

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

Held on 29th October 2014 at 10.00am in The Conference Room, Jenner House, Langley Park, Chippenham

These Minutes are presented for **Approval**

Members Present

Anthony Gallagher – Chair	Iain Tulley – Chief Executive
Susan Thompson – Non-Executive Director	Kristin Dominy – Executive Director of Operations
Peaches Golding – Non-Executive Director	Sue Hall – Executive Director of Resources
Ruth Brunt – Non-Executive Director	Tony McNiff – Non-Executive Director
Emma Roberts – Director of Corporate Affairs	Barry Dennington – Non-Executive Director
Hayley Richards – Medical Director	

Associate Members in attendance

Graham Coxell – Associate Non-Executive Director

Staff In attendance

Jenny Turton – Head of HR	Rebecca Eastley – Programme Lead for Quality Improvement
Matthew Page – Deputy Director of Operations	Mark Dean – Head of Safeguarding
Phil Cooper – Head of Profession and Practice, Secure Services	Claire Williamson – Head of Profession and Practice, Bath and North East Somerset
Julie Hankin – Clinical Director, Wiltshire	Suzanne Howell – Managing Director, North Somerset
Mark Bunker – Head of Profession and Practice, Bristol	Helen Cottee – Head of Profession and Practice, Specialised Services
Alexander Lauder-Bliss – Governance Support Officer	Jenny McDonald – Managing Director, South Gloucestershire
Katrina Pitman – Board Support	

Members of the Public in attendance in the gallery

Steven King – Patient
M D Ody

CLINICAL PRESENTATION – Safeguarding (Mark Dean)

1. The Board received a presentation from Mark Dean on the management of safeguarding in the Trust. The presentation set out the current arrangements in the Trust, recent and future changes in safeguarding roles and responsibilities, the risks in meeting new roles and responsibilities, and what was being done to manage those risks.
2. Steven King asked whether procedures and policies were being followed. Mark replied

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that the governance processes within the Trust were clear and enforced. Further, Mark's team independently reviewed and reported on the processes, and made suggestions as to teams' effectiveness.

3. In response to a question about how it was possible to safeguard against the actions of AWP employees, Mark stated that he was the Allegations Officer for the Trust, and was responsible for overview of allegations about Trust staff. Mark stated that he was further responsible for helping to decide whether referrals were made to the Disclosure and Barring Service. Additionally, Mark liaised with professional colleagues in respect of registered members of staff. Mark emphasised that a range of checks and processes were in place to ensure that allegations made against AWP staff were looked at robustly. The questioner asked if the falsification of a patient's records would constitute a safeguarding issue. Mark clarified that such action would be more likely to come under other information governance processes.
4. Susan Thompson noted that CQC had determined that AWP was compliant with safeguarding requirements. Susan asked if the processes were being implemented too slowly, and queried whether the breadth of the task had been properly identified by localities. Mark replied that there had been an issue with localities being aware of the range of responsibilities and preparing sufficiently for the demands placed on a management team. Mark stated his view that the localities needed more dedicated capacity in order to carry out and sustain safeguarding policies. He added that localities had largely reached the same conclusion. The Chair suggested that the Board set a timescale for that business case to be reviewed by the executive and come back to the Quality and Standards Committee with a recommendation. **ACTION:** All
5. Tony McNiff added that this had been on the local Risk Register as an issue in February. He suggested that AWP were 'light' on the solutions to the problems and risks identified. It was agreed that the review highlighted above was a necessary tool to resolve this.
6. Steven King asked whether the failure constituted abuse if staff or the Board failed to act when concerns were raised to them. Mark Dean replied that both practitioners and the Board were accountable, and there was a clear accountability structure.
7. The Chair emphasised that the Board took the responsibility for safeguarding very seriously.

BD/14/173 – Apologies

1. Apologies were **received and accepted** from:
Alan Metherall, Acting Executive Director of Nursing
Lee O'Bryan, Non-Executive Director

BD/14/173 – 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/14/174 – Questions From Members Of The Public

1. One question had been submitted before the meeting, in relation to an interface between

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the Trust and a secondary organisation. The Chair made clear that he would reply to the individual in writing following the protocol.

2. The Chair stated that the questions that had been raised in the meeting would be replied to after the current meeting.

BD/14/175 – Minutes Of The Previous Meeting

1. Peaches Golding noted that her attendance had been listed twice.
2. Steven King noted that the questions he had asked during the previous meeting had not been accurately recorded. The Chair agreed that he would review the questions and make appropriate alterations.
3. Kristen Dominy noted a typographical error on page 3.
4. Hayley Richards noted that some dates were missing from page 10.
5. The minutes were **agreed** as an accurate record subject to these amendments.

