

## Minutes of a Meeting of the AWP NHS Trust Board - Part 1

Held on 30<sup>th</sup> March 2016, Jenner House, Chippenham SN15 1GG at 10.00am

These Minutes are presented for **Approval**

### Members Present

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

### Staff In Attendance

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

### Members of the Public in Attendance

Mr S King	Mr M D Ody
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### BD/15/267 Apologies

1. Apologies were received from Mark Outhwaite and Andrew Dean.

### BD/15/268 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/15/269 Patient Experience Story

1. TW introduced a short film highlighting some of the benefits and opportunities service users had received as a result of engaging in research within AWP.
2. RB asked about the Launch of "Everyone Included". She asked what difference that initiative had made to AWP's ability to recruit into research. TW advised that he could not demonstrate a significant change in this regard. He considered it was easier to recruit service users into studies but advised that there had been difficulties in hosting studies at AWP. This had resulted in a reduced number of people being engaged in research projects.
3. ST asked if AWP was actively engaged in any particular mental health research projects within the Academic Health Science Network. TW advised that AWP had links within the Academic Network (i.e. TW is the Director of one of the teams focussed on addiction). There were also AWP staff members involved in perinatal, psychiatry and HIT, although there was a deficit in larger areas

such as psychosis or depression.

4. ST recalled that the Board had been keen to promote nurse-led research and asked if any progress had been made around more socially based research programmes that would help service users and carers. TW advised that AWP was engaged in a nurse-led Randomised Control Trial (Open Dialogue) being hosted by UCL which was focussed on a new technique of engaging with people with psychosis.
5. PG advised that she had been involved in the early stages of a communication project related to dementia and oral hygiene. TW advised that AWP had a good track record in dementia research.
6. HR advised that the nursing restructure was focussed on nursing academic work.
7. TG reported that Hillary, one of the speakers in the film, had given talks to member meetings and had been a good advocate for mental health and research. TG also asked if a similar film/report could be presented at a future board meeting providing a clinician's perspective. **ACTION TW.**
8. TW thanked the film producer for his continuing work with AWP.

**BD/15/270 Questions from Members of the Public about the Work of the Trust**

1. TG reported that three questions had been received from Mr Ody.
2. In relation to Question 1, it was noted that Board Papers had been made available at the meeting as requested. It was agreed that going forward, the Papers would be made available on the Friday before the Board Meeting was due to be held. **ACTION ER.**
3. In relation to Question 2, it was noted that the content of service user records could be redacted if it was irrelevant to the case or contained third party information.
4. In relation to Question 3, it was noted that a response had already been provided outlining the reasons why records were held on carers without permission.
5. Mr Ody noted that the response had indicated that records were held on RiO when carers had asked for a carer's assessment. He asked how the records could be held on RiO if a carer had not asked for an assessment. TG took the question on notice and asked that the Director of Nursing make an appropriate response. **ACTION AD.**
6. Mr King noted that he had enjoyed watching the Patient Experience film. He suggested that the graphics at the bottom of the film could be improved noting that they were difficult to read and there was too much information to read in a short space of time. It was noted that the film was available on YouTube.
7. Mr King sought comment from the Board about the press report appearing in newspapers on 11<sup>th</sup> March 2016 in relation to a report released by NHS England indicating significant concerns about AWP's openness and transparency. HR advised that the Report had been released but had not been well publicised. It provided a League Table for all Trusts in the country. The results were based on three questions in the Staff Survey and Trusts had been categorised accordingly. HR advised that while AWP did take notice of the report itself, there had been widespread criticism of the methodology around the development of the league table. HR advised that other external reports focussing on AWP processes had evidenced AWP as being transparent. She advised that AWP continues to regularly review their processes in relation to openness and transparency.
8. Mr King advised that he had noted inaccuracies in the last set of Board minutes and undertook to provide his suggested edits to ER and TG for review. **ACTION Mr King.**
9. Mr King recalled having informed the Board meeting of 24<sup>th</sup> February 2016 that he had been

wrongly diagnosed and advised that he had now confirmed this with a second opinion. He noted that he had passed this information on to AWP, but noted that no response had been received. TG advised that AWP policy stated that individual cases would not be discussed within the Board. He advised that the process for raising clinical objections could be followed and he undertook to provide Mr King with relevant information on that process. **ACTION TG.**

