

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

Held on 25 June 2014 at 10.00am in the Conference Room, Jenner House

These Minutes are presented for **Approval**

Members Present

Anthony Gallagher – Chair	Iain Tulley – Chief Executive
Lee O’Bryan – Non-Executive Director	Hayley Richards – Medical Director
Peaches Golding – Non-Executive Director	Kristin Dominy – Director of Operations
Ruth Brunt – Non-Executive Director	Alan Metherall – Acting Nurse Director
Anthony McNiff – Non-Executive Director	

Associate Members in attendance

Rachel Clark – Programme Director for Development

Staff In attendance

Linda Hutchings – Head of Patient Safety Systems	Pippa Ross-Smith – Deputy Director of Finance (<i>for Director of Resources</i>)
Ray Chalmers – Head of Communications	Louise Hussey – Assistant Company Secretary
Alison Devereux-Pearce – Governance Support Officer	Jo Davis – PALS Manager
Simon Gerard – Senior Communications Officer	

Members of the Public in attendance in the gallery

Mr M Ody	Mrs S King - Patient
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Members of the Public representing other organisations

Ann Mooney – SUNS	Danielle Curtis – SUNS
Jill Tompkins – Healthwatch	Pete Rowe – Healthwatch, Swindon

PRESENTATION – Victim Support – Audrey Carson (Homicide Caseworker)

1. Audrey Carson presented to the Board direct feedback from the family of GN on the how it experienced the Trust’s interaction with them following their son’s homicide at the hands of a Trust service user, MC.
2. The report of the independent investigation into the care and treatment of MC is due to be considered later on the agenda of this meeting.
3. Audrey outlined the background to the case and the frustration of the family in their bid to ensure that lessons are learned both in relation to the care of MC and the

handling of their concerns in the aftermath of the homicide.

4. The feedback from the family was read to the Board. This made a number of requests for the future on the interaction of staff with bereaved families which touched on ensuring that families are responded to with humility, feel cared for, are shown respect, listened to and treated with honesty.
5. The feedback closed with the following plea, *'Gino was a credit to us, his children and his friends and is much loved and lost. He deserved your time, respect and acknowledgement of wrong doing, as did we'*.
6. Audrey acknowledged that following their recent meeting with the Trust the family now felt that they had finally been listened to and had faith that AWP is committed to change and ensuring that their experience would not be repeated. The family wanted to thank the Trust for its determination to make that change.
7. The Chair and Chief Executive passed on their thanks to the family for its openness. Iain Tulley acknowledged the inadequacies of the first report and the additional stress this caused the family. .
8. Ruth Brunt asked how the Board would be assured that front line staff are treating families and complainants with compassion and respect effectively across the Trust. She questioned whether this is being done consistently on a day to day basis. Rachel Clark confirmed that the Trust has developed a behaviours framework linked in to its values and that this describes explicitly what is expected of staff. She acknowledged that this is not the only answer.
9. Iain Tulley undertook to take this concern on board and give it full consideration.

BD/14/ 066 - Apologies

1. Apologies were received and accepted from Susan Thompson – Non-Executive Director, Sue Hall –Executive Director of Resources, Graham Coxell – Associate Non-Executive Director, Emma Roberts – Director of Corporate Affairs and Company Secretary,

BD/14/ 066- 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/14/067 - Questions From Members Of The Public

1. The following written questions were received prior to the meeting from service users in Swindon:
 - *I would like to ask if you were aware of the survey that was put together by Swindon service users, if so have you seen the results, if yes, the service users in Swindon would like to know what you intend to do to improve mental health care in Swindon. If you haven't had [the] chance I have brought a few copies with me today, would you like to see them and give your feedback. But service users have made it very clear that over the years they have been promised better care, but these promises have not been fulfilled. Service users say that they all felt very let down by the care that AWP has been delivering in Swindon.*

They also think that it was time for the chief executive and some of the board members to come out and meet some of them and listen to their concerns, and not just pass this on the staff on the ground.

Iain Tulley confirmed that he had not seen the survey but had read reports of this in the local press. He noted that he would be happy to see this survey and respond to it.

In terms of providing improved care in Swindon, Iain acknowledged that the Trust understands that it must improve its services across the whole Trust. The move to Locality management has been about being in touch with local people as the Trust works through its quality improvement programme.

