

Minutes of a Meeting of the AWP NHS Trust Board of Directors – Part 1

Held on **30th October 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
Alison Paine – Non-Executive Director	Paul Miller – Executive Director of Finance and Deputy Chief Executive
Susan Thompson – Non-Executive Director	Kristin Dominy – Executive Director of Operations
Lee O’Bryan – Non-Executive Director	Sue Hall – Executive Director of Business Development
Peaches Golding – Non-Executive Director	Hazel Watson – Executive Nursing Director
Ruth Brunt – Associate Non-Executive Director	

Associate Members in attendance

Carol Lenz – HR Director

Staff In attendance

Ray Chalmers – Head of Communications	Louise Hussey – Assistant Company Secretary
	Jo Davis – PALS Manager

Members of the Public in attendance in the gallery

Jill Tompkins	David Wilson
Paul Rawdy	T Dolittle
W Nelson	J Nelson
Ruth Underwood	Mr King
Mr Ody	

Members of the Public representing other organisations

Chris Phillips – North Somerset Health Watch
Lorraine Reeves – Wiltshire and Swindon Users Network
Becky Hodson – OTSUKA

COMPLAINTS PRESENTATION – Inpatients

1. The Board received a presentation of a complaint from Jane Salmon (Modern Matron, Wiltshire) and Jo Davis (PALS Manager).
2. It was noted that this complaint was made by a carer and related to the inpatient services received by their son in Salisbury. The patient's home was in Bath.
3. Jane confirmed that the patient was at that time not known to the team in Salisbury who did not have a full understanding of his presentation. A great deal of information was gathered over a short period of time and relatives' concern over the patient's mood disorder was overlooked.
4. It was questioned whether there had been a judgemental response in focussing on the patient's alcohol issues at the expense of his mood disorder. Jane noted that at the time admission the patient's mood was fairly settled and that the team had not seen the disorder as described by his relatives.
5. The team has since met with the relatives and apologised for this.
6. The Board noted that an outcome of this complaint is that it is now understood that there should be a greater concentration on the triangle of care, inviting carers to meet with consultants and care co-ordinators at an early stage in the inpatient process.
7. A formal investigation has taken place and the Trust is now working collaboratively with the carers and looking at changes to systems and processes. A number of meetings have taken place with staff relating to the triangle of care and a potential over emphasis on confidentiality.
8. In answer to a question from the Chief Executive, it was confirmed that, the inpatient stay in Salisbury, away from his home area in Bath, was a contributory factor in the misunderstanding of his care requirements and that this is significant to ongoing work in the Trust on bed management.
9. Tony Gallagher noted that issues of confidentiality are frequently seen as a 'block' to carers and their wish to highlight concerns. It was agreed that confidentiality should be examined in the round, including sharing information with stakeholders.
10. It was agreed that advance statements agreeing to contact with carers would be helpful in alleviating an element of this issue.
11. On a wider issue, it was asked whether the Trust is satisfied with its complaints handling process in light of recent media coverage of complaint handling in the NHS.
12. Jo Davis responded that she has gone through the related report in detail and produced an action plan which will be reviewed by the Critical Incident Overview Group (CIOG). Jo confirmed that she is assured about the Trust's current process for handling complaints but notes that there are areas for improvement relating to complaint planning.

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13. Iain Tulley noted that he had also looked closely at this report and is keen that the Trust finds a process to speed up the complaints and serious untoward incident process to produce learning in real time. He also underlined that in future he would like responses to be less defensive and acknowledge error where this has occurred.

14. The Board thanked Jane and Jo for the presentation of this complaint.

BD/13/202 - Apologies

1. Apologies were received and accepted from Tony McNiff (Non Executive Director), Hayley Richards (Medical Director), Rachel Clark (Programme Director, Development), Emma Roberts (Company Secretary)

BD/13/202 - 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.
2. Iain Tulley declared that he is now a Governor with South West Ambulance Foundation Trust.

