Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Minutes of a Meeting of the AWP NHS Trust Board

Held on Tuesday 4th August 2015 at 10am in the Conference Room, Jenner House

These Minutes are presented for **Approval**

Members Present

Tony Gallagher (TG) – Trust Chair

Iain Tulley (IT) – Chief Executive Officer

Emma Roberts (ER) – Company Secretary and Director of Corporate Affairs

Andrew Dean (AD) – Director of Nursing

Tony McNiff (TMN) – Non-Executive Director

Rachel Clark (RC) – Director of Organisational Development

Sue Hall (SH) – Director of Resources

Barry Dennington (BD) – Non-Executive Director

Ruth Bunt (BR) – Non-Executive Director

Lee O'Bryan (LOB) – Non-Executive Director

Staff In Attendance

Abigail Simpson– Corporate Governance Officer

Alan Metherall – Deputy Director of Nursing [Not present throughout]

Jo Collins – PALS and Complaints Manager [Not present throughout]

Julie Musk – Communications and Engagement Specialist [Not present throughout]

Peter Wilson – Head of Business Development [Not present throughout]

John Ridler – Financial Controller [Not present throughout]

Members of the Public In Attendance

Mr. Ody

Mr. Robert McWilliam

BD/15/096 Apologies

1. Apologies were accepted and received from Hayley Richards, Peaches Golding, Graham Coxell, Mathew Page and Susan Thompson.

BD/15/097 Declaration of Members' Interests

1. In accordance with AWP Standing Orders (s8.1), all members present are required to declare any conflicts of interest with items on this agenda. No interests were declared.

BD/15/098 Patient Experience Story

1. This item was deferred.
2. The Chair asked those present that the patient experience item be led in future by alternate members of the Board. He welcomed members of the Board and the public to share their patient-related stories.

BD/15/099 Questions from Members of the Public

1. Mr. Ody had asked if 'users' records were being deleted when users request copies of their records, or when users make a complaint about AWP, because of what in the user's record would prove to be an embarrassment to AWP'. He had also asked, 'If information has been entered in error in a user's record, what happens to it? Are case assessments, risk assessments and progress

notes part of a user's records? If not, where are they kept and how long are they kept for?' The Chair confirmed that a written answer would be sent to Mr. Ody within seven working days of the meeting, following consultation with the clinical directorate.

2. The Chair read three further questions from Mr Robert MacMillan: 'Could a list of useful books for service users be published in the AWP newsletter?', 'Do many staff members wear small cameras for security?' and 'Does the Trust get any lottery funding and, if so, is it earmarked for any special purpose?' The Chair stated that answers to these questions would be brought to September's Board meeting.

BD/15/100 Minutes/Summary of the Meeting of the Board on 24 June 2015

1. The minutes of the meeting on 24th June 2015 were **approved** and taken as accurate, subject to the amendments outlined below:

   - Sue Hall was not listed as being in attendance;
   - 'Section 136' was spelt incorrectly on page 2, under item BD/065;
   - On page 3, the IT expenditure review was due to be taken to the Executive Team and to the Finance and Planning Committee in August;
   - On page 6, point 10, LOB clarified that he had stated that there was 'an opportunity for localities to share good practice around financial management'.

