

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

Held on **29th May 2013** at 10.00am in the Conference Room , Fromeside

These Minutes are presented for **Approval**

Members Present

Anthony Gallagher – Chair	Iain Tulley – Chief Executive
Alison Paine – Non-Executive Director	Paul Miller – Executive Director of Finance and Deputy Chief Executive
Susan Thompson – Non-Executive Director	Hayley Richards – Executive Medical Director
	Kristin Dominy – Executive Director of Operations
	Sue Hall – Interim Executive Director of Business Development

Staff In attendance

Emma Roberts – Company Secretary	Suzannah Marsh – for Head of Communications
Liz Bessant – Head of Nursing (Deputising for Executive Director of Nursing)	Louise Hussey – Assistant Company Secretary
Rachael Rickard – Business & Performance Co-ordinator	Jo Davis – PALS Manager
Sharon Weaver – Chair's PA	Jess Wright – Service User Involvement Worker

Members of the Public in attendance in the gallery

J Nelson	Francesco Palmer
Alison Cox	S King
W Nelson	

Members of the Public representing other organisations

Lorraine Reeves – Wiltshire and Swindon Users Network
Jill Paines – South Gloucestershire Service User Group

CLINICAL PRESENTATION – ‘NEW HORIZONS’

1. The Board received a presentation on the **New Horizons Mother and Baby Unit** from Newlands Anning (Acting Modern Matron, Specialist Services, Southmead Hospital) and Julie Mitchard (Centre Manager of New Horizons). The purpose of the presentation was to share quality innovation and good practice.
2. The Board learned that the ante natal and pre-pregnancy service was in place to identify women with serious mental illness and the work to initiate treatment in order to prevent this and to reduce the impact on the baby and the wider family.
3. The position pre 2011-12 was outlined in comparison to the present day with a wider geographical area covered but with a clearer care pathway from NHS England.
4. The **New Horizon Clinical Care Pathway** and timeline was described providing clarity and timescales on the service provided.
5. The testing of the quality of the service was noted including a mock CQC inspection which was ‘green’ across the unit, and a positive Executive safety inspection. An unannounced CQC MHA inspection confirmed the findings of the mock inspection identifying good practice.
6. The unit is working towards **Perinatal CCQI accreditation**, undertaking a feasibility study regarding bed capacity and working on the development of a Perinatal community team with the aim of becoming a centre of excellence.
7. Iain Tulley welcomed this aspiration and asked about links with Devon Partnership NHS Trust in support of the promotion of a clinical network.
8. Alison Paine asked about the provision of community support and the accessing of emergency support. It was confirmed that this is variable from area to area through Intensive and Early Intervention Teams with some link into Health Visitors. A staff doctor also holds a clinic at Southmead Hospital.
9. In response to a question from Susan Thompson on whether Specialist Commissioners are requesting more inpatient beds it was confirmed that this is an ongoing discussion. A questioner from the floor noted that it is recognised by commissioners that there is a shortage of beds nationally.
10. It was noted that advice is given on other services and medication in the step down process for ‘inappropriate referrals’.
11. Tony Gallagher thanked Newlands Anning and Julie Mitchard for their informative presentation.

BD/13/37 - Apologies

1. Apologies were received and accepted from Antony McNiff, Peter Greensmith, Lee O’Bryan, Ruth Brunt and Hazel Watson. It was noted that Liz Bessant was deputising for Hazel Watson.

BD/13/38 - Declaration Of Members' Interests

1. In accordance with AWP Standing Orders (s7.1) members present were asked to declare any conflicts of interest with items on the Board meeting agenda. No interests were declared.

