

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

Held on **31 July 2013** at 10.00am in the Conference Room, Callington Road

These Minutes are presented for **Approval**

### Members Present

|   |  |
|---|--|
| Susan Thompson – Non-Executive Director (Chair) | Iain Tulley – Chief Executive                                |
| Lee O'Bryan – Non-Executive Director            | Paul Miller – Director of Finance and Deputy Chief Executive |
| Peaches Golding – Non-Executive Director        | Hayley Richards – Medical Director                           |
| Ruth Brunt – Associate Non-Executive Director   | Hazel Watson – Nursing Director                              |
|   | Kristin Dominy – Director of Operations                      |
|   | Sue Hall – Director of Business Development                  |

### Staff In attendance

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

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

W Nelson  
J Nelson

### Members of the Public representing other organisations

Lorraine Reeves – Wiltshire and Swindon Users Network  
Chris Phillips – Mental Health Watch  
Timothy Dunton – South Gloucestershire Service User Rep  
Keith Pople – Alexander  
Michael Clark - SEAP

**CLINICAL PRESENTATION – The Evolution of the South West Veteran’s service**

1. The Board received a presentation on the **South West Veteran’s service** from David Wilcox of the South West Veteran’s Team.
2. The Board noted the national drivers in the development of this service in the Trust and also the current activity of the team. Plans moving forward were outlined.
3. The Trust’s performance against an evaluation by Sheffield University of successful service features was described.
4. In answer to a question on whether local NHS organisations or MPs are signed up the **Armed Forces Covenant** it was confirmed that this is variable. Iain underlined that the Trust would wish to demonstrate its commitment to veterans by signing up to this.
5. The problems around the referral route for older veterans were described.
6. The balance between service delivery and signposting to other services was considered and it was acknowledged that there is currently a gap between primary and secondary care which we are working to bridge.
7. David was thanked for his informative presentation.

**BD/13/98 - Apologies**

1. Apologies were received and accepted from Anthony Gallagher, Peter Greensmith Tony McNiff and Alison Paine .

**BD/13/99 - 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/13/100 - Questions From Members Of The Public**

1. A member of the public asked if the Trust has implemented the ‘Friends and Family’ test and it was confirmed that this has happened.

**BD/13/101 – Minutes Of The Previous Meeting**

1. Lee O’Bryan’s name was noted as having been incorrectly spelled.
2. *BD/13/73* – the third paragraph conclusion in section 5 should read ‘.....would review this practice, including establishing *if* the Trust is an outlier ....’
3. *BD/13/75* – Section 8 should read ‘ Peter Greensmith asked how the Trust can demonstrate to service users and carers that they are connected ....’
4. With these amendments the minutes were **AGREED** as an accurate record.

**BD/13/102 – Matters Arising**

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

**BD/13/103 – Chair And Chief Executive’s Actions**

1. There were none to report.

**BD/13/104 – Chair’s Report**

1. Susan Thompson thanked Peter Greensmith, at his last meeting, for his work for the Trust particularly as a champion of Service Users and Carers.
2. Susan Thompson welcomed Peaches Golding to her first Board Meeting as a Non-Executive Director.
3. In the Chairman of the Trust’s absence there were no matters to report.

**BD/13/105 – 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 65<sup>th</sup> birthday of the NHS was highlighted and the background of major national changes both proposed and current.
3. The work of the new **CQC’s Chief Inspector of Hospitals** and the significant change in the way hospitals are inspected was identified. It was confirmed that the Trust has regular meetings with the CQC with the intention of providing as much open information about the organisation as a matter of course.
4. The **financial pressures** facing the NHS in the coming decade, as highlighted by NHS England and Monitor, were underlined as confirming greater changes ahead.
5. The Trust continues to work in partnership to meet the service provision aspects of the tender for **Modernising Mental Health in Bristol**.
6. The recent national research on **bullying in the workplace** has prompted a reminder to staff on the importance of behaviour at work.
7. The launch of **First Step** as a primary care eating disorder service, in partnership with University of Bristol Students’ Health Service, was welcomed as a champagne moment for the Trust.
8. The success of the recently won tender by the **Specialised Drug and Alcohol Service (SDAS)** to provide a new integrated service in Bristol was also welcomed. This has been achieved in partnership with others including Bristol Drugs Project and St Mungo’s.
9. The deployment of an experienced, integrated, multi disciplinary team at short notice in **South Gloucestershire’s Ashfield Prison** was noted as a real achievement in less than six weeks. The team were congratulated for this.
10. Iain reported that he had attended the Trust’s second **Annual Nurse Mentoring Conference** and that this had been a heartening experience in the demonstration

