

Council of Governors

Wednesday 19 September 2018

Minutes

Public Governors	John Barrett Tom Lake Andrew Horne Paul Myerscough Ruffat Ali-Noor Verity Murrice Amrik Banse Tom O'Kane Pat Rodgers Paul Sahota Gary Stevens
Staff Governors	Julia Prince Guy Dakin Natasha Berthollier June Carmichael
Appointed Governors	Isabel Mattick Adrian Edwards Shamsul Shelim Jenny Cheng Suzanna Rose
In attendance	Martin Earwicker, Chair Julian Emms, Chief Executive Alex Gild, Chief Financial Officer Jayne Reynolds, Regional Director for East Gerry Crawford, Regional Director for West Nathalie Zacharius, Interim Deputy Director of Nursing Julie Hill, Company Secretary Jenni Knowles, Assistant Company Secretary Louise Arnold, Deputy Office Manager/Executive Assistant
Apologies: Governors	Krupa Patel Ray Fox Keith Asser Craig Steel Linda Berry Nigel Oliver Sohail Munawar

1. Welcome & Introductions

Martin Earwicker, Chair welcomed all Governors to the meeting.

2. Apologies for Absence

Apologies for absence were received and noted above.

3. Declarations of Interest

1. Amendments to the Register – None to note.
2. Agenda items – None to note.

The Declarations were noted.

4. Minutes of the previous meeting – 20 June 2018

The minutes of the meeting held on 20 June 2018 were approved with no amendments to be made.

Tom O’Kane referred to the internal Staff Survey question he asked during the June 2018 meeting about training for staff and informed the Governors that he had received a very helpful and comprehensive response from the relevant team.

5. Matters Arising

There were no matters arising.

6. BHFT Annual Report and Accounts 2017/18

Martin Earwicker, Chair formally welcomed Julian Emms, Chief Executive to the meeting.

Julian Emms introduced the presentation and highlighted the significance of only one Board change happening within the last year. Naomi Coxwell, Non-Executive Director had replaced Mark Lejman after 7 years of service.

Patient and Carer Experience

There was ongoing work happening around strengths and weaknesses across various Trust services. There were a lot of changes happening particularly around Children’s’ pathways, which had significant input from patients and their carers.

Staff Experience

Julian Emms highlighted that across all 32 areas covered by the National Staff Survey, the Trust ranked joint second overall in the Healthcare sector. The BAME section of the survey was less positive and Julian reassured the Governors that this continued to be a high priority for the Trust. The Making It Right campaign was targeting improvement in this area and there had been a significant improvement since the 2017 Staff Survey.

Sustainability and Governance

Since becoming an NHS Foundation Trust in 2007, the organisation had delivered on every annual plan and maintained positive relationships and reputation with its regulators.

Risks to the Trust

It was acknowledged that due to the National NHS staff shortages, there were still staffing challenges within some Trust services. Julian noted that the NHS Inpatient bed position was not likely to improve any time soon, but the Trust was not an outlier in this area, it was a National concern due to increasing demand.

The perceptions of young people around mental health had changed in recent years which has had a positive effect on the stigma associated with it. There was however an increase for cyber bullying and school services were overwhelmed with requests for additional support. The Trust worked closely with local schools to minimise the disruption of children's' education and home life.

The Trust was one of the most digitally advanced Trusts in the UK and all services were now operating electronically daily. Technological improvements were continuously being made. Nurses were able to complete observations electronically, which would support with workforce pressure as it saved on administration time.

Julian explained that there was also a different style of management being embedded across the Trust to support new innovations and it was based around compassionate leadership. The culture across the organisation was changing and all staff, at all levels, will experience the same training to ensure consistency.

Relationships

The Trust operated in a county with six local authorities and two integrated care systems which required excellent relationships and an outward looking focus. The Trust recently conducted a reputation audit and the results were very positive from all stakeholders who responded. This suggested to the Trust Board that there was a mutual respect between Berkshire Healthcare and those local stakeholders, which would result in a more joined up care system in the long term.

Financial Review for 2017/18

Martin Earwicker formally welcomed Alex Gild, Chief Financial Officer to the meeting.