Iain noted that he had been in Swindon on 17 April to meet service users and to hear their views.

He commended the work of the Trustwide Engagement Group and Service User Involvement Workers together with local teams as a means of keeping the organisation in touch with service user concerns across the Trust.

In response to further concerns expressed about the Chief Executive devolving responsibility for considering local service user concerns to localities and the constituency of the service users involved in this, Iain underlined that he meets with service users across the Trust on a weekly basis and has also worked some shifts on wards at Sandalwood Court. He advocated that service users become members of the Trust as a means of influencing the governance of the organisation. It was suggested in response that as the majority of service users do not leave their home, this would be difficult.

- *Service users also would like to know when they put things in writing or in an email about their concerns, why do they not get a reply, they feel that it's because AWP does not want a paper trail of service user issues, if they do get a reply, it is to say go through PALS, this is now always what service users want, they want the freedom to have their voice heard, even if this means going to the top, especially when they have exceeded all other avenues, I can give examples here if you wish today.*

Linda Hutchings apologised for the perception of a lack of, or unsatisfactory, Trust response to concerns and complaints and asked for examples of this to be forwarded to herself or the Complaints Manager for follow up and inclusion in the minutes.

[Post Meeting Note: a letter has been sent to this questioner suggesting a meeting with the Head of Patient Safety Systems and/or the Head of PALS and Complaints to discuss these concerns and any examples of the issue raised].

- *I have also brought some comments here today that service users have yesterday taken the time in writing as they felt this was the only way to get your attention, these comments are around the care that they are receiving. Would you like copies of these, if yes please can you give feedback. Service users would also like to make sure these questions are put in your minutes today, we would like it written as service users have written in their own words, and they have asked me to deliver these to you today.*

It was confirmed that these comments will be shared with Board members and the Swindon management team who will be asked to feedback directly.

In advocating the work of the Swindon Listening Line, it was further requested that the Trust work more closely with the 3rd Sector in support of service users. Iain agreed that it is important to work more closely with this sector and noted that this is already taking place in Bristol where the Trust are working with nine partners. He noted that this is also being considered with Swindon commissioners and that this underlined the importance of local management on the ground.

2. Further written questions received were as follows:

- *At the April and May AWP 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. The answers I was given in a letter from the Chief executive are ambiguous and misleading, so I ask the Board again has any filming or Mrs England or Mr Ody and of the home they share been made or taken? Have any photographs or Mrs England or Mr Ody and of the home they share been made or taken?*

Have any audio recordings or Mrs England or Mr Ody been made or taken? Could you please answer these questions with a YES or NO.

It was confirmed that the answer to these questions was 'no' and that this would be confirmed by letter.

- *At the February and May AWP Board meetings I asked about the false alert made against Mrs England on the 15 January 2010. The alert 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. This false alert was part of the smear campaign by members of the CMHT OP NW against Mrs England. The reason for the smear campaign and also the falsification of Mrs England's medical records was to make it look as if Mrs England could not manage her own affairs, thus enabling the Council to apply to the Court of Protection to grant them Deputyship of Mrs England's property and affairs.*

Why has there not been a full investigation into the case of Mrs England and are there any other similar cases?

Linda Hutchings responded that the Trust has received a formal complaint in relation to this which is currently being investigated and a full response to this question will be available through the complaints process. The Trust aims to complete this investigation within 25 days and Linda undertook that the PALS and Complaints Manager would contact the questioner with the date on which it is expected that this will be completed.

3. Three further written questions were received at the meeting and are appended to these minutes as *Appendix 1*.

It was confirmed that a letter from the Chief Executive had been written to the questioner previously, addressing concerns around patient and carer records.

In terms of the concerns raised about the Trust services in Swindon, the Chief

Executive recognises that there is a need to improve Trust services in many areas and reiterated that the Trust does all that it can with the resources it has to improve its services and to maintain a focus on quality .

It was confirmed that a full response to the issues raised by these questions would be made by letter from the Trust.

