

Minutes of a Meeting of the AWP NHS Trust Board – Part 1

Held on 24 June 2015 at 10.00 a.m. in the Conference Room at Jenner House, Chippenham, Wiltshire, SN15 1GG

These Minutes are presented for **Approval**

Members Present

Tony Gallagher (TG) – Chair of the Trust (Chair)	Susan Thompson (ST) – Trust Vice Chair, Non-Executive Director
Iain Tulley (IT) – Chief Executive Officer	Peaches Golding (PG) – Non-Executive Director
Hayley Richards (HR) – Medical Director	Lee O’Bryan (LOB) – Non-Executive Director

Staff In Attendance

Alan Metherall (AM) – Deputy Director of Nursing [Deputising for Andrew Dean (AD)]	Emma Roberts (ER) – Company Secretary & Director of Corporate Affairs
Matthew Page (MP) – Deputy Director of Operations	Hannah Dennis (HD) – Head of Corporate Governance

Members of the Public

Mr. M Ody

BD/15/061 – Apologies

1. Apologies were received and accepted from: Ruth Brunt, Andrew Dean, Rachel Clark, Kristin Dominy, Barry Dennington, Tony McNiff and Graham Coxell. Alan Metherall was deputising for Andrew Dean.

BD/15/062 – 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 Committee meeting agenda.
2. The Chair **declared** his role as Chair of the Genomics Board.
3. No other interests were declared.

BD/15/063 – Patient Experience Story

1. HR updated that, within a short period of time, the Trust had received three complaints about Section 136 suites. Each complaint had been made in light of a service user not receiving at least some of their medication while in care on the Section 136 suites. HR emphasised that, although none of the missed medication had been “life critical”, the practice was neither satisfactory nor safe.
2. The families involved had received apologies from the Trust, and had been notified of the actions that were being taken to address the issue. The senior doctors and managers who were responsible for the Section 136 suites had worked to review how the issue could be resolved. Further, the Medicines Optimisation Group had considered the issue to ensure that Trust-wide learning took place.
3. HR updated that all units now stocked a pre-agreed ‘stock list’ of medication. Units had also

been given access to medication on nearby wards, as well as emergency and out-of-hours access to any medication they required. 'Medicines reconciliation' would be conducted when service users first arrived at Section 136 Suites, to ensure that staff were fully aware of what medicines each patient required.

4. ST asked whether consideration had been given to non-medical prescribing. HR replied that non-medical prescribing was desired, but highlighted that there were issues around training.

BD/15/064 – Questions from members of the public

5. Mr. Ody had asked which clinicians were permitted to change records on RiO, and if 'users' records were being corrected by deleting them'. The Chair explained that doctors or nurses were able to change service users' records on RiO. Under the Data Protection Act, only factual information could be removed from records on RiO, such as incorrect address details. The Data Protection Act could not be used to challenge medical opinions that were recorded on RiO.

BD/15/065 – Minutes/summary of the meeting of the Board on 27 May 2015

1. The minutes of the meeting were approved and taken as accurate, subject to the amendments outlined below:
 - Graham Coxell's title was Associate Non-Executive Director.
 - It was clarified that the trainee clinical psychologist, referred to on page two, had been unaccompanied rather than 'unsupervised'. HR would provide a verbal update about the supervision of trainee psychologists – **ACTION HR**.
 - The wording of item six on page four should read: 'the Trust needed to review the impact of the Sectoin136 suite at Southmead Hospital on the emergency department. It had been agreed the review would be part of the Section 136 consideration within the Acute Care Pathway Review.'
 - Item three of the Finance Report should commence: 'The position was a deficit'.
2. Following a question he asked at the May meeting of the Trust Board, Mr. Ody asked whether there was a trend of complaints reflecting people who had been sectioned in breach of the Mental Health Act. The Chair stated that information from the previous six months would be reviewed, and an answer would be provided to Mr. Ody – **ACTION AD**