BD/14/176– Matters Arising from the previous meeting

1. The Chair noted that Estate Strategy was due to come back to the Board in November. Sue Hall stated that the final report from the consultant was still awaited. Receipt and quality of this report will determine when the full strategy is presented to the Board.
2. Sue Hall clarified that the Tariff would be delayed by three weeks, and was expected in mid-January.
3. Iain Tulley outlined that conference calls, chaired by Lee O'Bryan, were being conducted on a fortnightly basis around Bristol. In interviews recently they were unable to appoint a permanent system leader post, and were therefore in discussion with the CCG about reviewing the proposition. Iain Tulley stated that he would report to Lee O'Bryan, and then to the Board.
4. Ruth Brunt confirmed that ESEC had reviewed the escalation arrangements for variations in performance across localities, and that the situation would be reviewed during an upcoming ESEC meeting.
5. Emma Roberts confirmed that the falls audit for the Trust was currently under way and would be completed in December, and it would now include adults of working age, as well as older people's wards. The audit would conclude across the whole Trust.
6. The Board resolved to note the matters arising updates and to make these as progressing or complete as appropriate on the matters arising log.

BD/14/177 – Chair and Chief Executive's Actions

1. There were none to report.

BD/14/178 – Chair's Report

1. The Chair outlined that he and Iain Tulley had met with David Flory and Stephen Dunn from the Trust Development Authority. The TDA had shared the Trust's disappointment at the CQC Report, and had encouraged the AWP to be 'ruthless' in following through the recommendations therein. They were supportive of the direction that the Trust was moving in and wanted the pace of change to increase, and encouraged the Trust to keep

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staff motivated and finances under control.

2. The Chair reported that he and Iain Tulley had attended a tripartite event with NHS England, TDA and Monitor on 28 October 2014. Simon Stephen, Chief Executive for NHS England set out the Five Year View for the NHS. He challenged the service to deliver on current plans, set out the scope of change that the NHS would need to make to address growing demands and described the funding challenge that was faced by the government in the next parliament. The challenge amounts to an efficiency requirement equalling £20 billion and an increase in funding of £8 billion. The Chairman was clear that the challenge to NHS bodies is to deliver the money, deliver the required quality, and deliver the targets as a means of convincing the next government that the NHS is worthy of further investment. The Chair and Iain Tulley had also heard speakers from Monitor and TDA. The Chair noted that there was some additional money available and he was encouraging AWP to position itself to access this.
3. The Chair stated that the Head of NHS England was encouraging bodies to work in a more integrated manner across health and social care. The model outlined was similar to our structures in Bristol.
4. The Chair stated that he had chaired the Trust Wide Involvement Group. The issue of payments for users and carers within the involvement system, had been raised and discussed. A presentation had been heard from governors from the Somerset Partnership NHS Foundation Trust, who noted that unpaid governors were working nearly full-time hours, and having to attend external meetings to find input from members. The Chair stated that they were bringing great value to their Trust. The Chair outlined that the Trust had not yet engaged staff in the process of the Trustwide Involvement Group, and that that would be the next stage.
5. The Chair stated that he had attended the finance planning committee for audit and risk, and that reports from there would be seen later in the meeting.
6. The Chair stated that the Board had continued to seek assurance in relation to the CQC Improvement Plans. Executives and Non-Executives had visited wards to observe the changes that had been made in attitude and environment as a result of quality improvements. He noted specifically his visit to Sycamore Ward in Bath. He noted that the reduction in beds, the extensive changes to the environment and the changes in leadership had made a remarkable difference to the ward.
7. The Chair also noted that Non-Executive Directors were continuing weekly calls to scrutinise the progress made in this regard.
8. The Board resolved to **note** the report.

BD/14/179 – Chief Executive's Report

1. The Chief Executive presented his regular report on matters of national and local interest, raising key points in his summary for the board.
2. The Chief Executive noted that he and Hayley Richards had attended a conference sponsored by the NHS Confederation and the Mental Health Network with the CQC, having been invited to provide feedback on their experience of the CQC and on the process itself. He stated that CQC had listened to the feedback, and would be considering this in relation to future inspections. Iain Tulley echoed the comments of the Chairman that there had been great improvement in respect of Sycamore Ward when he

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last visited. He cautioned against a 'one size fits all' approach in response to CQC and that the Trust was applying a risk based approach. There were particular concerns raised in respect of ligature points across the Trust, as well as en-suite doors. Steps had been taken to remove all en suite doors. In consideration of the CQC's assessment and recommendations, 'privacy screens' had been installed in their place. It was recognised that CQC did not call for a 'risk-free environment', but rather a clear approach to risk management.

