

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

Held on 2 May 2013 at 10.00am in the Conference Room Jenner House

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 Ruth Brunt – Associate Non-Executive Director	Iain Tulley – Chief Executive Hazel Watson – Executive Director of Nursing Hayley Richards – Executive Medical Director Kristin Dominy – Operations Director Sue Hall – Interim Director of Business Development
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**In attendance**

Emma Roberts – Company Secretary Pippa Ross-Smith – Deputy Finance Director	Ray Chalmers – Head of Communications Louise Hussey – Assistant Company Secretary
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Item	Action
<p><b>1. Apologies</b></p> <p>1.1. Apologies were received from Paul Miller, Director of Finance and Deputy Chief Executive and Jane Britton, FT Programme Director.</p>	
<p><b>2. Declaration of Members’ Interest</b></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><b>3. Questions from members of the public about the work of the Trust</b></p> <p>3.1. The Chair welcomed members of the public to the Board.</p> <p>3.2. A question was raised from the floor about the alleged falsification of user records and it was questioned whether service users have been informed of this.</p> <p>3.3. Hazel Watson responded that, if this was a reference to an issue in Wiltshire, then there had been a concern raised some 12 months ago. A full and thorough investigation had taken place involving both Wiltshire PCT and</p>	

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<p>social services and the issue raised had not been found to be accurate.</p> <p>3.4. A further question was raised that if someone is taken into care within the Trust how their finances are recorded. It was noted that this issue has already been raised with PALS who have confirmed that the Trust does not take people into long term care. Social services would manage this issue or in some cases an advocate or court of protection.</p> <p>3.5. A questioner noted that they had been sent a service user questionnaire whilst not a patient of the Trust although their partner was a service user. It was agreed that this would be picked up at the end of the meeting.</p> <p>3.6. A member of the public thanked the Board for stating that it would, in future, be recording questions asked by members of the public and also be recording the names of members of the public attending the meeting. It was confirmed that the Board would be happy to do this but would include an opt out for those who do not want their name recorded.</p> <p>3.7. The questioner noted that they had made a couple of subject access requests under the Data Protection Act and was told that it was not possible to re-apply within 6 months. He noted that this policy had been removed from the Trust Policy list and asked if this stipulation complied with NHS or Government Legislation. He also noted that under the Data Protection Act there is a calendar day time for response to these requests.</p> <p>3.8. The Corporate Secretary asked that this detailed question be written down for her review and response.</p> <p>3.9. A further member of the public introduced himself as a carer and erstwhile Consultant in the Trust. As a carer he noted his interest in the relationship between AWP and carers organisations in the Trust area. He asked about plans to develop relationships with these organisations.</p> <p>3.10. Hazel Watson noted that the Trust is working on the development of better local relationships through voluntary groups, carers groups and service user groups and also through the trustwide carers forum.</p> <p>3.11. This was welcomed and it was suggested that the signing-in form at Trust Board meetings could usefully include a column which identifies organisations that attendees represent.</p> <p>3.12. Tony Gallagher confirmed that the Users and Carers meeting on 3<sup>rd</sup> May would be aiming to confirm a strategy which would include the aim to ensure all voices are heard across the Trust area and that this would include increased involvement with a greater number of individuals and organisations.</p> <p>3.13. A question was raised about a discussion at the previous Board meeting around sub committees and meetings around data protection matters. The questioner noted that he would like to see detailed reports, findings and recommendations for the future related to this.</p> <p>3.14. Tony Gallagher noted that the Trust has been developing its committee</p>	

