



### Clinical Presentation

The planned clinical presentation on the Secure Services Redesign project will take place later this afternoon due to the availability of the senior team.

### BD/13/355 - Apologies

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

### BD/13/355 - 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. The following written question was provided prior to the meeting:

*At the AWP Board Meeting on 29<sup>th</sup> January 2013 I told the Board that a patient had been held against her will at Charter House, Trowbridge. The patient had been told that her doctors had said she had to go into hospital. She said she did not want to go into hospital to the social worker who came into her home that day. After I told the Board this, Charter House was closed down the following week.*

2. The Chair confirmed that the Trust PALS team have agreed to look further into this issue for the questioner. The broader issue concerning Charter House is being addressed by the local CCG and Health Authority.

*[Post meeting note: The questioner met with the Complaints Manager to detail his complaint and is currently reviewing the transcript to ensure that everything is thoroughly covered. He hopes to have completed and returned his review shortly so that the Trust will be in a position to commence its investigation before the date of the April Board Meeting.]*

3. A further written question was also provided.

*After seeing the BBC Panorama on 24 March 2014 about fraud in the NHS, could the Board tell us if there have been any cases of fraud at AWP and, if so, how many and what action has been taken. I expect there will be no cases of fraud at AWP just as there was no case of patient records being falsified.*

4. The Chair outlined the role of the Trust's local counter fraud specialist and the reporting structure through Board committees in relation to counter fraud. He assured the questioner that where any issues have come to light, the Trust has taken vigorous action. It was underlined that all staff joining the organisation receive information and training on this subject. The Chair undertook that the Trust will arrange for a list of all investigations undertaken this year to be forwarded to the questioner. **ACTION**

~~With regard to the reference to falsified records, the Chair reiterated the assurance that thorough investigations regarding data protection and amendments to patient~~

records have taken place and that these allegations have proved to be incorrect. To respond to the reference to falsification of records, the Chair reiterated that no clinical information was changed, however as acknowledged in the report to Board on 30 November 2013 on the Independent Investigation into Falsification of Patient Records, the investigations in the issues in 2012 found that staff did mis-record data in the patient record. It was not found to be the case that there was any deliberate fabrication of records, merely that staff found themselves working within a culture which, at the time, was reliant on achieving performance targets, and as such, a small minority of staff in one team used data entry in a clinical record to avoid these.

#### BD/13/ 356– Minutes Of The Previous Meeting

1. The minutes were **agreed** as an accurate record.

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

1. There were none to report.

#### BD/13/ – Chair’s Report

1. The Board received an update from the Chair on his work during the preceding month.
2. The key points drawn to the Board’s attention were:
  - A discussion at a **Foundation Trust Network (FTN)** event on the funding differentiator between Acute and Mental Health Trusts. The FTN have confirmed that the rationale underpinning this is incorrect and the Chair underlined that Mental Health Trusts should continue to lobby for parity.
  - The Trust is expecting a visit from the **Hospital Inspectorate** in June as part its Foundation Trust journey. This will involve a team of a number of inspectors over a period of 8-10 days who will seek a broad range of views on the services the Trust provides.
  - The Non-Executive Director (NED) vacancy has been advertised. A proposal to co-opt a new **Associate NED** is due to be considered by the Trust Appointments Committee following the Board today. Following Alison Paine’s departure, Ruth Brunt will now Chair the Employee, Strategy and Engagement (ESEC) committee and Peaches Golding will Chair the Charitable Funds committee. The Chair underlined that these changes are central to the strengthening of the Trust committee structure allowing the Board to focus on strategic issues whilst gaining increasing assurance through the committees.

- The Board has recently discussed the Trust's **Equality and Diversity Strategy** at a Board Seminar where it considered diversity as a strategic asset. It is recognised that there is further work to be done as a Board in driving this agenda forward.
- Continuing Board development is ongoing including a training session on the Trust **appeals process** and consideration of an externally managed appraisal process and review of committee best practice.
- The Chair welcomed that the Trust has closed the financial year on target with a **strong financial performance** underpinned by **quality**.
- The outcome of the **Bristol tender process** has been delayed by a couple of weeks until mid-April. Staff and stakeholders are being kept fully informed of the details and of the transition process that will follow from this. Thanks were extended to the Bristol Team for their preparation and presentation of this complex bid whilst maintaining 'business as usual'.
- The Chair thanked Paul Miller, at his last meeting, for his major contributions to the Trust as, variously, Director of Finance, Deputy Chief Executive and Interim Chief Executive together with his recent work on the tendering process.

