Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

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

Held on 17 December 2014 at 10.00am

These Minutes are presented for **Approval**

Members Present

Anthony Gallagher – Chair
Lee O'Bryan – Non-Executive Director
Susan Thompson – Non-Executive Director
Peaches Golding – Non-Executive Director
Ruth Brunt – Non-Executive Director
Hayley Richards – Medical Director
Kristin Dominy – Executive Director of Operations
Sue Hall –Executive Director of Resources
Alan Metherall – Acting Director of Nursing
Barry Dennington – Non-Executive Director

Associate Members in attendance

Rachel Clark – Director of Organisational Development

Staff In attendance

Hannah Dennis – Deputy Company Secretary

Members of the Public in attendance in the gallery

Mr M Ody

BD/14/222 – Apologies

1. Apologies were accepted and received from: Graham Coxell, Emma Roberts, Tony McNiff, Peaches Golding and Iain Tulley.

BD/14/222 – 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/14/223 – Questions From Members of the Public

1. A written question had been received by the Board which asked how a service user record could be said to be accurate if the service user was not given the

chance to check their own records during a records audit. AG advised that the Trust audits the clinical record against the standardised guidance to ensure the quality of the data. The audit is intended to confirm the completeness and quality of the data and the clinical record, and the service user is therefore not required to be involved. A written response will be sent to the individual.

2. A written question had also been received which highlighted a concern about a letter written to the individual from the Chair, which contained a statement about the individual felt was not true. In response, the Chair invited the individual to advise the Trust, via the PALS and Complaints team, of the specific statement that they felt was untrue, so that this may be investigated. AG confirmed that the Trust had been diligent in reporting and investigating complaints raised by the individual and had involved Wiltshire CCG in this process also. The confirmed that the individual has the right to ask the Ombudsman to review their complaint, and gave the contact details for the Ombudsman. A written response to this question will also be sent.

BD/14/224 – Minutes/Summary of the Previous Meeting

1. LO stated that his surname had been spelled incorrectly on the first page. RC stated that 'distributed at ward level' should read 'identifiable at ward level', and the next sentence should read, 'identifiable according to locality and professional group.'
2. RC further stated that the reference to ESEC on page three should refer to their reviewing their recruitment and retention strategy, rather than launching a national campaign. SH stated that 'AMSSG' should read 'BNSSG', and the sentence referring to 'out-of-area' adult members needed to be clarified. ST stated that 'director' on page five should read 'Director of Nursing'.
3. SH stated that 'Disciplinary Team' should read 'Bradley Brook Multi-Disciplinary Team'. RC stated that 'Alan Harris' should read 'Anthony Harrison', and the reference should be to the 'South West Leadership Awards'. The winners of these categories would go forward to the National Leadership Awards. Point three, under BD/14/211, should read 'Committees around staffing'. The reference to all band six staff and HCAs having been recruited was inaccurate, and needed to be amended.
4. KD stated that quality improvement visits had been 'commencing', rather than 'concluding'. 'CTC' should also be replaced by 'CQC'. SH stated that 'medicine' at the top of page nine should read 'medicines management/pharmacy'. RB stated that point two on page 11 should read 'specialised and secure services', and for point three, 'sickness absent rates' should read 'sickness absence rates.' On point four, it should be clarified that the Committee had approved a proposal for group supervision and access to training for bank staff.
5. ST stated that 'picked up' should be replaced by 'reviewed' at the bottom of page 11, and for point nine on the following page, 'report' should be replaced by 'support'. AG stated that he would check the correct phrasing of this with ST. SH stated that 'HSG' should read 'HSJ' at the bottom of page 12. AG stated that point 11 on page 12 needed to be rephrased to be clarified.
6. Subject to the above changes, the minutes were **APPROVED** as an accurate

record.