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<p>structure and revised membership following the Trust re-structure. The outcome of this will be available on the Trust website.</p> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>○ <b>Names of members of public to be recorded together with organisation they represent if applicable. An opt out also available for attendees who do not want their name recorded.</b></li> </ul>	
<p><b>4. Minutes of the meeting on 27<sup>th</sup> March 2013</b></p> <p>4.1. <i>Paragraph 9.12</i> should read that ‘..... service users in Bristol <i>proposed that AWP obtain a bus to travel into the community.....</i>’</p> <p>4.2. <i>Paragraph 13.5</i> should note that ‘..... the QIA have been managed by CIP owners and then further reviewed by the <i>Clinical Executive</i>’.</p> <p>4.3. At <i>Paragraph 18.7</i> it should also note that ‘<i>Susan Thompson asked if the staff survey would be considered by the Employee, Engagement and Strategy Committee as part of the main body of their work.</i>’</p> <p>4.4. <i>Paragraph 23.3</i> should note that ‘ .....progress is being made with commissioners <i>around convergence.</i>’</p> <p>4.5. The last sentence of <i>Paragraph 25.3</i> should refer to the expectation that the statement will become compliant with the <i>May</i> return.</p> <p>4.6. With these amendments the minutes were agreed as an accurate record.</p>	
<p><b>5. Chair and Chief Executive’s Actions</b></p> <p>5.1. None were noted.</p>	
<p><b>6. Chair’s report</b></p> <p>6.1. The Board received a verbal update of the Chair.</p> <p>6.2. The Board noted that the Trust is currently seeking to appoint a further Non Executive Director and that 16 applications have been received in the current round. A shortlisting meeting will take place on 3<sup>rd</sup> May with interviews on 7<sup>th</sup> May.</p> <p>6.3. Tony Gallagher referred to the body of work that was undertaken by Sue Sutherland in relation to some of the Trust’s services, particularly in Swindon. He noted that she had returned to the Trust in the past week and interviewed a number of staff as a follow-up to her initial report. Tony noted that he had met with Sue Sutherland today to receive feedback. The feedback is that the Trust has made tremendous progress and taken significant steps forward. She was very complimentary on the new set of metrics the Trust is putting in place and particularly pleased with the pace of change within the organisation. That the Board is a more coherent body was acknowledged with a strong Executive Team complemented by a strong NED body. Improved performance in Swindon was welcomed.</p> <p>6.4. Tony thanked all those who have enabled this to take place and made a</p>	

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<p>plea that this progress be maintained.</p> <p>6.5. Tony welcomed the improved relationship with Bristol commissioners but underlined that the importance of the Bristol re-tendering process is ultimately about how this manifests itself in service user experience.</p> <p>6.6. Tony updated the meeting on the process for the recruitment to the Swindon Locality Managing Director post.</p>	
<p><b>7. Chief Executive's Report</b></p> <p>7.1. The Board received <b>Report 13.0008</b> of the Chief Executive which briefed it on matters of national and local interest.</p> <p>7.2. Iain Tulley welcomed Carol Lenz as Interim HR Director to the Trust following the departure of Sally Fox. Iain thanked Sally, in her absence, for the work that she has done for the organisation.</p> <p>7.3. Iain noted the Care Quality Commission (CQC) three year plan from which it is evident, post the Francis Report, that there will be an emphasis in its inspections on safe, effective and well led services.</p> <p>7.4. Iain welcomed that the Trust is ahead of the curve in the introduction of its 'Friends and Family' test and also that this is one of its key quality indicators. He noted that this chimes with the recent British Social Attitudes Survey on NHS satisfaction which recorded little improvement in the past year.</p> <p>7.5. Iain updated the Board on Foundation Trust (FT) timelines and the national position, post Francis. It was noted that there is likely to be greater scrutiny and diligence within the process and that the pipeline and timescales will be elongated for some organisations. Iain indicated that AWP is not likely to be one of these Trusts and that AWP is likely to move into the TDA pipeline in late summer/early autumn of this year and be with Monitor in the latter part of the year or early next year. The Board was cautioned, however, that the CQC are due to re-examine community services across the organisation and any issues that arise out of this will impact on this timescale.</p> <p>7.6. The Board noted the official launch of Bristol Health Partners, of which AWP is an active participant, in conjunction with the international TEDMED research and innovation conference. It was noted that this was a very positive event.</p> <p>7.7. Iain highlighted the news that Bristol CCG has announced that it has formally approved a full procurement process for tendering its mental health services. It was noted that it has decided not to include inpatient beds in the tender but to work with the Trust to develop improved inpatient services.</p> <p>7.8. Iain welcomed that the Trust has signed its contract with its clinical commissioning colleagues and also congratulated the SDAS and LIFT teams on their success in winning tenders in Bournemouth and B&amp;NES.</p> <p>7.9. Iain updated the Board on appointments to the new Heads of Profession and Practice roles.</p>	