BD/13/39 - Questions From Members Of The Public

1. A member of the public raised a question about an issue referred to in Section 3.3 of the previous minutes concerning Wiltshire PCT and social services and asked whether this referred to the 'Wiltshire report'. It was confirmed that it did.
2. A question was raised from the floor relating to the previous minutes and a detailed question that had been put at the last meeting, since the questioner felt he had not had an appropriate response..
3. Tony Gallagher advised that there is a published process in place for questions from members of the public to the Board and this required written questions to be made in advance.
4. In response to further concerns expressed from the questioner around his clinical treatment and diagnosis, Tony explained that the Board could not consider matters of a personal nature, and that the questioner was well known to the Trust's Patient Advice and Liaison Service and his ongoing questions and requested were being dealt with.

BD/13/40 – Minutes Of The Previous Meeting

1. It was accepted that Susan Thompson and Carol Lenz should have been recorded as present at the 2 May Board meeting.
2. Section 9.18 should say that 'Susan Thompson underlined that one of the seven key quality indicators is service user experience ...'.
3. Section 13.5 - Susan Thompson asked that this minute should be amended to say:
 'Susan Thompson requested that unexpected deaths should not be referred to as a suspected suicide but should be reported to Board in the monthly report as death following self-harm if self-harm has been a factor in the death and that unexpected deaths where there is no obvious harm/accident should be referenced as an unexpected death though to be due to natural causes'.
4. Section 20.10 - The Trust motto should be recorded as 'You matter, we care'.
5. Section 24.14 – Susan Thompson asked that this minute be amended to read:
 'Susan Thompson asked if there was any encouragement to service users to agree advance care plans which include a statement of entry confirming with whom they are happy for personal information to be shared at times when they lack capacity. She suggested a protocol be considered, if one is not already in existence, to assist service users and staff and that this guidance be checked and reported back.'
6. With these amendments the minutes were **agreed** as an accurate record and duly

signed by the Chair.

BD/13/41 – Matters Arising

1. The Board considered the Board Schedule of Matters Arising and resolved to note progress and remove those items marked as complete.

BD/13/42 – Chair And Chief Executive's Actions

1. There were none to report.

BD/13/43 – Chair's Report

1. The Board received an oral update from the Chair.
2. The recent trust forum to consider the **Francis Report** was highlighted as an important event with a wide attendance from clinical staff.
3. Tony Gallagher noted that it was appropriate to recognise that the draft findings of the follow up report from **Sutherland into the Governance of the Trust** evidenced considerable progress and a new watershed for the Trust. Tony confirmed that this report should be shared more widely within and externally to the organisation once published.
4. Tony formally thanked **Iain Tulley** for the positive impact he has had on the Trust since his arrival as Chief Executive. Tony affirmed the Board's confidence that the right systems are in place and reiterated that these must now be consolidated and embedded. Tony also underlined that work is still required on further developing external relationships. Tony acknowledged that the Trust has made progress and that Iain has contributed significantly to that progress.
5. The **Independent Board Evaluation** work was noted as being in the first phase with the interim report having been published and actions being implemented.
6. Tony welcomed the work on embedding quality within the organisation and noted that users and carers will, alongside the board, want to see further progress on the **quality agenda**.
7. **The Board resolved to NOTE this oral report and AGREED that the follow up Sutherland Report will be published.**

BD/13/44 – Chief Executive's Report

1. The Chief Executive presented his regular report on matters of national and local interest, raising key points in his summary for the board.
2. A briefing paper from the **Centre for Mental Health** examining what the NHS mandate means for mental health services and their users had been published, outlining key actions including expanding **IAPT services**. The Trust is well placed in this area.
3. Iain Tulley was encouraging the Trust to take the principals of integrated care into its local partnerships as described in the government paper '**Integrated Care: Our Shared Commitment**'.

