

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

Held on 25 February 2015 at 10.00 am in the Conference Room at Jenner House, Chippenham, Wiltshire

These Minutes are presented for **Approval**

### Members Present

Anthony Gallagher (AG) – Chair	Iain Tulley (IT) – Chief Executive
Susan Thompson (ST) – Non-Executive Director	Kristin Dominy (KD) – Executive Director of Operations
Peaches Golding (PG) – Non-Executive Director	Sue Hall (SH) – Executive Director of Resources
Ruth Brunt (RB) – Non-Executive Director	Barry Dennington (BD) – Non-Executive Director
Hayley Richards (HR) – Executive Medical Director	Lee O'Bryan (LOB) – Non-Executive Director
Alan Metherall (AM) – Acting Director of Nursing	

### Staff In attendance

Emma Roberts (ER) – Director of Corporate Affairs	Gina Smith (GS) – Consultant Nurse
Will Hall (WH) – System Clinical Leader for Bristol Mental Health System Leadership	Mark Earl (ME) – Service User
Simon Gerard (SG) – External Communications and Involvement Manager	Lou Hamilton (LH) – Community Mental Health Practitioner
Andrew Dean (AD) – Executive Director of Nursing from March 2015	Melanie Corish (MC) – Programme Director, Bristol CCG
	Chrissie Newton (CN) - Compliance Officer
	Alexander Lauder-Bliss (ALB) – Risk and Governance Coordinator

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

Mr S King - Patient

### Clinical Presentation

1. The Board welcomed ME, LH and GS to the March Board meeting.
2. ME outlined that he had been working for Rethink in the summer of 2010, and had been undergoing clozapine treatment for the previous 14 years. He had been placed under the care of a psychiatrist, who had reviewed his mental wellbeing and diagnosed a severe form of OCD, which presented similarly to psychosis. On that basis, his psychiatrist had advised that ME terminate his clozapine treatment. Over the following months, ME had descended into a severe psychotic illness and had been taken to Hazel Unit, an intensive care unit in the Trust's Callington Road Hospital in Bristol.

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3. ME described his detainment on the PICU ward as ‘frightening’ and ‘very damaging’. He further suggested that the nursing care at Hazel was ‘non-existent’ and that staff, with the exception of LH, ‘lacked empathy and compassion’. ME stated that he had received no information as to his length of stay or the type of ward he had been admitted to. During his stay, ME had experienced poor physical health and had suffered from severe diarrhoea and flu. ME recalled occasions where he had been neglected and humiliated. He said that he felt as though his needs had not been met during his stay on Hazel and that nurses had been ‘unable to speak [his] language’.
4. ME emphasised that LH, alongside the Occupational Therapists, had shown care, compassion and emotional support. ME and LH had discussed how the essence of care was not obvious to a person who was seriously unwell, as well as how words and actions can impact a person in crisis. LH emphasised that, to be a successful nurse, it was necessary to understand how being admitted to hospital could impact upon a patient. She suggested that, in order to provide effective care, nurses needed to develop relationships with their patients.
5. ME highlighted that there had been different staff on every shift during his stay on Hazel. He suggested that it was difficult to build trust and continuity in an environment that was ever in flux, and that the environment was not conducive to care or recovery.
6. Subsequent to his stay on Hazel, ME and GS had visited the Greyfriars PICU in South Gloucestershire. ME summarised that the Greyfriars unit felt ‘non-institutional, safe, nurturing and calm’. He emphasised that nurses and patients worked in partnership, which he described as ‘nursing, as opposed to custody’.
7. ME suggested that greater emphasis needed to be placed on a continuous and constructive level of nursing care, which mitigated crisis and conflict and which worked to decrease the chances of readmission. LH noted that she had been given the opportunity to complete the THORN course, which she described as a ‘turning point’ in her career. The evidence-based approach had allowed LH to develop her knowledge and confidence, and to understand the rationales for different interventions.
8. ME stated that, since his experience on Hazel, he had worked in the clinical field, delivering presentations about his experience of a longstanding diagnosis of schizophrenia and his thoughts and theories about recovery. ME is currently involved with the Bright Ideas initiative, and has recently been offered the Safewards Champion service involvement role. He intends to continue to work with ward staff and patients, to reduce the need for physical restraint and to educate on interventions.
9. IT asked ME to advise the Board on how to improve Hazel. ME replied that Hazel needed to be redesigned. He added that he had needed to receive better and more thorough explanations about his stay, and noted that staff had not communicated with his parents. GS recommended that the Board visit PICU Greyfriars. She described the environment as ‘inspirational’.
10. The Board thanked ME for his presentation and agreed that members felt that it was eye-opening.