3. Mary Backhouse, Lead Commissioner, had emphasised the need to press on with ongoing Acute Care Pathway work. Susan Thompson asked the Chief Executive to outline timescales, who replied that an agreement had been reached that commissioners would lead the work, and that Thomas Kearney would Chair. Further, proposals were being drawn up in respect of additional capacity in Bristol and Wiltshire. Susan Thompson asked if the parties had agreed when changes would be implemented. Kristen Dominy replied that there was support, but funding presented further challenges. The Chief Executive added that the issue had been formally escalated to Commissioners. Mary Backhouse had arranged a discussion on 5 November with Commissioners, and a follow-up meeting with Executives, to look at formal plans. The Trust is currently working with commissioners to bid for any funding that becomes available to support this work.
4. It was hoped that a recruitment exercise to identify a Director of Nursing would be concluded successfully in November.
5. The Chief Executive noted the case of Laura Scull, a young woman who had died in the care of AWP in Bristol. He outlined that there were a number of factors which could have been improved upon in the case, in relation to diagnosis, response, family working, investigation and the treatment of Laura by staff. He and Hayley Richards had met with Laura's family, and valued the feedback. He outlined that the Trust intended to raise awareness around Neuroleptic Malignant Syndrome, and wanted the Board to acknowledge the suffering of the family in question, and again offered his apologies to Laura's family.
6. The Chief Executive noted three areas of shortlisting for external awards. He had attended the Positive Practice awards, and all AWP teams had been highly commended. The AWP had entries in the South West Leadership Awards, and he commended LIFT for being shortlisted for the Clinical Team of the Year - Long Term Conditions award in the General Practice Awards to be held in November 2014.
7. The Chief Executive stated that conference calls were being held on a fortnightly basis in relation to Bristol system leadership. The Chief Executive noted that he would be able to report on the clarified governance arrangements the following month. A system leader had not yet been appointed, but Rhona MacDonald had agreed to remain in the role until December 2014.
8. The Board's attention was drawn to HMP Bristol. In an inspection, services there had been described as the 'best example of mental health care in prisons' by the CQC.
9. The Chief Executive observed that the staff awards ceremony had been a success, and feedback had been positive.
10. The Chief Executive was pleased with the increasing response rate to the Staff Friends and Family Test. He suggested he wanted to keep it under close scrutiny, as there remains dissatisfaction among staff and signs of deterioration in the views of staff

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11. The Chief Executive expressed regret for Julie Hankin's departure, but congratulated her on her appointment to Nottinghamshire Healthcare as Medical Director, and the Board thanked her for the contributions she had made and wished her well.
12. A copy of the Five Year Forward View presentation was made available to the Board. The Chief Executive noted that the Forward View was the first of its kind to have been set out by the NHS, and the level of collaboration was welcomed. A dramatic improvement had been seen in health services in last fifteen years in England. Further, an efficiency improvement of £20 billion had been seen throughout the previous five years. The Forward View plan identified three 'gaps': a wellbeing gap, a quality gap, and an efficiency gap.
13. Seven broad care models had been set out, which would be bespoke to local communities. The document made little mention of mental health, in structural or investment terms. The Chief Executive proposed that the Board consider it in the context of the formation of primary and acute care systems. As a specialised Mental Health Trust, there was an opportunity for the AWP to be part of the integrated system. The Chief Executive commended the document, and suggested that a public response could be made after consideration at a Board seminar.
14. The Board resolved to **note** the report.

BD/14/180 – Care Quality Commission Quality Improvement Plan

1. The Board received report BD/14/180 which presented the Care Quality Commission Quality Improvement Plan to the Board for endorsement.
2. Kristen Dominy had invited members of locality teams as well as the project team, so that the Board could be updated on the approach. Prior to submitting action plans, there was a weekly CQC action planning process, chaired by Liz Bessant, which had focused on getting action plans in place that detailed and addressed the issues relating to the warning notices and compliance actions. Further refinements had since been made to the project governance, assurance and compliance.
3. Rebecca Eastley, outlined that the localities had been working to formulate a detailed approach to the locality plans in each area. After review of individual action plans and quality checks, action plans had been submitted..
4. Phil Cooper outlined that there had previously been a 'disconnect' between frontline services and the way that services had been managed. A new phase of integration had been reached, to ensure that goals had been set out clearly and that staff were given the understanding and motivation to take responsibility for their implementation. Previously, the risk had been that the senior management team would sign it off as correct when, in fact, the ownership was not there on frontline services. Phil stated that a significant cultural change had been undertaken.
5. Graham Coxell asked Phil if he was confident that his staff were aware of what 'good looked like'. He replied that they were, through weekly team meetings, daily environmental checks, service user involvement, and ward reviews, amongst others.
6. Kristen Dominy asked Claire Williamson to outline the process in BaNES. Claire replied that the processes had echoed those which Phil had outlined. She emphasised that there was a challenge in changing clinical practice and changing culture, and suggested that the

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culture change signified a shift away from the CQC requirement and much greater focus on quality and safety improvement generally.