BD/13/ 203 - Questions From Members Of The Public

1. A member of the public, who intends to apply to become a governor with the Trust, asked to show the Board some artwork which reflected her interest and request that the Trust develop a Crisis House and Recovery Centre in Wiltshire, led by a service user.
2. A member of the public asked about the availability of Trust Board papers on the Website which he had not found to be available until Monday, 28th October. He further asked that Board papers be routinely sent to him prior to Board meetings. The Chair responded that papers would be available on the Trust website in accordance with Trust standing orders requirements.
3. Having thanked the Trust for sending the 'Wiltshire Report' [Independent Investigation] to him [in response to a Freedom of Information request] which he felt had raised issues of data protection the questioner stated concerns about his clinical care.
4. The Chair agreed to ensure an appropriate review of the personal clinical care of the member of the public.
5. The questioner continued to voice concerns about allegations of patient records being altered, and specific information about his perception of his own experience.
6. Iain Tulley explained that the Independent Investigation referred to, looked at cases where staff had found to have opened and closed referrals or appointments in order to hit performance targets. This did not refer to individual clinical care being compromised.

7. A further questioner asked about records sent to him which had arrived damaged. He had requested a second set and had been told that these would not be provided unless the originals were returned. He stated that a response to his request had taken a number of months and that his view was that this was because the notes had been falsified.
8. Hazel Watson confirmed the Trust had been in correspondence over the past months with the member of the public in relation to this personal clinical matter.
9. It was confirmed that arrangements for the provision of clinical records are governed by **Caldicott Regulations** and that the Trust would provide a copy of these regulations for the questioner's information.
10. It was further agreed that the Trust would set out the options open to the questioner, in relation to the review of second set of notes, in writing.

[post meeting note – in accordance with board policy all public questions put to the meeting in advance will be either responded to at the meeting of the board or in writing afterwards.]

Where relevant, and if requested, all members of the public who pose a question in the board will be responded to following the meeting in writing via the PALS office]

BD/13/ 204– Minutes Of The Previous Meeting

1. Hazel Watson should have been recorded as being present at the meeting.
2. With this amendment, the minutes were **AGREED** as an accurate record.

BD/13/205– 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/ 206– Chair And Chief Executive's Actions

1. There were none to report.

BD/13/ 207– Chair's Report

1. The Board received an update from the Chair expanding on the focus of his work during the preceding month.
2. It was noted that the recent **Foundation Trust (FT) Network Conference** had identified areas of best practice and that much that the Trust is currently undertaking is at the forefront of this. There was very little guidance on the FT pipeline but it was made clear that this is likely to be elongated.
3. It was underlined that there will be no real growth in terms of money for health services in the UK until 2021 and that the redesign of services is key to both the Trust's future and that of the whole NHS.
4. **The South West Chairs' Meeting** received a presentation from the

Academic Health Science Network which described more ambition in the pursuit and dissemination of excellence. There was some challenge around co-operation versus competition and concerns around the competitive environment.

5. Discussions took place on the role of Governors in Foundation Trusts and the lack of clarity on roles and responsibilities. This will be covered in the Board Development Session following this meeting.
6. The recent **Staff Awards** were highlighted in the report as a successful event where the work of staff and Trust partners had been recognised.
7. The Chair congratulated those involved in the recent presentation in support of the Trust's **Health Service Journal** nomination. It was requested that the video presentation be more widely shown as it was agreed to have been a powerful exposition on behalf of the Trust.
8. The Board was updated on recent developments in the Trust's **FT** journey. It was agreed that the national development of the **CQC inspection** regime for mental health trusts will provide a further opportunity to learn for the organisation. The latest version of the IBP has been issued recently and it was reiterated that the quality impacts of this must be embedded in the organisation.
9. Ongoing work on the **Bristol Mental Health Services** re-commissioning process was outlined.
10. The Board resolved to **NOTE** this report.