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<p>7.10. Tony Gallagher welcomed these appointments but noted that these appointees do not match with all of the professions across the Trust and questioned that, if there are professions that are not represented, how this will be managed within the organisation. He also queried how non-qualified healthcare professionals will be represented.</p> <p>7.11. Hazel Watson underlined that Trust has been able to appoint a Head of Psychology and will be appointing a Head of Social work and that all other profession representatives will have seats around the Professional Council table. In terms of the unregistered staff she acknowledged that there was more work to be done. It was requested that the Executive Team address this issue.</p> <p>7.12. Iain noted the glowing letter that North Somerset Trust staff had received from commissioners in North Somerset thanking them for their ‘hard work and achievements in 2012/13’.</p> <p>7.13. Iain also highlighted the ‘Back to the Floor’ initiative that has been launched within the Trust which encourages back room staff to work alongside staff on the frontline. He noted that he had completed an early shift on Aspen Ward recently where he had worked as a healthcare assistant. Iain highlighted the wonderful care and compassion he experienced during his shift. Iain also shared that he had worked for two hours with the homeless health centre in Bristol alongside St Mungos recently and noted the hard work of staff working in partnership in the health centre. Iain commended the opportunities out there.</p> <p>7.14. The Board resolved to <b>note</b> this report.</p> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>○ <b>Executive Team to address issue of unregistered staff representation.</b></li> </ul>	<b>Exec team</b>
<p><b>8. Quality Assurance Framework</b></p> <p>8.1. This item was withdrawn for consideration in greater depth at the Board Seminar on 8<sup>th</sup> May.</p>	
<p><b>9. Quality Information System</b></p> <p>9.1. The Board received <b>Report 13.0010</b> of the Nursing Director which provided a summary update on the delivery of the Trust’s new quality information system ‘IQ’.</p> <p>9.2. The Board heard that this system is now ‘live’ and that there will be discussion at the 8<sup>th</sup> May Board Seminar to agree how this information will be best presented to the Board. The first report will be ready for the 29<sup>th</sup> May Board meeting.</p> <p>9.3. It was agreed that the Board Seminar will focus on how the Trust will hold managers to account for the delivery of performance using QIS and will also</p>	

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<p>demonstrate how this will be used on the wards.</p> <p>9.4. It was noted that a great deal has been learned through the implementation of this system including how we practise as an organisation. It was underlined that the system has landed very lightly on the Trust.</p> <p>9.5. It was also noted that Sue Sutherland has been very complementary about IQ and identified its implementation as a demonstration of the speed at which the organisation can act.</p> <p>9.6. Tony Gallagher cautioned that the Trust ensures that the system has been successfully implemented and that it provides the required data. He also requested that, should this prove effective, then other information systems should become redundant which would limit unnecessary information requests.</p> <p>9.7. Lee O'Bryan welcomed the considerable achievement of implementing this system and noted that accountability will flow from it.</p> <p>9.8. Iain noted that IQ has been very well received by teams and reinforced the Board's commitment to supporting staff who 'surface' performance information.</p> <p>9.9. Kristin Dominy asked, in relation to this, how the receipt of this information will be taken forward, particularly in relation to likely hotspots.</p> <p>9.10. Iain underlined that the successful working of the Senior Management Team is a strong reflection of how Clinical Directors are in touch with potential issues across the organisation. It was confirmed that CDs are sighted on these problems and have strategic plans to address these.</p> <p>9.11. Susan Thompson noted that a risk had been identified around lack of staff engagement with this. She asked how staff are being supported on the ground, given the size of the Trust. Hazel Watson confirmed that practical help is available. She noted that the first cut of the data will give us some idea on the required focus for this support.</p> <p>9.12. Tony McNiff observed that there will come a point where there will be questions around the relative performance of teams. He noted that the integrity of the data and the process needs to be widely understood.</p> <p>9.13. Iain underlined the importance of the seven key quality indicators in conjunction with CQC outcome standards in informing the process. The combination of these in conjunction with other initiatives such as the standardisation of the clinical record will allow the Trust to move to a point where there is a composite risk score which will be an indicator in identifying best and worst performers.</p> <p>9.14. Hayley Richards reiterated that there are multiple places for a sense check of information including the Clinical Academy, Senior Management team and the team weekly huddle. These provide a number of opportunities to triangulate and sense check in conjunction with information on issues such as complaints, praise and sickness.</p>	

