

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

Held on 27th March, 2013 at 10.00am in the Learning and Development Suite, Green Lane Hospital

These Minutes are presented for Approval

Members Present

Anthony Gallagher – Chair Alison Paine – Non-Executive Director Lee O’Bryan – Non Executive Director Peter Greensmith – Non Executive Director Susan Thompson – Non Executive Director Ruth Brunt – Associate Non-Executive Director	Iain Tulley – Chief Executive Paul Miller – Director of Finance & Commerce and Deputy Chief Executive Hazel Watson – Executive Director of Nursing Hayley Richards – Executive Medical Director Sue Hall – Interim Director of Business Development Sally Fox – Head of HR
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In attendance

Emma Roberts – Company Secretary Emma Adams – Operations General Manager	Ray Chalmers – Head of Communications Louise Hussey – Assistant Company Secretary
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	<p>Clinical Safety Presentation – Inpatient Safety Pilot – AWOL</p> <p>1.1. The Board received a presentation from Julie Hankin (Clinical Director, Wiltshire) and Lou Curtis (Inpatient Safety Lead).</p> <p>1.2. As a member of the South West Quality and Patient Safety Improvement Programme the Trust is working with six other trusts on AWOL reduction in Adult Inpatient wards.</p> <p>1.3. The Trust has developed a number of interventions, based on the work of Professor Len Bowers, to reduce the number of patients that abscond from hospital, whilst on escorted leave or fail to return from leave.</p> <p>1.4. These interventions include a questionnaire for service users regarding their perception of their safety on the ward, a S17 leave card with ward phone numbers and reminders of times for return and a S17 leave care plan on RiO to enable service users to participate in their care.</p> <p>1.5. A pilot of initiating a semi structured interview following an AWOL has taken</p>	

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<p>place in Bristol.</p> <p>1.6. Data is now available for July to December 2012 to measure the outcome of this work.</p> <p>1.7. Julie Hankin and Lou Curtis will be using the PDSA process (plan, do, study, act) to continue this work and feed back through the Care Forum pathway.</p> <p>1.8. Susan Thompson welcomed this initiative and noted that the semi structured interview based on the work of Len Bowers is evidenced based and backed up by existing work.</p> <p>1.9. Paul Miller asked how the semi structured interview for AWOL is balanced against recovery. Julie agreed that it is crucial to have balancing measures around recovery, quality of life, time in the ward and efficacy. She underlined that the semi structured interview plays into this as it is more personalised and acknowledges crucial issues in people's lives.</p> <p>1.10. In response to a question from the floor it was confirmed that there are things that can be usefully done in to replicate this in other parts of the service such as Liaison and Later Life.</p> <p>1.11. A further question from the floor asked how this links with the 15 Steps Programme and cautioned that there may be a duplication of questions and processes. It was confirmed that this will be tested to ensure there is as little duplication as possible.</p> <p>1.12. Julie and Lou were thanked for this presentation and the work they are doing.</p>	
<p>2. Apologies</p> <p>2.1. Apologies were received from Anthony McNiff – Non Executive Director and Jane Britton – FT Programme Director</p>	
<p>3. Declaration of Members' Interest</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>4. Questions from members of the public about the work of the Trust</p> <p>4.1. The Chair welcomed members of the public to the Board and noted that the Board were unable to discuss specific cases but that clinicians and members of the PALs team were available to discuss any concerns at a break in the meeting.</p> <p>4.2. An issue was raised from the floor about a family member who had been an inpatient in Charterhouse for a period for assessment and concerns were raised about this process. The PALS team have responded to these concerns but the response was not felt to be satisfactory. Hayley Richards said that she would be happy to discuss these concerns outside the meeting.</p>	