ACTIONS:

- **SUNS survey information to be shared with Board members and Swindon Management Team. ACoSec**
- **Response to question regarding audio recording to be confirmed in writing – L Hutchings.**
- **Date on which complaint will be responded to, to be confirmed in writing – L Hutchings.**
- **Full response to issues raised at Appendix 1 to be made by letter – L Hutchings.**

BD/14/068 – Minutes Of The Previous Meeting

1. *BD/14/042 - paragraph 21* should read ‘.....recommendation 7.2 to be amended to **approval**, subject to the sharing of a business case with a breakdown of costs by locality, grade and type of spend (eg staff time, training etc) and benefits arising from the investment’.
2. With this amendment, the minutes were agreed as an accurate record.

BD/14/069– 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/14/070 – Chair And Chief Executive’s Actions

1. There were none to report.

BD/14/ 071– Chair’s Report

1. The Board received an oral update from the Chair for the period since the last Board.
2. Tony reported that he had recently attended a Carers meeting where it was noted that the Trust has achieved accreditation status for phase one of the **Triangle of Care** scheme. The publication of the Carers Charter, as developed by AWP carers, was welcomed at this meeting.

BD/14/072 – 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. Iain noted that he had attended the farewell event for the retirement of **Dr Marion Liebmann , AWP Art Therapist**. He paid tribute to her work and her significant contribution to mental health services in Bristol.

3. It was confirmed that **Rhona MacDonald** has taken up her interim post as **system leader** of Mental Health Bristol and will be working with us over the next three months.
4. Iain noted that he has been impressed by the work of staff on **Sycamore Ward** in their efforts to make improvements in difficult conditions. This is an area of concern identified by the CQC Chief Inspector of Hospitals team. It was confirmed that the Trust is examining how it might replace this ward.
5. The substantial improvements made in the last 12 months in the three **Wickham wards** were welcomed. Iain described his encouragement in the pride of staff in this improvement, as described at a recent visit.
6. Iain reported that he had signed an **Armed Forces Community Covenant** in Bristol on behalf of the Trust. This ensures that Bristol based armed forces personnel and their families can access the services they need. He noted that the Trust must step up to this challenge bearing in mind the significant armed forces resettlement programme in Wiltshire.
7. The initial feedback from the **CQC Chief Inspector of Hospitals** team visit was described. Positive feedback on the quality of care being offered within the Trust, with hard working and dedicated staff and positive clinical leadership was noted. The significant improvements made within the Trust over the last 18-24 months were also recognised. However some concerns were raised about aspects of safety across the organisation. This included concerns relating to the environment, risk from ligatures, medicine safety, training and some processes.

The Trust recognises this feedback as a further opportunity for improvement. A **Trust-wide Action Plan** in response to this will include local plans and delivery dates. This will have weekly oversight by the Executive team and will be reported through to the Board and closed by the end of July.

8. The report of the **independent investigation** into the care and treatment of Mr MC published by NHS England on 16 June 2014 is due to be considered later on this agenda. Iain noted that this report supports the finding of the Trust's internal investigation and makes 13 recommendations which the Trust has accepted.

Iain thanked the victim's family for their feedback and active engagement with the Trust in helping us to understand how we might better communicate with those in similar circumstances in future.

In a note to the meeting, in her absence, Susan Thompson expressed concern that this report had not been considered by the Quality and Standards Committee, for challenge and assurance, prior to coming to the Board.

[Post Meeting Note: The Head of Patient Safety Systems has confirmed that the Trust is obliged to report to the Board immediately on publication of such reports by NHS England and that there was no time for prior consideration by this Committee. She confirmed that all previous homicide reports have come direct to the Board].

9. Iain noted concerns around **bed availability** and high levels of occupancy compounded by **delayed transfer of care** (DTOC) as identified in the Quality and Performance report on the Board agenda. He confirmed that commissioning and

local authority colleagues are responding positively and proactively to this issue and underlined that it is his hope that this will lead to significant improvements in this area.

10. The commitment and dedication of a wide range of staff in the **Bristol Locality** during transition planning post the outcome of the Bristol tender, was commended.

In a further note Susan Thompson asked about the Trust reaching agreement with its partners over the management of Lot 1 and the strategic board. She asked whether agreement over risk share has been reached. Susan suggested that the Finance and Planning Committee might review issues associated with the development of the clinical pathway tool.

11. The new '**Team of the Month**' initiative was described in recognition of the continuing improvement and achievement of teams within the Trust. Iain commended the Laurel Inpatient Team and the Bristol Central Recovery Team, winners in May and June.