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<p>9.15. Alison Paine asked about the correlation of this information with service user experience and suggested that any lack of alignment between the two would be informative. Tony Gallagher noted that the Francis Report detailed much anecdotal evidence which was ignored by the Board in question.</p> <p>9.16. It was agreed that it would be useful for NEDs to have guidance on how to use QIS to make the best use of Quality Improvement Visits.</p> <p>9.17. Tony McNiff warned about maintaining the qualitative approach to this system and not allowing it to become a scoring mechanism.</p> <p>9.18. Susan Thompson underlined that the focus of the seven key quality indicators is service user experience and that it would be helpful for service users and carers to understand what this means and to provide input into developing the best indicators we can. She advised that there should be real engagement with the Service Users and Carers Group to build the matrix.</p> <p>9.19. Tony Gallagher welcomed the progress made and underlined that the implementation of this system is about raising everyone above the line.</p> <p>9.20. A questioner from the floor asked about the percentage of patients referred to being either in the community or inpatients and also whether records of issues in the community are pooled. It was confirmed that references to service users cover all patients and that records are pooled.</p> <p>9.21. The Board resolved to <b>note</b> this report.</p> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>○ <b>NEDs to have guidance on how to use QIS to make best use of Quality improvement Visits</b></li> </ul>	HW/HR
<p><b>10. Draft 2012/13 Quality Accounts</b></p> <p>10.1. The Board received <b>Report 13.0011</b> of the Director of Nursing and Quality which asked it to consider the content of the draft Quality Account 12/13.</p> <p>10.2. The Board noted that good progress has been made with last year's priority areas for improvement, however it is recognised that further work is need to improve in a number of areas including carer's experience, CPA standards and staff experience.</p> <p>10.3. It is intended that the final report come to the Trust Board at the end of May.</p> <p>10.4. Tony Gallagher queried the timing of the QA timetable for production given that it is due to go to the Audit and Risk Committee in June and then to be signed off within days of this meeting. He expressed concern about this and noted that the Board would expect scrutiny and assurance from Audit and Risk prior to signing it off. Hazel Watson agreed to meet with the Company Secretary to review the timetabling of</p>	

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	the approval process.	
10.5.	Lee O'Bryan welcomed the draft Quality Account as a good document but noted that it is difficult to immediately see what the story is. He underlined that it is important that the Trust should use every opportunity to demonstrate how the organisation is changing and noted that service users are not visibly at the forefront of this and that there is a lack of emphasis on Localities.	
10.6.	Susan Thompson noted that the QA has been considered by the Quality and Standards Committee who had made the point about the requirement for a clearer executive summary.	
10.7.	Sue Hall commented that the priorities for improvement for 2013/14 should match the Trust Annual Plan. She also suggested that the QA for 13/14 should be monitored by the Board on a quarterly basis.	
10.8.	It was noted that <i>Part 2a</i> on the Contents Page of <i>Appendix A</i> should refer to <i>2012/13</i> .	
10.9.	The reference to ' <i>carers not receiving support....</i> ' in <i>Table 4</i> was felt to be clumsily expressed as a double negative. Hazel noted that the audit questions had been agreed with commissioning colleagues last year.	
10.10.	Tony McNiff welcomed the QA for 12/13 in that it addresses the sea of reds presented last year in a 'warts and all' manner.	
10.11.	Peter Greensmith asked for an accurate breakdown of referrals and numbers being treated in the community on page 6 of the Quality Account.	
10.12.	The Board resolved to <b>note</b> this report and asked that individual points are addressed and that the timescale for production is clarified.	
<b>ACTIONS:</b>	<ul style="list-style-type: none"> <li>○ <b>Review timetabling of approval process for QA.</b></li> <li>○ <b>Clearer Executive Summary required</b></li> <li>○ <b>Priorities for improvement in 2013/14 to match the Trust Annual Plan.</b></li> <li>○ <b>Contents Page to be amended - <i>Part 2a</i> to refer to <i>2012/13</i></b></li> <li>○ <b>Accurate breakdown of referrals and numbers treated in the Community on page 6 requested.</b></li> <li>○ <b>QA to be reviewed by Board on quarterly basis.</b></li> </ul>	<p>ER/HW</p> <p>HW</p> <p>HW</p> <p>HW</p> <p>HW</p> <p>ACoSec</p>
<b>11. Quality and Performance Dashboard</b>		
11.1.	The Board received <b>Report 13.0012</b> of the Interim Director of Business Development which reported on the Trust's Month 12 performance position against key indicators and the 2012/13 contractual position for	

