

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

Held on **18<sup>th</sup> December 2013** at 10.00am in the Conference Room, Jenner House

These Minutes are presented for **Approval**

### Members Present

Anthony Gallagher – Chair	Paul Miller – Executive Director of Business Development and Deputy Chief Executive
Alison Paine – Non-Executive Director	Kristin Dominy – Executive Director of Operations
Susan Thompson – Non-Executive Director	Sue Hall – Executive Director of Finance
Lee O'Bryan – Non-Executive Director	Hazel Watson – Director of Nursing
	Hayley Richards – Medical Director

### Associate Members in attendance

Rachel Clark – Programme Director Development  
Emma Roberts – Director of Corporate Affairs

### Staff In attendance

Ray Chalmers – Head of Communications	Alan Metherall – Deputy Director of Nursing
Jo Davis – PALS Manager	Louise Hussey – Assistant Company Secretary

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

Jill Tompkins	Mr M Ody
Mr S King	

## CARERS PRESENTATION

1. Mary Marchant, a carer for an AWP service user, gave a presentation to the Board on her experience. Mary is a member of **KS2** (Keep Safe, Keep Sane) Bath which is leading on the development of the Trust's **Carers Charter**.
2. Mary described the experience that she and her husband have had in accessing and working with Trust **crisis services** whilst dealing with the mental health of a close relative.
3. Difficulties in accessing emergency crisis intervention on a number of occasions and issues relating to poor communication and confidentiality were highlighted.
4. Mary described being 'listened to, but not heard' when she and her husband are the only people to have seen the presentations of their relative's illness. She underlined her belief that this can only hamper treatment.
5. Difficulty in accessing crisis services and her feeling that this service is under resourced, particularly at night, could, she believes, result in an increased length of stay in hospital. Mary also questioned why, according to MIND, the mental health funding in Avon and Wiltshire is significantly less than the rest of the country and also asked whether this might have an impact on suicide rates.
6. Mary raised a number of suggestions to improve outcomes:
  - A readily accessible plan of action for getting emergency help
  - A clear pathway
  - One number on which to call a service, triaged by clinicians
  - The Crisis Team should always make a visit when requested by a carer
  - Clinicians to be available for face to face interviews when triaging service users
  - Carers should be central to all plans and their views should be valued and recorded
  - All serious suicide attempts should be recorded
7. Tony Gallagher thanked Mary for attending and making this presentation and also for raising a number of challenges for the Trust. He noted that, in terms of the resourcing of mental health services, this is in the hands of commissioners and that the Trust does the best that it can with the resources at its disposal.
8. In acknowledging that she had highlighted some poor experiences in dealing with the Trust he reflected that there are now many examples of good practice seen by the Board and Board committees.
9. He noted that the work in creating the Carers Charter being specific and measurable, should address a number of the issues raised. Tony undertook to bring the work on this to a conclusion and noted that it is the intention that this would be a balanced charter which would hold the Trust to account.
10. Hazel Watson acknowledged that crisis services are not over resourced and that this is a conversation to be had with commissioning colleagues. She noted that there is work in hand around the 'triangle of care' which should address concerns about the voice of carers being heard.

11. As Chair of the Quality and Standards Committee, Susan Thompson observed that in the last week the committee had had a presentation from the B&NES locality including representatives from KS2 which demonstrated that the locality is working well with carers on the future development of the service.
12. Tony undertook that the Trust would provide specific responses to the questions and suggestions raised in this presentation and also that, together with the Chief Executive, he would raise the issue of resourcing with commissioners at their regular meeting.
13. Tony invited Mary and KS2 colleagues to the next Board meeting to hear feedback from the points raised today.

**ACTIONS:**

- **The Trust to provide specific responses to questions and suggestions raised in the presentation and also raise the issue of resourcing with commissioners.**

**BD/13/ 264- Apologies**

1. Apologies were received and accepted from Iain Tulley (Chief Executive), Tony McNiff (Non Executive Director), Peaches Golding (Non Executive Director), Ruth Brunt (Non Executive Director).

**BD/13/264 - 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/ 265- Questions From Members Of The Public**

1. Tony Gallagher noted that the Board welcomed questions from members of the public on the performance of the Trust and that questions relating to individual users and carers would be noted but not debated at the meeting.
2. The Board has received two written questions in advance on concerns relating to the supplying of clinical records and an individual being held against their will. Both these concerns will be responded to within 10 days of this meeting.
3. A questioner from the floor raised a question about their perceived lack of treatment and support from the Trust.
4. The Chair noted that there has been a great deal of correspondence between this person and Trust over a long period of time.
5. A further question was raised about recent publicity concerning health records and allegations about data falsification.
6. In response it was confirmed that a full report on the independent investigation into allegations of data falsification was published in the public section of the November Board meeting which is available on the Trust website.
7. A further question from the floor addressed information provided by social work

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colleagues and how the Trust would check if this information is correct.

