

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

Held on Wednesday 24 February 2016, Jenner House, Chippenham SN15 1GG

These Minutes are presented for **Approval**

Members Present

Tony Gallagher (TG), Trust Chair Hayley Richards (HR), Acting Chief Executive Officer Emma Roberts (ER), Company Secretary and Director of Corporate Affairs Andrew Dean (AD), Director of Nursing Sue Hall (SH), Director of Resources Ernie Messer (EM), Non Executive Director	Mathew Page (MP), Acting Director of Operations Peaches Golding (PG), Non-Executive Director Tim Williams (TW), Acting Medical Director Susan Thompson (ST), Non-Executive Director Mark Outhwaite (MO), Non-Executive Director Ruth Brunt (BR), Non-Executive Director
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Staff In Attendance

Rachel Clark (RC), Director of Organisational Development Jennifer Ward (JW) Corporate Governance Officer	Simon Gerard (SG), External Communications and Involvement Manager Abigail Simpson (AS), Corporate Governance Officer
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Members of the Public in Attendance

Mr. M D Ody Mr S King Karen King	Zoe Millington Ewan Cameron Ian Turner
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BD/15/238 Apologies

1. Apologies were received from Barry Dennington and Charlotte Moar

BD/15/239 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. There were no declarations.

BD/15/240 Patient Experience Story

1. The title of the film was 'We are Secure'
2. Kate, an LD Nurse spoke about how rewarding her job is and how she values making a difference to people's lives. Her day is always different and there are no dull moments.
3. A Service User, Pat, who has had Mental Health issues for 18 years, spoke of how he got into trouble for Graffiti and was then picked up by the CARS team who have helped him to look at his life differently and helped him to make positive changes. He spoke of their 'compassion'.
4. Kate said that Service Users have little opportunities, jobs, and education. The group help to build on their strengths, interests and help them to achieve goals such as learning to read and write.
5. Karen, A commissioner in Bournemouth said that working with AWP has meant a reduction in the use of drugs and a more vibrant recovery system being in place.
6. A rehabilitation patient spoke of how he is working as a Health Care Assistant and because of the support he has received is now planning to train as a Nurse.
7. Vickie, a lady who lost her daughter to anorexia has become a Peer Mentor and facilitates a

Carers Group. This has helped her cope. She spoke of how it took a lot of courage to get involved but she is very proud of herself for doing so.

8. One item showed the work of a Specialist team working with the deaf and blind, including the use of hands on sign language.
9. Rebecca spoke of being diagnosed at the age of 39 with Asperger's. She feels privileged to have heard about the diagnosis and service and is pleased as it has changed her life.
10. Words used included Compassion, Support, Hope, Recovery
11. TG commented that they are doing a fantastic job.
12. TW said that it is often hard for people to talk about their issues, especially those who are newly diagnosed, so he is very proud of them for taking part in the film.
13. TG said that he went to a STEPS meeting, that it was very well attended and seemed to be very inclusive.
14. PG commented that she visited the team of the month for January, the Hopton Ward, and was delighted by their enthusiasm.
15. RB asked how the film will be used. TW replied that it will be on the AWP website and all the people involved had agreed for its use externally. A series of the films have been made including ex Service Users. It was agreed that their voices are the most powerful.
16. Mr Ody commented that the experience is not always rosy for Service users. TG agreed that there are lessons to be learned for the future as well as the good news stories.
17. Comment was made that it would be a good idea to use these in GPs surgeries across communities. TW agreed that they will be used for that and are especially useful for those who haven't come across the service before.
18. PG told the Board of the Launch of the Charitable Funds video on March 22 at 6.30pm.

