

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

Held on **26<sup>th</sup> June 2013** at 10.00am in the Conference Room, Jenner House

These Minutes are presented for **Approval**

### Members Present

Anthony Gallagher – Chair	Iain Tulley – Chief Executive
Peter Greensmith – Non-Executive Director	Paul Miller – Director of Finance and Deputy Chief Executive
Tony McNiff – Non-Executive Director	Hayley Richards – Medical Director
Lee O’Bryan – Non-Executive Director	Hazel Watson – Nursing Director
Alison Paine – Non-Executive Director	Kristin Dominy – Director of Operations
Susan Thompson – Non-Executive Director	Sue Hall – Director of Business Development
Ruth Brunt – Associate Non-Executive Director	

### Staff In attendance

Carol Lenz – HR Director	Julie Benfell – Information Governance Manager
Rachel Clark – Programme Director, Development	Louise Hussey – Assistant Company Secretary
Emma Roberts – Company Secretary	Jo Davis – PALS Manager
Ray Chalmers – Head of Communications	

### Members of the Public in attendance in the gallery

Mrs G Tompkins	MD Ody
Tim Dunton	June Nelson
Walter Nelson	

### Members of the Public representing other organisations

Lorraine Reeves – Wiltshire and Swindon Users Network

Action

**CLINICAL PRESENTATION – IQ Tree**

1. The Board received a presentation on the **IQ Tree** from Mary Paine, Modern Matron at the Victoria Centre and Newlands Anning, Acting Head of Profession and Practice, Swindon.
2. Mary outlined the Trust's approach to the delivery of the seven quality indicators in terms of the following outcomes:
  - 2.1. Respecting and involving people who use the service
  - 2.2. Meeting nutritional needs
  - 2.3. Cleanliness and infection control
3. It was confirmed that this has been shared with all Modern matrons across the organisation and is due to be discussed at a Manager's development day shortly.
4. Iain Tulley welcomed this initiative as superb and thanked the team involved in developing it.

**BD/13/66 - Apologies**

1. Apologies were received and accepted from Peaches Golding.

**BD/13/67 - 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/13/68 - Questions From Members Of The Public**

1. A member of the public raised a question on a delay in accessing a service user's health records and advice that that he would need to go to Green Lane Hospital to read the health records and be accompanied by a consultant who could explain any contents if appropriate. The enquirer did not want to go to Green Lane Hospital to view the records – rather, he wanted them to be sent to his home address. Jo Davis, PALS Manager, assured the questioner that she would take the details of this concern outside the meeting and follow this up.
2. Following the meeting it was confirmed that the PALS team had contacted Medical Records, Blackberry Hill and they confirmed they had gone back to the consultant on 23 May and it was agreed that it would not be necessary to sit with the enquirer at Green Lane Hospital whilst he read the health records. Instead, the health records can now be sent to enquirer's home address once they have been completely scrutinised.
3. It has been confirmed that copies of the relevant health records were posted by recorded delivery on 8<sup>th</sup> July to the enquirer.

**BD/13/69 – Minutes Of The Previous Meeting**

1. Section BD/13/40 – item 5 should read '.....advance care plans which include a statement confirming with whom they are happy for personal information to be

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shared ...’.

2. Section BD/13/48 – item 5 should read ‘Concerns about the Mental Health Act *Associate* recruitment and retention programme ....’.
3. Section BD 13/50 – item 2 should conclude with ‘..... a summary of the IBP will be available for stakeholders *after formal submission in October*’.
4. With these amendments the minutes were **AGREED** as an accurate record.

#### BD/13/70 – 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/13/71 – Chair And Chief Executive’s Actions

1. There were none to report.

#### BD/13/72 – Chair’s Report

1. The Board received an oral update from the Chair.
2. The fundamental changes to the NHS as identified at the recent **NHS Confederation Conference** were highlighted including the convergence of commissioning and provisioning. That the majority of mental health specialist trusts now incorporate community care into their services was identified and it was underlined that whilst the trust’s strategy is to maintain a specialist provision of services, it is vital that it maintains and develops partnerships.
3. The focus on the **Francis Report** at the conference with an emphasis on leadership and Board responsibility and the consideration of user and carer views. It was underlined that it is important that the Board is seen to act on the information given to it.
4. It was reiterated that the Bristol Team must be adequately resourced to manage the demands of the **Bristol Tender** without compromising its day to day business.
5. Rachel Clark was welcomed in the interim role of Programme Director – Development.
6. Tony Gallagher confirmed that the Trust has had recent conversations with the **TDA** regarding the Trust’s **FT journey** and that there is a body of work associated with this process that should not be underestimated.
7. It was reiterated that the Trust is keen to promote the formal involvement of service users and carers in the **Trust’s complaints process**.
8. **The Board resolved to NOTE this oral report.**

