

## Minutes of the Annual General Meeting

Held on 19 September 2019 at 10am in the Brunel Room, Springfield Centre, Corsham

These Minutes are presented for **Approval**

### Board members

Charlotte Hitchings (CH) Chair	Marie Noelle Orzel (MNO) Non-Executive Director
Rachel Clark (RC) Director of Strategy	Mathew Page (MP) Chief Operating Officer
Sarah Constantine (SC) Medical Director	Malcolm Shepherd (MS) Non-Executive Director
Julian Feasby (JF) HR Director	Brian Stables (BS) Non-Executive Director
Dominic Hardisty (DH) Chief Executive	Simon Truelove (STr) Director of Finance
Julie Kerry (JK) Director of Nursing	Shelley Whitehead (SW) Associate Non-Executive Director
Ernie Messer (EM) Vice Chair	

### Staff In Attendance

Chris Bailey (CB) Transformation Lead	Jacob Kelly (JK) Mental Health Worker
Ivor Bermingham (IB) Governance Facilitator	Sarah Knight (SK) Company Secretary
Mayur Bhatt (MB) Equality and Diversity Advisor	Marcella Maloney (MM) Carer Involvement Coordinator
Sarah Branton (SB) Deputy Director of Operations	Jess Hillier (JH) Clinical Audit and Quality Improvement Facilitator
Teresa Bridges (TB) Involvement Coordinator	Louise Molodynski (LM) Consultant Child & Adolescent Psychiatrist
Nicola Burchill (NB) Involvement Coordinator	Sue Morris (SM) PMO Project Manager
Sue Cook (SC) Interim Business Manager to the Chair and CEO	Steph Mounsey (SM) External Communications Lead
Phil Cooper (PC) Associate Director of Governance	Lee Rawlings (LR) Involvement Coordinator
Andy Cork (AC) Community Forensic Nurse	Rachael Redman (RR) LiA Lead
Fiona Cormie (FC) Internal Communications Lead	Steve Rickwood (SR) Health Care Assistant
Bethany Duckworth (BD) Quality Improvement and Clinical Audit Facilitator	Jane Rowland (JR) Head of Planning and Development
Abigail Ferrier (AF) Finance & Charitable Funds Administrator	Gemma Rust (GR) Ward Manager
Louisa Foxwell (LF) Co-Production Lead	Tia Shortall (TS) Fundraising Manager
Paul Frisby (PF) Planning and Development Manager	Darren Skuse (DS) HCA
Charlotte Gray (CG) Involvement Administrator	Jennifer Ward (JW) Corporate Governance
Emma Griffith (EG) Head of Therapies	Harriet Wilcox (HW) Information Governance Manager
Jen Hartley-Bond (JHB) Head of Communications and Engagement	Anthony White (AW) External Communications Officer



Rob Jefferies (RJ) Reducing Restrictive Practice  
Lead

### Other attendees

Jen Anderson, Expert by Experience  
Will Ash, Expert by Experience  
Anthony Badhan, Expert by Experience,  
Alison Boreham, Expert by Experience  
Edward Bowkett, KS2  
Sue Hammond, Expert by Experience  
Julia Hijstek, Wiltshire Times  
Jill Paine, Bristol Independent Mental Health Network  
Nick Ramsey, Healthwatch  
Nuala Sheehan, Carer  
Carolyn Trippick, Expert by Experience  
Harry Walker, Expert by Experience  
Erica Wildgoose, Bristol Independent Mental Health Network  
Chris Willan, Expert by Experience

### Apologies

Neil Auty (NA) Non – Executive Director

### Welcome

1. Charlotte Hitchings (CH) Trust Chair welcomed everyone to the meeting. CH thanked service users and Experts by Experience for attending, together with members of staff, many of whom had been involved in setting up display panels to showcase the work of the Trust.
2. CH introduced Board members, in particular the new members - Dominic Hardisty (Chief Executive), Sarah Constantine (Medical Director), Marie-Noelle Orzel, Brian Stables, and Shelley Whitehead (Non-Executive Directors).
3. CH paid tribute to Board members who had left the Trust during the past year, noting the retirement of Hayley Richards (Chief Executive) and Rebecca Eastley (Medical Director). Charlotte Moar and Sarah Elliott (Non-Executive Directors) had also left the Trust. CH thanked them all for the considerable contributions they had made to the Trust during their time on the Board.
4. CH noted the exciting agenda that reflected the priorities of the Trust, with a focus on quality and co-production/service user engagement. She added that Simon Truelove Director of Finance would be reporting on the financial achievements of the past year.