4. Iain welcomed Andrea Young to her new role within the health community as **Chief Executive of North Bristol NHS Trust**.
5. The recognition of the innovative practice of the Trust's pathfinder service as commended in the document '**Guidance for commissioners of forensic mental health services**' was welcomed.
6. The Board noted the further funding for the Trust's **Court Assessment and Referral Service (CARS)** to work alongside neighbourhood police units in Avon to provide mental health assessment and support to individuals.
7. The Board was updated on a number of **senior appointments** within the Trust including Emma Adams, as Interim Head of the Academy and Julian Walker as Director of Research and Development. Both appointments have been warmly welcomed.
8. The Board was updated on feedback on the **Independent Board Evaluation** process as undertaken by DACBeachcroft LLP. Iain welcomed the positive comments and noted the recommendations and advice on areas such as the mechanics of the Board and corporate machinery.
9. The initial verbal feedback from the **CQC re-inspection** of 8 teams within the Trust **community services** was shared with the Board. It welcomed the significant improvement reported from that of the original inspection. The Trust will wait to see the final report but notes continuing concerns around staffing and the size of caseloads.
10. The imminent publication of the **final report of the Sutherland Review of Governance** and the draft findings and recommendations of this report was noted. Iain commended the work of frontline staff and their contribution to the progress made since the initial report. Susan Thompson asked how the Trust will address the issue of quality clinical engagement as raised in the draft report. Hayley Richards confirmed that the Clinical Academy will support this workstream, and the Productive Team programme will be valuable tool.
11. **The Board resolved to NOTE the report.**

BD/13/44 – Quality Information System

1. The Interim Executive Director of Business Development presented the regular report on the Trust's Month 1 performance position against each quality domain and the Monitor Compliance risk scores. The Monitor Compliance scorecard will be available as a separate appendix from Month 2 onwards.
2. Sue Hall reported that this represents the first iteration of the 2013-14 scorecard as organised around the Trust's **seven domains of quality**. Sue drew the Board's attention to the scoring methodology as described within the body of the report. Elements of the scorecard for Scorecard for April 2013 as presented at *Appendix A* are still shown as 'grey' where there is not yet sufficient information. Other sections have been 'RAG' rated where the Trust is confident that complete data is available.

3. Sue confirmed that each of the Board committees will take responsibility for scrutinising specific domains, and that it is expected that an exception report will be produced as part of the committee report to the Board. A minor amendment was raised in the correct name of the 'Quality and Standards' Committee.
4. Tony Gallagher commended the useful presentation at the May Board Seminar which described the system in some detail. He underlined that the target date for all data to be available is the end of **Quarter 1** and that there must be 100% compliance at that point. Iain Tulley endorsed this and reiterated that teams are being encouraged to describe the position as it is. It was confirmed that **quality improvement visits** will be informed by this tool, the domains within which will set the framework for the visits.
5. The two quality indicators for **Supervision** and **Sickness** which are below target at M1 were considered in detail. Both are showing a month on month improvement. It was confirmed that both indicators were scrutinised at the Employment, Strategy and Engagement Committee (ESEC) in the previous week. Carol Lenz also identified that a new Sickness/Absence Policy is in draft and that the Sickness/Absence hotline process is being examined. She expects to be able to report improvement in the next 6 – 8 weeks.
6. Susan Thompson applauded the introduction of this tool and the improvement this will bring to Localities, Teams and Wards in their interrogation of performance at every level and the board's ability to be sighted on 'ward to board' data.
7. Planned further iterations of this system were discussed. Iain also shared his intention that the Executive Team and Clinical Directors will review the quality information system data in real time every week in a **weekly 'huddle'** and that this process should be implemented in the late summer/early autumn of this year. The data will also be freely available for all to see, including members of the public, both in Trust HQ and around the Trust.
8. It was confirmed that the Quality Information System has been shared with commissioners at a local level.
9. **The Board resolved to NOTE the report.**

BD/13/46 Monthly Incident Report

1. The Board received its regular report on **serious untoward incidents** in month, from the Medical Director.
2. The 12 externally reported incidents in April were noted as outlined within the report.
3. It was confirmed that, whilst the percentage of Grade 1 incidents, was slightly higher than normal, there were no common themes or factors identified.
4. Susan Thompson asked about the Trust's Falls Strategy given the number of incidents related to falls and questioned whether these were connected. Liz Bessant confirmed that her understanding is that the numbers of falls are reducing. It was agreed that this should be referred to the Quality and Standards Committee

for assurance.