#### BD/13/73 – 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. The recent appointment of Sir Mike Richards as **Chief Inspector of Hospitals** was

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welcomed, this post having been created by the government in response to the findings of the Francis report.

3. The recent report from the NHS Confederation '**Changing Care, Improving Quality**' which calls for major change in the health service, with greater emphasis on healthcare provided outside of hospitals, was highlighted as underlining the changing nature of the landscape and a requirement for the Trust to reconsider its strategy.
4. The Board's attention was drawn to the recent survey by the **Mental Health Network** that identifies that a considerable number of Mental Health Trusts are **community and mental health** organisations. It was that considered that AWP's current position as a Specialist Mental Health Trust should be debated by the Board, given this changing landscape and changing market going forward.
5. The recent report from **MIND** which identified a significant variation between health trusts over their use of **restraint** and called for an end to **face down restraints** was highlighted given that this trust was identified as having an above average number of incidents involving physical restraints and could not identify the number of face down restraints. It was acknowledged that this report does not benchmark in relation to the size of Trusts and also that the Trust has historically a high reporting culture. It was however confirmed that there is now an electronic reporting system in place which allows the reporting of faced down restraint within AWP and that the training related to this has been moved into the Clinical Executive which will provide greater oversight of this practice. This will also be reviewed through the Critical Incident Oversight Group.

Susan Thompson welcomed the Trust's acceptance of this report and also that it will now be possible to report more accurately on the nature of restraint. She underlined that the Quality and Standards Committee is sighted on restraint and violence and aggression in the workplace and that these issues are already on its agenda. It is recognised that the issues behind this are multi-factored and she welcomed that there is greater focus on this by the Executive.

Tony McNiff asked how the Board is assured that there is an improving trajectory in relation to this within the organisation. **It was agreed that the Quality and Standards Committee would review this practice, including establishing it the Trust is an outlier through accurate benchmarking, and bring it back to the Board.** ST

6. The positive follow up report from **Sue Sutherland** was welcomed as an endorsement of the Trust's current direction of travel.
7. The excellent feedback from the **HMP Bristol inspection** by Her Majesty's Chief Inspector of Prisons and the CQC was highlighted as a champagne moment for the Trust.
8. The major initiative launched by the Trust in **Bristol** to better understand and better meet the needs of the **city's diverse communities** was outlined. It was welcomed that the Trust has recently recruited a non-executive director with specific interest in this area.