BD/15/101 Matters Arising from the Previous Meeting

1. On action 1, AD confirmed that a draft PICU review was contained with the Clinical Executive Report.
2. Action 2 was marked as **complete**. SH updated that the actions around agency staff would be merged into the Recruitment and Retention Strategy Working Group. This would be monitored by the Finance and Planning Committee. BD had a follow-up meeting on 17th August.
3. AD confirmed that a Revalidation Report would be presented to a future Board meeting, and RB noted that ESEC were due to consider the paper on Thursday 6th August. The Chair added that RB would be the Non-Executive lead for monitoring revalidation going forward.
4. Action 4 would be picked up under the ESEC and Quality and Standards Committee transition. The item was marked as **ongoing**.
5. On action 5, IT updated that AWP would not be reintroducing the Callington Road bus service, but will continue to lobby to have the First Bus reintroduced. The Mayor of Bristol had provided a formal response to the Trust, which would be circulated – **ACTION ER**
6. Action 6 would be picked up during the meeting under the Safer Staffing Report.
7. Action 7 would be addressed during the meeting.
8. Under action 8, LOB described the issue of safer staffing as 'fundamental' to the Finance and Planning Committee. He said that it was necessary to fully understand AD's work around this.
9. Action 9 was marked as **complete**, and the expenditure review would be presented to both the Executive Team and the Finance and Planning Committee.
10. On action 10, Mr. Ody commented that the matter remained unresolved and required further consideration. The action was marked as **ongoing**.
11. Action 11 would be picked up in the Chief Executive's Report.
12. Action 12 would be covered under the Quality and Performance Report during the meeting.

13. On action 13, ER updated that a 360 Review had been conducted in relation to Bristol's position on the risk register. SH fed back that risks on individual risk registers would be triangulated with the Trust-wide risk register where appropriate.

14. Under action 14, ER stated that the revision of the escalation process had been included in the risk management strategy, which was being considered by the Audit and Risk Committee on Thursday 6th August.

15. Action 15 was marked as **complete**.

16. Action 16 would be addressed in the M3 Finance Report.

17. SH confirmed that the assurance around capital programme disposals had been reported into the Finance and Planning Committee. Action 17 was marked as **complete**.

18. Action 18 was currently addressed by ESEC. Going forward, compliance with disciplinary process would be picked up by the Finance and Planning and Quality and Standards Committees.

BD/15/102 Chair and Chief Executive's Actions

1. The Board **approved** the delegation of authority to the Chief Executive to sign the 3-Year Trust Maintenance Contract, noting compliance with the Trust's Standing Orders.

BD/15/103 Chair's Report

1. The Chair updated the Board that the Director of Operations post remained unfilled.
2. The Chair had undertaken a quality walkaround at the Petherton Resource Centre. He fed back that the team were creative and energetic, and hoped that the Centre would receive funding.
3. HR, AD and the Chair had visited Nottinghamshire Healthcare NHS Foundation Trust, to visit the Wathwood and Rampton Hospitals. The Chair commented that the Trust had a 'collaborative relationship' with the CQC. He described the involvement of service users in the management of wards as 'exemplary', and said that staff visibility on wards was very positive.
4. The Chair reported that David Taylor had been appointed as a Non-Executive Director to the North Bristol Trust.
5. The Chair asked that the Board be formally recognised as a member of the South West Genomics Project. In parallel, a bid was being made for a laboratory in the South West. Three universities were offering MSc degrees in Genomics, ensuring that there was a pool of graduate scientists in the area to support and continue with the research.

BD/15/104 Chief Executive's Report

1. IT highlighted that the Kingshill Research Centre in Swindon had been involved in the development of the dementia delay drug.
2. The Director of Operations post had yet to be filled, and Mathew Page remained Acting Director of Operations. AD provided oversight to the Operations function.
3. IT noted the departure from the Trust of Chris Williams, Resilience Manager, and thanked him for his work with AWP.
4. The Trust was seeking to develop a more collaborative relationship with the CQC. AD added that the Trust would meet monthly going forward, to discuss issues, areas of good practice and any items for either party to address.
5. IT noted that there had been 20 Serious Untoward Incidents (SUIs) in June 2015. IT had asked CIOG that, going forward, such data would be published alongside full analysis, sufficient context

and a log of actions that were being followed up in response.

6. IT stated that the Three Areas of Greatest Concern were being monitored and reported through the Quality and Performance Report, the Finance and Resources Report and the Clinical Executive Report.

