

'You matter, we care'

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| Trust Board Meeting (Part 1) | Date: 18.12.2013 |
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| Title: | Annual Governance Report |
| Item: | BD/13/279 |

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| Executive Director lead and presenter | Emma Roberts – Director of Corporate Affairs and Company Secretary |
| Report author(s) | Emma Roberts |

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| History: | <i>Executive Team Meeting 10.12.2013</i> |
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| This report is for: | |
| Decision | |
| Discussion | |
| To Note | x |

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| Executive Summary of key issues |
| <p>This report provides a routine governance update for the Board. The purpose of this report is to aid the Board's oversight of key governance processes and to ensure appropriate transparency. This update focuses on Whistleblowing, Freedom of Information and Equality and Diversity.</p> |
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| This report addresses these Strategic Priorities: | |
| We will deliver the best care | x |
| We will support and develop our staff | x |
| We will continually improve what we do | x |
| We will use our resources wisely | x |
| We will be future focussed | x |

1. Background

1.1. The Board has implemented a robust integrated governance assurance framework and keeps this under regular review. As part of the governance framework, the board assures itself that the Trust has in place key corporate systems and processes to manage a range of regulatory and legal compliance requirements.

2. Whistleblowing

- 2.1. The Trust has a very visible and robust approach to managing its compliance with the Public Concern at Work regulations (Whistleblowing provisions). Via the Trust's intranet site, staff are advised about how to use the whistleblowing provisions, and encouraged to access support and advice.
- 2.2. Staff are advised that should they have concerns about what is happening at work, they have a range of routes to pursue, including talking to their manager in the first instance. Usually these concerns are easily resolved. However, when they have concerns about possible unlawful conduct, financial or professional malpractice or dangers to the public or the environment, the Trust recognises that it can be difficult to know what to do.
- 2.3. Therefore, AWP has introduced a Whistleblowing procedure to enable them to raise their concerns about such malpractice at an early stage and in the right way. Staff are advised that the Trust would rather they raised the matter when it is just a concern than wait for proof.
- 2.4. The Trust has appointed Lee O'Bryan, as Senior Independent Director and Whistleblowing lead.
- 2.5. As Non Executive lead for Whistleblowing, Lee O'Bryan has responsibility for commissioning investigations into whistleblowing concerns raised in accordance with the Trust's Whistleblowing policy.
- 2.6. To date in 2013/14 there have been 7 whistleblowing concerns made and all have been investigated in accordance with the policy. One whistleblowing concern made at the end of November 2013 required very significant investigatory work alongside other parts of the NHS. This investigation raised issues which will be considered by the Employee Strategy and Engagement Committee. All other concerns have required varying levels of investigation to ensure an appropriate response on the part of the whistleblower.
- 2.7. To ensure the confidentiality of the whistleblower is protected, the detail of concerns made is not shared. However, any themes arising are identified and as appropriate, reflected in the workplan of an appropriate Board Committee as was the case in the concern reflected above.

3. Freedom of Information

- 3.1. The Trust receives a variety of requests from different requestors and the following gives a snap shot of the requests received.
- 3.2. The Trust received 29 requests from applicants in November 2013, for a total 340 pieces of information. This is a 123% increase in the number of applicants and 170% increase in the number of pieces of information requested compared to November 2012.
- 3.3. Requests have been received from private individuals, charities, companies, students, a freelance journalist and another NHS organisation.

3.4. A wide variety of information is requested from the Trust that includes:

- Locum Expenditure
- Wiltshire Report information
- Complaint information
- Organisational charts
- IT System information
- Artwork costs
- Staffing expenditure
- Oral supplement expenditure

3.5. The Trust has responded to requests with either full disclosure, partial disclosure and exemptions section 21 information - is reasonably accessible, 22 - information is intended for future publication, and section 40 the release of information would contravene the Data Protection Act 1998, or the information does not exist.

3.6. The Trust has not responded to all requests with the statutory 20 working days, with 4 being responded to on day 21.

3.7. The intention in the future is that the full response to a request will be published on the Trust's external website, rather than a short summary of the request which is currently published.

4. Equality and Diversity statutory compliance

4.1 AWP has made a clear commitment to equality and diversity, we value diversity in our workforce and are committed to ensuring our services are culturally sensitive to the communities we serve. We seek to go beyond our statutory responsibilities and compliance with standards (specified by CNST latterly, CQC, the Public Sector Equality Duty and Equality Delivery System) and have established diversity as a core value and central to our forward-strategy.

4.2. The Trust employs a full time Equalities and Diversity Advisor who, supported by a network of Equality and Diversity representatives across the service, ensures we meet our statutory duties and proactively seeks to engage groups that are historically been underserved. Reporting lines to appropriate Board Committees (ESEC and Q&S) for scrutiny purposes are clear. The leadership oversight through management and internal governance arrangements are currently under review.

4.3. The development of new and existing policies and planned service changes require completion of an Equality Impact Assessment (EIA). The EIA evidences the impact any change in function will have equalities groups or individuals. Should a negative impact be identified action is required: changed plans and/or specific measures to protect the groups from the negative impacts of the change. Local/ Service Delivery Units are responsible for conducting EIAs in relation to service changes and respective policy owners must provide an appropriate EIA to be considered by the relevant Board Committee before approving a given policy or service change. Though our requirements for EIA to be completed are clear, the lack of central coordination makes it difficult to evidence that this practice is embedded. This will be addressed with a thorough review of our governance arrangements with respect to Equality and Diversity.

4.4. AWP provides standalone Diversity training as part of our Learning and Development prospectus. In addition, diversity has been woven through AWP

delivered training to build an embedded approach to diversity and the cultural competence of our staff.

