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

Held on 30th January at 10.00am in the Education Centre, Royal United Hospital, Bath

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

Members Present

Anthony Gallagher – Chair Susan Thompson – Non-Executive Director Alison Paine – Non-Executive Director Lee O’Bryan – Non-Executive Director	Iain Tulley – Chief Executive Paul Miller – Director of Finance & Commerce and Deputy Chief Executive Hazel Watson – Executive Director of Nursing, Compliance, Assurance Arden Tomison – Executive Medical Director Julie Thomas – Executive Director for People Sue Hall – Interim Director of Business Development
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In attendance

Jane Britton – FT Programme Director Emma Roberts – Company Secretary Emma Adams – Operations General Manager	Ray Chalmers – Head of Communications Louise Hussey – Assistant Company Secretary
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Item		Action
Clinical Safety Presentation – ‘Let’s get real’ – Dr David Frost	<p>The Board received a presentation on targeted clinical metrics from Dr David Frost. It was noted that this is a subject of particular interest to the Board in terms of the focus on clinical engagement and performance management and further understanding of the best use of metrics to get optimum clinical outcomes.</p> <p>Dr Frost underlined that this presentation would take one facet of the process and demonstrate how, without any further data, the Trust can arrive at targeted and meaningful clinical metrics. This is about real time analysis of a caseload in order to get to a position of proactive clinical risk management.</p> <p>Dr Frost took as an example a possible design for a clinical metric for the assessment and management of the risk of suicide. This centred around these steps:</p> <ul style="list-style-type: none"> • Identify a set of patients • Define components of quality care 	

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<ul style="list-style-type: none"> • Find the subset with poor quality • Feed this back to the individual staff • Aggregate up team, sector and board <p>The presentation was welcomed by the Board as a demonstration of an escalation process for clinicians and warning tool for the Board and it was discussed when this could be considered by the Clinical Academy and possibly rolled out.</p>	
<p>1. Apologies</p> <p>1.1. Apologies were received from Anthony 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, No interests were declared.</p>	
<p>3. Minutes of the meeting on 19th December 2012</p> <p>3.1. These were agreed as an accurate record and accepted.</p>	
<p>4. Matters Arising</p> <p>The Board resolved that all matters arising be recorded as complete or carried forward in the Board Schedule of Matters Arising.</p>	
<p>5. Outstanding Board Actions</p> <p>5.1. None were noted.</p>	
<p>6. Chair's Report</p> <p>6.1. The Chair verbally updated the Board.</p> <p>6.2. It was noted that the recent attempt to recruit a new NED had been unsuccessful and that the process will start again in the next week with targeted advertising in localities.</p> <p>6.3. During this meeting there will be a discussion on the co-option of an Associate NED who will provide further clinical input into the Board.</p> <p>6.4. Tony noted that it was a year since the publication of the Independent Review Report on Leadership and Governance Arrangements and that the Trust had not made all the progress it might. He underlined that some progress had been made around centralisation, performance management and improved user and carer involvement but that the organisation is some way from where it should be in relation to the findings of this report.</p> <p>6.5. The Chair formally thanked Arden Tomison for his work as Medical Director for the Trust and welcomed Hayley Richards into the role.</p>	