### Experts by Experience

1. Julie Kerry (JK) Director of Nursing presented an update and introduction to the Strategic Expert By Experience Group. The first meeting of the group had recently taken place.
2. Will Ash explained that the group comprised a total of 10 former and current service users who between them had a combined total of 75.5 years of using mental health services



and a total of over 110 years of being affected by mental health issues. He presented a number of grids outlining the diagnoses of group members and the services they had accessed over the years. The members were testament to how AWP had helped in their recovery and they now wanted to give something back to the Trust. Their aim was to set an example for best practice in co-production in AWP, to which other NHS Trusts could aspire.

3. Sue Hammond explained how creative writing had helped in her recovery and read a moving poem relating to her personal experiences.
4. Louisa Foxwell (LF) Co-Production Lead set out the work of the group and progress to date. Several events had been run with service users, carer involvees and staff to look at what was needed to move from involvement to co-production. Work was in progress on the definition of co-production and what this would look like in the 'real world'; developing a Mutual Expectations Charter which would set out the standards of how everyone worked together for co-production, and putting together a system that was well organised to deliver co-production well. So far there had been a lot of agreement around the approach people wanted to take, as well as some great ideas for the future.
5. LF reported that a group of ten Experts by Experience had been recruited via a robust recruitment process. Over the next year, two further rounds of recruitment would take place, bringing the total to 16. Appointments were for a two-year term.
6. Chris Willan explained that the role of the group was to support the Trust to provide meaningful co-production opportunities for service users and their carers; to actively influence the strategic direction of the Trust and to ensure oversight of implementation of the National Patient Experience Framework, National Patient Safety Strategy, and Service User and Carer Involvement Strategy. The group worked collaboratively with Trust staff to identify problems and apply creative and innovative thinking in developing solutions. It would commission co-production and quality improvement projects, and support a culture which was 'patient centred'.
7. Alison Boreham informed the meeting of the aspirations of the group. These included good practice of co-production and involvement across the Trust; celebrating examples of excellence in care; providing a common understanding of co-production; engaging with more patients throughout the Trust; providing more opportunities for feedback from all stakeholders, and becoming a beacon of good practice in co-production.
8. Anthony Badhan gave details of his personal journey and experiences from a secure services perspective. He now wanted to be able to help vulnerable people and ensure their voices were heard.
9. Harry Walker and Carolyn Trippick set out the definition of co-production as "combining our mutual strengths and capacities so that we can work with each other on an equal basis to achieve positive change". Everyone present was invited to write down their hopes and fears for co-production and place them in the post box provided.
10. Sue Hammond closed the presentation with a further poem.
11. CH thanked Julie Kerry and all the Experts by Experience group for their moving and humbling presentations.

#### Minutes/Summary of the Annual General Meeting held on 13 September 2018

1. It was proposed by Simon Truelove, seconded by Ernie Messer, that the minutes of the Annual General Meeting held on 13 September 2018 be **approved** and accepted as a true record.