**BD/15/271 Minutes of the Trust Board Meeting on 24<sup>th</sup> February 2016**

1. The Board reviewed the minutes for accuracy.
2. In the attendance register it was noted that CM's title was that of Associate Non-Executive Director. RB advised that her initials should be corrected from BR to RB.
3. In relation to BD/15/241, Mr King sought an amendment to Point 5, but TG advised that an investigation had been carried out and the allegation had been disproved. He indicated that he was not prepared to amend the minutes to reflect an inaccuracy.
4. It was noted that the date header was incorrect.
5. In relation to BD/15/241, Mr King sought to amend Point 6. He recalled that he had made two written subject access requests for his records over the past two years, but both had been refused. He had also stated that Mr Ody's requests had also been refused. TG undertook to check the recording of the meeting for accuracy. **ACTION TG.**
6. In relation to BD/15/241, Mr King asked if the action stated in Point 8 had been completed. It was reported that a letter had been drafted and forwarded to Mr King. Mr King indicated that it had not been received and ER undertook to follow this up.
7. The minutes were **approved** with the corrections noted above.

**BD/15/272 Matters Arising from the Previous Meeting**

1. Item one was **deferred** until the next meeting.
2. Regarding item two, it was noted that this would be reviewed by the Finance and Planning Committee. This item was noted as being **ongoing**.
3. ST reported on item three advising that the Risk Register had been reviewed at the March Quality and Standards meeting. This was reported as **complete**.
4. Item four had been referred to ER and was deferred until the next meeting. This item was noted as **ongoing**.
5. ER reported on item five advising that a response had been provided to Mr Ody. She noted that Mr Ody had raised a supplementary question and advised that a response would be provided. TG requested that a Board minute be recorded to indicate that the action had been completed and a further action had been raised as a result of the supplementary question. **ACTION ER.**
6. TG requested that the Item six was noted as **complete** and asked that the date of the response be recorded in the minutes. **ACTION ER.**
7. ER reported on item seven advising that it had been made clear that members of the public could request hard copies of Board Papers if they were unable to access them remotely. An arrangement had been made for Mr Ody to pick up the Board papers on a Friday prior to Board being held and the same could be done for Mr King if required. This item was noted as **complete**.
8. ST advised that item eight had been referred to the Integrated Governance Group. The amended Supervision Policy would be reviewed by the Quality and Standards Committee in April. TG

requested that once the policy was approved it should be disseminated to staff and publicised accordingly. ER advised that there would be a communication plan on each policy. This item was noted as **ongoing**.

9. Item nine was noted as **complete**.
10. MP reported on item ten advising that horizontal reporting of Female PICU out of area data was underway. More detailed work on this would follow once the PICU review was complete. It was anticipated that there would be a report provided to Q&S at the April meeting. TG noted that the action was focussed on determining whether AWP should consider establishing Female PICU inside the Trust to cope with the shortage of PICU beds rather than continuing to fund them externally. He requested that a paper be provided to the Board Committees in this regard. MP advised that the PICU review may lead AWP to consider alternative responses to Personality Disorder other than the PICU response that was currently being used.
11. MP reported on item eleven, advising that a review of the Directors' Team had been carried out and a revised structure for Executive Team had been established whereby the Clinical Directors would attend a meeting with the Executive Team. This item was noted as **complete**.
12. Item twelve was noted as being **ongoing**.
13. Item thirteen would be discussed during the Budget update.
14. Item fourteen was noted as **complete**.
15. In regards to item fifteen, it was noted that Dr Umesh Prabu would be talking to the Leadership Conference about Bullying and Harassment. This item was noted as **complete**.

#### Horizontal Reporting

1. Item one was noted as **ongoing**.
2. Item two was noted as **ongoing**. Quality and Standards Committee would consider the IAPT Service Review in April and then it would be passed to Finance and Planning. The recommendations from the Committees would be provided to Board in April (or May at the latest). This item was noted as **ongoing**.
3. Item four was referred back to Safer Staffing for a response. This item was noted as **ongoing**.
4. TW reported on item five advising that he had reviewed the Clinical Executive Registers and noted that AD would be doing the same on his return. ER advised that Q&S had been reviewing Clinical Executive Risk Register and the Committees would be looking at their relevant areas of the risk registers moving forward. This item was noted as **complete**.
5. Item six was **deferred** until April.

#### BD/15/273 Chair and Chief Executive's Actions

1. No actions had been recorded.

#### BD/15/274 Chair's Report

1. TG took the report as read. He highlighted some items in the report.
2. TG noted that objective-setting was underway for the Board as a whole and for individual members of the Board.
3. TG reported on the Mental Health Training Session noting that it had been well-received.
4. TG advised that he and other Trust Chairs would be meeting to discuss the objectives of the

Sustainability Transformation Programmes (STPs) that were currently underway.

