

Minutes of a Meeting of the AWP NHS Trust Board

Held on Wednesday 30th September at 10:00 am in the Conference Room, Jenner House, Langley Park, Chippenham, Wiltshire, SN15 1GG

These Minutes are presented for **Approval**

Members Present

Tony Gallagher (TG) – Trust Chair	Mathew Page (MP), Acting Director of Operations
Iain Tulley (IT) – Chief Executive Officer	Peaches Golding (PG), Non-Executive Director
Emma Roberts (ER) – Company Secretary and Director of Corporate Affairs	Hayley Richards (HR), Medical Director
Andrew Dean (AD) – Director of Nursing	Ruth Bunt (BR) – Non-Executive Director
	Sue Hall (SH) – Director of Resources

Staff In Attendance

Mark Earl (ME), Safewards Involvement Worker	Alan Metherall (AM), Deputy Director of Nursing
Lucy Robinson, Communications Campaign Executive	Ann Tweedale, Head of Quality Information and Systems
Jo Collins, PALS and Complaints Manager	Graham Hotchem, Interim Deputy Director of Finance
Abigail Simpson, Corporate Governance Officer	

Members of the Public In Attendance

Mr. Ody	Mr. King
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BD/15/127 Apologies

1. Apologies were received from Susan Thompson, Rachel Clark, Barry Dennington and Lee O'Bryan.

BD/15/128 Declaration of Members' Interests

1. In accordance with AWP Standing Orders (s8.1) members present were asked to declare any conflicts of interest with items on the Committee meeting agenda.
2. None were declared.

BD/15/129 Patient Experience Story

1. Mark Earl introduced himself as the AWP Safewards Involvement Worker. He outlined that Safewards was an initiative led by Len Bowers, comprising ten interventions which were being rolled out across Inpatient wards.
2. He stated that the interventions were the distillation of years of research and clinical trials by Len Bowers and his team at the Institute of Psychiatry South London and Maudsley NHS Trust. Examples of the interventions were expectations, positive words and soft words. ME felt that the project would require ongoing work to ensure its effectiveness.
3. The project was designed to reduce the need for physical restraint. The team had identified the triggers on wards which could lead to conflict including physical environment, the staff team, patients' symptoms and relationships on and off the ward. Conflicts included behaviours which threatened the safety and wellbeing of service users and those around them, manifesting as violence, self-harm, suicide and abscondment. Historically, such behaviours had been managed

by methods of containment which were detrimental to care and trust.

4. Safewards also had a proactive approach to creating therapeutic relationships on wards, mitigating the need for constraint. It required a renewed engagement in day-to-day practice, as well as positive engagement with service users. ME outlined that the initiative encouraged the creation of ‘community, communication and continuity’.
5. ME believed that the staff on wards ‘represented society’ and ‘brought society onto the ward’, creating a community which became part of the service user’s ‘journey of care and treatment’.
6. ME thought that communicating ‘beyond the illness’ and forming professional alliances would not only enable the management of difficult behaviours and the factors driving them, but would enable the building of a mutually constructive pathway in treatment, recovery and discharge.
7. SH noted that the Trust had allocated funding for Safewards via the Charitable Funds Committee. There had been very low uptake of the funding; SH suggested that this could be related to staff resistance to the Safewards initiative.
8. AD asked how service users had responded to the initiative. ME replied that an evaluation was currently underway. He and the Involvement Worker for Secure Services had scheduled five forum meetings. At each meeting two interventions would be discussed, and any interested service users were invited to attend to provide their input. The results of these meetings would feed into the Secure Services professional meetings. ME added that in his discussions with service users he had largely received a positive response to the Safewards initiative.
9. PG recalled a visit she had made with BD and RB, to Greyfriars in Gloucester, where a space had been designed for service users to use if they felt stressed, needed to calm down or needed to spend time with people. She felt that the Trust could use the Charitable Funds Committee and fundraising efforts for specific initiatives that could affect a greater change. ME agreed that funding could be used to improve ward environments.
10. The Chair encouraged those involved in the initiative to make recommendations, rather than think they did not have the authority to do so. He also asked that those involved to inform the Board if they experienced any difficulties or limitations.
11. AM recommended that the Board and those present read Erving Goffman’s *Asylums* (1961), which related to the issue at hand. He assured the Board that the Safewards initiative was being built into staff’s pre-registration education.
12. Mr. King felt that the Trust was progressing as far as it could and was undertaking some ‘very good and valuable work’. He challenged the Board to ensure that any staff members who did not want to change, or did not want to do things in line with best practice, were re-educated. The Board endorsed Mr. King’s comment, and highlighted the Trust’s recent work to improve staff supervision and appraisals.
13. The Chair thanked ME for his input, and invited him to provide an update to the Board in the New Year.

