

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

Held on 30<sup>th</sup> April 2014 at 10.00am in the Conference Room, Jenner House

These Minutes are presented for **Approval**

### Members Present

Susan Thompson – Non-Executive Director (Chair for Part 1)	Iain Tulley – Chief Executive
Peaches Golding – Non-Executive Director	Kristin Dominy – Executive Director of Operations
Ruth Brunt – Non-Executive Director	Sue Hall – Executive Director of Resources
Emma Roberts – Director of Corporate Affairs & Company Secretary	Alan Metherall – Acting Nursing Director
	Anthony Gallagher – Non-Executive Director & Chair (in part)

### Associate Members in attendance

Rachel Clark – Programme Director for Development

### Staff In attendance

Ray Chalmers – Head of Communications	Alison Devereux-Pearce – Governance Support Officer (minutes)
Joi Demery – Acting Bristol Managing Director	Jo Davis – PALS Manager
Sarah Frizzle – Interim Acute Service Manager, Bristol	

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

Mr D Ody – Public Individual	Mr S King – Public Individual (in part)
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### Members of the Public representing other organisations

Lorraine Reeves – WSUNS  
Jill Tompkins – Healthwatch  
Paul Rowe - Healthwatch

Action

### COMPLAINTS PRESENTATION – Female PICU with Joi Demery & Sarah Frizzle

1. The Board received a presentation from the Acting Managing Director for Bristol on themes and issues identified and actions taken in response to complaints received over November – December 2013 which captured issues related to a longer period of time at Elizabeth Casson House, the Trust's female Psychiatric Intensive Care Unit (PICU).
2. Issues identified were negative attitudes of staff (named individuals), high usage of

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bank staff and an incident between a Service User and staff member and how a difficult situation was dealt with. Serious incidents on the Unit warranted two members of Bank staff to be excluded from the service giving assurance that the escalation process is robust. Privacy & dignity issues were also identified including open access to hot drinks, room temperature in seclusion and access to paper/tissues. Balancing recommendations and impact of individual risks has led to positive changes in the unit, meeting the needs of the Service Users whilst using the least restrictive approach.

3. Improvements have been introduced by means of new staff joining the service, enhanced informal and formal pathways, and support given to staff through supervision sessions encouraging openness and transparency, with reflection upon identified themes such as use of language and deflection techniques. Complaints are also fed back and discussed by the Teams. The specific incident elements of control and restraint are being looked at more widely by the Trust.
4. The environment of the PICU unit was described as small, with a lack of space to be 'quiet' or receive one to one attention if volatile outbursts are occurring, along with a lack of activities for service users which can create tension. The lounge is to be used more often as it now has adequate seating and a television, and a capital bid for improvements is going through along with plans to enlarge the enhanced care area.
5. As question was asked regarding the impact on access to therapies at weekends, and it was confirmed this will be addressed through Service Redesign. The Acting Director of Nursing commented on Trustwide issues with staff feeling positive and safe, re-launching the Violence Reduction Group along with a move towards a focus on observations and using evidence based work on safer wards. This is further supported by the transfer of a Lead Nurse for Prevention and Management of Violence and Aggression (PMVA) from the Learning and Development team to the Nursing directorate. Isolated units can also link into national forums such as the National Association of Psychiatric Intensive Care Units (NAPICU) and attend events.

Improved supervision rates supporting enhancements in practice was welcomed by Peaches Golding, who enquired about links with, or development of links with, third sector organisations, whom can help assess and enable Service Users to have different level of contact and support. Sarah Frizzle advised that Service Users locally have their own community and support network which needs to be upheld in conjunction with the new model of service which advocates working with partners and recovery navigators from partnership organisations to enable facilitated early discharges and build greater links.

6. The Chair reflected upon the PICU's environment when she visited and commented positively of the plans for improving the size of television room, reception, and physical environment and spoke of her hope for the capital bid to be viewed sympathetically for any such quality improvement visits in the future.
7. The Chief Executive has also visited the unit and reflected on the cluster of issues mentioned, stating he was encouraged to hear about improvements. He asked the Acting Managing Director for Bristol and Sarah Frizzle to consider, if the Unit was used for their own relatives, how would they rate it out of 10? The Interim

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Acute Service Manager responded that, if dependant on the efforts of staff, the score would be 'seven'. Capital bids and ongoing improvement work to make Service Users, Carers and family as satisfied as possible would improve this to a score of 'nine'. Assurance was given by the Acting Managing Director for Bristol that as much work as could be has been completed without the capital bid for improvements.