of its real understanding of the quality agenda.

11. The national recognition of the Trust's work on making services accessible for people with **learning disabilities** was highlighted.
12. The short film, produced by John Thompson, one of the Trust's peer mentors, to explain the importance of the **IQ system**, was noted as having had positive impact across the organisation.
13. The recent first **Recovery Festival**, hosted by SDAS and run by former service users, was reported as well attended and welcomed as an excellent and positive event.
14. The concerns raised by specialist commissioning colleagues regarding the **Trust's Medium and Low Secure Services** following a number of recent incidents were noted. The Trust has recently met with NHS England regarding this and it was confirmed that they are satisfied that there are clear action plans in place to deal with these issues. It was also confirmed that immediate action has been taken to ensure the safety of patients and staff, a detailed plan has been developed in discussion with commissioners and an **Impact Team** identified to support relevant improvements in the service.

In response to a question from Ruth Brunt on how the Board will assure itself via its committee structure that these concerns have been addressed, it was confirmed that there are specific outputs in the terms of reference of the Impact Team which will be reported through the Senior Management Team. It is suggested and agreed that these should also be reported to the Quality and Standards Committee. KD

As Chair of the Quality and Standards (Q & S) Committee, Susan Thompson, noted that, recognising the CQC report on Fromeside and other reports to Q & S on issues relating to this unit, this committee had recently met at Fromeside and seen evidence of positive work taking place in the Unit. She confirmed that she would expect a formal report to the Quality and Standards Committee on actions taken to address these concerns.

#### 15. The Board resolved to **NOTE** the report.

#### BD/13/106 Monthly Incident Report

1. The Board received its regular report on **serious untoward incidents** in month, from the Nursing Director.
2. The 13 externally reportable incidents identified were noted.
3. Lee O'Bryan noted that, whilst recognising that the numbers of incidents reported are low as a proportion of the service users seen in this period, the jump to 13 from 5 in the last month appears significant. It was recognised that there is some evidence that the summer months present extra challenge to mental health organisations and it was confirmed that the Clinical Incident Overview Group (CIOG) regularly reviewed these incidents by theme and number and no particular factors had been identified during the review.

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4. It was confirmed that it is proposed that, from the following month, this report will be expanded to provide sight on complaints and inquest data to further refine the reporting to ensure it provided a more rounded report of the Trust's risks.
5. In response to a question from Susan Thompson on the nature of information to be included it was confirmed that this process has yet to be confirmed and is a work in progress in co-ordinating the Trust's reporting approach in this area. It is expected that this information will be a product of analysis and synthesis of emerging themes to identify key issues.
6. Ruth Brunt underlined her support of the inclusion of further metrics but reiterated that this must be with analysis in order to present the full picture.
7. It was confirmed that further relevant information is available through the IQ system, Quality Safety Visits and Risk Registers.
8. It was noted that the admission of a 17 year old into the Trust was by exception. The Trust currently has no designated doctor appointed for Safeguarding children and the Medical Director is working to ensure that this is remedied. This will be reported back to the Quality and Standards Committee as part of the Safeguarding report.
9. **The Board resolved to NOTE the report.**