9. An update on the outcome of the consultation on the **Resources Directorate** identified that a decision has been made to maintain the status quo and postpone implementation until the next financial year which will enable changes to be planned and implemented effectively with the minimum disruption. It was confirmed that Clinical Directors have initiated a meeting to discuss the support of the localities by finance and HR specialists within this directorate.
10. **Rachel Clark** was welcomed as the newly appointed **Interim Programme Director – Development**, on a 12 month secondment. It was underlined that the purpose of this post is to underpin structural change with cultural change. In response to a question on the involvement of service users and carers in this work Rachel reiterated that, whilst the Trust is making changes that will embed service user and carer voices at every level, this development is specific to staff, recognising that the well being of staff directly impacts on the quality of the service that the Trust provides. Iain Tulley underlined that there is a need to change the culture and attitude of staff to enable them to positively participate in the triangle of care.
11. A request was made for further nominations for **Staff Awards** which are an opportunity to celebrate outstanding contributions of Trust staff.
12. Iain Tulley drew the Board's attention to a lecture he had attended recently given by **Sir Ian Carruthers** which had identified the challenges facing healthcare and the healthcare industry and leadership challenges nationally and internationally. He noted that he was heartened that Trust has already addressed a number of the issues identified and embedded these in its direction of travel.
13. Significant **bed pressures** across the Trust were highlighted together with the consequence that a number of people are being sent **out of area**. Hazel Watson identified that a rapid piece of work is being done to support local areas to manage beds in a better and different way. It was acknowledged that this is a national issue and that the Trust should develop an immediate response in conjunction with **HW/HR** a **strategic review of bed capacity**.
14. Ruth Brunt questioned the extent to which the Trust is dependant on other organisations for social care and to alleviate issues around delayed transfer of care (DTC) and bed blocking. It was confirmed that the Trust is talking to its **Local Authority partners**. Tony Gallagher reiterated that the solution to this issue is a shared responsibility and that conversations should be had with commissioners at a senior level. Iain identified that the Trust, for mapping purposes, should count every single clinical delay to better understand and quantify the issues and inform an intelligent debate. He underlined that there is both a financial and personal cost associated with this issue. **It was agreed that DTC should be reflected on the Trust Risk Register and picked up in the IBP as a strategic issue.** **ER/SH**
15. The intent to reduce to a minimum the use of agency and temporary staff was outlined in relation to the use of **external consultants**. Iain identified that consultants are being used over the next few months in support of the board process around board development and governance, the board governance assurance framework and quality governance assurance framework and also in

relation to the Trust strategy as reflected in the IBP. Susan Thompson confirmed her declaration of interest as a partner in DAC Beachcroft LLP as one of the consultants is from this firm.

16. The failure to meet the target that the **QIS** would be fully populated by the end of June and the consequence in relation to the Trust's declaration to the TDA was discussed. The issues behind this were considered in relation to technical issues in the system, the delay in the creation of a bespoke system to collate information and the failure of some teams to fully grasp the requirement of them were considered. Work is ongoing to address these issues.

**17. The Board resolved to NOTE the report.**

**BD/13/74 – Annual Quality Account**

1. The Nursing Director presented the Quality Account for final Board approval.
2. It was acknowledged that this draft report had been previously reviewed by the Board and both the Quality and Standards Committee and Audit and Risk Committee.
3. External comments and assurances have been included at *Appendix A* including the limited assurance report received from the Trust's External Auditors.
4. Susan Thompson confirmed that this has been scrutinised by the Quality and Standards Committee and Tony McNiff that it has been reviewed at Audit and Risk. Tony highlighted that there is a concern around **internal controls** being sufficient and evidenced. However he confirmed that External Audit have considered the QA on a limited assurance basis and they are comfortable with this. He underlined that there is work to be done regarding internal controls over the next year and **Paul Miller confirmed that this will be built into the 2013/14 Internal Audit programme.**
5. **The Board resolved to APPROVE the Quality Account 2012/13.**

PM

**BD/13/75 – Trust response to the Francis Report**

1. The Medical Director presented recommendations for action in response to the **Mid-Staffordshire NHS Foundation Trust Public Inquiry.**
2. The report notes actions taken so far and identifies where further key actions will lie. It was confirmed that actions approved by the Board will be incorporated into quality plans, supported by the Quality Academy and monitored through the quality assurance framework.
3. The focus of the Francis Report to embed the principals of putting **patients first** is integral to the proposed actions within this report in keeping with the Trust motto *You matter, We care*. It is also intended that these actions are embedded in the Trust reporting cycle with an annual report to the Board.
4. Lee O'Brien welcomed this report but identified that it is difficult to see which of these actions are of higher priority than others. Hayley Richards confirmed that the principal priorities are around **User and Carer involvement and staff**

**recruitment** and that the workplan of the Clinical Executive will focus on these areas. She confirmed that a number of projects are already underway.