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6.6. Tony reported that the role of Senior Independent Director has moved from Susan Thompson to Lee O'Bryan and that Lee will also act as Whistleblowing Lead. Tony thanked Peter Greensmith for his prior work in this capacity.	
<p>7. Chief Executive's Report</p> <p>7.1. The Board received Report 12.0796 of the Chief Executive which provided it with a briefing on key issues arising since the last meeting.</p> <p>7.2. The Board noted the paperless challenge to the NHS and the Board's intention that it should set an example and be paperless in six months.</p> <p>7.3. Iain drew the Board's attention to the Government's 'friends and families' test and noted that the imminent publication of the Francis Report is a positive opportunity and catalyst for improvement in relation to addressing the quality of our services. He noted that the outcome from this report is likely to be more regulation but that the challenge is to think how we address regulatory requirements and to understand what quality is.</p> <p>7.4. Susan Thompson agreed that this will be a significant piece of work for the organisation which should also focus on Board effectiveness, key challenges around information sharing and more candour in the public domain. She also identified meaningful service user involvement as a key issue.</p> <p>7.5. The Board noted that the Lansdowne Unit has now been closed and would not be re-opened.</p> <p>7.6. Iain reported that he had attended an AWP Risk Summit in Newbury at the end of last week with Hayley Richards, Hazel Watson and others. Hayley updated the meeting that there had been critical but fair comment made with regard to Lansdowne, Fromeside and the Trust's Quality Governance Assurance systems. It was noted that the Trust's responses were well received whilst acknowledging there continues to be much work to do at speed. However, it was felt that the opportunity to engage with a wide audience had assisted the Trust in explaining the changes in train, and offering assurance about plans in place.</p> <p>7.7. Iain updated the Board on the implementation of the switch from strategic business units to locality management. It was noted that the Clinical Directors will be appointed between 14th February and 17th February. Managing Directors and Heads of Profession/Practice will be appointed during February and March with all key appointments completed by the end of the financial year. Work is in hand to define the needs in relation to the next tier of management and the development of the Clinical Academy is underway.</p> <p>7.8. Emma Adams explained to the Board that the overriding concern during this process is to ensure that quality and safety is maintained with the intention that, whilst management changes take place, the quality strand continues. Iain underlined that for front line services the position is largely 'steady state' which should not impact on day to day work. Emma acknowledged that where there has been greater disruption such as in Liaison and Later Life</p>	

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<p>SBU or anxiety as in Bristol over the tender, further consultation with staff has taken place.</p> <p>7.9. In response to Susan Thompson’s request for clarity on how the clinical pathway will work Iain confirmed that all structures will be clear by the end of February and that current clinical directors will maintain their roles until the new structures are in place with a period of double running to ensure continuity.</p> <p>7.10. Iain welcomed Hayley Richards as the Medical Director designate with effect from midnight on 31 January 2013.</p> <p>7.11. Iain acknowledged feelings of uncertainty within the organisation during this period of change and that the launch of the Mutually Agreed Resignation Scheme (MARS) may have added to this. Paul Miller updated the Board on progress with the scheme.</p> <p>7.12. Arden Tomison updated the Board on outputs from the Patient Safety and Care Standards Committee of NHS South of England and the Trust’s work in developing this.</p> <p>7.13. Iain congratulated Dr Marian Liebmann, art psychotherapist in the Bristol Central Recovery Team, on being awarded an OBE ‘for services to social justice through art therapy and mediation’.</p> <p>7.14. Iain noted and welcomed the positive outcome of the recent discussions with the Western Comprehensive Local Research Network (CLRN) over the resourcing of an additional Assistant Clinical Studies Officer post to support the recruitment into dementia studies.</p> <p>7.15. The Board resolved to note this report.</p>	
<p>8. Receipt of Homicide Reports</p> <p>8.1. The Board received Report 12.0797 of the NCAS Director relating to 3 published homicide inquiry reports and was asked to formally consider and note these. It was explained that there are no causative failings identified in any of the reports but that they do usefully provide further opportunities for learning and are a key driver for quality improvement.</p> <p>8.2. It was noted that hard copies of the homicide reports were not provided for this meeting for environmental reasons but that these are available via the identified link to the NHS Southwest website and by hard copy to those who request this.</p> <p>8.3. It was noted that the Trust was commended for the standard of its internal inquiries related to these cases. All recommendations will be fully synthesised in to the Homicide Action Plan which will come to the Board in February 2013.</p> <p>8.4. The Board resolved to note these reports.</p>	HW
<p>9. Board Strategy on Quality Improvement – update from Workshop</p> <p>9.1. The Board received Report 12.0798 of the NCAS Director which noted</p>	