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<p>5. Minutes of the meeting on 27th February 2013</p> <p>5.1. It was noted that Ruth Brunt had been present at the meeting and that this should be recorded.</p> <p>5.2. At 1.1 it should be recorded that the Board received a presentation ‘.....on the development of the Integrated Quality Plan <i>together with the Quality Information System</i>’.</p> <p>5.3. At 4.2 it should be noted that ‘<i>Tony Gallagher</i> reported that there is a trial running...’ and not Iain Tulley.</p> <p>5.4. With these amendments the minutes were agreed as an accurate record.</p>	
<p>6. Matters Arising</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>7. Outstanding Board Actions</p> <p>7.1. None were noted.</p>	
<p>8. Chairs report</p> <p>8.1. The Chair verbally updated the Board.</p> <p>8.2. He noted that the first Social Workers Conference had been held last week and that it had been very successful with a significant number of attendees. A Social Work Strategy is also being developed.</p> <p>8.3. Tony confirmed that the Medical Director and Nursing Director have been co-opted onto the Foundation Trust (FT) Steering Group to emphasise clinical leadership within the organisation.</p> <p>8.4. It was noted that Tony and Iain have had meetings with emerging leaders of Clinical Commissioning Groups (CCGs) and outgoing PCTs and it was emphasised that the Trust is intent on engaging in local agendas and working in a spirit of co-operation.</p> <p>8.5. Susan Thompson confirmed that the recruitment advertisement for the vacant Non Executive Director post has now been placed</p>	
<p>9. Chief Executive’s Report</p> <p>9.1. The Board received Report 12.0862 of the Chief Executive which briefed it on key issues that have arisen since the last meeting.</p> <p>9.2. Iain noted a helpful clarification from the Health Minister on procurement and the tendering of Health Services. Iain welcomed the recognition of the quality dimension in this process.</p> <p>9.3. Iain highlighted the figures published by the Mental Health Network on the increased mortality rate among mental health service users aged 19 and over in England published for 2010/11. He underlined that this was a worrying</p>	

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<p>finding but noted that mental health services are well aware of this data. Susan Thompson identified that the Quality and Standards committee will be sighted on this going forward.</p> <p>9.4. Iain reiterated that there is a need to enter a new era and a new compact with staff and explore how the organisations develops and improves morale within the quality agenda.</p> <p>9.5. It was noted that NHS South ceases to exist as an organisation at the end of the month. Iain paid tribute to the contribution made to this region by Sir Ian Carruthers, its Chief Executive.</p> <p>9.6. The appointment of Kristin Dominy to the Trust's Operations Director post, following a rigorous recruitment process, was welcomed. Iain thanked Emma Adams and Patrick Knowles for their contribution in keeping the Directorate on track in the interim period.</p> <p>9.7. Iain noted that further appointments have been made to both Clinical Director and Managing Director (MD) posts and that the process is currently being finalised for recruitment to the outstanding MD vacancies in Specialised and Secure Services, B&NES and Swindon.</p> <p>9.8. It was noted that the Trust's Vision and Values are out for consultation. The first public meeting to discuss this has taken place in Bristol.</p> <p>9.9. Iain congratulated Linda Hutchings and her team for their work towards the Trust achieving the level one assessment for its Clinical Negligence Scheme for Trust (CNST) having succeeded in all 50 standards.</p> <p>9.10. Iain noted that he had recently attended a STEPS open day which had been extremely well attended. He welcomed the supportive comments of the mother of a young woman whose death had recently been reported in the press and her support of the team and the consultant concerned. He also noted that he had attended an evening workshop with SARI (support against racist incidents) and had discussed how the Trust might get involved in highlighting their work.</p> <p>9.11. Iain confirmed that the CQC warning notices on two of the Trust's units have been lifted and thanked the teams involved from the Specialised and Secure Delivery Unit for assuring that the Trust took the steps required of it to achieve this.</p> <p>9.12. Peter Greensmith identified that engagement with service users in Bristol had been enhanced by the use of a bus to travel into the community and recommended this initiative for wider community involvement across the organisation. Iain endorsed this approach across the Trust.</p> <p>9.13. The Board resolved to note this report.</p>	HW/KD
<h3>10. Quality Assurance Framework</h3> <p>10.1. The Board received Report 12.0863 of the Medical Director and Nursing Director which presented a paper on the direction of travel for the Board's Quality Assurance Framework and Assurance committees.</p>	