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**BD/14/277 – Apologies**

1. Apologies were received from Rachel Clark, Tony McNiff and Graham Coxell.

**BD/14/278 - 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/14/279 - Questions From Members Of The Public**

1. The Chair read a question received from Mr Ody, who had enquired about the failure of the RiO system earlier in the year. The Chair had written to explain to Mr Ody that the RiO system had not failed, but had been affected by the failures of the national Spine system. The Chair confirmed that no user records had been lost, and noted that the issue had been reported to the Finance and Planning Committee. SH updated that a full investigation was scheduled to be undertaken and a report would subsequently be given to Board.
2. The Chair read a second question received from Mr Ody, who had asked whether the Trust was bound by the NHS Care Records Guarantee (CRG), and whether the '12 commitments' within this were implemented by the Trust. The answer provided to Mr Ody had confirmed that the Trust complied with the CRG, as well as with relevant legislation and NHS regulations.
3. A series of questions had been put to the Board by Barbara Gale, who had written on the subject of suicide-related deaths. The Chair confirmed that the Trust was within the normal distribution of deaths, both from homicide and suicide, based on national statistics. He emphasised that the Trust was saddened to hear of any death by suicide, and recognised that it is a devastating event for families and friends. In the event of suicide, the Trust undertook a Serious Untoward Incident investigation, which adopted root cause analysis methodology. Further, there were a number of groups, events and initiatives within the Trust which worked collaboratively in an effort to prevent suicide and to share and implement regional best practice.
4. The Chair noted that a number of questions had been received in relation to the payment of expenses to involvees policy, which had been discussed by the Trust-wide Involvement Group and was being put to sub-Committees and the Board in March 2015. The Chair explained that the purpose of the policy was: to standardise payments; to recognise the inputs from service users, carers and volunteers and to be consistent with FT rules in relation to payments.
5. Mr King submitted a question which suggested that a Trust staff member, in a comment on an article in the *Swindon Evening Advertiser*, had shared confidential patient information. This had 'insulted and upset' a Trust patient. The Chair confirmed that an investigation would be undertaken. He emphasised that the issue would be treated with the urgency it demanded.

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### BD/14/280 – Minutes of the Meeting of the Board on 28 January 2015

The minutes of the meeting of 28 January 2015 were **approved** and taken as accurate, with the amendments outlined below:

1. HR recorded her apologies for the meeting. She suggested that the final sentence of page 1, item 2 needed be amended.
2. SH suggested that point 4 of page 4 needed to be reworded.
3. Typographical errors on page 9 needed to be corrected.
4. HR suggested that the wording of second item under 'AOB', on page 10, should read: 'pending the conclusion of an investigation'.

### BD/14/281– Matters Arising

1. The Chair confirmed that the safeguarding presentation was expected to be presented to the Board in April 2015.
2. The Chair stated that the Trust-wide Risk Register was due to be reviewed in March.
3. The Chair updated that the Acute Care Pathway Review had been presented to the Finance and Planning Committee.
4. The Chair suggested that Annual Objectives be deferred until March. The Board agreed.
5. The Chair confirmed that all other items were complete.

### BD/14/282 – Chair And Chief Executive's Actions

1. The only action given to the Chair and the Chief Executive had been in relation to the Wiltshire Community Services tender, with an urgent action taken.

### BD/14/283 – Chair's Report

1. The Chair reported that he had attended the HFMA Chairs' Conference in Birmingham at which Sir Francis had delivered a presentation about whistleblowing. The Chair noted that he was due to meet with LOB to discuss how Trust processes could be enhanced to reflect Sir Francis' report. LOB updated that the Governance team had recently reviewed the Raising Whistleblowing Concerns Policy and had received external views from MIND on the issue.
2. A new Director of Delivery and Development (South) had been appointed within the Trust Development Authority (TDA). The Chair and IT had met with the Interim Director, Jim Lusby, who had helped with preparations for the Board-to-Board meeting scheduled for 5 March 2015.
3. The Chair and BD had met with Maggie Rae and Jane Scott, from Wiltshire Council, to foster relations and to understand the dynamics between the Council and the CCG. Maggie Rae and Jane Scott had been 'very encouraged' by the Trust's progress and 'very complimentary' about the input from the locality's Clinical Director. The Chair and BD were scheduled to meet with Councillor Brian Mattock in order to secure membership of the Swindon Health and Wellbeing Board.