BD/15/066 – Matters Arising from the previous meeting

1. Item 17 would be covered in the Clinical Executive Report. The action was marked as **complete**.
2. The Hazel Ward item was due to be covered in the next Clinical Executive Report. The item was agreed as **ongoing**.
3. On the 'Finance Report: Rostering' item, MP confirmed that processes were in place to train and support staff using the rostering system A system of cross-checking would be set up for the sign-off process. The action was agreed as **complete**.
4. On the IQ Metrics action, AD updated that he had presented an outline of the metrics to the Quality and Standards Committee. A live demonstration was also scheduled for 7 July. The item was marked as **complete**. An updated report of the Governance Review was scheduled for the current meeting. The item was **complete**.
5. The meeting to discuss use of agency staff had been rearranged. The item was **ongoing**.

Trust Board Minutes – 24th June 2015

6. On the nursing revalidation action, AM updated that the working group had presented a paper to AD. Changes had since had to be made, following discussions with Directors of Nursing across the central and southern regions of NHS England. The Board would be updated at its next meeting, and item was marked as **ongoing**.
7. On the Clinical Executive report action, HR updated that there were several issues about under-18s within Section 136 Suites that were being escalated. ST asked for a report to be brought back to the Quality and Standards Committee – **ACTION HR/AD** The item was marked as ongoing.
8. On the Questions to the Board item, the Board were updated that the CCG had written to the Mayor of Bristol, and staff within the Bristol locality had written a petition. The Board would be updated on the action in July, and the item was agreed to be **ongoing**.
9. On the review of percentages for Strategic Objective 2, it was confirmed that the updated wording would appear in the Safer Staffing paper. The item was **ongoing**.
10. On the Chair's Report action, the Board were informed that the Design Authority Group (DAG) were creating a 'standard' for decoration that would be used across all Trust sites. The Board were updated that the Investment Planning Group had also agreed to allocate £150K of capital funds to an Operations pot for 'ad hoc' matters including decoration. The item was marked as **ongoing**.
11. The Achieving CQC Compliance action was **complete** and would be covered in the Clinical Executive Report.
12. The Trust-wide Risk TW6 action would be discussed at the current meeting, and was marked as **complete**.
13. The Finance Report M1 action was **complete**. SH confirmed that cash expenditure had been discussed and, going forward, a cash flow forecast would be included in the monthly Finance Report.
14. The TDA Oversight Report item was **complete**. The Finance and Planning Committee had received and noted the quarterly TDA letter at its most recent meeting.
15. The Minutes of Board Committees action was **complete**. The correct version of the Employee Strategy and Engagement Committee minutes would be noted during the current meeting.
16. The staffing arrangements action, under the Finance Report M1, was **ongoing**. The Finance and Planning Committee were due to receive the paper.
17. The review of IT capital expenditure was scheduled to be presented to the Finance and Planning Committee in July. The item was marked as **ongoing**.
18. ST noted the minutes for the Chief Executive's Report stated the Trust had been accredited with a Triangle of Care 'second star'. She asked for the minutes to be amended, to indicate that the implementation of the associated quality and performance standards lay with the Director of Nursing.

BD/15/067 – Chair and Chief Executive's Actions

1. There were no actions to report to the Board.

BD/15/068 – Chair's Report

1. The Chair updated that his meeting with the Wiltshire Acute Trust Chairs had been not been productive.

Minutes Prepared for the Trust Board Meeting of 24th June 2015

Sponsored by the Chair

Agenda Item:

Serial:

Page 3 of 7

2. The Suicide Prevention Conference had been well run and well received.
3. The Board resolved to **note** the report.

BD/15/069 – Chief Executive's Report

1. IT noted that MP would remain the Acting Director of Operations until the appointment of a Director of Operations was made and thanked MP for acting into the role. Interviews for the substantive role would take place on 22nd July.
2. IT updated that monthly briefings for staff following the Board meeting were to commence from this month and would include a short film, in which he would be featured.
3. In relation to the three areas of greatest focus, IT updated that the appraisal quality paperwork had been updated. Training would commence in July. Further, work by an independent consultant and by JCA Global would be undertaken.
4. ST asked whether those reporting through the new mechanisms were new reporters or if they had previously reported through existing systems – **ACTION RC**
5. The Board resolved to **note** the report.

