

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

Held on **25<sup>th</sup> September 2013** at 10.00am in the Alamein Room, Salisbury City Hall

These Minutes are presented for **Approval**

### Members Present

Anthony Gallagher – Chair	Iain Tulley – Chief Executive
Lee O'Bryan – Non Executive Director	Paul Miller – Director of Finance and Deputy Chief Executive
Alison Paine – Non-Executive Director	Hayley Richards – Medical Director
Peaches Golding – Non Executive Director	Kristin Dominy – Director of Operations
Tony Mcniff – Non-Executive Director	Sue Hall – Director of Business Development
Ruth Brunt – Associate Non-Executive Director	

### Associate Members Present

Rachel Clark – Programme Director Development

### Staff In attendance

Emma Roberts – Company Secretary	Louise Hussey – Assistant Company Secretary
Ray Chalmers – Head of Communications	

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

Ruth Underwood

### Members of the Public representing other organisations

CV Phillips – North Somerset Health Watch

Action

**CLINICAL PRESENTATION – Inpatient Safety - Wiltshire**

1. The Board received a presentation from Lou Curtis (Lead Nurse, Safety and Compliance) and Jane Salmon (Modern Matron, Beechlydene).
2. The Board heard that their vision for this year around inpatient safety had been about 'back to basics' based on the principals of '**See, Think, Act**'.
3. The importance of a team approach was underlined in looking at both security of environment and relational security.
4. Concerns about being over protective in protecting inpatients' security were expressed and it was agreed that it was about a achieving balance to this approach.
5. The benefits of debriefing service users and their families prior to discharge were described.
6. It was confirmed that this work on inpatient safety has been disseminated across the Trust.
7. Iain Tulley asked about data relating to **AWOL** specifically. It was confirmed that there has been a significant reduction in these numbers in Wiltshire and where there are higher instances in other areas of the Trust it is hoped that getting and understanding the data will be helpful in addressing this.
8. It was agreed that a contributory factor to reducing AWOL may be improved **bed management** as this affects the placing of inpatients closer to home.
9. Lee O'Bryan welcomed this pragmatic approach to understanding inpatient experience from a service user perspective.
10. The potential benefits of nursing staff working in the ward, away from ward staff offices, was discussed.
11. This presentation was welcomed as a practical demonstration of on-going work in changing practice and culture.

**BD/13/161 - Apologies**

1. Apologies were received and accepted from Susan Thompson – Non-Executive Director, Carol Lenz – Head of HR

**BD/13/162 - 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/13/163 - Questions From Members Of The Public

1. A member of the public .... Asked about the recent round of Place visits (formerly PEAT visits) to assess ward environment and outcomes for the Trust. Hazel Watson reported that all the Trust's wards had been assessed as 'excellent' or 'very good' and undertook to send the detailed information to Mr ....

**ACTION: Hazel Watson to send Place Visit information to Mr Phillips**

## BD/13/164 – Minutes Of The Previous Meeting

1. Carol Lenz was recorded as being in attendance in the minutes twice.
2. The minute associated with paragraph 9 of *BD/13/140* should refer to '.....root cause analysis of Trust practice.'
3. The final paragraph of paragraph 4 of *BD/13/141* to be amended to read '.....the overlap of committee responsibility as issues such as *sickness, supervision and staff engagement* relate to safety and quality ....'
4. Paragraph 10 of *BD/13/142* should read '.....it is important that local management are in a position to *choose* not to admit service users and treat them locally ....'
5. With these amendments, the minutes were **AGREED** as an accurate record.

## BD/13/165 – Matters Arising

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

## BD/13/166 – Chair And Chief Executive's Actions

1. There were none to report.

## BD/13/167 – Chair's Report

1. The Board received an update from the Chair expanding on the focus of his work during the preceding month. .
2. In addition to the Trust's **Annual General Meeting**, Tony Gallagher welcomed the '**Celebrating Success**' events which have been taking place hosted by the Locality Delivery Units in each of the Trust localities. He has attended three of these events and noted the good attendance at each and in particular the involvement of service users and carers, including Involvement Workers, and the demonstrable enthusiasm of the staff members involved. Tony welcomed this as demonstrating the positive impact that the localities are having together with their service users and carers.
3. Tony noted that he has been working closely with the Trust's independent assessors, KPMG, in their formal assessment of **Board Governance** and **Quality Governance** for the Foundation Trust (FT) journey.

The Board will be considering a change to the risk score for the quality

governance arrangements, in response to feedback from this assessment and in recognition that the quality bar is being raised all the time and the Trust must more robustly evidence the embedding of quality.