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<p>10.2. This paper outlined the ongoing work to re-focus Board Committees to enable the Board to operate more effectively in the mapping of processes, outcomes and assurance routes to the Board.</p> <p>10.3. It was underlined that integral to this is the need for the Trust to assure itself that its systems are robust and outcomes are credible and accurate in line with the public commentary around the Francis Report. This assurance process will be aligned with new quality information system and it is planned that the focus of the Assurance Committees will move from outcomes to the processes which deliver these.</p> <p>10.4. It was noted that whilst the Trust Board will maintain an oversight and responsibility for the systems, the effectiveness and appropriateness of the systems and processes will be 'stress tested' by the Assurance Committees. The process undertaken for the mapping of the effectiveness and robustness of the systems and processes was identified at paragraph 2.6 of the report.</p> <p>10.5. Susan Thompson commented, that as chair of the Quality and Standards committee she would expect there to be a degree of flexibility in the stress testing of outcomes. She welcomed the paper but asked that there be clearer information on how management groups work and how issues and actions flow through the system. She underlined that it is crucial that the whole organisation understands how assurance works and information flows within this process.</p> <p>10.6. Iain Tulley noted that there would be further iterations of this report and that there are three key questions to answer:</p> <p style="padding-left: 40px;">10.6.1. What is the position regarding the quality and safety of our services and how do we know?</p> <p style="padding-left: 40px;">10.6.2. How effective are our services and what are the outcomes? Does the standard of our record demonstrate this?</p> <p style="padding-left: 40px;">10.6.3. What do people experience and what do people tell us they experience?</p> <p>10.7. Iain underlined that the Board will require sufficient assurance through its committees to get these answers.</p> <p>10.8. It was agreed that it was important to agree the Quality Assurance Framework shortly and that details can be anchored within it once this has happened.</p> <p>10.9. Tony Gallagher noted that this is a step in the right direction and that the process should be concluded at the April Board.</p> <p>10.10. A questioner from the floor asked that as service users attend the Board will they also be invited to the Assurance committees.</p> <p>10.11. Tony Gallagher noted that there is a Service User and Carer Steering Group which reports into an Assurance Committee and that attendance at this is welcomed. It was agreed that advertising of the dates of this</p>	

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<p>meeting should be advertised on the Trust external website.</p> <p>10.12. Susan Thompson identified that the Quality and Standards Committee will be receiving reports from each of the Localities throughout the year which will include service user and carer experience.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> ○ Quality Assurance Framework to return to April Board. ○ Dates of Service User and Carer Steering Group to be advertised on Trust Website 	<p>HR/HW</p> <p>HW</p>
<p>11. Quality and Performance Dashboard</p>	
<p>11.1. The Board received Report 12.0864 of the Interim Director of Business Development which reported on the Trust's Month 11 performance position against key indicators, the two indicators where it is failing to meet the standard set and the 2012/13 contractual position for penalties.</p> <p>11.2. It was noted that the forecast penalties for B&NES, Swindon and Wiltshire amount to £292,250.</p> <p>11.3. Tony Gallagher asked for an update on the position regarding referral to Memory Services in Wiltshire.</p> <p>11.4. Sue Hall noted that there is now additional funding in Wiltshire which will address the backlog and Emma Adams identified that this should reduce the waiting time to under 13 weeks within 6 months. It is hoped that this will be reduced further once further measures are in place. Work is ongoing with GPs to prescribe Memantine at a local level.</p> <p>11.5. Peter Greensmith noted that the Carers Forum had not met in the last 5 months and that a future meeting should consider the experience of those on the ground around the provision of care plans within 4 weeks of assessment.</p> <p>11.6. Emma Adams noted that the significant improvements against the indicators identified as below target is testament to the work ongoing in localities to address performance.</p> <p>11.7. The Board resolved to note this report.</p> <p>ACTIONS:</p> <p>Carers Forum to consider the lived experience of carers assessment and care plans.</p>	<p>HW</p>
<p>12. Monitor Compliance Dashboard</p>	
<p>12.1. The Board received Report 12.0865 of the Interim Director of Business Development which reported on the Trust's M11 position against Monitor Compliance Framework standards, including the Trust's current risk rating.</p>	