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4. Nick Marsden, the Chair of Salisbury NHS Foundation Trust, had contacted the Chair to discuss ways of working together which would enhance the Board relationships.
5. The Chair reported that there was confusion in relation to the Trust-wide Involvement Group Terms of Reference. He clarified that users and carers should be able to ask strategic, operational and facility-related questions. In response, the Trust would provide outlines of, and the rationales for, any relevant policies.
6. Mr King asked how members of the public were made aware of such meetings. SG replied that information about any public meetings were published on the Trust's website. Mr King suggested that members of the public who had an active interest in the Trust could be personally invited to meetings. The Chair noted that users and carers groups had called for more support. He agreed that the website needed to be developed so that it better publicised meetings and events. ST noted that there was a standing invitation for the Trust-wide Involvement Group to nominate a representative to attend the Quality and Standards Committee, which would offer the opportunity to engage in Committee work. The invitation had yet to be responded to. ER updated that a new Communications and Involvement Team had been established and that work was being undertaken.
7. The Board resolved to **note** the report.

### BD/14/284 – Chief Executive's Report

1. IT presented his written report on his work over February.
2. IT noted that, in respect of ME's presentation, a review be undertaken immediately of the Hazel Ward's services. SH suggested that a review be undertaken of all PICU services. The Board agreed – **ACTION: Alan Metherall**
3. The BANES re-provision project was moving ahead. IT updated that a business case had been outlined, and a commitment had been made to replace Hillview Lodge. This had the support of commissioners, subject to ongoing affordability.
4. The annual staff survey was due to be published on 25 February 2015. A comparator report was now available; the Trust, although having seen some improvement in a limited number of areas, the overall position is a deteriorated one, which is of concern. A detailed review and plan will be developed across all LDUs and will be reported through ESEC and reported to Board in March 2015.
5. IT reported that on initial analysis demonstrated variation across LDUs, however the position in each area still falls below the national average and places the Trust in the lowest centile in the country. Further work is needed to better understand the position and additional focus in each area of greatest concern to staff. A detailed analysis and individual plans will be completed during March.
6. RB updated that there was support for localities identifying training needs that matched their strategic direction. She further updated that the Trust had supported approximately 70 staff members with bursary funding to attend training courses external to the Trust. RB highlighted the importance of connecting the bursary funding to the strategic priorities for the organisation. The Chair agreed that the connection between Trust and locality objectives needed to be strengthened.

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7. IT reported that Norman Lamb MP had recently visited the Trust, which had provided the opportunity for Fixers, a youth organisation, to launch their campaign around supporting young people with depression. Norman Lamb had described the huddle slides as the 'most transparent' example he had seen of preparedness to publish results.
8. IT outlined that the 'Golden Hello' initiative was being rolled out in Wiltshire and Secure, in an attempt to attract new starters. 'Refer a Friend' had been implemented, and staff had begun to respond to the initiative.
9. A significant increase had been seen in out-of-area treatments; in the previous week, 41 out-of-areas had occurred. Further controls are required with additional escalation of the current DTOC position.
10. IT updated that the Mental Health Act Annual Report had been published. The Trust's position to the report would be brought to the Board when it had been finalised. AM reminded the Board that an Assurance Report on the Trust's compliance with the Mental Health Act was scheduled to be delivered to the Quality and Standards Committee.
11. The NHS tariff negotiations were ongoing. IT updated that there was no change.
12. Serious Untoward Incidents had been included in IT's report, in the interest of transparency. IT highlighted an incident of arson which had occurred at the Silver Birch Unit. He said that staff had been commended for their reaction to the incident and for placing the safety of patients first.
13. Mr King noted that the Trust had recently been referenced on television in relation to three patient deaths. He asked why the Trust had failed to comment on the incidents. IT explained that the Trust's default position is to speak directly to the media on matters of such severity and on any matters of public interest in relation to our services. On this occasion however, IT confirmed that the Trust had received legal advice that they should not give comment. SG added that the Trust had informed media reporters that they were currently unable to give comment. IT updated that an inquest into the incident in question was being undertaken. HR confirmed that root cause analysis would be shared with every person connected to the individual's care pathway. HR added that root cause analyses were also shared at Academic Programmes, in order to share learning across multi-disciplinary teams. A Significant Incident Learning Event would be held that in the wake of the incident in question.
14. The Board resolved to **note** the report.