BD/14/225 – Matters Arising from the Previous Meeting

1. Action 1 – A presentation on the Estates Strategy is to be received in part two of the meeting. This action can be closed.
2. Action 3 – The safeguarding business case is not yet ready; AM stated that this would be ready for the February 2015 meeting of the Trust Board.
3. Action 4 – The Recruitment and Retention Strategy was reviewed at ESEC the previous week, and the work plan is part of the CQC action plan. Action closed.
4. Action 5 – The medicines management review had been discussed at the previous Board meeting. This had been reviewed by the Quality and Standards Committee on 15 December and fully reported. The Committee will now keep this under review. Action closed.
5. Action 6 – Feedback was heard from medical staff and discussed at the meeting with the CQC by the Chief Executive on 2 December. The action can be closed.
6. Action 7 – Mental health support for staff had been set as an objective in the Health and Wellbeing Manager's appraisal conducted in the last week. There will be a revised process and procedure by April 2015. AG asked for this to be reviewed by ESEC. This action can be closed.
7. Action 8 – All of the CQC action plans are now available, and the corporate action plan had been reformatted and presented to the Quality and Standards Committee on 15 December 2014.
8. Action 9 & 10 – For the M7 finance report, there will be a 'deep dive' to understand changes and costing. The first session on this will take place following the Board meeting today; an external company was being engaged to review their work and overhead allocations. Most of the work should be able to be concluded internally before PwC were involved. Removal of the pie charts in the F&P report had been concluded. Actions closed.
9. Action 11 –SH stated that the Bristol contract set out the 85% occupancy requirement but this was not defined for other localities. It was also defined in the PFI contract. AG stated that there needed to be a definitive chart showing where this was and was not applicable.
10. Action 13 – This information will be presented to the Quality and Standards Committee in January 2015.
11. Action 14 – There had been no opportunity to review the Time Out Allowance, but this would be reviewed by ESEC in its next meeting.
12. Action 15 – The guidance had been circulated in early December. AG noted that validation of external reporting was on the agenda, and one of the conditions was to comply with the fit and proper persons test. The Board had to ensure that what they were reporting externally was accurate. Action closed.
13. Action 17 – Stephen Dalton will attend the Board seminar in February 2015. Action closed.

BD/14/226 – Chief Executive's Verbal Update

1. HR gave a brief verbal update on behalf of the Chief Executive. She shared the recognition of the Chief Executive and the Executive Team that 2014 had been a difficult year for the NHS and for the Trust, and that the contributions of the staff in making progress was both recognised and appreciated.
2. KD updated the Board that Chris Williams, Resilience Manager, volunteered for an organisation that supported the identification of victims of major events and had recently spent two weeks working with the government of the Netherlands to identify victims of the Ukrainian plane crash. The Board positively acknowledged his work.

BD/14/227 – Chair's Report

1. The Chair and Iain Tulley had met with Sir Mike Richards and Paul Lelliott at the CQC, to give their views on the inspection process. They had reported that the Trust's inspection did not feel like a pilot; it had not been collaborative, and the results could not be consistently compared without a consistent process. It had also been an 'end of line' inspection rather than 'in line' inspection, and had not focused on outcomes.
2. AG had chaired the Trust-wide Involvement Group on 3 December 2014. There had been a presentation from AM on reducing the risk of suicide, which had then been discussed by the group. The balance between suicide prevention and privacy and dignity had been a major element of the discussion. AG highlighted that this group had mixed goals: in a sense, it was duplicating work that a Board of Governors would do, but it was clear that service users and carers did not think that their voices were being heard during these meetings. The Trust will continue to work to ensure that the service user and carer voice is heard.
3. ST added that there was an open invitation for this group to nominate up to two members to attend meetings of the Quality and Standards Group and engage in discussions. AG confirmed that a member had been nominated as a representative of the group.
4. On 5 December 2014, AG had attended the South West Chairs meeting. Sarah Wollaston MP, Chair of the Health Select Committee, had been in attendance to gain an understanding of what issues her Committee should be focusing on. One major concern had been the methodology associated with the geographical weighting of funding.
5. AG had met with the Chief Executive and Chair of Second Step; their key message had been that although the Bristol tender process and collaborations had been good, the Trust was a large organisation, and needed to have greater understanding of how small some of their partner organisations were and the issues associated with this. Second Step are very keen to continue working with the Trust.
6. The Chair had also attended three forums in which the Dalton Review and its implications had been discussed. This needed to be viewed in the context of the NHS Five-Year Forward View, which was clear in its intent but did not provide clear pathways. The Dalton Review had made distinctions between organisations,