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12.2.	It was noted that the April report will reflect that the governance risk rating will be Green following actions taken to address CQC concerns.	
12.3.	The Board resolved to note this report.	
13.2013/14 CIP Programme Quality Impact Assessment Report		
13.1.	The Board received Report 12.0866 of the Nursing Director, which explained the key elements of the process to give the Board the necessary assurances on the quality implications of the 2013/14 Cost Improvement Programme (CIP).	
13.2.	It was noted that all CIP plans have been assessed for their impact on quality. The process for the development of the 2013/14 savings plans and Quality Impact Assessments (QIAs) is described in section 2 of the report.	
13.3.	Tony Gallagher noted that this report is a snapshot of the current position in the budget process and that it will be necessary to further re-examine this process. He welcomed that there is now a clinical view of these plans in addition to the financial perspective.	
13.4.	He reiterated that the quality of the impact assessments must be improved to reflect user and carer impact.	
13.5.	Susan Thompson welcomed that these plans are stress tested clinically and asked for confirmation that they are fully owned by budget holders. Hazel Watson assured Susan that the QIA have been managed by CIP owners and then further reviewed by the Medical Executive.	
13.6.	Susan noted that going forward the Quality and Standards Committee will interrogate some of the QIA in terms of outcomes and the benefit of the current data is that this provides a benchmark against which these can be measured.	
13.7.	Iain Tulley noted this as a step forward in terms of clinical engagement and validation and a movement away from cutting services and saving money. He noted that this is about improving what we do in order to reduce the cost of what we do.	
13.8.	Sue Hall underlined that a further assurance will be that the Programme Management Office will oversee the CRES programme and will gain early insight when schemes are moving off track.	
13.9.	Alison Paine noted that the Finance and Planning Committee had felt that the current CIPs were considerably more thought through and robust than those in the past.	
13.10.	The Chair welcomed the progress made with this process, noted the current position and also that there are further issues to be addressed.	
13.11.	The Board resolved to note this report.	

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<ul style="list-style-type: none"> ○ QIA process to be further refined to reflect user and carer impact. 	HW
14. Community and User Engagement Strategy	
<p>14.1. The Board received Report 12.0867 of the Director of Nursing which noted progress in the development of the Community Engagement and Involvement Strategy.</p> <p>14.2. It was noted that the strategy is being developed in partnership with a range of people including service users, carers and Trust staff. A great deal of work has taken place over recent months but there is some disappointment at the level of progress made. This report is presented as a work in progress in the context of welcoming feedback for a further iteration to return to the Board.</p> <p>14.3. The Board noted the three areas identified where meaningful involvement and engagement should take place as outlined in the Executive Summary of the report. It was noted that the Service User Steering Group has commented that it will be necessary for there to be a mechanism to identify if these aspirations have been delivered.</p> <p>14.4. Peter Greensmith welcomed the development of this strategy and asked that the Trust focus on what it needs to get right including a process that joins up service user and carer engagement across the organisation. He also requested that the strategy should have a defined objective which identifies why the Trust is engaging with service users and carers to improve services.</p> <p>14.5. Peter also requested that there should be some reference to better communication within the strategy.</p> <p>14.6. Ruth Brunt concurred that there is an issue of the practical measurement of progress and that it would be helpful to identify a method beyond using a survey. She suggested that more thought be given to this.</p> <p>14.7. Lee O'Bryan noted that this strategy is an important foundation stone for the Trust going forward however he noted that there is no evidence of a change in mindset in the current document and suggested that it may be helpful to allow localities a degree of freedom with limited specifications in taking this agenda forward.</p> <p>14.8. Iain identified that addressing hearts and minds must be part of organisational development and integral to how we think differently around the quality agenda and that localities will be central to this.</p> <p>14.9. Alison Paine welcomed this document whilst acknowledging that it is difficult to get such a strategy right. She stressed that community engagement and involvement cannot be an end in itself and that the focus should be on the delivery of greater satisfaction to the service user within the community.</p>	