7. IT fed back the findings of Amy Shortridge's independent investigation of the Trust, in respect of concerns raised around bullying and harassment. The investigation had determined that there had been no reported incidents of staff-on-staff violence, and that there was no problem of systemic bullying within the organisation. Amy Shortridge had identified three 'hot spots' of concern: Trust HQ, South Wiltshire and Fromeside. IT added that there had been a general feeling that middle management was insufficient, and 'poor management of change'. Further investigations were being carried out under the Bullying and Harassment Policy.

BD/15/105 Quality and Performance Report Month 3

1. SH highlighted that the Friends and Family Test response rate continued to rise, across Community and Inpatient services and all localities.

2. The IAPT Moving to Recovery indicator showed improvement. The Service Users with a Review (non-CPA) indicator remained below target; Bristol specifically was impacting the indicator.

3. The Gatekeeping of Admissions by Crisis Team indicator had reported 'red' in June. SH clarified that the issue pertained to reporting and collaboration between Crisis Teams. The indicator was on track to return to 'green' in July.

4. The Service Users in Settled Accommodation indicator remained at 64%. The issue again pertained to record-keeping on RiO, and the fact that information was not being updated. AD added that the Trust had historically not been able to achieve its 70% target for this indicator.

5. SH reported that significant work had been undertaken around bed management in the last month. A scaled escalation system was in place, which mirrored the Acutes' escalation process. This would be embedded in the Trust, and was being worked on in conjunction with commissioners. Twice-weekly teleconference calls were being held to report bed escalation. SH updated that, as of the current date, there were three patients outside of the Trust's commissioned beds. RC commented that the changes to the Care Act and the integrated personal budgets could help to improve the indicator's performance.

6. RB noted that the Trust's overall position was deteriorating. She asked that the Board be given sufficient assurance that the actions being undertaken to improve the indicators' targets were effective and successful. The Chair asked that a formal, executive response be given to the question be considered and brought back to Board – **ACTION MP**

7. BD suggested that the metrics be analysed in terms of how many percentage points needed to be gained to improve the ratings, and the precise issues that needed to be addressed to affect this change. The Chair agreed.

8. IT asked that a clear recovery plan for Bristol be determined, and the impact of this on the Trust's overall performance be considered – **ACTION MP/AD**

9. The Chair noted that six of the indicators showed that national benchmark data was not available. He asked that comparators were sought to show the Trust's relative position. Further, the Access to Healthcare for People with Learning Disabilities KPI was blank, and the Number of Concerns Raised KPI needed further clarification. The Chair highlighted that several locality-specific indicators had not been updated and displayed '0', and the Emergency Readmissions indicator showed only 'In Development' – **ACTION MP**

10. SH updated that a 360 Review had been conducted in Bristol by the Clinical Executive, and an impact team had been introduced to support management and gain a further understanding of the underlying problems. The main cause for concern was the Central Recovery Team, specifically in relation to CPA and referral to assessment.

11. The following immediate actions had been put in place to address the main causes for concern:

- Clinics had been set up so that patients were able to receive the correct clinical treatment;
- Targeted caseload supervision had been delivered, alongside additional administration support, to alleviate blockages;
- A review of GP practices was being undertaken to gain further understanding of referrals, and to consider whether additional support could be delivered to practices;

12. SH reported that there were 10 vacancies within Recovery Navigator teams and it was anticipated that all vacancies would be filled by September. Work was ongoing to ensure that there was a sufficient bank of staff, to cover vacancies that were expected for the future, and posts would be recruited to substantively going forward. SH further updated that: team dashboards had been introduced to monitor unallocated caseloads, additional training was being provided on RiO and weekly group supervision was being introduced. The Recovery Team anticipated that they would return to their trajectory by the end of September.