ACTIONS:

- **Presentation to HSJ to be made available to board members on request from Ray Chalmers.**

BD/13/208 – 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 report highlighted the Chief Executive's continued commitment to the '**back to the floor**' initiative and his recent personal experience working on a number of units in the Trust. This initiative was commended to all in the back office.
3. Meetings have taken place with a number of local MPs as identified within the report.
4. It was confirmed that the Trust has entered the **NHS Trust Development Agency** (TDA) evaluation and assessment phase which is a significant milestone in its FT journey.
5. The national discussion on the ability of the NHS to meet its year on year **efficiency targets** and the impact on the Trust was noted. It was confirmed that the Trust will be subject to **Cost Improvement Plans** (CIPs) for several

years to come and that the intention is that the organisation plans ahead in real time with regard to its finances and that it is transparent in all the steps that it is taking. It was reiterated that this process will be about recognising challenges, being clear about processes and keeping **quality at the centre**.

The challenges of providing high quality care within a shrinking budget were acknowledged. It was underlined that **quality impact assessments (QIA)** are taking place in real time.

As Chair of the Quality and Standards Committee, Susan Thompson noted that the committee had received assurances that QIA are being rigorously applied but that there is some concern that the committee has not yet had the opportunity to scrutinise this exercise.

In terms of managing **vacancies**, Lee O'Bryan, Chair of the Finance and Planning Committee, commended the management team for its work examining different ways of working in terms of rostering and matching staff to work, which he believed had contributed to offsetting any potential impact.

Paul Miller confirmed that the Finance and Planning Committee had discussed concerns around balancing quality and money and it had been agreed that the consensus that quality must be the organising principal should underpin the business planning process.

Concern was expressed that any restructure associated with CIPs should be subject to proper consultation. Kristin Dominy confirmed that integral to business planning is talking to all Localities and Services about how they re-shape their business to meet the quality agenda and performance requirements within the financial envelope.

Proper **engagement and communication with staff** regarding any business changes was underlined as critical to their success. It was confirmed that this has been recognised and that letters are being sent out by Locality/Service Delivery Units to their staff outlining their particular circumstance.

6. **Learning from experience** was identified as essential in contributing to the improvement of the quality of our services. Identifying where the Trust might have done things differently and better, in relation to dealing with serious untoward incidents and complaints, and implementing related improvements, was highlighted as important. The sharing of good practice across the Trust to raise standards is seen as key in conjunction with being open and transparent with service users, carers and relatives in discussing issues around the care we provide.
7. The valuable contribution of a wide range of people involved in the Trust's response to the **Bristol CCG tender** was recognised. The significant efforts in developing a strong collaboration with Local partners in ensuring a comprehensive approach to mental health in the city was also welcomed.

Ruth Brunt identified a concern expressed to her related to the Bristol tender process and the uncertainty associated with the risk of losing experienced

staff.

It was acknowledged that there is inevitably some level of uncertainty but that there has been a formal communications process with Bristol staff and comprehensive arrangements are in place for the designing of new models of care which will form the basis of new staffing structures. The unease identified will be fed back to the project team who will continue to ensure that there is good communication during every step in the process.

8. The Board was updated on forthcoming **changes to the Executive Team** at Board level.

The impending retirement from the NHS of Paul Miller, Director of Finance and Deputy Chief Executive, at the end of the financial year, has prompted changes that will take effect from 1 November 2013.

Subject to the approval of the Appointments Committee, Sue Hall will take over the role of Director of Finance on an interim basis from this date. Sue will continue to be responsible for the programme management office (PMO), business planning, contracting and performance monitoring.

Paul has stated his commitment to supporting the Trust and helping in the transition to the new Resources Directorate over the next six months. He will remain as Deputy Chief Executive and will take responsibility for business development for the remainder of the year and will be the executive director responsible for Estates, IM&T, HR and Communications.

Iain Tulley personally thanked Paul for his personal support and guidance and asked the Board to join him in thanking him for his ongoing commitment to the organisation to the end of the financial year.