8. Lee O'Bryan intervened at this point to suggest that the Board had given sufficient time to questions from members of the public as the duty of the Board at its regular meetings is to pursue its business in the interest of the whole population of the Trust.
9. Following further interruption from the floor and in accordance with *paragraph 4.18.4.1 of the Trust's Standing Orders and Standing Financial Instructions*, the Board meeting was formally adjourned for 10 minutes.
10. On resumption of the Board meeting Tony Gallagher reiterated that the Trust welcomed the continued attendance of members of the public at its Board meetings together with questions from the floor and the challenge that these represent. He underlined that he is not in a position to answer specific clinical questions but that the Trust will always respond in writing, to questions of this nature, within the appropriate timeframe.
11. He reiterated that the Trust has given a great deal of support in time and effort to one of the questioners at today's meeting. He underlined that there had been a number of meetings where this individual's concerns had overtaken the conduct of board business. The Company Secretary will be asked to review Trust policies and procedures to ensure that the Trust's business is conducted without interruption and disruption. This will be considered by the Board at a future meeting. However the Trust will continue to pursue all avenues to resolve issues with any individual which may have an adverse impact on their recovery.

#### ACTIONS:

- **A response to the two written questions to be provided within 10 days of the meeting.**
- **A response to a questions concerning information provided by social work colleagues will be provided outside the meeting.**
- **The Company Secretary to review the arrangements for public attendance at meetings 'to ensure that that Trust's business shall be conducted without interruption and disruption'. (*Trust Standing Orders and Standing Financial Instructions – paragraph 4.18.4*)**

#### BD/13/266 – Minutes Of The Previous Meeting

1. Paragraph 5 on the discussion of the *Clinical Presentation* should refer to Anthony Harrison.
2. Paragraph 7 should refer to a '..... self harm register **with** Bristol University ...'
3. *BD/13/242* – paragraph 5 should refer to **Root** Cause Analysis Training.
4. *BD/13/243* – paragraph should refer to '.....**5** Strategic Priorities.
5. *Lee O'Bryan* to be spelled correctly.
6. *BD/13/249* – paragraph 3 should refer to '.....culture and behaviours that were found to have existed 18 months ago...'

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7. With these amendments the minutes were agreed as an accurate record.

**BD/13/267– 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/13/28 – Chair And Chief Executive’s Actions**

1. There were none to report.

**BD/13/ 269– 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 recently attended the Trust’s **Long Service Award Ceremony** and noted that he was heartened to see members of staff who had been developed through the organisation at what was an uplifting day well received by all.
3. The Chair welcomed and was encouraged by the attendance of representatives from a local hospital at a recent **consultant interview**.
4. His attendance at a recent **Foundation Trust Network (FTN) Conference** where the **Inspector of Hospitals** was a speaker was noted. Tony expanded on the detail of the forthcoming hospital inspections which are due to be completed by the end of 2015. His expectations of when the Trust will be visited were outlined.
5. Tony underlined that there is a level of concern amongst employees about tendering activities, especially in Bristol, as identified at recent Trust inductions he has attended. He emphasised that the Trust should acknowledge the dislocation associated with this for all concerned, especially service users.
6. The recent **Mock Board to Board** with the TDA had produced a number of outstanding actions for the Board which will be discussed at its forthcoming Board Seminar.
7. Tony welcomed confirmation that Ruth Brunt has been appointed as a Non Executive Director.
8. The Board was updated on the **Bristol re-commissioning process** and concerns around the dislocation associated with this and costs connected with the process. Tony commended the Bristol team for their ongoing work on the bid whilst delivering quality services at a time when there is a great deal of pressure in terms of the numbers and acuity of service users entering the system.
9. The Board resolved to **NOTE** this report.

**BD/13/270 – Chief Executive’s Report**

1. In the absence of Iain Tulley, Paul Miller presented the Chief Executive’s regular report on matters of national and local interest, raising key points in a summary for the Board.
2. It was underlined that the Trust must come to a view on the implementation of

recommendations following the **Francis enquiry**, particularly around **staffing**. A report on the work of the project to address this within the Trust is included on this month's agenda. It is intended that the February meeting of the Board will consider an establishment review which will provide assurance that the Trust staffing levels are appropriate.

