

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

Held on **27th November** at 10.00am in the Sands Room, Coast Resource Centre

These Minutes are presented for **Approval**

Members Present

Anthony Gallagher – Chair	Iain Tulley – Chief Executive
Alison Paine – Non-Executive Director	Paul Miller – Director of Business Development and Deputy Chief Executive
Susan Thompson – Non-Executive Director	Kristin Dominy – Director of Operations
Peaches Golding – Non-Executive Director	Sue Hall – Director of Finance
Ruth Brunt – Associate Non-Executive Director	Hazel Watson – Nursing Director
	Hayley Richards – Medical Director

Associate Members in attendance

Carol Lenz – Head of HR
Emma Roberts – Director of Corporate Affairs
Rachel Clark – Programme Director Development

Staff In attendance

Ray Chalmers – Head of Communications	Louise Hussey – Assistant Company Secretary
Alan Metherall – Deputy Director of Nursing	Jo Davis – PALS Manager
Andy James – N Somerset Early Intervention Team	Kristina Gintalaite
Robin Woodburn	

Members of the Public in attendance in the gallery

Chris Ambrose	Maria Shevlane
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Members of the Public representing other organisations

Chris Phillips – North Somerset Healthwatch
Kate Archibald – South Gloucestershire CCG
Nick Danks – NSCP
Jo Blackmore – Coast Community Support

CLINICAL PRESENTATION – Risk Assessment and Management in the Emergency Department

1. The Board received a presentation from Dr Bill Bruce Jones, Consultant Psychiatrist, on **risk assessment and management in the Emergency Department (Royal United Hospital, Bath)**.
2. Bill outlined the relationship between **suicide and self-harm** and the related implications for general hospital attendance in Emergency Departments.
3. Some judgemental attitudes of non-specialist staff, and in some instances our own staff, to patients presenting with self-harm were described.
4. It is understood that 25% of UK suicides are preceded by hospital attendance following self-harm and that risk assessment of this is not predictable.
5. The Board were described a risk assessment matrix developed by himself, Antony Harrison and a London colleague for non-specialist staff as a mental health triage tool which looks at risk assessment in a more robust manner.
6. This has resulted in a **repeat attenders management plan** which describes criteria for further psychiatric admission. The plan is both sent to care co-ordinators for follow up and lodged in the Emergency Department flagged for information. It is felt to have been a very helpful system.
7. Future development projects in this area such as an Australian study on post card intervention, a self-harm register at Bristol University and the creation of an information pack were outlined.
8. A questioner from the floor asked whether the repeat attenders management plan was available in North Somerset and it was confirmed that this is freely available across the Trust although there may be some loss of standardisation across Localities.
9. It was confirmed that there is an intention to create the facility for a liaison team approach across the whole Trust and it is recognised that it will also be helpful to link into the Academic Health Science Network to facilitate wider dissemination.
10. The Board thanked Dr Bruce-Jones for his informative presentation.

BD/13/236 - Apologies

1. Apologies were received and accepted from Lee O'Bryan – Non-Executive Director, Tony McNiff – Non-Executive Director

BD/13/237 - 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/ - Questions From Members Of The Public

1. Tony Gallagher noted the written question that had been received prior to the Board on memory services across the Trust and the reduction in waiting times

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that have been achieved in Wiltshire. He outlined the response that had been sent to this question which noted that each Locality reflects the requirements of its commissioners in the provision of these services. He noted that it is hoped that the reduction in waiting times in Wiltshire can be replicated across the organisation.

BD/13/238 – Minutes Of The Previous Meeting

1. The minute at *BD/13/211* paragraph 3 should read: 'Alison Paine commented that the deep dive risk she was expecting had not been the generic NHS one that was in the paper's title, but the specific risk of the Trust failing to achieve its CIPs, and she wondered why, despite all the mitigating actions described, the probability score was still shown as 5, ie that it is certain to happen?'
2. With this amendment the minutes were agreed as an accurate record.