8. The Chair expressed her thanks to Sarah Frizzle and Joi Demery. The Board **resolved** to **NOTE** the presentation.

### BD/14/001- Apologies

1. Apologies were received and accepted from:

**Lee O'Bryan – Non-Executive Director,**

**Graham Coxell – Associate Non-Executive Director ,**

**Anthony Gallagher – Chair** (Susan Thompson, Non-Executive Director chaired for Part 1).

### BD/14/001- 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/14/002 - Questions From Members Of The Public

1. The following written question was provided prior to the meeting which asked about

*'films or photographs for particular individuals being made within their home?'* The Chair responded that issues regarding unsanctioned video or audio recordings would be dealt with by the Complaints team individually. Filming, photography or audio recording requests of Service Users would be in accordance with Trust policy. The Medical Director responded that any activity would be subject to the individual's consent; policies for teaching and including Service Users in training videos and audio recordings would only be under consent.

2. A further verbal question from Mr King, a member of the public and Service User, enquired about *written consent for the previous question, and would this written consent be kept on file?* The Medical Director advised that verbal consent would be adequate and reasonable from the person participating but the Trust would also seek written consent whenever possible.

*(Post March Board Meeting Note) The Trust has supplied Mr Ody with a copy of the report 'The Financial Cost of Healthcare Fraud' as discussed and the Trust's Counter Fraud Specialist will be replying to Mr Ody in regards to his detailed request.*

### BD/14/003 – Minutes Of The Previous Meeting on 26<sup>th</sup> March 2014

1. The previous minutes were considered by the Board and were **agreed** to be an

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**ACCURATE** record.

**BD/14/004 – Matters Arising**

1. Equality and Diversity work is being progressed by the Trust. The Annual Report for Compliance will be presented to the May Board which will inform a wider piece of refocusing as part of the ‘Enabling Excellence’ work programme which will also enhance links with CCG partnership working. Peaches Golding enquired if this practical work would be in specific areas. The Director of Corporate Affairs gave assurance that part of the work to be continued is an assessment of compliance as the Trust is currently gaining data from best practice which will identify gaps and allow the organisation to benchmark nationally against other Trusts. This will be discussed further by the Employee Strategy and Engagement Committee.
2. Hard copies of the updated Board Schedule of Matters Arising were distributed by the Director of Corporate Affairs as the Board noted an error with the Matters Arising version already published.
3. The Board **considered** the Board Schedule of Matters Arising and **resolved** to **note progress** and **remove** those items marked as **complete**.

**BD/14/005 – Chair And Chief Executive’s Actions**

1. There were no actions identified to report.

**BD/14/006 – Chair’s Report**

1. The Board received a written update from the Chair on his work during the preceding month.
2. The key points drawn to the Boards attention were:
  - 2.1 The ‘**Medical Strategy**’ referred to in the report is **wider known** as the ‘**Clinical Strategy**’.
  - 2.2 The **Carers Charter** has been **launched formally** across the Trust, with significant implications for engagement activity Trust-wide, is to be taken forward and monitored by the **Trustwide Engagement Group** to explore the future experiences of Carers and attitudes of staff.
3. The Board **resolved** to **NOTE** this report.

**BD/14/007 – 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 as follows:
  - 1.1 The Trust will pursue **Children and Adolescents Mental Health Tenders** in the future to add to its **commercial viability**.
  - 1.2 Upon a recent **visit** by the CEO to the **Early Intervention Team** in Devizes their work was upheld in  **focussing** on quality and **preparation** for the Chief Inspectors visit.
  - 1.3 The **Inspection visit** will commence on **9<sup>th</sup> June 2014**. One of the Inspectors

has worked with AWP previously so will have a level of **awareness** when looking at the **quality of therapeutic environments** and can offer appropriate advocacy. The Inspectors will be looking for, amongst other **themes**, Clinical Team Leader's ability to identify issues and **agreed actions**.