5. Lee O'Brien asked what **assurance** he could take that the Trust is responding to the Francis report appropriately and Iain underlined that everything that the Trust currently does is in response to this report. Lee questioned whether this would be a sufficient response if concerns arose within the organisation.
6. Tony McNiff suggested that a **6 month reporting cycle** to the Board would be more appropriate and provide greater assurance. ER/LH
7. It was suggested that actions could be reported on and monitored by the Quality and Standards Committee and the Employee, Strategy and Engagement Committee.
8. Peter Greensmith asked how the Trust can demonstrate to service users and carers that they are connected to this process and Hayley responded that it is the intention that service user and carer involvement is widely encouraged and demonstrated and that this co-production is clear.
9. Susan Thompson welcomed this report as a good start and requested that it be explicit how individual Localities will respond in relation to their differing key priorities. She underlined that the Quality and Standards Committee will be inviting representatives from each locality to set out their actions to meet the quality initiative. She suggested that this paper should address the engagement of service delivery units in responding to the report. HR
10. It was also suggested by Alison Paine that the action plan could better describe where the Trust is well aligned and also areas where there is further to travel to meet the requirements.
11. It was agreed that the basic tenets of the Francis Report do not require great innovation as they revolve around being **brilliant at the basics** and putting service users and carers at the centre of everything that we do. It was also agreed that it is clear about the need for leadership and confidence at every level.
12. Tony Gallagher identified a concern at *Appendix 1* of the Trust report which reflects questions and responses from the staff **Forum on Francis** held in May. The question *What does compassionate care look like* identifies '**compassion for staff**' as an important issue. He expressed his concern at this as a priority. Hayley responded that this relates to staff response to constant reorganisation and is consistent with the feedback on the day. Iain reiterated that the Trust cares about two things, the people it cares for and those that care for them.
13. It was agreed that this may be a question of phraseology as this could give the impression that staff are the number one priority whilst it was acknowledged that a great deal of evidence demonstrates that happy staff give a better quality of care. HR
14. **The Board resolved to APPROVE the recommendations for action, with amendments as identified, and that this should return to the Board in six months for assurance purposes.** HR/ER

## BD/13/76 Monthly Incident Report

1. The Board received its regular report on **serious untoward incidents** in month, from the Nursing Director.
2. The 5 externally reportable incidents identified within the report were considered.
3. Kristin Dominy shared with the Board that there had recently been a challenging weekend at Fromeside and that the Trust is working to understand all implications through route cause analysis. It was confirmed that the incidents relating to this are not externally reportable.
4. **The Board resolved to NOTE this report.**

## BD/13/77 Risk Management – The Way Forward

1. The Board received a report on actions taken by the Executive Team to improve the effectiveness and usability of the **Trust's Risk Registers** and asked for Board views on next steps.
2. It has been confirmed, following a review with a number of senior staff within the Trust, that there is a wide variation in understanding and experience of completing and using risk registers. That excel spreadsheets have inherent limitations around validated data and inflexible reporting has also been confirmed. The difficulty in **prioritising and cross referencing risks** within the current system has also been highlighted, in conjunction with difficulties with 'one size fits all' for different audiences with differing needs and perspectives. It is also planned that there will be a re-definition of the **escalation** process,
3. This report sets out **next steps** for the Trust which will be developed in conjunctions with other processes and will be considered at the Audit and Risk Committee before returning to the Board.
4. As Chair of the Audit and Risk Committee, Tony McNiff welcomed the development of the risk management process with the caveat that the Board remains sighted on the level of risk it is appropriate that it be sighted on.
5. Alison Paine questioned that the paper appears to imply that **strategic risks** are outside the Trust's control at section 2.2.2 and it was agreed that this needs clearer definition together with that associated with **operational risks**. It was agreed that this is about manageable risks that can be mitigated against. ER
6. Adrian Rutter expanded on the process that that taken place to evaluate the current risk management system and the formulation of next steps. He noted that the previous structure had escalated risks to the Corporate Risk Register which reflected a mixture of issues whilst a number of these should better be included on departmental and functional risk registers and only those issues that the Board can mitigate, manage or control should be included on the risk register considered by the Board.
7. Alison Paine questioned whether the Board will now lose the opportunity of seeing risks from **Ward to Board**.
8. Adrian Rutter reiterated that the intention is to strengthen the process and that it is

about looking to identify a risk at any level and map out actions taken to address this in addition to identifying where best this risk sits in order for managers to control it whilst the Board and Locality management have sight of the risk. He underlined that currently it is difficult to identify what risks have been managed down through the control mechanism and also to properly understand if these mechanisms are working.