BD/15/130 Questions from Members of the Public About the Work of the Trust

1. The Chair had received two questions from Mr Ody. It was noted that written responses would be provided and that JC would discuss the issues raised with Mr Ody directly. These questions, along with the Board’s responses to them, would be appended to the Board meeting minutes.

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BD/15/131 Minutes/Summary of the Meeting of the Board on 4 August 2015

1. The Board reviewed the minutes for issues of accuracy.
2. The minutes of the Board meeting on Tuesday 4th August 2015 were **approved** and taken as accurate.

BD/15/132 Matters Arising from the Previous Meeting

1. On action one, AD confirmed that his report to the Board on Nursing Revalidation was on the agenda for this meeting.
2. Action two was marked as **complete**. MP advised that a tick had been added to the Monitor Dashboard on the new version of the report to indicate compliance.
3. Action three was marked as **complete**. MP clarified that where KPIs were consistently non-compliant for nine months or more, they were logged as being 'of concern'. MP reported that there had been no such concerns in the last three months.
4. It was noted that an outcome on action four (presentation of information in the Quality and Performance Report) would be determined during the meeting. This action remained **ongoing**.
5. Action five was marked as **complete**. MP advised that the detail of the Bristol Action Plan had been included within the Quality and Performance Report.
6. Action six marked was marked as **complete**.
7. ER advised that the Communications Team was working with localities to carry out a communications audit with the aim of ensuring a better focus on communication needs. She confirmed that the results of this audit would be presented to Board in due course. Action seven remains **ongoing**.
8. Action eight was marked as **complete**. ER advised that the update was on the Work Programme.
9. Action nine was marked as **complete**. ER confirmed that the Week in Focus appendix had been completed and withdrawn.
10. Action ten remained **ongoing** and was to be scheduled for October Board.
11. Action eleven was marked as **complete**. ER stated that the controls against SP3 had been considered; an update was to be provided as part of the Risk Register Report.
12. Action twelve was marked as **complete**. SH advised that going forward both sets of figures would be produced.
13. Action thirteen was marked as **ongoing**. MP reported that a colleague had been engaged to examine the KPIs and the brief included consideration of the financial implications of out-of-area placements. MP confirmed that the report would be provided to the Finance and Planning Committee where the issue of tracking out-of-area placements had also been raised.
14. MP advised that the work being completed by Zelda Peters would also clarify the base occupancy rates.
15. Action fourteen was marked as **complete**. SH advised that additions had been made to the dashboards to include timelines and dates for actions in order to mitigate gaps in assurance.

Horizontal Reporting

1. TG explained that horizontal reporting identified any subjects raised at Trust Committee meetings that needed to be either escalated to the Board or cross-referenced to another Board committee.

2. Action one was marked as **complete**. SH confirmed that the PICU review had been taken to the Quality and Standards Committee.
3. Action two was marked as **ongoing**. TG advised that the Quality Academy Costs and Finances were yet to be presented at the Finance and Planning Committee meeting.
4. Action three was marked as **complete**. SH reported that the recommendation relating to the use of contingency within the Board had been included in the last Finance and Planning Committee report.
5. Action four was marked as **ongoing** and it was noted that it would be discussed at the October Board meeting.