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14.10.	Susan Thompson echoed this focus on the individual and stressed the importance of this strategy being employed at team level whilst encouraging initiatives like productive ward, recovery star and employment of peer mentoring at locality and team level.	
14.11.	Tony Gallagher underlined that localities should be encouraged to be creative in this area and for the clinical cabinet to spread best practice.	
14.12.	Iain cautioned that whilst encouraging localities to operate in this way the Trust must be curious why service users are more satisfied in one area rather than another. He stressed that this is about driving through cultural change and the required outcome will fall out of this.	
14.13.	A question from the floor noted that Clinical Commissioning Groups (CCGs) are not mentioned in the development of this strategy which it was felt was missing a golden opportunity. Tony Gallagher noted that in a recent conversation with a CCG he had learned that they operate a 'grumpy hotline' and it had been agreed that this feedback should be shared with the Trust with some analysis.	
14.14.	A further comment from the floor identified that, in their opinion, it would be dangerous to leave it to individual teams to decide how they manage this strategy. It was suggested that the Board must take the lead and also provide a checking mechanism. It was also requested that the Trust should make advocates available for service users in order that their voices are heard.	
14.15.	It was also requested that questions from the floor be more fully reported in the minutes of the meeting together with the responses received.	
14.16.	Tony Gallagher noted the point made about Board leadership and also that questions from the floor should be elaborated more fully in the minutes of future Board meetings.	
14.17.	The Board resolved to note progress in the development of this strategy.	
	ACTIONS	
	○ Reference to better methods of communication within the Strategy	HW
	○ Practical measurement of progress to be considered – not a survey.	HW
	○ Questions from the floor to be elaborated more fully in future Board minutes. .	LH
15. Monthly Incident Report		
15.1.	The Board received Report 12.0868 of the Director of Nursing which briefed it on serious untoward incidents that occurred in February 2013.	
15.2.	It was noted that there were 9 externally reportable incidents in February 2013 with none at Grade2, six at Grade 1 and three at Grade 0.	
15.3.	It was further noted that this information is benchmarked against other Trusts and Mental Health standards. It is also reviewed by CIOG (Critical	

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<p>Incident and Oversight Group) which considers it in terms of both themes and numbers. It is considered that the Trust's position is both consistent and explicable.</p> <p>15.4. Susan Thompson confirmed that whilst CIOG look at these incidents in detail the Quality and Standards Committee also review any emerging themes. She expressed disappointment at the lack of detail around unexpected deaths and requested that there should be further information if these are associated with self harm. She asked that this detail be measured as it may become a national measure in future.</p> <p>15.5. The Board noted that the CIOG TOR will come back to the next meeting to clarify the reporting mechanisms of this group.</p> <p>15.6. A question from the floor suggested that in the case of serious incidents, some families of service users may like the Board to investigate and at least check if the family is happy with the level of investigation. Hazel Watson confirmed that the Trust does work with families in its investigations and ensures that the Trust's interpretation of events is as they understand it. Hazel confirmed that CIOG does the work as described on behalf of the Board.</p> <p>15.7. The Board resolved to note this report.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> ○ Unexpected deaths where related to self harm should be measured and referenced in future reports to the Board. ○ CIOG Terms of Reference to return to next meeting of the Quality and Standards Committee. 	<p>HW ER</p>
<p>16. Corporate Risk Register</p> <p>16.1. The Board received Report 12.0869 of the Nursing Director which reported to the Board on the March corporate risk register.</p> <p>16.2. It was noted that the risk register, which is now being taken in Part 1 of the Board, has been subject to scrutiny by senior management and also reviewed by the Audit and Risk Committee.</p> <p>16.3. The Board noted the risks deleted from the risk register and the reduction in several risk scores as a result of mitigating actions.</p> <p>16.4. The Board resolved to approve the corporate risk register.</p>	
<p>17. Update on Patient Safety Visits</p> <p>17.1. The Board received Report 12.0870 of the Nursing Director which reported to it on the Patient Safety Visit programme</p> <p>17.2. It was noted that these visits are soon to be known as 'Quality Improvement Visits'.</p> <p>17.3. This reports describes the current programme of visits to all teams and</p>	

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	<p>services with a focus on patient safety. The report also aims to provide assurance that this has been achieved and that the focus is on quality improvement as well as patient safety.</p> <p>17.4. The report also contained a proposal, as agreed by the Trustwide Management Group, to change the approach to these visits for the forthcoming financial year.</p> <p>17.5. The proposal going forward is to shift the focus from ‘checking’ to empowerment visits.</p> <p>17.6. The Board discussed the value of making unannounced visits.</p> <p>17.7. Alison Paine welcomed the report and noted that a clarity of purpose for a visit is helpful together with an alignment of purpose for both staff and those making the visit.</p> <p>17.8. Susan Thompson noted that this report had been discussed at the Quality and Standards (Q & S) Committee and there was some concern that there is no reference to the frequency of visits going forward and how findings will be reported. She sought assurance that the visits will continue with the same frequency and that data will be reported back to Q & S. Hazel confirmed that this is the case.</p> <p>17.9. Tony Gallagher also noted that an action from Q & S was to ask the Chief Executive to nominate the number of visits that Executives should make.</p> <p>17.10. The Board resolved to note this report.</p> <p>Actions:</p> <ul style="list-style-type: none"> ○ Further explanation about both the reporting requirements, frequency of visits and expectations on Executive Directors to attend visits to be developed and brought back to Quality and Standards Committee. 	HW
18. Staff Survey results		
	<p>18.1. The Board received Report 12.0871 of the Interim Director for People which outlined the key issues to note from the results of the 2012 staff survey.</p> <p>18.2. It was noted that that the data was cut in two ways – by the Trust’s own performance benchmarked internally and the Trust in relation to other NHS organisations.</p> <p>18.3. The Board noted the area where the Trust’s scores have both improved and deteriorated relative to its performance in 2011.</p> <p>18.4. This survey was considered by the Employee, Strategy and Engagement Committee (ESEC) in March and the committee’s view is that the Trust needs a broader approach in engaging with its staff.</p> <p>18.5. Iain confirmed that the Trust has responded to this survey with some disappointment. He acknowledged that other Trust’s are making better progress in this area and that AWP needs to improve. Iain urged the</p>	