- The Chair's Report was **noted** by the Board.

**BD/15/275 Chief Executive's Report**

- HR advised that AWP had been following the Personal Independence Payment and Disability Payment announcements and confirmed they were conscious of changes to pension requirements for organisations.
- It was noted that a monthly video briefing was being released by Communications.
- HR noted that the Learning Disability Conference had been led by AWP staff and had been a great success.
- NHS Improvement would be formed in April and would bring together TDA and Monitor.
- Mr King asked if the reported 17 SUIs was comparable to the SUIs from the same time in the previous year. HR advised that there was variation month on month. She advised that full reporting and scrutiny of SUIs was carried out at Quality and Standards and confirmed that they also go through an Executive Referral Process. ST advised that all work in this regard was reported externally and reported that AWP's SUI results were below average in comparison to other Trusts.
- Mr King raised concerns that GPs were often inaccessible and suggested that there was limited support from the Trust, resulting in a likely increase of SUIs. TG advised that the Critical Incident Oversight Group welcomed the CCGs (representing GPs) to attend meetings and encouraged them to provide assurance back to their clinical oversight groups.
- The Chief Executive's Report was **noted** by the Board.

**BD/15/276 Clinical Executive Report**

- TW took the report as read. Points of discussion were are follows:
- There was a discussion about the alignment of Quality Impact Assessments and the CIPs programme. It was reported that CIPs were identified and then a short business case was completed which included the Quality Impact Assessment process. No CIP would be agreed unless the Quality Impact had been assessed. TG sought assurance that the Clinical Executive and the Executive would have considered the Quality Impact Assessments in time for the next two Q&S and F&P meetings. TW provided this assurance.
- TG stated that AWP should see the clinical and financial benefits of the Quality Impact Assessments and noted that if they do not implement the schemes, then the benefits that were identified would not accrue. He indicated that he would like to understand the impact of withdrawing from any schemes as they travelled through the year.
- TG sought assurance that staff would be released to undertake the Statutory and Mandatory Training. This assurance was provided by HR.
- There was a discussion about the CQC Programme. ST reported that a detailed report had been provided about progress on the CQC Tasks at the Q&S meeting. The Committee had received assurance that all of the key actions had been completed. There had been concern that the changes had not been embedded but the Committee understood that work in this regard was ongoing. It was suggested that the narrative in the Clinical Executive Report could provide a clearer picture on the progress of this programme.
- TW reported that it was anticipated that the Contract Performance Notice would be lifted after a

series of meetings due to be held in April. HR advised that concerns about embedded practice would be taken out of the Contract Performance Notice and would be put into a Service Development Improvement Plan.

7. The primary risk identified on the Risk Register was the staff shortage and Junior Doctors concerns in Imber Ward.
8. PG welcomed the appendix outlined the Public and Community Engagement Strategy. She asked how this linked to volunteering. ST advised that Q&S had approved the Public Involvement Strategy in January 2016 and confirmed that there was also a Volunteering Policy in place. The Committee was yet to see the Service User and Carer Strategy and Staff Involvement Strategy and it was not clear how the three would work together. A further report was anticipated, to confirm that AWP had coherent strategies that involved service users, carers, workforce and the public (including volunteers) and were sufficiently integrated.
9. The Clinical Executive Report was **noted** by the Board.

**BD/15/277 Quality and Performance Report M11**

1. MP provided the report to the Board. Points of discussion were are follows:
2. TG sought an update on progress in Bristol and asked if there was any plan to revert to business as usual or if the intention was to continue with interim arrangements. MP advised that the Turnaround Team that had been engaged for Bristol had focussed on resolving the issues of service users who had extended wait times and had been successful in securing significant improvement through employing additional clinical capacity, improved process and data cleansing. The task of sustaining the improvement now rested with the substantive triumvirate.
3. MP advised that there were still clinical and management capacity issues in the Community team. He reported that a Service Manager had been recently appointed for the Recovery Teams. Recruitment was underway for a Team Manager in Central Recovery. MP suggested that Operations, Board and Committees should continue to monitor performance in Bristol to ensure improvements were sustained.
4. HR advised that the indicators for Bristol were better, but not fully compliant. She advised that while the Turnaround Team had addressed the immediate issues, the current triumvirate team had been looking at the sustainability of the services. She advised that a report from this team would be forthcoming.
5. PG asked if there was evidence available that would enable AWP to discuss with the CCG the delivery of a different type of service at different cost levels. HR advised that System Leadership was undertaking a research review of the innovative nature of the new contract arrangement. Information was available from the Turnaround Team and the Meridian Team as due to begin a productivity review in Bristol. HR considered there was enough information to begin this dialogue.
6. ST advised that Q&S had not been persuaded that there was a direct correlation between out of area and DTOC. The Committee had asked the Clinical Executive to gather evidence about the nature of DTOC given there was anecdotal evidence that this was a service of last resort with a number of admissions coming from nursing homes or residential care.
7. There was a discussion about block purchasing of beds at Cygnet and Priory by AWP. It was suggested that there should be a financial appraisal of whether the Cygnet/Priory usage was significantly more expensive than that which AWP could provide for itself. There should also be a clinical assessment of the situation to ensure that changing the model would not compromise