BD/15/133 Chair and Chief Executive Actions

1. TG acknowledged that there were no items to report in this section of the meeting.

BD/15/134 Chair's Report

1. The Chair advised that the TDA had imposed an additional financial target which the Trust was unlikely to meet. He recalled that during the previous meeting, the Board had considered that quality service should be prioritised over financial targets, as was stated in the National Guidelines.
2. The Chair reported that the Annual General Meeting had been successful and noted that some interesting questions had been raised particularly around support for service personnel. Addressing concerns about the lack of advertising of the AGM date, ER advised that advertising had been mainly through social media to ensure cost effectiveness. It was noted that locality events were also being held and would be advertised on the website.
3. The Chair updated the Board that the first meeting of the Wiltshire Institute of Health and Social Care had been held.
4. The Chair reported that he, along with Executives and Non-Executives, had continued to conduct walkarounds. He advised that challenging feedback had been received from staff in relation to the Secure contract, which had led he and IT to consider how the Trust could be more flexible in its effort to retain staff rather than losing them to agencies. The Chair noted that collective action was being taken in Bristol to address the economic and quality impacts that use of agency staff had on services.

BD/15/135 Chief Executive's Report

1. IT reported that the implementation of the RiO system during the weekend of 5 September had been successful. He commended the IM&T Team on their work on this project.
2. A Freedom to Speak Up Guardian would be appointed in line with the national guidance.
3. IT reported that Trust's response to the Mental Capacity and Deprivation of Liberty Act would be submitted by the 2nd November.
4. IT updated that a meeting would be held in Swindon to discuss with members how the Trust should engage in the five year forward view.
5. IT commended MP on the work he had undertaken in respect of the national standards for Psychiatric Intensive Care Units (PICUs) for child and adolescent mental health services. The Board thanked MP for his contribution.
6. IT reported that a fourth cohort of managers had undertaken the ILM 5 Leadership and Management Programme. He advised that the feedback had been positive and that participants

had appreciated the learnings, particularly in relation to how Band 7 staff members felt about managing on the frontline. He suggested that the Board consider how the Trust could build resilience at this staffing level.

- IT reminded those present that the staff awards were to be held on Friday 9th of October in Bath.

BD/15/136 Quality and Performance Report - Month 5

- MP noted the improvements made to the Monitor dashboard.
- MP reported on the Friends and Family Test, noting that 90% of respondents would recommend AWP, compared with the NHS England average of 87%.
- On records management, the Board were updated that Operations staff would be working closely with AD's team to ensure that the right data was captured, to improve the quality of the clinical record.
- MP reported that the progress he had anticipated making around gatekeeping of admissions by crisis teams had not been realised. Wiltshire was of particular concern, because it was only 69% compliant. Essentially, the procedures that had been developed had not been universally or consistently applied. More work was required by the Wiltshire locality to ensure that the process was implemented successfully. This had been reviewed on Monday 5th October as part of the Wiltshire Triumvirate Review and the Clinical Director had been asked to prioritise the resolution of this matter.
- MP reported that the BaNES IAPT service recovery rate had been 69% but all other localities scored below 50%. Work was being undertaken to ensure the processes that had worked in BaNES were being shared with other areas.
- MP highlighted to the Board there were different operational models across the Trust's services and that different Commissioners had had different aspirations for how IAPT should function. He advised that the engagement of a Quality Director would improve data quality and patient outcomes. It was noted that IT and HR had also raised these issues with commissioners earlier in the week.
- It was noted that the referral to assessment indicator in Bristol continued to be a problem. It was anticipated that the effort being put into reviewing the assessment methodology within the assessment recovery teams, and in terms of clinical capacity, would result in improved data.
- In relation to referral to assessment in Memory Services, MP advised that the anticipated performance was not being realised. He noted that agreement had been reached between the AWP's and the Commissioners' services about issues relating to clinical models.
- MP updated the Board on out-of-Trust placements. As of 29th September, four service users had been placed outside AWP due to the need for specialist PICU placements. It was acknowledged that specifying the reason for out of Trust placement was important so that the Trust could identify whether they had run out of beds or if there was a specific clinical reason for the placement. Without this data, the Board would not be able to identify particular services that were lacking.
- MP updated that a bed management system was currently in place which had successfully improved capacity issues and reduced stresses within the Trust. Internal capacity was being used at an optimum level, in order to minimise the need for out-of-Trust placements.
- MP presented the Bristol Local Assurance Plan. He highlighted the work that had been done to develop processes which would reduce the number of unallocated cases within the Bristol Central