- 1.4 The **CCG** has asked to meet some of the **Board** last week in regards to the **Bristol Tender** and gave **assurance** over contracts and provision. The magnitude of change in Bristol was recognised. Peaches Golding commented that the tone of meeting was **encouraging** but the process will be **challenging**. The Chair advised that CCG feedback included the views of some Service Users being dissatisfied with AWP as a preferred bidder; This was acknowledged as due to legacy issues but the Trust recognises this challenge and **co-operation of partners** is crucial for delivery. Also recognised is pressures to staff over changes if TUPE will apply and any subsequent moves to other organisations.
- 1.5 **Thanks to Financial colleagues** for a successful year end were offered and **Operations Directorate** input was acknowledged.
- 1.6 **Homicide enquiries from 2009 and 2010**. The Chief Executive expressed **condolences** and regret over the **tragedies** on behalf of the Trust but made clear that the incidents couldn't have been predicted or prevented; The organisation will look at reports in greater depth and **assurance** was given in that things have changed since then but acknowledged that the tragic incidents still have an **impact** on service users, staff, family, victims and perpetrators.
- 1.7 **Congratulations** were offered to Consultant **Ian Ellison-Wright** for his recent research **publication** in the open access journal BMC Psychiatry.

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

#### BD/14/008 – Monthly Incident and Complaints Report

1. The Board received a report from the Acting Director of Nursing to brief the Board on incidents and complaints activity during March 2014.
2. There were nine reportable incidents including one grade two reportable incident on Sycamore Ward. The initial management report has been scrutinised by the Critical Incident Overview Group and particular follow-up attention is being given to the resuscitation response. All incidents are investigated and next month's report will give greater details for themes and trends reported to the Board.
3. BANES Locality - Sycamore Ward improvements have been reviewed by the Quality and Standards Committee. A further Clinical Executive-led 360 degree review of access to ligature points. The locality will update the CQC preparation group over compliance actions on the ward.
4. 32 complaints were received in March. All have been investigated and the Board was urged to take assurance from the presentation today in regards to change of practice and improvements.
5. The Chair questioned the Acting Director of Nursing over the new inspection regime into 136 Suites, and if there are sufficient places of safety for those who

require services according to Home Office requirements recently released? The Board was assured that the online consultation will be responded to by the Trust over the impact of Section 136 services as this has been a concern of the CQC and all lawyers advising clients in a mental health setting and will give greater clarity over inadequacies in place of safety services.

6. The Board **resolved** to **NOTE** this report and **agreed** the following **action**:
- **Alan Metherall & Mark Bunker will respond to the online Section 136 Consultation on behalf of the Trust and address any actions that arises from the subsequent themed review.**

### BD/14/009 – Assurance Framework

1. The Board received a report from the Director of Corporate Affairs & Company Secretary, reporting on sources of assurance aligned to the strategic objectives of the Trust for 2014/15.
2. The Assurance Framework has been updated for the new financial year, with all potential risks to the achievement of objectives considered and an assurance mapping exercise undertaken with Executive Directors. Following the finalisation of LDU priorities, the Assurance Framework will be further developed during Q1 to include assurances against LDU objectives.
3. It was agreed that this piece of work requires further revisions. Strategic responsibilities have been identified to Directorates but a shared Director response is required to prevent 'silo working' as key controls were viewed to come through conversations across Directorates.
4. Ruth Brunt commented that the RAG rating could be interpreted as misleading in terms of Trust overall position. The Director of Corporate affairs affirmed this as a fair comment in that the Trust has set a high standard regarding assurance and external validation for good processes received, but acknowledged it needs to recalibrate assertion around level of risk as this has now moved on and the Framework needs to reflect this direction of travel. The Director of Resources observed that this was previously developed at time when the IBP not as enhanced. Risks in IBP will be aligned to these and more triangulated as a result.
5. The Board **resolved** to **NOTE** this report.

### BD/14/010 – Trustwide Risk Register

1. The Director of Corporate Affairs & Company Secretary presented a report for review and challenge by the Board.
2. The Executive Risk Registers have been reviewed by Executive Directors and the risk BANES3 involving Sycamore Ward, captured on the BANES risk register, has been escalated to the Trust-wide Risk Register.
3. The Board discussed the real challenges of ward environment and plans to work for the re-provision of this however, a serious incident occurred and then another in quick succession. Plans were in place to mitigate but potentially a reputational risk was confirmed so in alerting the Board and Executive Team, the escalation of the process referenced to in the Acting Director of Nursing report, relayed

systemic issues not just incidents.

