wealth creation.</p> <p>22.1.3 It was also noted that the Trust's involvement to date, through Bristol Health Partners, has been with the intention of remaining close to the project as it develops whilst ensuring that mental health priorities are</p>	

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<p>fully represented.</p> <p>22.1.4 In response to a question from Lee O’Bryan, Arden Tomison noted that wealth creation in this context is about stimulating the bio technology industry across the region whilst distributing this to service interests and promoting new technologies.</p> <p>22.1.5 The Trust’s involvement in this initiative was welcomed and it was requested the Board is kept sighted on further developments.</p> <p>22.2 Arden Tomison appraised the Board that that, whilst there have been areas of the country where the validity of detention under the Mental Health Act has been brought into question, safeguards in the South of England have been upheld. He noted that there are a small number of service users who may have been subject to detention elsewhere and the Trust will work to reassure and assure that continuing detention is validated.</p> <p>22.3 Arden Tomison also drew the Board’s attention to the successful completion of phase 1 of the Pharmacy Supply Chain Project, and the imminent commissioning of the expanded pharmacy service at Callington Road. He offered his thanks for the successful completion to those closely involved with the project.</p>	AT
The Public Session of the Board meeting formally closed at 2.35pm	

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 Company Secretary
ET	Executive Team
SBU	Strategic Business Unit
NED	Non-executive Director

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