

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

Held on Wednesday 29th January 2014 at 10.00am in the Beech Room, Sandalwood Court, Swindon

These Minutes are presented for **Approval**

Members Present

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|---|---|
| Anthony Gallagher – Chair | Paul Miller – Executive Director of Business Development and Deputy Chief Executive |
| Iain Tulley – Chief Executive | Kristin Dominy – Executive Director of Operations |
| Alison Paine – Non-Executive Director | Sue Hall – Executive Director of Finance |
| Susan Thompson – Non-Executive Director | Hayley Richards – Medical Director |
| Alan Metherall – Deputy Director of Nursing | |
| Peaches Golding – Non-Executive Director | |
| Ruth Brunt – Non-Executive Director | |

Associate Members in attendance

Rachel Clark – Programme Director - Development
Emma Roberts – Director of Corporate Affairs

Staff In attendance

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| Ray Chalmers – Head of Communications | Louise Hussey – Assistant Company Secretary |
| Jo Davis – PALS Manager | Carol Bowes – Clinical Director |
| Alison Devereux-Pearce – Governance Support Officer (Minutes) | |

Members of the Public in attendance in the gallery

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|-------------------------|--|
| Mary Marchant – KS2 | Julie Williams – Service User Representative |
| Bev Nottingham – KS2 | Eslin Meikle – Member of Public |
| Duncan McGibbon – KS2 | Thomas Kearney – Swindon CCG |
| Lorraine Reeves - WSUNS | Mr Ody – Member of Public |

Action

Clinical Presentation – Swindon LDU

1. The Board received a presentation from Sammad Hashmi, Clinical Director, Newlands Anning, Swindon HoPP and Julie Williams, Service User Representative.
2. The board heard how Service User Involvement and Engagement in Swindon is

driven according to local needs which embraces:

- Experience Based Design
- Service User Representatives
- A Wellbeing Co-ordination Pilot Scheme
- Ongoing Recruitment of Volunteers
- Peer Mentoring
- The Care Forum (which is Co-chaired with a rotating Third Sector representative)

3. Staff in Swindon are actively engaged with:

- The Locality Recruitment Process co-ordinating discussion groups and panels.
- Mock CQC inspections: Service Users forming part of the inspection teams.
- Expansion of EBD across the Locality and across the whole acute care pathway.
- Involving Wellbeing Coordination with PCLS along with triage and signposting.

4. The Board heard 'Julie's story' as Service User Representative Julie Williams spoke about her experiences as a Service User for 18 years and a peer mentor. Julie previously worked as trained nurse and midwife but gave this up as her health declined. The therapy course provided by the Trust has meant that Julie has learnt skills to deal with life positively. She was approached and asked to become a Peer Mentor, contributing to system and staffing improvements, which she's found to be a positive experience. She went on a training course covering confidentiality and recruitment days and was then invited to go onto a discussion panel to employ clinical staff at GWH. Julie initially felt awkward as people on the recruiting panel had treated her when she'd been very ill but this proved to be a positive professional experience and Julie was empowered to give her opinion and views and score individuals collaboratively with the panel.

Julie told the Board that she has regained her dignity through recovery, increasing her confidence and self-belief. Julie thanked the LDU for these opportunities and what she has got out of the whole experience as staff reiterated that they'd learned important things from her input that day.

5. The Chair thanked the Swindon Team and Julie Williams for their presentation. Alison Paine reflected on modifications to recruitment panels and the articulation of their professional opinions in light of SU involvement. The Medical Director stated it was interesting to hear a service user's perspective, as she is interested in involvement from peer mentors in the process of employing medics and providing feedback to doctors, alongside working on how feedback enhances their development.

BD/13/292 - Apologies

1. Apologies were received and accepted from Tony McNiff (Non-Executive Director) and Lee O'Bryan (Non-Executive Director)

BD/13/292 - Declaration Of Members' Interests

1. In accordance with AWP Standing Orders (s7.1) members present were asked to

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declare any conflicts of interest with items on the Board meeting agenda. **No interests were declared.**

BD/13/ 263 - Questions From Members Of The Public

1. KS2 Representatives provided a draft copy of the Carers Charter which is a 'work in progress' following a meeting with AWP on 28.1.2014. The Chair thanked them for their hard work and the Board **received** the draft charter which will now be reviewed in line with the Trust's defined governance process to be approved at the February Board.

2. The Medical Director responded to questions raised initially by giving assurance that the Trust is committed to working with Service Users and Carers alongside the CCG and acute hospital partners. In localities initiatives for street triage (working with police) are being implemented and the Trust uses better care planning to improve services in local areas, acute and social care. On a national level, a crisis concordat and information sharing/ suicide prevention initiative is being looked into. A member of the public advised that this response was heartening to hear but then gave a brief example of negative crisis intervention they had encountered.

