

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

Held on 28 May 2014 at 10.00am in the Conference Room, Fromeside

These Minutes are presented for **Approval**

Members Present

Anthony Gallagher – Chair	Iain Tulley – Chief Executive
Susan Thompson – Non-Executive Director	Hayley Richards – Medical Director
Lee O’Bryan – Non-Executive Director	Sue Hall – Director of Resources
Ruth Brunt – Non-Executive Director	Alan Metherall – Acting Director of Nursing

Associate Members in attendance

Graham Coxell – Associate Non-Executive Director
Rachel Clark – Programme Director for Development

Staff In attendance

Eva Dietrich – Clinical Director, North Somerset (<i>for Director of Operations</i>)	Louise Hussey – Assistant Company Secretary
Linda Hutchings – Head of Patient Safety Systems	Carol Bowes – Clinical Director
Alison Devereux-Pearce – Governance Support Officer	Wendy Kelvin – Head of Learning and Development
Andy Martin - HCA	Andy Cork – Community Forensic Nurse

Members of the Public in attendance in the gallery

Mr S King – Patient

Members of the Public representing other organisations

Lorraine Reeves - WSUNS

CLINICAL PRESENTATION – Antibiotic Stewardship

1. The Board received a presentation from Dr Sherlie Arulanandam on *Antibiotic Stewardship*.
2. The Trust is working with Bristol Health Partners through a Health Integration Team (HIT) which aims to tackle major health priorities through working together.
3. The project in which the Trust is involved is around reducing the burden of respiratory infections in the community and the NHS and is focussed on improving the appropriate use of antibiotic prescribing by secondary care Mental Health

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Services.

4. It is widely acknowledged that the worldwide risk around antibiotics resistance is significant.
5. The project team has collected information about existing antibiotic prescribing practices within the organisation and has noted potential for improvement in some areas. The areas for improvement were outlined in the presentation.
6. Trust actions and future plans were noted. It was confirmed that the project team is working with the Medical Education department to share this information across the organisation.
7. Susan Thompson welcomed this initiative and that the Trust is taking a lead on this. She stressed the importance of a focus on the physical health of Trust service users and that this issue had been considered at the Quality and Standards Committee.
8. The Chair thanked Dr Arulanandam for her informative presentation.

BD/14/033 - Apologies

1. Apologies were received and accepted from Tony McNiff (Non-Executive Director), Peaches Golding (Non-Executive Director), Kristin Dominy (Director of Operations) and Emma Roberts (Director of Corporate Affairs and Company Secretary).

BD/14/034- 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/14/035- Questions From Members Of The Public

1. The following written question was received prior to the meeting:

At the February Board meeting I asked about a false alert made against Mrs Kim England by a member of staff.

The alert date 15.01.2010 states that Mrs England keeps a knife in a drawer next to the front door. It goes on to say 'there have been no recent reports of her pulling the knife out' and warns staff to be aware the nearest drawer to Mrs England's front door is 19 feet away in the kitchen in the sink unit.

Hayley Richards confirmed that if this question was about inaccurate recording she would investigate further and respond to the questioner.

1. The following written question was received prior to the meeting:

I have just read the report by the House of Lords Select Committee on the Mental Capacity Act 2005 published on 13 March 2014.

AWP are not complying with the five principles which were described as the pillars for the framework in defining capacity and best interest (Para 55).

I believe that Mrs England's case was resource-led (Para 65) and all assessments of Mrs England were done under the pressure to prove she lacked capacity.

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Susan Thompson noted that the Quality and Standards Committee receive an annual assurance report on compliance with the Mental Capacity Act, and that this was reviewed in the last three months. Whilst this review highlighted the need to ensure further training is available, the overall take up of training and embedding of key principles assured the committee on the operation of the Act across the Trust.

2. The following written question was received prior to the meeting:

At the April Board meeting I asked if any film, photographs or audio recording have been taken or made at Mrs KM England's home by AWP staff.