5. Susan reiterated the legal imperative of accurately capturing the nature of a death in relation to suspected suicide, be it self-harm or accidental.
6. Susan also asked for clarity on the role of the Board in reviewing serious untoward incidents and that this should be better reflected in the report.
7. Tony confirmed that the Critical Incident Overview Group is the management group with responsibility for reviewing the detail of incidents and the Quality and Standards Committee scrutinises the themes and systems of review and learning.
8. Tony Gallagher confirmed that the report is an early warning mechanism for issues that the Board may wish to consider further.
9. **The Board resolved to NOTE the report and agreed that the audit of incidence of falls be reviewed by the Quality and Standards Committee.**

HW

BD/13/47 Corporate Risk Register - Update

1. In light of the review of the process supporting the Trust's management of risk, the Board **noted** that the new risk management approach and risk register will come to the Trust Board at its June meeting for review and approval.

ER

BD/13/48 Reports of Board Committees – Quality and Standards Committee

1. The Board received an update on the activity of the newly formed Quality and Standards Committee.
2. The remit of the committee was described including the review of quality improvement plans throughout the year.
3. That some of the meeting will be in public was welcomed and also that the committee will be located in venues across the Trust and will receive reports from the particular local service delivery units. The location of future meetings will be published on the Trust website when these have been confirmed.
4. It was confirmed that it is hoped that local Service User and Carer Groups will act as hosts at the various localities visited by the committee.
5. Concerns about the **Mental Health Act (MHA)** recruitment and retention programme were raised and will be considered at the June meeting of the committee. In answer to a question from Alison Paine, Susan Thompson confirmed that protocols around renewals will also be considered as well as the system for the capture of MHA feedback across the organisation.
6. **The Board resolved to ACCEPT the report noting that there were no board actions required from the Committee.**

Finance and Planning Committee

1. The Board was updated on the activity of the Finance and Planning Committee at Month 1.

2. The committee's concern that **Cost Improvement Plans** are not yet formally owned by those who are tasked with delivering them was underlined. It was reiterated by Tony Gallagher that this process must be formally closed off in conjunction with the associated quality assurance.
3. **The Board resolved to ACCEPT the report noting that there were no board actions required from the Committee.**

Employee, Engagement and Strategy Committee (ESEC)

1. The Board was updated on the activity considered at the recent ESEC meeting.
2. It was noted that this included consideration of the availability of locality **workforce data** including sickness/absence information.
3. **The Board resolved to ACCEPT the report noting that there were no board actions required from the Committee.**

Membership of Board Committees

1. Updated information on membership of Board committees was received, noting that this is a work in progress and does not yet include the recently appointed non executive director. It was agreed that this information should distinguish between formal members of committees and those in attendance.
2. The recent change to the Chairs of both Finance and Planning and ESEC was noted that Alison Paine will now chair ESEC and Lee O'Bryan Finance and Planning.
3. Iain reiterated that where Clinical Directors are listed as attending meetings this will be used sparingly and generally when specific concerns are highlighted for consideration in relevant localities.
4. **The Board resolved to APPROVE the membership of the Board Committees as set out.**

BD/13/49 Finance Report Month 1

1. The Board received its regular report on the **financial position** in month, including the cumulative position to the end of April 2013.
2. The capital decisions for the Chief Executive and Board were considered and it was noted that the Finance and Planning Committee had reviewed these at its recent meeting and considered all proposals acceptable, recommending onward approval by the Board.
3. The Board discussed the Chief Executive's Quality Fund and it was proposed by Iain Tulley that this be directed to support Community Recovery teams in individual Locality Delivery Units. **The Board resolved to AGREE this proposal.**
4. **The Board resolved to APPROVE the following capital programme decisions:**
 - Fountain Way space optimisation (£312k 2013/14)
 - Mobile & Desktop infrastructure (£1M 2013/14)

- NHSmail (£158k 2013/14)
- The revised changes to the not yet authorised capital schemes.
- Agree to the disposal of Windswept in 2013/14 plan.