BD/15/241 Questions from Members of the Public about the Work of the Trust

1. TG stated that he would no longer be answering repetitive questions that have been covered before, such as those on falsification of records. There had been no wrong doing, and only some misinterpretation by the papers.
2. A question came in from Mr Ody on Carers data and how they are identified, whether they agree to it being held and what support they get. AD confirmed that we hold basic information, not health records of Carers, that the Service user is the one who usually identifies the Carer, and it is only information that will help them with. The Carers are also then invited to join the Carer Group which gives them support and a voice.
3. Mr Ody asked why AWP have the health records of a carer. **AD said he will check this ACTION.** TG commented that this needs to be in general, not for individuals.
4. TG commented that he disagrees with Mr Ody's comment that he has been untruthful and evasive.
5. Mr King commented that he found out about falsification of records in conjunction with 20 Social workers. TG repeated that no evidence was found after extensive investigations. He is very clear on his position and his professional status and that of the Trust and the Trust staff.
6. Mr King said he has asked to see a copy of his records and has made a formal request for them.
7. TG repeated that questions need to be general, not about an individual.
8. Mr King would like to see the minutes of this meeting to check them for accuracy. **ER to check the process of how we deal with this. ACTION**

BD/15/242 Minutes of the Trust Board Meeting on 27 January 2016

1. The Board reviewed the minutes for accuracy.
2. RB noted that her initials were wrong.
3. Item BD/15/210 should read the Autism Specialist team, not BASE.

4. Mr King said he can't see the minutes so cannot comment on their accuracy. TG said we would get back to him.
5. Point BD/15/213 point 3 should read Quality & Performance not Standards
6. BD/15/217 point 6. Comment was made that job titles, not names should be used.
7. BD/15/217 point 3 should read 'Seeking agreement', not 'agreed'
8. BD/15/221 Risk Report was presented by ER not HR.

BD/15/243 Matters Arising from the Previous Meeting

1. Review of Nursing Structure - AD said this will be ready for Quality & Standards and Board in March
2. Present a review of the Quality Academy; -this item should be taken to Finance & Performance before it is removed. TG commented that there is a lack of understanding about the value of this. ST agreed that she would like to see the cost benefits and Quality outcomes.
3. DTOC graph – on agenda today
4. IAPT – on agenda today
5. Quality & Performance, current reporting-item complete
6. Risk review item – complete, but leave on until it is evidenced
7. Risk control total – complete
8. Review which matters are to be referred to the Board and which the Board require oversight of – TG met with the chairs of F & P and Q & S. this is a work in progress and will come to the board next month if an agreement has been made.

Horizontal Reporting

9. The Quality Account has been discussed,
10. IAPT was discussed at F & P and viability of both the financial aspect and the service are being looked at. ST commented that Claire Williams had presented this and the recommendations at the January Q & S meeting, that it was going to Clinical exec and would come back to Q & S in March. TG said that we need to be aware of the changing service. HR commented that we need to analyse the IAPT service in order to be able to advise the Commissioners comprehensively on the best way forward.
11. CQC programme. ST said that the Q & S committee have been assured of the progress and plans
12. Annual Operating Plan- an extra meeting will take place in March to review.
13. Risk Register exceptions report coming to board in March
14. Commercial in Confidence matters-to go to F & P in March. SH said the funding hasn't yet been agreed. TW said that they need to act quickly as there will then be a four week turn around.
15. Clinical Exec CQC targets to come to Board in March.

BD/15/244 Chair and Chief Executive's Actions

1. No actions had been recorded.

BD/15/245 Chair's Report

1. Interviews for the post of Chief Executive have taken place and an appointment made. As soon as there is approval from the TDA and Government of the chosen candidate TG will be making a formal announcement.
2. Process of recruiting an Operations Director is underway.
3. TG Attended the NHS Improvement and NHS Providers Conference for CEOs and Chairs in London. The meeting was uninspiring and they are pushing hard on Chief Executives and finances.
4. TG met with H and ST in relation to the Trust's Staff Survey Results to consider the findings and how we would respond to these. He felt that they weren't reviewed as thoroughly as they could be and will discuss in AOB.

5. TG and HR had a very positive meeting with Swindon CCG.
6. TG will be involved in developing the STP's and it will be decided whether it will be at local, County or South West level. This discussion will influence the plans going forward and the Board Seminar will discuss this.

