

Minutes of the AWP NHS Trust Annual General Meeting

Held on 27 August 2014 at 10.00am in the Conference Room, Jenner House

Board Members Present

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| Tony Gallagher, Trust Chair Barry Dennington, Non-Executive Director Ruth Brunt, Non-Executive Director Peaches Golding, Non-Executive Director Tony McNiff, Non-Executive Director Graham Coxell, Associate Non-Executive Director | Lee O'Bryan, Non-Executive Director Iain Tulley, Chief Executive Hayley Richards, Executive Medical Director Alan Metherall, Interim Executive Director of Nursing |
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Associate Members in attendance

Rachel Clark, Director of Organisational Development

Staff In attendance

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| Alison Devereux-Pearce (minute taker) Hannah Dennis, Governance and Legal Manager Simon Gerard, Senior Communications Officer Julie Musk, Senior Communications Officer Lu Duhig, Service Improvement, Carers Gina Smith, Consultant Nurse Nicola Fry, Directorate Accountant | Liam Stallard, Legal Services Coordinator Pippa Ross-Smith, Deputy Director of Finance Barbara Appleby, Contracts Officer, Procurement Elizabeth Box, Procurement Assistant Jane Gammie, Contracts Officer, Procurement Dan Meron, Associate Medical Director |
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Members of the Public in attendance

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| Mary Chilvers Bernie Robbins John Mascal | John McWilliam Gillian Richards Tricia Long |
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Members of the Public representing other organisations

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| D Miller, Wiltshire Council Christine Crisp, Wiltshire Council Pete Rowe, Healthwatch Swindon Emma Cooper, Healthwatch Wiltshire | Tracey Cox, BANES CCG Roger Tippins, Healthwatch Information Frances Moyes, Swindon Borough Council |
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1. Summary of 2013/14

1. Tony Gallagher welcomed all in attendance to the Trust's Annual General Meeting, and thanked the Trust's staff for their work during 2013-14 which has been focused on the needs of Service Users and Carers. He commented on the recent inspection of the Trust

by the CQC which, although it has identified some challenges, has recognised throughout the Trust the care and compassion of staff at the forefront of services delivered.

2. The Chair also thanked the Trust Board for their tremendous work during the year and thanked them for their contributions over and above their roles, commending their work to support the Trust in its Foundation Trust journey and in its submissions for the tender for services in Bristol.
3. He spoke about 2013-14 being a time of change for the Trust, recognising that for it to achieve its ambitions it must change and develop. The Trust made enormous changes in how it operates, in its partnerships and in the way it develops its staff, putting its clinical focus at the heart of everything it does and improving care for those in our communities. It has made huge changes and should be proud of this.
4. Iain Tulley echoed this welcome by the Chair, agreeing that the Trust has had a year of transformation in continually improving patient focus: its prime objective and passion. The Trust Board is focusing on supporting the Trust to deliver high quality care, believing that this will result in our financial performance falling into place. The Board recognises that money alone will not enable us to provide the best service; we need to get the care right and hitting targets and balancing the books will follow. It is through this the Trust is confident it will see continuous improvement.
5. Iain discussed the Trust's ongoing work to re-engage with the communities it serves, acknowledging that it had previously failed in this endeavour, but through establishing clinical leadership and developing of local delivery unit (LDU) and CCG and 3rd sector partnerships the Trust now has presence within all areas.
6. He highlighted that the Trust is sharing positive experiences in listening to the views of Service Users and carers and reflecting this in choices it makes. To do this the Trust implemented the Friends and Family test before it was required to do so, and this early start has given rich data on which to build up services, using this comparatively with complaints information for learning.
7. Iain spoke about the challenges the Trust face during 2013/14, including the tender for Bristol mental health services, and the additional pressure on the NHS to reduce its costs whilst managing increasing demands, drug costs and technology requirements. Achievement of efficiency savings is one of the Trusts most significant challenges.
8. He discussed the recent CQC inspection of the Trust which, although undertaken after the close of 2013/14, was a significant focus for the Trust. The inspection looked at all services throughout the Trust and sought to ensure that the quality governance systems in place in the Trust work effectively from the top of the organisation to the ward, and that the quality of care delivered is compliant with standards. Iain confirmed that the Trust had received the draft report on the 21st of August 2014 and was in the process of responding to this. On the 10th of September the Trust's Quality Summit will be held, led by the CQC, at which the Trust will receive feedback and provide assurance that any concerns raised by Inspectors have been addressed or actions are underway to ensure safety.
9. Iain stated that during the year the Trust had re-cast its values and ambitions, clarifying its purpose as "providing the highest quality mental healthcare that promotes recovery and hope". Promotion of recovery and hope is a key focus for the Trust in providing support to overcome mental health issues and de-stigmatise mental health. Iain reflected upon a