13. IT asked that a report be brought to Board on a monthly basis, to monitor the progress of the actions being taken in Bristol. The Chair added that it was necessary to clarify whether issues were occurring because of the Bristol model, or whether they were separate issues that the Trust was able to address and resolve – **ACTION MP**

14. BD asked whether there was evidence that the Trust was on track with delivering the cultural change to the Bristol locality that had been discussed by the Board in March 2015. RC confirmed that the locality team was sighted on several staff engagement issues. Supervision had been identified as fundamental to the support of clinical decision-making. Further, a Workforce Project Group had met consistently since the tender had been won, with representation from partners and team leaders within the service, to identify training and development needs.

15. The Chair asked what role the Quality Academy played in situations such as the current position with Bristol. Alan Metherall confirmed that the Quality Academy had offered to work with Bristol on several occasions. Further, following Bristol's 360 Review, Lisa Smith was delivering providing supervision to team leaders. The Chair asked for an outline of the escalation process in relation to the Quality Academy, to be followed up as an executive action – **ACTION MP/AD**

BD/15/105.1 Report of the Quality and Standards Committee Chair

1. The Committee had received a presentation from a senior practitioner, who had reported on positive quality improvement work in Bristol.

2. The Committee had also received a presentation from a Recovery Navigator. He had demonstrated the value of his role, in terms of service users, however had highlighted the inadequacy of the induction for the role. RC noted that work had been undertaken to address this concern.

3. RB reported that the Committee had challenged the quality of the reports being submitted for review. She fed back that the Committee was seeking more analysis, interpretation and a review of actions being taken. The Committee had also requested that reports present more trend information, rather than 'snapshot' information.

BD/15/106 Clinical Executive Report

PICU Review

1. Alan Metherall noted that the 'bed numbers' section of the report would be amended when the report was updated. He highlighted that the demand for female PICU was currently unclear; parts of the Trust had 'given up' referring female patients to PICU, as the service was consistently blocked.
2. Alan Metherall fed back that the Week in Focus review had identified concerns around capacity, pressure, the pathway and environmental challenges.
3. The 'Safewards' project has been adopted to implement interventions which, it is intended, will help to minimise conflict on wards and maximise safety and recovery. Further, the Mental Health Commissioners' Network (MHCN) is working alongside the PICU Association, to develop and improve the commissioning guidance. This is currently unavailable for publication.
4. 19 recommendations had been to date, including the recommendation that staff receive fully adequate training before being deployed to the PICU.
5. Alan Metherall highlighted that the work on the Borderline Personality Disorder Pathway would be 'paramount' to determining the demand for PICU.
6. IT reminded the Board that Mark Earl's presentation to Board in March had asked, 'What should we do?', 'Where should we do it?' and 'How should we do it?' He asked that a model be determined to address these questions, and that this be put to Board in the form of a recommendation. RB recalled that the presentation had focused on the 'dehumanisation' of the environment, and asked that actions were taken to address this issue. The Chair asked that Alan Metherall present the Review to Quality and Standards, and that these be brought to Board in September via the Committee Chair's Report. – **ACTION AM**

360 Service Appraisal Reviews

1. AD stated that the 360 reviews would be brought to Board on a monthly basis.
2. The Chair emphasised his concerns with the issues outlined in the Secure Services 360 Appraisal Review. IT stated that leadership action needed to be taken and a firmer management structure needed to be implemented.
3. The Chair highlighted a specific concern that the role and responsibility of the matron was not fully understood on the wards within Secure Services. AD replied that the issue had been identified through the undertaking of the report, and confirmed that the role of the matron was now fully understood. IT reiterated the necessity for strong management and leadership within the ward environment.
4. The Chair asked that the Clinical Executive Report include details of all immediate actions that had been taken to address the concerns outlined in the Week in Focus report. This would ensure that the Board had sufficient assurance that the urgent issues were being addressed and resolved. – **ACTION AD**
5. The Board agreed that Appendix 1 be withdrawn from the report, and re-issued once sufficient assurance was given within the Clinical Executive Report.

Compliance Against Quality Standards

1. The task list was taken to the Integrated Governance Group (IGG) on a regular basis, to ensure that there was oversight of the progress of all tasks.