BD/13/238– 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/13/239 – Chair And Chief Executive's Actions

1. There were none to report.

BD/13/240 – Chair's Report

1. The Board received an update from the Chair expanding on the focus of his work during the preceding month..
2. Tony Gallagher expanded on the visits he had undertaken during the month. In his meeting with **Bristol CCG** leads he has relayed the uncertainty felt by staff, users and carers during the tender process. He has also shared with them hotspots in their area relating to acuity and demand and discussed system changes that the Trust is proposing within the tender.
3. In response to a question from the floor on the availability of information on inpatient pressures for other CCGs, Tony confirmed that it is his intention to have the same dialogue with all commissioners.
4. He noted that he had met with 'K2', a Bath Group, to discuss the Carers Charter, and it had been agreed that a carers and clinicians panel would be created to look at this.
5. Tony welcomed the opening of the newly relocated **Windswept Unit** on the Sandalwood Court site and noted that he had been impressed by this outstanding facility when attending its opening.
6. The continuing work of the Bristol Team in relation to the **Bristol Mental Health Services** re-commissioning process was noted and in particular good ongoing work with partners. Tony confirmed that the Board is informed and sighted on commissioner requirements through a weekly telephone meeting.
7. The Chair underlined the significant improvements that the Trust has made over the last 18 months following the publication of the original Sutherland Report,

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including a comprehensive examination of the way in which it is organised. He highlighted the publication of the Wiltshire Report together with related documents with this month's Board papers. It was also confirmed that, to ensure continuing transparency, the Trust will make available **Freedom of Information (FOI)** material as a Board appendix.

In response to a question from Susan Thompson, it was confirmed that this is an additional piece of assurance as this information is currently also available via a public website.

8. Continued attendance at the Board by members of the public is welcomed. It was confirmed that questions on Trust policies and processes will be answered where possible or noted and followed up outside the meeting, questions relating to individual users and carers will be noted but not debated at the meeting.
9. Confirmation of Non Executive Director (NED) responsibilities were noted as follows:
 - Tony McNiff to be NED with special interest in Emergency Planning
 - Susan Thompson to be NED with special interest in Safeguarding
9. The Board resolved to **NOTE** this report.

BD/13/241 – 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 outlined the range of activities of the Chief Executive over the preceding month.
3. The work of the **Bristol Active Life Project (BALP)** together with Bristol Boxing Gym, was commended for the recently launched box fit programme. It was noted that this successful programme has now been adapted for children by the local police service. Interest from the Bristol North West MP, Charlotte Leslie, in using this as an example for a cross party committee was also noted and welcomed.
4. The Trust's recent **Research and Development ((R & D) Conference**, attended by more than 150 clinical staff from across the Trust together with members of the public, academics and other NHS organisations, was noted for the commitment and enthusiasm demonstrated in making research part of everyday practice and in confirming AWP as a teaching, learning and research organisation.
5. Iain drew the Board's attention to the paper on this agenda on the role of the restructured **Nursing and Quality Directorate**, this is the first in a series of reports which will provide an overview of Trust Directorates.
6. The Trust's continuing focus on improving **quality** within the organisation was underlined together with actions being taken as set out in its consolidated and integrated quality and safety plan. Iain welcomed the progress made and acknowledged the continuing efforts of staff in delivering high quality, safe services. The addressing of issues in real time in the **Quality Huddle** on the first and third Wednesdays of the month is a useful forum for the identifying of

shared issues and learning from experience across the organisation. Attendance at this was commended to all.

7. Iain updated the Board on recent developments in the **Bristol Tender** process. Other shortlisted partnerships are recognised as significant competitors but the Trust believes that its Bristol focussed partnership is equipped to respond to the needs of the tender specification.

The Trust is currently mid way through the competitive dialogue process where outline proposals are being discussed with commissioners for feedback and suggestion on improvements to the bid.

Expectations from commissioners of a clear system leadership capability and a managed care system demonstrated within the bid, are understood. The Trust is working with potential partners with regard to this.

8. The challenges of **managing and maintain quality** within diminishing budgets were acknowledged. Having paused recruitment, training and other activity to ensure that resources were being spent in the areas of most clinical need, posts which fit in with Trust priorities are being filled, statutory training and other high priority needs are being run as will training development needs identified through appraisals.

It was confirmed that the financial position of the Trust is improving and that actions taken to achieve this are not compromising quality.

9. The Chief Executive drew the Board's attention to the report further on this agenda on the '**Independent Investigation into allegations of data falsification**', which sets out the investigation stages, identifies where concerns were raised and summarises actions taken in relation to the original 2012 investigation and report. This has been presented to ensure complete transparency.

Iain reiterated that any practice which results in any inappropriate change to a patient or any other record for the purpose of achieving performance targets is completely unacceptable and confirmed that the Trust currently carries out a regular monthly check of 1000 clinical records to monitor this. The Trust has also strengthened procedures to address issues of human error that were identified.

