

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

Held on 25 January 2017, Jenner House, Chippenham SN15 1GG at 10.00am

These Minutes are presented for **Approval**

Members Present

Ruth Brunt (RB), Non-Executive Director	Mark Outhwaite (MO), (Non-Executive Director)
Andrew Dean (AD), Director of Nursing & Quality	Hayley Richards (HRi), Chief Executive
Rebecca Eastley (RE), Medical Director	Malcolm Shepherd (MS), Non-Executive Director
Charlotte Hitchings (CH), Chair	Simon Truelove (STr), Director of Finance
Sue McKenna (SM), Director of Operations	Jenny Turton (JT) – Associate Director of HR and Workforce
Ernie Messer (EM), Non-Executive Director	
Charlotte Moar (CM), Non-Executive Director	

Non-voting members:

Neil Auty (NA), Associate Non-Executive Director

In attendance

Rachel Clark (RC), Director of Strategy
Sarah Knight (SK), Interim Company Secretary
Suzannah Marsh, Senior Communications Manager
Erika Tandy, Corporate Governance Coordinator

Members of the Public in Attendance

Mr Ody
Mr King
KL – member of the public and guest speaker
John McWilliam

BD/16/214 Welcome and apologies

1. The Chair Charlotte Hitchings (CH), welcomed members of the public and staff to the meeting. She introduced Sarah Knight (SK), the new Interim Company Secretary, and Branatic Neufville (BN), who would be joining the AWP Board as an intern.
2. No apologies were received.

BD/16/215 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 Board meeting agenda.
2. There were no declarations received on any conflicts of interest.

BD/16/216 Patient Experience Story

Sponsor: Chair

AWP NHS Trust Board Meeting – 25 January 2017

1. The Medical Director, Rebecca Eastleigh (RE) introduced a service user (KL) who had come to share her experience of being both a service user and a volunteer for the Trust. KL explained her background and her mental health problems including anxiety, obsessive compulsive disorder and anorexia. KL gave an open and honest account of her experiences as a service user, both positive and negative.
2. KL explained her voluntary work; she had set up a service user panel for the STEPS service (which looks at eating disorders) which was run every month.
3. In response to sometimes receiving unintentionally thoughtless comments from health professionals, KL had developed a resource in the form of a wallet sized card, which people suffering with disorders can carry and share, so that healthcare professionals could be guided to use the appropriate language. Charlotte Moar (CM) felt that the card was a very useful resource but did recognise that healthcare professionals could feel awkward in some circumstances.
4. KL went on to say that she had also delivered a training session at the RUH Hospital in Bath and her next plan was to take her experience on eating disorders into places such as universities.
5. CH thanked KL for sharing her experiences, ideas and initiatives with the Board and stated that she recognised the need to improve in the areas that KL had spoken about. She asked KL if there was anything else the Board could do to assist. KL felt that the approach of the Trust was already good and learning was filtering out in an effective manner.
6. RE thanked KL for her time and courage and stated that KL should be proud of the fact that she had been brave enough to come and share her story in a public forum.

BD/15/217 Answers to written questions from members of the Public about the Board agenda items

1. The Chair conveyed to all present that all questions and requests for information needed to be dealt with through the appropriate channels. Questions involving a complaint about individuals or questions that have previously been answered would not be responded to in this forum as they had either been addressed or would be more appropriately addressed through other channels. The Board would receive questions about the Board agenda with questions submitted via the web page in advance of the Board meeting.
2. For these reasons the Chair would not be reading out questions from two members of the public, however, these had been circulated to the Board. The Chair stated in future that the attendance list would reflect how people had signed themselves into the meeting.
3. The following question was read out by the Chair: 'I would like to know, in light of recent issues with your financial situation (as noted in Board papers passim), and the expressed need for staff to be careful in spending (as reported in papers and AWP CEO videos) especially over travel, training and other aspects, how the Board responds to the Freedom of Information request recently published which shows that, in the space of 6 months, senior managers were able to spend close to £100,000 on travel, attending conferences and other related activities. Are your senior staff exempt from spending restrictions?'
4. The Chair explained that senior managers were not exempt from budget restrictions and asked the Chief Executive (HRi) to comment. HRi stated that senior staff were not exempt from restrictions on expenses. The spending outlined in the FOI request included travel expenses to national and local meetings which were essential for Trust business, mandatory training and agreed training in line with staff appraisals. The same controls for expenditure were in place for senior managers as for any staff in the organisation, that is, travel and training is agreed with a line manager and all travel expenses are approved by a senior manager. The Trust ensured it saved money wherever possible, for example, all board meetings were held on site to save on room costs.
5. Mr Ody stated that the response to his question raised in November was not in the minutes. The Chair explained that it would not be, as the response had not been provided in the meeting. Instead the previous Company Secretary had written to Mr Ody with a response.
6. Mr King stated that he was not happy with his treatment and the decision not to answer his

AWP NHS Trust Board Meeting – 25 January 2017

questions, and requested help with a safeguarding issue.