BD/15/246 Chief Executive's Report

1. HR presented her report highlighting the National drivers and changes.
2. Lord Carter's inquiry - which was ordered by health secretary Jeremy Hunt - is based on a detailed examination of how 136 of England's 156 acute hospital trusts operate, but it is important we don't ignore it. AWP are working on the issues of sickness, productivity and recruitment.
3. Mental Health Taskforce brought together health and care leaders, For the NHS, the taskforce sets out a number of priority areas for action. People facing a crisis should have access to mental health care seven days a week and 24 hours a day, in the same way that they are able to get access to urgent physical health care. The report identifies the need to invest an additional £1 billion in 2020/21, which will generate significant savings.
4. Work has been agreed to work on the development of an ambitious and realistic five year Sustainability and Transformation Plan (STP) for the area. AWP is deeply engaged in these forums and we are making active contributions. This will help improve how we operate.
5. There have been significant improvements in Bristol and positive feedback from the re inspection.
6. There has been increased interest in the monthly review which had more than 1,200 hits in less than a week when published on Ourspace (our staff intranet) - a new record.
7. HR is talking with colleagues in other parts of the health system to recover finances owed to the Trust, and with the NHS Trust Development Authority. Staff are working to come up with innovative ideas to work even more efficiently.
8. Mr King asked if the Board have looked at the record of the Ombudsman on deaths of patients. HR said that these matters go to the relevant boards and we take the recommendations and learning for the future from this.
9. It was confirmed that the minutes of the CIOG committee go to Q & S which looks at the complaints and the outcomes to ensure the process meets the required standards. There are now fewer complaints going to the Ombudsman as we deal with them locally. ST reports to the Board if necessary.
10. ER conformed to MO that reports are available publicly including the route cause analysis and action plans.

BD/15/247 Clinical Executive Report

1. A summary of this went to Q & S in February. The CQC task list will be adjusted to show which items have been on there for a long time and which are new tasks.
2. There are 22 cases in the backlog cohort and dates are being agreed with Commissioners as to when these will be provided reports. The RC process is showing a better standard of reporting which enables sharing and learning.
3. AD has met with David Jobbins about lifting the Warning Notice. This should be complete by the end of March 2016.
4. Mixed sex breaches. The CQPM reported different responses from each of the CCG's. This can be progressed as soon as the definition is clarified by the TDA.
5. Mazars report on sudden deaths. The report describes the analysis undertaken by AWP against the findings of the Mazars' report into Southern Health and includes 4 priority areas for action. These are being developed into an action plan and will be monitored as part of the Quality Tracker
6. An action plan to reduce the number of blank boxes has been developed with Modern Matrons and Localities have been asked to support Matrons in the implementation of this.

7. A review of Rapid Tranquilisation results has highlighted particular areas of concern for further practice development. These include Advance Directives and positive behaviour support planning and monitoring of physical observations both pre and post treatment.

8. Supervision and Appraisal are happening regularly. AD is reviewing the Supervision policy. MO commented that it's the training behind the policy that matters more. **AD will take new policy to Q & S ACTION**

9. Safer Staffing. Some wards are over 105% but have inflated their figures as they disagree with the Safer staffing rules. There will be an investigation into this to work out why the figures are inflated and if there is any truth in them. Every ward over 105 is monitored for Clinical issues and if under 95% for safety issues.

10. There followed a discussion on the importance of all teams, staff and boards understanding and agreeing with the new figure system.

11. Localities also need to have the levels flexed in order to ensure safety when different activity levels occur, and for this to be clinically and financially effective. There needs to be some training on assessing when extra staff will be required.

BD/15/248 Quality and Performance Report M10

1. MP explained the report. At a Performance Management meeting-the Operations director is held to account for the areas of performance & what is being done. This report is being collated. The localities send information to Toby Rickards who collates the data.

2. Monitor Compliance: Gate-keeping of admissions by crisis services remains below target. The Wiltshire locality continues to show as below target. However December saw further improvement and a trajectory remains in place to move the locality back above 95%. DTOC also remains below target, albeit with improvement in January.

3. Improvement: Plans are in place to deliver improvement where indicators are below target and trajectories are provided below. Bed pressures: pressure on Trust beds remains high and is the subject of daily bed management strategies and a recent workshop (8/2/16) of senior staff as part of the acute care pathway work programme.

4. The Friends & Family Response rate has improved to 20%. TG commented that the CQC say this is a good indicator of a trust performing well.

5. Referral to treatment figures are back to 95%.

6. Gatekeeping figures are at 94.1% and therefore needs improving. This is partly due to a technical reporting issue and includes users being repatriated back to Wiltshire.

