

enabling and empowering people to reach their potential and live fulfilling lives

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

Held on 27<sup>th</sup> February 2013 at 10.00am in the Beech Room, Sandalwood Court

These Minutes are presented for Information

**Members Present**

Anthony Gallagher – Chair Alison Paine – Non-Executive Director Anthony McNiff – Non Executive Director Lee O’Bryan – Non Executive Director Peter Greensmith – 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 Hayley Richards – 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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<b>Item</b>		<b>Action</b>
<b>Clinical Safety presentation – Integrated Quality Plan</b>		
1.1.	The Board received a presentation from Hayley Richards and Hazel Watson. on the development of the Integrated Quality Plan	
1.2.	It was noted that the intention is for this to inform every day practice and innovation, to be central to how the organisation works, meaningful to all staff members, visible to stakeholders and owned by clinicians and managers.	
1.3.	Hayley outlined the intention within the Quality Information System to integrate a number of data streams and map the data the Trust collects so that all quality information is based on the CQC 16 standards of care. This will allow teams to self assess against these standards and better understand what ‘good’ looks like.	
1.4.	It was noted that it is the intention that the Integrated Quality Plan will be owned centrally and used to hold teams to account through locality management teams. Hayley underlined that this has already begun to work. This is already being shared with commissioners for their scrutiny and	

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<p>contribution and is cross-referred to the risk register.</p> <p>1.5. Tony Gallagher asked that, from a Board perspective, each of the Board committees should be able to look at the segment of the plan relevant to them, concentrating on the top action items. Hayley confirmed that this should be used as a backdrop for all Trust conversations across the week.</p> <p>1.6. The Board also noted the structure of the Quality Governance system.</p> <p>1.7. Alison Paine welcomed this logical and clear process and asked how far staff will be confronted with changes in practice. Hazel confirmed that it will be a substantial piece of work to get this in place for April which will mean substantial changes for wards and teams but it will also result in fewer requests for extraneous pieces of information. Work is ongoing to support colleagues with these changes whilst stressing the positive benefits of this system.</p> <p>1.8. Alison also asked about the choice of standards and it was stressed that this is the Board's decision.</p> <p>1.9. Iain Tulley reiterated that, at the recent risk summit, the point had been made to commissioners that the baseline for standards is around the 7 key quality indicators.</p> <p>1.10. Hayley noted that the first reports will run at the end of March but will not be fully supported by live and collected data until April.</p> <p>1.11. A questioner from the floor asked about service user input in the plan. It was noted that this is a theme on its own and that one of the indicators is around users and carers. It was stressed that a key action is about approving care plans and clinicians will have to demonstrate that these have been built up in collaboration with users and carers.</p> <p>1.12. Hayley and Hazel were thanked for the presentation.</p>	
<p><b>2. Apologies</b></p> <p>2.1. Apologies were received from Susan Thompson – Non-Executive Director.</p>	
<p><b>3. Declaration of Members' Interest</b></p> <p>3.1. 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><b>4. Questions from members of the public about the work of the Trust</b></p> <p>4.1. A question was asked about the long delay from GP referral for Memory Services in Wiltshire.</p> <p>4.2. It was noted that this situation has arisen for a number of reasons which mean that demand exceeds supply in terms of both funding and clinicians. Iain Tulley reported that there is a trial running currently with the aim of getting people to assessment earlier which it is hoped will be rolled out across the</p>	