4. Tony McNiff, Chair of the Audit & Risk Committee commented that the risk came to a previous meeting and was raised through the Committee and then the Executives reviewed the Locality Risk Register and the profile raised but the unfolding chronology was unfortunate during the escalation process and asked for the incident to be tracked through the process and a report to come to the next committee. The Medical Director commented that the Triumvirate had already put together a package addressing the situation already, the issue to be reviewed is the triangulation at an appropriate time.
5. The Board **resolved** to **ACCEPT** the current risk position and **NOTED** the report. The following **action** was **AGREED**:
  - **The Incident is to be tracked through the escalation process by the Director of Corporate Affairs and to be reported on at the next Audit & Risk Committee.**

#### BD/14/011 – Detailed Risk Review

1. The Board received a report from the Director of Corporate Affairs & Company Secretary following escalation of the risk BANES3 to the Trust-wide risk register and subsequent review of this at the meeting of the Audit and Risk Committee on 17 April 2014, a detailed risk review has been completed.
2. This report seeks to provide the Board with an in depth review of this risk, the concerns surrounding the escalation of the risk, and further information on planned controls to be implemented to mitigate the severity of impact of this risk both locally and on the Trust as a whole; This is to reflect risk in more quality focus method and issue related to service user experience.
3. The two stand-alone wards (Ward 4, St Martin's & Sycamore Ward, Hillview Lodge) are known as environment not ideal for acute Service Users with mental health conditions. Ward 4 also provides care for Older Adults with functional mental illnesses with different needs identified already by nursing staff. Concerns by the CQC at Sycamore Ward have been identified; In addition to current controls, the CQC added further requirements which the content of a capital bid for funding will also address.
4. The Modern Matron post has now filled by an experienced Matron and the Ward Manager position is being interviewed for today. Triumvirate management have direct access to ward, the staff and environment. Vacant posts have now been progressed to full establishment.
5. Assurance was given to the Board that the 360 Degree Report will review all systems and process into the ward and will reported back in May. Close monitoring by the director of Operations and the Triumvirate will continue.
6. The Chief Executive commented that the location of the two units and relationships with RUH have not been as strong as acknowledged. He has a meeting with RUH on 6<sup>th</sup> May 2014 to discuss the possible re-provision of sites to be profiled accordingly over next 12 months.

7. Peaches Golding welcomed the report and detail contained but questioned the theme identifying ward culture and whether the Trust was supporting staff as this has got historical challenges and need to ensure staff engagement? The Acting Director of Nursing responded that he was confident and gave assurance that the appointment of a Modern Matron and Ward Manager with significant skills and abilities would have a direct impact to BANES and securing cultural change.
8. The Medical Director affirmed that the 360 degree appraisal will explore all underlying issues for the unit, will utilise Service User and Carer feedback on cultural evolution and assured the Board that the report will be approved by the Quality and Safety Committee before being presented to Board.
9. The Board **resolved** to **NOTE** the report.

**BD/14/012 – Quality & Performance Report**

1. The Board received a report on the Trust’s Month 12 performance against each quality domain and the Month 12 Monitor Compliance risk scores from the Director of Operations.
2. CQC compliance remains consistent with previously reported compliance levels. Localities continue to develop work on peer reviewing submissions utilising the ‘15 Steps’ approach. Section 17 leave is not as widely available due to structural issues. The Director of Operations and the Acting Interim Nursing Director are formulating a training programme for Unregistered Practitioners when accompanying Service Users.
3. Records managements demonstrate the continuation of positive results. Discharge protocols issue identified in Swindon has been resolved along with an administration process problem in Wiltshire.
4. The Director of Operations expressed her disappointment over supervision levels. It transpires this is due to issues in bank and gave assurance that each Triumvirate is working to address this locally. The reduction in IQ performance for Secure Services’ supervision indicator needs to be mitigated. There is no evidence to suggest a risk to service delivery and the level of vacancies is being monitored. Appraisal levels are forecasted at 85% with confidence in the new system expressed.
5. There is a 4.13% forecast against the 4.6% target for sickness levels. The target will be reviewed if still appropriate by the Employee Strategy and Engagement Committee.
6. Bristol Older People Team’s Clinical Lead has stepped down along with several resignations due to transition. The Recovery Teams are currently caseload profiling to identify if additional staff is required.
7. North Wilts Recovery Team’s performance & quality issues are currently being reviewed and investigated. Two members of the team are suspended but the issues are acknowledged to be due to the de-segregation of Social Services from the team and inheritance of a forensic caseload. Emma Roberts commented that staff suspension is to protect members of staff and is not a sanction for purposes of the investigation.