#### The year in perspective 2018/19 and looking ahead



1. CH introduced Dominic Hardisty, who had recently joined AWP as Chief Executive. Previously he was Chief Operating Officer and Deputy Chief Executive of Oxford Health NHS Foundation Trust.
2. Dominic Hardisty (DH) Chief Executive explained that the recent Board Seminar had reviewed Trust Strategy, where it was agreed this could best be defined within the four pillars of outstanding care, outstanding people, sustainable services and delivered in partnership.
3. Outstanding care – to continually improve and provide high quality, safe care to help people achieve the outcomes that are important to them. The Trust’s first priority was the safety of the people it supported, and taking account of what service users expected from the Trust.
4. Outstanding people – our people make the difference in everything we do – we will strive to make AWP a great place to work and learn. It was important to look after the teams who were looking after the service users.
5. Sustainable services – services that are properly resourced to meet rising demand and acuity. Pressures and gaps in workforce were prevalent throughout the NHS, particularly in mental health services. The Trust aimed to improve matters locally and ensure it had the resources it needed to provide safe, high quality services.
6. Delivered in partnership – care as a joint endeavour with patients/family/friends, carers and our partners, including the voluntary sector. DH highlighted the national reorganisation currently taking place and how the Trust could respond and influence the wider system.
7. DH explained that the Trust had been inspected by the Care Quality Commission (CQC) in September and October 2018. The overall rating for the Trust remained as ‘Requires Improvement’. AWP were rated ‘Good’ in the effective and caring domains and ‘Requires Improvement’ in the safe, responsive and well-led domains. The CQC recognised the significant improvements made to the Mental Health Crisis Services and Health Based Places of Safety. Wards for people with a learning disability or autism were rated ‘inadequate’ and CAMHS wards were rated ‘requires improvement’ across all domains. A further CQC inspection was expected shortly.
8. Quality achievements were noted in the areas of clinical audit and research; data quality; service user and carer experience and involvement; patient safety; making families count; and the staff survey.
9. DH presented a Listening into Action scatter map which plotted the staff survey results for all NHS provider trusts. AWP was benchmarked significantly below the national average
10. DH said it would not be possible to deliver the Trust’s plans without the hard work and dedication of the fantastic staff in the Trust. He was impressed by the performance of staff and their care, commitment and passion.
11. DH thanked Hayley Richards, former Chief Executive, for her service to the Trust and personally for her detailed handover to him to ensure that the corporate memory was not lost.
12. DH noted staff who had gone out of their way to help others, including: Stephen Holmes who had received a British Empire Medal for his work in developing a football team for people with mental health problems; Jacob Kelly who set up Recovery Through Sport in



South Gloucestershire; the team at Bradley Brook led by Gemma Rust for the work they did around Reducing Restrictive Practice; Sarah Wood who became the first Nurse Approved Clinician; Tiff Earle and the team at Longfox Unit and the charity Headlight who raised money for the unit to become the first Mental Health Trust in the country to have the Tover Tafel – magic table – to benefit dementia patients.

13. Others of note were: Kevin Stott who trekked the Artic to raise money for Headlight; the Primary Care Liaison Service (PCLS) team who were finalists at Health Service Journal (HSJ) Awards for their transformation work; Adam Bennett who developed an App for people with Learning Disability to keep track of sugar levels in the food they ate; and Lou Craig – one of four LD nurses invited to Houses of Parliament to celebrate 100 years of LD Nursing.
14. DH set out the updated strategic objectives for 2019/20 in the four categories of Outstanding Care, Outstanding People, Sustainable Services and Delivered in Partnership.

### Trust Annual Report and Annual Accounts

1. Dominic Hardisty (DH) presented the Trust Annual Report and Annual Accounts, which were accepted.

### The Trust's Financial Position 2018/19

1. CH introduced Simon Truelove, Director of Finance and Deputy Chief Executive. She thanked him for taking on the role of Acting Chief Executive and for being an excellent custodian of the Trust during the period prior to Dominic Hardisty taking up his appointment.
2. Simon Truelove (STr) Director of Finance presented the report. He explained that the Trust's primary responsibilities were to: maintain expenditure within the revenue resource limit; maintain expenditure within the allocated cash limit; maintain capital expenditure within the delegated limit; ensure the Trust was planning finances in a manner that would provide value for money and ensure compliance with the Better Payment Practice Code.
3. In 2018/19 the Trust had a total operating income of £237m, including £3m Provider Sustainability Funding. The Trust achieved savings of £12m in year, and took loans of £2m, meaning a total of £19m cash loans. The Trust had a primary duty not to exceed its financial control total. This was overachieved by £1.6m.
4. Trust expenditure was broken down in percentage terms as non-pay 21%; staff costs 76% and finance cost 3%.
5. The key challenges to the Trust had been Out of Area placements (with a budget of £1m and a total cost of £4m), and staffing costs (with total staffing cost of £180m against a plan of £173m). Agency staff costs had been £15m.
6. The Trust overachieved against the control total, though was still in deficit by £1m.
7. Key issues for 2019/20 were Out of Area placements, agency staff costs, loss of services and cash shortage whilst every effort was being made to reduce the deficit.