7. Graham Coxell asked Claire if teams embraced the changes or felt that they added pressure. Claire replied that she had received mixed responses, and suggested that it was too soon to identify the benefits within community changes, in terms of seeing the benefits of the changes.
8. Iain Tulley noted that, during a visit to the Sycamore ward, he had been approached by two staff members who had thanked him for allowing them to do their jobs properly, and to engage in meaningful improvements. Ruth Brunt emphasised that the organisation focused on sustainability. Sue Hall asked Claire if the teams felt or understood the consequences if targets were not met. Claire replied that more robust processes were being implemented to ensure that staff understood their accountability.
9. Kristen Dominy asked Suzanne Howell to describe her experience in the North Somerset region, especially in relation to Juniper ward. Suzanne replied that a very robust plan had been created, which focused on environment, staffing and culture changes for the wards. Susanne emphasised the importance of supporting staff, while being clear about raising standards. Further, significant problems had been encountered with recruitment in North Somerset, but steps had been taken to ensure that recruitment efforts were successful. Susanne described staffing as the most important investment to be made.
10. Mark Bunker stated that ward and team managers had begun to provide suggestions for improvement and innovative ideas for change had been suggested. He noted that there were structures in place for monitoring, but there was a mixed focus on functionality and culture.
11. Kristen Dominy asked Jenny McDonald about South Gloucestershire's primarily community services, along with one rehab ward. Jenny replied that they recognised issues they had with Whittucks Road, and that resolution for those issues was being achieved before the CQC came. The team there had changed significantly, and were now significantly more positive about the changes which had been implemented. Jenny stated that the biggest challenge was to instil the idea of change into the 'everyday' thoughts of staff. This was being embedded in the locality governance frameworks.
12. Kristen Dominy understood that Helen Cottee had received positive feedback for Specialised Services in the CQC report. Helen replied that the one 'Must Do' they had received around the ligature point on the in-patient ward had been fully addressed. Helen had implemented several methods for checking and reviewing processes and changes in order to demonstrate and provide assurance. She said that work was needed to collaborate with other areas, in order to agree a more consistent standard and to ensure standardisation across the Trust about what 'good looked like'.
13. Kristen Dominy asked Julie Hankin to outline her experience in Wiltshire, given that she had worked with the CQC. Julie replied that a set of local action plans had been created, which meant that each separate area could work from its own action plan. Further, they had met with the Band 7 staff to review feedback and discuss changes and plans to be implemented. She noted that the review had identified problems, such as infrequent report confirmation and variability across areas. Despite the new strategy being in place, there were still around 80 vacancies for permanent staff being filled by temporary staff, which were being addressed but were impacting on quality of services. Julie added that focus of

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governance meetings had been assurance processes to ensure their continuation. Graham Coxell asked if it was possible to engage Army service leavers looking for jobs. Julie replied that this also created demand on those same teams, and noted that it would only be a short-term solution, despite their very close links. **ACTION:** Executive Team to monitor impact of recruitment strategy.

14. A member of staff in attendance viewed the process as a learning curve, and that it was clearer which areas were under concern in Swindon. Concerns had been raised by the public in respect of CQC findings on a Trust-wide level, to which there had been an open and clear response. He took action plans to locality care forum conversations with service users, in order to ensure full transparency. Support for staff was also crucial.
15. Iain Tulley asked those present to identify their priority areas. From a Bristol perspective, it was outlined that the challenge of beds was most pressing. It was noted that the contract change in the community had contributed to the lack of preventative work. From Secure LDU perspective, it was identified that staffing was a primary concern. A medium secure ward presented a challenging working environment, and that the pay enhancement for this work had been removed. HCA recruitment had provided good outcomes, but Band 5 experienced nurses are difficult to recruit and retain. Julie identified three primary concerns: staffing, estates, and pharmaceutical uncertainty. Iain Tulley replied that it was necessary to be consistently raising the risks and mitigating them through the governance structures.
16. The Chair understood that buildings could present challenge. The Chair emphasised that, if the capital constraint were of concern, localities were responsible for challenging the Board for further funding and/or changed priorities and work with their commissioners in this regard.
17. For BaNES, there were concerns about pharmacy delivery. **The Chair requested that pharmaceutical issues would be reviewed.** He said that, although progress had been made, improvements were necessary. **ACTION:** Hayley Richards
18. Tony McNiff outlined an argument that the Board were 'awash with process', but internal audits continued to identify deficiencies. Tony McNiff asked how it was possible to be confident that, despite rhetoric, processes were being followed. Phil Cooper replied that the practice and culture of macro-management had evolved; focus was now on wards, ward managers and ward environments, to assess and monitor the quality of environment, staffing levels, and IQ data. He suggested that when a small team was given a small area to manage, it was more easily possible to assess and improve upon quality.
19. Iain Tulley suggested that, previously, efforts had been made to ensure that the minimum level was achieved, rather than to ensure that each service had received an Outstanding rating. Iain Tulley stated his belief that until all services were Outstanding, the Trust was on a journey of improvement. Tony McNiff added that maintenance of consistent standards across the board was difficult, and would result in a significant cultural change. He emphasised that staffing was a fundamental issue.
20. Peaches Golding raised her concerns that mock CQC inspections were insufficiently robust. She suggested the Board might have been aware of and able to act on the issues identified by those present, if the checking was more robust. Hayley Richards replied that the bar had been set too low and that self-assessments against CQC were being improved to reflect the CQC domains, to ensure a more accurate mock review. The more

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localities understood the process, the easier and better self-assessments would become. Further, the CQC regime had ensured greater clarity and had therefore changed standards for the better.