3. The importance of the policy of '**Being Open**' for the Trust and the commitment of the Board to openness and transparency with regard to all **serious incidents** was reiterated. Steps being taken to enhance this through the development of the web incident reporting system, which will facilitate the recording of service user and carer engagement and communication following these incidents, were noted.
4. The Trust's commitment to investigate allegations made under **Whistleblowing** regulations was underlined.
5. The challenges facing the organisation in achieving its year-end **financial position**, whilst maintaining quality, were noted and are further outlined in the Finance report on this agenda.
6. The significance of the Trust's first **Leadership Conference** on 25<sup>th</sup> November was acknowledged. 100 middle to senior managers attended with the aim of reflecting on the recent significant changes within the organisation, fostering a positive culture of care and encouraging all to understand the big picture both within and without the Trust.
7. Inspection changes within the **Care Quality Commission (CQC)** were highlighted with a greater emphasis on inspecting the care that people with mental health problems receive in the community. The Trust is due to have a significant inspection during the spring or summer of 2014.
8. A positive initiative in Swindon to more effectively engage with the town's BME communities was commended.
9. Ongoing work on raising the profile of **FT staff governors** internally was noted.
10. Hazel Watson was thanked for her work as Director of Nursing over the last four years prior to her move to NHS England at the end of this month. Appreciation was also expressed to Carol Lenz in her role as Interim HR Director during 2013.
11. The Board resolved to **NOTE** this report.

#### BD/13271 – Clinical Intelligence Report

1. The Board received a report on the ongoing work to utilise available information and develop an interactive Clinical Intelligence application for **team outcome reports** to be available in real time.
2. It is proposed that these reports will be available for all teams to view their performance and will include national and trustwide benchmarks including:
  - Activity – Length of stay in days over last two years (to show trend)
  - MHA – number of Section 2 and 3 and AWOL
  - Re-admissions – the readmission rate

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- Outcomes –HoNOS score change between admission and discharge
  - Contacts – by profession group
  - Progress Notes – by professional group
  - Clusters – distribution
3. It is expected that comparison of team and service performance against reference costs will enhance understanding of where improvements can be made.
  4. The Chair underlined that the Board is looking for assurance that where issues are identified, the Trust is taking appropriate action.
  5. Rachel Clark noted that it is important that the Trust understands how to interrogate this new information. It was agreed that scrutiny of this application will take place at the Quality and Standards Committee and through the Quality Academy.
  6. Susan Thompson welcomed the development of this important tool for better understanding of **qualitative data** relating to the patient experience. She further welcomed that it will be possible to benchmark across the Trust at team level and that the Quality and Standards Committee will be in a position to identify quality improvement.
  7. The connection between staff sickness levels and Friends and Family feedback on Juniper and Sycamore wards, where it has been identified that workload intensity is at its highest, was noted and assurance was requested that staffing levels are adequate on these wards. It was confirmed that the Quality and Standards Committee is satisfied that appropriate steps are being taken in terms of clinical response to the level of acuity on these wards.
  8. Hayley Richards reiterated that the ready availability of this information ensures that these issues are more quickly addressed and necessary changes made.
  9. Tony Gallagher cautioned against the use of reference costs at team level until this is better understood across the Trust in terms of definition and relationship with length of stay.
  10. It was requested that the Executive Team establish consistent benchmarking partners for the Trust to work with over a significant period of time.
  11. The Board resolved to **NOTE** this report.

**BD/13/272 – Medical Directorate Update**

1. The Board received a report on the work of the Medical Directorate.
2. A major focus of the leadership team around **revalidation of doctors**, in line with national expectations, was noted together with the revising and refining of all systems of quality assurance associated with the performance of medical teams.
3. It was suggested that it may be useful to encourage governor involvement in future in the quality assurance of appraisal and validation.
4. It was noted that the learning from the revalidation process has been shared with the Nursing Directorate to inform the forthcoming revalidation of nursing staff.