HR

#### BD/13/107 Inpatient Staffing

1. The Board received a report on work being undertaken to review staffing levels on inpatient units. (It was noted that the final page with conclusions drawn from this report was missing and the Nursing Director rehearsed the proposed recommendations for the Board).
2. It is recognised from recent national reports that Boards must assure themselves about staffing numbers and skill mix on inpatient units.
3. The senior nursing team are currently working with Local Delivery Units to agree **staffing numbers and skill mix** on each ward. It is intended that their findings will be reported to the Employee, Strategy and Engagement Committee (ESEC) in September 2013. Work is also ongoing to ensure the Trust is confident in the level and quality of training for **Health Care Assistants**.
4. It was confirmed that the Trust is currently not especially concerned about inpatient safety but is examining whether the current position is good enough to deliver the quality of service it aspires to.
5. Lee O'Bryan questioned the methodology used to assess the position. Hazel Watson confirmed that the ongoing work will be checked against the forthcoming guide on nursing staffing from the National Quality Board which will be published shortly. It was also noted that the IQ system will be a useful tool in understanding if this work has been effective and judging the impact of any changes made.
6. It was confirmed that developing a review process is on the workplan of the Clinical Executive and that the Quality Academy is closely involved with work in relation to

this and would be fed back to the Quality and Standards Committee.

HW

- Hazel noted that an understanding of the intensity of caseloads is helpful in the analysis of staffing and skill mix and that she intends to bring a paper to the Board in the autumn which looks at (Health of the Nation Outcome) HONOS scores and how these triangulate with these issues.

- The Board resolved to NOTE the report.**

**BD/13/108 Risk Management**

- The Board received a report on the further progress made by the Executive Team in developing the Board Assurance Framework and the associated Trustwide Risk Register.
- It was noted that a great deal of work had taken place to ensure that the risk management process is used more effectively and is integrated more effectively with both the **Quality Assurance Framework** and **Board Assurance Framework**.
- It was confirmed that detailed discussions have taken place with Locality Management colleagues to ensure commitment to the new process.
- The Chair of Audit and Risk Committee had been consulted in the ongoing development of the new proposals, and the implementation of the framework would follow detailed scrutiny at the Audit and Risk Committee.
- The Board agreed to ADOPT this framework subject to detailed scrutiny at the Audit and Risk Committee on 15<sup>th</sup> August 2013.**

ER

**BD/13/109 Strategic Risks**

- The Board received a report which reported on the ‘deep dive’ review of Risk **IBP 5 ‘Future National economic environment’**.
- It was confirmed that the 17 ‘principal risks’ referred to related to the risks to the Trust in delivering the strategies in the IBP.
- It was agreed that use of a template for the deep dive enabled a useful and consistent framework around which the Board could challenge the thinking and robustness of the outcome.
- Ruth Brunt queried the target scoring on this risk where the probability remains the same whilst the severity score is reduced. Her expectation was that the probability would have been reduced. It was agreed that this could be a matter of interpretation but Iain Tully confirmed that his approach is that if you focus on probability then severity will not necessarily change. It was noted that a common approach to scoring and definition had been developed as part of the review discussed by the Board earlier.
- Kristin Dominy noted that this approach focuses attention on the current controls and whether they are sufficient to mitigate against the risk.
- It was discussed whether a solution to addressing some of the risks within the organisation may be about understanding best practice in other mental health

trusts.

7. In answer to the question on how the Trust deals with unforeseen risks it was confirmed that whilst the organisation has a comprehensive programme of resilience plans it is about how well the organisation reacts in these circumstances.
8. In terms of the risk presented and the recognised need to establish and develop partnerships with other statutory and voluntary providers in order to maximise the resources available, it was felt that it is not clear whether the Trust is looking externally to mitigate risk and that this should be considered. With this addition in mind, the Board was satisfied that the actions in place were sufficient to mitigate the level of risk sufficiently.
9. **The Board resolved to NOTE the report.**