9. Ruth Brunt expressed concern that the Board will continue to receive sufficient information. She sought assurance that there will continue to be a process for the Board to be made aware of the biggest risks within the organisation.
10. It was acknowledged that all organisations struggle with making this process real and dynamic. Tony McNiff identified that this is about giving the Trust assurance that key issues are being managed appropriately and that, within this process, the Board are assured that such issues are being dealt with. He underlined that the Board should be sighted on a small number of risks and be assured that other risks are managed operationally. It was agreed that this process should not be considered in isolation but in conjunction with CIPs and QIA, the IQ system and walkarounds.
11. It was confirmed that going forward the Board should consider one or two strategic risks at each of its meetings. ER
- 12. The Board resolved to NOTE this report as a first iteration of the process in identifying a way forward for the Trust Risk Management process.**

#### BD/13/78 Trustwide Risk Register – 2013-14

1. The Board received the Trustwide Risk Register for June 2013.
2. It was agreed that *IBP15* should be more specific in relation to the inability to manage DTOC.
3. Alison Paine queried that *IBP14* be included on the Risk Register as this refers to business continuity plans and her understanding was that this was a strength within the organisation. It was confirmed that the inclusion of this risk demonstrates that the Trust is sighted on the issue.
4. It was requested that there should be a key included in future which identifies the significance of the colours and numbers used. ER
- 5. The Board resolved to NOTE the Trustwide Risk Register as a work in progress.**

#### BD/13/79 Quality and Performance Report

1. The Board received its regular monthly Quality and Performance Report which reported on the **Month 2 performance** against each **quality domain** and the **Month 2 Monitor Compliance risk scores**.
2. The performance position against the seven individual domains of quality were outlined within the report with the reviewing committee for each domain identified. It was confirmed that the timings of the meetings of each of these committees is

under review to ensure the ward to board cycle.

3. The underlying issues that have resulted in required information not yet being available in Month 2 were reiterated.
4. It was asked whether the Trust is sighted on the three areas falling below the standards set following the audit of **Records Management** and it was confirmed that Locality management teams are targeting where they can see specific issues.
5. It was agreed that it is good to see this data coming through be it good or bad and also that it can be interrogated at the appropriate level.
6. Iain acknowledged that the Trust is not yet at the point it wanted to be in terms of the quantity of data available. He reiterated that the system is valued within the Trust as a good system, but that once we achieve the quantity of data required we can then look at the quality of this.
7. Tony Gallagher welcomed the progress at Month 2 but underlined that he did not feel that 100% of data required was unrealistic as this is about core business. He stressed that he wanted to understand where there are system problems and that the IT department are addressing these. He reiterated that if there are matching issues with commissioner and system requirements he would expect high level definitions to be developed by the Executive Team and a trustwide understanding that this is top of the Board's priority list. He stressed that he expects this shortfall of data be addressed for Month 3 as this will inform the Trust's response to the TDA.
8. A questioner from the floor noted that performance against **supervision and appraisal** is at RED and asked about the current process. It was confirmed that all staff should have an annual appraisal and at least one 1:1 supervision a month. In response to a question as to why this is currently at RED it was suggested that this may reflect issues around using the system and that with an increased focus on appraisal, this position should improve. **Tony Gallagher identified that it is important to understand what this performance means and that the relevant Board committees should give this some scrutiny.**
9. Alison Paine queried the **Friends and Families** scoring as this is represented in absolute numbers and not a percentage. She suggested that if this is a public report there should be some indication of the question asked and also the numbers involved.
10. **The Board resolved to NOTE this report whilst acknowledging that it is important to improve the quantity of data and to remove any barriers for localities and teams from reaching the 100% target.**

CL/AP

SH

#### BD/13/80 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 May 2013.
2. Approval for the revised changes to the not yet authorised capital schemes was also sought.