The Board is due to formally receive the outcome report of its independent assessment and the associated action plan in its Part 2 Session of today's meeting.

4. The Remuneration Committee has recently considered and agreed an approach to **senior pay** which ensures parity and consistency for senior managers and also revisits the pay terms and conditions of the Chief Executive.
5. Tony drew the Board's attention to the work in hand to advertise for a new Non Executive Director following the resignation of Peter Greensmith.
6. The Board was updated on the **Bristol Mental Health Services re-commissioning process** that the Trust is about to enter the next phase. Tony thanked the Bristol management team for their on-going work in connection with this tender carried out in parallel with their day to day roles managing mental health services in the city.  
Tony confirmed that, together with the Chief Executive, he is inviting all local clinical commissioning groups to a 6 monthly review meeting to assess the Trust's progress over this period and discuss its focus over the next 6 months. Tony noted that at a recent meeting in South Gloucestershire there had been positive comments made about recent progress made by the organisation.
7. Tony noted that the **NTDA Board meeting review** will take place this week and that the Trust has been encouraged to continue to move at pace on its FT journey. Whilst major risks around financial targets, competition and re-tendering are acknowledged this must be seen against improvements in the quality of service, user experience and care.
8. The Board resolved to **NOTE** this report.

#### BD/13/168 – 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. Iain Tulley underlined that the Trust will be submitting its application to re-enter the **FT pipeline** at the beginning of October. He noted that there are 5 levels of risk associated with this and that the Trust will be aiming for *Level 1 – no identifiable risk*. He noted that the Trust Development Authority (TDA) have indicated this week that the Trust is seen to be of the lowest risk. He underlined, however, that there were some discussions around the importance of the narrative from the Board around quality, finance and staff engagement and that there were issues raised about the delivery of Cost Improvement Plans (CIPs) within the Trust.  
With this in mind, the focus of the Chief Executive's report will be on the themes identified above.
3. Iain updated the Board on challenges to the Trust's **financial position** and the

detailed validation of budgets that have taken place during September. Focussed and managed recovery actions have been developed and co-ordinated by the Clinical Executive and the Director of Finance.

This has resulted in the development of a clearer approach for the rest of the financial year.

4. Iain reported on the publication of the **CQC report** following a re-inspection of the Trust's community services. He noted that actions are in hand relating to further improvements required to two outcome areas of staffing and the care and welfare of service users, which the CQC judge to be of 'minor impact'.
5. The publication of the **bi-annual community survey** and the disappointing lack of improvement in responses from previous surveys was noted. It is believed that, with improved local engagement, joint planning with commissioners and better engagement with staff there should be positive improvements to report in relation to this in the future.
6. The **strategic direction** of the Trust, as outlined in the report and at the recent AGM, was identified by Iain as setting the tone for the ambition of the organisation.

It was confirmed that the vision of the Trust should read:

- We will be rated as '*outstanding*' by regulators, and described as excellent by commissioners.

7. Two further **information governance breaches** were reported, both due to human error. Routine root cause analysis has been carried out for the learning of the members of staff concerned. Emma Roberts reported that the Trust is looking to be more innovative and creative in future in ensuring that staff fully understand the implications of compromised personal data.
8. Iain reported on his personal experience of the **Back to the Floor** initiative in conjunction with a summary of progress against the initiative across the Trust included as an appendix to his report.

Iain recounted his recent experience working on Laurel Ward where he described the 'astonishing' compassion and care of the staff and that seeing this first hand had been very heartening. He asked that the Board continue to encourage staff in the back office to get back to the floor through this initiative.

7. The recent opening of the new **East Pharmacy Hub** was welcomed.
8. The creation of a **Programme Management Office (PMO)** under the leadership of Fee Bell was also welcomed. It was underlined that the PMO will be critical to the CIPs programme going forward.
9. The benefits of the adoption of **NHS mail** as the Trust's primary email account were described. The switchover on 7 October will be preceded by a structured communications plan.
10. Iain confirmed that, in a change from previous practice, all staff will be surveyed as part of the **NHS national staff survey** in this year. He noted the expectation that recent changes within the organisation will have an effect on responses to the

survey. It is planned that this year's survey will be taken as a baseline for the Trust to move forward.

Some concern was expressed by Alison Paine at the changing methodology for the staff survey in that comparability could be lost. Iain reiterated that this will reflect a real step change in the Trust's approach and comparison with previous years would not be helpful. It was suggested that communicating that this is a real change and a new benchmarking exercise would be helpful.