9. The publication of a report '**Bridging the Gap**' which looks at the rebalancing of health and care resources, identifies that every hospital should have a comprehensive liaison psychiatry service as well as improved dementia care. It was underlined that this demonstrates the need for the strengthening of the Trust's Liaison service.

Susan Thompson noted that at a recent Foundation Trust Network Conference she had seen a powerful presentation on an individual suffering from significant mental health problems who had had experienced poor access to Mental Health services and she commended the Trust to look at innovative ways to bridge this gap.

10. The launch of the new **Quality Huddle**, which will take place on the first and third Wednesday of the month, was highlighted.
11. Iain identified forthcoming changes to the **Specialist and Secure Service** within the Trust and the intention to disaggregate the service and create a specialist delivery unit. This will be widely communicated during this week.
12. The Board resolved to **NOTE** this report.

BD/13/209 Monthly Incident Report

1. The Board received its regular report on **serious untoward incidents** in month from the Nursing Director.
2. It was confirmed that there were 5 externally reportable incidents in September 2013 which is a decrease in the trend over recent months.
3. It was noted that the Critical Incident Overview Group (CIOG) had met in October and that it had reviewed a number of completed RCA investigations from which a small number of additional actions were initiated to improve the safety and quality of service delivery across the Trust.
4. CIOG also considered the **Berwick Report** and has agreed that the Professional Council take forward the challenges laid down in this report.
5. Susan Thompson noted that CIOG has identified a degree of variability in the quality of the information received by Clinical Commissioning Groups (CCGs) on incidents and complaints. Susan asked what has changed since the Head of Patient Safety Systems has met with area teams on the Trust's management of this process. It was confirmed that each area team has now determined different systems and protocols for each CCG.
6. Paul Miller noted an incident within this report regarding self harm associated with burns and asked if there are any trends associated with this. It was confirmed that the Trust has a comprehensive fire risk programme and there has not been an emergent trend to prompt a themed review.
7. The Board resolved to **NOTE** this report.

BD/13/210 Board Assurance Framework and Trustwide Risk Register

1. The Board received the Board Assurance Framework (BAF) and Trustwide Risk Register for review and challenge.
2. The Board reviewed as appendices to this report:
 - a. The Board Assurance Framework v1.3
 - b. Trustwide Risk Register, October 2013 – risks divided by area
 - c. Trustwide Risk register, October 2013 – risks sorted from high to low scoring
3. All Executive Risk Registers were reviewed at the Senior Management Team Meeting on 16th October 2013. Consideration was given to possible risks to be escalated to the Trustwide Risk Register this month and no risks were identified for October.
4. Following discussion on possible risks associated with the recent implementation of NHS Mail and implications for Trust systems it was agreed that a detailed risk assessment would take place which would determine if this risk be escalated further.
5. The Executive Risk Registers and Board Assurance Framework were further

reviewed at the Audit and Risk Committee on 25 October.

6. It was confirmed that the risks considered on the Trustwide Risk register are strategic rather than operational and that these are underpinned by further risk registers that focus on the detail.
7. It was agreed that the Trust now has a clearer set of risks and a more dynamic process to demonstrate the impact of mitigating actions against these risks.
8. The Board resolved to **Note** this report.

ACTIONS:

- **Detailed risk assessment of implementation of NHS Mail to take place to determine if risk should be escalated further – Emma Roberts**

