

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

Held on Wednesday 26th February 2014 at 10.00am in the Conference Room, Jenner House, Chippenham

These Minutes are presented for **Approval**

Members Present

Anthony Gallagher – Chair	Paul Miller – Deputy Chief Executive
Iain Tulley – Chief Executive	Sue Hall – Director of Resources
Alison Paine – Non-Executive Director	Hayley Richards – Medical Director
Susan Thompson – Non-Executive Director	Lee O’Bryan - Non-Executive Director
Alan Metherall – Acting Director of Nursing	Ruth Brunt – Non-Executive Director
Peaches Golding – Non-Executive Director	Kristin Dominy – Director of Operations (in part)

Associate Members in attendance

Rachel Clark – Programme Director - Development
Emma Roberts – Director of Corporate Affairs and Company Secretary

Staff In attendance

Ray Chalmers – Head of Communications	Sandra Akintola – Senior Nurse Practitioner
Jo Davis – PALS Manager	Debbie Spaul – Head of Professions & Practice
Alison Devereux-Pearce – Governance Support Officer (Minutes)	Julie Benfell – Information Governance Manager

Members of the Public in attendance in the gallery

Jill Tompkins – Member of Public
Deborah Evans – West of England Health Science Network Board
Mr D Ody – Member of Public

Action

Complaints Presentation – Debbie Spaul, South Gloucestershire & Jo Davis, PALS Manager

1. The Board received a presentation from the Head of Profession and Practice for the South Gloucestershire locality and the PALS Manager about a historic complaint received that the Trust had taken over a year to respond adequately to. The enquiry was eventually referred to the Ombudsman who fully upheld the complaint and gave conditions for the South Gloucestershire locality to take forward, along with the

complainant being awarded £1000.

2. The complaint was related to a patient with emerging mental illness that the complainant felt wasn't recognised, diagnosed nor treated by AWP, that his disturbed behaviour was blamed solely on his cannabis usage and that if his mental illness had been diagnosed and treated earlier, he may not have gone on to develop schizophrenia. The complainant also commented in her complaint about the significant impact on their family and that the risk to family members was not acknowledged nor dealt with by the Trust.
3. The Ombudsman upheld that they had found service failure in the care provided to the son and maladministration in handling of the complaint, the Trust failed to distinguish her son's mental illness from the effects of his drug use, and the Trust also missed opportunities to act sooner to diagnose and treat him. After investigation, the Ombudsman also upheld that the Trust failed to acknowledge the severe distress suffered by the son and family due to his untreated symptoms, and that of the complaint in an open and accountable manner led to the Trust being liable to pay £1000 to the complainant and to also provide an action plan and a locality response of 'truth and reconciliation'.
4. The mother and her son were offered a face to face meeting and apology with team managers and consultants. A copy of the action plan was sent to her which confirmed that the locality was undertaking the following:-
 - Ensuring that all staff are fully updated in Dual disorder and CPA training
 - Practice around disengagement and discharge from services is in line with CPA policy with an explicit discharge plan along with a meeting is held with the patient's invited family or advocate.
 - Ensuring all multidisciplinary discussions and outcomes are recorded with rationale for decisions recorded.
 - All staff to work in partnership with carers
 - Creation of guidance and training around formulation to support and consolidate clinical practice (locally and Trust-wide)
5. The Board discussed the value of clear apologies when the service has failed, of an early face to face meeting and the importance of being open and approachable, rather than closed and defensive. The Chair commented that whilst he welcomed the CEO to be involved, i.e. The CEO writing and apologising to the complainant upon receiving the report, he felt that issues similar to this would be the Clinical Director's responsibility and would encourage them to do so.

The Chair expressed his thanks for the presentation.

BD/13/324 - Apologies

1. Apologies were received and accepted from Tony McNiff (Non-Executive Director)

BD/13/325 - 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**

Minutes Prepared for the Part 1 Trust Board dated 26th February 2014 2014

Sponsored by the Chair

Agenda Item:

Serial:

Page 2 of 11

interests were declared.

BD/13/326 - Questions From Members Of The Public

1. A member of the public asked a question of the Board regarding allegations of unlawful detention, fraud and falsification of records. The Chair advised that these questions already form part of an on-going complaints investigation by PALS and the individual was satisfied that they would be dealt with on this basis.