2. RB suggested that the Board needed to know what work needed to be undertaken in order for the Trust to move from red to amber, and from amber to green ratings. AD confirmed that this work would be undertaken through the reporting to the Quality and Standards Committee.

Safer Staffing

1. No wards had fallen below 80% of Establishments in the month of June. However, analysis of days/nights and qualified/unqualified numbers showed that 11 wards had some shifts reporting more than 120% of Establishment, and 11 wards had shifts reporting below 80%. AD stated that all wards falling within these ranges had been analysed, and it had been determined that there were no unsafe wards.
2. AD updated that, going forward, monthly figures below 95% of Establishment and above 105% of Establishment would be reported to the Board.

Quality Academy

1. The Chair asked that the costing of the Quality Academy be reviewed by the Finance and Planning Committee, and that Emma Adams present a further review of the Academy at a future Board meeting – **ACTION LOB/EA**
2. RC highlighted that there was a showcase event for Quality Improvement work and projects, taking place on 22nd September.

Acute Care Pathway (ACP)

1. Phase 1 of the ACP had been successful, and AD reported a reduction in the usage of out-of-area beds from 38 to 15.
2. The introduction of 17 additional beds from the private sector had allowed for more people to be managed within-area.
3. An Out of Area Placement Manager had been introduced to monitor all out-of-area placements, visit out-of-area placements to ensure they received appropriate levels of care and work alongside Care Coordinators to ensure care pathways were being adhered to.
4. A project team had been appointed for Phase 2 of the ACP, to take forward any Operational work that had yet to be completed in Phase 1. Once Phase 2 was ongoing, the Clinical Executive would look to bring in Phase 3.

BD/15/107 Risk Register Report

1. ER requested the Board's approval that the Trust-wide Risk Register be disbanded, to be replaced by a Strategic Risk Register. Information within risk reports would be presented differently going forward, and there had been a number of substantial changes made to improve the way that risk was managed within the Trust. The Board **approved** this recommendation.
2. The Board **noted** the escalation of risk BE9, which had a red rating and had been scored at 16.

BD/15/108 Finance and Resources Report Month 3

1. SH outlined that the key areas of concern were Bristol and Secure Services, which triangulated with other Operational issues. She updated that the 360 Review being undertaken in Bristol included a reconsideration of financial planning, and that Bristol were consequently establishing a financial recovery plan. This needed to mirror clinical and quality issues that had been raised.
2. As of the current month, a deficit was forecast and there was a year-to-date variance of £17k above plan. All items on the capital plan were being reviewed, to ensure that schemes put in place were delivering as expected. The CIP was behind plan by £76k, year-to-date.

3. Year to date, 848 offers of employment had been made and 354 individuals had started employment with the Trust. Turnover was currently 18%, which was decreasing. A report was being taken to ESEC on 6th August 2015, to detail the figures by locality. RC raised concern that the turnover figures in the Finance Report differed from the figures she had received for the Annual Objective report **– ACTION RC and SH to clarify**
4. SH updated that the Trust had improved its exit interview process, to include interviews of individuals leaving the organisation as well as those moving internally. This information would give greater clarity around turnover.
5. Pay was £121k under budget in-month. SH highlighted that temporary staffing costs continued to increase, although the number of agency shifts between months two and three had decreased. Going forward, the information would be broken down by nursing band.
6. Roster compliance was an ongoing concern and focus. Actions had been taken to ensure that there was greater visibility and transparency going forward.
7. On Bristol, SH updated the Board that their year-end focused had 'eased' from £900k to £750k, in light of actions taken within the locality to address its financial pressures.
8. The Trust had shown in its forecast position that it had committed the £950k general contingency fund, against the ongoing financial pressures. The Patient Care Fund had been included in the forecast. The Board **approved** the allocation of £284k from the Patient Care Fund, to fund the Patient Safety Team.
9. SH stated that, generally, locality CIPs were delivering on target. Trust-wide schemes, predominantly around Estates, were delivering the least effectively and were not being delivered in-year. Mitigating plans were being considered to address this issue.
10. An external review of the process of reference costs and costing had been undertaken. The Trust's reference cost return for 2014/15 had been submitted, and would be reported nationally later in the year.
11. BD asked whether it was clear why turnover was decreasing, in respect of which actions had produced the result. The Chair suggested that the data would become meaningful over time, when it could be viewed as trend data.