Mr Tulley wrote to me on 12 May 2014 and said that this would not be carried out without the knowledge of the service users or carers.

He has not answered my question. Has any filming, photographs or audio recording been done at Mrs England's home?

It was confirmed by Hayley Richards, that the answer to this question is 'no'.

3. The following written question was received prior to the meeting:

I have read the Board responses about the falsification and/or alteration of patients records identified in 'the Wiltshire Report'.

I have heard members of the public raising concerns with the Board that their own records are incomplete and incorrect. How is the Board and AWP dealing with their concerns?

[Also] Are you currently a Foundation Trust?

Iain Tulley reiterated that the Trust has followed through on all agreed actions with regard to the alleged falsification of records, reviewed all records and had discussions with Wiltshire County Council. The Trust is clear that this has not happened and the matter is closed.

AWP is not a Foundation Trust.

BD/14/036 – Approval of factual amendment to minutes/summary of the meeting of the Board on 26th March 2014

1. The Board were asked to approve a factual amendment to the minutes of the meeting of the Board on 26th March 2014.
2. The Chair made it clear that this amendment has been made because the Trust wishes to be clear about the facts of the matter and to respond to the reference to the falsification of records. He underlined that there was not any deliberate falsification of records but that staff were working at that time in a culture of achieving performance targets. Some changes had been made to appointment dates but not to the clinical record.
3. The Board resolved to **APPROVE** the amendment to the minutes of 26th March 2014 Board meeting.

Minutes/summary of the meeting of the Board on 30th April 2014

1. Hayley Richards should be recorded as present.

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- References to the environment of the PICU unit at paragraph 4 of the notes on the Complaints presentation should specify the 'physical' environment.
- The first sentence of paragraph 1.4 of *BD/14/007* should read '*[T]he CCG asked to meet with some members of the Board prior to the awarding of the contract in relation to the Bristol tender and sought assurance around contracts and provision*'.
- BD/14/012* paragraph 7 should refer to the '*disaggregation of Social Services from the team ...*'
- With these amendments, the minutes were **agreed** as an accurate record.

BD/14/037– Matters Arising

- The Board considered the Board Schedule of Matters Arising and resolved to note progress and remove those items marked as complete.

BD/14/038 – Chair And Chief Executive's Actions

- There were none to report.

BD/14/039 – Chair's Report

- The Board received a verbal update from the Chair.
- The Trust has advertised and is interviewing for a replacement Non-Executive Director.
- The Chair welcomed Graham Coxell at his first meeting of the Board as an Associate Non-Executive Director.
- Tony welcomed that that Trust has recently hosted the **Wiltshire Health and Wellbeing Board** with a meeting that was themed around mental health. He noted that it was pleasing to receive feedback that the Trust's Locality structure is working well with them. He also highlighted positive feedback from the **Wiltshire Chief Constable** on the work of the Trust in reducing the amount of people with mental health issues in their cells by 90% in year and addressing issues for 16-18 year olds.
- The Board resolved to **NOTE** this report.

BD/14/ 040– Chief Executive's Report

- The Chief Executive presented his regular report on matters of national and local interest, raising key points in his summary for the board.
- Recommendations relating to interim arrangements for the **Director of Nursing** role will be considered at an Appointments Committee meeting after the Board. This follows recent unsuccessful interview processes.
- Rhona MacDonald, a non-executive director of Bristol Community Health, has been appointed as **interim system leader** to lead the establishment of a new mental health system for Bristol.
- Iain reported that, together with Kristin Dominy and Hayley Richards he has recently met with the Chief Executive and senior team at **RUH Bath** with a

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particular focus around liaison and the replacement of Hillview Lodge. The latter is progressing and Iain will update the Board on this at the June meeting.

- Trust preparations for the forthcoming **CQC Chief Inspector of Hospitals' Inspection** were outlined, including a series of mock inspections. The Trust is liaising with external partners and sharing key messages associated with this inspection. Susan Thompson asked about opportunities for the CQC to talk to members of the public during this process. It was confirmed that this is being managed by the CQC itself. It was requested that information regarding this be available on the Trust Website.