10. Changing roles within AWP senior management were outlined. Congratulation where passed to Hazel Watson who is leaving the Trust as AWP Director of Nursing to become the first **Head of Mental Health and Learning Disability for NHS England**. Julie Hankin, Clinical Director for Wiltshire, has also been seconded to the CQC to help establish the new approach to inspecting mental health trusts. Dr Iain Ellison-Wright will be interim Wiltshire Clinical Director. The new interim role for Specialised and Secure Clinical Director, Carol Bowes, to lead a major Trust project on staffing levels, was welcomed. Dr Pete Wood will be interim Clinical Director for Specialised and Secure to cover this secondment.

It was agreed that, following the publication of guidance on expectations around minimum staffing levels post the Francis Report, and Carol Bowes' new role addressing this within the Trust, a paper should come to the December Board to further explain this.

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11. The **staff survey**, which has gone to all staff this year, is due to close in early December. Currently there has been a response rate of 41%. Iain underlined that he is hoping for improvement on this in the final week of the survey.
12. **The National Quality Board Report** by Jane Cummings, Chief Nursing Officer in England, was noted and in particular that the Trust's IQ system is highlighted within the report as a case study in support of openness and transparency and the importance of regular board reporting and involvement.
13. The increasing emphasis on the physical health of people with mental health problems as identified in the **NHS Mandate 14/15** underlines the need for the Trust to give serious consideration to this, to promote and develop **Active Life** and to support and strengthen its work across AWP. Work to promote the banning of smoking in inpatient units, including 'stop smoking' training, should also be seriously considered.
14. The opportunity presented, following the publication of the Government's **Clwyd-Hart report on NHS complaints**, to review and improve upon how the Trust manages and learns from its complaints process was underlined.
15. The Trust's continued promotion of medical engagement and leadership was noted and in particular the running of the '**Medical Engagement Scale**' within the Trust from January 2014 which provides a national approach to the benchmarking of doctor engagement.
16. The improvement of the ward garden on **Imber Ward** through local partnership working was welcomed. Recognition of the work of two of the Trust's learning disabilities practitioners demonstrated by an invitation to the House of Lords to promote the use of 'easy read' information in the criminal justice service was also highlighted. The Board also congratulated Jonathan Newman, specialist practitioner at Chatsworth House, for his award as the **UWE Best Practice Award for Supporting Health Care Students in Practice**.
17. Iain welcomed the Trust's first **Leadership Conference** which had taken place during this week with the opportunity for key leaders to create common purpose within the Trust, with quality as the organising principal. Feedback from this event will be published and shared with the Board.
18. Iain reported that the Trust has been highly commended in the recent **HSJ Awards for Board Leadership**. He acknowledged this as a tribute to the direction that the Trust is taking.
19. The **CQC** has recently made two unannounced visits to the Trust. The concerns identified from the visit to an Inpatient Unit in Bath were expected and work is already ongoing through an action plan to address these. The unannounced visit to HMP Prisons, Eastwood Park, has resulted in an outstanding recommendation.
20. The Board resolved to **NOTE** this report.

ACTIONS:

- **Paper on minimum staffing levels to come to December Board – HW**
- **Feedback from leadership conference to be published and shared with**

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BD/13/242 - 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 7 externally reportable incidents in October 2013. 6 of these were at Grade 1 and one Grade 0.
3. The Grade 0 incident is being investigated via safeguarding procedures and RCA investigations have been commissioned in each of the Grade 1 cases. Lessons learned from these will be uploaded to STEIS and disseminated internally.
4. A Quality Improvement visit to the Bristol Intensive Team addressed specific issues of support around incidents as there are noted to have been a number of incidents associated with this Team.
5. The renewed approach to **Route Cause Analysis Training** as described within the report has been broadly welcomed and well received.
6. Peaches Golding questioned the phrase 'known' to a team as a descriptor of some of the patients within this report and queried whether, if this means 'under our care', this would be better.
7. The Board resolved to **NOTE** this report.