21. Ruth Brunt suggested that it was necessary for 'front line' staff to be confident in their understanding, and to be able to articulate the need for improvement and change of practice. Despite the Board's clear strategy in relation to ligatures, the CQC inspection had revealed that staff were not able to articulate methods of risk assessment. Ruth Brunt understood that staff were developing increasing confidence in and understanding of the new processes.
22. Susan Thompson noted that service users had been engaged in PLACE assessments to ensure that ward environments were improved. She emphasised the importance of 'a fresh pair of eyes', and that there could be such a focus on culture that environment might be overlooked. She asked those present if enough effort had been made to ensure that service users and carers were involved in the changes and improvements. Jenny replied that effort was being made to involve service users. Iain Tulley replied that place scores were used as a form of objective measurement. He suggested that it was necessary to be more critical in viewing environments.
23. The Chair thanked those present for their contribution, and encouraged them to continue with their improvements, and to escalate to the Board any concerns or areas for improvement.
24. He emphasised that committees were to be sighted on seeking the relevant assurances in alignment with the five domains identified in the plan.

BD/14/181 – Response to the Care Quality Commission Warning Notices

1. The Board received a report which summarised the three letters responding to the Warning Notices have been submitted by the CQC, in relation to Regulation 22 on 20th September, and in relation to Regulation 15 on 30th September. The letters highlight actions taken to by the Trust to achieve compliance with the regulations. The final letter, relating to Regulation 10 was to be submitted following Board endorsement in part two.
2. Action plans which outline action taken, action which remains outstanding and actions to sustain compliance with the regulations had been developed and were noted to have been considered by the Board at the previous agenda item.
3. It was noted that the submission on Regulation 10 was to be considered by the Board in Part two as it was for future publication and therefore exempt from publication until submission on the 31st October 2014.
4. The Chair outlined to the Board that evidencing compliance with the three warning notices was crucial to assuring the CQC of compliance with regulation 10.
5. The Chief Executive asked the Board to note that in the previous item of business significant assurance had been provided via the Clinical Directors and their delegated representatives and that the Board had endorsed the action plan and assurances received.
6. The Chair confirmed that the Board had considered carefully the response to the CQC, ensuring that it was satisfied with both the timing of the actions and the sufficiency of mitigations in the interim, from the combination of multiple viewpoints not only reviewing

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the action plan but through board visits and assurance checks.

7. The Board **endorsed the submission** of the responses to the Warning Notices.

BD/14/182 – Trust-wide Risk Register

1. The Board received report BD/14/182 which sought the Board's consideration and approval of the Trustwide Risk Register.
2. Emma Roberts outlined that the Trust-wide Risk Register had been reviewed in detail by the Audit and Risk Committee at its last meeting. This was the first month in which the risks had been listed by CQC domain, in response to the Board's request. Emma Roberts anticipated that the Board would be of the view that the reduction in risk score was not moving as quickly as expected.
3. With regard to the Risk Register, the Audit and Risk Committee sought greater focus on Trust-wide TW7, the inability to provide sufficient and appropriately qualified staff, and IPB13, which outlined the challenge to review the risk and re-focus.
4. Tony McNiff agreed. He added that other issues around how risk was scored had been identified, such as whether the Register reflected the Board's true position through an independent lens, and to ensure that what was written in the document accurately reflected the Board's position and achievements. Tony McNiff outlined the importance of ensuring that quality on the ground was prioritised.
5. Emma Roberts added that the risk escalation process had been reviewed. It had been confirmed that the process was fit for purpose and worked in practice.
6. A number of emerging risks had been identified in-month. The document outlined the potential risks. Sue Hall added that the emerging risks were currently developed and mitigations identified, and would appear on the Trust-wide Risk Register for the November Board. She added that they represented issues that had been discussed by committees during the current meeting cycle.
7. Tony McNiff added that it was more helpful to assess risk in order of CQC domain. The Chair emphasised that it was necessary to take a joint approach, maintaining both a focus by domain as well as by severity of risk.
8. The Board **noted the report and accepted** the Risk Register.

BD/14/183 – Quality and Performance Report

1. Kristin Dominy stated that Dr Liz Hardwick would act as interim Clinical Director from 17 November, when interviews would be held for the substantive post in Wiltshire.
2. Kristin Dominy proposed the report be taken as read. She drew the Board's attention to 'red' indicators, including delayed transfer of care (DTC) and referral to assessment for memory services. The Board noted the mitigations and actions in progress. North Somerset continued to improve and the shared-care protocol had recently been agreed with commissioners in Swindon.
3. Supervision had significantly improved during September. Kristin Dominy had reiterated that this was now being stringently monitored and further dips in the summer months would not be anticipated.