**BD/13/110 Quality and Performance Report**

1. The Board received a report on the Trust’s Month 3 performance against each **quality domain** and the Month 3 Monitor Compliance risk scores.
2. It was confirmed that the **Friends and Family** information now includes detail of the questions asked and the raw numbers around responses. It was acknowledged that the response rate of 2.8% to date is low. The Quality and Standards Committee is monitoring this standard and will continue to interrogate it and report to the Board as an exception when appropriate. It was suggested that the Quality and Standards Committee could look at how the Trust more intelligently monitors information.
3. The improvement in compliance rates for the completion of data in this month was welcomed.
4. Iain Tully underlined that the **Supervision and Appraisal** rates are unacceptably low and that this must be redressed. He noted that there must be actions in place to ensure that the recent improvements in **sickness absence** rates are sustained. He underlined that action to address long term sickness should have a positive effect in reducing this.
5. Kristin Dominy reported that IQ changes in the recording of appraisal information which identifies where there are gaps should result in appraisal rates improving. She identified that the different types of supervision need to be aligned in order to capture all supervision. She noted that whilst the IQ system is reporting that rates for supervision are poor, service managers and team managers are reporting that supervision is taking place.
6. Susan Thompson noted that the issue that IQ system may not be reporting what is happening on the ground with regard to this has been raised previously by Clinical Directors and has been referred to ESEC for review. An concern raised about technology supporting information gathering has been taken back to the Senior Management Team.
7. It was reiterated by Peaches Golding that there must be a message across the Trust that compliance with the reporting of the information for IQ is an important

issue.

8. Ruth Brunt noted that she is assured by the quality review process and Iain confirmed that the CQC is particularly assured by its breadth and depth and that it enhances the facility to take action in 'real time'.
9. **The Board resolved to NOTE this report.**

**BD/13/111 – Finance Report M3**

1. The Board received a report on the financial position to 30<sup>th</sup> June 2013.
2. The surplus shortfall against plan of £89k was noted. It was confirmed that the Trust is forecasting a satisfactory year end position with planned management action.
3. It was further confirmed that cash is forecast to be on plan at the end of the financial year.
4. Key issues of concern were identified as Out of Area Placements which are at £800k at M3 of which £500k can be re-charged, and that the Trust is £330k short of the planned Cost Improvement Plan (CIPs) savings at this point.
5. It was noted that a paper went to the recent Finance and Planning Committee on the CIP programme which 'Red, Amber, Green (RAG)' rated key issues. It was confirmed that all colleagues are sighted on these and remedial action plans are in place.
6. As Chair of the Finance and Planning Committee, Lee O'Bryan noted that he is assured that the Trust is taking the right actions, but late in the annual cycle, which can be partly attributed to the recent Trust re-organisation. He confirmed that he is assured that Locality managing directors are fully engaged in this process. He also endorsed a pragmatic approach to meeting the bottom line this year.
7. Comment that the Trust requires a systematic approach and clear model for managing costs was agreed. It is believed that the new Programme Office will be helpful in establishing this.
8. Kristin Dominy agreed that there is work to be done to encourage the required level of ownership at ward and team level in order for CIPs to be driven from the bottom up.
9. Ruth Brunt expressed some concern at the deteriorating surplus position at M3 and asked for assurance that the year end position will be delivered.
10. Lee O'Bryan underlined that extensive discussions on the detail of the Trust's financial position take place at the Finance and Planning Committee and that these discussions include the Chair and Chief Executive of the Trust. It was suggested that a way forward for the Board may be that more in-depth discussions in this vein should take place in this forum on a quarterly basis. **PM/ER**
11. It was further agreed that all Board members should have access to Finance and Planning papers as well as other Board Committees in order that the breadth of this information is available to all. **LH**

12. In answer to a question from the floor it was confirmed that any surplus at the end of the year is retained by the Trust for service development.
13. Iain Tulley reiterated that the focus for this year will be on OOA placements, temporary staffing and sickness absence.
14. **The Board APPROVED the following capital decisions:**
  - The IT Infrastructure Replacement project (£575k 2013/14)
  - The revised changes to the not yet authorised capital schemes
  - To proceed with negotiations on the Fountain Way proposal.
15. **The Board resolved to NOTE this report.**

#### BD/13/112 Annual Report and accounts for the Charitable Funds

1. The Board, as Corporate Trustee, received and considered the Charitable Funds annual report and accounts.
2. It was noted that both the income and expenditure of the Charitable Funds have increased and the Board was satisfied in the management of the Charitable Fund, and the Auditors review of the same.
3. **The Board resolved to APPROVE the annual report and accounts.**

#### BD/13/113 Reports of Board Committees

1. It was noted that there were no matters of exception raised by the Chairs of the Employee Strategy and Engagement Committee or the Audit and Risk Committee.