[Post meeting note: The Deputy Director of Nursing has confirmed that this is in place].

- Iain updated the Board on **Bristol Tender** developments that the CCG will announce today that the Trust has been awarded the contract for Lot 1 and, as part of Mental Health Bristol, Lot 2, the system leadership role and community rehabilitation services. He reiterated that this outcome is a tribute to the work of the Bristol Locality Team and underlined that this is a positive outcome for the people of Bristol. The Chair added his thanks to the Board for their support of this tender, particularly Lee O'Bryan who has given a great deal of his time as a mentor. It was acknowledged that, in not being successful in the dementia element of the tender, the Trust must support staff affected by this and work at building relationships with the successful partnership.
- The **staff Friends and Family test** has now been launched which is in advance of national requirements.
- The Trust continues to make progress in the management of **sickness absence**.
- Recent findings around establishing a parity of esteem for the **physical health** problems of people with mental illness were noted.
- Ongoing work by the Trust to minimise and ultimately eradicate **out of area placements** was outlined. Susan Thompson asked that focus on this also include service users moving within the large geographical area of the Trust. Iain confirmed that the Trust's recent initiative around bed management addresses this.
- Iain commended work within the Trust to assure safe staffing levels across the organisation.
- The Board resolved to **NOTE** this report.

BD/14/041 – Monthly Incident and Complaint Report

- The Board received a report from the Acting Director of Nursing to brief it on incidents and complaints activity during April 2014.
- Of the nine externally reportable incidents there were four grade 2 incidents and five at grade 1.
- The Quality and Standards Committee are looking at the circumstances of the two tragic deaths reported as grade 2 incidents and an internal investigation around governance structures together with an external review of the **management of ligatures** are in place.

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4. 15 complaints were received in April, none of which were graded red. This is a drop on the previous month.
5. In answer to a question from Lee O'Bryan around a **thematic analysis** of complaints over a 12 month period, Alan Metherall confirmed that the intention is that this information will be available in future quarterly reports to the Board.
6. Susan Thompson expressed her concern over the deaths associated with ligatures and doors and welcomed the forthcoming thematic review and investigations. She reported that the Quality and Standards Committee had reviewed the governance associated with this area and welcomed that the **Anti-Ligature Group** is now working with **Suicide Prevention Group**. She noted that this is an important step around clinical oversight.
7. Susan further commented on incidents involving **self-harm** and asked that a separate report on self-harm be considered. Linda Hutchings commented from the gallery that the Critical Incident Oversight Group had received a report on this at a recent meeting and will be looking at trend information to prompt wider discussion.
8. A questioner from the gallery asked about the nature of independently-led investigations of complaints and it was confirmed that these are led external to the team in question. Additionally the questioner asked about the recording of complaints received and it was confirmed that all complaints are recorded.
9. The Board resolved to **NOTE** this report.

BD/14/042 – Safer Staffing

1. The Board received a report which detailed the outcome of the first full establishment review for the Trust, following the principles set out in the **National Quality Board guidance** on '*How to ensure the right staff, with the right skills, are in the right place at the time*'.
in the right place at the time'.
2. It was confirmed that there are **nine provider expectations** detailed in this guidance. This report details the process followed to ensure the meeting of Expectation 3, which requires evidenced based tools to be used to inform nursing, midwifery and care staffing capacity and capability.
3. Carol Bowes outlined that the Trust had looked at **validated tools** appropriate for mental health services and used one of these to develop a set of staffing figures. These were presented to a group of registered nurse who identified issues that questioned the validity of the tool.
4. In light of these concerns it was agreed that ward establishments would be calculated including local **professional judgement** and account for varied ward sizes within the Trust. The Trust has taken the view that this review is about the quality of services in conjunction with safe staffing levels.
5. This exercise has identified safe staffing levels (*Appendix 2*) which benchmark reasonably well with other Trusts and show a gap of 72 whole time equivalent (WTE) substantive posts. It was confirmed that these posts have been covered by an equivalent of 124 WTE bank and agency staff to this point and underline that the Trust has been staffing safely.
6. It was noted that Localities are working to manage the change to their **skills mix**

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which is likely to include the revision of banding between the number of Band 6 to 5 for registered staff and Band 3 to 2 for unregistered staff. An improved focus on statutory mandatory training has also been factored in.