7. Work is currently being done of the Carers being identified data.

8. DTOC: Figures are now reported by CCG which makes more sense in terms of who is resolving the problems. Locality actions have been recorded in more detail. TG commented that the increase is worrying. ST said that Q & S have asked for clarity on the reasons and what we can influence internally and what requires external influence. This will go to Q & S in March. TG would like this to come to Board so it can be taken to the CCG meetings.

9. MP said that the Head of Business Intelligence will go to the Performance meetings. SH added that Meridian are also looking at the processes and flow in all areas to ensure there are rigorous processes for monitoring.

10. IAPT. North Somerset is being worked on. There are issues in Bristol and South Gloucestershire. Work is being done on this and will come back to Q & S in March, so hopefully will be improving.

11. Referral to Assess. There has been a significant improvement. On 27 December there were 365 waiting up to 4 weeks and 246 over 4 weeks. On 22 February this was 229 and just 9. The Board agreed that the only figure that matters is the breaches of over a 4 week wait.

12. MO asked if there is data on how quickly people are seen within the 4 weeks, as the figures are only indicative of hitting the target, not of good management. MP agreed with this and said that

Business Intelligence are looking at the data for this.

13. Out of Area placements. The items in red are due to Priory bed closures. BaNES has reduced from 7 to 5. There is ongoing discussion about female PICU beds. Daily bed closures mean worsening figures. The figures on the distances of how far away people are placed are mainly down to female PICU.

14. The Acute Care Pathway Programme is to go back to Q & S.

BD/15/248.1 Quality & Standards Report

1. Review of secure services LDU with a presentation by peer support worker, Luisa and service user, Richard, to report positive outcomes for SU of SU monthly steering group meetings to achieve improvements in secure services/environment/activities.

2. Staffing recruitment and retention remain concerning. Q & S have asked for further insight into this.

3. Received Physical Health report and how this is being addressed and targets met.

4. DTOC remains a concern with little progress on overall picture-to be examined in depth and further assurance sought in relation to Trust mitigations and engagement with stakeholders.

5. The Annual Operating Plan needs to be seen by the committees.

6. TG repeated that the issue on female PICU needs addressing.

BD/15/249 Mazars Report: Deferred

1. This item was deferred.

BD/15/250 Resources Report M10

1. In December we reported that our full year outturn of £2,032k (target surplus) could only be met if we successfully achieved £5.75m of mitigating actions.

2. During January we have confirmed that £2.6m of mitigations are expected to achieve their target but have been unable to identify further actions that would enable us to reduce costs sufficiently to meet our year-end target.

3. The Trust board called an Extraordinary Finance Meeting on 4th February following a special meeting of locality directors, executive directors, and heads of departments to identify and review actions that could be put in place immediately to bring about savings to mitigate the financial gap.

4. The board were presented with a range of options that had been considered by the trust and these had been assessed (RAG rated) for impact on quality, whether they were deliverable within the timescale and impact on staff.

5. The emergency finance meeting recommended that even with these actions in place the Trust would see a reduction in the forecast outturn to a breakeven position.

6. The TDA and commissioners are being updated daily on expenditure.

7. The TDA draft plan for 2016/17 shows a surplus of £1.7m.

8. There may be additional funding from the STP fund.

9. TW mentioned the opportunity for staff to take unpaid leave. SH said this is a small part but that the communications team are sending out daily.

10. TG said he is keen to understand the incremental difference of the agency costings, not the total. SH said that the flexible agency staff cost is separated from the unplanned agency costs.

11. MO asked if we are confident that agency fees won't increase. SH said that all things are taken into consideration and the figures assume non delivery of CIP.

250.2 Report of the Finance and Planning Committee Chair

1. TG expressed concern over the organisations ability to learn. We failed to deliver the Pharmacy plans, and the subsequent plans also failed.

2. The Committee discussed the probability of the TDA endorsing capital to revenue transfer;

3. They discussed LDU and service-level viability, and the Committee agreed that all papers tabled

should allow for sufficient Committee and Board scrutiny on this issue.