#### Quality and Standards Committee

1. The Chair of the Q & S Committee updated the Board on matters considered by this committee and noted that there were no exceptions to report.
2. It was noted that part of the recent meeting had been held in open session and had been hosted by service users at Fromeside.
3. The committee reviewed the quality domains allocated to it for scrutiny and requested more intelligence on areas of non compliance from the Director of Operations.

#### Finance and Planning Committee

1. In addition to the issues raised in relation to the Finance Report at M3, the Chair of Finance and Planning verbally reported on two other issues.
2. The committee is seeking assurance that the Trust is getting value for money for what it does and that the appropriate checks and balances are in place.
3. The committee had a lengthy discussion on the **tender process**. It was agreed that further work is required around **partnerships** and the strategic implications of these.
4. Ian Tulley outlined his vision that the Trust's objective in the short term should be

about consolidation and being ‘brilliant at the basics’ with the intention to expand in time to grow the parts of the business that it is particularly good at and ultimately to extend boundaries when it is in a position to do so. He underlined that this strategic direction should inform partnership decisions.

**BD/13/114 Leadership and Workforce Strategy**

1. This strategy was deferred in order that it be considered by the Employment, Strategy and Engagement Committee and then would be scheduled to return to the Board by September 2013.

**BD/13/115 Quality Strategy**

1. This strategy was deferred to be considered at the August meeting of the Board to enable the incorporation of feedback from the Quality and Standards Committee and the Service User Steering Group.

**BD/13/116 Information Governance Annual Report**

1. The Board received this report which briefed it on the standards of Information Governance compliance achieved for 2011/12 and the arrangements in place to ensure the maintenance of compliance in 2012/13.
2. It was confirmed that the Trust has achieved a satisfactory score and the report has been considered by the Information Governance Management Group.
3. An additional area of risk for 2013/14 was highlighted with the introduction of a standardised tool for the recording of incidents which may result in a significant increase in externally reported incidents. The Information Governance Manager is working closely with the Head of Patient Safety Systems on the information governance implications related to this.
4. It was requested that some analysis be done to assess the option of getting the Trust to the next level of IG compliance and the benefits that may accrue from this. The Board noted that Audit and Risk Committee was responsible for Information Governance assurance, but that matters pertaining to clinical information would be scrutinised by the Quality and Standards Committee. **ER**
5. **The Board resolved to NOTE this report.**

**BD/13/117 Minutes of Board Committees**

1. **The Board resolved to NOTE the following Board Committee minutes:**
  - ESEC – 24<sup>th</sup> May - 2013
  - Quality and Standards Committee – 4<sup>th</sup> June 2013
  - Finance & Planning Committee – 17<sup>th</sup> June 2013

**BD/13/118 Foundation Trust Steering Group**

1. The Board received a report on the work of Foundation Trust (FT) Steering Group.

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2. It was confirmed that the Trust is on track against the FT work programme to enter the Trust Development Authority formal process in October 2013.
3. Membership levels are being maintained at an appropriate level, with more focused work in relation to older people and carers.
4. The Board also received the final version of the Constitution which had been updated following consultation with the membership in relation to the Governor and Member Constituency changes. The Board also received the Codes of Conduct for both Governors and Directors for review.
5. Sue Hall confirmed that the Trust has received feedback from all Mental Health Commissioners as part of the commissioner convergence process and in general the feedback supports the Trust's direction of travel and its FT application, but was awaiting feedback from NHS England and the Trust Development Authority. It was felt that the Trust had not sufficiently positively highlighted the recent changes in the organisation and that there were some further developments which the Trust could make to refine the plan. A summary of this feedback is due to be reported in the Part 2 Session of the Board as it was in draft.
6. **The Board resolved to ADOPT the Constitution, approve the Code of Conduct and note this report.**