### BD/14/285– Bristol Governance

1. WH attended the Board to give a presentation on Governance within the new Bristol Mental Health model.
2. He stated that there were 18 organisations, comprised of approximately 25 teams, involved in delivering services within the Bristol mental health system.
3. WH presented an overview of the system. He noted that a significant number of services had become more 'primary care facing'.

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4. The services had been implemented in October 2014, alongside System Leadership. The Community Rehabilitation, Assertive Engagement and Community Access Support services were due to be implemented shortly.
5. The purpose of System Leadership was to integrate the system and promote the concept of 'No Wrong Door'. It is necessary for the system to take ownership of service delivery and find the correct care pathway for service users. The relationships within the system were contractual with the relevant CCG. WH said that the system worked through collaboration and partnership.
6. It is intended that the system would give a stronger voice to service users and carers, and will engage and work with representative groups across all services.
7. WH updated that he is performing a combined role of Clinical Director and System Leader. The team had been adjusted accordingly.
8. WH updated that the link between the Service User Care Board and the Clinical Leadership Team is strong. There is a focus on enhancing the collaboration and cohesiveness between Boards, groups and teams.
9. WH stated that the System Leadership team is informed by the decisions made by the Strategic Partnership Board, in order to encourage and promote collaboration. Direct accountability is IT's, as Chief Executive Officer. Fortnightly meetings are held with the Bristol CCG, in order to further enhance collaboration.
10. The Chair asked how it was possible to ensure that clinical standards were adhered to across different organisations and were consistent with the Trust. He further asked WH how he managed the potential conflicts between the terms and conditions of different partnership bodies. WH agreed that the system and processes were complex. He updated that approaches were developed in accordance with existing standards and policies adopted by the Trust. For some issues, such as the Serious Untoward Incident Reporting, it is necessary to follow different systems across different partner agencies. The Chair emphasised that staff needed to be clear that they worked and adhered to the Trust standards and governance.
11. IT asked whether the triumvirate understood that they were responsible for providing operational and clinical assurance to the Trust. WH anticipated that the triumvirate understanding was clear. The Chair emphasised the necessity of delivering assurance. WH noted that it is possible to draw from RiO, and to work in conjunction with Otsuka to draw on existing knowledge and practice.
12. AD asked WH to describe the outcome measures which determined whether or not the system worked. WH replied that the System worked to a set of key performance indicators, such as a reduced level of suicide in the city and greater satisfaction from users and carers.
13. ST asked WH if the Board would receive assurance on performance and reporting from the Chief Executive or the System. IT explained that the part of the System that the Trust is statutorily accountable for, would be subject to the same level of assurance and reporting as in the rest of the Trust. IT and WH had acknowledged that further work was needed to better understand the System's accountability. The Chair added that Lot 1 delivery would perform against the same metrics as any other locality. He understood that the Board would be assured and given

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scrutiny through IT, against the System metrics. IT advised that the team were working with the CCG to satisfy all governance expectations. The Chair reminded those present that the CCG would be measuring the system from 2 April 2015.

14. Mr King asked if the partner organisations within the System worked to the same standards, policies and procedures. WH replied that each organisation was accountable for the delivery of the service it was contracted to provide. The majority of each organisation's policies and procedures were, therefore, internal. Several policies and procedures had been developed at a System-wide level. The Chair added that a key element of the Service User and Carer Director was to provide assurance to users and carers around the pathway available to them.
15. ST asked if the Service User and Carer Director post would be recruited by April 2015. WH replied that that was unlikely. He added that two interim employees were currently working in the post.
16. The Board thanks WH for attending to present on Bristol Mental Health Governance and resolved to **note** the report.