BD/13/327– Minutes Of The Previous Meeting

1. Page 1 – Alan Metherall’s title should read ‘*Acting Director of Nursing*’
2. Page 2, Item 5 – Alison Paine’s reflections upon modifications to interview panels should read ‘*Alison Paine commented that the views of SUs both on interview panels and in discussion groups are vital elements in appointment decisions, indeed sometimes completely reverse a panel's initial view of a candidate*’
3. With these **amendments** the minutes were **agreed** as an accurate record.
(Kristin Dominy departed from this point in the meeting due to being unwell.)

BD/13/328 – Matters Arising

1. The Board considered the Board Schedule of Matters Arising and resolved to note progress and remove those items marked as complete.
2. Alison Paine drew the Board’s attention to two actions that were omitted from the previous minutes on page 7 and 8. These will be included into the Schedule of Matters Arising and progressed accordingly.

BD/13/329 – Chair And Chief Executive’s Actions

1. There were **none** to report.

BD/13/330 – Report from West of England Health Science Network Board

1. The Board received the second quarterly report for the Boards of member organisations of the West of England Academic Health Science Network from Deborah Evans.
2. The Network includes the three main Health Research Active Universities, NHS Trusts, Foundation Trusts, Community Interest companies who provide community health and social care along with the seven Commissioning Groups.
3. AWP’s CEO, Iain Tulley, had been appointed as a Board Member of the Network and Deborah took the opportunity to thank him, Rachel Clark and Julian Walker for their support and shared involvement of the strategic vision.
4. The West of England AHSN had 4 key elements to bring to the Board’s attention that were approved by the Network’s Board, namely:-

Minutes Prepared for the Part 1 Trust Board dated 26th February 2014 2014

Sponsored by the Chair

Agenda Item:

Serial:

Page 3 of 11

- Governance
- Evidence into Practice
- Commissioning Evidence Based Care
- AHSN Informatics Strategy

Susan Thompson enquired as to how AHSN would address any changes to the healthcare environment and providers of services. Deborah responded that the core membership would be NHS Trusts, commercial interest companies, CCGs and research active universities.

Questions were raised in relation to retention of intellectual property rights and Deborah Evans was able to give clear assurance over the Network's principle to leave intellectual property with its source along with NHSN 'signposting' to specialist advisors as and when required.

Susan Thompson expressed her support for the Network's initiative but was disappointed that there are no mental health schemes at present. Assurance was given to the board that it is intended to have more mental health schemes to provide a more balanced portfolio.

The CEO expressed a view that the Trust would wish to support the Network on an ongoing basis pending the next spending review in recognition of its value. However, the Board recognised the need to understand more fully the cost benefit analysis before formally committing spending. Ruth Brunt stated that whilst the Trust are involved at an embryonic stage the Board needs to be cognisant of the Trust's strategy and ensuring this aligns with the that of the HSN and the wider health system.

5. The Board **resolved** to **SUPPORT** the work of the Network and to **NOTE** the report.

BD/13/331– Chair's Report

1. The Board received an update from the Chair expanding on the focus of his work during the preceding month.
2. The key points drawn to the Board's attention were:
 - A **continuing commitment** to expand triangulation and develop relationships along with locality leadership.
 - The **continuation** to pursue **Foundation Trust** status along with **increasing membership**.
 - **Thanks** were expressed to the **Bristol Senior Management Team** for providing their utmost efforts to create a successful bid.
 - A recognition that the progress of the **Staff Survey was insufficient** but that the number of responses was to **be commended**; additional work is needed to **ensure engagement and recognition**.
 - **Continuance of lobbying** against a lack of balance between Mental Health Funding and acutes.
 - The Chair expressed his **regret** over the sad **death** of Batook Pandya, **SARI leader** and campaigner, and assured the Board that the strong partnership

Minutes Prepared for the Part 1 Trust Board dated 26th February 2014 2014

Sponsored by the Chair

Agenda Item:

Serial:

Page 4 of 11

enjoyed by AWP and SARI will continue.

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

BD/13/332 – Chief Executive's Report

1. The Board received a report from the Chief Executive signposting some of the key management and development issues facing the Trust and drawing attention to recent national and local NHS regulatory activity.