11. Iain welcomed the number of nominations for the forthcoming **Staff Awards**. It was noted that in future the Trust is looking at how it recognises good work in real time in order to improve performance through reward and recognition.
12. The Board resolved to **NOTE** this report.

### BD/13/170 Incident Report

1. The Board received its regular report on **serious untoward incidents** in month from the Nursing Director.
2. Hazel Watson underlined that this report does not include reporting on complaints as described on the agenda to this meeting. A different report will be brought to the Board in future which will summarise all lessons learned. The first report on these lines will be brought to the next meeting.
3. The Board noted that there were **17 externally reportable incidents** in August. It was recognised that, although the number of incidents remain low, this is the highest number of incidents in month this year.
4. The Patient Safety Systems team were asked to carry out some analysis in conjunction with the Clinical Executive. This analysis indicates that the run rate on incidents has remained relatively static and the reasons for the increase appear to be:
  - Changes in external reporting requirements
  - An ongoing drive within the Trust to encourage reporting and learning
5. It was confirmed that all incidents are routinely considered by the Critical Incident Overview Group (**CIOG**) which is proactive in examining trends in both incidents and complaints.
6. Hazel confirmed that she is assured that the increase in the overall number of incidents is not significant in terms of patient safety, but that this will be continually reviewed.
7. Lee O'Bryan asked if there are similar trends in other Mental Health Trusts. Hazel reported that informally she is aware that this is the case. Tony Gallagher requested that, at an appropriate point, hard data would be useful to confirm this.
8. Sue Hall asked about the admission of a 17 year old to Sycamore Ward and the circumstances that prompted this. Hazel confirmed that she has spoken to the CAMHS provider in relation to this admission and lessons will be learned about Trust processes supporting young people in crisis in the community and liaising

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with the CAMHS provider. It was confirmed that it had been appropriate for this particular individual to be accommodated on an adult ward in this instance.

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

**ACTION:**

- **A Report on lessons learned to come to next Board meeting – Hazel Watson**
- **Hard data to confirm trends in other MH Trusts in relation to incident reporting and external reporting requirements to be provided when available – Hazel Watson**

**BD/13/171 Board Assurance Framework and Trust-wide Risk Register**

1. The Board received the Board Assurance Framework (BAF) and Trust-wide Risk Register for review and challenge.
2. The Board received as appendices to this report:
  - The Board Assurance Framework v1.2
  - Trust-wide Risk Register - September 2013 – risks divided by area
  - Trust-wide Risk Register – September 2013 – risks sorted from high to low scoring
3. Changes relating to **Risk IBP 13** were highlighted together with an increase to the current score from 8 to 12 and a consequent increase from amber to red risk. This is a result of the identification of planned controls which are yet to be implemented and therefore the score remains at the pre-mitigation level. Actions and controls to mitigate this risk through the development of the Workforce Strategy were outlined. It was confirmed that the strategy and plan associated with this will be in place by the end of December.
4. The Board was informed that this is the last month that the Trust-wide Risk Register and supporting Executive Risk Registers will be reviewed by ET and that from next month all Executive Risk Registers will be reviewed by the Senior Management Team (SMT) who will also decide whether any risks require escalation to the Trust-wide Risk Register for the Board's attention.
5. Ruth Brunt repeated a previous observation that there are a number of open ended vague comments in the final column of the Board Assurance Framework on the closing of gaps. It was confirmed that this will be addressed within the ongoing assurance mapping process.
6. The lack of a reference to the work of Mental Health Act Associates on pages 12/13 of the BAF in connection with the deliverable related to the minimising of harm to service users arising from their own action, was identified by Alison Paine **ER** who asked that this be addressed.
7. In response to Tony Mcniffs' observation that *IBP05* in the Trust-wide Risk Register has a controlled risk that is higher than the initial risk, it was agreed that this should be discussed further at the Audit and Risk Committee and brought **ER**

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back to Board following discussion.