### BD/14/286 – Finance Update: Month 10

1. SH briefed the Board on the Finance Report for M10.
2. She updated that, at the end of January 2015, a surplus of £687,000 had been reported, which showed that the Trust were £25,000 behind plan. In the previous month, there had been concern about the increase in risk to the forecast position. A number of actions had been implemented in the previous month to ensure that the year-end surplus of £750,000 was achieved.
3. There had been a significant rise in the cost of agency staff and a number of measures had been implemented to address the issue. SH updated that internal management actions had been taken to ensure that resources were being used appropriately. All ward rosters had been reviewed, particularly around inpatients and community staff, to ensure that staff were working the correct number of hours and were rostered appropriately. ESEC were undertaking a complete review of the rostering policy. More immediate actions around stopping agency staff had been undertaken, in Pharmacy and medical locum staff. HR had been working to temporarily pick up some clinical back fill, until posts were filled substantively.
4. SH updated that all localities had reviewed their forecasts in detail. The Director of Operations had worked to ensure that forecasts were robust. SH was confident that the year-end surplus would be reached as planned.
5. Debates around the NHS tariff were ongoing. In its first year, the tariff had been set by Monitor and NHS England. SH reported that 51% of Trusts had legally challenged the tariff. All providers had received a proposal for two alternatives, one of which was an 'enhanced tariff' that allowed for the inclusion of CQUIN and for Mental Health Trusts to receive the 0.35% tariff uplift. All Directors of Finance had been invited to meet with the TDA on Monday 2 March to discuss the options in further detail. SH updated that the proposal had been shared with the Finance and Planning Committee for review. The implications of the options on the budget position for the upcoming year needed to be considered. SH suggested that the enhanced tariff option was preferable.

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6. SH updated that the Trust had still not received sight of the NHS England Specialised Contract. The Trust had been required to send an update on their Annual Operating Plan to the TDA by 27 February. This deadline had been pushed back to April, following the delay on the NHS contract.
7. SH highlighted the Saving Schemes and Cost Improvement Programmes. Year-to-date, the Trust were on target and forecasted that approximately 97% of plans would be delivered by recurrent schemes by year-end.
8. In terms of the balance sheet, the team forecast that the year-end target would be hit as planned. The main impact on the balance sheet was the capital programme. Some of the capital programme had been reprioritised, in line with paying CQC work in-year.
9. RB acknowledged that the CIP programme for the current year was back-ended. She asked for assurance that the following year's saving programme would be equally staged throughout the year. The Chair commented that a full year impact would be realised in the following year, due to the fact that the current year's plan was back-ended. He further noted that two-year rolling plans were increasingly being implemented.
10. LOB noted that the team had delivered an 'impressive performance'. He expressed his confidence that year-end targets would be met. He highlighted that work around rosters, bank staff and agency staff had been particularly successful in addressing the Trust's recruitment issues.
11. ST asked how the out-of-area performance compared with what had been budgeted for. SH confirmed that she would check the figures to provide clarification. **ACTION: SH**
12. The Board resolved to **note** the report.

### BD/14/287 – Acute Care Pathway Presentation

1. The Chair requested that the Acute Care Pathway presentation was moved from Part 2 to Part 1 in the Trust's endeavour to ensure transparency of the Board.
2. The Board welcomed MC to the meeting.
3. MC updated that the Trust had a lower-quartile commissioned bed base, when benchmarked against the national figures, for adult acute beds. She described the bed base as 'lean'. For older adult beds, the Trust had the median commission bed base for the weighted population of over 65s. MC noted that there was a significant variation in bed base numbers across different localities in the Trust.
4. MC highlighted that length of stay in acute inpatient beds, for adults and older adults, benchmarked as relatively long in comparison with several of the best-performing Trusts in the country. The best-performing localities within AWP performed roughly in line with the national average for lengths of stay. MC suggested that the long 'stay tail' could be addressed by setting upper limits for length of stay.
5. RB asked MC if re-admission rates had been analysed. MC replied that re-admission rates, within 30 days of discharge, had been analysed but not compared

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with other Trusts. The Trust was not a particular outlier in this regard. MC commented that analysis of re-admissions within 365 days would provide oversight on relapses, early warning signs and appropriate care. AD suggested that there could be a correlation between lengths of stay and re-admission rates.