7. It is acknowledged that the quality of services provided by inpatient wards is not solely dependent on nursing staff and it is hoped that future reviews will extend to the whole **multidisciplinary team**.
8. Tony Gallagher welcomed this comprehensive and necessary piece of work.
9. Tony asked about the gap of 72 WTE identified and asked whether this is a recruitment issue. Carol Bowes confirmed that some of this is connected to increasing the uplift to allow for improved **training, supervision and appraisal** processes and also the moving of S136 suites into wards. Overall this is to ensure staff are supported in providing a quality service.
10. Iain Tulley reiterated that this exercise will bring the Trust to a 'Bronze' safe baseline around staffing and that there is an aim to move to 'Silver' and then 'Gold' which will be safe with additional working. It is acknowledged that there would be cost pressures associated with this. This will also allow commissioners to make choices around the level of activity they purchase.
11. Ruth Brunt welcomed that the Trust now has baseline information but expressed concern at the focus on numbers at the potential expense of redesign and **transformational change** moving forward. Alan Metherall confirmed that this inpatient review is seen as a conduit to transformational change and will enable the Trust to think differently.
12. Hayley Richards welcomed this review and noted that this has led to work looking at other professional groups.
13. The question 'what next' was raised by Susan Thompson in relation to services provided in the **community**. It was agreed that this should be addressed and confirmed that issues of safer staffing in community teams have already been discussed at an external meeting.
14. Lee O'Bryan questioned the methodology used in this process as, in asking staff what they need, it implies that staffing levels have not been safe, when this is not the case. Alan Metherall underlined that staffing levels have been safe but at the expense of appropriate training, supervision and appraisal levels. He underlined that the Trust has used the methodology available to it but acknowledged that the evidence base for the tools utilised is not satisfactory.
15. Lee also questioned the emphasis on supervision and appraisal when Trust indicators are satisfactory in these areas. Rachel Clark underlined that an improved focus on the training and development of staff could be an important benchmark against potential competitors.
16. Tony requested that the Executive Team examine how the costs will be met associated with the recruitment of the 72 WTE identified.
17. Sue Hall noted that this paper, together with an understanding of the increased acuity of inpatient service users, occupancy rates and delayed transfers of care will inform a debate with commissioners around funding.

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18. Susan Thompson reiterated that it is important for the organisation to be clear on what is appropriate around staffing in both its inpatient and community services.
19. In response to a question from the gallery Iain confirmed that around 70% of the Trust's service users are treated in the community but that the costs of inpatient care are significantly higher.
20. Tony Gallagher acknowledged that this is an important paper.
21. The Board resolved to **APPROVE** recommendations 7.1, 7.3, 7.4. It asked that recommendation 7.2 be amended to reflect the place of redesign and transformational change going forward.

BD/14/043 – Trustwide Risk Register

1. The Board received the Trustwide Risk Register for review and challenge
2. It was noted that Executive risk registers have been reviewed by the Executive team and at a meeting of the Senior Management Team.
3. It was confirmed that there are no significant changes to the risks reported in the last month.
4. A detailed risk review of IBP 03 will come to the June Board meeting.
5. Tony Gallagher expressed surprise at the high risk associated with issues related to commissioner contracts and that these had not been de-escalated. He suggested a fresh look at the scale of the risk to reflect the confidence that the Trust has in the future. He requested that this be reviewed together with the risks associated with other challenges to the organisation.
6. Sue Hall noted that commissioner risk has been assessed against the economic environment, PbR and the block contract and further review requested of the commissioners around inpatient provision.
7. The Board resolved to **NOTE** this report.