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

**ACTIONS:**

- **Work of Mental Health Act Associates to be referenced in BAF in connection with the deliverable on the minimising of harm to service users arising from their own action – Emma Roberts**
- **Risk *IBP05* to be discussed further at A & R Committee and brought back to the Board – Emma Roberts**

**BD/13/172 Detailed Risk Review**

1. The Board received an updated detailed review of **IBP02 – General mental health services being tendered by Clinical Commissioning Groups (CCGs)** following discussion at the August Board Meeting and a request for further consideration of this risk taking into account Board comments.
2. It was confirmed that the Bristol Locality Management Team will be asked to carry out a similar exercise specific to Bristol.
3. Lee O'Bryan commented that he felt that this was still a linear and two dimensional review and that **relationship management** was not sufficiently identified as a key strand of the approach. Tony Gallagher underlined that it is about formal mechanisms being in place to pre-empt tenders.
4. Iain Tulley confirmed that he had recently had a meeting with Sue Hall to look at developing a more formal approach to relationship management with real time information shared across the organisation.
5. Lee exhorted utilising champions of the Trust in nurturing better relationships and Iain commented that the approach the Trust is looking to adopt does this, but acknowledged that there is still further work to be done .
6. In response to a comment from Alison Paine on linking this to marketing intelligence and a good underlying needs analysis, Sue Hall confirmed that it will all be linked into the business planning process and will be owned by localities.
7. A detailed review of **IBP09 – Failure to adopt new working practises both for front-line clinical and non-clinical support services, to meet future NHS efficiency targets**, was also considered by the Board.
8. It is believed that the outcome of the review of this risk now more accurately reflects the inherent risk to the organisation associated with ownership of CIP and Change Programmes.
9. The link to a revised approach to organisational development and the culture of the Trust was underlined.
10. It was confirmed that the Programme Management Office will provide greater oversight in relation to performance monitoring against planned delivery of projects and the joint working between Operations and Finance will ensure tighter

financial control.

11. It was confirmed that issues in the review of this risk link into recent discussions around accountability at the Finance & Planning Committee.
12. The Board resolved to **NOTE** these reports.

### BD/13/173 Quality and Performance Report

1. The Board received a report on the Trust's Month 5 performance against each **quality domain** and the Month 5 **Monitor Compliance** risk scores.
2. The Trust continues to see feedback from service users in relation to the care the Trust has provided, with the '**friends and family**' question asked at key stages in the care pathway. It was noted that the response rate has improved slightly and that from next month feedback will be split between inpatient and community teams.

Hazel Watson outlined continuing work with teams to promote the benefits of this survey and share good practice. It was reiterated that the greatest value derived from this indicator is from the comments received from service users which are being taken back to local governance forums for discussion.

It was discussed that there is national thinking around the effective use of these outputs and that the Trust is being quite experimental in taking this forward.

It was requested that the question asked in this survey be included in the report.

3. The drop from the previous month of 0.6% in the overall compliance score for the **CQC Compliance** domain was noted. The Board noted the underlying issues relating to completion and compliance. It was noted that levels of compliance are on an improving trajectory.

Locality management have been reviewing this information and focusing on ward and team detail to identify local actions, support improvement and share good practice.

It was confirmed that the detail of highest and lowest performing teams was not available within this report but will be addressed at the forthcoming fortnightly **Quality Huddle**.

4. It was confirmed that there is a great deal of work taking place locally to understand what is meant by good quality records as this relates to the **Records Management** domain. It was underlined that, whilst this was an area that commissioners had previously been concerned about, they are now content with Trust practice in this area.

It was noted that the Quality and Standards Committee are reviewing this domain in terms of the content of records.

Ruth Brunt noted the wide range of 26% - 100% in terms of compliance against this indicator and noted her concern that this should be better explained. Hazel confirmed that the compliance of teams providing core services is at the higher end of this range the issue is with teams who struggle with the construct of records

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management.

Iain Tulley reported that bespoke measures will be put in place for specialist teams, for which the current IQ indicators are not entirely suitable or appropriate.

Tony Gallagher reiterated that the Board would expect that assurance of these quality domains is provided through the Board Committee whilst management address the detail and the Board look at correlation.

Sue Hall reported that the draft performance management strategy will be signed off by SMT, the Finance & Planning Committee and the Board and will document where the IQ system sits within the assurance process. This is in tandem with work on assurance mapping that is currently in hand.

5. It was confirmed that the Trust is compliant against all five measures for the **finance risk** score.
6. Action taken against national and locally defined **Key Quality Indicators** are **shown** below target were identified.

Ruth Brunt asked about local ownership and involvement in agreeing performance indicators as this relates to issues in relation to **Discharge Protocols** where it is reported that a number of primary care liaison teams had stopped completing and uploading discharge summaries. Kristin Dominy confirmed that integral to the work to address this has been a conversation with teams on the value of this requirement.