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<p>Trust in April.</p> <p>4.3. A question was asked if any patients are taken into care because of money held by the council for care and protection.</p> <p>4.4. Hayley Richards stressed that any recommendations that the Trust makes regarding care are related to clinical need and that the Trust does not charge any individual for care. It was noted that Local Authorities have different arrangements for social care.</p> <p>4.5. A statement was made from the floor about care that had been received from Trust and a promise by the organisation to investigate the concerns that had been raised. The Chair noted that investigations had taken place and that a letter had been sent to this effect which had been followed by correspondence with many individuals. It was suggested that discussion at a break in the Board with a clinical associate would be helpful.</p>	
<p><b>5. Minutes of the meeting on 30<sup>th</sup> January 2013.</b></p> <p>5.1. It was noted that both Peter Greensmith and Hayley Richards should have been recorded as present.</p> <p>5.2. Paragraph 11.10 should refer to an invitation from <i>Positive Steps</i>.</p> <p>5.3. With these amendments the minutes were agreed as an accurate record.</p>	
<p><b>6. Matters Arising</b></p> <p>6.1. The Board resolved that all matters arising be recorded as complete or carried forward in the Board Schedule of Matters Arising.</p>	
<p><b>7. Outstanding Board Actions</b></p> <p>7.1. None were noted.</p>	
<p><b>8. Chair's report</b></p> <p>8.1. The Chair verbally updated the Board.</p> <p>8.2. Tony Gallagher noted that this was the first Board meeting since the recent publication of the Francis Report. He noted that there is a report for discussion later on the agenda and that the Board had had a discussion and presentation from an external body at its February Seminar on the key themes. He noted that the Board will come back to the themes from this report over the coming year. He underlined that the Board is sighted on the report and the particular need to engage with users and carers and that this is one of the Trust's 7 key indicators.</p> <p>8.3. Tony noted that the Trust is on course to achieve Foundation Trust status in the next 18 months. He underlined that this achievement is not the objective but that the real objective is that our services are brilliant. He noted that the role of the recently formed FT Steering Group is to manage the FT process for the Board to ensure that all Board members are prepared for key milestones.</p>	

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8.4. Tony noted that this was the last Board Meeting for Julie Thomas, Executive Director for People who is due to leave on a secondment. Tony thanked Julie for her dedication, commitment and passion in her role and also her work with Lee O'Bryan on the Employment Committee.	
<p><b>9. Chief Executive's Report</b></p> <p>9.1. The Board received <b>Report 12.0832</b> of the Chief Executive which provided it on key issues that have arisen since the last meeting.</p> <p>9.2. The Board noted the improvements being made to the application of the care programme approach (CPA) and Iain underlined that specific action is required within the Trust to address poor take up and issues around records management.</p> <p>9.3. Iain endorsed the work that is already ongoing within the organisation with peer mentors and the growing involvement of service users. He underlined that he would like this practice to spread across the whole Trust as soon as possible.</p> <p>9.4. The Board welcomed the appointment to date to clinical director roles and noted that appointments have yet to be made for the Specialised and Secure Service and Wiltshire. It was noted that the recruitment process had been very robust with input from service users and carers and also CCGs and Local Authorities.</p> <p>9.5. It was noted that the recruitment process for the managing director and heads of profession roles is in train to take place over the next couple of weeks and that it is expected that all roles will be filled by the beginning of April. Iain reiterated that the risks associated with the transition process have been well managed.</p> <p>9.6. Iain noted that recent Risk Summit discussions had been very helpful with a focus on the basics of quality requirements.</p> <p>9.7. Iain confirmed that the Trust's refreshed vision and values are out for discussion and underlined that he is looking for a wide ranging discussion in developing these more quality focussed proposals which demonstrate greater clinical engagement and are to be delivered locally.</p> <p>9.8. The Board noted the significant changes to the Monitor Provider License as this reflects the Health and Social Care Act 2012.</p> <p>9.9. Iain added his thanks to Julie Thomas for her part in facilitating his smooth entry into the organisation.</p> <p>9.10. The Board resolved to <b>note</b> this report.</p>	
<p><b>10. The Trust's response to the Francis Report</b></p> <p>10.1. The Board received <b>Report 12.0833</b> of the Medical Director which identified main areas for note and suggested immediate and medium term responses for consideration.</p>	