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

#### BD/13/360 – 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 key points drawn to the Board's attention were:
  - Iain added his thanks to Paul Miller for his personal support over the period in which Iain has been with the organisation.
  - The NHS **Trust Development Authority** has recently published its Winter report which identifies the Trust as an organisation with 'emerging concerns'. This relates to a missed trigger which was an error in a financial report and also CPA figures. The financial returns are now being fully assured and the Trust is working to ensure that our performance in relation to CPA is improved so we do not fall beneath the expected threshold in future. It is expected that the Trust will re-establish its position as an organisation with 'no identified concerns' in the coming quarter.
  - Following a recent Quality Improvement visit to St Martin's Hospital an incident has identified a need to look at our approach to **health and safety** to ensure that in identifying and addressing a risk of one type, we do not, inadvertently, introduce another risk.
  - Work is in hand to ensure that inpatient wards are staffed appropriately following publication of recent reports and published guidance on **safer**

**staffing.** The Trust has developed a **Standard Operating Procedure** to ensure that all aspects of the national guidance are met.

- The Trust's **Secure Services** senior management team have systematically worked through a number of concerns raised over aspects of the services delivered in the past 12-18 months. The resultant redesign proposals are focussed on multi-disciplinary working and are currently out for consultation. Whilst it is acknowledged that there will be some disquiet around changes in working practices, it is confirmed that the proposals are quality driven and that the direction of travel is supported by NHS England.
- The Trust is working through the implications of the recent **pay award** to NHS staff. It was confirmed that a 1% increase has been built into budget processes and appraisal implications have been factored into the revised appraisal process.
- Iain welcomed the proposed '**bright ideas**' initiative which has been developed by the Charitable Funds Committee to encourage innovation and inspire staff who have ideas on potential service user and staff improvements.
- The work by the **Mental Health Bristol partnership** on the Bristol tender was commended. Iain reiterated that the **model of care** developed by the partnership is exceptionally good as it ensures that statutory and voluntary sectors work together on the entire care pathway. He underlined his confidence in this model of care and the potential benefit for using this in other areas of the Trust. He noted that this tender had been a catalyst for better engagement within the locality and outlined where other localities have shown interest in developing partnership working, better integration and system leadership.
- The consultation process for the **draft dementia strategy for Wiltshire** was noted as this relates to the temporary suspension of the Charter House unit. It was confirmed that the future use of this unit will be tied into the comprehensive approach to dementia care addressed in this strategy.
- Serious concerns around the **2005 Mental Capacity Act**, as reported by a House of Lords select committee, were noted. These concerns relate to the potential misuse of safeguards brought in to protect vulnerable patients. Susan Thompson confirmed that this issue is on the Mental Health Legislation Committee agenda and will be monitored through the Quality and Standards Committee in terms of the impact of this legislation on Trust service users. Susan reiterated that it is important to understand that this legislation is being used positively as an appropriate tool.
- A member of the public raised an issue about a potential misuse of the act and it was requested that this be raised with the Head of Patient

Safety Systems and that the response would be recorded in the minutes  
**ACTION.**

- The **differential in tariff** between Acute and Mental Health services was highlighted together with a hope that concerted pressure on this position continue. A reduction in social care spending by local authorities in combination with this is recognised as challenging both for the Trust and its local social care partners.

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

### BD/13/361 – Monthly Incident and Complaints report

1. The Board received its regular report on **incident and complaints** activity during February 2014.
2. The Board noted that there was one grade 2 incident and three grade 1 incidents in month.
3. It was confirmed that a RCA investigation has been commissioned in all relevant cases and the lessons learned will be uploaded to STEIS and disseminated internally.
4. Lee O-Bryan asked that information on incidents be presented as a thematic review and the numbering system be defined. **ACTION**
5. The grade 2 incident related to a patient admitted with a **pressure sore**.
6. Ruth Brunt noted that she has specifically asked about the issue of pressure sores and tissue viability at a number of the **quality improvement visits**, as it would appear that the level of support for this across the organisation is inconsistent. It was confirmed that the service level agreements for this service have recently been reviewed and that the Physical Health Management Group are taking this forward.
7. The Board also noted the formal complaints received by Local Delivery Units and that in February there was a rise in the number of complaints received. The Clinical Incident Overview Group (CIOG) will review any issues that emerge from this month's figures.
8. It was confirmed that a 'high risk' complaint received in month was related to **data protection issues**. Immediate action has been taken by the Trust and information governance training reviewed.
9. The purpose of the report was discussed in light of comments from the Trust Development Agency (TDA). It was agreed that the intention had been that the Board would be assured through this report that the Trust is sighted on serious events, as managed through CIOG and the Quality and Standards Committee (Q & S). It was further agreed that any thematic issues should be presented for assurance by the relevant directors or committees and that this report should provide the clarity around this.