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4. Kristin Dominy drew the Board's attention to a misleading statement on page 10; she clarified that it should read that unexpected absences had been mitigated in most parts, but not every part.
5. The emergency planning and resilience function had moved into Operations during August. Kristin Dominy outlined three key events: strike action on 13 October; involvement in local resilience forums on Ebola preparedness; and the start of the flu vaccination programme.
6. Turning to the issue of pressure on the acute care pathway, Kristin Dominy highlighted significant issues in out-of-area treatment and DTOCs, which remained unresolved despite increased partnership-working with local authorities and CCGs.
7. Owing to recruitment challenges for secure services staff, Fromeside had closed Wellow Ward on 23 October and redistributed staff to support other wards in the area. A six-to-eight month time period had been agreed with commissioners to make resolution to reopen wards. Localities had expressed difficulty in sourcing RMNs, and options were under discussion to cover 24-hour services with other suitably qualified staff.
8. The Chair remarked that comments such as 'significantly below' and 'notable increase', and categorisations of incident levels into 'low', 'moderate' and 'high', needed to be quantified to ensure the board was appropriately appraised of levels of risk. Turning to the table on page 11, he noted that it was unsatisfactory to state, 'The area is now closed as the issue in action is being tracked elsewhere'; specificity was requested to ensure the Board could close the loop.
9. The Chair understood the actions that had been taken in respect of management issues, but asked that timeframes be provided against which recommendations were to be implemented. Turning to the 80 staffing vacancies in Wiltshire, he suggested that a significant proportion of staff had been lost to retention challenges. Kristin Dominy confirmed that this represented 14%. He asked the Board to consider determining for this and other significant metrics a Trust-level trigger at which the turnover rate became unacceptable. It was agreed that this would be viewed at Trust level through ESEC and monitored by localities.
10. Graham Coxell noted that 'vacancies' covered positions unfilled by permanent members of staff, but filled by part-time or agency staff. The Chair replied that, to maintain continuity of care, it was important that wards have permanent staff; the concern was quality as much as numbers. Ruth Brunt added that the Employee, Strategy and Engagement Committee were also conducting reviews into areas of significant overstaffing as well as understaffing.
11. Tony McNiff highlighted the trend of certain staff consistently failing to report; if they were to rely on the information provided, it was unacceptable for reports not to be carried out. On friends and family tests, Tony McNiff observed that, as the response rate improved, scores would worsen; this message would need to be carefully managed.

BD/14/184 – Finance Report

1. Sue Hall presented report BD/14/184 detailing the Trust's financial position at Month 6. She advised that the style of report had been subject to significant refinement over the past 6 months but that it had been accepted that further work was required and her team

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would deliver this for future months.

2. On the question of why CQC improvement work was not resulting in visible financial pressure, Sue Hall stated that a number of immediate physical changes had been made toward environments, which had been possible due to the reprioritisation of the capital programme. Some schemes had involved infrastructure changes to allow teams to function differently, for instance through mobile working. Reviews were in place to monitor unintended consequences. A request for funding had been submitted to the TDA for CQC-related work, but was not anticipated to be successful.
3. Sue Hall reported that staff were working differently as a result of bed closures, addressing practices such as ward cleanliness and drug trolley checks. Due to the block-funded contract, a reduction in bed base did not present an actual financial risk. In secure services, NHS England had agreed that for a period of six to eight months the Trust's contract would not be reduced.
4. The Pharmacy and Procurement teams had been asked to deliver 2015 cash-reduction plans earlier, but had been unable to, due to additional CQC work; the opportunity they had hoped to deliver was included in the Trust's forecast, and the resulting gap would be covered by the contingency, which was currently unallocated. The ability for Corporate, Back-Office and Estate teams to flex their resources to meet CQC requirements had been added to the risk register so they could ensure this was maintained as the programme of work increased.
5. The primary risk identified in the finance report was the increase in out-of-area treatment, particularly risk-sharing in intensive care beds. In-month and year-to-date overspend was caused largely by this additional risk.
6. The Chair commented that it was necessary to differentiate between cost-improvement programmes (CIP) and cost savings. Sue Hall explained that, while the Trust had a CIP of £7 million, a number of separate opportunities had been identified earlier in 2014 to mitigate in-year cost pressures; these were cost-reduction as opposed to cost-improvement programmes, but were managed in the same way through the Programme Management Office. In addition, each year, Pharmacy and Procurement were targeted to deliver a number of CIPs, primarily around better purchasing, which came within the £7 million.
7. Hayley Richards explained that medicines handling was an area for improvement in Pharmacy. Clearer guidance had been issued for how drugs were identified for recycling or disposal. Pharmacy had also acted to identify storage requirements and assisted Estates to determine temperature-regulation demands.
8. Hayley Richards outlined that, although a successful transition had been made to the two-hub-and-spoke model, it was still bedding in. Pharmacy was not exempt from wider staffing pressures and faced increasing dispensing demands. Management advice was being given to assess the structure and outline the required pharmacy offering. Hayley Richards would take part in the Pharmacy Development Day and was working to develop a staff welfare check.
9. Ruth Brunt asked Sue Hall to confirm that the Trust was not delivering CIPs at the expense of Income and Expenditure. Sue Hall confirmed that the Income and Expenditure overspend was completely unrelated. The Chair added, although the second half was a greater challenge than the first, the Finance Committee expected through

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assurances received that the actions put in place would deliver the CIPs.