BD/13/243 – Clinical Executive – Nursing and Quality Directorate

1. The Board received a report on the work of the Nursing and Quality Directorate.
2. This described and expanded upon the three strands of work within the Directorate – the **Senior Nursing Team, Quality Academy and Patient Safety Systems** and the work of the Directorate against the 7 Strategic Priorities.
3. Ruth Brunt asked about the interface between the nursing development agenda and that of **Allied Health Professionals** and whether there is successful mapping across the development of the two roles. Hazel Watson acknowledged that there is more work to do but that it is recognised that both work streams must be aligned around strategic priorities.
4. Susan Thompson asked how **Heads of Profession and Practice (HoPP)** fit into the structure as described. Hazel described that whilst these are locally managed they also have trustwide roles with are aligned with the work of the Quality Academy. Susan suggested that it would be helpful that the linkage between HoPPs and the quality agenda was more fully described.
5. Tony Gallagher suggested that to demonstrate the relative achievement of the Strategic Priority – *Use our Resources wisely* it would be helpful to find a Trust against which to benchmark this. Sue Hall noted that the Trust is already working with 5 other Trusts as part of a benchmarking exercise.
6. The Board resolved to **NOTE** this report.

BD/13244 - /Board Assurance Framework and Trustwide Risk Register

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1. The Board received the **Board Assurance Framework (BAF)** and **Trustwide Risk Register** for review and challenge.
2. The following appendices were provided with this report:
 - Board Assurance Framework v1.4
 - Trustwide Risk Register, November 2013 – risks divided by area
 - Trustwide Risk Register, November 2013 – risks sorted from high to low scoring
3. All Executive Risk Registers were reviewed by the Senior Management Team at its meeting on 20th November 2013. No risks were identified for escalation this month.
4. The Audit and Risk Committee have agreed that they will routinely undertake a ‘deep dive’ review of both the BAF and Trustwide Risk Register and that this will happen at its December meeting.
5. The Board resolved to **NOTE** this report.

BD/13/245 – Detailed Risk Review

1. The Board received a detailed review of **IBP 13 – Failure to develop a positive organisational culture**.
2. This detailed review describes the Trust’s renewed approach to building a positive organisational culture.
3. A multifaceted approach including improvements to the quality and frequency of supervision and appraisal, closer involvement of local leadership teams and the development of the Organisational Development Programme, Enabling Excellence, in the development of a shared purpose across the Trust was elaborated on.
4. It was underlined that, in terms of the staff survey, it is expected that the impact of current initiatives are not likely to take effect until 2014 but that progress will be internally monitored on a regular basis.
5. Tony Gallagher acknowledged that there has been a great deal of recent change in the Trust but noted that Board will be looking for signs at team and ward level that changes to the Trust culture are being positively received by staff.
6. Alison Paine noted that a response rate of 41% does indicate an improved engagement across the Trust.
7. Peaches Golding asked about the disaggregating of results from the staff survey. It was confirmed that this is possible and that this will be considered together with a number of other indicators including information out of IQ in order to focus efforts in this area. It was asked how the Trust will improve staff survey participation in future and agreed that this will be a challenge at Locality level.
8. It was questioned whether, in aiming to be the best Mental Health Employer in the country over the next 5 years, the Trust is looking at the work of those who already achieve this. It was confirmed that the Trust is already looking at the

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criteria against which it will be judged and that, as a result of this, the first Health and Wellbeing Manager for the organisation was appointed in the last week.

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

BD/13/246 – ESEC Committee – 14th November 2013

1. Alison Paine reported on the recent business of this committee.
2. The committee met at Blackberry Hospital, Bristol and matters discussed included key ESEC data including appraisals, supervision, sickness absence and bank and agency usage, staff engagement, learning and development, workforce strategy and planning and related policies.
3. Key risks identified were lack of reliable timely IQ data and the increasing use of **agency staff**. Both of these issues have been escalated to the Chair of the Finance and Planning Committee.
4. A third risk around the continued high level of **sickness absence** in the Trust has been escalated to the Chair of the Quality and Standards Committee.
5. Concerns were expressed at the lack of executive commentary on performance data submitted to the committee and it was requested that this be rectified for the next meeting.

Quality and Standards Committee – 19th November 2013

1. Susan Thompson reported on the recent business of this committee.
2. The committee received a presentation from the Swindon Locality including looking at **IQ data** and the interrogating of this.
3. The committee was assured that the Locality understands the hotspots within its area including pressures on Inpatient staffing and issues around staffing and long term sickness.
4. A further part of the presentation focussed on the work of **service user involvement workers** and identified that user groups are now more engaged with hard to access groups.
5. The final element of the presentation described a project around **wellbeing co-ordinators** and was from a partner organisation. Active Life is seen as a positive initiative but it is regretted that this cannot be accessed when a service user leaves Trust services. The Swindon Locality are working to ease this transition in partnership with the voluntary and third sector.
6. The committee considered a report on the **data quality strategy**.
7. The Clinical Intelligence report was deferred for further consideration with Clinical and Managing Directors.
8. Issues around Medicines Management were sent back to the Operations Director and Clinical Directors for consideration.
9. It was acknowledged that the Trust receives a significant level of detailed assurance through this committee and that it is important that each Clinical

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Director produces a specific detailed report within the year when this meeting will be focussed on the particular Locality/Service. It was agreed that report templates should be organised to facilitate reports to this end. It was also agreed that committees should retain the right to call outliers to account over and above this arrangement.