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5. The positive feedback from students regarding the quality of the Trust's medical education was noted and welcomed.
6. Lee O'Bryan commented on the table at 1.2 on internal investigations into doctors' conduct and capability and also work with GMC when it has cause to investigate and noted that the numbers are small.
7. He asked if the organisation uses its expertise in managing sickness absence where stress may be a significant issue. It was noted that the Trust has looked at providing support to medical practitioners and staff who have experienced trauma.
8. It was confirmed that there is a piece of work in hand around health and wellbeing and that it is recognised that there is expertise within the organisation that could be better used.
9. The significant transition in the provision of **Pharmacy** services were outlined with two hubs now in operation in Callington Road and Calne.
10. The restructuring of the **Research and Development** department during 2012/13 has seen improved revenue through research activity.
11. A review of **Psychology** services is planned for early 2014.
12. It was noted that the overarching theme for 2012-13 for this directorate had been the alignment of core functions and responsibilities with strategic objectives to reduce duplication, maximise productivity and ensure high standards in clinical provision and service.
13. The Board resolved to **NOTE** this report.

#### BD/13/273 – Inpatient Staffing Levels

1. The Board received a report on the ongoing work to establish a monthly reporting framework for the Board around **safe staffing levels** as part of its response to the Francis review.
2. The expectations published in the guidance of the Chief Nursing Officer, to ensure that appropriately skilled people are in place at the right time to deliver quality care, were commended for noting specifically around Board responsibility.
3. Ongoing work to establish an agreed baseline for staffing numbers by April was noted. A paper will come to the March Board meeting which will provide a framework for all reviews in the future. It was noted that there will be a twice yearly report to the board to review the position.
4. Establishment numbers for each inpatient ward will be available by January using the currently available tools relevant to mental health. Work is ongoing to develop a mental health specific tool to support future establishment reviews.
5. Tony Gallagher asked for an understanding in a future report on the timescale for extending this process into community services.
6. It was agreed that the Executive Team should take a view on how this relates to the Trust's IQ system. It was also suggested that looking at replicating best

practice elsewhere in the NHS may be helpful.

7. It was agreed that whilst it is necessary to establish the correct mechanisms for this process it is also important to use quality systems to ensure that quality is in place.
8. Alison Paine suggested that patients and carers be consulted on what constitutes quality of care when setting standards regarding numbers of staff. It was noted that current service user engagement forums will address this.
9. A questioner from the floor asked about appraisal rates across the organisation and it was confirmed that these are improving but variable across the Trust. There is a new focus on making the capture of information a simpler process and also focussing on front line operational staff.
10. Susan Thompson noted that there is a national picture on right staffing levels. She asked if the Trust is working with other Mental Health organisations to understand what good looks like. Susan also asked about flexibility in localities regarding internal benchmarks to take into account levels of acuity. It was confirmed that flexibility is being built into the process with scrutiny and oversight from the Clinical Executive and accountability with clinical directors.
11. The Board resolved to **APPROVE** the following recommendations:
  - Board level committees to review the required information. It is recommended that assurance is split across two committees with ESEC taking responsibility for monitoring the staffing numbers and Q&S's taking responsibility for any quality impacts identified.
  - A regular review to be factored into the board programme

#### ACTIONS:

- **Twice yearly report to the Board for review.**
- **Future report to provide understanding on the timescale for extending process into community services.**

#### BD/13/274 – 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 November 2013 with 2 grade 0 incidents and 5 at grade 1. One of the grade 0 incidents has resulted in a joint review with the Royal United Hospital, Bath.
3. System developments within the web incident reporting system were noted.
4. Susan Thompson asked that the **Critical Incident Overview Group** (CIOG) review trends in self-harm that do not result in death.
5. The Board resolved to **NOTE** this report.

#### ACTIONS:

- **CIOG to review trends in self-harm that do not result in death.**

## BD/13/275 – 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 following appendices were provided with this report:
  - Board Assurance Framework v1.5, December 2013
  - Trust-wide Risk Register, December 2013 – risks divided by area
  - Trust-wide Risk Register, December 2013 – risks sorted from high to low scoring
3. All Executive Risk registers have been reviewed by the Senior Management Team at its December meeting and no risks were identified as requiring escalation in this month.
4. It was noted that the cancellation of the December Audit and Risk Committee has meant that these documents have not been reviewed by this committee as planned. This will be rolled forward to the next scheduled meeting of the committee in February 2014 and will include a consideration of further refinements to the risk register process.
5. It was requested that any amendments to the Board Assurance Framework are made with 'track changes'.
6. The Board considered the review of the Estates Strategy in light of changes including challenges associated with the Bristol Tender. It is planned that the Finance and Planning Committee and the Board will review this strategy in April 2014.
7. It was noted that there are no detailed risk reviews scheduled on this agenda. These will be included on the agenda of the January meeting and also considered at the next meeting of the Audit and Risk Committee.
8. The Board resolved to **NOTE** this report.