Recovery team. This had been at a level of 230 unallocated cases when the Board had last discussed this issue. At the time of meeting, this had been reduced to 40 unallocated cases. MP also noted the service improvements for those on the CPA list of service users with a higher level of need.

12. TG commended the improvements in relation to bed reporting, and praised those involved in the significant progress that had been made on out-of-area over the last year.
13. TG observed that there had been significant changes with the Swindon locality over the last year. He suggested that a lessons learned presentation from Swindon Triumvirate and the Commissioners would be useful.
14. The Board discussed whether there were sufficient resources in the Bristol locality to continue to progress, and to ensure the current operation model became 'business as usual'. MP commented that recruitment and retention was difficult in Bristol where the teams were under significant pressure. He noted that the focus on quality improvement, including the engagement of a Quality Director, would result in additional improvement. It was acknowledged that sustaining this improvement would require 'vigilance and rigour', both within the Triumvirate and the wider Trust. MP indicated that long term results would stem from improvements in process, operating in a coherent way and ensuring accurate data was recorded to enable strong reporting.
15. AD advised that more work would have to be done to embed the processes before the Executive could provide assurances that Bristol could sustain its improved position.
16. HR noted her concern about the dip in supervision rates in August and queried the expectation of planning around annual leave. AD advised that many staff did not understand the roster system and were therefore using it inappropriately. It was anticipated that improvements in leave management would be seen once training was carried out. RB added that ESEC had also explored issues related to supervision and had recommended a more flexible model of supervision be put in place.
17. RB highlighted two indicators, 'Gatekeeping of Admissions by Crisis Teams' and 'Referral to Assessment', and asked why they had moved from being consistently green to being red or amber. MP undertook to provide a fuller update in relation to gatekeeping and referral at the next Board meeting – **ACTION MP**

BD/15/136.2 Report of Quality and Standards Committee Chair

1. RB outlined the key points of the Quality and Standards Committee Chair report, in the absence of ST.
2. ESEC had been encouraged by North Somerset's progress on quality improvement aspirations. The locality had been able to demonstrate clear plans of action and a good project management approach, to monitor the key areas they had identified for improvement.
3. RB advised that the Committee had received and noted the PICU Review report, which had then been referred back for executive action and recommendations to the Board. The Committee had suggested there be an evidence-based approach taken when considering PICU's future. The Committee had recognised risks in retaining the existing model due to isolation of certain units and the difficulty of keeping all PICU beds open and fully staffed to a safe level.
4. RB reported that the Committee had been encouraged by the new Integrated Governance Group being led by AD.
5. It was noted that the Committee had **approved** the transition plan for ESEC matters to be

discussed at the Quality and Standards Committee the Finance and Planning Committee.

6. RB advised that the October meeting of the Quality and Standards Committee had been **cancelled**, but advised that an additional meeting had been scheduled for **Tuesday 15th December**.