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<p>progress made on the development of a Quality Assurance system supported by a Quality Management Information System.</p> <p>9.2. The outcome of the Workshop on 14th January to agree the 7 key Quality Indicators was noted. These being confirmed as:</p> <ul style="list-style-type: none"> • CQC Quality and Safety Outcomes compliance – <i>Quality and Safety</i> • Monitor/Contract/CQUIN delivery – <i>Finance and Planning</i> • Staffing issues - <i>ESEC</i> • Supervision and Appraisal rates - <i>ESEC</i> • Records Management standards – <i>Quality and Safety</i> • Finance – <i>Finance and Planning</i> • Service User, Carer, and Staff feedback – <i>Quality and Safety</i> <p>9.3. Two alterations to the paper were noted. The key Quality Indicator related to <i>Staffing issues</i> will specifically relate to sickness and absence and the <i>Innovation and Improvement Academy</i> will revert to the title of 'Clinical Academy'.</p> <p>9.4. It was acknowledged that there is much work to be done to deliver these systems and processes. It is planned that a full time project manager will be employed across the disciplines who will work with support from Devon Partnership.</p> <p>9.5. It is the intention that the Board is regularly updated on progress and the Trust is committed to running the first reports by the end of March or earlier.</p> <p>9.6. The Chair welcomed the simplification of the process and sought agreement on the Board committee responsibility for the oversight and assurance of the Quality Indicators (QIs). These were agreed as identified at paragraph 9.2.</p> <p>9.7. Peter Greensmith asked that the Service User Steering Group should be party to reports into the Quality and Safety Committee to ensure that feedback from service users and carers is taken into account.</p> <p>9.8. Iain underlined that it is the intention that the Trust moves away from reports to real time information.</p> <p>9.9. Alison Paine noted that, as chair of the Finance and Planning Committee, she is interested in the relationship between finance and quality and the judgements made in balancing these. The Chair underlined that the QIPP programme will be implemented with a quality impact assessment for each plan and that this reinforces the critical importance of clinical engagement in budget setting.</p> <p>9.10. Iain noted that there is a significant shift in the thinking of the organisation in that Clinical Directors will be accountable for the quality, finances and access to services. It was stressed that the Trust must be more demanding about quality and may have to consider whether it is in a position to run some services if the finances do not balance in such a way as to enable quality</p> <p>9.11. In response to a comment from the floor it was agreed that the Trust's</p>	

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<p>direction of travel is about a focus on quality and impact and not quantity and processing. It was agreed that the outcomes of the forthcoming Francis report are likely to emphasise this drive for change further.</p> <p>9.12. The Board resolved to note this report.</p>	
<p>10. Report in response to the DH report on Winterbourne View</p> <p>10.1. The Board received Report 12.0799 of the NCAS Director which updated it on the release of the final government response to the recommendations arising from the Winterbourne View report and asked for approval for the updated Winterbourne view action plan incorporating additional actions arising from the final report.</p> <p>10.2. Paul Miller highlighted an issue that AWP staff may work for a third party organisation and that it should be explicit and a formal protocol developed, to clarify to whom a potential concern should be reported. It was agreed this would be investigated.</p> <p>10.3. Susan Thompson noted that the action plan does not reflect the involvement or engagement of service users, carers or families. She underlined that it is important to make people aware of the complaints process and in addition include information on the access to advocacy services. Susan also asked that there be more evidence of involvement of carers and families with care planning.</p> <p>10.4. Susan also asked that Patient Safety visits (PSV) should incorporate some of the lessons learned from Winterbourne View and Hazel noted that there have been discussion on the reorganisation of PSV that would take this into account. Hazel will feedback to the Board outside of the meeting.</p> <p>10.5. Iain Tulley underlined that action plans do not provide assurance of actions taken and that it is his intention to demand additional positive assurance which will include patient safety visits. He noted that the recent Risk Summit had taken no assurance from the Trust's overarching action plans and that the key question is about residual risk by team and by ward and how close the Trust is to acceptable levels of safety.</p> <p>10.6. Lee O'Bryan noted that Action 12 <i>Ensure there are pharmacist-led medicines reviews both for individual patients and for the service as a whole</i> is marked as completed and that his understanding was that Trust's approach to prescribing is not yet as it wants it to be. It was noted that the view of the Mental Health Legislation Committee is that there is a pharmacy review on the Inpatient ward and that, in this sense, this action is complete. Tony Gallagher noted that the Quality and Safety committee is also sighted on this and that he would like to leave consideration of these issues to the Board committees. It was agreed this would be kept under review by Quality and Safety Committee.</p> <p>10.7. Alison Paine noted action 1 around 'illegal restrictions' and felt that this was not sufficiently specific. Hazel noted that this wording came directly from</p>	<p>HW</p> <p>HW</p> <p>HW</p> <p>HW</p>