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	Board to acknowledge this position, accept that it is unacceptable and move apace to renew the relationship with staff utilising staff membership as it moves towards FT status.	
18.6.	Tony Gallagher noted the increase in staff suffering work related stress and acknowledged that the Trust should be more supportive to its work force.	
18.7.	Susan Thompson reiterated that this was a very disappointing survey and that there have been others over the last four years and despite a variety of strategies there has been no improvement. She noted that the findings from this survey indicate a system under stress. Susan asked for an understanding of the actions being taken against key indicators.	
18.8.	Lee O'Bryan stressed that it is important that the Trust take a different approach and that ESEC have agreed that it will look a specific indicators and develop some actions related to these.	
18.9.	Paul Miller, whilst agreeing that these results are unacceptable, suggested that it was important to recognise the benefit of recent actions taken to put clinicians at the forefront of the organisation.	
18.10.	Ruth Brunt noted the tendency of Trusts to accept results such as these through periods of change. She underlined that this is not acceptable as further change is on its way and that the Trust will need to engage differently whilst it makes the further change it needs to. She also asked that these results be shown by locality in future and it was confirmed that this will be the case.	
18.11.	Sally Fox underlined that poor results are not inevitable in periods of change and that there is evidence that if staff are well engaged there will be improvements in other areas.	
18.12.	Alison Paine noted the dispiriting responses around harassment and abuse and asked for a statement of intention from the Trust on a point at which staff will feel better.	
18.13.	Iain Tulley stated that the AWP should aspire to be the best employer in the country and understand what it needs to do to achieve this.	
18.14.	A question from the floor requested that a full length version of the staff survey be available on the Trust website. The questioner also asked, in relation to discussions about staff stress, how the organisation deals with patients who feel they are suffering from stress and anxiety.	
18.15.	Hazel Watson responded that she would expect this kind of issue to be taken to the team manager and that there are also a number of other forums where such issues can be addressed such as through PALS and Complaints, the Service User Steering group and Patient Safety visits.	
18.16.	The questioner asked why these avenues were not working for him and stated that he felt his concerns were being ignored.	
18.17.	Tony Gallagher reiterated that the Board was not able to deal with specific	

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<p>cases at its meetings due to data protection requirements and a duty of confidentiality and that the Medical Director had looked into this specific case and had already met with questioner today. The Medical Director agreed to continue this discussion outside the meeting.</p> <p>18.18. A copy of the NHS Constitution was requested and Iain Tulley agreed to pass this on.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> ○ Full length version of staff survey to be available on Trust website ○ NHS Constitution to be passed to member of public as requested. 	SF/ER IT
19. Board Assurance Framework	
<p>19.1. The Board received Report 12.0872 of the Nursing Director which shared the final cut of the 2012/13 Board Assurance Framework.</p> <p>19.2. It was noted that all gaps in control and assurance have now been closed.</p> <p>19.3. It was noted that this has been subject to detailed scrutiny by the Audit and Risk Committee.</p> <p>19.4. The Board resolved to note this report.</p>	
20. Fit for the Future Programme Monitoring and Strategic Review	
<p>20.1. The Board received Report 12.0783 of the FT Programme Director which reported, by exception, on progress in the Fit for the Future Implementation Plan.</p> <p>20.2. It was noted that this will now be closed down and the Trust will be adopting this as business as usual.</p> <p>20.3. Tony Gallagher commended this as an example of the effective carry through of a plan.</p> <p>20.4. It was agreed that the contribution of Jane Britton in achieving this should be formally recognised.</p>	
21. Reports of Board Committees	
<ul style="list-style-type: none"> ○ Finance and Planning Committee <p>21.1. The committee considered a number of issues at its February and March meetings as outlined in the report.</p> <p>21.2. The committee discussed the Financial Plan for 2013/14 at its meeting on 18th March and expressed its concern at the budgetary gap to be bridged following validation of the plan across Localities.</p> <p>21.3. The committee asked for more detail on:</p> <p style="margin-left: 20px;">21.3.1. The implications of the decommissioning of LD services</p> <p style="margin-left: 20px;">21.3.2. the nature of the £5m budgetary gap</p>	