BD/15/137 Clinical Executive Report

1. AD reported that there had been no unsafe wards identified in the last month, although some wards had operated below 80% of their planned staffing. TG queried the practicality of ward supervisory staff identifying safety concerns or providing assurances that safety was being appropriately managed. AD confirmed that processes were in place to monitor safe staffing.
2. TG noted the concerns that had been raised with him in relation to the quality of agency staff. AD acknowledged that there were concerns in this regard but also considered education and familiarity with the Safewards guidance to be an issue. AD advised that he had agreed to provide some workshops to assist staff with their understanding of the Safewards model.
3. TG requested more detailed information about outcomes of the Mental Health Act Tribunals, in particular why hearings had been withdrawn - **ACTION AD**
4. RB noted the high rate of engagement of unregistered staff. She suggested that supervisors should consider the skill mix, noting that safe care could potentially be provided with an increased number of unregistered and a reduced number of registered staff. AD acknowledged that consideration of staffing levels/mix should be an educated process, whereby managers reviewed individual wards, using acuity and Safer Staffing as a guide.
5. Mr King suggested that there should be a centralised 'staff booking system' and an approved list of suitable agency staff. MP confirmed that there was a centralised system called the Bank which was used by the Trust to access a 'bank' of staff. He advised that a shortfall of this system was that Bank office opening hours did not correlate with the hours in which AWP operated. He updated that he had initiated a review of the Bank office's opening hours, but anticipated that an appropriate IT solution would likely be the ultimate resolution.

BD/15/138 Nursing Revalidation

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

BD/15/139 Finance and Resources Report – Month 5

1. SH provided the Board with some commentary on the high level summary provided in her report. She noted that a capital program review would be presented at the next Finance and Planning Committee meeting.
2. SH advised that the TDA had raised the stretch target by £960m despite having examined the AWP plan and failing to identify areas where expenditure could be reduced. The TDA had been advised that AWP's priority would be to meet the agreed surplus of £2 million, but AWP had also stated that where additional opportunities were realised, funds would go toward increasing the surplus.
3. SH noted the revenue financial position had been assisted by using internal staff to work on capital schemes rather than employing external consultants as planned.
4. SH and IT had scheduled a series of meetings with the Commissioners over the next couple of weeks to discuss the financial challenge.
5. SH updated that staffing was an ongoing concern, and highlighted that there were continued

difficulties with retaining and recruiting staff. She noted that the work AD had done around Safer Staffing and with the localities may reduce some vacancies.

6. SH reported that the TDA had placed a cap of 4% on the Trust for agency spend for in-year, which would be reduced to 3% the following year. The Trust had identified that approximately 50% of the agency staff it engaged were from agencies that were not listed on the TDA's 'agency framework'.
7. SH reported that the discussion at the Finance and Planning Committee about the additional stretch target had resulted in three actions: the Trust would 'push back' against the TDA; the Trust would inform the CCGs about targets; and the Trust would still strive to meet the challenge. It was noted that the Committee's discussion had centred on the idea that the initial control total was of paramount importance. The Board **endorsed** this position.
8. TG raised concerns on the staffing schedule that had been submitted with the report, questioning the speed of HR recruitment processes. He also asked about the pass/fail criteria for candidates, and whether the Trust was setting its expectations of recruits at the right level. SH advised that the recruitment process typically took 86 days, taking into account notice periods. It was also reported that a "Never Turn a Good Person Away" initiative was underway. AD advised that developing a central recruitment process would assist AWP to set consistent recruitment standards. AD also noted that when recruiting from agencies there was a level of competence expected. He suggested that where this expectation was not met, the agency should not be used for future recruitment.
9. SH noted that supporting documentation was being sought earlier in the recruitment process so that staff appointments would not be held up by administrative requirements. RB felt that the time spent on the recruitment of the 'right people' was time well spent. TG endorsed RB's view but noted that, in the interim, the Trust was still employing agency staff.
10. SH reported that the CQUIN dashboard was showing amber on the audit of inpatient records but advised that this was expected to return to green by the end of the year. It was forecast that the Trust would receive its full CQUIN income at the end of the year.
11. SH updated the Board that the 2014/15 reference costs had been submitted and discussed at the Finance and Planning Committee meeting. The results were embargoed until November.
12. SH provided an update on commission and contracting, noting that all CCGs had indicated that they wanted to move towards individual contracts from 2015/16. The Trust would therefore need to ensure that each CCG was allocated and paying for the right level of activity that it commissioned. Some of the initial figures had been provided to Finance and Planning Committee where the issue would be monitored going forward.