2. The points drawn to the Board's attention were:

- Iain Tulley will be **representing** the Trust when he attends the **funeral** of SARI Leader **Batook Pandya**.
- The **Triumvirate Review** has now been **completed**. This is encouraging and has explored the good progress made and how the teams leadership is on prepared for the expectations over core elements of quality/ staff/ money.
- Continued **improvements** in **quality** performance across the **Trust**.
- The **FT Trajectory** continues with Chief Inspection dates to be confirmed for the first quarter of 2014-15.
- Iain Tulley was invited to the **Trust Medical Advisory Group** in February which was **well attended** with doctors expressing **concerns** over **pressure** particularly in the Recovery Teams and the impact of the Bristol Tender potentially across the Trust.
- The **CQC Mental Health Act Review** has confirmed 5 key areas to work on as a recommendation along with sharing **best practice** and **continuing improvements**.
- The need for more imaginative ways of working with partnerships.

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

BD/13/333 – Trust Carers Charter

1. The Board received a report from the Acting Director of Nursing requesting the Board to endorse the Charter. It was noted that the Charter is a set of aspirational shared organisational behaviours that have been drawn up by 'Keep Safe, Keep Sane' Carers Group and ratified at the Carer's Forum, the Trust-wide Engagement Group and at the Quality & Standards Committee.

2. The Charter was welcomed by the Board as a means for the Trust to be accountable to Carers. It was recognised that there was a need for a discussion around translation of these commitments into proactive guidelines rather than caveats for access to information. It was accepted that this charter was a message of behaviour, rather than a set of promises but was explicit in how Carers want the Trust to be accountable in the future.

3. The Board **resolved** to **ENDORSE** the Charter and its **ASPIRATIONS**.

Agreed Action: The Chair & CEO are to sign a copy of the charter and this is to be sent to KS2 as a measure of acceptance.

BD/13/334 – Directorate Update

1. The Board received an update report on the approved Organisational Development Programme by the Programme Director for Development.
2. Key milestones of the six monthly review of the Enabling Excellence Programme were discussed, namely:
 - Strategy Summit
 - Implementation of the Staff Friends & Family Test (national requirement)
 - Revision of the appraisal process (national requirement)
 - Team Leaders/ Ward Managers Conference
 - Staff Engagement Strategy
 - Workforce Development Strategy.
3. The Board discussed the importance of staff engagement and ensuring that resources are in place for team development to realise significant change in the functioning of the Trust. The Chief Executive reiterated the need to retain focus, delivered by the Enabling Excellence programme systematically and maintaining quality as the Trust's main priority.
4. Peaches Golding supported the report positively and commented that the use of language to describe the Staff Survey was crucial, recommending a change from 'wholly disappointing', and rather focusing on it as a positive measure for so many staff to have responded. She felt that the report captured the issues succinctly and asked, when implemented, what the outcome would be for the Trust. Rachel Clark advised that as part of the Engagement Strategy a 'dashboard' will be created to measure progress to ensure that the programme is realising the cultural change and engagement levels required.
5. The Board **resolved** the following:-
 - to **NOTE** early progress made in organisational development following major structural and leadership change across the Trust.
 - to **NOTE** the expanded Organisational Development Portfolio and key milestones
 - to **ENDORSE** the forward plan and **AGREE** to a pilot Strategy Summit on 19th March 2014.

BD/13/335 – Monthly Incident Report

The Board received its regular report on serious untoward incidents in month 10 from the Acting Director of Nursing.

1. It was confirmed that there were 11 externally reportable incidents in January 2014 with 2 grade 2 incident and 9 at grade 1.
2. There were 18 formal complaints received in January 2014, all of which are subject to an independently led investigation.
3. The Board **resolved** to **NOTE** this report.

Minutes Prepared for the Part 1 Trust Board dated 26 th February 2014 2014		
Sponsored by the Chair		
Agenda Item:	Serial:	Page 6 of 11

BD/13/336 – Trust-wide Risk Register

1. The Board received a report presented by the Director of Corporate Affairs seeking approval of the Trustwide Risk Register for Month 10. It was noted that the risk register had been subject to detailed review by the Audit & Risk Committee at its meeting in January 2014, and that the methodology for documenting risks would be further refined at its next meeting.
2. The Board **resolved** to **APPROVE** this report.