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<p>21.3.3. an additional gap in the CIP plans</p> <p>21.4. It was agreed that this committee should approve the updated plan prior to it being sent back to the Board.</p> <p>21.5. No further matters were escalated for Board consideration.</p> <p>○ Quality and Standards Committee</p> <p>21.6. The committee has considered the following:</p> <p>21.6.1. A presentation on the Wickham Unit and perceived staffing issues.</p> <p>21.6.2. This was brought to Q & S together with an action plan which is already in place. The committee welcomed the early intervention and action.</p> <p>21.6.3. CRES schemes and Quality Impact Assessments where it was agreed there was more work to be done and that this should return to Q & S.</p> <p>21.6.4. A report on Safeguarding where it was not clear whether this was a report or review on the year. It was asked that this return to the next meeting as the committee was not comfortable with the positioning in the report.</p> <p>21.7. No further matters were escalated for Board consideration.</p> <p>○ Mental Health Legislation Committee</p> <p>21.8. This did not meet in March because of administrative difficulties in support of the committee. From April this will be integrated into the Quality and Standards Committee.</p> <p>21.9. No further matters were escalated for Board consideration.</p> <p>○ Charitable Funds Committee</p> <p>21.10. The committee has considered:</p> <p>21.10.1. The publication of funds for the information of Locality Managers.</p> <p>21.10.2. Audit fees in relation to interest rates received. Finance are looking at this.</p> <p>21.10.3. Two grants that have been made that should be publicised on Ourspace.</p> <p>21.11. No further matters were escalated for Board consideration.</p> <p>○ Employee, Standards and Engagement Committee</p> <p>21.12. The committee met in early March. The following issues were covered:</p>	

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<p>21.12.1. A listening session where there were not a large number of attendees. It is believed that it would be helpful to think about timings to address this lack of attendance. It was suggested that Locality Managers may be helpful in encouraging staff to attend these sessions.</p> <p>21.12.2. Disappointing survey results.</p> <p>21.12.3. Rising sickness/absence with some reassurance but more information requested.</p> <p>21.13. No further matters were escalated for Board consideration.</p> <p>○ Quality and Standards Committee ToR</p> <p>21.14. These reflect the merger between the Quality and Safety and Mental Health Legislation Committees.</p> <p>21.15. The Board resolved to approve the Terms of Reference.</p> <p>○ Charitable Funds Committee ToR</p> <p>21.16. The Board resolved to approve the Terms of Reference.</p>	
<p>22. Finance Report</p> <p>22.1. The Board received Report 12.0875 of the Finance Director which presented the Trust financial position for the year to 28th February 2013.</p> <p>22.2. The Board noted the cumulative position to the end of February and that the Trust has achieved a Financial Risk Rating of 4.</p> <p>22.3. The Board also noted the cash position at Month 11.</p> <p>22.4. The Board resolved to agree the changes to the capital programme, as outlined at paragraph 5.5 and as approved by the Investment Planning Group (IPG) on 6th March.</p> <p>22.5. The Board resolved to note this report</p> <p>Action:</p> <p>○ The Board approved the changes to the Capital Programme.</p>	PM
<p>23. Foundation Trust Report</p> <p>23.1. The Board received a verbal update from the Company Secretary.</p> <p>23.2. It was noted that the Medical Director and Nursing Director have been co-opted onto the FT Steering group.</p> <p>23.3. Work is on-going on the re-refresh of the IBP and progress is being made with commissioners around the Tripartite Agreement.</p>	