6. Mr King asked if bed-blocking was a problem within the organisation. MC replied that it was. She explained that a significant cause for the lack of capacity within the system was delayed transfer of care (DTC), which was a particular problem in older adult beds. The problem also manifested in adult acute beds, and represented 25% of the demand for out-of-Trust placements. It was difficult for the Trust to directly resolve the problem, which largely relied on the local authorities and commissioning bodies.
7. MC stated that a diagnostic breakdown of Acute and PICU units had been undertaken. Evidence and best practice suggested that admission had a detrimental effect on service users with personality disorders. MC recommended that a comprehensive personality disorders pathway needed to be developed. She further recommended that a contract be established with the individual patient, which allowed them to be admitted but limited their length of stay, and limited the number of admissions they were able to have within a 12-month period. MC anticipated that this would save bed days as well as significantly improve the outcome of the patient.
8. MC updated that over 11,000 bed days had been used by DTCs. She emphasised that the problem was significant. On the assumption that each bed day resulted in an out-of-Trust placement, and each out-of-Trust placement cost £500, the estimated cost of the problem was £5.7 million.
9. MC updated that a significant number of Trust wards were larger than the recommended maximum of 15-18 beds, with some wards comprised of as many as 23 beds. MC emphasised that it was difficult to achieve a successful, therapeutic environment in a large, 23-bed unit. MC recommended that the Trust re-evaluates its estate strategy. Currently, there were challenges around achieving a daily, one hour, one-to-one therapeutic session between staff and service users.
10. MC reported that staffing significantly affected the ability to create a therapeutic environment; some wards were working with 40% vacancy rates. MC said that, in order to achieve one-to-one therapeutic sessions, it was necessary for all nursing staff to be engaged in delivery and for individual nursing staff to develop therapeutic relationships with service users. She emphasised that it was important to recruit permanent staff to achieve this recommendation.
11. There were further recommendations for older adult care, to improve the dementia pathway. In the case of patients who were admitted from care homes, MC recommended that the care home liaison function be improved so that it could serve as a 'hospital at home' function. MC further suggested that it would be useful to set a limit on the maximum length of stay, and noted that the amount of savings to be made correlated with the reduction in length of stay.
12. MC outlined that locality teams had been motivated by the data that had been collected. She recommended that the Trust undertake a locality-based creation of resource. MC suggested that an 18-month programme be established and that a

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£1.8 million investment be made to support the work to be undertaken. This would be paid back with the reduction of out-of-Trust placements.

13. HR updated that the AHSNs in the South had agreed to continue to support the South of England Mental Health Collaborative. The AHSN were undertaking work around capability, capacity and quality improvement. Using money from Monitor and the Regional Innovation Fund, a web-based, mental health quality toolkit was being developed. Work would be undertaken with appraisers to ensure that AWP doctors had the skills to engage in quality improvement. Further, all Trusts were monitoring 'discharge to assess'.
14. LOB recalled that longer length-of-stay had been employed as a strategy to prevent re-admission, during the reference cost debate.
15. In terms of next steps, the Chair suggested that management and Executive actions for the proposal should be determined. Staffing and financial implications would be reviewed by Committees.
16. MC noted commissioners had been receptive to the idea of collaboration.
17. The Board resolved to **note** the presentation.

### BD/14/288 – Quality and Performance Report

1. KD presented the Quality and Performance Report for M10.
2. New metrics for Friends and Family would appear in IQ in March. There had been some submission issues in relation to Specialised, LDU and BANES reporting.
3. Where localities had failed to submit CQC information, or other metrics required through the IQ system, the Executive Team would follow the Monitor process. An improvement trajectory would be agreed upon and delivered within one month. This would be monitored weekly.
4. Challenges had been faced around Monitor Dashboard metrics, in relation to CPA in Bristol. Bristol felt that it was necessary to review all of their caseload and re-profile against CPA procedures. KD noted that Bristol were still required to deliver their improvement within 12 months, and that performance monitoring would continue.
5. KD noted that there were 41 out-of-area patients at the last report and 40 DTOCs across the Board. The Trust maintained its position on admitting adults to home localities wherever possible, and an agreement had been reached during the operational senior management team meeting to adopt the same procedure in respect of older adults.
6. ESEC had highlighted a concern that Bank statutory and mandatory training was not improving at the desired rate. ESEC had requested that the challenge be addressed through targeted action with Bank staff.
7. The Chair asked if a quality impact assessment had been undertaken for each bed that had been closed. KD confirmed that that was correct. It was noted that the assessment for the most recent closures for Wiltshire had not been received.
8. The Chair suggested that a the Clinical Executive give a commentary on the

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figures as well as an Operational directorate commentary. The Board agreed.