BD/16/218 Minutes of the Trust Board Meeting on 30 November 2016

The Board reviewed the minutes page by page for accuracy:

BD/16/201: HRi requested that the minutes be amended to state that the 25% of attendees that were service users were present at the Section 136 event and not the Care Quality Commission (CQC) summit.

BD/16/203: AD requested that point 1 on page 8 was amended to show that '9-7%' related to acceptable vacancy rate levels for medical staff.

BD/16/207: The Trust was focused on improving the current rate by approximately £1,500k by the end of the year so that it would deliver a deficit of £7,353k. The following paragraph was added to the minute "The Board noted the worst case forecast outturn and the required improvements in the run rate to achieve the revised control total. The Board agreed the revised outturn as a £7,353k deficit"

The minutes were approved with the above amendments.

BD/16/219 Matters Arising from the Previous Meeting

BD/16/139: Due diligence for CAMHS (Child and Adolescent Mental Health Services): the review of the Business Transfer Process and the learning from the CAMHS transfer would be deferred until March.

BD/16/162: Questions from the public: Julie Benfell (JB) would review the CQC and GMC guidance and had produced a policy for consideration by the Integrated Governance Group (IGSG); this policy would also be considered by the Integrated Governance Group and reported back to Board in March 2017.

BD/16/169: Medical Education Report: Dr Steve Arnott would be attending the next Trust Board meeting (29 March) to present on the *GMC regional visit/Bristol University*, and to update the Board on progress on the medical education strategy written in 2013. Post meeting it had been agreed that the best forum for this item would instead be the Quality and Standards (Q&S) Committee meeting. Item to be removed from the action list.

BD/16/174: Terms of Reference Audit & Risk Committee: this action had been completed; see agenda item BD/16/230. Item to be removed from the action list.

BD/16/202: Front Sheet of the Clinical Executive Report: this was an on-going action to ensure that front sheets reflect where a report had previously been scrutinised by another committee prior to coming to Board. Revised guidance had been circulated to managers. Item to be removed from the action list.

BD/16/202: Review of scrutiny of the application of the Mental Health Act and the Mental Capacity Act: this had been added to horizontal reporting for the Q&S Committee so could be removed from the action tracker for Trust Board. Item to be removed from the action list.

BD/16/203 & 16/204: Staff Survey. An update would be provided in part 2 of the meeting. Item to be removed from the action list.

CM queried if all of the actions in the minutes had been addressed. It was agreed that SK would check this and action accordingly. **ACTION: SK**

Horizontal Reporting

There were no items for horizontal reporting from previous committee meetings.

BD/16/220 Chief Executive's Report

1. HRi took the report as read but highlighted the ongoing investigation by NHS Improvement (NHSi), the NHS Trust regulator, who was working with the organisation to improve its financial position. Phase I was complete and phase II was ongoing. The approach was supportive and the

AWP NHS Trust Board Meeting – 25 January 2017

report would be published in March, containing recommendations on how NHSi would support the Trust and the next steps.

2. The Board **noted** the Chief Executive report.

BD/16/221 Report of the Quality and Standards Committee Chair

1. Ruth Brunt, Non-Executive Director (RB), took the report as read and highlighted some key issues. The Committee had received a presentation from South Gloucestershire Locality and had been very impressed by the approach and consistent levels of high performance in many areas of the locality.

2. Responses to infection control had been excellent as there had been a number of outbreaks of illness. Detailed actions being taken as a result of recent CQC concerns at Callington Road were reviewed. The Community Mental Health Survey results had improved. The Director of Nursing, Andrew Dean (AD) stated that these good results should not, however, make the Trust complacent.

3. The Quality and Standards Committee (Q&S) had again looked at Child and Adolescent Mental Health Services (CAMHS) and there was a 'week in focus' planned for CAMHS and the report for this would come back to the Q&S Committee. RB reported that there had been a significant discussion on workforce with focus on relevant elements such as bank and agency spend. The move towards a 50/50 skill mix was also discussed.