and set a timeframe for objectives to be met, as well as giving specific guidance to those working in the areas of healthcare.

7. AG gave a short presentation on the Dalton Review, highlighting that the conclusions of the Review were that 'one size did not fit all', and that the NHS needs quicker transformational and transactional change. It also suggests that ambitious organisations with a track record of success should be encouraged to expand and acquire other organisations. A dedicated implementation programme would be needed and change will have to take place quickly.

8. Organisations are expected to adapt to local circumstances, which put the onus on the Board to identify what would be different next year. Simon Stevens is an advocate of two-year rolling plans, and the Trust needs to bear this in mind. The Trust must develop an enterprise strategy and drive change. Despite it having been said that 'one size did not fit all', there will be a standard operational model that the Trust will be expected to fit within, but with changes at the fringes to suit local circumstances. There will need to be a vision for this by the end of the first quarter of 2015/16.

9. System leaders are asked to collectively own transformation, which means that the strongest players will be the drivers. The Department of Health has been asked for standardised documentation; this was a positive aspiration, but unlikely to be met in practice. The reference to transactions being concluded within one year represents a significant change. There would be a new 'credentialing' process for Monitor and CQC; it appeared that the Trust Development Authority (TDA) was envisioned by the Dalton Review as having a 'limited lifetime'. Gaining the appropriate credentials may be vital to the Trust.

10. Chairs and Chief Executives of acute trusts, CCGs and local authorities have been very encouraging about the Trust, as had the TDA, but the CQC had not been as positive. The Trust's first priority will be getting the warning notices lifted; with four warning notices, it would not be possible for the Trust to get the good credentials that they needed. ST stated that the Trust's work with local partners would be a point in their favour, given the focus of the Dalton Review. The 93 trusts in the pipeline will be categorised; action will be taken in relation to the bottom and top quartiles, but it was not as clear how those in the middle two quartiles will be treated.

11. Overall, the Dalton Review provides the Trust with a number of challenges, but it is a clear and concise document. The Board briefly discussed the impact of the general election on these proposals. AG believed the Trust is in a very good position in relation to these reforms, but it needs to 'crystallise' a strategy that will enhance the services within their region.

12. ST added that the Trust also needs to reduce variability in the quality of care offered, and to do all of this in the context of an efficiencies scheme that contains an £8 billion gap between its aspiration and the actual situation. AG concluded that this item would be reviewed, both at Board and workshop level, on a regular basis.

BD/14/228 – Finance Update

1. SH presented the Finance report, confirming that at month 8, the Trust is behind the stage that it had planned, year to date. It had hoped to report a surplus of £620,000, but is actually running a deficit of £151,000, due to ongoing challenges in recruiting to vacancies. A large recruitment campaign is currently underway, including outside of the Trust's current boundaries; the Trust is also speaking to other healthcare providers about how to minimise the use of agency staff.
2. There has been a reduction in the number of out-of-area patients. A number of additional cost reduction plans have been identified, in order to ensure that the Trust will meet its targets for the end of the year. The cost improvement programme is continuing to deliver, reflecting the work that has been done on its structure.
3. The Trust is working with its Commissioners on the contract for next year, although not all of the planning assumptions are available yet. There was likely to be a 1.15% tariff reduction for mental health. There had been re-prioritisation of the Trust's capital plan to meet the CQC requirements. In response to a question from BD, SH explained that staff who were leaving to take up agency work were often motivated by the increased flexibility offered; the Trust is trying to address this.
4. SH stated that she was confident' that the Trust would meet its year-end goal of a £750,000 surplus. It was unlikely that any of the CQC's decisions would affect this. SH added that if out-of-area costs were discounted, the Trust is more or less within its budget, even with continued staffing challenges.
5. AG noted that the paper should read that there were 91 corporate vacancies, but not that the Trust is recruiting to all of these. **ACTION:** SH stated that this would be amended.
6. The Board agreed to **NOTE** the report.