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3. The Board noted the cumulative position at the end of May and that the Trust has achieved a FRR of 4. The healthy cash position at this point was also welcomed.
4. It was confirmed that the detailed report had been reviewed by the Finance and Planning Committee at its June meeting and that mitigating actions to address the Trust's undershoot of its surplus target at M2 are outlined within the Chairs report of this committee later on the agenda.
5. Paul Miller agreed to supply Tony McNiff with a detailed answer outside the meeting on the significantly higher than planned **PFI charges**.
6. In response to a question from the floor on agency costs, it was confirmed that this is tracked by the Trust and that the key objective is to reduce this to a minimum figure.
7. **The Board resolved to NOTE this report and approve the revised changes to the not yet authorised capital schemes.**

PM

**BD/13/81 Report of Board Committee Chairs – Audit and Risk Committee**

1. The Board received an update from the Chair of the Audit and Risk Committee.
2. The report identified the issues covered at the two meetings this year on 23 April and 6<sup>th</sup> June 2013.
3. Committee concerns identified include the risks associated with the **Medicines Management** Internal Audit report. It was confirmed that the Internal Audit programme continues to be focussed towards areas of greater and higher risks but that the accountability on actions to the audit committee should be improved.
4. Peter Greensmith noted his concern that internal audit evidence and recommendations are not properly followed up. Tony McNiff responded that these recommendations come in and are responded to initially whilst historically actions have been delayed until the Executive are in a position to address these. Emma Roberts confirmed that a new protocol will be implemented which will address the quality of these reports but acknowledged that the Trust has been slow in following up on recommendations. Kristin Dominy indicated that there has been recent presentation by Internal Audit to the Operations' Senior Management and that this has created greater ownership of these recommendations.
5. It was agreed that the Board should have sight of the Internal Audit Programme for the year and that this would be circulated with the Board minutes.
6. Concern was expressed at the level of assurance provided by **Counter Fraud Team** given that the opinion that the Trust is performing well was based on 48 responses.
7. Tony McNiff reiterated the need for improvement to internal controls as identified in the review of the Trust's Quality Account.

PM/LH

**Finance and Planning Committee**

1. The Board received an update from the Chair of the Finance and Planning Committee.
2. The report identified issues covered at its meetings on 20<sup>th</sup> May and 17<sup>th</sup> June

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3. Committee concerns were identified as the current level of **agency spend** at Month 2, the progress against **Cost Improvement Plans** (CIPs) and the level of **out of area activity** arising from pressure on inpatient beds.
4. The **strategic positioning of current services** was also noted as a concern and it was agreed that this could usefully be discussed at a Board Seminar. **ER**
5. The current position at M2 regarding **CIPs** is believed to be understood and owned and the Trust fully sighted on this. This process is due to be further discussed at the July Finance and Planning Committee meeting. **PM**
6. Iain Tulley reiterated that it is necessary to be able to see the detail of projects and Sue Hall confirmed that every CIP can be tracked for delivery month by month. It was confirmed that when a scheme slips another scheme will replace it. A rag rated summary of these schemes will be considered at the next meeting of this committee. Lee O'Brien confirmed that, as the new Chair of this Committee, he sees it as the key place to test accountability to deliver CIPs. Tony Gallagher underlined that the onus is on this committee to assure itself that the Trust will deliver on the original schemes.

#### Quality and Standards Committee

1. The Board received a verbal update from the Chair of the Quality and Standards Committee.
2. Key issues on the agenda were the **membership** and **timing** of this committee.
3. The committee is looking forward to the first delivery unit presentation at Fromeside.
4. There was some concern at the slippage of the 100% availability of IQ data.
5. There were no exceptions to report.

#### BD/13/82 Community Engagement and Involvement Strategy

1. The Board received an update on the implementation of engagement and involvement activities across the Trust.
2. It was confirmed that **Involvement Workers** are now in post across the Trust.
3. Peter Greensmith identified that, following the engagement process concluded in October last year, some 200 people had said that they wanted to be more involved in the work of the Trust and to date none of this information has been shared with Localities. Hazel Watson responded that this information has now been forwarded to the local areas to which it relates with the intention that they should engage with those who have expressed this interest.
4. Alison Paine noted that Trust can sometimes refer to service users and carers as though they are from a different community. She asked if the Trust can identify how many of its staff are either users or carers. Hazel agreed to continue this conversation off-line. **HW**

Action

5. Tony Gallagher observed how far the organisation has come in relation to service user and carer engagement but identified that an open and vigorous debate is still required and that he continues to be concerned that the Trust has not yet fully delivered for this community. He asked that the momentum created by Peter in this area be maintained.
6. Tony Gallagher identified that his experience sitting on Trust Appeals has highlighted that the Trust has not always been good at addressing the **well being of its staff**. Alison confirmed that there is increasing openness in the private sector in providing work place support for those suffering from stress and depression and that Trust should at least meet these levels of support.
7. It was confirmed that the Quality and Standards Committee has looked at this strategy and suggested some **metrics** to measure what good looks like. Susan identified that these metrics require further work and should be considered by the Service User and Carers Steering Group to consider hard outcomes.