Alex Gild explained to the Governors that the Trust managed its finances extremely well. There were significant vacancy pressures in services and the more bed optimisation work that it targeted, the bigger the cost to the organisation. Alex anticipated a substantial cost change happening in the current financial year, because of the improvements in relation to vacancies. Most cost savings in the past 2 years had been as a result of agency cost savings and working with Trust BANK staff to cover shifts in services.

Alex shared that the recent annual accounts and quality accounts audit by the newly appointed external auditors, Deloitte had been very positive (Deloitte would be attending the December 2018 Council of Governors meeting).

John Barrett asked if there was a realistic scope for future years to reduce Agency costs further. Alex explained that the Trust had reached a plateau with agency costs, but the target was set at 5%. The large change implemented last year was banning the use of healthcare assistant on agency and moving them to the BANK system. It was likely that Westcall Doctors and Allied Health Professionals would also be moved to BANK in the future.

Andrew Horne asked whether there was a contingency fund for a hard Brexit. Alex explained that there was an operating contingency fund, but there was not a separate Brexit fund to draw on. This was not considered a real risk now but would be considered in the future when appropriate to do so. It was thought that the Brexit deals may be having an impact on recruitment and retention of Trust staff. Julian added that this was a National issue as opposed to local and therefore there would be a dedicated government team assigned to work on this.

7. East and West Regional Directors Presentations

WEST BERKSHIRE:

Martin Earwicker formally welcomed Gerry Crawford to the meeting.

Gerry Crawford presented the breakdown of Berkshire West Directors and services within the papers. It was noted that the Clinical Director Raja Natarajan had the largest portfolio in the organisation of Managers and services to lead. All Directors within West Berkshire subsequently reported to Gerry and then David Townsend.

The key challenges within West Berkshire were discussed, specifically noting the following:

- Uncertainty of future funding for the perinatal service
- Police Street Triage was funded until March 2019, but after this time it was unclear who would continue to support the service
- Increasing levels of substance misuse
- Increasing levels of homelessness
- Nurse recruitment challenges, specifically Band 6 nurses
- Sustained high activity levels in CRHTT, which resulted in the biggest bed pressures and high-risk patients living in the community
- Continued bed pressures

Learning Disability Services

Gerry explained that there were 6 community teams within West Berkshire and these co-located services also had to meet the needs of patient with Learning Disabilities. Prospect Park Hospital had 9 beds dedicated to those with severe challenging behaviours, however it usually ran at full capacity as appropriate support in the community was difficult to find. Sending patients with Learning Disabilities to Campion Ward was not always the appropriate or best care answer. Gerry had spoken to Doctors about this situation and it had been recognised that GP's needed to spend more time with patients with Learning Disabilities to ensure they were receiving the right care in the community and prevent escalations occurring.

Mental Health Services

Gerry highlighted that there had been changes made to the Reading CMHT structure as the social care and healthcare services were separating. It had been recognised that consistency was key for patients, however a different type of pathway was being trialled in the coming years.

There were constant Prospect Park Hospital bed pressures and Out of Area placement issues in the Mental Health services. Gerry shared that there was a daily meeting to discuss these pressures and patient discharges. The process they had been following was the 72-hour review, which had resulted in some improvements.

There had been issues with working with patients who lack capacity and recognising they required a different pathway to other patients. Judith Chapman was working closely with Gerry's team to review this work.

Equality and Diversity Champion Work

There was a diversity champion who worked across all West Berkshire services and ensures continuity.

Ruffat Ali-Noor asked what difficulties the Trust was experiencing with securing long-term support for the Learning Disability Patients. Gerry explained that most patients who were admitted required bespoke care outside of a hospital environment and therefore multiple external stakeholder had an impact on the discharging of patients. This particularly included housing, to ensure the patients had a safe environment to live in. Gerry noted that previously interim solutions had been sourced whilst permanent accommodation had been arranged, but this had caused relapses for the patients and they ended up back in hospital.

Adrian Edwards shared feedback from Newbury and reported that the waits to see a doctor were too long and as a result of this, patients were visiting A&E which was blocking the system. Gerry explained that the Trust was not responsible for primary care and suggested that patients who were unsure of the path to follow needed to ring the 111 Service for advice.

EAST BERKSHIRE:

Martin Earwicker formally welcomed Jayne Reynolds to the meeting.

Jayne Reynolds introduced the senior management team for East Berkshire and explained the purpose of their individual roles.