7. Issues relating to **supervision and appraisal** performance across the Trust were noted and discussed. It was acknowledged that, progress is being made in some areas of the Trust, whilst noting that there are particular challenges elsewhere. It was confirmed that this has been discussed in detail at the ESEC committee and that all localities are required to present plans to address outstanding concerns at the Performance and Management Contracts Group (PaCMan) this week.
8. It was noted that the Trust **sickness/absence rate** had risen for the second month running to 5%. It was confirmed that plans are in place to address this.
9. Tony Mcniff asked about the significance of the downward trajectory of the indicator on the Monitor Compliance Dashboard on the % of Admissions gate kept by Intensive Teams.
10. The Board resolved to **NOTE** this report.

#### **ACTIONS:**

- **'Friends and Family' question to be included in future reports – Sue Hall/Hazel Watson**

#### **BD/13/174 Finance Report to 31 August 2013 – Month 5**

1. The Board received a report which highlighted the Trust financial position at Month 5.
2. Paul Miller reminded the Board of the high level assumptions of the **Financial**

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**Plan** which had reflected extensive discussion with Localities to agree staffing levels they are comfortable with in conjunction with the ending of the use of agency staff.

3. The Board noted the financial position at the end of August which is a **shortfall against plan of £210k**. It was confirmed that, whilst the Trust currently maintains a **FRR of 4**, this will reduce if the Trust does not implement **mitigating actions** to address the challenges outlined in the paper.
4. These challenges relate to the delivery of Cost Improvement Plans (**CIPs**) and other expenditure pressures.
5. Paul Miller reported on actions in hand to achieve a satisfactory year end position. It was noted that both the Executive Team (ET) and Senior Management Team (SMT) have met to agree these actions. It was confirmed that SMT have agreed a plan which will ensure that quality and safety is prioritised whilst addressing issues around staffing in parallel with the stopping of agency use. Further mitigations to deliver CIPs, additional service redesign, acceleration of the bed management process, review of the correct rostering of staff and corporate back office savings were described.
6. Lee O'Bryan confirmed that, as chair of the Finance & Planning Committee, he is assured that there is a plan in place which has the full commitment of the Senior Management Team. He has reviewed this plan which, although details are to be developed, he believes to be broadly sound. Lee asked that this remain a top priority of the Trust as timing is a key issue in the successful delivery of the plan.
7. Kristin Dominy reiterated the combined commitment of the Operations Directorate and Clinical Executive in the development of these plans and that they had been discussed in detail with Clinical Directors in the last week. Kristen underlined the Trust now has the ability to programme manage this process more systematically and robustly than in the past. She acknowledged that the organisation must be watchful with regard to the quality impact of the plans.
8. It was confirmed that the quality impact assessment of the plans will be available for scrutiny at the next Quality and Standards Committee meeting.
9. It was agreed that, whilst acknowledging that staff are a significant cost to the organisation, they are also the main treatment intervention and that the Trust should not lose sight of the national focus on staffing levels.
10. Tony McNiff welcomed the plans described and stressed that the timeframe is a concern. He noted his concerns around staff engagement and the warning signs in terms of deteriorating sickness/absence indicators. He cautioned that the Trust must not underestimate its position.
11. That the Trust has management challenges in implementing these plans was acknowledged by Iain Tulley.
12. Peaches Golding welcomed the plans and identified additional opportunities for staff to be creative and positive in communicating positive changes they may like to promote.

13. Concern was expressed about ‘top down’ messages delivered to the organisation on plans around agency, vacancies and sickness/absence. It was agreed that this should be properly explained and framed around the Trust being a different organisation which is clinically led..
14. The Board were asked to consider the 2013/14 capital programme update within the report, following the most recent meeting of the Investment Planning Group. A discussion followed on EPR procurement and the business case to examine options following a planned exit from the current nationally provided BT RIO EPR service provision. It was agreed that going forward the Trust will require a flexible system.
15. Clarity was requested by Tony McNiff on the bed base request which is above the original authorised plan. It was confirmed that there has been a lengthy debate at Finance and Planning Committee around the original bottom up needs assessment and whether it had been critically evaluated. This had been agreed as a process issue.
16. The Board resolved to **APPROVE** the following Capital decisions as described within the report:
- The revised changes to the not yet authorised capital schemes for 2014/15.
  - Medical Devices. (£37k 2013/14)
  - General Equipment (£118k 2013/14)
  - Building Management System (£100k 2013/14)
  - EPR Procurement (£50k 2013/14)
17. The Board resolved to **NOTE** this report.

#### BD/13/175 – Proposed revision of Delegated Authorities

1. The Board received a report which identified minor revisions to **Delegated Authorities**. These revisions relate to the implementation of the Finance/Procurement (Agresso) system.
2. It was confirmed that the revisions have been through both the Finance and Planning and Audit and Risk Committees.
3. It is proposed that these limits are reviewed again early in the new financial year following the corporate restructure and the bedding in of Agresso.
4. Tony McNiff confirmed that the issue of purchases that are not going through the Agresso system is on the Audit and Risk agenda for discussion.
5. The Board resolved to **APPROVE** the changes outlined in the report.