BD/13/211 – Detailed Risk Review

1. The Board received a detailed review of **IBP05 – The future national, economic environment reduces resources to the NHS and/or increases the NHS efficiency targets.**
2. This detailed review follows an initial review in July 2013 and identifies what has changed or has been amended since that point. Two new groups have been formed to strengthen planned controls in this area. The weekly **CIP Assurance Meeting** chaired by the Deputy Chief Executive and attended by the Executive Team reviews the current CIP programme and identifies and resolves any blocks to its delivery. The monthly **Performance and Contract Management Meeting** acts as an assurance on any financial, activity and/or quality issues raised by or to the CCGs. Together with locality performance meetings with the CCGs these enhance understanding of commissioning plans.
3. Alison Paine raised that the initial risk had been about the failure to agree and achieve CIPs within the organisation rather than the generic issue and that this had had a probability of '5' which she felt would not reduce despite governance processes in place.
4. Paul Miller confirmed that following extensive discussion at the Audit and Risk Committee on 25th October the overall risk score will be amended down from 20 as this had reflected an anxiety about the mobilising of the organisation. It is believed that this has happened through, amongst other actions, Localities' significant involvement in CIP ownership and the receipt and review of regular reports at the Finance and Planning committee on CIP performance.
5. It was further confirmed that the Trust's Business Planning Framework and revised process for 2014/15 complements commissioner contracting timelines and ensures that the Trust reflects these in its CIPs and budget.
6. The Board also received a detailed review of **IBP11 – Inability to meet the**

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changing needs of commissioners and future NHS efficiency targets by changing the workforce through normal turnover.

7. The Board noted the controls in place and those in hand including the outcomes of the recent Operations and HR consultations which will enable the needs of commissioners to be met through the planned restructuring of teams. This will be enhanced by effective business and workforce planning together with effective staffside relationships that allow Localities to look strategically at skill mixes.
8. The Board resolved to **NOTE** these reports.

**BD/13/212 Reports of Board Committees – Finance & Planning Committee
29th October 2013**

1. Lee O'Bryan reported on the recent business of this committee.
2. The committee reviewed in detail the Trust financial position at **Month 6**. The committee was reassured that the organisation is mobilised to address the current position.
3. Lee welcomed the work of the **CIP Executive Assurance Group** the results of which have flowed through to the Finance and Planning Committee providing further assurance on the management of the financial position.
4. The committee further considered the impact on the organisation of recent reorganisation and the planning approach going forward. The skills and capabilities in the Localities were discussed and also progress against the Bristol CCG tender.
5. It is planned that an integrated approach to tendering will be considered at the December meeting.

Quality and Standards Committee – 22 October 2013

1. Susan Thompson reported on the recent business of the committee.
2. The committee received a presentation from the Bristol Locality on the **challenges of delivering mental health services in a diverse community**. This presentation had included the views of two of the Trust's partners on delivering the race equality agenda and it was agreed that this approach could be employed more widely by the organisation in looking to meet the needs of its population.
3. The committee reviewed 3 essential standards on the Quality Dashboard including CQC compliance. It was noted that a consequence of reducing costs, relating to areas such as training budgets, could have an impact on CQC compliance. Iain Tulley noted this but underlined that the focus of training is key and that linking training with appraisals will ensure that this is better targeted.
4. Concerns were expressed at a lack of evidence that the QIA (Quality Impact Assessments) are part of the process of decision making within the Trust. It

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was agreed that in order for the committee to do the appropriate scrutiny and provide effective assurance to the Board this gap should be closed promptly

5. Issues of data quality within the IQ system were also discussed in particular in relation to the provision of information to commissioners. It was agreed that it is imperative to get the data quality right.
6. It was reported that the committee had been assured that Locality and Service Delivery Units have a clear eye on quality and are using the IQ system effectively to monitor this.

Audit and Risk Committee – 25th October 2013

1. In the absence of Tony McNiff, Tony Gallagher updated the Board on the business of the committee.
2. A significant proportion of the business of the committee was taken up by Internal Audit Reports and associated opinions.
3. Clear red actions have been identified within the report on 'Payments to Staff'. A robust debate took place and the Trust has been asked to go back and look at this process.
4. Regularity reports have identified recurring concerns relating to medicines management, on-call, supervision and appraisal. That some of the regularity reports are 'Red' indicates that these are not giving the Trust the assurance that it is 'brilliant at the basics'. The committee was assured that robust action plans are in place and that the Executive Team is sighted on these recurring issues.