The key challenges within East Berkshire were discussed, specifically noting the following:

- Inappropriate Out of Area Placements taking place
- Physical healthcare for patients with serious mental health illness as well. Jayne shared that the team had appointed a lead for a physical health lead to support improvement in the East
- ICS System working and linking Crisis cafes to the East
- Integrated care teams with the 3 Local Authorities to minimise delayed transfers of care and other areas
- EUPD implementation of pathway to prevent patients from going to hospital where possible
- FSM provision to consider the impact on the patient's family and their wider family. This was currently half way through an 18-month pilot
- Replicating a Recovery College in different localities as it had been so successful in Slough
- Ensuring that the 5-year vision was achieved, but ensuring CMHT's core work was also supported
- Continuous workforce pressures, specifically nurses in specialised areas
- Zero suicide

Community Health in East Berkshire

Jayne shared with the Governors that there were other services such as Podiatry and Sexual Health that were experiencing ongoing challenges as well due to re-tendering. When a service was re-tendered, it usually resulted in service transformation and a reduction in money investment from the Commissioners.

There were new service models being waited for Dental, Mobility and MSK. The MSK re-service model was not anticipated to be implemented until 2020.

Jayne highlighted that the District Nursing teams were nearly fully recruited, which was the first success of retention and recruitment for multiple years.

CYPF

Jayne shared that there had been huge achievements for the CYPF service, which included; a new on-line resource available for patient use, a multi-disciplinary triage team, integrated care planning and delivery, Young SHaRON discussion forums, awarded new contracts for the Speech and Language Therapy in Slough and Bracknell and improved transition to adult services.

The challenges were also discussed, including the fragmented commissioning, the Local Authority financial challenges, increase demand for the service, long waits for ASD diagnostic pathway, Long waits for Occupational Therapy, a full review of structures and ongoing recruitment issues.

Ruffat Ali-Noor shared that the East Governors would like to be more involved with the Management and briefings of East Berkshire, however the number of local meetings had decreased this year. Jayne agreed with the statement and reassured the Governors that there would be more locality meetings set up in future. It was important that all Governors from East Berkshire attended the locality meetings to make them worthwhile for both Governors and staff attending. Jayne agreed to take this as an action and follow up after the meeting.

Amrik Banse further added that there are new faces in the management team and the locality meetings would help to build meaningful relationships. Amrik said that alternatives to the meetings had been trialled, but these had not been satisfactory for the East Governors. Martin Earwicker and Jayne Reynolds noted these comments.

Paul Myerscough highlighted that the Locality meetings were not being organised for West Berkshire either and asked for those to be reviewed as well.

John Barrett asked whether the linking of WAM and Wokingham Optalis would be a positive development. Jayne confirmed that positive working relationships were being worked on and there would be improvements seen in the future years.

Julia Prince acknowledged that there were many other competitors for some Trust services such as Language and Speech and Sexual Health. Julia asked whether we were likely to win the upcoming tenders. Jayne reassured the Governors that the tendering process would not take place until July 2019 and the tendering teams would be working hard to secure the services. It was noted that the core service would not be under tender.

Martin Earwicker informed the Governors that there would be an Integrated Care System Berkshire West meeting on 29 October 2018 at the Reading University Whiteknights Site and all Governors were invited to attend. Julie Hill had already circulated an email invitation about this meeting.

8. Committee Steering Groups

a) Living Life to the Full

The report was taken as read.

John Barrett highlighted that there was a live demonstration of the new CYPF website shown in the meeting which was very inspiring. If any Governors would like to view the full notes, then these can be circulated to the whole group for information. The next meeting would have two presenters, including Julia Prince talking about her role within the Trust and the Chaplin at PPH who would be sharing information about his role as Health and Wellbeing Lead.

b) Membership & Public Engagement Group

The report was taken as read.

Tom Lake shared that Martin Earwicker attended the meeting as an observer and had requested that the Board receive more information about the co-production work that the East London Mental Health Trusts used. Martin Earwicker informed the Governors that there was a Board Strategy day happening on Tuesday 09 October where the wider engagement issue would be discussed.

Tom circulated a questionnaire for Governors to complete regarding the possible use of a new electronic document store to access documents. Tom asked for all responses to be handed back to him for analysing.

c) Quality Assurance Group

The report was taken as read.