4. The Q&S Committee had not felt fully assured around risk but had agreed that there had been improvements. There had been concern about the delay in receiving audit reports, and the Committee agreed that more assurance was needed around sight of reports and streamlined actions. The Committee also looked at learning from the CQC inspection and raised a concern that the CQC had not found one trust across the country that had met all of its requirements.

5. The Chair asked members of the Board if they had any further questions. Ernie Messer (EM) sought clarification on the Suicide Prevention Strategy. RB explained that this was a late paper, so committee members had not had chance to review it. AD explained that the Suicide Prevention Strategy was a strategic approach, and a separate piece of work was being undertaken looking at all deaths within the Trust. These two pieces of work would complement one another. HRi stated that the Suicide Prevention Strategy was explicitly linked to the Five Year Forward Plan, requiring a commitment across organisations including Clinical Commissioning Groups (CCGs) as many people take their own life when they are not in contact with mental health services.

6. Branatic Neufville (BN) raised a query on capability and culture in relation to performance in appraisals, supervision and also walkabouts. What had been done to improve these? Sue McKenna (SMcK) reported that actions had been put in place to ensure corporate services review who had not received appraisals and to then cascade that information to managers. Within Local Delivery Units (LDUs), all senior managers had been tasked with reviewing both the number and quality of appraisals.

7. There had been concerns expressed at Q&S with regard to the lack of walkabouts as the NEDS found these very useful in performing their roles. Neil Auty (NA) had produced a proposal on the purpose and format for walkabouts and a schedule would follow. Mark Outhwaite (MO) stated that at the most recent Finance and Planning (F&P) meeting members had expressed interest in visiting services about to undergo change to both support services and understand what was happening.

8. Charlotte Moar (CM), Non-Executive Director, explained that the discussions on workforce had looked at two strands – building the workforce and also workforce in relation to 2017-18 budget planning.

9. The Board **noted** the Report of the Quality and Standards Committee Chair.

BD/16/222 Clinical Executive Report including Learning, Candour and Accountability

1. RE took the report as read and highlighted some of the key elements for the Board's attention.

2. The CQC had raised concerns with regard to Callington Road which was linked to a serious

AWP NHS Trust Board Meeting – 25 January 2017

incident. A Section 31 letter of intent had been issued to the Trust. Two other issues had been highlighted to the CQC including the high use of agency staff on Larch Ward and a patient who had been locked in their room on Laurel Ward when their daughter arrived. An action plan had been put in place and would be presented to the Q&S Committee for ratification.

3. RE presented a paper on the Trust's response to the CQC: report on learning, candour and accountability. AWP fully supports the aim of learning from deaths to improve care and to reduce the premature death of patients with mental health conditions or learning disability. The Trust would ensure it had appropriate procedures for responding to patient deaths which met the needs of families and carers. In relation to the learning from the CQC findings, it was felt that the Trust currently supports the family members of suicides in an effective fashion.

4. It was reported that mortality reviews were now a standing agenda item at the Critical Incident Overview Group (CIOG) and a thematic quarterly report would be presented to the Q & S Committee. In addition, the Trust was working closely with commissioners to ensure deaths were appropriately reviewed, a workshop had been held in November and a further workshop was planned for February.

5. CH asked what the time period was for investigating the death of a service user who had been discharged from the Trust. RE stated that the time period was 6 months.

6. The Board **noted** the Clinical Executive report and item **222 a)** Response to CQC: learning, candour and accountability.

BD/16/223 Integrated Performance Report

1. Sue McKenna (SMck) presented the report as read and highlighted some of the key issues.

2. It was explained that this report was a management as well as an assurance report so the report that had come to Trust Board was a report from a moment in time, that is, a live snapshot. It was noted that out of area placements were on an improving trajectory and just below planned levels in October 2016.

3. CM stated that she found the report had improved but did comment that there was a gap in looking at the assurance in corporate staff areas of the Trust (such as estates and IT). She queried as to how this would be taken forward.

4. HRI responded by saying that the plan was to re-cast corporate services as a specific unit so the report would look at corporate services in the same way as in other areas. Recommendations for performance reporting for corporate services would be brought back to Trust Board.
Action: AD/SMck

5. CH asked what was driving of a reported decline in performance in Improving Access to Psychological Therapies (IAPT) services. SMck stated that there had been an issue with demand, consistent with the same trend this time every year where demand exceeds the appointments offered. Historically this has corrected itself.

The Board **noted** the Integrated Performance Report.

BD/16/224 Report of the Finance and Planning Chair

1. Mark Outhwaite (MO), Non Executive Director, gave a verbal report and stated that a more in depth discussion would take place in Part 2 of the Board meeting.