**BD/13/176 Sickness Absence progress report**

1. The Board received a paper which outlined the introduction of revised **absence management processes** to empower managers to make decisions on absence issues from a local perspective.
2. It was acknowledged that recent investment in the absence management processes has been focussed on the mechanics and that this papers outlines a way forward which will empower managers to make common sense decisions about absence issues within a robust performance management framework with realistic, individually agreed attendance targets.
3. Peaches Golding welcomed the proposed Health and Wellbeing specialist and urged the Trust to incorporate good practice from the private sector in this area.
4. It was noted that the analysis of 'causes of absence' notes 52% as 'other known causes' and it was agreed that it would be useful to understand what these are. **CL**
5. Lee O'Bryan requested further breakdown of data to identify long and short term absence and also better understanding of why some areas have low levels of sickness absence and others do not. **CL**
6. The Board asked that the final paragraph at 1.2 of the report which describes the employment of service users be reviewed as it was unclear what message this was trying to convey. It was also requested that current policies around providing work experience, which are seen as restrictive, should be reviewed. **CL**
7. It was requested that his paper be deferred to the October Board meeting for further explanation but that there should be no delay in implementing the policy and revised agenda. **CL**
8. The Board resolved to **NOTE** this report.

**ACTIONS:**

- **Cause of absence – 'other known causes' to be expanded upon**
- **Further breakdown of data around long and short term absence requested as well as greater understanding of successful and less successful teams in managing this.**
- **Final paragraph at 1.2 around the employment of service users to be clarified.**
- **Current policies around the provision of work experience to be reviewed**
- **Paper to come back to October Board for further explanation.**

**Carol Lenz**

**BD/13/177 Staff Survey – progress report**

1. A report on the Trust's actions in response to its poor performance against other NHS organisations in the **2012 National NHS Staff Survey** was received and

discussed.

2. It is acknowledged that there is a great deal of work to be done around the recording of supervision and appraisal completion rates. Actions in hand to address these issues were noted. It was noted that these will continue to be reported through ESEC to the Board.
3. Particular concerns identified in relation to **Bullying and harassment/violence against staff from staff colleagues** have been reviewed by ESEC which has received supplementary detail following further investigation. This has identified that outcomes from the survey are at variance with information from this investigation. It was agreed that the Trust must continue to be vigilant and undertake further work in relation to this. CL
4. It was confirmed that the Trust will survey all substantive and fixed term staff for the 2013 National NHS Staff Survey unlike previous years where a sample of staff were involved.
5. It was reiterated that the **Development Programme** will be a key enabler for staff engagement and that this should then be reflected in future staff survey results.
6. It was questioned whether all staff needs, including those of **unregistered practitioners**, are addressed in this paper and the development programme. Rachel Clark confirmed that this is a challenge that the Trust is addressing and noted that there is a vibrant unregistered practitioner's network within the organisation.
7. In response to a question from Paul Miller on the **support and training** available to team leaders regarding line management and supervision Kristin Dominy reported that Team and Ward Manager forums are providing a valuable insight into this and that addressing this issue is becoming more targeted and focussed. Kristin acknowledged that the predominance of staff being absent through stress at work is a concern and suggested a specific target on the management of stress related work absence. CL
8. Iain Tulley requested that the Board return to this issue in October and consider a statement on the invoking of disciplinary processes and that this should reflect that the Trust will only punish people when errors are the result of deliberate and reckless misconduct. CL
9. Tony McNiff suggested that it may be helpful to set targets on what we would want to achieve regarding the staff survey.
10. The Board resolved to **NOTE** this report.

**ACTIONS:**

- **Concerns around 'Bullying and harassment/violence against staff from colleagues' – requires further work and continuing vigilance.**
- **The Board to consider a statement on the invoking of disciplinary processes within the Trust.**
- **Report to return to October Board**

Carol Lenz

## BD/13/178 Reports of Board Committee Chairs

## Audit and Risk Committee

1. Tony McNiff reported on the recent business of this committee.
2. It was noted that following the red internal audit report on **Pressure Ulcers and Patient Falls** concerns relating to the proper use of assessments have now been referred to the Quality and Standards Committee.
3. A report on the new **Board Assurance Framework** and approach to risk management was broadly positive. The committee is assured that the risk process is now becoming more embedded within the organisation.
4. Two significant debts have been identified through the review of the Finance registers. It was agreed that the specifics of these would be further discussed in the part 2 Session of this meeting.