A member of the public expressed frustration that they felt the structure wasn't working for ordinary carers and for the families of individuals. She reiterated the need more input from carers and service users along with the basic need simply of getting phones answered to make communication easier.

3. A member of the public enquired about possible cuts to the service at Applewood. Swindon's Service Director gave her assurance that there are to be no cutbacks, nor changes to the team in question. It was also reiterated by the Swindon Commissioner representative that there will be no change and was pleased to hear about her positive experiences with the Early Intervention Service in Swindon.

4. The Deputy Director of Nursing responded to questions via presentation slides that were previously put to the Board by a representative of KSK2. 7 suggestions were made which formed themes into 3 key areas involving poor communication and confidentiality, staffing and impact on suicide rates.

The Board was thanked for looking into her questions and she provided an anecdotal example of phoning all day to teams without an answer then having to go through PALS to get response reiterating the feeling that that the system is bouncing people around. The Chair thanked her for raising pertinent issues and noted her concerns.

BD/13/294 – Minutes Of The Previous Meeting

1. P5 point 8 wording was clarified as '**expanding service**' rather than '*dislocation*'
2. With these amendments the minutes were agreed as an accurate record.

BD/13/295 – Matters Arising

1. The Board considered the Board Schedule of Matters Arising and resolved to note

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progress and remove those items marked as complete.

BD/13/296 – Chair And Chief Executive’s Actions

1. There were none to report.

BD/13/297– Chair’s Report

1. The Chair announced to the Board that Alison Paine, Non-Executive Director, has resigned and thanked her for her effective chairing and her work in representing views of carers, providing an eloquent voice on the Board on their behalf. It was agreed that work would begin to recruit a new NED.
2. The Board received an update from the Chair expanding on the focus of his work during the preceding month.
3. The key points drawn to the Board’s attention were
 - The Trust now being a ***clinically strong, financially viable organisation*** with a dedicated staff who are working with service users and carers to improve outcomes and promote recovery whilst ***going forward to Foundation Trust Status***.
 - The Assistant Company Secretary and the Governance Team being ***thanked for their hard work*** in ensuring the support systems are in place to underpin the Board and its Committees to a high quality.
 - The Trust being subject to many inspections in recent quarters and, recognising there are many ***areas for improvement***. The results continue to improve and our awareness of issues ***indicates a maturing organisation*** aided by the IQ system which, together with Improvement visits, back to the floor and the quality assurance systems gives us a ***network of information and assurance***, replacing a reliance solely on performance data.
 - The Chair and the CEO have met the Swindon CCG with two locality managers recently and was greatly encouraged that they wanted to ***develop strategic themes*** with the Trust covering areas such as R&D, Dementia and hospitalisation as well as ***co-producing a mental health strategy for Swindon***.
4. The Board resolved to **NOTE** this report.

BD/13/298 – Chief Executive’s Report

1. The Board received a report from the Chief Executive on matters of national and local interest, raising key points in a summary for the Board.
2. The points drawn to the Board’s attention were:
 - The CEO has been ***strengthening relationships*** by attending review meetings with ***Swindon CCG*** with the chair of Bristol City Council’s Health

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and Wellbeing Board along with the Council's **mental health champion, Councillor Barbara Janke.**

- **Key priorities** reiterated were **quality, staff and money**; these will help achievement along FT journey which is keen to focus on delivery areas to the satisfaction of the TDA. The Trust needs to deal with engagement and the actions from the staff survey along with maintaining finances and a better start to the fiscal year ahead.
- The trajectory towards **FT remains on track** with a desk top review of clinical quality, a Board to Board meeting, and broadly positive feedback from recent clinical quality visits in Swindon, Bristol and North Somerset.
- Significant work has been undertaken over **implementing Francis** within national guidelines to draw together the themes of the various national reports published over recent months. Much of the work in the action plan is **already underway** as part of the Board's own **Development Programme**.
- Congratulations to the **Bristol Intensive Team** were expressed for their accreditation by the Royal College of Psychiatrists' Special Committee for Professional Practice and Ethics under its **Home Treatment Accreditation Scheme**.
- The CEO spoke of his **experience** of **working a shift** in the South Wilts Recovery team and subsequent visits to individuals under Community Treatment Orders; the level of risks experienced by staff visiting those who would have been in hospital previously was testament to their **dedication to providing excellent quality**, and raised issues alongside the need to be clear about risks faced by staff in community, along with routine environmental factors such as exposure to smoke and nicotine.
- A recent **report** has been **published** by the Scrutiny Commission at Swindon Borough Council advising of **suicide rates** in Swindon doubling. This is in line with national trends however, but still significant. The CCG are aware of this within their commissioning intentions.
- The CEO offered his **congratulations** to **Sue Hall** who has been successfully appointed to the role of **Director of Resources**.
- The Trust has been **unable to appoint** to the **Director of Nursing** position gladly, Alan Metherall has agreed to extend his period of office as interim.
- Congratulations were offered to **Paul Miller** on his **new role** as Director of Finance at **Poole NHS Foundation Trust Hospital**.