BD/15/108.1 Report of the Finance and Planning Committee Chair

1. LOB highlighted that the agency premium would become noticeable after the current month. He further anticipated that the £4.4m Corporate Cost Reduction Plan would not be met, which was a significant mitigation. LOB said that the Trust faced significant financial risks.
2. The Committee had been presented with a Reference Cost paper which, LOB updated, had vastly improved. He felt that the Trust had good visibility over its reference costs.

BD/15/108.2 Report of the Charitable Funds Committee Chair

1. The report was taken as read.

BD/15/109 Quarterly Review of Performance Against Annual Objectives

Strategic Priority 1: To Deliver the Best Care

1. AD highlighted that, although the seclusion rate appeared to have increased, there had been a change in the definition of seclusion to include segregation. The Clinical Executive intended to reduce this number going forward.
2. The Friends and Family Test remained 'static', and the Clinical Executive were considering

changing the approach to 'You Said, We Did'.

3. Four different audits were being undertaken into medicines management, which would provide a clearer picture of the Trust's position.
4. The 'Mean Time Managing Incidents' indicator was being reviewed, to ensure that it gave as a clear an indication as possible of the Trust's position. Further, a 'CQC Effectiveness Domain' would be added as a measure of clinical effectiveness going forward.

Strategic Priority 2: Supporting and Developing Our Staff

1. RC reported that a Workforce Development Dashboard had been established, to capture all staff engagement activities. This was being monitored monthly by Operations SMT.
2. RC updated that the Staff Friends and Family Test was being amended, due to feedback that its frequency was too high and that it reinforced negative perceptions. A phased approach was being undertaken. Further, rather than asking participants if they would recommend AWP as a place to work, the question was now being phrased, 'Would you recommend your team in AWP as a place to work?' Early evidence showed a 'sharp rise' in positive responses to the question.
3. 33% of teams had engaged in team-based working or had booked development days. Wiltshire, Bristol and Specialised Services were concerns in this area; Organisational Development and Operations teams were working to support these localities.

Strategic Priority 3: Continually Improving What We Do

1. The Chair asked the Out of Area Placements indicator to be tracked against the Trust's financials.
2. The Therapeutic Activity Measure indicator was being developed by Quality Directors at the Integrated Governance Group.
3. The Board was not satisfied with the level of controls against this priority, and referred it back to the Executive Team for further consideration – **ACTION MP**

Strategic Priority 4: Using Our Resources Wisely

1. SH recommended that the rating be moved from green to amber, which the Board **approved** – **ACTION SH**

Strategic Priority 5: Being Future Focused

1. IT confirmed that these updates would be addressed by the Board at its next Board Seminar meeting.

1. LOB asked that the actions across all the dashboards be given timelines and dates, to mitigate the gaps in the Board's assurance – **ACTION Executive Leads**

BD/15/110 Terms of Reference

Nomination Committee

1. The Board **approved** these terms of reference.

Remuneration Committee

1. The Board **approved** these terms of reference.

BD/15/111 To Note: Minutes of Board Committees

Finance and Planning Committee Meeting 19th June 2015

1. The Board **noted** the minutes of this meeting.

Quality and Standards Committee Meeting 18th June 2015

1. The Board **noted** the minutes of this meeting.

BD/15/112 TDA Oversight Return

1. The Board **approved** the TDA Oversight Return.

BD/15/113 Any Other Business

1. There was no further business.

The next meeting of the Trust Board will take place on Wednesday 30th September 2015.