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23.4. The indicative timeline for the Trust was noted for the Board's information.	
24. Minutes of Board Committees	
<ul style="list-style-type: none"> • Finance & Planning Committee – February 2013 	
24.1. The Board noted these minutes.	
25. SHA Oversight Return – February 2013	
25.1. The Board received Report 12.0878 of the Company Secretary which presented the Month 11 February 2013 NTDA Oversight return and self-certification to the Board for discussion and approval.	
25.2. The Board noted the position and actions being taken in response to red flags/exceptions.	
25.3. It was noted that the Executive Team considers that Board Statement 1 remains qualified subject to the implementation of the quality information system (QIS) on 1 April. It is expected that this statement will remain qualified for March and will become compliant with the April return.	
25.4. It was also noted that the TDA have asked for copies of the Trust's Board meeting papers (Parts 1 and 2) and that this is a further level of scrutiny.	
25.5. The Board agreed that there was no reason to change the qualified Board Statement until further information is available from the QIS.	
26. AOB	
26.1. A questioner from the floor noted that during a presentation at the previous meeting there had been an apology for the use of the word 'patient'. He maintained that personally he would like the term 'patient' to be used instead of 'user' which has an unfortunate connotation.	
26.2. It was agreed that it may be possible that different client groups may prefer differing terminology and that this point should open up an internal debate on Trust protocol.	
26.3. A further question from the floor requested that it would be helpful for there to be guidelines for members of the public attending meetings. –	
<p>ACTIONS:</p> <ul style="list-style-type: none"> ○ Guidelines for members of the public attending meetings to be made available. 	ER
27. Complaints Presentation – Memory Services	
27.1. The Board received a presentation of a complaint relating to Memory Services from Paul Maddock, Area Manager, Wiltshire Recovery and Jo Davis, PALS and Complaints Manager.	
27.2. It was noted that this complaint identified themes relevant to the whole of the Trust.	

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27.3.	The complaint was made in January and was related to concern about delay in obtaining a repeat prescription for Aricept. The major issue was about the availability of a consultant to sign this prescription and the lack of a system to deal with this.	
27.4.	The Trust upheld elements of the complaint. The predominant issue related to capacity and there is now extra funding available in this year to improve the services available.	
27.5.	The family felt that they had had to jump through hoops to get a prescription and wanted to be able to go through their GP for medication.	
27.6.	The Trust is looking at a model around PCLS, working in partnership with GPs to deliver services with a link practitioner with the GP initial assessment linked to a relevant co-practitioner.	
27.7.	A model has been successfully run in Bristol with a high level of satisfaction and similar patterns are being seen in other pilot areas.	
27.8.	A questioner from the floor noted that there are still issues around prescriptions and detailed that their usual 3 month prescription had been issued recently for 28 days. It was requested that if systems are going to be changed then users and carers should be informed.	
27.9.	Paul Maddock underlined that the Trust wants to deliver the best service for Service Users and Carers and suggested a discussion outside the meeting regarding this experience.	
27.10.	A further questioner from the floor remarked that the current system of the issuing of prescriptions does generally work and that they had no faith in a new system that involves GP surgeries.	
27.11.	Tony Gallagher asked about the outcome of this complaint and it was confirmed that the complainant was satisfied. It was confirmed that there is a methodology to share themes from complaints and that there is a great deal of shared learning across the organisation.	
27.12.	Susan Thompson welcomed the improvements being made but referred to the current waiting time for Memory Services in Wiltshire and asked what happens in the interim period.	
27.13.	Hayley Richards noted that whilst it will take 6 months to improve waiting times there will be improvements in the short term.	
27.14.	A questioner from the floor noted that NICE Guidelines for dementia state that once a person has been given a drug, this should be reviewed every 6 months. It was stated that their experience was that this did not happen and they were asked to return in 12 months to be seen by a nurse. Hayley Richards agreed to pick this up outside the meeting.	

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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 Med	Executive Medical Director
Exec Dir Nur	Executive Director of Nursing
Int Exec Dir BD	Interim Executive Director of Business Development
Exec Dir Ops	Executive Director of Operations
Dir FTP	Foundation Trust Programme Director
CoSec	Company Secretary
ACoSec	Assistant to the Company Secretary
ET	Executive Team
NED	Non-executive Director

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