## Quality and Standards Committee

1. In the absence of Susan Thompson, Tony Gallagher reported on the business transacted at the September meeting of this committee.
2. A presentation from service users with the **Early Intervention Service** in Wiltshire was received in the public session of this meeting.
3. An update on the work of the **Quality Academy** was also received and it was noted that this is still at an early stage of development.
4. It was reiterated that the attendance of senior management at these meetings is important and that where substitutes are in attendance they should be properly briefed in order that the business of the committee is not compromised.

## Employee, Strategy and Engagement Committee

1. The business of the September meeting of this committee was described by Alison Paine.
2. The committee reviewed **supervision and appraisal** levels in the Trust to July 2013. The committee is assured that the Trust is making progress in these areas and that plans are in place to reach a target position by the end of December.
3. Sickness absence data was interrogated and the cost of this to the Trust discussed.
4. The Board noted the discussion at the 'Listening to You' session held after the meeting and the concern expressed at an increase in the number and complexity of cases being referred to **LIFT/Primary Care**. It was agreed that the Trust should ensure that there is a consistent approach across the organisation in relation to primary and secondary care.
5. Iain Tulley noted that he would like to look at reducing the frequency of committee meetings. It was suggested by Tony Gallagher that this would be dependent of the quality of data available and that committees must remain sighted on IQ data.

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6. The Board resolved to **NOTE** these reports.

#### BD/13/179 Charitable Funds Annual Report and Work-plan

1. The Board received a report on the business of the Charitable Funds Committee for the year ending April 2013 together with an outline of the planning timetable for the committee to march 2014.
2. The Board noted the mainly statutory business of the committee over this period.
3. Alison Paine stressed that would like to move forward with **fund raising** initiatives which would create an opportunity to involve both staff and service users. It was confirmed that there would not be any costs associated with this fundraising.
4. The Board resolved to **NOTE** this report and Work-plan.

#### BD/13/180 IBP

1. The Board received an update report on the work that has been completed since June 2013 when the previous version of the IBP v12 was presented to the Board.
2. It was noted that the actions that have been taken reflect the feedback from the commissioner convergence process, NHS England and the Trust Development Authority (TDA).
3. Sue Hall asked that any comments on this refreshed version be fed back to her by the end of the week in time for the final version to be collated and submitted to the TDA on 1 October. It was confirmed that this version of the IBP will then become v.1.
4. The Board welcomed the revised version of the IBP as a marked improvement. Alison Paine particularly welcomed it as a transformed document, which is authoritative, clear and well written.
5. The Board resolved to **NOTE** this report and **APPROVE** the revised version of the IBP for distribution to the TDA.

#### BD/13/181 Quality Improvement Strategy

1. The Board received the Quality Improvement Strategy which is a key, overarching strategy for the Trust.
2. It was confirmed that this strategy is built on the Trust's commitment to be driven by quality and outlines how it will:
  - Create an organisational environment focussed on quality improvement
  - Be supported by a Quality Assurance Framework
  - Be driven by locally agreed quality ambitions
3. It was noted that the **delivery plan** associated with this strategy will be drawn up in consultation with delivery areas and corporate directorates, but that it is not yet at the appropriate stage of the planning cycle. The delivery plan will come to the Board for approval.

4. Peaches Golding asked, in ensuring that the Trust has quality at the heart of everything it does, whether this is fully represented through the statements, issues and actions within this strategy and also the risk management process.
5. Hazel Watson responded that she would look for evidence that the Trust is meeting the standards expected of it as a Mental Health organisation and that this may result in a risk on the Strategic Risk Register. Iain Tulley underlined that this is about understanding the minimum standard, being assured that the Trust is at that point and stretching up from that position as a quality ambition.
6. Lee O'Bryan asked about the discussions that had been had on the defining of quality standards in a finite cash environment. It was confirmed that this is about understanding minimum quality standards that the Trust would be expected to meet and triangulating quality, activity and cost with quality ambition.
7. Iain reiterated that there is also a commissioning conversation to be had around bronze, silver and gold standards of provision.
8. The issue of professional competency and training as this relates to quality standards was raised by Tony McNiff who queried if issues related to basic standards around competency are being picked up. It was confirmed that minimum standards for competency are externally set but that the link between supervision, appraisal and potential additional quality has not yet been articulated.
9. Alison Paine asked about the supervision of bank and agency staff and it was confirmed that this is not clear.
10. Ruth Brunt confirmed to the Board that the Quality and Standards committee are assured that a good system is described in this strategy. She reiterated that localities and business units now have an opportunity to clearly identify their aspirations around the quality ambition they can realistically achieve. She noted that in her experience people on the front line are more ambitious than is widely appreciated.
11. The Board resolved to **ENDORSE** this strategy.