10. Susan Thompson reiterated that, in order to get more from this committee, it is important that the committee understands the quality improvements that Localities are seeking to achieve in a measurable fashion.
11. It was confirmed that the performance reporting template will facilitate this and there will also be timelines associated with targets.

Finance and Planning Committee – 20th November 2013

1. Tony Gallagher presented the business of this committee on behalf of Lee O'Brien.
2. The focus of the meeting was the achievement of the **year end targets** and the committee received good assurance that this would happen.
3. The committee considered the revalidated Trust **Cost Improvement Plans** (CIPs) and stop spending actions. The committee also fully discussed the quality impact of CIPs and were assured that appropriate quality impact assessments are being undertaken.
4. The committee reviewed the new Monitor risk rating.
5. Costs associated with temporary staff costs and non pay were considered.
6. Unfunded commissioner requirements/changes in specifications and the effect on the Trust were discussed.
7. The committee discussed and agreed a number of capital schemes.
8. The committee also considered tendering and commercial bids and debated the Trust strategy for specialised services.
9. The Board resolved to **NOTE** these reports.

BD/13/247 - Quality and Performance Report

1. The Board received a report on the Trust's Month 7 performance against each **quality domain** and the Month 7 **Monitor Compliance risk scores**.
2. The overall response rate for the **Friends and Family** test is now at 6%. This is split between Inpatient and Community. The Inpatient return is now Green. A number of actions are being taken across localities to improve response rates with the sharing of good practice. The score average is +46.
3. The improving trajectory of the four outcomes scoring lower than average for **CQC Compliance** were outlined and the actions being taken to address these identified.
4. All ten elements of the **Record Management** domain achieved 75% at the September audit. The three areas noted as outliers were identified. These are

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improving and continuing actions were identified.

5. It was confirmed that the **Monitor Compliance Dashboard** is Green.
6. 14 of the 16 **nationally and locally defined key quality indicators** were noted as on or above target. It is recognised that there is work to be done to address continuing issues related to **care clusters: timeliness of review**. These actions were outlined at 5.2.
7. Performance against the **supervision and appraisal** indicator continues to improve, with October showing at amber for the first time. The new supervision entry system, which is in the final stages of testing, is expected to improve this further.

System issues associated with the recording of appraisal data into the IQ system were noted as an issue that is due to be addressed.

Tony Gallagher noted that some teams are still working between two systems which can make data difficult to interpret. It was confirmed that the Trust is working on aligning systems to feed into each other.

8. **Sickness/absence** levels are on a downward trajectory. There has been a renewed emphasis on long term sickness within localities with a view to refreshing and monitoring actions to address this.
9. Tony Gallagher noted that having attended a number of Board Committees recently it is evident that the Trust's IQ system is being used widely across the organisation.
10. Iain Tulley underlined that all 7 domains against which the Trust is measuring itself are about quality and that therefore there should be no reduction in effort. He cautioned against any sense that the achievement of a 'Green' score is necessarily indicative of compliance. He encouraged that all teams are frank about their actual position.

It was noted that this is recognised within the Data Quality Strategy which outlines self-assessment, peer review and random audit as contributory to understanding the true picture.

Ruth Brunt noted an example of this process in action at the last Quality and Standards Committee where performance against a measure had declined and explanation of this provided assurance to the committee that the most accurate position was being reported.

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

BD/13/248 – Finance report – Month 7

1. The Board received a report which highlighted the financial position of the Trust at **Month 7**. 1
2. The Board noted the financial position at the end of October 2013 as a surplus variance of £65k reducing the year to date adverse variance to £362k in Month 7.
3. The Trust continues to forecast a year end surplus in line with the Trust budget

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of £600k.

4. The Trust has achieved a new Monitor risk rating of '4'.
5. The in-month pre-mitigated forecast has been reduced by £1.9m. There are plans in place to reduce this further.
6. The Board noted the additional income from patient transport that the Trust will be billing commissioners for.
7. The Trust is tracking a number of non-financial indicators such as **agency spend** which has reduced significantly.