12. As Chair of the Audit and Risk Committee, Tony McNiff queried whether this committee should be involved in the assurance of the activity relating to **medical revalidation** within the Trust, as described in the Chief Executive's report. It was agreed that this would be helpful and that this be included on the committee forward plan.

Susan Thompson noted that she is attending meetings of the Trust's quality assurance of medical appraisals group related to medical revalidation. She commended the positive development of the embedding of Trust values and objectives within medical appraisals and the ongoing work to link medical revalidation and appraisal with job planning.

13. In response to the reference in this report to the announcement of a series of actions by the government to improve the implementation of the **Mental Capacity Act** (MCA) and the recent Supreme Court judgement on Deprivation of Liberty Safeguards (DoLs), Susan Thompson noted that we should expect an increase in DoLs applications by the Trust and also Mental Health Act detentions and note the costs associated with this for clinical teams and administrators.

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

ACTIONS:

- **Medical revalidation to be included for assurance on A & R forward plan – Governance Team**

BD/14/073 – Annual Quality Account

1. The Board received a report which asked it to approve the **Quality Account 2013/14** on the recommendation of both the Audit and Risk (A & R) and Quality and Standards (Q & S) committees.
2. It was confirmed that the final version includes external comments and assurances received from local Healthwatch, Local Authority Health Overview and Scrutiny Committees and commissioners from across the Trust area.
3. Tony McNiff, Chair of the Audit and Risk Committee (A&R), noted that last year

there had been some concern around internal controls for the collecting and reporting of measures and that this gap has been closed for 2013/14. He confirmed that A & R drew some confidence from this.

4. Tony further noted that he had in the past been critical of the Quality Account accurately reflecting the position on the ground. He reiterated that this year he is reassured by positive assurance from Internal Audit.
5. Lee O'Bryan, whilst noting this was a good document, suggested that there is more to be done to make the content more reader friendly.
6. In the absence of Susan Thompson, Ruth Brunt confirmed that progress against this will be monitored by the Quality and Standards Committee and noted the suggestion that next year there should be a closer link between the Quality Account and **quality priorities** and also with key themes from localities.
7. The Board resolved to:
 - **NOTE** the report
 - Formally **DELEGATE** to the Trust Chair and Chief Executive the signing of the 'Statement of Directors' Responsibilities' on its behalf.
 - **APPROVE** the final version of the Quality Account 2013/14 for publication by 30th June 2014.

BD/14/074 – Trust-wide Risk Register

1. The Board received the Trust-wide Risk Register for review and challenge.
2. Executive Risk Registers have been reviewed by Executive Directors and by the Executive Team on 17 June 2014.
3. The Board noted the changes in the risk register since the previous month,
4. Peaches Golding asked whether issues raised following the recent CQC inspection should be added to the risk register if they are not likely to be closed off by the end of July.
5. In relation to concerns around **bed pressures** it was noted that the Trust has been asked to consolidate a series of planned actions and to do this with additional pace and that there are no risks to escalate as actions are in place.
6. Alan Metherall confirmed that the directorate risk register has been updated to reflect concerns raised regarding **ligature** risk and mitigations.
7. Tony McNiff underlined the importance of escalating this Trust-wide, with speed. He noted that he had raised a concern at the Audit and Risk Committee about the **effectiveness of the process** for the escalation and management of risks across the organisation. He suggested that there may be issues around the timing of review by the Senior Management Team and presentation to the Board. Tony noted, however, that he was reassured that the CQC has picked up on issues that the Trust is already sighted on.
8. A questioner from the gallery noted that bed pressures in Swindon had meant that many service users are being treated out of area with a consequent impact on carers. Tony Gallagher responded that these issues have been raised in

discussions with commissioners and local authorities and that the Trust is actively working with them to address this.

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

BD/14/075 – Quality and Performance Report

1. The Board received a report on the Trust's M2 performance against each **quality domain** and the M2 Monitor compliance risk scores.
2. The overall response rate for the **Friends and Family** test was reported as positive with improvement in response rates for both inpatient and community services. Tony McNiff asked for confirmation of the positive movement of these figures from the previous month as he had noted this as a decrease.
3. Work continues across the Trust to improve understanding and levels of compliance against the **CQC Compliance and Records Management** domain. Five outcomes stand out as scoring lower than average on a consistent basis and **Staffing Outcome 13** has been added this month following a decreasing trend over the last four months. Work is ongoing to understand why a small number of services are failing to submit returns for CQC assessment each month.