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	penalties.	
11.2.	It was noted that this is the last month that this information will be presented in this way.	
11.3.	The Board noted the two indicators where Trust is continuing to achieve slightly below target and the improvement against these at Month 12.	
11.4.	The Board also noted that commissioners in B&NES, Swindon and Wiltshire have not deducted or separately billed for their share of penalties for 2012/13. The approach being that these monies be used to reinvest in services.	
11.5.	Susan Thompson asked that the second sentence of paragraph 1.4 be rephrased to say 'The Trust <i>is not envisaging non compliance</i> against any of these standards....'	
11.6.	Tony McNiff cautioned against complacency in relation to the Trust not being charged for penalties and urged it to remember that the important issue is the quality of its services.	
11.7.	The Board resolved to <b>note</b> this report.	
	<b>Actions:</b>	
	<ul style="list-style-type: none"> <li>○ <b>1.4 – change wording from 'plan to fail' to 'not envisaging non compliance'.</b></li> </ul>	<b>SH</b>
<b>12. Monitor Compliance Dashboard</b>		
12.1.	The Board received <b>Report 13.0014</b> of the Interim Director of Business Development which reported on the Trust's M12 position against Monitor Compliance Framework standards, including the current risk rating.	
12.2.	The Board welcomed the governance risk rating of zero following actions taken in response to CQC concerns at Fromeside and the Lansdowne Unit.	
12.3.	The Board also welcomed the year end position with the Trust rated 'green' against all standards.	
12.4.	The Board resolved to <b>note</b> this report.	
<b>13. Monthly Incident Report</b>		
13.1.	The Board received <b>Report 13.0014</b> of the Director of Nursing and Quality which briefed it on serious untoward incidents in March 2013.	
13.2.	The Board noted the detail of the 7 externally reportable incidents and that there were no grade 2 incidents to report in this month.	
13.3.	Lee O'Bryan noted the year on year comparison which appears to indicate an in year increase in grade 1 incidents. Hazel Watson noted that this reflects changes in reporting requirements and undertook to explain the change in methodology in recording community deaths in	

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	future reports.	
13.4.	Iain Tulley noted that there had been a serious incident in Fromeside since the publishing of this report. Hazel outlined the details of the incident that a service user had attempted to hang themselves and that the family had subsequently made the decision to turn off the life support system. She noted that this incident will be appropriately followed up by the Trust. It was confirmed that this will be reviewed through the Critical Incident Oversight Group (CIOG).	
13.5.	Susan Thompson requested that if a Grade I incident suspected suicide is associated with self harm this should be described in terms of self harm as opposed to a suspected natural death.	
13.6.	The Board resolved to <b>note</b> this report.	
<b>Actions:</b>		
	○ <b>Change in methodology in year relating to the recording of community deaths to be explained in future reports.</b>	<b>HW</b>
	○ <b>Record as ‘act of self harm’ rather than suicide where appropriate.</b>	<b>HW</b>
<b>14. Corporate Risk Register</b>		
14.1.	The Board received <b>Report 13.0015</b> of the Director of Nursing and Quality which reported on the March corporate risk register.	
14.2.	The Board noted that the register has been scrutinised by the Senior Management Team (SMT) and that a number of organisational risks have been deleted including nurse dispensing.	
14.3.	Susan Thompson noted the new risk relating to the adherence to standards in some in-patient units and stated that it would be helpful if this was elaborated on and also that there was some indication of where to find this in the register.	
14.4.	Ruth Brunt noted that there are 3 risks where the residual risk is a reduction from 16 to 12. She asked for assurance that actions are being taken to reduce the risks further. She suggested that Executive Directors examine, scrutinise and rationalise these risks to ensure that risks are genuine and that mitigations will be effective.	
14.5.	Tony McNiff questioned the scoring of the risk related to FT application and asked if the Board is not more confident than this scoring suggests. It was agreed that it was.	<b>HW</b>
14.6.	Tony Gallagher suggested that it should be timetabled for the Board to review the top 5 risks following Executive review of the scoring.	
14.7.	Kristin Dominy acknowledged that Operational risks are not quite right yet and that there is a continuing process of developing locality risks in a period of transition.	