shift he had worked recently as a Health Care Assistant in a dementia ward at Callington Road hospital where, although the majority of staff were unaware of who he was, he saw patience and incredible compassion in the care delivered to Service Users. He spoke about his measure for good quality services as “is it good enough for my mum”, and said that his answer would absolutely be “yes”.

10. Iain described that the Trust still needs to make improvements and recognises that the Trust cannot teach people how to care; it is essential to employ the right people to ensure it provides compassionate, high quality care. The Trust is committed to developing its staff, changing its culture to support this and achieving its purpose.
11. Iain summarised his reflections on the year as 2013/14 having been challenging but progressive and ultimately successful for the Trust. He thanked the Trust Board for setting the direction of travel to re-engage clinical staff and enable the Trust to focus on its Clinical Strategy as the heart of what it does. Over the next 18 months to two years the Trust’s focus is to continue to work to achieve Foundation Trust status to enable it to grow and develop further whilst providing the highest quality mental healthcare it can.

2. Financial performance

1. Iain presented the Trust’s summary of its financial performance during 2013/14, giving the apologies of the Director of Resources, Sue Hall, to the meeting and highlighting that he would present the headlines with support from the Deputy Director of Finance, Pippa Ross-Smith, and the Chair of the Finance and Planning Committee, Lee O’Bryan.
2. Key headlines in relation to the Trust’s financial performance included:
 - £187.4m spent on mental health and social care
 - Retained surplus for the year of £600,000
 - Against Monitor metrics, now rated with a risk rating of 4, demonstrating good financial and governance systems
 - Successful break even duty achieved
 - 66% of Trust’s income was from services commissioned by CCGs, 15% from Local Authorities, 14% from NHS England and 5% from other sources
 - 77% of the Trust’s operating expenditure is on staff costs, with other costs including its establishment, clinical supplies and transport.
3. Iain concluded that the Trust has a robust infrastructure in place to respond to the financial economic challenges ahead, with a focus on increasing our skills to continue to achieve success in an increasingly competitive and open market for mental health service providers in the future. Tony Gallagher added that the Trust has demonstrated robust financial performance in a challenging climate, and is required to make a 5-6% reduction over the coming years through finding cost savings. As the majority of the Trust’s costs are in its staff and buildings, which means that the Trust needs to ensure impacts on services on the front line are not felt by Service Users. This is a challenge and the Trust is working to ensure it achieves this.

3. Quality review

1. Hayley Richards presented the quality review, highlighting that the Trust focus is on embedding the quality agenda into how it works and will continue to make progress in this area throughout the coming year.

2. Hayley reiterated that Trust's purpose, highlighting that the Trust wants to support individuals, their families and their carers. The Trust's ethos is about engaging and aligning values, and protecting for the future. The Trust now has many clinicians in senior leadership and management roles, and is investing in all staff groups through training and development. Involvement Workers are in place in each locality and work collaboratively under a single manager to support working together.=
3. The Trust has increased its involvement in research, and Hayley made the comparison between this and cancer research work, with achieves involvement of 10% of all cancer sufferers for research work. It is the Trust's ambition to also achieve this for mental health and it has defined this in its Research and Development Strategy. The Trust chooses to serve the most vulnerable and those with the most challenging mental health issues and research into methods of treatment will support the Trust to continue to deliver these services.
4. Hayley described the Trust's Spectrum of Care, discussing the Trust's deliberate choice to provide specialist care in any and every setting. This includes in Service Users' homes, in GP surgeries, in acute hospitals and in care homes; anywhere there is a need for a service to be provided or developed to be provided. Hayley acknowledged that the Trust does not yet offer Children and Adolescent Mental Health Services (CAMHS) and this is a gap as it wants to offer services for people in all stages of life.
5. Hayley highlighted that everything the Trust does is underpinned by its Clinical Strategy, supporting and driving strategies for engagement and estates for the future. The Trust is also hosts a clinical question answering service, BEST in Mental Health which is a project that has been developed with the aim of overcoming some of the barriers that people face when trying to access research evidence, in relation to decision making in health care. A clinician asking a question will receive an evidence based breakdown to assist their clinical decision making.
6. Hayley also described the way in which we are measured as a Trust, which includes measurement of the physical healthcare we provide. This is an area in which we will be monitored against targets and national statistics, including mortality rates.
7. To summarise the presentation, Hayley concluded with the three main drivers of the Trust's Clinical Strategy – that the Trust is clinically led, quality focussed and locally integrated.