10. Tony McNiff asked whether the opportunities that had been forecast were related to CIPs. Sue Hall replied that they were additional; some opportunities were fortuitous but potentially non-recurrent, to offset non-recurrent overspends. She confirmed that the opportunities were cash-releasing.
11. Tony McNiff asked Sue Hall to confirm that, if they did not meet the full £750,000 surplus, the Trust would miss its cash target. Sue Hall confirmed this, though clarified that the surplus was not predicated on capital. Tony McNiff sought to confirm that they would miss the cash target in the absence of other funding coming in or if they achieved their surplus through provision releases. Sue Hall confirmed this.
12. The Chairman suggested that in light of safety concerns levelled by CQC, and also the apparent pressure on staff in some areas and the current pressure on inpatient beds, that the Board and/or Finance and Planning Committee should consider releasing any contingency to invest in the further addressing of these matters. He stated that the Finance and Planning Committee had advised that they needed to review the forecast before they recommended using more of the contingency but that the Committee agreed the board recommendation.
13. Tony McNiff expressed concern as to Bristol; he understood that there was a level of current overspend built into the forecast, but thereafter it was predicated on no overspend. He argued that there was no point in taking the approach suggested to the contingency if there remained a fundamental risk that jeopardised the current forecast. Sue Hall replied that it was a worst-case forecast.
14. Sue Hall explained that the report pertained to the Trust's internal contingency reserve, which was separate from the external surplus. There was no proposal to reduce surplus.
15. The Chair proposed that the Board approve the recommendation as a result of the additional scrutiny being undertaken on the forecast and agree with Lee O'Bryan how to position themselves externally. He stated that the Trust needed to signal very clearly, CQC actions aside, the pressure from the system was increasing.
16. Tony McNiff asked Sue Hall how confident she was that the remainder of the programme would be delivered. Sue Hall replied that she was confident that all schemes were in place and were delivering for the current year with regard to CIPs. Follow up meetings with each locality to ask what plans they had in place for April 2015 onwards.
17. Barry Dennington noted a £49,000 gap in terms of Pharmacy and Procurement. The Chair responded that these cost improvements were not included in CIPs. Barry Dennington asked whether they would re-scope and generate a more achievable target. Sue Hall replied that they had removed the target from Pharmacy and tasked other areas of Corporate to make additional cost-reductions in year in order to manage the overspend.
18. **The report was approved and the financial position noted.**
19. **The Board approved the Finance and Planning Committee recommendation to use £250k contingency** against AWP risk share for Out of Area in Operations Management. **The Board noted the capital business decisions and proposals** approved at the IPG meeting and detailed in 3.1 of the report.

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BD/14/185 – Review of Performance Against Annual Objectives

1. Sue Hall presented to the Board in relation to the progress in achieving the Trust’s Annual Objectives for which she was Executive lead. She outlined that a number of strategic priorities had been set for the year, each with an Executive lead; she was lead for strategic priority 4, using resources wisely. A Resources Director had been appointed in February 2014 and the Resources Directorate established by combining functions of Finance and Business Development; it had been in place from September 2014. Direct reports had been reduced from 13 to seven, and three senior posts had been removed.
2. Sue Hall explained the principle of organising the Resources Directorate in line with the restructure around localities rather than professional disciplines. Resources would be pooled so that multidisciplinary teams could work more efficiently. The Trust would work with local delivery units (LDU) in identifying and eliminating unnecessary processes, especially in Finance and HR. Services were to be sourced from the most suitable provider, even if external. The final principle was to demonstrate professionalism by constantly refreshing expertise and being a learning organisation that was fit for the future.
3. Finance was the core role within the Resources Directorate. Responsibilities for IM&T and Estate remained largely unchanged in the structure. The focus of the Contracting and Procurement team was not only expenditure contracts but also maximising income contracts. Two new areas were Strategy and Business Development, which worked closely with localities to ensure growth aspirations were being delivered, and Business Intelligence, which brought together various teams in order to triangulate and unify provision of information. Human Resources had been given a more streamlined role around transactional advice and recruitment; organisational learning and development now sat with the Director of Organisational Development.
4. A value for money concern had been raised from the external auditor at the end of last year and previous years, and the TDA had commented that, as an organisation, the Trust did not deliver recurrent CIPs, but were taking opportunist approaches. This year, Sue Hall noted, corporate block contracts had been top-sliced by 1.8%, and acute contracts by 1.5%. The Board had approved the establishment of a Programme Management Office, a role Fiona Bell had taken up in October, to ensure buy-in from localities for the CIP. The £7 million for 2014/15 was split between £5 million pay and £2 million non-pay. In the current month, it was forecast that 98% would be delivered recurrently, with plans in place for the remaining 2%.
5. The weekly assurance meeting with Executives had been reduced to monthly in light of confidence that schemes were delivering. Monthly quality impact analysis reviews were reported to the Quality and Standards Committee. Monthly delivery was reviewed by the locality MDs and reported to the Finance and Planning Committee. There were six-monthly performance reviews with Iain Tulley and quarterly performance reviews with the other Executives.
6. The £7 million had been broken down into themes, half of which concerned skill-mix reduction. It had been discussed at the Employee, Strategy and Engagement and Finance and Planning Committees that the current level of vacancies would not allow them to continue with skill-mix reviews in 2015.
7. Sue Hall highlighted that corporate overheads had been reduced by 3.2% in 2014/15, against a target of 2%. The Board had tasked corporate areas to deliver higher CIPs than

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localities, over and above inflationary pressures, which they absorbed. The overhead on controllable spend, within Corporate, was 6%, and, within localities, 3.5-4%.