2. The key issues discussed at the Finance and Planning (F&P) Committee meeting of 20 January had been the forecast deficit of £9.5m and understanding the drivers and risks associated with the position. The position included an analysis of both one off and systematic issues. One issue discussed was an Out of Area Placements dispute. There were processes in place to stop a re-occurrence of this but there may be a need to escalate the issues with NHSi.

3. The F&P Committee also noted the paper on the bank and agency spending review and echoed the Board's previous observation that corporate spending should be subject to the same monitoring as other areas of the Trust. In relation to Cost Improvement Plans (CIPs), Bristol had been making

AWP NHS Trust Board Meeting – 25 January 2017

substantial improvements. However, there remained £3.5m of unallocated CIPs in 2017/18.

4. SMcK had been assessing the impact of Meridian. The process to manage it was going well, although the Committee could not take assurance on full delivery of anticipated savings. Good progress had been made on improving cash management. The Committee noted that capital overspend mitigating actions were in place, such as, addressing the VAT problem with the Daisy Unit.
5. Budget setting for 2017/18 was robust and deadlines were achievable.
6. The Project Register was a work in progress but the F&P Committee were satisfied with the progress so far and there had been excellent work on contract signing.
7. The new Head of IT gave the F&P Committee her first impressions on areas where the Trust was doing well, and areas for improvement. EM highlighted the need for a more stringent approach to the risk of cyber and terror attacks.
8. The Board **noted** the verbal report from the Chair of the F&P Committee.

BD/16/225 Finance Report

1. STR presented the report and stated that it was still a challenging time for the Trust and he was continuing to work closely with NHSi. The deterioration in finances was recognised. The Board had agreed to target a £7.5 million deficit for 2016/17, however, with current risks the deficit could be between £9m and £9.5m. Discussions had commenced with the Department of Health with regard to cash flow and a loan. The Board would be regularly updated on the progress of these discussions.
 2. CM asked about risks to CQUINS payments. STR stated that he was aware of the risk and this was being addressed. CH asked STR if the Board could do anything to assist with resolving the client dispute between CCGs. It was suggested that a letter from the Trust Board to NHSi could bring the matter to their attention. STR suggested that he draft a letter for the Board to approve and this was agreed by all. **ACTION: STR**
 3. MS (Malcolm Shepherd) stated that the finance and operational teams had done fantastic work and requested that this be formally noted. The Board agreed and asked STR and SMcK to convey the Board's thanks to the staff from both teams that have supported STR and SMcK in making the improvements possible.
- The Board **noted** the report on the finance position as at month 10.

BD/16/226 HR report

1. The Board noted that the next HR report would come to the next Board meeting of 29th March.

BD/16/226 a) Bank and Agency Spend Report

1. The Director of Nursing and Quality (AD), tabled a report on Bank and Agency spend. He explained that this project was a Financial Recovery Plan (FRP) scheme that had been put in place with the aim of saving £1.5 million. The project had four areas of focus; reducing agency spend and reducing unnecessary and unused staff hours, safer staffing, 12 hour shifts and handovers.
2. _ Since September 2016 there had been a steady improvement equating to 344 less shifts.
3. _ In relation to safer staffing, the 60/40 mix of qualified and un-qualified staff would be changed to 50/50 and the percentage allocated for training, supervision and appraisal would be reduced from 23% to 20%. The projected savings would be £1.3m from implementation in December 2016 until March 2018.
4. _ There would also be a dashboard which will show and monitor the staff required for the required level of observations. The dashboard would be supported by a virtual team.
5. _ A further area under consideration by the Trust was a move to 12 hour shifts. However, there would first be a 3 month consultation period. AD reported that evidence had shown that other trusts with a 12 hour shift system in place had made savings and that it had helped with recruitment and

AWP NHS Trust Board Meeting – 25 January 2017

retention.

6. _There were currently three handover points and the times of these varied between lunch, morning and evening and night time. Lengthy handovers could be up to 1.5 hours. AD suggested that handovers was not taking place in the most productive way and it was proposed that handovers were reduced to 30 minutes.
7. _Roster pathways and roster management had been reviewed with a view to reduce agency requirements. The bank office would form part of the Operations directorate re-structure.
8. _CH and RB found the report extremely useful and thanked AD. RB queried staff being able to accrue hours - was there a process in place so that these could be claimed back quickly, so that the hours could be recovered in a timely fashion? AD stated that there were now controls in place from both the operational and nursing side.
9. _RB felt that the move to 12 hour shifts would reduce handover costs. MS asked if an end of year sweep takes place for hours; AD stated that these roll on into the next year.
10. CH asked how staff have responded to the 50/50 skill mix and AD stated that most staff were relieved as it was hard to achieve 60/40 staffing levels. SMcK explained that there had been a mixed response, however, it had prompted conversations about management and safety. RE felt that 50/50 mix was more achievable as the vacancies tended to be in qualified nursing posts.
11. CM reflected that as far as she was aware, the use of bank and agency staff had not been specified as a corporate risk either as a quality or financial issue. If this was a top risk for the Trust then it would need to be included in the internal audit work plan.
12. It was agreed that AD would give consideration as to how often the report on bank and agency would be submitted to Board.
13. The Board noted that the piece of work that EM was carrying out was also looking at strategic workforce issues and would be reported on at the next Board meeting.