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14.8.	Tony Gallagher underlined that concerns about the risk process have been raised for over a year through the Audit and Risk Committee and he noted his disappointment in the continued lack of coherence across the organisation in relation to this. He stressed that this reflects on the Board particularly in the FT application process.	
14.9.	Lee O'Brien noted that he felt that the Board should spend longer considering risk and he asked that there be some reference to post mitigation direction of travel in the matrix at the front of the report.	
14.10.	Alison Paine underlined that it is important that a clear philosophy is understood around risk scoring. It was agreed that this merits some time spent at a Board Seminar.	
14.11.	Tony Gallagher also undertook to take this back to the Audit and Risk Committee in relation to an agreed scoring mechanism across the organisation.	
14.12.	The Board resolved to <b>note</b> this report.	
<b>Actions:</b>		
○	<b>Risk relating to adherence to standards in in-patient units to be elaborated on.</b>	HW ET
○	<b>Executive Team to focus on scrutiny of risks at their meetings.</b>	HW
○	<b>Timetable more time for Board to look at top 5 risks.</b>	HW
○	<b>Show post mitigation direction of travel in matrix on front sheet of report.</b>	
○	<b>Schedule time at future Board Seminar to examine risk.</b>	ER/LH
○	<b>Consistent risk scoring mechanism across the organisation to be considered at A &amp; R committee.</b>	TMc
<b>15. Annual review of Standing Financial Instructions, Standing Orders and Scheme of Delegation</b>		
15.1.	The Board received <b>Report 13.0016</b> of the Director of Finance which reported on the proposed changes to the Standing Orders, Standing Financial Instructions and Scheme of Delegation.	
15.2.	It was noted that this report was received and approved by the Audit and Risk Committee on 23 April.	
15.3.	It was agreed that there should be some consideration of authorisation arrangements for Clinical Directors through the Operations Director.	
15.4.	The Board resolved to <b>approve</b> this report.	
<b>ACTIONS:</b>		
○	<b>Consider authorisation arrangements for Clinical Directors through the Operations Director.</b>	PM

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<b>16. Reports of Board Committee Chairs</b>	
<ul style="list-style-type: none"> <li>• <b>Finance and Planning Committee</b> <ul style="list-style-type: none"> <li>16.1. Alison Paine reported on the 23 April of the Finance &amp; Planning Committee.</li> <li>16.2. The committee reviewed the closure of the 2013/14 Financial Plan and were assured by actions described to achieve this.</li> <li>16.3. The Committee noted the achievement of the Trust achieving its control total and Financial Risk Rating despite a difficult year, and congratulated all concerned.</li> </ul> </li> <li>• <b>Audit and Risk Committee</b> <ul style="list-style-type: none"> <li>16.4. Tony McNiff reported on the Audit and Risk Committee of 23 April.</li> <li>16.5. The Committee reviewed the Annual Report on Risk Management and the revised executive responsibility for Assurance and Risk.</li> <li>16.6. A number of Internal Audit reports and Associated Opinions were also reviewed.</li> </ul> </li> <li>• <b>Quality and Standards Committee</b> <ul style="list-style-type: none"> <li>16.7. Susan Thompson reported on the first meeting of the recently constituted Quality and Standards Committee on 9<sup>th</sup> April.</li> <li>16.8. The committee considered the draft Quality Accounts.</li> <li>16.9. Discussions took place around the expectations of this committee including how the Service User and Carer Engagement group would feed into Q &amp; S.</li> <li>16.10. It was agreed that all Chairs should produce written reports in future.</li> <li>16.11. It was also agreed that membership of Board committees would be circulated with the next set of Board papers.</li> </ul> </li> <li>• <b>CIOG Terms of Reference</b> <ul style="list-style-type: none"> <li>16.12. The Board reviewed the re-fresh of the Clinical Incident Overview Group ToR..</li> <li>16.13. It was requested that these be amended on Page 1 to reflect the advent of the Senior Management Team (to replace TWMG) and the newly constituted Quality and Standards Committee.</li> <li>16.14. It was also requested that the quorum for this meeting be reviewed.</li> <li>16.15. With these amendments the ToR were approved.</li> </ul> </li> </ul>	
<p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>○ <b>Committee Chairs to produce written reports in future.</b></li> <li>○ <b>Membership of committees to be circulated as part of next Board pack.</b></li> </ul>	<p><b>All committee chairs</b> <b>LH</b></p>