Paul Myerscough highlighted that the programme of service visits was in the report and asked for any other Governors who would like to attend a quality visit speak to him directly to organise.

Paul explained to the Governors that there was a discussion in the meeting about how the complaints office assessed the severity of complaints. Nathalie Zacharius explained that the team use a national risk rating tool as they work on the Datix system which follows national guidelines. Other tools were being considered for future use.

9. Executive Reports from the Trust

1. Performance Report

The report was taken as read.

Cllr Shamsul Shelim asked whether the number of AWOLs can be targeted for improvement. Julian Emms explained that the Trust was already focussing on this issue and there had been a significant improvement in the past year. When the report was run, the Trust was above target, however currently, the Trust was achieving success under target. Julian acknowledged that this was a challenge the Trust would be monitoring.

Paul Sahota referred to the risk schedule and the UK HCA report where it was highlighted that several councils were struggling with achieving target budgets. Paul asked whether this was an emerging risk the Trust is considering. Julian Emms agreed that this was a high-risk item and explained that this would impact Local Authorities, however the Trust was seeing a reduction in shared services as they were not a legal obligation.

2. Patient Experience Quarter 4 Report

Martin Earwicker formally welcomed Nathalie Zacharius to the meeting.

Nathalie Zacharius presented the report, specifically highlighting that there had been a variety of different formats used previously, but the current format would give clarity when comparing data across services and monitoring improvements.

Nathalie explained the tables throughout the report and introduced the formal complaints table which included the descriptions and gave context to those complaints that had been received in year.

It was highlighted that the FFT scoring system was not as effective as hoped and Nathalie explained that it was particularly difficult in some services to retrieve feedback from the patients when it was not appropriate to ask the questions which were nationally mandated.

Ruffat Ali-Noor asked for Nathalie to elaborate around the complaints occurring in services in relation to the attitude of staff and asked for context to be given. Nathalie Zacharius explained that each complaint was different and there are many reasons relating to poor attitude of staff. For instance, the patient may not have received the information they asked for, or the patient may have been moved around multiple times before speaking to the correct person. Nathalie reassured the Governors that if the complaint in relation to attitude was upheld then a full apology and explanation was made to the patient involved. It was also possible that this related to lack of staff training on occasion. Julian Emms added that all calls were recorded, and half of the complaints were usually not upheld. Bespoke training with staff on an individual basis had also been used in the past for those complaints related to Staff attitude.

Tom Lake asked whether the Governors would receive the report on the Reading Deep Dive. Nathalie Zacharius explained that the deep dive reports had to be reviewed and approved by the QEG executive meeting and subsequently the Trust Board. This would then be submitted in the following Governor QAG subcommittee for information.

Verity Murrice asked what the split was between Community and Mental Health complaints. Nathalie Zacharius agreed to review this outside of the meeting and circulate the findings to the Governors.

Andrew Horne asked whether there was more data about the patient user experience of the process, referral system and the waiting times. Nathalie Zacharius said that this was not something the Trust already captured regularly but confirmed that it was being added into future reports if possible. The challenge is that all services record the information in different ways and there needs to be a systematic meaningful way that all services can record this feedback to capture it accurately.

10. Appointment of the Lead Governor and Deputy Lead Governor

Julie Hill informed the Governors that Paul Myerscough and Krupa Patel had been appointed as Lead and Deputy Lead Governors for another year as there were no opposing nominations received.

11. Proposed Changes to the format of the meetings

Martin Earwicker proposed that the table layout for all Council of Governor meetings follows the informal style of grouped tables in future. Martin referred to the sample agenda included in the papers and suggested that there was an agenda set for what was discussed in Council meetings, at what time of year.

It was agreed that Paul Myerscough will review this list as lead Governor and feedback any proposed changes or additions.

12. Forward Schedule of Meetings for 2019

The forward schedule of meetings for 2019 was taken as read, with no alterations to be made.

13. Any Other Business

No Comments.

14. Dates of next Council meetings

21 November 2018 - Joint Trust Board and Council of Governors meeting

12 December 2018 – Council of Governors meeting

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the meeting of the Council held on 20 June 2018.

Signed:.....

(Martin Earwicker, Chair)

Date: 12 December 2018