BD/13/337 – Reports of Board Committee Chairs

Quality & Standards Committee – 18th February 2014

1. Susan Thompson, Chair of the Quality & Standards Committee, gave an update report to the Board of business discussed at the February meeting including a presentation by Users and Carers of South Gloucestershire locality, a presentation by the South Gloucestershire locality of quality priorities, assurance around the Place of Safety provision, disseminating lessons learned, update on QIAs, progress on the role of Quality Academy and a policy review of the no-smoking policy.
2. Key risks identified were the role, progress and further clarity between LDUs, the Clinical Executive and Quality Academy and the delivery of QIAs for 2013/4 and 14/15.
3. Over the next few months the Committee will continue to focus upon measuring quality and gaining assurance over QIAs.
4. The Board **resolved** to **NOTE** the report.

Audit & Risk Committee – 13th February 2014

1. Tony McNiff, Chair of the committee, had sent apologies to the Board but had provided a written report confirming business discussed at the meeting. Items included Developing the Quality Account 2013/14 – Process & Timeline, Emergency Preparedness, Resilience and Response (EPRR) Audit Papers, Counter Fraud Progress Report, Internal Audit Progress Report, Receipt of Internal Audit Reports and Associated Opinions, Regularity Reviews, Auditing Standards, Audit Plan 2013-14, Trust-wide Risk Register, Development of Board Assurance Framework, Reviewing the Internal Governance Structure, Locality Risk Registers, Review of ESR Access, Finance Registers (including losses and payments), Investment Report 2013/14 and policies including Policy for Policy & Risk Management.
2. Key risks identified were the reissued report regarding final Payments to Staff from Internal Audit; concerns over lack of attention to notifying payroll of leavers and access to standing data. Assurance was given by the Finance Controller that this is being addressed and the committee will continue to monitor progress. Regularity Review reports discussed training and reiterated that the Trust needs to maintain an emphasis that necessary training is not just made available but also delivered. The

Director of Resources gave assurance that costs for this is built into locality resilience and budgeting.

3. Over the next few months the Payments to Staff Internal Audit is to be reviewed and this is to be followed up in the Annual Internal Audit report. The committee will also receive and monitor implementation of recommendations from internal and External Auditors along with maintaining an oversight of Countermeasure Fraud recommendations.
4. The Board **resolved** to **NOTE** this report.

Finance & Planning Committee – 21st February 2014

1. Lee O'Bryan, Finance & Planning Committee Chair, gave a verbal update to the Board of business discussed at the February Committee due to the proximity of the meeting to the Board. Agenda items discussed were M10 Finance Report, CIP update and 2 year CIP plans, Reference Costs, Consolidation of Charity Accounts, Trust-wide 2 Year Operating Plan & Budget, NTDA Oversight return, Commercial Tendering and LDU Pathways.
2. Key risks to address are identified as Reference Costs for the Trust as calculation of our costs are higher than comparators using a set of assumptions that have yet to be verified.
3. Over the next few months the Committee will continue to focus on Reference Costs (as above) and financial targets for 2015-16.
4. The Board **resolved** to **NOTE** this report.

BD/13/338 – Quality and Performance Report

1. The Board received a report on the Trust's Month 10 performance against each quality domain and the **Month 10 Monitor Compliance** risk scores.

Friends & Family: continued positive score overall, and improvement in response rates for both inpatient and community services.

CQC compliance and Records Management: positive results continue in both areas, with work on-going to reduce perceived subjectivity within each domain (strengthening levels of assurance).

Contract and Monitor: The Trust remains compliant with all metrics in Monitor's Risk Assurance Framework, and 13 of 16 additional (locally agreed) indicators also on or above target. All 7 CQUIN schemes are forecasted for full delivery.

Supervision & appraisal: rates continue to improve with locality and back office areas showing 85% supervision rates, further improvement in appraisal rates also seen.

Sickness: dropped back to 5%

2. The Board discussed the need to seek assurance of clinical relevance of forecasts and targets. It was confirmed that the message is one of continuous quality improvement. The Medical Director commented that conversations have begun but commissioners and that this discussion would be revisited at the next ESEC committee.
3. The Board **resolved** to **NOTE** this report.