9. AM reminded the Board that safer staffing was reviewed via six-monthly, formal reviews. He noted that the Trust did not have a tool whereby they could change the safer staffing number on a real-time or daily basis. LOB asked how it was possible to determine the 'correct' safer staffing number. AM stated that, after Allocate had been rolled out, it would be easier to determine how the safer staffing denominator could be moved to a more real-time basis. AD suggested that maximum and minimum levels be set, and that exception reports be produced for any wards which exceeded the set levels.
10. IT asked KD to publish the appendices for Board papers. It was agreed that the appendices would be published with the minutes.
11. The Board resolved to **note** the report.

### BD/14/289 – Quality Improvement Plan

1. KD presented the Quality Improvement Plan to the Board.
2. The Trust had recently been challenged by the CQC in respect of its position on outdoor shelters. The Trust had adopted the position of not pursuing outdoor shelters.
3. The Board discussed the issue of smoking shelters and garden shelters, in respect of national guidelines and the Trust's position on smoking. IT proposed that the Board would adopt the position that it would not put shelters in place, on the basis that it was working towards a smoke-free environment. The Board agreed. AM suggested that legal advice be given on the subject in order to provide assurance to the CQC inspector. **ACTION: ER**
4. KD noted that the CQC had visited the inpatient services in Bristol in February 2015. Concerns around window handles in communal areas had been raised, and a review was being undertaken to understand the nature and cause of the problem. As with all other ligatures, a mitigation approach would be applied to the issue.
5. The size of the Bristol caseload had moved from a green rating to an amber rating in the action plan. This related to the recruitment of the recovery navigators. Assurance had been provided by the partner that staff would be in post before the end of March.
6. KD noted that the first Week in Focus in BANES had been completed, and a report had been fed back to the Quality and Standards Committee. The programme of Week in Focus was being accelerated. The next scheduled review was to take place in Swindon during the following week, and a subsequent review would be undertaken on 23 March 2015 in Wiltshire.
7. LOB asked how the anti-ligature work in Bristol was being presented. AM confirmed the team's awareness that the windows in the Callington Road ward were at risk. He stated that a programme to replace them was being implemented. HR clarified that the window handles in question were located in communal areas and had been risk-rated by the Trust as being of lower priority than window handles in private bedrooms. In its response to the CQC, the Trust had

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acknowledged the problem and outlined what mitigating steps were being taken.

8. The Chair asked if an action was immediately flagged if an issue moved from green to amber. He asked if this triggered Committee oversight or the implementation of an action plan. IT replied that, if an issue moved from amber to red, it was flagged. If an issue moved from green to amber, it was considered 'off track' and an action plan was utilised to correct the problem. RB added that the heat maps were valuable, in that they allowed the Committees to identify 'hot spot' areas and seek appropriate assurance where necessary. KD noted that all evidence and actions plans were reviewed on a fortnightly basis.
9. The Chair asked if Committees were automatically notified when the CQC raised issues or concerns. AM explained that procedures were in place for responding to external inspections. Action plans and reports were escalated to the Quality and Standards Committee.
10. IT asked that the Heat Map be published in future papers.
11. The Board resolved to **note** the report.

### BD/14/290 – Trust-wide Risk Register

1. The Board was briefed on the major changes to the Risk Register from last month.
2. ER updated that a new risk, relating to the RiO system, had been identified by HR and escalated on the Clinical Executive Risk Register. This would appear on the Risk Register for the following month.
3. Risk TW15 highlights the risk of the Trust not achieving a 'Good' rating following assessment by the CQC. ER noted that, given additional assurances, the Executive team had proposed that the risk was moved to the Strategic Risk Register, given that the impact of the risk largely related to strategic objectives. The current risk score had significantly reduced.
4. ER outlined that requirements were being met and activity was continuing as planned.
5. The Board resolved to **approve** the identification of risk TW15 as a strategic risk and to **note** the report.