BD/14/229 – Quality and Performance Report

1. KD presented the Quality and Performance report, highlighting that there would be changes to the Friends and Family test in the new year, as detailed on page two of the report. There had been a presentation to the Finance and Planning Committee on 15 December 2014 on the work being led by Mel Corish regarding the acute care pathway, which had evidenced some issues that they had already been aware of and identified others.
2. There had been a reduction in occupancy across PICU and older adult services, and the decision to admit adults as close to home as possible was proving successful. It had been proposed at the previous meetings that the Trust should propose block-purchasing an amount of spare capacity from a private healthcare provider close to the Trust; this principle had been agreed to, subject to further due diligence.
3. The issues in Bristol and Swindon had been discussed at the Finance and Planning Committee meeting on 15 December 2014; a further in-depth review of the Swindon service had been requested. Progress now needs to be reported

fortnightly, both through contract and quality meetings with the Commissioners and through the Quality Improvement Group. These groups had found the work that had already been done to be of a high standard.

4. At this point in the meeting KD confirmed to the Board that CQC had commenced re-inspections that morning in Callington Road, Juniper Ward in Long Fox Unit, Sycamore Ward in Hill View Lodge, and Fromeside.

5. The Board agreed to **NOTE** the report.

BD/14/230 – Trust-wide Risk Register

1. SH presented the Trust-wide risk register, confirming there were no significant changes in month; no risks had been escalated or de-escalated.
2. AG stated that he had been concerned in the past that this risk register was not receiving sufficient scrutiny, and would recommend that risks be segmented according to Committee. For instance, there were a number of actions taking place in relation to the CQC; if the action plan was as comprehensive as it should be, it should be effecting monthly movements in the risk register.
3. SH agreed that the CQC would want to see this kind of movement, too. They needed to ensure that they were not continually adding risks while not removing any. **ACTION**
4. The Board agreed to **NOTE** the report.

BD/14/231 – Bristol Governance and Accountability Arrangements

1. A paper was received on the governance arrangements for Bristol.
2. AG stated that if Bristol were to be a template that they would want to enforce in other locations, they would have to ensure that the governance arrangements associated with this were adequate. This would need to be discussed in detail.
3. It was agreed that an individual from the System Leader team would be invited to the next Board meeting to discuss the paper in more detail. **ACTION**
4. AG commented that as this had yet to be discussed at Board level there could be room for further development to ensure the arrangements are as good as they can be. RB stated that the Board had a responsibility to sign off and approve important models and should be properly presented with options or choices. AG confirmed that at the next Board meeting they would need to ensure that they set aside sufficient time to discuss this issue in detail.
5. The Board agreed to defer the report to January 2015. **ACTION**

BD/14/232 – Next Steps for Board Development

1. RC presented a paper on board development, which responded to the CQC's Well Led framework, the feedback from DAC Beachcroft, and the Board's learning from the past year. It proposed that Board seminars would be scheduled to allow for agenda-led items for discussion, development time, and open discussion; there was an action plan, reflecting work identified through the independent review and

the work of the Committees.

2. Team development was not directly addressed within these papers, although quality governance was proposed as a group exercise. AG proposed that he, Iain Tulley and RC should review this point and come back to the January Board meeting with recommendations.
3. These papers were **approved** by the Board.