BD/15/070 – Quality and Performance Report – Month 2

1. MP noted there had been an improvement in delayed transfers of care (DTOC), which were now within Monitor targets. There remained challenges around CPA compliance these were predominantly within Bristol, where a number of strategies had been adopted to tackle the issues.. An interim Out of Trust Placement Manager had been recruited, and the total number of out-of-Trust placements had reduced to the low 20s.
2. ST asked how many people were actually delayed and what the longest delay had been. The Chair agreed that it would be useful to see the distribution of numbers – **ACTION MP**
3. IT said the out of area plan was impressive, and felt that good progress had been made both with out of areas and DTOCs. MP added that work was underway to share BaNES' learning on Moving to Recovery across the Trust.
4. The Board discussed the 'Service Users in Settled Accommodation' KPI. Work would be undertaken to ascertain whether the deterioration was a genuine, downward trend or whether it could be attributed to service users' records becoming out-of-date. The Board would be updated on the KPI in July. The Chair expressed his concern with the downward trend for Swindon.
5. Turning to bed pressures, the Board agreed that further detail needed to be provided on ward closures, the issues that prevented them being reopened and the use of beds that were contracted from other providers – **ACTION MP**
6. The Board resolved to **note** the report.

Report of Quality and Standards Committee Chair

7. ST updated the Board that actions taken around bed management had resulted in improvements within the Wiltshire locality, such that there were no patients out of area as of 18th June.
8. The Quality and Standards Committee had also heard from a service user. After being offered a bed in Yorkshire, the service user's care had eventually been successfully managed by the home treatment team.

9. The Board resolved to **note** the report.

BD/15/071 – Achieving Compliance across all Quality Domains

1. MP noted that the CQC had identified particular concerns with Juniper ward, which the Trust had treated as though they had received a warning notice. Estates continue to undertake work to improve the environment of the ward.
2. HR updated that North Somerset Commissioners had conducted an unannounced visit to Juniper Ward, and had commented on ‘notable improvements’ to the environment. ST asked how quickly the heat map was updated. HR said the heat map helped to track actions and tasks, but had been conflated with meeting a compliance standard and the two would be separated.
3. The Board resolved to **note** the report.

BD/15/072 – Clinical Executive Report

4. HR outlined that tasks would be separated into a list that would be retrospective of a three-year period. The Heads of Quality would declare whether they were compliant with both the tasks and the standards, which would be monitored by the Integrated Governance Group.
5. SH asked how the Board would receive assurance that a plan was in place to develop staff in respect of CPA. HR explained that CPA was addressed at an individual team level, through the Week in Focus process. Heads of Quality would be held to account on the timeliness and quality of the CPAs.
6. ST noted that the service user who had presented to the Quality and Standards Committee had expressed concern about the number of different psychiatrists he had seen. She emphasised the importance of being ‘rigorous’ around transfers of care.
7. The Board resolved to **note** the report.

BD/15/073 – Trust-wide Risk Register

1. ER noted that Trust-wide risk TW6 had been recommended for closure. LOB updated that the Finance and Planning Committee had reviewed the risk, and had approved the recommendation to remove TW6 from the Trust-wide Risk Register. This will be substituted by the forward-looking risk FIN16.
2. The Chair said that, given performance issues in Bristol, there was a question about when escalation should be triggered. ER said a numerical trigger was being considered as part of the review of the Risk Management Strategy.
3. AM noted that there were actions that could be reviewed, in relation to risk TW7 – **ACTION AM/MP**.
4. The Board resolved to **approve** the risk register.

BD/15/074 – Quality Account 2014/15

1. AM said the Quality Account would be published at the end of June.
2. The Board resolved to formally **delegate** signing off of the mandatory statement to the Chair and IT, and **approved** the final version of the Quality Account.