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

#### BD/13/362 – Report on Unregistered Practitioners

1. The Board received a report detailing the activity and priorities for the Trust in its support of **unregistered front-line care staff**.
2. Progress in relation to this against the Trust strategic priorities was outlined within the report.
3. The Board noted and welcomed the involvement of unregistered staff in work related to the Star Wards initiative and also the development of the **Unregistered Staff – Code of Conduct** which details clear expectations and responsibilities for this cohort. Further initiatives including the future appointment of a lead for unregistered practitioners were also welcomed.
4. Lee O'Bryan welcomed this report and commended the extension of patient facing time outlined within it.
5. As Chair of ESEC, Ruth Brunt asked how the committee could raise the profile of this group through the committee workplan.
6. Susan Thompson questioned how activity against the planned measures will be measured and suggested that ESEC should assure the Board on this. Ruth acknowledged that the ToR for this committee are due for review and that, as part of this, she would discuss the potential critical success indicators for this programme of development and bring a proposal back to the Board. **ACTION**
7. Tony Gallagher noted that at a meeting last year issues around **training, education and communication** had been raised. It was felt that as financial and quality pressures increase, more was being asked of this cohort with little recognition. Tony asked that this be addressed.
8. Rachel Clark underlined the implications for Learning and Development and that the focus on this group would have an effect on what can be offered within the portfolio elsewhere in the organisation.
9. It was noted that issues relating to **admin and clerical staff** will be addressed at a conference later in the year.
10. The Board resolved to **NOTE** this report.

#### BD/13/363 – Clinical Systems Strategy 2014-2019

1. The Board received the Clinical Systems Strategy which outlines a framework to ensure that the development of clinical systems meets the needs of the Trust's clinical services over the next five years.
2. The importance of the strategy is recognised as the Trust works to replace its **Electronic Patient Record (EPR)** in the next year. The drivers associated with data quality, cost and the need to minimise the impact of the recording and retrieval of information were emphasised.
3. Tony Gallagher noted that, whilst there has been some criticism of RiO regarding

Minutes Prepared for the Part 1 Trust Board dated ~~26<sup>th</sup> June~~ 26<sup>th</sup> March 2013

Sponsored by the Chair

Agenda Item:

Serial:

Page 7 of 13

rigidity and the inability to customise it, it has been acknowledged by clinicians that its implementation was a significant step forward. He urged caution in the decisions taken to replace this.

4. The process for the consideration of the **business case** associated with this was outlined noting that there will be a specific programme board chaired by the Medical Director which will report into the Investment Planning Group and then from the Finance and Planning Committee to the Board.
5. It was confirmed that this strategy has been considered by the Quality and Standards Committee who concluded that, should the aspirations be achieved, it will provide an improved clinical system.
6. It was confirmed that **risks** associated with this strategy are captured on locality risk registers.
7. Staff feedback has been captured in a series of **stakeholder groups** where a number of challenges have been reduced down to the 7 principals outlined in the strategy. Feedback on this has been positive.
8. How the Trust ensures data quality, user friendliness and data protection was questioned especially when working with potential and existing partners. It was acknowledged that this is not entirely straightforward but that there are good existing structures in the Trust and it is agreed that challenges should be met without compromising system choice.
9. Susan Thompson asked how this strategy might reflect the involvement and input of **users and carers**. It was confirmed that it is considered that this engagement should most usefully take place at the point where service users have access to their records. It was also noted that a workshop in the last year had sought the views of service users on effective clinical systems.
10. Tony Gallagher welcomed this as a comprehensive and well developed strategy.
11. The Board resolved to **APPROVE** the Clinical Systems Strategy 2014-2019.

#### BD/13/364 – Trustwide Risk Register

1. The Board received the **Trust-wide Risk Register** for review and challenge.
2. It was confirmed that all Executive Risk Registers were reviewed at the SMT meeting on 19<sup>th</sup> February 2014. No risks were identified requiring escalation in month.
3. It was confirmed that the highest red rated risks are **IBP09** and **IBP13** both of which have been subject to detailed risk review by the Board. All risks are also routinely considered by the Audit and Risk Committee.
4. The Board resolved to **NOTE** this report.