8. The Chief Executive reflected on the importance of clinical leadership intelligence needing to be triangulated and escalated. Kristin Dominy is currently working with Information and Quality Leads within the Trust to ensure this vital work continues.
9. Tony McNiff enquired about the risk represented by the Bristol Tender and the loss of Dementia Services. The Director of Operations affirmed that this needs to be reviewed in greater detail and will be escalated as necessary. The lack of supervision for Bank staff was also discussed along with the possible impact on Service Users. Kristin Dominy assured the Board that the Bank is currently redefining its supervision process for staff working for AWP and levels of supervision will be reported alongside the remaining issue of Section 17 Leave in the 'Staffing Issues' report to Board next month.
10. Tony Gallagher observed that this was a balanced comprehensive report. He advised the meeting that he recently met with Swindon CCG where the openness of IQ data was discussed. He also commented that supervision in Secure Services is vital as in periods of change staff want to be informed and supported and welcomed this qualitative element of supervision being acknowledged and addressed.
11. The Board **resolved** to **NOTE** the report.

#### BD/14/013 – Finance Report

1. The Board received the finance report from the Director of Resources for Month 12 outlining the Trust's year end position which was delivered successfully on plan.
2. The Board **resolved** to **APPROVE** the report and the **AGREED** decision recommended:
  - **To endorse and refer to the Audit and Risk Committee for its delegated approval of the 2013-14 financial statements on 2 June 2014.**

#### BD/14/014 – Report of Board Committee chairs

1. The Board received verbal reports on business within the month's meetings from the following Committee Chairs:
2. **Audit & Risk – Tony McNiff:**
  - 2.1 Legacy actions have been completed and report with no material actions to report to the Board.
  - 2.2 The Trust's year-end accounts are under review by External Audit currently.
  - 2.3 Overall, feedback from Internal Audit triangulation of performance improvements and controls are positive. Some concerns were expressed over a lack of an internal audit plan but is now working to plan for quarter 1 and the rest of year being populated to ensure positive trajectory.
  - 2.4 Internal controls and statement informing external accounts was positive in the main, but revised internal control statement will be received in time for the next committee meeting.

- 2.5 Comments regarding controls for closing off pay for leavers and basic management controls in organisation need to be reinforced.
- 2.6 The Quality Impact Assessment process is to be added to the agenda for review at the next meeting as per cross horizontal reporting from the Quality & Standards Committee.

**3. Finance & Planning - Tony Gallagher (on behalf of Lee O'Bryan)**

- 3.1 CIPS has now been closed along with cash balances. Thanks were expressed to the Executives for closing on target and achieving CIPS for the 4<sup>th</sup> year in a row.
- 3.2 Cost improvement plans have been rigorously reviewed, providing assurance that processes are in place and have been sent back for adjustments. These will be approved at the next meeting.
- 3.3 Reference costs were debated. It was agreed that these need to be more reflective of actual activity.

**4. Quality & Standards – Susan Thompson:**

- 4.1 All localities presented their Quality Improvement Plans for the year identified 3 top priorities reflecting local quality initiatives but common themes were identified around inpatient services and experiences.
- 4.2 Recovery team improvements included physical healthcare and, for others, learning lessons from complaints. The Committee challenged localities over changes to services.
- 4.3 The Trustwide Improvement Plan was deferred to hear from localities first to triangulate with timing issues around this and the Quality Account was discussed.
- 4.4 The Ligature Assurance Report was received and it was acknowledged that this still remains an issue for any organisation.
- 4.5 The Committee debated addressing the continuing need for compliance and environmental needs, these being respect and dignity of patients whilst balancing risks and care. Ruth Brunt commented that quality planning in localities is in the early stages and plans concerned input rather than expected outcomes with the need review this process to achieve but, it was expressed an encouraging start for Localities. The Medical Director reflected upon the challenges to triumvirates to draw up quality priorities with patient and Service Users, Carers and commissioner stakeholders.