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10.2.	It was noted that the requirements set out in the report, including the training of directors, are being put in place.	
10.3.	The Trust's proposed response, as outlined within the report at paragraph 16, was noted.	
10.4.	The Chair noted that the Board had had an external advisor to brief it on this report at a recent Board Seminar where a decision had been made to map what the organisation is doing against a checklist. He noted that the Board will, at an appropriate point, have to consider and accept or not, the recommendations from the Francis report.	
10.5.	Iain Tulley noted that that both the Department of Health and the NHS Commissioning Board are yet to make a formal response to the report and that the Trust must wait for this. He underlined that the outcome of this report is likely to mean more regulation and data collection and that maintaining a focus around quality will help the organisation to address all requirements. He recommended that the Trust responds to complaints as feedback to the organisation and that all feedback is published in detail in conjunction with action taken.	
10.6.	The Board resolved to <b>note</b> this report.	
<b>11. Monthly Incident Report</b>		
11.1.	The Board received <b>Report 12.0834</b> of the NCAS Director which briefed it on serious untoward incidents that occurred in January 2013.	
11.2.	The Board welcomed receipt of this report in Part 1 of the meeting.	
11.3.	It was noted that there were 8 externally reported incidents in January.	
11.4.	The unusually high number of grade 2 incidents (5) were noted, these were outlined within the report. The Board noted that immediate safety actions have been taken and that root cause analysis investigations have been commissioned in respect of all incidents.	
11.5.	A question from the floor raised the issue of the reporting of incidents relating to patients in the community. Hazel confirmed that all incidents are reported and investigated and that all figures are available nationally. She undertook to check whether this particular information is available on the Trust's external website.	<b>HW</b>
11.6.	It was agreed that process of reporting through the Critical Incident Oversight Group (CIOG) and Quality and Safety Committee should be reviewed as there is some confusion around how scrutiny takes place and there was agreement that there should be a mechanism for reporting back to the Board.	<b>HW</b>
11.7.	The Chair noted the two Grade 2 incidents in Secure Services and asked whether there were high level issues associated with these. Hazel confirmed that both incidents have been independently scrutinised by the National Commissioning Board and that no link has been found although	

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	there are individual service lessons.	
11.8.	Lee O'Bryan underlined the big increase in Level 2 incidents in January and asked about the position in February. It was noted that, to date there are no Level 2 incidents in February.	<b>HW</b>
11.9.	Tony Gallagher noted that it would be helpful to include a cumulative total for the year within the report.	
11.10.	The context that the Trust has contact with 16,000 service users within the year with 36,000 contacts in total was identified from the floor.	
11.11.	The Board resolved to <b>note</b> this report.	
<b>12. Monitor Compliance Dashboard</b>		
12.1.	The Board received <b>Report 12.0835</b> which reported on the Trust's M10 position against Monitor Compliance Framework standards.	
12.2.	It was noted that there has been no change in relation to key issues since the previous month. The Governance risk continues to be rated as 4.0 and the Trust is awaiting a reply from the CQC regarding the Lansdowne Unit. Iain updated the Board that the risk score of 4 will not change until the Trust has resolved the issues raised with regard to Fromeside.	
12.3.	The Board resolved to <b>note</b> this report.	
<b>13. Fit for the Future Programme Monitoring and Strategic Review</b>		
13.1.	The Board received this exception report on progress against the Fit for the Future Implementation Plan and strategic overview of the plan one year on.	
13.2.	It was agreed that significant progress has been made in delivering this plan.	
13.3.	Iain Tulley noted that the Sutherland report had been the catalyst to this process and that it had been suggested at the risk summit that the Trust should seek external validation of progress made. He confirmed that Sue Sutherland and Stephen Colbin will visit the Trust on 30 <sup>th</sup> April and 1 May, to this end, to undertake a series of semi structured interviews in conjunction with the quality improvement plan.	
13.4.	Lee O'Bryan and Tony McNiff both welcomed the FFtF plan and the implementation of sharing accountability across Board committees. They also welcomed the return of Sue Sutherland for external validation purposes.	
13.5.	Paul Miller noted that the organisation is in the process of agreeing the mainstreaming of this plan and thanked Jane Britton for her guidance and perseverance in delivering it to date.	
13.6.	Jane Britton suggested that mainstreaming should take place from the end of April.	