#### BD/13/365 – Quality and Standards Committee – 18.3.2014

1. Susan Thompson reported on the recent business of the committee.
2. The Committee received a presentation from the **North Somerset LDU** which

Minutes Prepared for the Part 1 Trust Board dated ~~26<sup>th</sup> June~~ 26<sup>th</sup> March 2013

Sponsored by the Chair

Agenda Item:

Serial:

Page 8 of 13

focussed on priorities in supporting the workforce to deliver the best care.

3. The committee also received a presentation on vocational services at the Carlton Centre.
4. The committee reviewed the **Quality Dashboard** and challenged the Executive to consider how these indicators could be used to inform quality improvements going forward.
5. Consideration of the **Mental Capacity Health Act** assurance report underlined the importance of compliance with the legislation but underlined that the focus should be on using this law in a positive way to improve the lives of service users in the Trust's care.
6. The committee will receive LDU quality plans at its April meeting instead of the usual presentation.

### ESEC – 13 March 2013

1. Ruth Brunt reported on the recent business of this committee.
2. She noted that this had been a very successful meeting in terms of the timeliness and quality of reports and the emphasis on key issues. However Ruth emphasised the need for the committee to move forward thinking more widely around the Organisational Development Programme.
3. The Board noted the key risks identified by this committee.
4. Issues around unsatisfactory compliance with **statutory and mandatory training** were considered and potential solutions around extending ELearning and reviewing the frequency of refresher courses were identified. It was further agreed that it may be helpful to focus on key critical areas of non-compliance.
5. It was underlined that it is also important to encourage employees to recognise their responsibility in completing this training.
6. The committee was encouraged to receive the first **Medical Education Strategy** for its consideration. This Strategy will come to the Board at a future meeting.
7. Ruth noted that she is keen to invite a member of staffside to be a member of this committee.
8. The poor attendance at the '**Listening to you**' sessions at the end of these meetings was noted and it was suggested that the Operations Director work with Localities to make these more meaningful in order to encourage take up.
9. The importance of the link between this committee and the Quality and Standards committee was underlined.

### Finance and Planning Committee – 21 March 2014

1. Lee O'Bryan verbally updated on the recent business of this committee.
2. He acknowledged that this had been a challenging but positive meeting with a focus on three areas – **financial indicators, financial performance in year and**

Minutes Prepared for the Part 1 Trust Board dated ~~26<sup>th</sup> June~~ 26<sup>th</sup> March 2013

Sponsored by the Chair

Agenda Item:

Serial:

Page 9 of 13

**the Trust's 2 year plans.**

3. The committee moved forward the issue of **reference costs**, as one of a suite of indicators, and the understanding of how these are technically constructed.
4. The committee commended the Executive team for their delivery of the **financial position** in a year of change whilst also focussing on quality.
5. It was noted that it had been pleasing to receive clear evidence that Localities have built in **saving plans** when considering the Trust's 2 year plans.

**Charitable Funds Committee – March 2014**

1. Tony Gallagher reported on the recent business of this committee.
2. The Committee approved the **Annual Accounts**.
3. The Committee has moved to endorse fundraising for Charitable Funds with an emphasis on supporting innovative ideas from staff linked into the wellbeing agenda.

**BD/13/366 – Quality and Performance Report**

1. The Board received a report on the Trust's Month 11 performance against each **quality domain** and the Month 11 **Monitor Compliance risk scores**.
2. The overall response rate for the **Friends and Family** test is now at 12% against a target of 15%. The Trust is examining options to improve the response rate in community services.
3. **CQC compliance** remains consistent with previously reported compliance levels. Localities continue to develop work on peer reviewing submissions.
4. The January audit demonstrated all 10 elements of the **Records Management** domain achieved 75% or more at Trust level with five out of the ten areas compliant across all delivery units.
5. It was confirmed that the **Monitor Compliance Dashboard** is Green.
6. Additional work to address indicators below target in **the nationally and locally defined key quality indicators** are identified. The dip in performance for **discharge protocols** relates to a significant drop in the Swindon Locality which is linked to a one off exercise. Performance is therefore due to improve next month. The Trust's position regarding **care clusters: timeliness of review** has improved several points in month. A revised target is due to be implemented from April. Performance continues to be patchy for **service users in settled accommodation** and the Trust continues to work with local agencies to support service users in areas where this is a particular problem.
7. A dip in performance in M11 for **recorded supervision** was noted together with suggested contributory factors. The continued improvement in **appraisal** rates was noted together with developments that are expected to sustain this in the future.
8. The range of performance for supervision between localities was highlighted with a

suggestion that best practice be shared.

