

Minutes of a Meeting of the AWP NHS Trust Board of Directors

Held on 27 June 2012 at 11:45 in Sandalwood Court, Beech Room

These Minutes are presented for Approval in the Part 1 session of the Board

Board Members Present

Anthony Gallagher – Interim Chair Susan Thompson – Non-Executive Director Alison Paine – Non-Executive Director Peter Greensmith – Non-Executive Director Tony McNiff – Non-Executive Director Lee O’Bryan – Non-Executive Director	Paul Miller – Acting Chief Executive Hazel Watson – Executive Director of Nursing, Compliance, Assurance & Standards, Acting Deputy Chief Executive Arden Tomison – Executive Medical Director and Director of Strategy and Business Development Andy Sylvester – Director of Operations Julie Thomas – Executive Director for People Sue Hall – Acting Director of Finance & Commerce
Emma Roberts – Company Secretary Jane Britton – FT Programme Director Ray Chalmers – Head of Communications Mike Relph – Assistant Chief Executive Louise Hussey – PA to Director of Finance & Commerce	Thomas Kearney – Area Service Manager, Swindon Justin Faulkner – Clinical Director, Adult Community SBU Phil Cooper – Clinical Development Lead – Intensive Services Rachel Chandler – Intensive Team Manager Rufus Pettett – Intensive Team Manager Holly Starkey – Intensive Senior Practitioner Peter Prochazka – Intensive Senior Practitioner

Item	Action
<p>9. Pre-Board Presentation – Bristol and Wiltshire Crisis Teams</p> <p>9.1. The Board received a presentation from the Bristol and Wiltshire Crisis Teams on ‘Crisis to Intensive’. The purpose of the presentation was to enable the Board to learn, first hand, how the Crisis teams are responding to the challenge to streamline and improve service provision.</p> <p>9.2. Members of the teams outlined progress on a new approach which had been developed as a result of the action plan that arose from learning from two Homicides in Swindon in 2007. The Board noted the specific responses to this from both Swindon and Bristol incorporating redesigned processes, bespoke training, importing experienced leadership, management and</p>	

Board Meeting Minutes – Part 1 Session – 27 June 2012

Item	Action
<p>practitioners, a change to culture and working with partners.</p> <p>9.3. Tony Gallagher challenged that the Board must understand from this experience, where the ‘tipping point’ is at which staff may find themselves under excessive pressure. It was underlined by Crisis Team staff that caseload and average length of stay on a caseload were clear indicators of pressure.</p> <p>9.4. The specific improvements from the Bristol Community Team were identified including concentration on customer service issues and the proper focussing of capacity linked with selective recruitment.</p> <p>9.5. In terms of current Intensive vacancies – Peter Greensmith expressed concern at the number of vacancies in Bristol and Wiltshire and challenged the Executive to ensure that service quality was not affected. It was confirmed that there have now been four recruitment cycles and capacity has been increased in all teams. It is recognised that there is a limited pot but that vacancies are being reduced successfully and that these vacancies are now being advertised locally. It was noted that this has been affected by issues within the organisation such as redesign and human resource processes around redeployment. To address the current vacancy position in Bristol the skill mix has been increased and work has been prioritised whilst working closely with PCLS and utilising skilled Bank resources.</p> <p>9.6. It was noted that the existing workforce understands its business and is enthusiastic in taking this forward despite the vacancy issues. It was underlined that it is important to understand that this process is a state of transition from a less than satisfactory situation and that practitioners in this area are skilled at adapting. It was agreed that confidence in the organisation and where it is going is key.</p> <p>9.7. Lee O’Byran asked about relationships with other agencies and it was noted that each team has variable relationships which are built on local reputation.</p> <p>9.8. In answer to a question from Alison Paine around ensuring momentum towards a reduction in caseloads it was confirmed that this involved shorter and more effective interventions and a clear pathway to the next stage of care.</p> <p>9.9. The lessons learned were summed up as the Intensive Service is clear what it wants to do in an open, accountable and transparent culture but will need the tools to be successful. It was acknowledged that this is the beginning of the process but that they have a clear vision of the way ahead.</p> <p>9.10. Tony Gallagher thanked those involved for both the presentation and their on-going work which he found impressive.</p> <p>The Board resolved to adjourn the meeting at 12.45 to allow members of the public and the Board to have lunch, and that the meeting would recommence at 1.15pm.</p>	