quality. **ACTION MP.**

8. TG noted that in Wiltshire, DTOC had been reducing but now appeared to be rising. He asked if this was an anomaly. MP noted that there was a good procedure between the local team and the CCG which ensured the cases were reviewed on a case by case basis and he advised that he was not concerned that this was the beginning of regression.
9. TG asked about the Referral to Assessment - Memory Service Indicator noting that the 95% target for Swindon did not appear attainable. MP advised that temporary resources had been put in place. Two new staff had been recruited to the Swindon Team and it was anticipated that improvement would return to trajectory.
10. Mr King asked about data cleansing. MP advised that data accuracy would be a better term to use and he noted that the report referred to data cleansing in the context that not all of the relevant information had initially been recorded accurately in RiO and was being updated accordingly.
11. The Quality and Performance Report was **noted** by the Board.

**Report of the Quality and Standards Committee Chair**

1. ST provided a verbal report to the Board.
2. ST advised that the Clinical Executive Report and the Quality and Performance Report had been scrutinised by the Q&S Committee and a number of actions had been identified.
3. ST reported that concern had been expressed about the isolated location of Imber Ward.
4. ST advised that concern had been raised about the fact that no Quality Impact Assessments had been received by the Q&S Committee. She acknowledged however that it was anticipated that some QIA's would be received for the April meeting.
5. The Committee had discussed whether they were measuring the right indicators. ST had requested a meeting with AD, TW and RB to discuss the focus of reports in terms of Q&S objectives, monitoring and assessment.
6. The Board **noted** the report from the Quality and Standards Committee Chair.

**BD/15/278 Mazar's Report**

1. Discussion on this item was deferred.

**BD/15/279 Finance Report M11**

1. SH advised that many of the charts had been moved into the appendices to the report, and advised that a sub-group of NEDs from the Finance and Planning Committee was being formed to refine the Finance Report further.
2. The focus of the report was identified as being the Year End position. SH recalled that the Board had agreed to reduce the surplus and to strive for a break even position. Risks and mitigations on this position were highlighted in the report. She considered that despite some movements in Bristol and in other areas, that a break even position was still achievable.
3. TG provided a brief overview of the discussion that had been held at the Finance and Planning Committee. He noted that the assumption was made that AWP would achieve a breakeven position with assistance from some of the locality CCGs to the tune of £750k and this would have an impact on the following year.
4. SH advised that the aim was to achieve breakeven within year without using the CCG assistance.

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A weekly briefing was to be held with the F&P Chair on the year-end position.

5. TG noted Board should discuss whether AWP would aim for a breakeven position that could result in risk for the following financial year.
6. EM advised that the perceptions of staff, service users and commissioners should be considered.
7. RB believed that AWP should aim for breakeven noting that having a small deficit would show a lack of grip toward the end of the year.
8. BD noted that it would be important to address the viability of the CIPs. TG and PG considered that assurances had been given at F&P on how achievable the CIPs were. Other opportunities to raise additional income had also been discussed.
9. ST supported a breakeven position given the current period of austerity. She considered that staff should be able to congratulate themselves on having broken even in a difficult year and should be confident that the same could be achieved in the following year. Coming out with a small deficit would be sending the wrong signals to staff and stakeholders.
10. TG summarised that the Board supported the breakeven position. The narrative should be around the difficult year in relation to Safer Staffing (and paying a premium on agency to do this). This would be a positive narrative to send to commissioners, staff, users and carers.