The initial target of **100% compliance** is under consideration as this has been discussed with the CQC who have questioned whether this is unrealistically high. It was reiterated that the Trust is intent on focussing on assurance in conjunction with percentage compliance.

The April audit for Records Management scores all ten elements at >75%. It was noted that 'client and carer understanding of assessment' has been removed this month following sustained improvement. This has been replaced with 'crisis relapse and contingency plans' which is now in the lowest scoring group.

4. The Board noted the position in both Wiltshire and Bristol for the nationally and locally defined key quality indicator '**gate-keeping of admissions by CRHT**'. Discussions with commissioners continue in Bristol and Swindon with regard to the lack of improvement in their areas for '**referral to assessment – memory services**'. Further improvement in North Somerset is evident following an increase in resources.

Ruth Brunt asked if the Trust is confident that the issues with memory services are about commissioning issues and do not reflect an inefficient service. It was confirmed that conversations with commissioners are on the best model of care and also concerns related to primary care and that these are long standing and ongoing discussions with a different emphasis in both Swindon and Bristol.

A questioner from the gallery asked about the position of young carers who only receive support at school if they attend young carers groups and asked about the possibility of this link to schools also being provided by CPNs and care workers. It was agreed that a formal response to this would be provided by the Trust.

5. Disappointment was noted at the lack of improvement against the **supervision** indicator. The significant area of underperformance is recognised to be with Bank staff and the Trust is looking for improved mechanisms to address this. The

improvement in the Trust **appraisal** rate was welcomed.

It was discussed that there is a need to demonstrate the importance of the supervision process and that this will be addressed at the Team and Ward Managers Conference on 2 July.

6. The trend in **sickness** rates was noted. It was noted that anecdotal evidence suggests that the removal of the sickness hotline and the F6 monthly timesheet process may have resulted in some sickness not being reported.

Iain Tulley noted that the April data falls below the lower control limit and that the Trust is investigating this in relation to potential under reporting.

7. The timescale for the submission of data on **staffing levels** and the Trust process for validation was noted. The Trust results for the June 2014 submission were appended at *Appendix G*. It was confirmed that in the majority of cases where staffing was below plan in one staff group, this was offset by staffing above plan in the other.

Alan Metherall confirmed that there are a number of challenges associated with the **Safer Staffing** project and that that in June the Trust was only one of two Trusts in the BNSSG area to deliver on all reporting requirements. He reiterated that staffing numbers are managed on a day to day basis and are judged safe against clinical determinants. He acknowledged that further work is required to refine the process and that work is ongoing with Localities to look at the 72 WTE gap identified and the need to address this internally and with commissioners.

Ruth Brunt asked about the number of teams running significantly over plan and the significance for the Trust in terms of cost and quality. Alan responded that where teams are running over plan the Trust is not making an adjustment but working to a planned demand around dependency.

Lee O'Bryan noted his concern around the numbers associated with the safer staffing model and asked that the Trust is not taking false assurance from this. It was confirmed that this is being closely managed operationally and service managers have provided assurance that management of the number of staff on shifts is taking place on a daily basis.

In response to a question around **independent metrics** associated with this, Alan noted the number of steps taken in developing this process including consideration of two recommended models, both of which did not prove to be useful. He re-played the process that has brought the Trust to the current position on its safer staffing numbers with a focus on professional judgement but underlined his opinion that that there has been little improvement in the evidence base in the last 30 years.

In response to further concerns expressed around the methodology used it was agreed that the Trust is at a beginning of an iterative process which will be refined with clinical input.

8. It was noted that the quality triangulation process is currently being tested and that this will be developed and implemented in July. This will establish additional measure that need to be taken in order to provide further assurance across all indicators. The Board noted the current **areas of greatest focus** which includes,

for this month, concerns around the Swindon Intensive Service and a Trust-wide lack of available bed capacity.