ACTION:

- **Risks associated with commissioner contracts to be reviewed together with risks associated with other challenges to the organisation – DIRECTOR OF RESOURCES.**

BD/14/044 – Equality and Diversity Annual Report

1. The Board received a report which updated it on progress against equality objectives and outlined future commitment to the **equality and diversity agenda**.
2. The Board also noted the planned process for benchmarking the Trust's position against the 18 goals of the 4 outcomes of EDS2, NHS England's update to the original equality and diversity framework.
3. The Trust recognises that there is further progress to be made in developing a strategy that reflects Board ambition.
4. Lee O'Bryan expressed his concern at the lack of any key targets for the organisation contained within this report together with any idea of what will change

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as a consequence of processes described. He also regretted the lack of hard figures included in the report.

5. Rachel Clark acknowledged that the Trust is not where it would like to be and has not made the progress it would like in relation to this agenda. She noted that the Trust has lost a key member of staff and that there are shortfalls in data collection. Assessing the Trust against the EDS2 framework will provide a better picture and action plan for the future.
6. Tony Gallagher noted that recent discussions had identified that the NHS in general is not dynamic in this area but that this provides an opportunity for the Trust to be leader in the field.
7. He asked that AWP develop **hard metrics** around representation in order to drive forward change. He reiterated that it is important to define the strategy for Equality and Diversity with measurable indicators including an annual workplan for the coming year.
8. Susan Thompson added her disappointment that the Trust has not made the progress it would have liked to and asked how Localities are working to embrace these issues on the front line. It was acknowledged that this is a cultural issue that must be disseminated through the organisation.
9. The Board resolved to **NOTE** this report, accepting there is further work to do. It was requested that a review of the position, including hard metrics, come back to the July Board.

ACTION:

- **Review of Equality and Diversity position, together with hard metrics to return to the July Board – PROGRAMME DIRECTOR, DEVELOPMENT.**

BD/14/045 – Quality and Performance Report

1. The Board received a report on the Trust's M1 performance against each **quality domain** and M1 **Monitor compliance risk scores**.
2. The overall response rate for the **Friends and Family** test continues to be positive with improvement in response rates for both inpatient and community services. It is acknowledged that these are still behind the 15% target with community lagging behind inpatient services. This is being addressed by Quality Academy workshops to support implementation and share good practice and examination of improved IT solutions.
3. Work is ongoing across the Trust to improve understanding and levels of compliance against the **CQC compliance and Records Management** domain.
4. The Board noted the actions for improvement against the **nationally and locally defined key quality indicators** off target. Two are forecast to be on target for Q1.
5. It was noted that there is a new target for 2014-15 for **referral to assessment – memory services** and that three areas are well below target. Issues underpinning this and actions planned were noted.

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6. It was confirmed that there are nine new indicators not monitored in 2013-14 which are still under construction. A plan will be provided in the June report which will indicate when results will be available.
7. **Supervision and appraisal** rates, split between permanent and Bank staff, were outlined, noting that the most significant area of under-performance is the Bank. Actions to address this with relevant managers were identified.
8. Current **areas of greatest focus**, identified by Ops SMT following a quality triangulation process, were identified this includes continued high levels of delayed transfer of care (**DTOC**) in Wiltshire, Swindon and B&NES.
9. Iain Tulley requested that bed pressures trustwide be added to this list.
10. It was suggested that a graph which identifies trends would be helpful.
11. Ruth Brunt noted the new target for memory services and suggested that when a new stretch target is introduced a trajectory for expected quarterly performance would be useful in monitoring progress.
12. Susan Thompson raised that a trajectory for measuring CQC compliance had been considered at the Quality and Standards (Q & S) committee and asked when this would be available. It was noted that the Operations Directorate are looking at whether the right measures are in place for this and that a review of IQ will be considered by SMT in June and then go to the July meeting of Q & S.
13. Q & S have also asked for a review of the records management target, where there has been some slippage, and has not been increased in this year.
14. Iain acknowledged the points made around the stretching of CQC and records management targets but cautioned against a concentration on compliance rather than an emphasis on improving quality.
15. Tony Gallagher noted his concern at the escalating issues around DTOC and called for co-ordinated action.
16. In answer to a question from the gallery around a perceived delay in a transfer of care, it was confirmed that the frequency of service user review post diagnosis is dictated by the service user, clinician and the presented situation.
17. The Board resolved to **NOTE** this report.