Current Diversity Initiatives

- 4.5 AWP has been leading an initiative to organise the best in equality and diversity expertise and practice from across mental health providers in Bristol. This has taken two forms.
- 4.6 Mental Health Bristol partners contribute their knowledge of best practice, key resources and critical considerations against each of the equalities strands as described under Equalities Act 2010. In addition to the defined groups we added Class/Poverty/Socioeconomic background, Prison Population, Domestic Violence and Abuse, and Child Abuse.
- 4.7 Mental Health Bristol partners contribute their equalities perspectives on the Modernising Mental Health specifications and the service plans developed in response.
- 4.8 The output of this work is a working document that represents a central source of equalities expertise firmly rooted in local practice that will inform the vision and performance management of the System Leader role in Bristol. This document will be made available to the commissioners, organisational leads and equalities leads both inside and outside the NHS, whether or not Mental Health Bristol is successful in this tender.

'Spectrum of Provision'

- 4.9 The Bristol Locality has mapped the full range of partner organisations engaged in supporting mental health across the city. The spectrum of provision ranges from those organisations supporting community resilience through to organisations commissioned to provide acute mental health services. This represents a health systems approach to equality and diversity in recognition that no single organisation can deliver effective services to Bristol in all its diversity. Whilst individual providers must drive the highest standards with respect to promoting and valuing diversity within their services, a mature approach to equalities outcomes will recognise that for the individual, outcomes are the result of the inter play between many services, both within and outside the NHS. This means AWP must work with and support our fellow providers.
- 4.10 The 'Spectrum of Provision' mapping exercise was utilised at a recent AWP Leadership Conference. Each of our Service Delivery Units undertook an initial mapping exercise to identify partners from all sectors engaged in supporting mental health and wellbeing. The strength of the relationship between AWP and partners along the spectrum was rated. Analysis will generate insight into the mental health 'ecosystem' in each geographical area and inform engagement plans to optimise the effectiveness of our services through partnership working.

Next Steps

- 4.11 The role of the Equalities and Diversity Advisor is currently under review to create a more sustainable position with respect to providing support and advice for managers and ensuring organisational compliance with best practice standards. The review will ensure that Equalities and Diversity activity and co-ordination is aligned with a holistic engagement programme and with our core strategic priorities.

In essence, Equalities and Diversity will be actively and visibly woven through our core activities rather than located as an additional requirement.

- 4.12 Learning and best practice from the Bristol Locality will inform Trust wide Equality and Diversity approaches.
- 4.13 The Programme Management Office (PMO) will play an active role in ensuring equality impact assessments are completed in relation to any cost improvement projects and other projects managed via the PMO. The oversight for the process will be managed via the Governance Team within Corporate Affairs. An Impact Assessment screening tool has been developed in conjunction with the Clinical Executive. The Impact Assessment screening tool will provide for a top level review of all quality, equality and privacy implications and will identify where a more thorough impact assessment is required. This new addition will be implemented by the Programme Management Office with immediate effect. Impact assessments will be reviewed by the Senior Management Team and Executive Team from an operational and compliance perspective. Scrutiny by Employee Strategy and Engagement (ESEC) and Quality and Standards (Q&S) Board Committees provide assurance to Board about the adequacy of the systems in place. Where appropriate impact assessments will be published on the Trust website.
- 4.14 The Trust Board has committed to raise its ambition with respect to equality and diversity. A Board Seminar will be conducted in January to review our approach and to determine our ambitions. Sponsored by Chief Executive, Iain Tulley, and non-executive Director, Peaches Golding, this programme of work will be aligned with Trust Strategic Priorities and progressed alongside our Organisational Development Programme, Enabling Excellence.
- 4.15 The Board has agreed to give Equality and Diversity renewed focus; to go beyond the statutory legal requirements in accordance with our purpose and strategic priorities to provide the best care, to support and develop our staff and to continually improve what we do. Diversity is a core AWP value and central to our forward strategy.

5. Recommendations

- 5.1. The Board is asked to receive the report for information.

Appendix 1 – Freedom of Information requests November 2013 details

| FOI No | Request summary | Requestor | No of days to respond | Response details |
|--------|---|----------------------|-----------------------|--|
| 1035 | Locum expenditure | Company | 0 | Closed - no clarification received |
| 1036 | Wiltshire report - further information | Private individual | 21 | Partial disclosure and exemption 22 future publication and 41 information provided in confidence |
| 1037 | Wiltshire report | Private individual | 20 | Section 22 exemption future publication |
| 1038 | Trust Headquarter complaints information | Private individual | 21 | Information does not exist |
| 1039 | North Wiltshire Community Team complaints information | Private individual | 21 | Partial disclosure and section 21 exemption reasonably accessible by other means |
| 1040 | Wiltshire report further information | Private individual | 6 | Partial disclosure and information does not exist |
| 1041 | Wiltshire report - further information | Private individual | 21 | Information does not exist and exemption 21 accessible by other means |
| 1042 | Informatics department organisational chart | Company | 7 | Full disclosure |
| 1043 | Which electronic patient record system used | NHS | 0 | Not dealt with as a Freedom of Information request |
| 1044 | Wide Area Data/CoIN | Private individual | 6 | Information does not exist |
| 1045 | Out of area/private placements | Private individual | N/A | Being processed |
| 1046 | Contacts with CQC | Private individual | N/A | Being processed |
| 1047 | Cost of artwork and number of arts managers and co-ordinators | Private individual | 0 | Repeated request |
| 1048 | CAMHS information | Freelance journalist | 1 | Information does not exist |
| 1049 | IT department information | Student | 7 | Full disclosure |
| 1050 | Spend on oral supplements | Charity | N/A | Being processed |
| 1051 | Duplicate request of 1050 | Charity | 0 | Repeated request |