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<p>the report and that the organisation does not illegally or inappropriately detain people and that this is regularly checked. It was acknowledged that the action plan may need to be revised in this area to ensure the meaning was clear.</p> <p>10.8. In response to a comment from the floor about the detention of patients Susan noted that it is important that, in the development of the action plan, it is made clear that everyone understands the <i>Mental Capacity Act</i> in order that patients are not detained without understanding of the process.</p> <p>10.9. Hazel undertook to update the plan as discussed to reflect Board feedback.</p> <p>10.10. The Board resolved to note this report.</p>	<p>HW</p> <p>HW</p>
<p>11. Integrated Patient Experience Report</p> <p>11.1. The Board received Report 12.0800 of the NCAS Director which provided it with information and evidence relating to the patient experience across the Trust.</p> <p>11.2. Hazel noted that the Adult Inpatient SBU is now using the VOICE service user feedback tool which is gathering real time feedback and it is hoped that this will provide more meaningful information.</p> <p>11.3. It was noted that the roll out of the Experience Based Design (EBD) programme has been extended to the Eating Disorder Unit.</p> <p>11.4. The development of the ‘lets get engaged’ events, in conjunction with the service user and carer steering group, was discussed and it was acknowledged that the outcomes from these have yet to be implemented and the Board expressed frustration at this.</p> <p>11.5. Peter Greensmith noted that he has submitted a paper as an addendum to this report on his findings around service user and carer involvement within the Trust and that this is presented in conjunction with an Internal Audit report on the same subject published in October 2012.</p> <p>11.6. He underlined that it is key that the organisation understands the issues and needs of service users and carers and that his conclusions are that:</p> <ul style="list-style-type: none"> • AWP needs a Service User and Carer Involvement process that is joined up and is put in place as soon as possible. It is suggested that this be first designed for our Community Services. • An Engagement and Involvement Strategy be developed quickly which then needs to be approved by the AWP Board and communicated throughout the Trust. • AWP takes a look at the whole process and structure of its Engagement and Responsive approach to service users and carers and considers a structure that better reflects its local area and specialist services strategy and is “Fit for the Future” <p>11.7. Hazel responded that the organisation must re-think how this should be</p>	

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	delivered in a trustwide manner.	
11.8.	Tony Gallagher reiterated that it was year on from the publication of the Independent Review Report on Leadership and Governance Arrangements where this issue was identified and although some progress has been made it has not been significant. Iain Tulley noted that he felt that the NHS in general has not defined what ‘good’ looks like in terms of user involvement. He suggested four levels to user involvement – the user constituency within the FT membership, a constituency at locality level which encourages diverse involvement with local interest and links to the voluntary sector, a constituency at team level and at an individual level.	
11.9.	It was suggested that a forthcoming Members Day in March would be a useful forum to outline a suggested Trust approach based on the four themes identified by the Chief Executive and further developed by the Executive Team. This should then be considered by the Quality and Safety Committee in conjunction with the suggestions made from the 21 meetings held as part of the ‘lets get engaged’ process.	HW
11.10.	An invitation was extended to all from the floor to the South Glos LINKS Friday Support Group for a further opportunity for feedback.	
11.11.	The Board resolved to note this report.	
12. Monitor Compliance Dashboard		
12.1.	The Board received Report 12.0801 of the Interim Director of Business Development which reported on the M9 position against the Monitor Compliance Framework standards, including the Trust’s current risk rating.	
12.2.	It was noted that the Trust is currently on track as forecast and that the Governance risk rating of 4, as this relates to the CQC findings in relation to the Lansdowne Unit, is likely to be addressed by the recent closure or this unit. The Trust has now written formally to the CQC on this issue and hopes to have further dialogue with the CQC imminently.	
12.3.	The Board resolved to note this report.	
13. Fit for the Future Programme Monitoring and Strategic Review		
13.1.	The Board received Report 12.0802 of the FT Programme Director which reported by exception on progress on the Fit for the Future (FFtF) medium term implementation plan and related programme issues.	
13.2.	Approval was sought for extension of deadlines for the following actions – <i>FFtF 29 and 36</i> and the FFtF metrics aligned with the 7 clinical indicators.	
13.3.	It was confirmed that all FFtF metrics are scrutinised at Board committees and it was considered whether reduced detail could therefore be presented to the Board.	JB