### BD/14/291 – Report of Board Committee Chairs

#### 1. Audit and Risk Committee

- 1.1. The Audit and Risk Committee report was received and noted.

#### 2. Employee, Strategy and Engagement Committee

- 1.1. RB updated that, although targets around sickness absence had not been met, an improvement during December had been identified. ESEC had received assurance that actions had been taken to 'actively manage' sickness.
- 1.2. The Committee had identified that Bank staff were booking places on statutory mandatory training sessions, which they were then failing to attend. RB noted that Bank staff were paid to attend the training sessions. Further work had

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been commissioned to understand the issue.

- 1.3. Corporate training and appraisal was negatively impacting the Trust. Proactive work had been requested around Corporate team compliance.
- 1.4. The anticipated 10% improvement in the staff survey had not been achieved. This remained an objective for the coming year, and a new set of actions were being implemented.
- 1.5. In terms of the Annual Operating Plan, RB updated that a seminar would be held in March to review workforce plans with localities. The Annual Operating Plan would be updated before its submission in April.
- 1.6. The new Committee work plan for the coming year had been approved.
- 1.7. ESEC was interested in increasing its staff-side involvement.

### 3. Finance and Planning Committee

- 1.1. LOB updated that growth numbers for the Trust, for the upcoming year, would be approximately £4.8 million. This was a lower figure than in earlier iterations, and was driven primarily by LD work in Specialised services as well as the opening of a new ward. CIP was set to be £8.7 million. The balance differed slightly from the expectations of the TDA, but was reasonable.
- 1.2. Investments of approximately £1.8 million had been made into safer staffing. There was an agency premium of £1 million. RiO replacement would cost approximately £800,000 in the following year. The team were attempting to create a CQUIN investment reserve of around £3.2 million.
- 1.3. The Committee had undertaken several business cases, such as the Daisy business case. The Otsuka business case had been moved to the next level of detail.
- 1.4. LOB updated that the Trust were in a good position in terms of CIP-readiness. Two TDA colleagues had commented that CIP progress was good, relative to other Trusts.
- 1.5. The Chair asked that a CQUIN schedule be added to the Finance and Planning Committee plan. SH noted that information around CQUIN delivery and process had been moved to the PMO.

### 4. Quality and Standards Committee

- 1.1. The Committee had been presented to by two localities, Secure and BANES, on their Quality Improvement Plans for the upcoming year. These were aligned with the Trust's Quality Improvement Plans. ST noted that the Committee had called for more 'smart' measures to be implemented, to identify what the experience of service users and carers would be in relation to the Quality Plans.
- 1.2. The Committee had reviewed the Community Mental Health Survey from 18 months ago. They had not been able to clearly identify how the learning from the survey had been built into the overall Trust-wide plan or local Quality Plans. The Committee had determined that further alignment was required.
- 1.3. ST relayed feedback from BANES that the Week in Focus had been valuable.

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From June, the Committee intended to undertake a deep dive into each area's Quality Plans and measures. It would be necessary for the Week in Focus to have been undertaken in the locality up to six weeks before the deep dive.

- 1.4. The Committee had reviewed the Terms of Reference and work plan. Changes were due to be implemented. ST asked that AD also review the work plan. AM apologised for the quality of the reports, and noted that capacity and availability had been low during the report-writing process.

5. The Committee resolved to **note** the Committee Chairs reports.

### BD/14/292 – Committee Minutes

1. The Board **approved** the Committee minutes.

### BD/14/293 – TDA Oversight Report

1. There were no changes, and the Board **endorsed** the TDA Oversight Report.

### BD/14/294 – Any Other Business

1. Mr King asked if the Trust allowed patients to audio-record a meeting held with a member of staff, for clarity of the matters discussed. HR confirmed that an answer would be given subsequent to the current meeting.
2. Mr King noted that he had met with LOB and HR, who had agreed to finalise an action plan in September. Mr King said that no actions had since been taken. HR stated that she did not accept Mr King's version of events. The Chair stated that individual cases were not to be discussed during Board meetings.
3. There being no additional business, the meeting of the board in part one closed at 1.45pm 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 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.