**BD/13/182 IM&T Strategy**

1. The Board received the IM&T Strategy which set out the strategic direction for IM&T development over the next three years from 2013-2016 and the process for implementing it.
2. The Board noted the strategic vision for IM&T as outlined at 9.4 of the Strategy:  
*“To be a dynamic and innovative provider of mental health services that fully exploits technology solutions and harnesses the power of information systems to improve the delivery of care to our service users”*
3. It was confirmed that this Strategy had been reviewed at the recent Finance & Planning Committee who were supportive of this and had agreed that this would be re-visited in April to look at the potential for transformational change within the Strategy.
4. Iain Tulley commended the IT team for the development of this strategy and noted

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that clinicians are now accepting that it now supports what they want to do.

5. Paul Miller confirmed that the roll out of the mobile working solution would be completed at the end of September and that 900 devices had been rolled out in a very short period of time which he commended.
6. Interoperability with CCGs and their IT arrangements was raised as a potential issue and Paul noted that this is one of the key issues for consideration around flexibility for IT solutions going forward.
7. The Board resolved to **ENDORSE** this strategy.

**ACTIONS: IM&T Strategy to be re-visited in April to examine the potential for transformational change – Paul Miller**

#### BD/13/183 Estates Strategy

1. The Board received the Estates Strategy for the Trust.
2. It was noted that this strategy is set in a new strategic context and reflects the pivotal changes within the NHS related to the Francis report, the current economic climate and major changes within the Trust itself related to the move to Locality management structures.
3. The Board resolved to **ENDORSE** this strategy.

#### BD/13/184 Development Programme

1. The Board received this programme which is a three year programme of activity with the purpose of addressing internal and external challenges which have the potential to undermine strategic plans.
2. It was confirmed that this sits alongside the IBP in supporting strategic ambitions and that issues or staff engagement are at the heart of this programme. It was noted that the impact of the programme will be measured through the IQ system which provides a balanced scorecard for organisational health.
3. The Board Development Plan attached at *Appendix 2* has drawn on best practice and is underpinned by the Trust strategic priorities.
4. The Development Programme was commended as an excellent document.
5. The Board resolved to **APPROVE** the AWP Development Programme.

#### BD/13/185 Standing Orders and Committee Terms of Reference

1. Board received the revised Terms of Reference for the following committees: : Quality and Standards; Finance and Planning; Employee Strategy and Engagement; Audit and Risk; Appointments; Remuneration; and Charitable Funds.
2. The Board also received the Trust Standing Orders which have been subject to minor amendments to reflect best practice.
3. It was noted that *Appendix 8 – Attendance at Board Committees* should be amended to note that Ruth Brunt is in attendance at the Quality and Standards

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Action

Committee and the Finance & Committee.

ER

- The Board resolved to **APPROVE** the revised Standing Orders and Terms of Reference.

**BD/13/186 Minutes of Board Committees**

- The Board **NOTED** the following minutes of Board Committees:
  - Audit and Risk Committee - June
  - ESEC Committee – July
  - F & P Committee – July
  - Q & S Committee - August

**BD/13/187 Foundation Trust Steering Group**

- The Board received a verbal update on the Foundation Trust process from the Chair.
- The Board resolved to **ENDORSE** the Trust direction of travel towards entry into the FT pipeline.

**BD/13/188 M6 TDA Oversight Return**

- The Board received the Month 6 TDA Oversight Return.
- It was confirmed that the Executive Team has reviewed the declarations in detail and have recommended that the Trust make a fully compliant declaration for September.
- The Board resolved to make a fully compliant declaration for September .

**BD/13/189 Any other Business**

- Iain Tulley acknowledged that there had been a long agenda for this meeting but that this had been about ensuring that all key policies and supporting strategies related to the IBP are signed off by the Board and that next month the agenda would return to the narrative around quality, finance and staff engagement. This was confirmed by Tony Gallagher who noted that entry into the TDA is a validation of confidence.

<b>Key to Abbreviations Used</b>	
<b>Abbreviation</b>	<b>For</b>
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
CoSec	Company Secretary
ACoSec	Assistant to the Company Secretary
ET	Executive Team
LDU	Local Delivery Unit
NED	Non-executive Director