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13.4.	The Board resolved to approve extensions to completion dates for actions 29 and 36 and also the FFtF metrics identified and their place in the overall evaluation of the FFtF programme.	
14. Reports of Board Committee Chairs		
14.1.	<p>The Board received reports from the Chairs of the following committees and noted key issues:</p> <p>14.1.1. Finance and Planning</p> <ul style="list-style-type: none"> • The committee has remained concerned at the Trust's recurring run rate and the risk of the non achievement of savings plans. <p>14.1.2. Quality and Safety</p> <ul style="list-style-type: none"> • Concerns about estates and the fitness for purpose of estates have been addressed • The fitness for purpose of the Charterhouse Unit has also been discussed. <p>14.1.3. Audit and Risk</p> <ul style="list-style-type: none"> • A & R have been looking at the Risk Register in detail over a period of time. Progress is being made in terms of the grouping of risks and better understanding of residual scoring and mitigating actions. <p>14.1.4. Employee, Strategy and Engagement</p> <ul style="list-style-type: none"> • Good progress has been noted in terms of supervision and appraisal rates. • The Listening Sessions have raised concerns around changes within the organisation. <p>14.1.5. Mental Health Legislation</p> <ul style="list-style-type: none"> • Positive early results have been reported to the January meeting following a quality improvement pilot in response to the 2012 POMH (Prescribing high dose in combination antipsychotics) national benchmarking data, (May 2012), which had identified a worsening picture. • The MHLC will be amalgamated with the Quality and Safety Committee from April. Mental Health Legislation will remain an important focus. • An audit of S136 suites was received by this committee and referred to TWMG for action. It was confirmed that action is being taken with partner agencies. 	
14.2.	The Board resolved to note these reports.	

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15. Finance Report (M9)		
15.1.	The Board received Report 12.0804 of the Director of Finance which presented the Trust financial position for the year to 31 st December 2012 which also informed it of the Trust 2012/13 capital programme progress.	
15.2.	The Board noted the cumulative position of the Trust and that it has achieved a FRR of 4. The Board also noted that the organisation is confident of achieving its projected surplus at year end.	
15.3.	It was noted that this report was considered in depth at the Finance & Planning meeting on 18 th January 2012.	
15.4.	The Board resolved to approve: <ul style="list-style-type: none"> • the revised authorised capital envelope and any revisions to current schemes • the new capital bid for an addendum to the Finance System Business case of £101k • the new capital bid for the PCLS Mobile working deployment of £95k • the capital allocation of £24k to ACER/ECH for the outstanding retention 	
16. Foundation Trust Report		
16.1.	The Board received Report 12.0805 of the Foundation Trust (FT) Director which outlined the future arrangements for work on the FT process.	
16.2.	It was noted that a Board level Advisory Group (FT Steering Group) is to be formed to oversee the strategic direction of the FT programme. Ian Tulley noted that this steering group will be working on behalf of the Board and therefore less detail will be reported to this meeting.	
16.3.	The Board to Board process is to be added to the project timeline.	JB
16.4.	It was noted that the Tripartite Agreement is not yet formally signed off and Jane Britton will follow this up.	JB
16.5.	It was agreed that the Executive Team would discuss and confirm executive responsibility for the organisational risk related to the IBP at its next meeting.	JB
16.6.	The Board resolved to approve: <ul style="list-style-type: none"> • the proposal to develop a small advisory FT steering group • the detailed FT work programme for January – July 2013 (App 3) 	
17. Minutes of Board Committees		
17.1.	The Board received and noted Board Committee minutes as identified on the agenda.	
18. AOB		

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18.1.	It was reported that service at the Charterhouse Unit has been suspended to ensure a high quality of patient care. This action has been taken with the support of Commissioners.	
The Public Session of the Board formally closed at 12.45pm		

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 Development
Exec Dir NCAS	Executive Director of Nursing, Compliance, Assurance & Standards
Exec Dir Ops	Executive Director of Operations
Int Exec Dir BD	Interim Director of Business Development
Dir FTP	Foundation Trust Programme Director
CoSec	Company Secretary
ACoSec	Assistant to the Company Secretary
ET	Executive Team
SBU	Strategic Business Unit
NED	Non-executive Director

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