- The Board resolved to **NOTE** this report.

BD/13/299 – Monthly Incident Report

- The Board received its regular report on serious untoward incidents in month 9 from the Deputy Nursing Director.
- It was confirmed that there were 5 externally reportable incidents in December 2013 with 1 grade 0 incident and 4 at grade 1.
- Ruth Brunt sought assurance that incidents and complaints would still be combined as integrated report. ER and AM to meet and discuss outside of the meeting.
- The Board resolved to **NOTE** this report.

ER/ AM

BD/13/300 – Update on the Trust Response to Francis Report

- The Board received an update on actions and an attempt to integrate 5 other subsequent reports as a 'stand-alone' issue. An individual has been identified to link in this work with 'Enabling Excellence' and to mainstream mandate required.
- The Chair expressed his view that the Trust can't demonstrate sufficiently that this can be mainstreamed as yet. Susan Thompson agreed that it was a useful update but wasn't sighted in engagement and involvement of carers.
- The Board resolved to **note** this report and **agreed** that the Executives need to bring back an updated response to capture key agreements such as engagement and involvement of Carers.

BD/13/301 – Board Assurance Framework and Trust-wide Risk Register

- The Board received the **Board Assurance Framework (BAF)** and **Trust-wide Risk Register** for review and challenge.
- The following appendices were provided with this report:
 - Board Assurance Framework v8, January 2014
 - Trust-wide Risk Register, January 2014 – risks divided by area
 - Trust-wide Risk Register, January 2014 – risks sorted from high to low scoring
- All Executive Risk registers have been reviewed by the Senior Management Team at its January meeting and no risks were identified as requiring escalation in this month.
- The Board resolved to **NOTE** this report and **approve** the structure of the updated Board Assurance Framework and the amendment to the reporting timeline for the document to quarterly reports to the Board.

BD/13/302 – Detailed Risk Review

- Sue Hall & Kristin Dominy presented the Deep Dive Risk Review for risk reference IBP15; 'Failure to ensure that the contracts we accept do not commit us to meeting

unconstrained demand from partners without appropriate reimbursement’.

2. The Board were updated upon commissioning intentions and their differences in localities and moving away from block contracting to PBR for flexibility in mental health commissioning.
3. The Board discussed PBR implications and the Chair confirmed that ongoing debate is required with commissioners over activity.
4. The Board resolved to **NOTE** this report and **approve the reduction in risk scores** from 6 to 4 as assurance was given over planned controls in place.

Actions were agreed that:

- **The Finance & Planning Committee are to continue their examination over the accuracy of reference costs and subsequent actions are to come back to the Board in February for assurance and further debate.**

BD/13/303 – Reports of Board Committee Chairs

Employment Strategy & Engagement Committee – 23rd January 2014

1. Alison Paine, Chair, presented a report on the recent business of this committee including Key ESEC data including Appraisals, Supervision, Sickness Absence, FTE Headcount, Equality & Diversity, and Bank/Agency along with Staff Engagement, including progress with the Staff Survey, Listening to You actions and early progress with implementation of the Organisational Development Plan.
2. Key risks identified were difficulties in timeliness of IQ data and staff engagement.
3. Over the next few months the Committee will continue to focus on scrutiny of improvement in levels of Appraisal, Supervision and Sickness Absence. The full analysis of the Staff Survey will be reviewed in March prior to its presentation at the Board, together with a draft Staff Engagement Strategy.
4. The Board resolved to **NOTE** this report.

Finance & Planning Committee – 16 December 2013

1. Lee O’Bryan, Chair of the committee, gave his apologies to the Board but provided a report confirming business discussed at the meeting including the M9 Finance Report, CIP update, Draft 14/15 Budget, Reference Costs update, Business Planning update, Quality and Performance Report, NTDA Oversight Return, Commercial (Tendering) Report, Bristol Tender and an FT update.

BD/13/304 – Quality and Performance Report

1. The Board received a report on the Trust’s Month 9 performance against each quality domain and the **Month 9 Monitor Compliance** risk scores.
2. **Friends & Family:** Rates are disproportionately high for Inpatients against Community responses which are slightly decreased, however, there is a continued

positive score overall. It was brought to the Board's attention that there was an error on P5 as 'client and assessment' should be 'green'.