### Clinical Strategy

1. Sarah Constantine (SC) presented the Clinical Strategy.



2. The Trust's aim was that care would be: safe and focused on intervention; person-centred; provided in end to end care pathways spanning care settings, professions and organisations; delivered in partnership.
3. Priorities included: priority care pathways; clinical leadership to lead care pathway development; creating clinical networks to define and deliver outstanding care and support learning and improvement; to embed a consistent Quality Improvement approach and to focus on co-production with service users, carers, families and partners.
4. Outstanding services: were delivered in partnership, with AWP as an active system partner and lead for mental health; mental and physical health was of equal importance; a shared focus on prevention and mental wellbeing; care pathway development; connected/integrated services; work towards mental health commitments in the Long Term Plan; and agree priorities for investment.
5. Improvement partners would involve staff, patients and families, Academic Health Science Network; Bristol Health Partners, National Institute for Health Research, the third sector, Social Care, housing/employment, contractual partners, Provider Collaboratives and Integrated Care System Partners.

### Questions from the Public

1. Charlotte Hitchings (CH) invited questions from the public.
2. Jill Payne, Bristol Independent Mental Health Network (BIMHN) requested an update on the provision of care for people with dementia. Sarah Constantine reported that work was commencing with clinical leaders to develop the dementia care pathway. The focus was on caring for people with dementia in partnership with their family and local community services wherever possible, either in their own home or a care home setting, without the need for out of area care.
3. Edward Bowkett from KS2 emphasised the role undertaken by carers and the importance of their work being recognised by the Trust. Julie Kerry had visited KS2 on several occasions and acknowledged that carers were of the utmost importance. Focus had recently been on establishing the Trust wide Experts by Experience group and she acknowledged that working with carers would be the next priority.
4. Erica Wildgoose stated that the Bristol Independent Mental Health Network (BIMHN) was involved in the review of mental health services being undertaken by Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (CCG).
5. Jacob Kelly raised the need for the Trust to be aware of the effect some of its decisions were having on staff wellbeing, in particular the recent Admin review. He asked that the Sickness Policy be reviewed to ensure staff were treated in a consistent manner across AWP. Julian Feasby (JB) Human Resources (HR) Director acknowledged there was some variability throughout the organisation and that some line managers may not be as sufficiently skilled in supporting their staff as others. The need for further training for managers was recognised.
6. Nuala Sheehan reported that she was a carer with AWP, a retired mental health professional, and had worked as a family representative on the Royal College of Psychiatrists' quality network for forensic psychiatric services. She had views on how Forensic services could be improved and expressed concerns around the treatment of her son. Sarah Constantine would discuss outside of the meeting.
7. Andy Cork, Unison, commented on the loss of services to the private sector over the past year, including Improving Access to Psychological Therapies (IAPT) services, and asked





how the Trust could protect local NHS services. Dominic Hardisty referred to the national challenges facing the NHS and a move to sustainability and integrated care partnerships. Commissioners were focused on ensuring the best services were provided for their local population.

8. Marcella Maloney outlined her role as the sole Carer Involvement Co-ordinator in the Trust, and difficulties being faced to obtain funding for the role to continue. There were nine co-ordinators who were covering both service user and carer involvement, but without a dedicated role, she considered it would be much more difficult for the Trust to develop carer involvement further. DH explained the role of Carer Champions, and agreed to discuss with Marcella outside of the meeting.

## Summary & Close

1. Charlotte Hitchings (CH) thanked everyone for attending and for their contributions to the AGM, which had shown that everyone had the same aspirations and desire to provide truly outstanding care.