ACTIONS:

- **Bed pressures to be added to list of ‘areas of greatest focus’ within report – OPERATIONS DIRECTOR**
- **Graph to identify trends to be added to report – OPERATIONS DIRECTOR.**
- **Trajectory for expected quarterly performance of new stretch targets to be included to monitor performance – OPERATIONS DIRECTOR.**

BD/14/046 – Finance Report – M1

1. The Board received its regular report on the **financial position** in month (Month 1).

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2. The financial position is shown as slightly ahead of plan and the forecast position in line with plan. It is acknowledged that the Trust will face challenges in the coming year and that Localities are working to stay within their financial envelopes.
3. A number of potential **risks** have been raised by Localities in Month 1 and are described together with mitigations in place.
4. The **cash** position is slightly ahead of plan and **capital** spend slightly more than expected due the timing of a number of projects.
5. The Trust Cost improvement Programme (CIP) is showing a 10% over achievement in month and there is no forecast of any slippage in **CIP** plans currently.
6. The Board resolved to **APPROVE** the disposal of the Speedwell Centre to proceed in line with the agreed disposal plan for 2014-15.
7. The Board resolved to **APPROVE** this report.

BD/14/047 – Organisational Health Metrics

1. The Board received a report which presented the **Organisational Development Dashboard** discussed at the Employee, Strategy and Engagement Committee (ESEC) on 8 May 2014.
2. Proposed measures to provide greater insight into the health and culture of the organisation were considered.
3. The Board noted the organisational development dashboard which has been developed to enable Board oversight and scrutiny via ESEC.
4. Susan Thompson welcomed this report but asked how the Trust would test the temperature and identify which baseline it aspires to.
5. Rachel Clark confirmed that the Trust is looking to establish **baseline data** against which it can monitor progress. She acknowledged that an initial temperature check is required in order to establish what improvement would look like and how this would be measured.
6. Lee O'Bryan asked about a timescale for this.
7. Ruth Brunt stressed her concern that this is being discussed solely at ESEC and suggested that organisational health issues should come to the Board for it to agree what improvement it is looking for.
8. It was agreed that this issue should come to a Board Seminar for further consideration of key issues including a framework and hard metrics.
9. Tony Gallagher welcomed the paper and the direction of travel but stressed that the approach to this requires a focus on key areas.
10. The Board resolved to **NOTE** this report.

ACTION:

- **Consideration of key issues to come to future Board Seminar – PROGRAMME DIRECTOR, DEVELOPMENT.**

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BD/14/048 – Committee Chairs reports

Employee, Strategy and Engagement Committee (ESEC) – 8 May 2014

1. The Board received an update on the business of the ESEC meeting of 8 May 2014 from the Committee Chair, Ruth Brunt.
2. The committee reviewed its **Terms of Reference** (ToR) which have been expanded to take into account HR policies and the **Equality and Diversity strategy**. Membership has also been updated including an invitation to Staffside to nominate a representative. The cross-committee interface with the Quality and Standards Committee in relation to service users and the Equality and Diversity Strategy was considered and it was agreed that this requires further discussion.
3. Advances in the Swindon Locality in relation to recruitment were noted together with initiatives around **staff engagement**. It was agreed that the Listening Exercise which has been associated with this committee be suspended as it is believed that staff engagement is now being successfully addressed at a local level. Members of staff will now be invited to the committee to talk about their perspective.
4. The committee has temporarily extended the numbers of its meeting across the year from 6 to 8 and also increased the time allocated to each meeting in order to adequately cover all committee priorities.
5. The committee agreed to reduce the Trust **sickness target** to 3.5% for the current year with a recommendation to set locality specific targets within this. It has also asked the Operations Director to review **supervision and appraisal** targets to investigate the possibility of increasing these.