**ACTIONS:**

- **Amendments to BAF to be made with 'track' changes**
- **Estates Strategy to be reviewed by Finance and Planning Committee and Board by April 2014.**

## BD/13/276 – Reports of Board Committee Chairs

## Quality and Standards Committee – 12 December 2013

1. Susan Thompson, Chair, reported on the recent business of this committee.
2. The committee received a presentation from the **B&NES Delivery Unit** including a description from carers of their experience of the cultural changes they have experienced in the organisation, from a Trust that failed to listen to one which was now doing so.
3. There was also a positive reflection on the success of peer involvement workers.

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4. Actions taken to address concerns on Sycamore Ward were also described by the new ward manager as part of an update on quality assurance arrangements operating in B&NES.
5. Concern was expressed that the Carers Charter was becoming entangled in bureaucracy and did not properly reflect carer input. It has been agreed that this will be addressed by the Clinical Executive.
6. Further concern was expressed on the impact of the tendering process and the resulting job uncertainty. This should be reflected in tendering strategies.
7. It was noted that the Trust Development Authority (TDA) were due to observe this meeting but had not received papers on time. This is not acceptable and all concerned should work together to ensure papers are available within the required timeframe.

**ACTIONS:**

- **Carer input to Carers Charter to be addressed by Clinical Executive.**

**Finance & Planning Committee – 16 December 2013**

1. Lee O'Bryan, Chair, reported on the recent business of this committee.
2. The pressure on the full year forecast was discussed.
3. The committee was encouraged by on-going work preparing for 2014/15 budget and business planning and cost improvement plans.
4. Tony Gallagher commended the integrated top level planning taking place and the contribution of the Programme Management Office.
5. The committee considered the capital programme which is progressing to plan.
6. The committee also received an update on commercial bids with a focus on the Bristol tender.
7. The Month 9 TDA Oversight report was noted and approved.

**BD/13/277 – Quality and Performance Report**

1. The Board received a report on the Trust's Month 8 performance against each quality domain and the **Month 8 Monitor Compliance** risk scores.
2. The **Friends and Family** score of +45 is recognised to be below average for non-mental health organisations. Community scores remain higher than those for inpatient services. It was noted that the methodology for calculating response rates is experimental as there is currently no national guidance. The response rate is continuing to improve. Actions in hand for further improvement were outlined.
3. It was questioned whether the Trust understand what 'average' is for this indicator as there is no comparator for Mental Health Trusts. It was noted that the scores for Acute hospitals are in the range of 30 – 100. The challenge for the Trust is to understand what the current score represents and the general direction of travel.

4. It was noted that the Trust Engagement Group had discussed at which point in the community care process that these questions be asked. It was confirmed that the Quality and Standards Committee are assured that Locality Delivery Units are sighted on this domain and its benefits and are working to understand the best way to retrieve feedback whilst sharing best practice.
5. It was agreed that the Trust should take credit for implementing this process at an early stage.
6. The marginal increase against **CQC Compliance** was noted with actions in hand.
7. A steady improvement against the **Records Management** audit was identified with all ten elements achieving 75% or more at Trust level.
8. It was confirmed that the **Monitor Compliance Dashboard** is Green.
9. 13 of the 16 **nationally and locally defined key quality indicators** were noted as at or above target. Performance against **discharge protocols** is felt to be good with actions in hand to address the handful of teams that are outliers.
10. Continuing issues related to care **clusters: timeliness of review** have been discussed at the Trust contract and performance monitoring meeting (PACMAN).
11. There has been a marginal drop in performance against the indicator relating to **service users in settled accommodation**. This will be investigated in the light of the national welfare reform agenda and any potential impact on Trust services..
12. The new supervision entry system went live on 2<sup>nd</sup> December. 5 Delivery Units remain at green or amber against the **supervision** element of the **supervision and appraisal** indicator. Improvements in the rest are anticipated during December and into the new calendar year. Performance will be monitored weekly to ensure managers understand how to use the new system. The Trust's compliance with annual **appraisal** targets remains consistent month on month. It has been agreed by the Executive Team that there should be a new approach to gathering appraisal data in line with the new supervision system. This will be developed in January.
13. It was noted that there is improvement against the **sickness/absence** indicator.
14. Issues relating to the Finance indicator will be addressed during discussion on the Finance report.
15. The Board resolved to **NOTE** this report.