4. The TDA/NHSI's rule to reduce agency usage to 4% was reviewed, and the Committee agreed that the Trust needed to put a plan in order to achieve the standard;
5. The Committee agreed that the plan to address the female PICU out-of-area issue needed to be established and costed;
6. The Committee discussed the definition of clinical ownership and system leadership in relation to partnerships;
7. The Committee also discussed the Mental Health task force implications, such as the cost to achieve the implementation of the 4 hour targets;
8. The quality impacts of the financial changes and risks were considered and reviewed by the Committee. The Committee clarified that all assumptions on income, new business, CIPs, agency, inflation and funding mechanics needed to be RAG-rated, using >80%, >50% and >25% 'confidence levels'/ratings;
9. The Committee further agreed that the process for reporting CIPs – in base or as a CIP – needed clarification and agreement. SH commented that CIP plans need to be based on over 80% chance they will deliver. TG said he would also like to see those at 50-80% chance of delivery.

BD/15/251 Risk Report

1. The Risk Report has been redesigned following discussion at the Audit and Risk Committee. It continues to contain a summary of our high level operational risk registers – the Clinical, Delivery and Business Executive Risk Registers, collectively the Trust's Risk Register – and Strategic Risk Register, but now also includes the actions and progress fields to enable better scrutiny of the risks.
2. A review of the Clinical Executive Risk Register was undertaken by the Director of Nursing in early February, resulting in a number of risks being closed and three new risks being reported.
3. The Annual Operating Plan will involve dealing with risk so this Risk Report will be updated to reflect the AOP.
4. The point CE15-Ligatures TG is concerned that this is still a high risk. AD said it is a concern about ligature management, not ligature points. Changing the taps doesn't mean compliance. TG said that the language needs changing to say 'process' not 'points'.
5. TG expressed concern over breaching statutory targets on cash flow. SH reassured him that the mitigations should show how we are managing this, it has been escalated due to the current situation and is not an ongoing issue.

BD/15/252 Annual Operating Plan Update

1. TW confirmed that there is an AOP draft and an extra Board meeting will look at it.
2. TG asked whether the Board and committees should have seen and approved the draft before it went to the TDA, to make it robust. He asked for the timeline of when the next submission is to be made.

BD/15/253 Quarterly Review of Performance Against Annual Objectives

1. Whilst in most areas, the Trust is on track to achieve its objectives by year end there are some areas of challenge as set out in the Dashboard documents. In a few areas, some of that challenge has arisen as a result of difficulties in identifying clear ways of measuring the achievement of objectives.
2. The publication of the Trust objectives for 2016/17 will prompt a review of all of the Trusts risks, including the high-level operational risks contained within the three operational Executive Risk Registers and the longer-term strategic risks contained within the Strategic Risk Register.
3. TG commented that more specific detail is needed.

BD/15/254 Minutes of Board Committees

1. The minutes of the following Committees were noted by the Board:
 - 254.1 Quality and Standards Committee 19 January 2016
 - 254.2 Finance and Planning Committee 22 January 2016

BD/15/255 Any Other Business

1. The final version of the staff survey has been received from NHs England.
2. The data has been taken and measured against 32 key findings
3. At best only modest improvements have been made, but over 5 years we have shown consistent improvement.
4. Bullying and Harassment has not shown an improvement. Although it has also worsened nationally this needs taking forward this year.
5. There was a wide variation in Corporate and Localities in terms of responses. BaNES results fair well nationally whilst Bristol, Wiltshire and North Somerset do not do as well.
6. There followed a discussion on whether we need to bring in outside help to analyse the results.
7. TG suggested that we a) Look at the continual improvement in most figures, b) That it requires an external piece of work c) That we look at the bullying and Harassment more closely for the reasons the results are not improved and d) We should only tell people of the improvements, and not focus on the areas we didn't do well in.
8. RB commented that the policy on what constitutes Bullying and Harassment was very clear so the results are disappointing. We don't want these results to spoil the improvement in staff engagement we have created.
9. TW commented that he is sceptical about comparisons with other trusts as we are so different to others. He would be hesitant to pay anyone externally.
10. TG said we need to do something different as nothing has changed. EM agreed that bringing external help could be useful as making changes to this area can take a lot of work.
11. DG suggested we use our own pool of expertise to help assess this issue.
12. RB asked about the Carers and Carers Group and the user and Carer involvement. ST replied that this came up at the Q & S meeting and will come back to it.