Susan Thompson questioned that the Quality and Standards Committee has yet to see the **quality impact assessments** (QIA) for agency reduction in the inpatient setting as there is concern about the possible pressures created in relation to the acuity of patients.

Hayley Richards underlined that the clinical executive are assured that all QIA are taking place and that this is to be considered on the December agenda of the Quality and Standards committee. It was agreed that evidence of this assurance is required.

Kristin Dominy confirmed that there will be a whole process review of agency spend with an intention of maintaining an appropriate level of bank staff with an understanding that agency staff may be used when necessary. She noted that there is a good fill rate of bank staff in inpatient services and an understanding of where there are particular pressures.

It was reiterated that a reduction in agency will result in quality improvement.

8. The Board noted the current position on the 2013/14 capital programme.
9. It was agreed that further information would be made available to demonstrate the significant improvements gained by the North Somerset space utilisation expenditure.
10. The Board resolved to **APPROVE** the following capital decisions:
 - The revised changes to the authorised capital schemes for 2013/14
 - The revised changes to the not yet authorised capital schemes for 2014/15.
 - North Somerset space utilisation (£237k 2013/14)
 - Feasibility of space utilisation (£50k 2013/14)
 - Beechlydene furniture (£24k 2013/14)
 - Feasibility for the Data Centre Re-provision (£20k, 2013/14)
11. The Board resolved to **NOTE** this report.

ACTIONS:

- **Further information to be made available to demonstrate the improvement gained by the North Somerset space utilisation expenditure - SH**

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BD/13/249 – Independent Investigation into allegations of data falsification

1. The Board received a report on matters related to a review commissioned by the SHA and Safeguarding Board in 2012 which looked into an allegation of falsification of some clinical records. This arose out of a whistleblowing concern raised by social work colleagues working as part of a clinical team.
2. The review had found that there had been a small number of instances where appointments had been made and cancelled and then re-made to hit performance targets. It was confirmed that the investigations at the time showed that the actions taken were not designed to negatively impact on clinical care.
3. It is reiterated that the Board is clear that the culture and behaviours that were found to have existed 18 months ago were totally unacceptable.
4. An **independent review** has since verified that that the cultural concerns identified at the time have significantly improved.
5. Actions in response to the data quality issues have all been implemented in good time and overseen by the Board and its committees.
6. Hazel Watson noted that a concern that had arisen about the focus of social care responsibilities has led to the appointment of a **Head of Social Care** and the roll out of a social work strategy across the Trust.
7. Improvements to the quality and completion of **records management audits**, together with the development of the Trust's IQ system, and the data quality validation of approximately 1000 clinical records a month, provide some assurance that this issue will not arise again.
8. The Board resolved to **APPROVE** this report.

BD/13/250 – NHS England Annual Emergency Preparedness, Resilience and Response (EPRR) Audit

1. The Board received this paper for assurance purposes noting that all assurance audit paperwork has been completed and submitted to NHS England Area Teams and the Trust's primary commissioner. The complete set will be reviewed at the AWP Audit and Risk Committee on 19th December.
2. It was confirmed that Antony McNiff will be the Non Executive Lead for Emergency Preparedness, Resilience and Response.
3. The Board resolved to **NOTE** this report.

BD/13/251 – Report of Board Committee Minutes

1. The Board received and **NOTED** the following Board Committee minutes:
 - ESEC Committee – September 2013
 - Quality and Standards Committee – October 2013

BD/13/252 – Foundation Trust Steering Group

1. The Board received a report that outlined the progress made in reviewing the

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Foundation Trust (FT) work programme and structures to deliver a sustainable, licensed NHS Foundation Trust.

2. It was confirmed that the Trust continues to be on track against membership targets and the process for the election of a Shadow Council of Governors.
3. In response to a question about advertising for the election of governors it was noted that the new membership manager is finalising a campaign for the improved advertising of events.
4. The Board resolve to **NOTE** this report.

BD/13/253 – NTDA Oversight Return – Month 8

1. The Board received the NTDA Oversight return for Month 8.
2. It was confirmed that both the Executive Team and Finance and Planning Committee have reviewed the declaration in detail and have recommended that the Board agrees a fully compliant declaration for November.
3. Board resolved to make a fully compliant return for November.

BD/13/254 – 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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