3. **CQC compliance and Records Management:** positive results continue in both areas, with work on-going to reduce perceived subjectivity within each domain (strengthening levels of assurance).
4. **Contract and Monitor:** the Trust remains compliant with all metrics in Monitor's Risk Assurance Framework, and 13 of 16 additional (locally agreed) indicators also on or above target. 5 of 7 CQUIN schemes are forecasted for full delivery, with the remaining two rated amber and requiring review of evidence with Commissioners.
5. **Supervision, Appraisal & Sickness:** supervision and appraisal rates continue to improve with on target performance expected by quarter end.
6. Alison Paine questioned the Q3 Summary on P9 of the report over score calibration as the very high 'satisfied' responses verses the actual scores with significant events and whether the average response level has increased? The Chief Executive reiterated that the data can't be benchmarked as no other Mental Health Trusts are reporting similarly. Paul Miller suggested than a one off report triangulating predictive answers for CQC compliance could be producing using evidence from IQ. The Chair welcomed this approach in providing the Board with a greater narrative.

The Board resolved to **NOTE** this report.

Agreed Action:

- **The Medical Director & Deputy Director of Nursing to provide a one off report to the Board regarding predictive answers for CQC compliance using evidence from IQ**

HR & AM

BD/13/305 – Finance Report

1. The Board received a report which highlighted the financial position of the Trust at **Month 9**.
2. After discussing the rationale behind releasing £0.5m contingency into the future forecast position the Chair commented that CIPs would also deliver on a 4 year (full year) basis but the slippage was in timing not in effectiveness and that this release would be a prudent decision due to changes in TDA rules. Paul Miller added that this was a new measure but no detailed metrics from the TDA so was a correct decision to reduce down.
3. The Cash Balance at 31st December is £7.6m. This is lower than the planned in month cash balance due mainly to timing differences on block income receipts.
4. The actual Capital spent at Month 9 is £2.6m against planned spend of £4.7m (55%) but the Trust is forecasting to spend its full allocation for the year

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5. The Trust has maintained the **Monitor risk rating** of '4'.
6. The Board resolved to **APPROVE** the following
 - The move of £500k contingency reserve into the future forecast position.
 - To approve the changes to the 2013/14 capital programme as documented
 - To approve the new capital allocation for £40k of feasibility monies to be used for Bristol Tender work.
 - To approve the revision of the year end cash target to £7.3m (changing from £10.3m)

BD/13/306 – Data Quality Strategy

1. The Board received a report which outlines a data quality strategy which uses recommendations from the Francis Report over accuracy in auditing data. The report has previously been received at the Quality & Standards Committee it also underpins an enabling strategy in the Trust's Integrated Business Plan.
2. Alison Paine advised that she had noticed an error on P7 on section 5.6.2; should read 'the Trust **is** a member of the NHS Benchmarking Network' rather than 'number'.
3. The Board resolved to **APPROVE** the report with the mentioned **amendment**.

BD/13/307 – Minutes of Board Committees

1. The Board received and **NOTED** the following Board Committee minutes:
 - Employment Strategy & Engagement Committee (November 2013)
 - Finance & Planning Committee (December 2013)

BD/13/308 – Updated Standing Orders & SFIs

1. The Board resolved to **APPROVE** this and confirmed there were **no changes** to be made.

BD/13/309 – Foundation Steering Group

1. The Board received a report that outlined progress made in reviewing the Foundation Trust (FT) work programme and structures to deliver a sustainable, licensed NHS FT.
2. The Board resolved to **NOTE** this report.

BD/13/310 – Month 9 TDA Oversight return

1. The Board **received** the NTDA Oversight return for Month 10.
2. It was confirmed that both the Executive Team and Finance & Planning Committee have reviewed the declaration and have recommended that the Board agrees a

fully compliant declaration for January 2014.

3. The Board resolved to make a **fully compliant return** for January 2014.

BD/13/1311 – Board Evaluation

1. The Board received the final report of the Board Evaluation as presented and discussed at the January Board Seminar.
2. The Board noted that the evaluation had shown that the Board was demonstrating good practice in a range of areas, excellence in some; and provided some areas where further refinement was required. The planned responses had been identified within a revised Board Development Action Plan, which the board adopted.

The Board **resolved** to **FORMALLY RECEIVE & NOTE** this report.

BD/13/311 – AOB

1. The Chair expressed the Board's thanks to Louise Hussey for her support as this was her last formal meeting before she retired.

The Part 1 session of the Board formally closed at 1.06 pm