#### BD/13/278 – Finance Report

1. The Board received a report which highlighted the financial position of the Trust at **Month 8**.
2. The Board noted the financial position at the end of November 2013 as a surplus of £35k increasing the year to date adverse variance to £380k.
3. **Pay spend** has reduced month on month and is £474k lower than Month 7. However agency spend is forecast to be high in Bristol, thus not delivering the

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planned cash reduction.

4. The Trust continues to forecast that it will meet its **control total** of £600k.
5. The Trust is implementing a number of actions, including cost reduction plans, to ensure that the control total is met. The Executive Team has met with Locality Delivery Units (LDUs) to ensure that all measures associated with vacant posts, training, agency and bank are understood. Non recurrent actions in the back office have been considered including the pausing of all corporate recruitment, including agency, from this point.
6. The Trust has achieved a new **Monitor risk rating** of '4'.
7. The increase in **Out of Area** (OOA) cost pressures to £514k at Month 8 was outlined in relation to an unexpected upturn in PICU use. It was confirmed that the Trust is working with commissioners to reduce the impact of OOA and ensure that service users are brought back into the Trust as soon as possible.
8. Susan Thompson noted that it had been calculated at the start of this financial year that there would be no OOA spend in the year, which she felt was an optimistic position. She asked about the provision in the 2014/15 budget. It was acknowledged that the 2013/14 budget had not included a robust figure for OOA and that this will be addressed in 2014/15. It has also recently been agreed that a piece of work will take place trust wide, led by the B&NES Commissioner, on OOA placements and that this will link into the work on bed management.
9. The rationale behind the variance in the **cash position** at year end was noted. This is related to more accurate forecasting. It was confirmed that the TDA will accept an in year reduction.
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.
  - Replacement of RosterPro (£245k 2013/14)
  - Feasibility for Hazel ward and ECH (£5k, 2013/14)

#### BD/13/279 – Annual Governance Report

1. The Board received a routine governance update for the Board in order that it has oversight of key governance processes. This update focussed on Whistleblowing, Freedom of Information (FOI) and Equality and Diversity.
2. It was noted that the Trust has a visible and robust approach to managing its compliance with **Whistleblowing** provisions. In 2013/14 to date there have been 7 whistleblowing concerns raised. It was agreed that the Trust should synthesise lessons learned from Whistleblowing incidents and bring these back to the Board for its information.
3. An increasing number of requests have been made under **FOI** legislation with varying degrees of complexity. It is intended in future that the full response to a

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request will be published on the Trust's external website rather than a summary.

4. The current position in relation to **Equality and Diversity** within the Trust was outlined together with plans for next steps. It was noted that, whilst the organisation has been successful in meeting its statutory requirements, it is not yet in a position that it would like to be. The Chief Executive is the executive lead for this and the organisation is working at re-strengthening some of its assurance systems. Whilst there has been some good work in re-engaging hard to reach communities there is further work to be done to achieve greater consistency across the Trust.
5. It was agreed that a Board Seminar in the near future should look at redefining Trust ambition around Equality and Diversity issues.
6. As Chair of the Quality and Standards Committee Susan Thompson noted that she was pleased to see progress made in this area although acknowledged that there is further work to be done. Susan reported that the committee had received a good account in Swindon of work with former armed forces personnel and had also discussed the need to look at issues related to the traveller community in South Gloucestershire. She welcomed evidence that Localities are sighted on this.
7. The Board resolved to **NOTE** this report.

#### **ACTIONS:**

- **Future Board Seminar to look at redefining Trust ambition around Equality and Diversity issues.**

#### **BD/13/280 – Minutes of Board Committees**

1. The Board received and **NOTED** the following Board Committee minutes:
  - Quality and Standards Committee (November)
  - Finance & Planning Committee (October)
  - Finance & Planning Committee (November)

#### **BD/13/281 – Foundation Steering Group**

1. The Board received a report that outlined progress made in reviewing the Foundation Trust (FT) work programme and structures to deliver a sustainable, licensed NHS FT.
2. The Board reflected that the recent mock Board to Board with the TDA had been a broadly positive, if challenging, experience. Actions from this are to be considered at the next meeting of the FT Steering Group.
3. The Board resolved to **NOTE** this report.

#### **BD/13/282 – Month 9 TDA Oversight return**

1. The Board received the NTDA Oversight return for Month 9.
2. It was confirmed that both the Executive Team and Finance & Planning Committee

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have reviewed the declaration and have recommended that the Board agrees a fully compliant declaration for December.

3. The Board resolved to make a fully compliant return for December.

**BD/13/283 – AOB**

1. There was none

**The Part 1 session of the Board formally closed at 12.55pm**

DRAFT