**BD/13/11 Audited Trust Annual Report and Accounts 2012/13**

1. The Board received the 2012/13 Annual Report and Accounts for formal adoption.
2. It was noted that the Annual Report and Accounts were signed following approval at a meeting of the Audit and Risk Committee on 3 June 2013 under authority delegated by the Board at its meeting in April 2013.
3. **The Board resolved to ADOPT the 2012/13 Annual Report and Accounts.**

**BD/13/120 Board Governance Memorandum**

1. The Board received the Board Governance Memorandum, as previously considered and approved in private seminar session.
2. **The Board resolved to ADOPT the Board Governance Memorandum.**

**BD/13/121 Board Assurance Framework**

1. The Board received a report which advised it on further progress by the Executive Team in developing the Board Assurance Framework (BAF).
2. It was noted that the populated BAF will be made available for detailed scrutiny with the Trustwide Risk Register at the August meeting of the Audit and Risk Committee before returning to the Board once finalised.
3. The Board was invited to comment and endorse the framework recognising that the Chair of the Audit and Risk Committee had been involved in the development of the approach to ensure rigour.
4. **The Board resolved to APPROVE the outline Board Assurance Framework.**

**BD/13/122 Month 4 TDA Oversight Return**

1. The Board received the Month 4 TDA Oversight Return.
2. It was confirmed that the Executive Team have reviewed the declarations in detail and have recommended that the Trust make a fully compliant declaration for July.
3. Paul Miller noted that there is a clear statement that the Trust will achieve its year end financial position and that the Board would wish to ensure that it supported all statements in view of earlier discussions relating to the financial performance being behind plan. Lee O'Bryan stated his confidence in this stated position in his role as Chair of Finance and Planning Committee.
4. **The Board resolved to APPROVE the fully compliant return for Month 4.**

**BD/13/123 Any other Business**

1. It was confirmed that the Trust has very recently taken delivery of a sound system which will be employed at the next meeting of the Board to ensure all members of the public in the gallery can better hear the discussion.

**The Board adjourned for lunch and re-convened the Part 1 Session at 1.45pm**

**Complaint Presentation**

1. The Board received a presentation on a complaint from Scott Witherstone, Team Manager, Bristol North Recovery Team.
2. The complaint centred around a service user who had been refused access to the Trust's **Section 136** facilities and then spent time in a police cell.
3. The complaint has been raised by the service user's mother.
4. It was noted that this has been difficult to investigate as neither the GP or the police had been willing to share information.
5. A number of approaches to the local Intensive Team, the GP, the ambulance service, the 111 service and the police had resulted in the service user spending some time in a police cell.
6. The mother of the service user has been visited by the Trust to discuss the findings of the Trust investigation.
7. The service user is now working with his care co-ordinator to establish a care plan should he become unwell in the future. The Section 136 protocol is also now being updated to include more guidance to police officers in these cases.
8. It was questioned whether the Intensive Team could have been more proactive in this case and it was noted that there may have been an element of confusion and lack of clarity at the time which could have hindered this .
9. Iain Tulley noted that he has recently met with Police and Crime Commissioners to discuss S136 and has encouraged them to not use police cells in these cases. It is acknowledged that there are issues to be resolved around out of hours provision.

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- 10. It was noted that the Quality and Standards Committee has access to S136 suites on its agenda.
- 11. It was confirmed that the Locality Managing Director is planning to meet with the service users mother to talk through her remaining concerns.

**Close of Part One Meeting**

With the part one meeting of the Board having come to a close, the Board passed the following resolution:

“That under the provisions of Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, the public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.”

Non-members of the Board were asked to withdraw at this point.

**The Part 1 Board closed at 2.30pm.**

Signed.....