BD/15/139.1 Report of Finance and Planning Committee Chair

1. In Lee O'Bryan's absence, the Chair updated the Board with the highlights of the most recent Finance and Planning Committee meeting.
2. The Committee had discussed and agreed the strategy to address the TDA amendment of the stretch target.
3. TG updated that the Finance and Planning Committee had discussed reference costs, and noted the Trust's efforts throughout the last year to better understand clusters. TG advised that the Finance and Planning Committee was seeking some detail to improve their understanding of the differentials between localities.

4. TG noted that the Trust would need to ensure that the costs of moving from block to individual contracts were well understood, both in the localities and the specialist delivery areas. He noted that there were also relationship and data management issues that needed to be addressed in relation to this issue.
5. SH reported that the Finance and Planning Committee had requested a detailed report on recruitment activity for the next meeting.

BD/15/140 To Note: Minutes of Board Committees

Audit and Risk Committee Meeting of 22nd May 2015

1. The Board **noted** the minutes of the Audit and Risk Committee meeting 22 May 2015.

Finance and Planning Committee Meeting of 24th July 2015

1. The Board **noted** the minutes of the Finance and Planning Committee meeting 24 July 2015.
2. ER requested approval for a change to the Finance and Planning Committee terms of reference to take into account the fact that the Employment Strategy and Engagement Committee had been disbanded. She advised that the Finance and Planning Committee had taken on responsibility for some human resources, business partnering and investment tender issues. The Board **approved** this change.

BD/15/141 Review of the Employee Strategy and Engagement Committee Transition

1. Approval was sought for the following changes to attendee lists for AWP Committees:
 - Director of Resources to attend the Quality and Standards Committee.
 - The Director of Nursing to Chair of the Strategic Workforce Group and report to the Quality and Standards Committee.
 - The Director of Resources and Director of Organisation and Development to report to the Finance and Planning Committee by invitation only.
2. The Board **approved** these changes.

BD/15/141.1 Report of the Employee Strategy and Engagement Committee Chair

1. RB reported on the final ESEC meeting, noting that agreement had been reached in terms of what aspects of work would be overseen by Committees or the Strategic Workforce Group going forward. The Committee had endorsed the proposals put forward with the amendments, as outlined in BD/15/141 above.
2. TG thanked RB for chairing the ESEC Committee and for facilitating the transition of ESEC to the other AWP Committees and the Strategic Workforce Group.
3. The Board resolved to **note** the report.

BD/15/142 TDA Oversight Return

1. ER confirmed that the TDA Oversight Return had been reviewed by the Finance and Planning Committee. The Board **approved** the TDA Oversight Return.

BD/15/143 Any Other Business

1. PG reported that she had chaired the Trust's Excellence in Quality Improvement Showcase event

which had been organised by the Quality Academy. She summarised that it had been a very positive event.

2. Board members scored the meeting a four out of five. Members had felt that challenges and scrutiny of papers had been robust, and commented that Mark Earl's presentation had been particularly effective. It was noted that attendance from staff and members of the public could be improved at future meetings.
3. The Chair reiterated his view that ESEC had been a highly effective Committee, and emphasised his thanks to RB for her work as Committee Chair.

For Information Only

BD/15/144 Risk Register Report

1. MP provided an update around controls advising that he had reviewed the data on the SP3 register. He confirmed that the new bed escalation protocol had been implemented.
2. The Board **approved** the Risk Register Report.
3. TG suggested that the System Leadership risk should be discussed by the Board and that the System Leader Will Hall be invited back to the Board for a future meeting **Action ER to schedule**. He also suggested that the Board should seek assurance that the governance associated with System Leadership was working. He suggested that how the System Leadership defines its success or failure should be documented.

BD/15/145 Board Digest

1. The Board resolved to **note** the Board Digest.

The next meeting of the Trust Board will take place on Wednesday 28 October 2015.