4. **The Board also resolved to NOTE the decision by the Chief Executive to:**

- Agree the feasibility re-provision of space for clinical teams at Bybrook Lodge (£5k 2013/14)

BD/13/50 IBP process

1. An update on the purpose and production of the **Integrated Business Plan (IBP)** was received by the Board.
2. **The Board resolved to NOTE this report this recognising that there will be a detailed discussion in the Part 2 Session of the meeting and that, following Board sign-off, a summary of the IBP will available for stakeholders.**

BD/13/51 Community Engagement and Involvement Strategy

1. The Medical Director presented the Community Engagement and Involvement Strategy for **discussion and approval** by the Trust Board.
2. Tony Gallagher confirmed that this strategy has been reviewed by the **Service User and Carer Steering Group** and has also been considered by the Quality and Standards Committee. The strategy was to return to the Service User and Carer Steering Group following today's Board discussion and then return to the Board for approval in final form. HR
3. Hayley Richards highlighted the **integrated engagement framework** described on page 4 of the strategy which identifies the proposed process for engagement through a single Trustwide Engagement Group informed by three groups – the Carers Forum, Service Users group and Healthwatch group. In response to a question on wider engagements with commissioners it was confirmed that it is expected that this will be managed by locality triumvirates and local service user and carer groups. The involvement of patients and carers in the tendering process was also confirmed in that it will be expected that their views will be sought from the outset.
4. Tony underlined that the existing **Trust membership** should be fully utilised and that their involvement should be both real and encouraged. Iain Tulley endorsed this and noted that in future every involvement should be through the Trust membership. It was noted that this approach is currently being adopted by the Membership Manager who is working closely with Involvement leads in localities.
5. Susan Thompson questioned the **measures of success** for the strategy as outlined in the objectives on pages 11/12. She identified that these objectives felt more like executive and management actions and underlined her expectation that they would be more outcome derived, such as fewer complaints and feedback from external surveys.
6. A questioner from the floor commented on the term '*Community Engagement*' as

he felt that this descriptor did not reflect the totality of engagement across the organisation. It was also requested that the Trust look at how the user and carer involvement is mandated to ensure members of the steering group can claim they are legitimately the 'voice' of inpatients. It was requested that an open and transparent process of selection to these groups be in place, based on knowledge, skills and experience. It was also requested that the **service user steering group minutes** be published. It was agreed that Iain Tulley would meet with the questioner at the end of the meeting to discuss these issues.

IT

7. The point about transparency and openness in selection processes was acknowledged and it was agreed that the publication of the service user steering group minutes would be enacted unless reasons of confidentiality prevented it.

HW/HR

8. **The Board resolved to NOTE this report and commend it for further consideration at the Service Users and Carers Steering Group and the Quality and Standards Committee prior to returning to the Board.**

Draft Terms of Reference – Trustwide Engagement Group

1. The Board received and **APPROVED** the Terms of Reference for the Trustwide Engagement Group which will replace the Service User and Carer Steering Group.

BD/13/52 Foundation Trust (FT) Steering Group

- The Board received an oral update on the work programme for the Trust to achieve **Foundation Trust authorisation**. It was noted that a project plan has been agreed for a formal application to the Trust Development Authority (TDA) in October 2013 and this was supported by the TDA.
- Changes to the **constitution** have been proposed including proposed changes to the constituencies for service user and carer governors and the arrangements for appointed governors.
- Tony Gallagher reiterated that the intention is that there should be no barrier to the Trust becoming an FT in terms of the quality of its services. He regretted the recent article in the Health Service Journal that identified the Trust as being in the middle league of three in terms of FT readiness. Iain Tulley underlined that this is dissonant with feedback from the TDA.
- Susan Thompson asked that there be greater clarity from the TDA on the Trust's entry date into the FT pipeline and the Board discussed the likely timescale for receipt of this formal confirmation. It was agreed that a formal statement on the Trust's position was desirable and also important in relation to the mechanics of the organisation of processes such as Historic Due Diligence (HDD).
- The Board resolved to NOTE this verbal report and seek formal confirmation from the TDA to the October 2013 entry into the FT process.**