BD/13/213 – Quality and Performance Report

1. The Board received a report on the Trust's Month 6 performance against each **quality domain** and the Month 6 **Monitor Compliance risk scores**.
2. The **Friends and Family** test is now split between community and inpatient where service users are asked if they wish to respond to the following question: '**how likely are you to recommend this service to friends and family if they needed similar care and treatment**'. Relative responses to this question have been considered within the Quality Huddle and actions to improve responses are in hand, whilst sharing good practice from areas where response rates are high.
3. Progress is being made and maintained across **CQC compliance** outcomes which have scored lower than average on a consistent basis. Further improvement is forecast over the next three months supported by the work of the Academy.
4. Improvement actions to address **Records Management** areas for concern were noted
5. The Trust's most recently published **governance and financial risk scores** were identified. It was noted that the M6 financial risk score has dropped

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from a 4 to a 3 which reflects the Trust's financial performance at M6.

6. It was confirmed that 13 of the 16 indicators against **nationally and locally defined key quality indicators** are on or above target. Details of the three below the line were identified within the paper together with their Q3 forecast targets and actions in hand. Issues around **Care Clusters: timeliness of review** are being addressed by Localities working with identified teams to provide specific report.
7. Challenges are recognised in achieving the targets for **Supervision and Appraisal** rates within the Trust. It was agreed that underlining that this is linked to quality is key. It is agreed that the organisation should separate out its approach to long and short term sickness to address the continued deterioration in **Sickness/absence** rates. It was queried whether the target of 85% for Supervision and Appraisal is realistic and achievable.
8. Kristin Dominy reiterated that this target is essential in delivering quality services, though acknowledged that it is probably ambitious. It was underlined that moderating the target could have an effect on the effort in achieving this and that maintaining focus is essential, whilst working with teams that are struggling to achieve the levels required.
9. Ruth Brunt welcomed the clarity of the new format of this report but queried that there was no comment on CQUIN delivery which is showing the worst position for the year. She noted that four of the indicators are at Amber and questioned the impact of this. Hazel Watson identified that two of the CQUINS in questions are failing on the criteria that the Trust has a named lead and that actions are in hand to identify these.
10. In terms of the patient related reporting measures (PROM/PREM) it was reported that it has taken a considerable time to agree with commissioning colleagues how these will be delivered. Pilots have been agreed with some teams and wards to meeting commissioning needs. It is expected that these CQUIN will be Green next month.
11. The Board resolved to **NOTE** this report.

BD/13/214 – Finance Report - M6

1. The Board received a report which highlighted the financial position of the Trust at **Month 6**.
2. The Board noted the financial position at the end of September 2013 as a shortfall against plan of £427k.
3. It was confirmed that the Trust has achieved a FRR of 3 this month due to the deteriorating financial position.
4. The challenges around the delivery of the Cost Improvement Plans and other expenditure pressures were noted together with assurance on actions in place to ensure achievement of the target financial outturn.
5. The Board noted the **Capital Programme** update from the Investment

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Planning Group.

6. The Board resolved to **approve** the Capital Programme decisions requested:
 - The revised changes to the authorised capital schemes for 2013/14
 - The revised changes to the not yet authorised capital schemes for 2014/15.
 - Southmead FM services (£55k 2013/14)
 - Lifecycle maintenance (£456k 2013/14)
 - Wickham unit, capital works (£100k 2013/14)
 - Siston ward, capital works (£65k 2013/14)
 - To authorise the termination of Court Mills lease
7. The Board resolved to **NOTE** this report.