HW

**8. The Board resolved to NOTE this report**

**BD/13/83 Foundation Trust Membership Strategy**

1. The Board received the Foundation Trust Membership Strategy.
2. It was confirmed that this has been developed in consultation with engagement colleagues.
3. Lee O'Brien urged that there be an element of assessment in the **appointment of governors**. Emma Roberts responded that this may not be possible but that the Trust will be clear around expectations around time, capacity and capability and a robust process will be in place to address those who do not fulfil these criteria.
4. It was questioned where and how specialist commissioners are represented and Emma Roberts confirmed that they are not formally represented but there are ongoing discussions to ensure that this is addressed elsewhere.
5. A questioner from the floor stated that they felt that two carer governors were not sufficient and that there should be three. Emma Roberts responded that the Trust has recently ended a month long consultation with the service user and carer membership and that 75% were in support of this. The question reiterated that her discussions with others had suggested that two would not be sufficient.
6. Susan Thompson noted that there are other constituencies which could be potentially be represented by carers and that governors are not in place to represent their constituency but to have a broad perspective including the carer perspective.
7. **The Board resolved to APPROVE this strategy subject to the review of the number of carer governors..**

ER

**BD/13/53 Minutes of Board Committees**

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

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

1. The Board received a report on the work of the Foundation Trust Steering Group in relation to the progress of the Trust's Foundation Trust journey.
2. **The Board resolved to NOTE this report.**

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

1. The Board received a report on the **Month 4 July Oversight return and self certification** for discussion and approval.
2. It was noted that the July return has been reviewed by the Executive Team and that each Board Statement has been allocated to an Executive Lead and subject to peer review.
3. **The Board resolved to APPROVE the fully compliant return for the period of July 2013 (Month 4).**

**BD/13/55 Any other Business**

1. There was none.

**Complaints and Praise – 'You said, we did'**

1. The Board received a presentation from **Paul Townsend (Managing Director, Specialised and Secure and SDAS)** on a complaint received by the Bristol Alcohol Services from a father regarding the care of his son.
2. The crux of the complaint was around the provision of emergency beds. In fact Bristol has one dedicated alcohol bed (with 5,500 people with this dependency in Bristol), which is not an emergency bed but for planned admissions.
3. Having examined the complaint the PALS team established that there is a robust route for accessing residential rehab beds and the discontinuing of the detox regime is standard practice when this fails, as safety is paramount.
4. Questions around the provision of beds in other inpatient units in the charitable sector and their outcomes were considered.
5. It was queried how the Trust educates carers or relatives regarding the options available. It was confirmed that the Trust does provide this information and signposts carers to support groups, although in this instance the father lived outside the area. The was acknowledged that the feeding back of information to the father in general non specific terms, in response to his complaint, was key to his feeling satisfied.
6. It was agreed that the need for **clear and simple explanations**, available through all Teams, is paramount.
7. The Board thanked Paul Townsend for his presentation.

**Key to Abbreviations Used**

Abbreviation	For
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**Trust Board Minutes – 26th June 2013**

**Action**

Chief Exec	Chief Executive
DoF	Executive Director of Finance
Int HR Director	Interim HR Director
Exec Med Dir	Executive Medical Director
Exec Nurse Dir	Executive Director of Nursing
Exec Dir Ops	Executive Director of Operations
CoSec	Company Secretary
ACoSec	Assistant to the Company Secretary
ET	Executive Team
SDU	Service Delivery Unit
NED	Non-executive Director

DRAFT

Minutes Prepared for the Part 1 Trust Board dated 26<sup>th</sup> June 2013

Sponsored by the Chair

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