Finance and Planning Committee – 23 May 2014

1. The Board received a verbal update on the business of the F & P meeting of 23 May 2014 from the Committee Chair, Lee O'Bryan
2. Lee confirmed that the committee will maintain its focus over the coming year in reviewing financial performance with an emphasis on looking more closely at **Locality performance**.
3. The committee received a presentation from the **Bristol Locality** and received assurance that the Locality Team are sighted on business as usual as well as the outcome of the tender process.
4. The committee received the M1 Finance report and welcomed the addition of risks and opportunities to the Income and Expenditure section.
5. The committee has considerable concern about the **Out of Area** (OOA) position and has urged executives to take a firm line on this.
6. The committee has noted the increased acuity of service users in the **dementia**

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services and the cost pressures flowing through to the financial position.

7. The committee are looking to **quality impact assessments** (QIA) being in place prior to the start of the financial year.
8. The **Cost Improvement Plans** (CIP) paper was welcomed and the committee has confidence in the approach.
9. The **Estates Strategy** will return to a later meeting following review and amendment.

Quality and Standards Committee – 20 May 2014

1. The Board received a verbal update on the business of the Q & S meeting of 20 May 2014 from the Committee Chair, Susan Thompson.
2. Susan noted that this committee would also like greater clarity around **CIPs** and the **quality indicator** to provide further narrative on the nature of the quality improvement.
3. Susan has also asked for some indication of performance against target around QIA and CIPs in the last year.
4. The committee received an update on the **Falls** Action Plan.
5. The committee received a presentation on steps taken to eradicate **restrictive practices**.
6. The committee received positive updates on compliance with **CQC** requirements especially in relation to **Sycamore Ward**. It is acknowledged that the physical environment remains challenging but that all that can be done has been done.

The Board resolved to **NOTE** these reports.

BD/14/049 – Minutes of Board Committees

1. The Board received and **NOTED** the minutes of the following committees:
 - Finance & Planning – 25.4.2014
 - Quality and Standards – 14.4.2014 and 07.05.2014
 - Audit & Risk – 13.2.2014
 - ESEC – 13.03.2014 and 26.03.2014
 - Trustwide Engagement Group – 10.2.2014

BD/14/050 Committee Annual Reports and Terms of Reference

1. The Board **NOTED** the following Annual Reports:
 - Audit and Risk
 - ESEC
 - Finance and Planning
 - Quality and Standards
2. The Board resolved to **APPROVE** the Employee, Strategy and Engagement Committee Terms of Reference.

BD/14/051 – Membership Strategy

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1. It was agreed that consideration of the Membership Strategy would be deferred to the June meeting of the Board.

BD/14/052 – TDA Oversight Return – M1

1. The Board received the NTDA oversight return – Month 1 for its approval.
2. Both returns require the Trust to state whether it is compliant with a number of requirements.
3. The Board resolved to **APPROVE** the return for April 2014.

BD/14/053 – Updated Standing Orders and SFIs

1. The Board received the Trust's Standing Orders and Standing Financial Instructions which have been reviewed in line with the annual review cycle.
2. This document has been updated to reflect the movement of responsibility to the Director of Resources. No other changes were made.
3. The Board resolved to **APPROVE** this amendment to the Standing Orders.

BD/14/054 – Any Other Business

1. Notice of a forthcoming Trade Union day of action was given.
2. Iain Tulley is due to meet with Bristol CCG today.
3. Tony Gallagher reiterated his concern at the growing DTOC issue and disappointment that the QIA process is not yet complete.
4. Concern was expressed at the length of the Board agenda.