BD/13/215 - Management of Attendance – Progress Report

1. The Board received a progress report on actions taken to address Trust absence levels.
2. It is recognised that recent focus has been on the mechanics of absence management rather than the effective performance management of staff absence.
3. The paper outlined the introduction of a revised absence management process, described processes that will provide for the development of 'pro attendance, recommended robust performance management against agreed attendance targets and made proposals to enable these objectives to be met. It is planned that there will be a quarterly update to the Board on these action plans.
4. The implications of sickness absence and how this is brought to life, in terms of the potential impact on service users, were discussed. Susan Thompson confirmed that Clinical Directors have identified the quality impacts of staff sickness at the Quality and Standards Committee and are interrogating this team by team.
5. The phraseology in paragraph 3.10 around 'challenging absence patterns caused by mental illness' was not felt to be helpful. It was agreed that the Trust should demonstrate that it is proactive and supportive in these cases.
6. The Board resolved to **NOTE** this report.

BD/13/216 – Performance and Quality Management Strategy 2013-14

1. The Board received the Performance and Quality Management Strategy

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which outlined the assurance processes that underpin the ward to board approach in the organisation. It was confirmed that this process is embedded in Locality structures with the Contract and Performance Management Meeting (PaCMAN) monitoring delivery against all key contractual quality and performance requirements and providing assurance to SMT, Board Committees and the Board.

2. It was confirmed that tools are in place to support this process and that detailed issues may be discussed in various forums whilst avoiding duplication and groups working in isolation.
3. It was noted that for 2013/14 the Trust will focus its approach around seven key indicators of quality utilising its Quality Information System (IQ).
4. Susan Thompson asked about the broader perspective beyond the seven key indicators as this had been raised by commissioners through the Quality and Standards Committee. Iain Tulley confirmed that the 7 key indicators are fed by other detailed indicators and that nationally there is a move away from reporting against a plethora of indicators.
5. Susan expressed some concern at this focus and asked for assurance that the strategy allows for a broader perspective.
6. Alison Paine welcomed this summary of the performance and quality management approach in the Trust and asked for assurance that the IQ system is being used by staff across the organisation and that there is training in the intelligent use of outputs from this.
7. Hazel Watson underlined that Clinical Directors regularly describe how this system is used and that this is reported through the Quality and Standards Committee. She reiterated that this is a well understood and powerful tool within the organisation. It was acknowledged that the data quality issues that sit beneath this need further attention.
8. The Board asked that it see the activity report which is shared externally to Commissioners on a monthly basis.
9. The Board resolved to **APPROVE** this strategy.

ACTION:

- **Board to receive monthly activity report as shared with commissioners – Sue Hall**

BD/13/218 – Annual review of Directors and Senior Officers' Interests

1. The Board received and **NOTED** the updated Register of Directors' and Senior Officers' Interests.

BD/13/219 – Update to Standing Orders and Standing Financial Instructions

1. The Board received and **APPROVED** an update to the Trust's Standing

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Orders and Standing Financial Instructions which reflected changes to Executive titles and areas of responsibility.

BD/13/220 – Board Administration Process

1. The Board received and **NOTED** a report on the processes in place to support the efficient and effective operation of the Trust Board.

BD/13/221 – Board Committee Minutes

1. The Board received and **NOTED** the following committee minutes:
 - Quality and Standards Committee
 - Audit and Risk Committee

BD/13/222 – Report of the Foundation Trust Steering Group

1. The Board received and **NOTED** a report on progress against the FT work programme.

BD/13/223 – NTDA Oversight Return – Month 8, November 2013

1. The Board received the NTDA Oversight return for Month 7.
2. It was confirmed that the Executive team has reviewed the declaration in detail and has recommended that the Board agrees a fully compliant declaration for October.
3. It was also confirmed that, going forward, this return will be scrutinised at the Finance & Planning Committee where further information and evidence will be examined in support of this.
4. The Board resolved to make a fully compliant return for October.

BD/13/224 – AOB

1. There was none.

The Part 1 Board Meeting closed at 12.45pm to reconvene at 1.15pm for Part 2.

Part Two Session

Public Bodies (Admission to Meetings) Act 1960. To pass 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 are asked to withdraw at this point.

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Key to Abbreviations Used	
Abbreviation	For
Chief Exec	Chief Executive
DoF	Executive Director of Finance
Int HR	Interim HR Director
Exec Med	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

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