Minutes Prepared for the AWP NHS Trust Board dated 25 January 2012

In the Part I session, sponsored by the Chair

Agenda Item: 4

Serial: 12.0625

Page 2 of 7

Board Meeting Minutes – Part 1 Session – 27 June 2012

Item		Action
<p>CPA Performance Indicators</p> <p>9.11. In response to a challenge at the Board meeting in May 2012 from Lee O’Bryan, Justine Faulkner, Clinical Director Adult Community SBU, gave a short presentation to demonstrate the reasons for the local variation in CPA clinical practice and how this is reflected on the Performance Balanced Scorecard.</p> <p>9.12. It was underlined that the way these indicators are measured and the tolerance applied is locally constructed.</p> <p>9.13. It was noted that through management actions including the pooling of admin experience and addressing training issues there has been significant improvement in a period of turbulence.</p> <p>9.14. Hazel Watson reiterated that, in acknowledgement that the existing system can misrepresent what is happening on the ground in terms of actual practice, there is an on-going piece of work to make this more clinically intuitive. This is being progressed promptly to realise benefits.</p> <p>9.15. Paul Miller noted that there is a challenge regarding clinical involvement in setting metrics to reflect real quality and this is something the Executive is pursuing with pace.</p> <p>9.16. Alison Paine also noted the importance of low tech support for users of new systems. Justine underlined the importance of RiO being implemented as a clinical record system and that support should relate to this.</p> <p>Tony Gallagher thanked Justine Faulkner for this update. <i>The presentation is attached to these minutes</i></p>		
<p>10. Apologies</p> <p>10.1. There were none.</p>		
<p>11. Declaration of Members’ Interest</p> <p>11.1. In accordance with AWP Standing Orders (s7.1) all members present are required to declare any conflicts of interest with items on the Board Meeting agenda.</p> <p>11.2. There were no conflicts of interest declared for the agendas for both parts of the Board Meeting.</p>		
<p>12. Minutes of the meeting of the Board on 30 May 2012</p> <p>Part One</p> <p>12.1. These were approved as an accurate record.</p> <p>Part Two (disclosable)</p> <p>12.2. These were approved as an accurate record.</p>		

Board Meeting Minutes – Part 1 Session – 27 June 2012

Item		Action
13. Matters arising		
13.1.	The Board resolved that all matters arising be recorded as complete or carried forward in the Board Schedule of Matters Arising.	
14. Chair's and Chief Executive's Actions		
14.1.	The amended PFI contract has been signed by Paul Miller and Tony Gallagher having been considered by the Finance & Commerce Committee. This action was within delegated authority limits.	
14.2.	The Interim Chair and Acting Chief Executive have signed the Annual Report and Accounts having been given delegated authority to do so by the Board at its meeting in April 2012.	
15. Chief Executive's Report		
15.1.	The Board received a verbal update from Paul Miller.	
15.2.	The Board formally noted that Laura McMurtrie had retired as Chief Executive of AWP and that this had been announced the day previously.	
15.3.	Paul highlighted the planned inspection of community services by the CQC. During the visit to the North Bristol Community mental health team, an issue had been identified in relation to clinical practice and referred to the local safeguarding authority] It was noted that the Trust is managing this issue in combination with the on-going community redesign programme and working promptly and effectively with the CQC. It was noted that there were performance management processes in train with an employee and therefore it was important not to breach confidences in this regard.	
15.4.	Hazel Watson stated that when the Trust had briefed the CQC in preparation for its visit it had advised that the caseload profiling and service redesign process had taken longer than had been hoped. Hazel also noted that a preliminary inspection by the organisation prior to that of the CQC had highlighted that one of the teams was not fit for purpose and that a number of unallocated cases had been identified. The Trust had taken action at that point and had been transparent with the CQC on what had been found and actions taken. All service users affected had been contacted and actions taken to ensure services were being provided effectively.	
15.5.	Having gone ahead with their visit the CQC contacted the Trust with their concern at the breadth of the issues in that team and also referred the team to Bristol City Council under the safeguarding framework.	
15.6.	The Trust has spoken to all associated parties including Bristol City Council giving them the context of actions that are being taken. A meeting is planned for this coming Friday to assure all concerned that the Trust is sighted and taking action.	
15.7.	Andy Sylvester underlined that, through existing assurance processes,	