9. Improved **sickness** rates were noted and welcomed. The challenge of reducing the target for sickness was considered as this reflects wellbeing amongst staff and continuity of care for service users together with financial implications related to bank and agency spend. It was requested that the Executive bring a report to address this long term challenge to ESEC and then to the Board. **ACTION**
10. The Board resolved to **NOTE** this report.

#### BD/13/367 – Finance Report – M11

1. The Board received a report which presented the Trust's financial position at Month 11 and related actions.
2. The Board noted the financial position at M11 as an actual surplus of £221k which is £168k ahead of plan.
3. It was noted that **pay spend** shows a slight decrease in Month 10 with relates to bank and agency.
4. The Board noted the **cash balance** position and the actual **capital spend** with a forecast to spend the full allocation for the year.
5. Tony Gallagher asked about the delivery of the **CQUIN target**. It was confirmed that the position this year was an improvement on previous years through the implementation of a more robust process and that the application of a project management discipline for each scheme will ensure that delivery will be more effectively tracked in future.
6. The potential for localities coming up with their own CQUIN for cash generation purposes was discussed and suggested as a challenge to be taken back to localities. **ACTION**.
7. The Board resolved to **APPROVE** the following recommendations:
  - The revised changes to the authorised capital schemes for 2013/14
  - The new capital bids recommended by IPG as detailed in the report

#### BD/13/368 – Trust Two Year Business Plans 2014/15 – 2015/16

1. The Board received the Trust 2 Year Operating Plan for 2014/15 – 2015/16 together with the revised business planning timetable for 2014/15.
2. It was confirmed that this plan forms the first two years of the 5 year plan as contained within the **IBP**.
3. The Trust has approached this from the bottom up working with localities who have developed their own 3 year plans. The Trust **strategic priorities** have informed this process. Integral to this has been the requirement that the Trust plans mirror those of commissioners.
4. Final submission of this document to the **TDA** will be on 4 April 2014. Any

feedback prior to this is welcomed.

5. It was confirmed that these plans have been reviewed by the Finance & Planning Committee.
6. Susan Thompson asked about how **quality impact** will be addressed. It was confirmed that individual locality plans have quality improvement plans attached which will be considered by the Quality and Standards Committee. A Trustwide quality and improvement plan will be developed from these. It was requested that this triangulation be explicitly expressed within the plan – **ACTION**.
7. It was requested that a summary of the approved plans should be published on the Trust website. **ACTION**
8. The Board resolved to **APPROVE** the Two Year Business Plans 2014/15 – 2015/16 prior to final submission to the TDA.

#### BD/13/369 – Trust Risk Strategy

1. The Board received the revised Risk Strategy which reflects changes in the Trust's approach to **risk management** during 2013/14.
2. This has been reviewed by the Audit and Risk Committee and is presented as an enabling strategy for approval.

The Board resolved to **APPROVE** this strategy.

#### BD/13/370 – Performance and Quality Management Strategy

1. The Board received this strategy following its consideration at the Finance & Planning Committee.
2. The Board resolved to **APPROVE** this strategy subject to any amendments made following consideration by the Quality and Standards Committee. **ACTION**

#### BD/13/371 – Minutes of Board Committees

1. The Board received and **NOTED** the following Board Committee minutes:
  - Q&S (February 2014)
  - ESEC (January 2014)
  - F&P (February 2014)
  - Charitable Funds (July 2013)

#### BD/13/372 – Foundation Trust Steering Group

1. The Board received a report which updated it on the FT journey and timeline to date also highlighting key milestones.
2. The Trust is preparing for the **CQC Inspector of Hospitals inspection** in quarter one.
3. The Trust is currently refreshing outstanding **Quality Governance and Board**

Minutes Prepared for the Part 1 Trust Board dated ~~26<sup>th</sup> June~~ 26<sup>th</sup> March 2013

Sponsored by the Chair

**Governance** actions and evidence.

4. The Trust has yet to come to a conclusion around the timing for the **election of governors** and is seeking external advice on this.
5. The Board resolved to **NOTE** this report.

**BD/13/373 – Revised committee membership and Associate NED**

1. The Board received a report which reviewed the current composition of the Board following the resignation of a Non-Executive Director (NED) in March 2014 together with a proposed revised committee membership from 1 April 2014.
2. The reduction to two NEDs on the Audit and Risk Committee was queried. It was agreed that the process for this decision would be confirmed.
3. The Board was also asked to approve the need to appoint an Associate NED.
4. The Board resolved to **APPROVE** the revised committee membership, subject to the confirmation of the NED position on the Audit and Risk Committee, and the appointment of an Associate NED.

**BD/13/374 - AOB**

1. There was none.

**The Part 1 session formally closed at 12.35**

**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.