8. Sue Hall outlined that non-pay schemes had been reviewed, for instance by taking catering services in house, and the use of external consultants had been reduced after skilling up internal staff. She highlighted further estate rationalisation and trust-wide telephone savings plans. The target for the following year was to achieve a cost reduction greater than 4%.
9. The presentation **was received and noted.**

BD/14/186 – Report of Board Committee Chairs

Audit and Risk Committee

1. The Board received report BD/14/186 presented by Tony McNiff. Tony stated that the Audit and Risk Committee had reviewed the assurance framework, split between high-level corporate and individual locality assurance, which was a positive step forward. However, given it was such a large document, it was important to monitor the language used. The Committee had reviewed the risk registers for Bath and North Somerset, and took comfort from the fact that both directorates understood concepts of risk and risk escalation. However, the Committee had questioned whether or not reactions to risk were as quick and effective as they could be.
2. The Committee had held discussions with External Audit, who had proposed that further work be undertaken with Executives to test the strength of the Trust's relationship with its constituencies. The Committee had suggested this be taken forward in the New Year; it could provide an opportunity to reinforce cultural change. The Committee had also discussed the possibility of reducing the timescale for delivery of internal audit reports to one month.

Finance and Planning Committee

3. The Chair presented report BD/14/186 on behalf of the Chair of the Finance and Planning Committee. He relayed concerns from the Finance and Planning Committee about the quality of certain papers. The Committee had conducted a deep-dive into Wiltshire finances. A representative from Bristol had given assurances around the transition arrangements, and Lee O'Bryan would convene a fortnightly call to seek further assurance in real time. The confidence level of achieving CIPs was quite high, though there had been a debate as to the contingencies. A deep-dive on the Trust forecast would be received at the following meeting.
4. A commercial and financial position was being proposed in relation to the Bristol system leadership model, which Lee O'Bryan was overseeing from a NED perspective and reporting back to the Finance and Planning Committee. A workshop on business development had been convened by Lee O'Bryan for Friday 7 November, at which the strategic ambition of the Trust would be assessed against the practicality of delivery.

Quality and Standards Committee

5. In presenting report BD/14/186 Susan Thompson outlined that the Quality and Standards Committee had received a presentation from the BANES service delivery unit, which was undertaking a listening exercise involving service users and carers on Sycamore Ward. The project would report at the end of the year, and it would be interesting to review its

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benefits and whether it could be applied elsewhere.

6. The Committee had undertaken a deep-dive on progress against CQC notices and the robustness of action plans. Notwithstanding some delay, all action plans were now with CQC. Further work was required around embedding self-assessment, reviews and engaging ward teams.
7. Susan Thompson outlined that the Committee were generally content with the proposed programme to rethink the Quality Academy, but felt there needed to be clarity as to the input LDUs. A small number of quality impact assessments had been deferred by the Clinical Executive, which showed a robust challenge to the quality and consistency of CIPs. Susan Thompson added that the Committee had discussed the challenges of mixed sex accommodation; it should be determined at what point this became an issue requiring assurance.

BD/14/187 – To Note Minutes of Board Committees

1. The Board **noted** the minutes of Board Committees.

BD/14/189 – TDA Oversight Report

1. Following receipt of report BD/14/188 which outlined the two returns to the NHS Trust Development Authority on a monthly basis to support the NTDA's oversight of the Trust's operations. The first relates to the Board's Self-Certification of Compliance with the Monitor Provider License requirements, and the second relates to a series of Board Statements.
2. Noting that both returns require the Trust to state whether it is compliant with a number of requirements in relation to governance arrangements, financial control, clinical quality and compliance with elements of the Monitor Provider Licence, the Board **endorsed** the TDA Oversight Report approving the submission to be transmitted to the Trust Development Authority as being fully compliant.

BD/14/190 – Any Other Business

1. Susan Thompson outlined that she had recently attended a Mental Health Associates Review meeting. She relayed the feedback that Non-Executives should attend two or more Mental Health Act managers' hearings per year to meet obligations under the Mental Health Act.
2. The Chair explained that quality improvement visits were being reviewed and would be organised through a rota. Visits were expected to last around an hour. Emma Roberts stated that the rota would be circulated shortly.
3. There being no additional business, the meeting of the Board in part one closed with the board to reconvene in part two at 2.15pm.

The Board resolved under the Public Bodies (Admission to Meetings) Act 1960, to pass the following resolution:

“That under the provisions of Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, the public be excluded from the remainder of the meeting on the grounds that publicity

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would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.”

Non-members of the Board were asked to withdraw from this point forward.

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