BD/13/339 – Finance Report

1. The Board received a report which highlighted the financial position of the Trust at Month 10.
2. An actual surplus of £156k, £103k ahead of planned levels was reported. This reduced the year to date variance to £317k. The Trust plan for the YTD surplus was £496k at Month 10 actual is £179k. Actual pay spend shows a slight increase from Month 9 – for substantive staff pay there is an actual spend of £10,940k (this was £10,875k in Month 9). Temporary staff spend has shown a further reduction in month but remains a risk that agency is not reducing in line with the planned cash reduction plan meaning different mitigations need to be found. The Cash Balance at 31st January is £9.1m. This is lower than the planned in month cash balance due mainly to timing differences on block income receipts.

The actual Capital spent at Month 10 is £2.9m against planned spend of £5.3m (53%) but the Trust is forecasting to spend its full allocation for the year. Assurance was given by the Director of Resources that Estates disposal and releasing clinical space as part of the Capital Programme/ Investment Planning Group have been approved at the Finance & Planning Committee.

3. The Director of Resources summarised issues that will impact upon the Trust as:-
Savings requirements and identified cost pressures to the Trust in Community by reducing funds for the cost of living (£800k) and the licence for electronic patient system previously funded by the Government. Commissioners have been approached as there's a need for a good quality data system that they can also share but no response is forthcoming at present.
4. The Trust has maintained the **Monitor Risk Rating** of '4'.
5. The Board **resolved** to **NOTE** the report and **APPROVE** the following:-
 - The revised changes to the authorised capital schemes for 2013/14
 - The new capital bids recommended by IPG as noted in the report

BD/13/340 – Staff Survey Report

1. The Board received a report from the Programme Director for Development summarising feedback from the 2013 Annual Staff Survey.
2. Information about Staff Survey Results from other organisations was received,

Minutes Prepared for the Part 1 Trust Board dated 26th February 2014 2014

Sponsored by the Chair

Agenda Item:

Serial:

Page 9 of 11

allowing us to benchmark our results with those of other Mental Health/Learning Disability Trusts. The survey was completed by 1704 members of staff (48.4% response rate), and provided important information about staff experience, satisfaction and perceptions of Trust priorities. Survey results are sensitive to current challenges such as uncertainty for staff in Bristol and corporate restructuring.

3. Alison Paine, Chair of the ESEC committee, commented that the Trust has moved forward in some areas and that the committee will be looking at the benchmarking scores into Bullying and Harassment and how high performing trusts address this issue and report back to the Board as part of the ESEC Chair's report in May 2014.
4. The Board **resolved** to **NOTE** the findings of the 2013 Staff Survey report and **APPROVE** the recommendation actions contained therein:
 1. Combined Board/SMT Seminar - Staff Engagement (19 March 2014)
 2. Identify Francis Report Interface issues and opportunities
 3. Develop a Staff Engagement Strategy by May 2014.
 4. Establish a Staff Engagement Management Group to coordinate activity and report to the Employment Strategy and Engagement Committee (ESEC).
 5. Communications and engagement plan to ensure staff are informed of improvements.

BD/13/341– Minutes of Board Committees

1. The Board **received** and **ACCEPTED** the following Board Committee minutes:
 - Quality & Standards Committee (December 2013)
 - Audit & Risk Committee (October 2013)

BD/13/342 – Foundation Trust 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.
3. The Board **resolved** to **NOTE** this report.

BD/13/343 – Updated Standing Orders & SFIs

1. The Trust's Standing Orders have been updated following appointment of the Director of Resources in January 2014. There has also been the inclusion of the following statement at section 4.18 to reflect recent Board action to define procedures for exclusion of attendees at Trust meetings:
 - 1.1 4.18.3. "Exclusion on grounds of breach of Code of Conduct for Attendees"
 - 1.2 4.18.3.1. "Attendees may be excluded from any meeting of the Trust if the attendee is judged to be breaching the Trust Code of Conduct for Attendees, as defined at section 3 of the Code."
2. The Board **resolved** to **ACCEPT** the amendments and **APPROVE** the changes to the Standing Orders and Standing Financial Instructions as set out in the report.

BD/13/344 – Month 11 TDA Oversight Return

1. The Board **received** the NTDA Oversight return for Month 11.
2. It was confirmed that both the Executive Team and Finance & Planning Committee have reviewed the declaration and have recommended that the Board agrees a fully compliant declaration for February 2014.
3. Having considered the statements and the assurance of the Finance & Planning Committee, The Board **resolved** to make a **fully compliant return** for February 2014.

BD/13/345 – AOB

1. There was no further business.

The Part 1 session of the Board formally closed at 1.13 pm

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.