Minutes Prepared for the AWP NHS Trust Board dated 25 January 2012

In the Part I session, sponsored by the Chair

Board Meeting Minutes – Part 1 Session – 27 June 2012

Item		Action
	<p>the Trust was already aware of performance issues within this team and a series of actions had been put in place to remedy this with pace. The Executive Team had requested and approved a report detailing the protocol for transition between care co-ordinators, with the premise that a service user would not be transferred to a new team unless and until both the existing and new care coordinator was satisfied processes were in place.</p> <p>15.8. Andy agreed to articulate the actions in a short briefing paper for the Board. It was noted that, having carried out a review of all the other community teams, it appears that this issue is centred on one team and individual, and therefore the Trust is satisfied that the issue is isolated.</p> <p>15.9. Hazel confirmed that the CQC is still with the Trust and that their informal feedback is of a mixed picture but not with the same level of concerns already identified. They will be extending their stay with AWP and will visit teams as they see fit.</p> <p>15.10. Paul Miller reinforced that the Executive Team believe that these issues would have emerged through the Trust's assurance processes around redesign but that the CQC, in line with its responsibilities and duties, has escalated this.</p> <p>15.11. Tony Gallagher requested that this be referred to the Quality and Healthcare Governance Committee (QHCG) to better understand the Trust's internal rules around Serious Untoward Incidents and STEIS and to take a clinical judgement on the application of STEIS arrangements. It was agreed that lessons learned needed to inform practice in future.</p> <p>15.12. Alison Paine challenged how a clinical judgement can be made regarding unallocated cases if a service user has yet to be seen and assessed. Andy underlined that this is about transition within a caseload management protocol and transition from one care co-ordinator to another. This was as part of the redesign process and that only a small number of these cases are new referrals. In this instance it appears that the manager has accepted a number of cases and has filed them without acting on them. All have now been successfully re-allocated.</p> <p>15.13. Tony McNiff challenged, if the organisation was aware there was an issue, what the tipping point was for it to become a safeguarding issue and how this reflected on the robustness of the Trust's internal processes. It was confirmed that the Trust had satisfied itself that the issues had been identified, investigated and prompt action taken to ensure service quality was not affected and safeguarding was protected. However, the CQC, using its regulatory powers and duties, identified a 'tipping point' and therefore referred as a potential safeguarding issue.</p> <p>15.14. Tony Gallagher reiterated that this raised important questions on the live issue of transition between teams as part of redesign, and that, following consideration by QHCG, this should return to the Board as a substantive</p>	<p>AS</p> <p>HW</p>

Minutes Prepared for the AWP NHS Trust Board dated 25 January 2012

In the Part I session, sponsored by the Chair

Board Meeting Minutes – Part 1 Session – 27 June 2012

Item		Action
	item.	HW
<p>16. Annual Report and Accounts of AWP Mental Health Partnership NHS Trust</p> <p>16.1. The Board received the 2011-12 Annual Report and Accounts for its formal adoption.</p> <p>16.2. It was noted that both the Accounts and Annual report have been scrutinised and approved by the Trust's Audit Committee and signed under authority delegated by the Board.</p> <p>16.3. Alison Paine queried the allocation of Swindon income as described differently in the Annual Report and Finance Report. It was noted that this is about the details of how funding reaches the Trust via Swindon Borough Council and is an accounting treatment.</p> <p>16.4. Lee O'Bryan questioned some of the wording within the Annual Report in terms of presenting an accurate reflection of the staff survey. It was agreed there are lessons to be learnt going forward in terms of format, tone and consistent approach, as in the Quality Accounts.</p> <p>16.5. The Board resolved to adopt the Annual report and Accounts 2011-12.</p>		
<p>17. Finance Report – Month 2</p> <p>17.1. The Board received the Month 2 Finance report which provided a further update on the Trust's financial position at 31 May 2012 (Month 2) and also clarified detail of key risks and issues impacting on the Month 2 financial position.</p> <p>17.2. Sue Hall noted that the capital programme will be managed on a monthly basis and reported to the Board. She underlined that there should be a discussion at the next meeting to address CQC concerns raised in relation to the Lansdown Unit as decisions impinge on this programme.</p> <p>17.3. Tony Gallagher agreed that this programme should close off CQC issues and prioritise capital, including land sales, against the quality agenda.</p> <p>17.4. The Board resolved to approve the business cases outlined in section 4.10 of the paper for inclusion in the 2012/13 capital programme.</p>		SH
<p>18. AOB</p> <p>18.1. Hazel Watson noted that Serious Untoward Incident information will be circulated within Part 2 of this meeting.</p> <p>18.2. Arden Tomison reported that the Trust has been working collaboratively with health and social care organisations in North Somerset and that the news from their Transitions Board is that a single organisation for North Somerset does not appear to be financially viable. This does not change our Trust's position as a partner in their work as we were not intending to be fully part of the joint venture.</p> <p>18.3. Paul Miller updated the Board on the discussions around the appropriate</p>		

Minutes Prepared for the AWP NHS Trust Board dated 25 January 2012

In the Part I session, sponsored by the Chair

Board Meeting Minutes – Part 1 Session – 27 June 2012

Item	Action
structural arrangements for IAPT services in Swindon, within AWP	
The Public Session of the Board meeting formally closed at 2.40pm.	

Key to Abbreviations Used	
Abbreviation	For
Chief Exec	Chief Executive
DoF	Executive Director of Finance & Commerce, and Deputy Chief Executive
Exec Dir People	Executive Director for People
Exec Dir M&S	Executive Medical Director and Director of Strategy and Business
Exec Dir NCAS	Executive Director of Nursing, Compliance, Assurance & Standards
Exec Dir Ops	Executive Director of Operations
Dir FTP	Foundation Trust Programme Director
CoSec	Company Secretary
ACoSec	Assistant to the Company Secretary
EMT	Executive Management Team
SBU	Strategic Business Unit
NED	Non-executive Director

Minutes Prepared for the AWP NHS Trust Board dated 25 January 2012

In the Part I session, sponsored by the Chair

Agenda Item: 4

Serial: 12.0625

Page 7 of 7