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<ul style="list-style-type: none"> <li>○ <b>CIOG ToR to be amended and quorum for this committee to be reviewed.</b></li> </ul>	<b>HW</b>
<p><b>17. Equality and Diversity Position Statement</b></p> <p>17.1. The Board received <b>Report 13.0018</b> of the Chief Executive which noted the Trust's position in relation to the quality and diversity agenda and the forward plan for 2013/14.</p> <p>17.2. The Board noted that, following a brief review and coupled with a number of changes within the Trust in conjunction with a renewed commitment to this agenda, it is proposed that a report be deferred until the June Board meeting.</p> <p>17.3. Iain Tulley noted that this deferral reflects the prominence that the Trust wishes to give to this agenda going forward.</p> <p>17.4. The Board welcomed the imminent secondment of Marvin Rees from Bristol City Council to work alongside the Trust's Equality and Diversity lead to support the delivery of race equality across the Trust.</p> <p>17.5. The Board resolved to <b>approve</b> the deferral of the annual report on Equality and Diversity to reflect this position and the development of a forward looking diversity plan for 2013/14.</p>	
<p><b>18. Finance Report M12</b></p> <p>18.1. The Board received <b>Report 13.0019</b> of the Executive Director of Finance which presented the Trust financial position for the year to 31 March 2013 and informed it of the final 2012/13 capital programme position.</p> <p>18.2. The Board noted the achievement of the SHA control total and the Financial Risk Rating for the year of 4.</p> <p>18.3. The Board noted the cash position at the end of the year and the Chair reiterated that the accruing of cash is to enable the Trust to make significant improvements in future years.</p> <p>18.4. Operational colleagues were thanked for their efforts in the achievement of the year end position.</p> <p>18.5. The Board resolved to <b>note</b> this report.</p>	
<p><b>19. Foundation Trust Report</b></p> <p>19.1. The Board received a verbal update from the Company Secretary.</p> <p>19.2. Tony Gallagher further updated the Board on the work of the FT Steering Group. He confirmed the expected Trust timetable and that the Trust must ensure it meets all service delivery and financial targets in order to achieve this.</p> <p>19.3. The Board noted the series of milestones around the Integrated Business Plan (IBP) and commissioner convergence.</p>	

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<b>20. Refreshed Strategic Objectives and Vision and Values</b>		
20.1.	The Board received <b>Report 13.0021</b> of the Chief Executive which summarised feedback from the consultation around the refresh of the Trust vision and values and recommended the adoption of revised strategic objectives, a motto (instead of a vision) and values, in light of the feedback received.	
20.2.	The Head of Communications summarised the process and the themes of the responses received.	
20.3.	It was noted that feedback suggested widespread support for the draft proposals and that much of the negative comment related to whether these represented the Trust as it is or its ambitions for the future.	
20.4.	Alison Paine welcomed that the Trust has responded creatively to feedback and Peter Greensmith noted that this underlines that the organisation is prepared to listen.	
20.5.	It was agreed that the objectives may well require further explanation.	
20.6.	It was agreed that it would be helpful to have Q & A posted on the Trust Website and circulated to stakeholders to elaborate on the themes that underpin these objective and the vision and values.	
20.7.	The Operations Director noted that the open meetings to discuss these proposals were headed up by the locality triumvirates and that this had been a useful process in introducing themselves and engaging with local communities.	
20.8.	The Board agreed that it should be clear around the nomenclature of the locality management teams in any communication.	
20.9.	It was confirmed that a communications plan will be put in place to develop the refreshed strategic objectives, vision and values and that they will be reflected in a number of products and in objective setting across the organisation.	
20.10.	The Board resolved to <b>approve</b> the adoption of the revised strategic objectives, a motto ' <i>We care, you matter</i> ' and values as outlined in the report.	
	<b>ACTIONS:</b>	
	<ul style="list-style-type: none"> <li>○ <b>Q &amp; A to be developed for the Trust Website.</b></li> <li>○ <b>Be clear about neomenclature re Local Delivery Units and Local Management Teams.</b></li> </ul>	<p>RC</p> <p>RC and ALL</p>
<b>21. Minutes of Board Committees</b>		
21.1.	The Board noted the minutes of the following Board committees:	
	21.1.1. ESEC – 18.1.13	
	21.1.2. Finance & Planning – 18.3.13	