BD/14/233 – Report of Board Committee Chairs

1. RB reported that ESEC had met the previous week to close off issues before the end of the year, including the six-month review of AWP's occupational health provider. A member of the Finance team had also been invited to the meeting to give a corporate perspective, both from the point of view of management and staff members. The team development work currently being undertaken within the corporate teams was seen to be positive.
2. Staff in corporate services were beginning to understand their connection to front-line work much better, but there was still a lot of work to be done, including on how the decision was made not to recruit for a vacancy. They had been able to fund 48 members of staff for external training through bursary funding, some of which was committed for two or three years. As per the DAC Beachcroft report, ESEC had agreed to propose that their work plan and terms of reference should be categorised under the 'Well Led' domains. They also proposed to meet quarterly for their business agenda, with two other meetings following a seminar format to look in detail at workforce-related issues.
3. There were concerns with the Occupational Health service relating to timeliness in of review of staff referred to them. The provider had been asked for a clear trajectory of improvement that would identify resolution and performance against the contract; this would be submitted to HR. A clearer Bullying and Harassment policy had been adopted and, in January, ESEC would receive a new HR report, encompassing issues such as turnover rates and up-to-date recruitment information.
4. ST stated that the Quality and Standards Committee had reviewed their terms of reference and work plan, and noted that another important function of the Committee was to monitor and support continuous quality improvements within the organisation. The terms of reference would be amended to reflect this. They had looked into the actions arising from the CQC's notices; discussion of quality impact assessments had been deferred until January 2015. The Committee had taken assurance that the Executive and the organisation had considered carefully the need for challenge, scrutiny, checks and reviews as a continuous process; there had been a very useful report on the inspection regime that would be implemented in January 2015. James Eldred, Clinical Director for Bristol, would be invited to update the Committee at their next meeting.
5. AG stated that fundamentally, the Trust could not wait six months to determine whether the new regime was working; if service users and carers were getting a poorer service, they needed to know this now. There would need to be further discussion on who can provide this assurance, but the Quality and Standards

Committee would need to continue to take responsibility for presenting this information to the Board.

6. LOB stated that he had been 'completely confident', as a result of the Finance and Planning Committee's most recent meeting, about the forecast for this year. If they were going to expand on the Bristol model, they would need to completely understand the Bristol model, and if they had a beacon of good practice, these practices would need to be spread within the Trust's area as well. In February, they would examine the CIPs budget, and particularly the quality impact assessment. Performance in relation to CIPs was good, but the locality approach to CIPs could be more rigorous.
7. AG stated that the Trust-wide Involvement Groupe had wanted the Board to be aware that a zero target for suicide might yield results; at least one Trust in the UK already used this as a benchmark. They had also noted the trends in relation to in-patient versus community suicide; one was decreasing, while one was increasing. There was significant activity taking place, driven by Locality Involvement Coordinators, and it might be beneficial for one or two of these to present to the Board during 2015.
8. The minutes of all Committee were **NOTED** by the Board.

BD/14/234 – TDA Oversight Report

1. AG stated that there were no changes, apart from on the 'fit for purpose' issue.
2. The Board **APPROVED** the return.

BD/14/235 – Any Other Business

1. AG stated that there were still concerns from induction; it was taking too long. There also needed to be some work done regarding how long locums were kept on for; there were both employment and quality implications.
2. There being no additional business, the meeting of the board in part one closed at 12.35pm with the board to reconvene in part two at 1pm.

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 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.

Abbreviations
CQC – Care Quality Commission
CCG – Clinical Commissioning Group

Abbreviations
BNSSG – Bath, North Somerset and South Gloucestershire (CCG)
TDA – NHS Trust Development Authority
CSU – Commissioning Support Unit
RMN – Registered Mental Health Nurses
HCA – Health Care Assistant
FTN – Foundation Trust Network
CIP – Cost Improvement Plan
ESEC – Employee Strategy and Engagement Committee