BD/15/075 – Finance and Resources Report – Month 2

1. SH confirmed that the Trust was on target at month two. Removing the agency premium would result in an underlying deficit of £200,000. SH stated that there had been no

significant reductions in the use of bank and agency staff Trust-wide.

2. The Chair said longstanding vacancy issues should be approached with creative solutions. AM believed it was important to have strong teams to appeal to potential new starters. IT said high numbers of vacancies should result in constant, ongoing recruitment. **ACTION SH**
3. The Chair asked that the Clinical Executive Report provide a view on whether it was preferable for service users to be out of area for long periods of time, or to have a higher turnover with shorter out of area stays – **ACTION HR/AD**
4. SH informed the Board that NHS England were not providing income for the closure of Wellow ward in Secure Services. The Chair asked that the issue be referred to the Finance and Planning Committee, to provide assurance – **ACTION SH**
5. The Chair asked SH to provide assurance to the Finance and Planning Committee around the achievement of the disposal programme during 2015/16 – **ACTION SH**.

Quarterly Human Resources Report

6. The key area for retention had been around staff engagement. Staff engagement groups were being established, to better understand the reasons why staff did and did not want to remain working for the Trust.
7. IT updated that he had met with the Staff-side Chair, along with some staff-side representatives. He fed back the feeling that the Trust's approach to shift patterns and holiday entitlement was 'too inflexible'.
8. AM asked whether the current risk rating on staffing reflected the actual risk to the Trust. The Chair said that without the Safer Staffing, Acute Care Pathway and PICU reports it was difficult to take a view.

Report of Finance and Planning Committee Chair

9. LOB updated that that the Finance and Planning Committee had asked for an analysis of how many agency staff had previously worked for the Trust.
10. LOB fed back the view from the Committee that there was an issue about sharing good practice across the Trust.
11. The Board resolved to **note** the report.

BD/15/076 – Annual Report 2014/15

1. The Board resolved to **approve** the publication of the Annual Report.

BD/15/077 – Annual Reports of Board and Board Committees

Trust Board

1. The Chair highlighted that there had been a question about whether the Board consistently worked in line with Trust values. He said that he would work to improve this perception. The Chair added that the Board Development Agenda had been informed by staff survey results, as well as actions from previous years. He emphasised that quality, patient experience and performance were strategic issues.

Employee Strategy and Engagement Committee Annual Report

2. The Employee Strategy and Engagement Committee Annual Report was taken as read and **approved**.

Finance and Planning Committee Annual Report

3. The Finance and Planning Committee Annual Report was taken as read and **approved**.

Quality and Standards Annual Report

4. ST noted that the work of the Employee Strategy and Engagement Committee would be fed through the Quality and Standards Committee, for assurance purposes.
5. The Quality and Standards Committee Annual Report was taken as read and **approved**.

BD/15/078 – Board Development Plan

1. ER presented an updated Board Development Action Plan which reported on progress to respond to recommendations made by DAC Beachcroft in the governance review undertaken in 2014. The paper also included an updated programme of development for the Board to receive in seminar.
2. The Board resolved to **approve** the plan and programme.

BD/15/079 – To note minutes of Board Committees

1. The Board resolved to **note** the minutes of the following:
 - The Employee Strategy and Engagement Committee meeting on 24th March 2015;
 - The Finance and Planning Committee meeting on 22nd May 2015;
 - The Quality and Standards committee meeting on 13th April 2015.

BD/15/080 – Standing items for Board decision

1. The Board resolved to **note** the standing items.

IQ Metrics

2. IT updated that he had asked AD to present the new format of the IQ Metrics at the next Board meeting. ST added that the Quality and Standards Committee had had sight of the new format.

TDA Oversight Return

3. The Board resolved to **approve** the changes.

BD/15/081 – Any Other Business

1. No other business was declared.
2. The Chair agreed with IT that there had been good progress in several areas, particularly in the out of area numbers.