**Report from the Finance and Planning Committee Chair**

1. BD provided an overview of the key decisions.
2. The Committee had agreed to recommend a breakeven position for 2015-16
3. The Committee was prepared to receive the final budget for 2016-17 for consideration on April 15<sup>th</sup> 2016.
4. Concerns had been raised about financial targets being missed in Bristol. Members of the Bristol Team had been invited to present to the next F&P meeting.
5. There had been a discussion about the Safer Staffing target (4% agency) but it had been noted that AWP was currently sitting at 7%. A request had been made to identify the plan and a timeline to achieve the target.
6. Mitigations for achieving the financial objectives for the year 2016-17 had been discussed with it being acknowledged that actions would require the acceptance of actions from within the LDUs.
7. TG advised that the 2016-17 budget had been discussed with particular consideration of income, expenditure and CIPs. In terms of income, there was £11m of growth and £11m of losses (although there was some opportunity here). Within expenditure, the pay expenditure was over 3% due to 1% inflation and 2% pension change. The overall level of inflation was above that of drug or pay, so there was scope for flexibility. There was no opportunity for flexibility around CIPs.
8. It was noted that F&P had asked for a quarterly update on the triangulation between the Safer Staffing Plan, what Safer Staffing was assumed in the budget and what agency percentage was assumed in the budget. Similarly with CIPs, the Committee asked for a quarterly analysis.
9. Clarification was sought on whether the agency target was for all agency. SH advised that AWP had advised they would distinguish by LDU and by type of agency. Guidance was being sought from NHS England about whether the £6.9m was all agency.
10. There was a discussion about how realistic the agency targets were. It was noted that a push on reduction of agency for quality reasons was supported. It was noted that while there were

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aspects out-with the control of AWP they could be proactive in raising bank usage and improving turnover and retention rates thus enabling AWP to move close to the 4% target.

11. MP acknowledged the achievements of the bank team. He also advised that the Trust had reduced its use of non-framework agency staff from 600 shifts in April 2015 the previous year to 265 shifts by April 2016. TG acknowledged that a lot had been done, but considered there was 2% or 3% more in the system that could be utilised via the CIPs and transformation plans.
12. BD asked if there had been any changes in behaviour or costs from agencies following the cap being implemented. MP advised that he did not have hard data but noted the tangible increase in the number of registered nurses applying to join the AWP Bank. He noted that traditionally registered nurses worked for agencies.
13. TG asked that the finance and the Board reports note the increment/premium that agencies were being paid rather than the total.
14. The Board **noted** the report from the Chair of Finance and Planning Committee.

**BD/15/280 HR Report**

1. JT advised that the HR report provided information on a number of workforce metrics. She noted that she would welcome feedback from the Board.
2. RB noted that there was not much in the report about retention. JT advised that a retention work stream had come out of the workforce programme. LDUs had engagement groups with a view to understanding why people were leaving. The exit questionnaire had been enhanced. JT advised that other initiatives were being considered, such as a retention interview (after six months of employment) to identify any issues arising.
3. PG asked how the engagement programmes in the LDU were being evaluated and how good practice was being shared. JT advised that the plan was to have a dashboard for each LDU which would be presented at the Strategic Workforce Group. She advised that best practice would also be shared in that forum.
4. ST noted that over 1400 people had received job offers but 200 had not accepted the roles. She asked how this benchmarked against similar trusts. She asked if there was any further work being done on establishing the reasons why people chose not to accept. JT advised that this data was not available. She advised that AWP do not survey the reasons for non-acceptance. She acknowledged that this could be an initiative worth considering.
5. TG noted that despite the stable environment in Wiltshire, AWP was having little success in recruitment. He suggested that AWP now needed to try a different approach (e.g. different pay scales). JT advised that they were looking at worker accommodation options. Mr King suggested breaking Wiltshire down into sections maybe useful as it may be easier to recruit in some areas than in others.
6. [Mr King asked about staff willingness to declare their own mental illness given they may feel it would affect their future career. HR advised that the Trust was trying to be a proactive employer of people with mental health conditions.]
7. The Board **noted** the HR Report.

**BD/15/281 Risk Report**

1. The Clinical, Delivery and Business Executive Risk Registers plus the Strategic Register were presented to the Board.
2. TG asked if Imber Ward should be included as an individual risk. He suggested that this be considered.
3. The Committee **noted** the Risk Report.

**BD/15/282 Annual Staff Survey Report**

1. This item was deferred until the April meeting.

**BD/15/283 To Note: Minutes of Board Committees**

1. The minutes of the following Committees were **noted**:
  - Quality and Standards Committee Meeting, 9<sup>th</sup> February 2016.
  - Finance and Planning Committee Meeting, 19<sup>th</sup> February 2016.
2. HR asked that the statement in QS/15/135 Clinical Executive Report relating to the recruitment of the Acting Chief Pharmacist be revised given there was no plan to recruit at this time.

**BD/15/284 Any Other Business**

1. No further business was discussed
2. Part one of the meeting was closed.

**BD/15/285 Board Digest**

This item was not discussed.