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<p>21.1.3. Quality and Safety – 13.3.13</p> <p>21.1.4. Audit and Risk - 7.2.13</p>	
<p><b>22. SHA Oversight return – March 2013</b></p> <p>22.1. The Board received <b>Report 13.0023</b> of the Chief Executive which presented the M12 (March 2013) SHA Oversight return and self certification to the Board for discussion and approval.</p> <p>22.2. The Board noted the position on the March 2013 return and action being taken in response to red flags/exceptions. It further noted and welcomed that the in month governance risk score is now 0.0 (green) following the removal of CQC warning notices in relation the Lansdowne and Fromside Units.</p> <p>22.3. It was noted that the Executive team considers that Board Statement 1 remains qualified subject to the implementation of a more robust ward to Board quality information system in April 2013. The Executive Team (ET) advises that it will remain qualified until the May return when ET will have evidence of the effectiveness of the Quality Information System.</p> <p>22.4. The Board <b>agreed</b> that there was no reason to change the qualified Board statement until they are assured of this evidence.</p> <p>22.5. The Board resolved to <b>approve</b> the returns for the period of March 2013.</p>	
<p><b>23. AOB</b></p> <p>23.1. There was none.</p>	
<p><b>24. Complaints Presentation</b></p> <p>24.1. The Board received a presentation of a complaint from Ros Stower (<i>Interim Area Manager – BANES</i>)</p> <p>24.2. This complaint related to a carer of a long term service user who had had limited recovery despite extensive and repeated engagement with the Trust. The service user has no insight into their condition.</p> <p>24.3. A relapse of the service user's condition prompted the community team to respond through normal recovery services but they were turned away by the service user and the team then attempted to support the husband as her carer.</p> <p>24.4. The distress of the carer and his response to the plan for her to be seen the next day by a consultant, culminated in him ringing the Intensive Team requesting that his wife be removed from the home.</p> <p>24.5. Recognising that a plan was in place and that his wife had already been seen that day, it was communicated to the carer that they should stick to the original plan with an appointment the following day.</p>	

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24.6.	The carer then attempted to ring the team again but there was no reply other than a request to leave a message by voicemail.	
24.7.	The service user was seen the next day and admitted through a Mental Health Act assessment. The service user was then transferred to another unit and her husband was not advised of this. Her husband was not ambulant and struggled to get to Bristol to find that she had been moved elsewhere. He then became very distressed again.	
24.8.	The service user was then discharged and re-admitted after three days.	
24.9.	The frustrations of the carer were around a lack of communication and the ongoing issues of caring for someone with no insight and significant disability.	
24.10.	The Trust has responded to this complaint in a number of ways including having a switchboard in place to deal with out of hours calls, developing a checklist on the ward to advise carers of issue such as re-location and working on a contingency plan with the carer in question on earlier intervention when crises occur. The Trust has also given him links to Carers Groups which he feels has given him a voice in a different way.	
24.11.	Trust staff have also visited the carer at home which has led to the development of a better relationship.	
24.12.	It was agreed that it was important to keep carers informed and that this would improve their experience.	
24.13.	Hazel Watson asked if the practice of operating a checklist on the ward was in operation across the Trust. It was agreed that this would be checked.	
24.14.	Susan Thompson asked about encouraging service users to agree a balanced care plan when they are well. It was confirmed that there is a generic agreement around 'consent to share' but that practitioners can feel anxious about advanced directives. It was suggested that there may be an opportunity to develop a protocol for such dilemmas to be reviewed by a third party.	
24.15.	It was agreed that an agreed explicit contingency plan would be helpful in avoiding the issues that arose in this case.	
24.16.	It was also agreed that this should be clear at step down from secondary services.	
24.17.	A question from the floor asked if the Trust could provide a leaflet with patient and carer guidelines and also outlining support networks.	
24.18.	Tony Gallagher noted that this was a good suggestion which was being considered by the Trust.	
24.19.	Tony thanked Ros Stower and Jo Davis for their presentation of this complaint and the lessons learned from it.	

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<b>ACTIONS:</b>	
<ul style="list-style-type: none"> <li>○ Look to see if checklists on wards are in operation across the Trust.</li> </ul>	HW

<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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