The Board **noted** the report on Bank and Agency spend.

BD/16/227 Risk Report

1. _HRi updated the Board on the Trust Risk Register and the outcomes of a recent Risk Day seminar. She informed the Board that a new risk relating to Learning Disabilities had been identified and CAMHS with its associated risks remained on the radar.
2. _SMcK stated that the risk day seminar on 12 January had been a success and had highlighted that there needed to be a coherent risk 'story' across the Trust. All staff would need to ensure that they tackle risk in exactly the same way, to ensure consistency.
3. _HRi concluded that there was a need to translate the abstract into concrete examples. There was the suggestion that there should be a seminar on corporate risks and this was felt by all Board members to be a good idea. A risk seminar would be added to the Board development agenda.
ACTION: SK
4. The Board **noted** the Risk report.

BD/16/228 Report of the Audit and Risk Committee

1. _CM reported on the Audit and Risk Committee meeting of 9th December. She stated that it had been positive to see that the CAMHS risk register and the top risks had been reviewed. The CAMHS service had provided assurance that the service was safe and the risks were being managed.
2. The Committee had had a detailed discussion regarding the lessons learned from the deterioration of the financial position in 2016/17.
3. The Internal Auditors had felt that the changes in senior leadership had not helped with the management of risk. There was risk associated with the high turnover of staff within the corporate area.
4. At the last Audit and Risk Committee (A&R) meeting there had been a presentation from

AWP NHS Trust Board Meeting – 25 January 2017

Information Governance and the work underway in relation to the deadline for the information toolkit. A&R had agreed that they would need to dig deeper to receive assurance.

The Board **noted** the report of the Audit and Risk Committee Chair.

BD/16/229 Annual Operating Plan

1. STr presented an update on the Annual Operating Plan and noted that the F & P Committee had received regular updates. ~~He~~ He clarified to the Chair that the final report would come to Trust Board on 29 March and a detailed timeline with actions was presented. SMcK stated that the sign off of the plan was not just financial but also involved LDUs signing off the individual projects and work streams that supported the plan.

The Board **noted** the Annual Operating Plan.

229 a) Annual Objectives:

~~1.~~ 1. RC presented a report on 2016/17 Annual Objectives. RB asked about the implications of objectives not being achieved and what the decision making process was for whether objectives rolled into the following year. It was agreed that the Executive Team (ET) would discuss this matter further, and present recommendations to Board. **ACTION: RC/ET**

~~2.~~ 2. HRI stated that it was important that the Trust's strategy and goals were developed with consideration of external drivers in order to be confident that they addressed the key influences on the Trust's performance and sustainability.

The Board **noted** the report on the Annual Objectives.

BD/16/230 Committee Terms of Reference

1. The Board received updated terms of reference for the Audit and Risk, Finance and Planning, and Quality and Standards Committees.

The Board approved all three sets of Terms of Reference: Audit and Risk; Finance and Planning; Quality and Standards.

2. It was agreed that the Terms of Reference for other Trust committees (Charitable Funds and Remuneration Committee and the Nomination Committee) should be reviewed and signed off by the Board; and these would be brought to the Board for approval in March. **ACTION: SK**

BD/16/231 To note minutes of the following committees

1. RB noted that the minutes of the Q&S Committee should state the meeting took place on 15 November and not in October.

The Board **noted** the minutes of the committees.

BD/16/232 Chair's Report

1. CH took the report as read but highlighted the fact that it now included the activity of the Non-Executive Director (NEDS) since the last Board meeting. In relation to Board development, a day had been set aside for 8 February where the Board would continue the work started in January to review the Trust strategy.

BD/16/233 Any Other Business

There were no other items raised for the Board.

BD/16/234 Board Digest

The Board **noted** the digest for information only.

The Chair closed the meeting at 1.15pm.

The next Trust Board meeting was scheduled for 29 March 2017