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13.7.	<p>The Board resolved to <b>approve</b>:</p> <ul style="list-style-type: none"> <li>• the extension to the completion dates for action 25 (Professional Council Terms of Reference and Work Plan) to April 2013 - and action 20 (recruitment to vacant NED post) as required on receipt of the NTDA recruitment timetable.</li> </ul>	
<b>14. Report of Board Committee Chairs</b>		
	<ul style="list-style-type: none"> <li>• <b>Quality and Safety Committee</b></li> </ul>	
14.1.	The Board noted the recent activity of the committee.	
14.2.	The Board also noted that Susan Thompson will chair the newly constituted Quality and Standards committee going forward.	
14.3.	The Board noted that this committee will be responsible for oversight of three of the 7 key indicators for the Trust.	
14.4.	It was confirmed that in depth staffing actions relating to CQC compliance will be considered by the Employee, Strategy and Engagement Committee (ESEC).	
	<ul style="list-style-type: none"> <li>• <b>Audit and Risk Committee</b></li> </ul>	
14.5.	Tony McNiff will circulate a brief on issues covered at the last meeting of this committee.	<b>AMc</b>
<b>15. Finance Report</b>		
15.1.	The Board received <b>Report 12.0838</b> of the Director of Finance which presented the Trust financial position for the year to 31 January 2013.	
15.2.	The Board noted that the Trust is on track to achieve its planned surplus of £1m at year end.	
15.3.	In response to a question from the floor, Paul Miller confirmed that any surplus achieved is kept by the organisation and that this is available for future capital programmes.	
15.4.	The Board noted that the budget setting process for 2013/14 was considered by the Finance and Planning committee on 18 <sup>th</sup> February and has also been shared with the Trustwide Management Committee (TWMG). Paul noted that a considerable amount of budget validation work has taken place and he thanked Emma Adams and Operations' colleagues for their contribution to this.	
15.5.	Paul outlined key details around the planned surplus and contingency reserve for next year. He noted that the capital programme is planned at around £6m, but that this may increase and he indicated that this is a debate to be had by TWMG.	
15.6.	Paul confirmed that the 2013/14 financial plan will be considered by the March meeting of the Finance & Planning Committee and will be	

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	considered at the March Board for approval.	
15.7.	Lee O'Bryan raised an issue about the setting of staff budgets in this process. Paul confirmed that this is part of an extensive exercise in the movement to vertical locality budgets. He referenced the historic under-budgeting of community services and confirmed that the ongoing work is looking at staff run rate, including bank and agency, as the basis for next year's budget and that with validation and adjustment he is confident that this is a robust methodology.	
15.8.	Emma Adams confirmed that this is a work in progress with the Operations and Finance Directorates with the aim that each locality should have a budget net of CIPs.	
15.9.	It was agreed that ESEC should receive detailed assurance on this.	<b>PM</b>
15.10.	Lee also raised the issue of vacancies within the organisation. Iain Tulley confirmed that the work by PWC is nearing completion and that this presents an opportunity for the Trust to re-shape its workforce to support clinical investment.	
15.11.	In response to a question from the floor about the variance in pay costs and the relationship to agency costs Paul noted that this has been historically set to meet the demands of the service and that the intention going forward is to invest in the staff we employ.	
15.12.	The Board resolved to <b>approve:</b>	
	<ul style="list-style-type: none"> <li>• the revised authorised capital envelope and any revisions to current schemes</li> <li>• the business case for the Provision of Family &amp; Staff room on Imber Ward, Green lane (£25k 2012/13)</li> <li>• the business case for the Team base for Specialist Prescribing Services, SDAS Bournemouth (£25k 2012/13)</li> </ul>	
<b>16. Foundation Trust Report</b>		
16.1.	The Board received a verbal update from the FT Programme Director.	
16.2.	It was confirmed that the Trust is entering the formal assessment process.	
16.3.	The re-draft of the IBP is expected to be completed by the end of March.	
16.4.	It was noted that the work outlined by Hazel Watson and Hayley Richards at the beginning of the meeting will contribute to reducing the Trust's quality governance score.	
16.5.	The Trust is on track with the work programme on Board governance evaluation.	
16.6.	Jane updated on progress in relation to the draft tripartite agreement and it was confirmed that progress has been made on this in a number of	