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

ACTIONS:

- **Confirmation of positive movement of Friends and Family figures from previous month to be confirmed – *Kristin Dominy***
- **Formal response regarding referral of Young Carers to be made in writing – *L Hutchings***

BD/14/076 – Finance Report – M2

1. The Board received its regular report on the **financial position** in month (Month 2).
2. The financial position is shown as slightly ahead of plan and the forecast position is in line with plan.
3. The potential **risks and opportunities** in forecasting the Month 2 position were identified. It was noted that in identifying risks with localities earlier they are easier to support and mitigate. It was agreed that the position in relation to opportunities requires refinement to better close the gap.
4. Some concern was expressed that the costs associated with implementing the safer staffing model has no plan identified to realise this.
5. It was agreed that it is necessary to keep an eye on the potential financial impact of the Bristol tender changes.
6. Ruth Brunt noted her encouragement that the **Cost Improvement Plan (CIP)** programme is on track but expressed concern that some plans have yet to start and asked for assurance that there is sufficient contingency for the full year effect. It was confirmed that these plans are monitored monthly and that there has been no slippage to date.

It was noted that any slippage will be concerning and Lee O'Bryan noted that the Finance and Planning Committee has asked for additional corporate CIPs to be developed as a contingency and that some over achievement plans be presented to the next meeting of the Committee.

Tony McNiff noted that External Audit are concerned not that CIPs are delivered but delivered in the way in which they were intended.

It was agreed that a key difference from the previous year is that localities now own these plans.

7. Tony McNiff asked for further detail in next month's paper on the cash position which is £1.3m behind plan in month.
8. The Board resolved to **APPROVE** the following capital bids as recommended by the Finance and Planning Committee:
 - Community Mental Wellbeing Centres, Bristol:
 - Wellspring Centre – £216k

- Capital required to build a temporary building onto a site adjacent to the centre while their plans for extension to the building are being completed, our teams will then move into the Wellspring when they complete their new build.
- Knowle Park – £262k
- Lease of land to erect a temporary/portable building.
- Greenway Centre – £252k
- Refurbishment and occupation of space on the first floor

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

ACTIONS:

- **Further detail to be provided in next month's report on the Cash position – Sue Hall.**

BD/14/077 – Committee Chairs' reports

Finance and Planning Committee

1. The board received a verbal update on the business of the Finance and Planning Committee meeting of 24 June 2014 from the Committee Chair, Lee O'Bryan.
2. Lee confirmed that an area of additional focus for the committee in this year is to look more closely at the work of Localities. He noted that this meeting had received an excellent presentation from the Specialised and Secure Services.
3. The Committee received an excellent paper on a CAMHS strategy.
4. The Committee had agreed that it was not yet ready to endorse the full business case for the replacement for the Electronic Patient Record (EPR) as it had questions about the proposed off-the-shelf solution. It agreed that it needed further time to understand that the financials had been thoroughly assessed, reviewed and risk assessed. An extraordinary meeting of this Committee will be arranged to facilitate this.
5. Conscious of time pressures, it was proposed that Lee O'Bryan be given delegated authority to approve this business case prior to submission to the TDA.
6. The Board resolved to **APPROVE** this delegated authority.

Quality and Standards Committee

1. The Board received a verbal update from Ruth Brunt from the notes of the Committee Chair, on the business of the Q & S Committee of 17 June 2014.
2. The Committee agreed that there is a need to simplify and refine the quality impact assessment process.
3. The Committee received an interim report with the Whittucks Road Action Plan.
4. It was agreed that there are no incidents and complaints that require escalation to the Board following scrutiny of this data.
5. The Committee considered the role of Clinical Directors at this Committee as there is a lack of clarity on their role at this meeting. It was agreed that localities require

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a greater understanding on how they provide assurance particularly around the closing of actions. It was noted that there is work to be done on the focus of localities on outcomes.

6. With regard to CQC compliance issues in Bristol and other areas it was agreed that there is a requirement to re-focus on how the Committee seeks evidence that gives assurance on quality improvement in terms of written exception reports.
7. It is agreed that the agenda is too long in some part due to the requirement to approve policies. It is planned to do this differently in future.
8. It is the intention of the Committee to focus more on outcomes, compliance and assurance rather than monitoring.
9. Tony Gallagher cautioned against duplication with the work of the Trust-wide Engagement Group (TWEAG) in listening to localities.
10. A questioner from the floor raised the issue of the Trust listening to a broad constituency of service user voices, which was endorsed and will be fed back to TWEAG.