BD/13/53 Minutes of Board Committees – Finance and Planning Committee – April 2013

1. The Board received and **NOTED** these minutes. There were no matters requiring

board approval raised.

BD/13/54 SHA Oversight Return – May 2013/June 2013

1. The Board noted the **changed process for submission** of these monthly returns and that the content of the new process includes self-certification against Monitor's new provider license alongside a range of board self-certifications.
2. An error in the May return was noted which should have declared non-compliance with one of the quality statements.
3. It was confirmed that there is **executive oversight and ownership** of the assurances supporting this process. The Executive recommended a compliant return for both May and June 2013. It was reiterated that the previous statement of non-compliance had been around clinical quality and this had been rectified in May and the Executive Team was confident that compliance would be maintained through the month of June.
4. It was confirmed that the statement of compliance was supported by the Clinical Executive in Hayley Richards, Liz Bessant and in the Delivery Executive by Kristin Dominy.
5. The confidence of locality management in identifying best and worst practice through the **Quality Information System** was identified as evidence of the improved internal assurance process now in place. Susan Thompson also noted her increased confidence, through the improved notification from Clinical Directors of compliance against essential standards and improved assurance at the Quality and Standards Committee, in relation to quality reporting.
6. **The Board resolved to APPROVE the retrospective submission of the May declaration and that a declaration of compliance is made for the month of June.**

BD/13/55 Any other Business

1. A questioner from the floor asked about the **Staff Survey** and sought information about actions taken by the Trust. It was confirmed by Iain Tulley that this had been discussed at a previous meeting where it had been acknowledged that the findings were disappointing. As a result of this the organisation is looking at a new strategy and a new compact with its staff.
2. The proposed actions to take this forward were outlined by Carol Lenz including the formation of a staff survey action group and the tasking of ESEC to get a better understanding of bullying and harassment concerns.
3. The questioner identified the level of absenteeism as a concern and the implications for staff having to work extra hours.
4. Tony Gallagher confirmed that the Trust is sighted on this and it was agreed that the Board should receive an update on actions taken in the near future.

CL

Complaints and Praise – 'You said, we did'

Minutes Prepared for the Part 1 Trust Board dated 26th June 2013

Sponsored by the Chair

Agenda Item:

Serial:

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1. The Board was pleased to receive a presentation from Ms Cox on her positive experience as a carer of a service user in the Trust's Eating Disorder Unit – STEPS at Southmead Hospital. This was part of the Board's regular 'you said we did' presentation, where learning from complaints or praise was received at the Board.
2. Ms Cox identified that ultimately this had been a positive experience albeit with a series of peaks and troughs through the recovery of the person for whom she cared. Ms Cox described the way AWP services had helped her and the person for whom she cared, and identified areas where learning could be shared.
3. Ms Cox felt it important to reiterate that recovery is possible and that her role as a carer had been enhanced by the support of mental health professionals and carers' support groups. She emphasised that it had been important to her to have been listened to as a carer.
4. The Chair thanked Ms Cox for insight into her experiences and asked that thanks be passed to the staff of STEPS.

Key to Abbreviations Used	
Abbreviation	For
Chief Exec	Chief Executive
DoF	Executive Director of Finance
Int HR Director	Interim HR Director
Exec Med Dir	Executive Medical Director
Exec Nur Dir	Executive Director of Nursing
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
SDU	Service Delivery Unit
NED	Non-executive Director