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<p>meetings that have taken place in February.</p> <p>16.7. Iain confirmed that recent meetings that he has attended have confirmed that the Trust is on track for the July gateway.</p>	
<p><b>17. Minutes of Board committees</b></p>	
<p>17.1. The Board noted the minutes of the following meetings:</p> <ul style="list-style-type: none"> <li>• Finance &amp; Planning Committee – <i>January 2013</i></li> <li>• Audit and Risk Committee – <i>November 2012</i></li> </ul>	
<p><b>18. Quality Performance Dashboard</b></p>	
<p>18.1. The Board resolved to take this report in the Part 1 Session and not Part 2 as originally scheduled.</p>	
<p>18.2. The Board received <b>Report 12.0847</b> of the Interim Director of Business Development which reported on the Month 10 performance position against key indicators and updated it on the two indicators which the Trust is failing to meet against the standards set, the 2012/13 contractual position for CQUIN and penalties and progress on the new quality assurance system.</p>	
<p>18.3. It was noted that performance against the following indicator has remained similar to M9:</p> <ul style="list-style-type: none"> <li>• Providing carers with a carer care plan within 4 weeks of assessment</li> </ul>	
<p>18.4. It was also noted that performance against:</p> <ul style="list-style-type: none"> <li>• Ensuring a service user has full CPA induction within 4 weeks of assessment</li> </ul> <p>has improved by around 10% in month.</p>	
<p>18.5. Emma Adams updated the Board that both these indicators are monitored on a weekly basis and that a number of actions have been taken to address performance. She updated that in terms of the indicator relating to carers, some of this has been related to late reporting and that a benefit of locality management has been that changes related to this have been put in place. She underlined that in terms of this indicator the issue is around small numbers.</p>	
<p>18.6. A comment from the floor noted that there is an issue of problematic language in this indicator which focuses on carers being assessed on their ability to care. Work is ongoing to address this through front line training.</p>	
<p>18.7. It was also noted that a significant number of staff have been trained on CPA induction.</p>	
<p>18.8. A further question related to an experience with a carers assessment</p>	

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	<p>which it was indicated would not be used. Hazel Watson confirmed that the Trust's responsibility ends at the point of assessment and that responsibility to take this forward lies with local authority colleagues. It was requested that further work takes place to ensure that the appropriate information is properly passed on. It was also suggested that there may be a case for review of this process by the Audit and Risk Committee and Internal Audit.</p>	EA
18.9.	Ruth Brunt noted her concern regarding the deterioration in performance against the 13 week waiting time for treatment in Bristol adult services. Emma Adams undertook to come back with a detailed response to this concern.	EA
18.10.	The Board resolved to <b>note</b> this report.	
<b>19. January 2013 SHA Oversight return (Month 10)</b>		
19.1.	The Board resolved to take this report in the Part 1 Session and not Part 2 as originally scheduled.	
19.2.	It was noted that this return has been through a thorough process of review by the Executive Team.	
19.3.	The Chair underlined that the Board had had a robust debate at its last meeting in relation to the oversight return and the implications of the red flags.	
19.4.	The Board noted the actions being taken in response to red flags/exceptions including the governance risk score of 4 primarily relating to the CQC inspections (Lansdowne/Community Services).	
19.5.	The Board discussed the processes for improvement against the further exceptions identified.	
19.6.	Paul Miller noted that the Investment Planning Group are considering the better scheduling of capital schemes to avoid the back ending of these at year end. It was also agreed that these schemes should be available to localities as they require them.	
19.7.	Iain reiterated that addressing the target for sickness absence is a management issue.	
19.8.	It was noted that the Cost Improvement Plans (CIP) are being reviewed and discussed by the Finance & Planning Committee. Tony McNiff underlined that these plans must be owned and it was confirmed that the 2 year CIP programme has been developed from the business planning process which is now better owned and more transparent.	
19.9.	It was agreed that <i>Declaration 1</i> will remain qualified prior to the quality information system becoming operational in April.	
19.10.	The Board <b>agreed</b> <i>Declaration 2</i> : <ul style="list-style-type: none"> <li>• At the current time, the board is yet to gain sufficient assurance to</li> </ul>	

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	declare conformity with all of the Clinical Quality, Finance and Governance elements of the Board Statements.	
<b>20. AOB</b>		
20.1.	There was none.	
<b>The Board broke for lunch at 12.15pm</b>		

<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 to the Company Secretary
EMT	Executive Management Team
SBU	Strategic Business Unit
NED	Non-executive Director

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