**5. The Board resolved to NOTE the reports with the AGREED action:**

- **That the Quality Governance Assurance Framework to be assessed by the Board at the seminar in May for self-evaluation before external review by KPMG consultants.**

**BD/14/015 – FT/Briefing on the impending Inspection by the Care Quality Commission**

**1. The Board received a briefing from the Acting Director of Nursing detailing**

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preparations for the Chief Hospital Inspector at the Care Quality Commission (CQC).

2. Methodology for this Inspection is in development but previous Trusts have received enforcement and compliance actions when inspected. The Director confirmed that the risk mentioned in the report is the risk of unpreparedness.
3. The Trust has 12 compliance items which are being addressed already through a formalised processes and localities working on these with Lead Liz Bessant, Acting Deputy Director of Nursing.
4. In summary, the Acting Director of Nursing gave assurance to the Board that there are robust and thorough processes in place.
5. The Chief Executive discussed the inspection experience that Coventry and Devon Trust's encountered and reaffirmed that openness and transparency are key on all levels. Inspectors will have full access with the IQ system and he noted on a positive note that the local inspector, Elaine Scott, will be on the inspection team.
6. The Chair reflected that the 'business as usual' message will help ensure the highest quality of care for Service Users and their families. Improvement notices have been identified with actions prepared. The Quality & Standards Committee is monitoring the completion of these actions and is satisfied these are underway and adequately address issues in areas where concerns were identified.
7. Tony Gallagher, NED & Trust Chair, confirmed he will be speaking to external stakeholders and enquired what communication plans are in place to include them? The 'Safer Staffing' report will be presented to the Board in May outlining the Trust's position and understanding of safe staffing. The Director of Operations gave assurance that there is a plan to reconcile budgets with current establishments within the report and had confidence in knowing the position once triangulated at the Operations SMT meeting next week; If a cost pressure is apparent then the report will address this.
8. The Director of Corporate Affairs advised that a communication brief will be discussed at the CQC planning meeting, and that Ray Chalmers, Head of Communications, will be leading on appraising stakeholders.
9. The Board **resolved** to **APPROVE** the report.

### BD/14/016 - Minutes of Board Committees

1. The Board received minutes from the following Committees
  - Finance & Planning
  - Quality & Standards
2. The Board **resolved** to **NOTE** the minutes.

### BD/14/17 – TDA Oversight Return (Month 12)

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1. The Board received a report from the Chief Executive as part of the FT process in which aspirant Trust Boards are required to make declarations and a self-certification of compliance with the Monitor Provider License requirements and to provide a series of Board Statements.
2. Assurance was given by the Chief Executive that the Executive Team have revised the statement and can recommend that the Trust is fully compliant.
2. The Board **resolved** to **APPROVE** the report.

### BD/14/018 – Homicide Inquiry Reports and Action Plans

1. The Board received two reports from the Acting Director of Nursing into previous homicide enquiries and subsequent action plans agreed by the Trust.
2. The Director expressed his regret for loss of life and took the opportunity to pass his condolences to the victim and perpetrator's families and to all involved.
3. The incidents occurred in 2009 & 2010 but the Trust is not waiting for the reports to be published to take action from internal and external investigations. The action plans will have to be overseen internally by the Critical Incident Overview Group (CIOG) and externally, by stakeholders Bristol and North Somerset CCGs.
4. The Chair shared in the message of condolence for the victim and perpetrators in both incidents but asked that actions which were not identified in previous reports are reported to the Quality & Standards Committee by way of CIOG with any thematic reviews.
5. The Board **resolved** to **NOTE** the report and agreed the following action:
  - **That the actions which not identified in previous reports to come through Quality and Standards Committee via CIOG along with any thematic reviews.**

### BD/14/019 – Any Other Business

1. The Trust will be interviewing for the Director of Nursing role imminently and the Chief Executive took the opportunity to thank Alan Metherall for acting-up in the role to such a high standard but confirmed that, for personal reasons, he would not be applying for the position.
2. Tony Gallagher advised that the Trustwide Engagement Group met and it was agreed that that minutes will come to the Board for approval in the future. He added that this was an informative meeting with involvement work gaining momentum within the Trust.

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