4. Looking ahead for 2014/15

1. Tony Gallagher spoke about the Trust's intentions for 2014/15, highlighting its intention to concentrate upon its quality agenda. The Trust want to be first choice to provide services that people care about, recognising that staff will want to join a successful trust and across organisation it will aspire to be the best service provider and the best mental health employer.
2. Tony discussed that the Trust's regulators are determining whether it is delivering the best possible care, and the Bristol tender has taught the Trust that it needs to be partners with right organisations to be the leader in Mental Health services. The Trust needs to reach out, learn and listen, work with partners and be an educator of systems for Local Authorities and CCGs to enable it and them to make the right decisions.
3. He reflected that the Trust has a solid foundation in its Foundation Trust journey, and acknowledges that it's imperative for the Trust to become a Foundation Trust. Not

achieving this status limits what the Trust can achieve and the Trust's focus is to improve and grow going forward.

4. Tony described the Trust's key developments for 2014/15, which are:
 - Develop community based mental health services in partnership
 - Deliver CAMHS services
 - Deliver inpatient services for highly specialist mental health need
 - Develop highly specialised mental health services across England
 - Deliver step down residential care from secure services
5. Tony summarised that the Trust has had a reasonable year in delivering finance, staffing and service requirements, with the move to localities and separation of secure and specialist services a successful model.

5. Questions from the public

1. Three questions were received before the meeting and answered as follows:
2. A specific question was asked regarding staff shortages by a member of staff from the Trust. Iain Tulley confirmed he had spoken to the staff member who was an Administrator in Wiltshire and discussed their concerns regarding increasing pressure on caseloads and the impacts on staff. Iain confirmed that work is already underway to review caseloads and change to how teams are working in Wiltshire. Iain recognised the need to enable staff to do more of the good work they are already doing.
3. A member of the public asked, "NICE produce Mental Health Clinical guidance and Technology Appraisals for providers & Commissioners to implement. Bi-polar Disorder (CG38) published in 2006 has been updated and due to be published next month. Based on the draft for consultation with no changes I would like to know how AWP will go about implementing its recommendations in secondary care for the benefit of patients and carers and as part of the audit of implementation are patients and carers involved in the decision making process and does AWP inform if any of the NICE recommendations are not implemented". Hayley Richards confirmed that the Trust's guidance is to refer to NICE guidance by default, and this is followed in the majority of cases. It must be recognised that, in some circumstances, services commissioned do not allow the Trust to be wholly compliant with NICE guidance however, and commissioners are advised of this. Hayley also described new clinical networks which the Trust is putting in place and which are multi professional. These will introduce any new or updated guidance and will ensure implementation through clinical audit. Service Users and Carers are involved in the discussion and debate on the best way to implement new guidance as it is issued.
4. A member of the public asked, "in the CQUIN schedule 2014/15, scheme 3 refers to reducing premature mortality in people with SMI. Will AWP measure and report on this mortality and progress towards reducing it?" Hayley Richards confirmed that, as discussed in her presentation, there is a focus on physical health and the Trust will be providing information as part of its CQUIN which will be included in national data to monitor mortality rates. The Trust does not have sufficient numbers to produce useful data on mortality rates within its area only.
5. Tony Gallagher then opened the floor for questions, confirming that these would be responded to within 10 days of the meeting in writing.
6. A member of the public commented on the impact of exercise in treating depression and

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asked whether the Trust is looking to install gym equipment in its wards and units. Hayley Richards confirmed that several of its wards and units have access to gym equipment which Service Users make use of. The Trust also has active life initiatives and will be working on this in delivering its targets for this year, particularly with regard to its CQUIN on cardio metabolic health.

7. Roger Tippins, attending on behalf of Healthwatch Information, asked that the Trust looks more carefully at how it provides information in alternative formats, particularly for those with sight problems as, under the Disability Act, the Trust has a duty to provide this. Tony confirmed that the Trust would look into this and provide a written response to Mr Tippins following the meeting.
8. Tony closed the meeting by thanking all those present for attending.