Audit and Risk Committee

1. The Board received a verbal update from Tony McNiff, Chair of the Audit and Risk Committee, on the business of the meeting on 2 June 2014.
2. The main business of the meeting was related to the governance statement of internal control. The Accounts and Financial Statements have received an unqualified opinion although Internal Audit had a couple of reservations related to the consistent red position on some regulatory reports and procedures around Payroll. Neither of these issues were material.
3. External Audit asked for some changes to the particular treatment of PFI accounting in the Accounts. These were accepted and none of the adjustments were material. Some concerns relating to this year's process have been raised with the Executive Team.

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

BD/14/078 – Minutes of Board Committees

1. The Board **noted** the minutes of the following Board Committees:
 - Audit and Risk Committee – 17.4.14
 - Quality and Standards Committee – 20.5.14
 - Finance & Planning Committee – 23.5.14
 - Trustwide Engagement Group – 28.4.14

D/14/079 – Report and Trust response to the Independent Inquiry into the care of MC

1. The Board received this report which shared the findings of the independent investigation report commissioned by NHS England, regarding MC, and the Trust

response.

2. The report supports the findings of the Trust's internal investigation and identifies some shortcomings with 13 recommendations which the Trust has welcomed and fully accepted.
3. The Board received feedback from the homicide case worker for the victim's family on their experience and interaction with the Trust at the beginning of this meeting.
4. The Trust has expressed its sincere regret and apologies to the family for their suffering and confirmed its commitment to addressing the actions associated with the recommendations made in the report.
5. It was agreed that there is an additional action associated with staff training which should be added to the action plan.

ACTIONS:

- **Additional action associated with staff training to be included in action plan – Alan Metherall.**

BD/14/080 – Committee Annual Reports and Terms of Reference

1. The Board received the Annual Reports and Terms of Reference of the following Board Committees:
 - Audit and Risk
 - ESEC
 - Finance and Planning
 - Quality and Standards
2. In her absence, Susan Thompson noted that at the last meeting of the Quality and Standards Committee it had been suggested that the Director of Operations should be a member of the Committee and that Locality Clinical Directors or their representatives should be extended an invitation to attend the meetings when requested.
3. It was also felt that quoracy at this meeting should be one NED and one Executive Director (either the Medical Director or Nursing Director) and not simply two members.
*[Post Meeting Note: It is confirmed that the Terms of Reference reference Trust Standing Orders which state at 4.12.1 that :
No business shall be transacted at a meeting unless at least one-third of the whole number of the Chairman and members (including at least one member who is also an Officer Member of the Trust and one member who is not) is present.]*
4. The Board resolved to **APPROVE** the Annual Reports and Terms of Reference as received at this meeting.

ACTIONS:

- **Suggestion that Director of Operations should be a member of the Q & S committee and Locality Clinical Directors invited to be reviewed – Emma Roberts**
- **Issues of quoracy for Q & S to be considered – Emma Roberts**

BD/14/081 – Membership Strategy

1. The Board received the Trust Membership Strategy for consideration and approval.
2. This has been revised to reflect current goals around maintaining membership and improving representation. This strategy has also been refreshed in line with the Trust Engagement Strategy.
3. Tony Gallagher reiterated that the membership will be the voice of the communities we serve and that currently the Trust-wide Engagement Group (TWEG) is the transitional body that fulfils this purpose. He commended all interested parties to get involved with TWEG.
4. The lack of a reference to listening to service users and carers was noted and also a lack of recognition of other diverse voices not represented by the status quo.
5. It was requested that this strategy be reviewed in light of these comments and returned to the Board for its approval.

ACTIONS:

- **Strategy to be reviewed in light of comments and returned to July Board for approval – Emma Roberts.**

BD/14/082 – TDA Oversight Return – M2

1. The Board received the TDA Oversight return submission for May for its approval.
2. It was queried whether the change in the Finance Risk Score from 4 to 3 since M1 should be reflected in the narrative.
3. It was agreed that this would be picked up with the Deputy Director of Finance outside the meeting.
4. The Board resolved to **approve** this submission subject to any amendment with reference to the Finance Risk Score.

ACTIONS:

- **Change to finance risk score to be considered regarding narrative – Emma Roberts**

BD/14/083 – CQC Inspection - update

1. This was covered in the Chief Executive's report.

BD/14/084 – AOB

1. There was none