

## **Council of Governors**

**Wednesday 12 December 2018**

### **Minutes**

**Public Governors**

John Barrett  
Amrik Bansal  
Linda Berry  
Susana Carvalho  
Ray Fox  
Tom Lake  
Paul Myerscough  
Ruffat Ali-Noor  
Verity Murrice  
Amrik Banse  
Nigel Oliver  
Tom O'Kane  
Krupa Patel  
Pat Rodgers  
Gary Stevens

**Staff Governors**

Julia Prince  
Guy Dakin  
Natasha Berthollier

**Appointed Governors**

Isabel Mattick  
Adrian Edwards  
Suzanna Rose  
Marion Child

**In attendance**

Martin Earwicker, Chair  
Julian Emms, Chief Executive  
Amanda Mollett, Head of Clinical Effectiveness and Audit  
Nathalie Zacharias, Allied Professional Health Lead  
Theresa Wyles, Urgent Care Manager (present for item 6)  
Gwen Bonner, Clinical Director for Mental Health West  
(present for item 6)  
Minoo Irani, Medical Director (present from 11.45)  
Ben Sheriff, Deloitte, External Auditors (present for item 7)  
Chris Fisher, Chair of the Audit Committee  
Julie Hill, Company Secretary  
Jenni Knowles, Office Manager and Assistant Company  
Secretary (present from 12.15)

**Apologies:**

**Governors**

June Carmichael  
Andrew Horne  
Paul Sahota  
Jenny Cheng

## **1. Welcome & Introductions**

Martin Earwicker, Chair welcomed all Governors and staff to the meeting. The Chair particularly welcomed, Gwen Bonner, Clinical Director, Mental Health West, Theresa Wyles, Urgent Care Manager, Ben Sheriff, External Auditors and Chris Fisher, Chair of the Audit Committee.

## **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 – 19 September 2018**

The minutes of the meeting held on 19 September 2018 were approved after a correction had been made to minute 2 (Patient Experience Quarter 4 Report), the word “withheld” was changed to “upheld”.

## **5. Matters Arising**

There were no matters arising.

## **6. Crisis Resolution Home Treatment Team (CRHTT) Service Presentation**

The Chair welcomed Theresa Wyles, Urgent Care Manager and Gwen Bonner, Clinical Director, Mental Health West to the meeting and invited them to give a presentation on the Crisis Resolution Home Treatment Service. A copy of the presentation is attached to the minutes.

Paul Myerscough reported that he had recently attended a Co-Production event in Wokingham at which service users fed back that when they rang the CRHTT phone number at the weekend, they were told to “make a cup of tea and wait until Monday and see their GP”.

The Urgent Care Manager said that the volume of telephone calls was very challenging with around 6,000-7,000 calls per month. It was noted that the service was currently analysing calls to gain a better understanding about the nature of enquiries.

The Clinical Director reported that over the last two years, there had been a real focus on staff training and all calls to the CRHTT were recorded for training purposes. The Clinical Director acknowledged that there was more work to be done but pointed out that the standard of the telephone responses had increased.

The Chief Executive reported that he personally signed off all complaint letters and said that recording calls to the CHRTT service meant that telephone conversations could be reviewed to see if the complaint was justified, and if it, steps would be taken to address any areas for improvement through training etc.

Ray Fox reported that he was Chairman of Eight Bells for Mental Health Support Group in Newbury and had tried to contact the CRHTT telephone service on a number of occasions, but had not been able to get through.

The Urgent Care Manager reported that part of the work to analyse the nature of calls to the service also involved reviewing whether some calls would be better answered by the Third Sector by Volunteer Peer Support workers.

Verity Murrice commented that some people needed more support than could be provided by voluntary organisations such as Eight Bells, but did not meet the threshold for the CHRTT service and there was a gap in mental health provision.

The Chief Executive acknowledged that this was an issue and said that the Government's Ten Year NHS Plan was expected to address gaps for people with low to moderate mental health care needs.

Julia Prince asked for more information about initiatives to support CHRTT staff wellbeing. The Urgent Care Manager reported that the service was looking at flexible working in response to staff wanting to work longer days in return for a day off in the week. In addition, the Trust's IAPT service provided stress management support for staff. Staff could also access the Berkshire Physiotherapy service. Other wellbeing activities included, "down time" when calls would be diverted to the East and staff could have a facilitated session to raise any issues of concern.

Tom Lake mentioned that he had visited Prospect Park Hospital and was surprised that the Crisis telephone line at Prospect Park Hospital had no visual signal that a message was waiting.

The Chair thanked the Urgent Care Manager and Clinical Director, Mental Health West for their presentation.

## **7. Audit Matters**

### **7.1 External Auditors Report to the Council of Governors**

The Chair welcomed Ben Sheriff, External Auditors to the meeting.

Ben Sheriff presented the External Auditors opinion on the Quality Accounts 2017-18 and made the following points:

- The External Auditors had given a "clean opinion" on the Trust's Quality Accounts. Financial Accounts and Charitable Fund Accounts for 2017-18
- In respect of the Quality Accounts, the External Auditors had tested the content and consistency of the Quality Accounts against other sources of information.

- The External Auditors had also tested three indicators: two of which were reported publicly (Out of Area Placements and Early Intervention in Psychosis); and one indicator selected by the Council of Governors (Improving Access to Psychological Therapies).
- The External Auditors had made three low priority recommendations for improvement which the Trust had accepted.
- The areas for improvement were: developing a formal policy for Care Coordinators which defined the frequency in which the patient was visited by a Care Coordinator; formalising and strengthening the reconciliation control around Out of Area Placements; and a process to be put in place to ensure that all physical referral letters were time stamped with the correct date and were consistently recorded.

Paul Myerscough asked whether date stamping and properly recording referrals was an issue across the Trust, not only in the Early Intervention in Psychosis and IAPT services.

Ben Sheriff said that the Trust received referrals from a range of different services and therefore unless there was a consistent approach across the Trust at the point at which a referral letter was received, there was a risk that the wrong date of receipt would be recorded.

Gary Stevens asked whether Deloitte were the External Auditors for other mental health trusts. Mr Sheriff confirmed that this was the case.

Paul Myerscough asked about the definition of “inappropriate” and “appropriate” Out of Area Placements.

Mr Sheriff reported that the Department of Health and Social Care had a strict definition about inappropriate and appropriate Out of Area Placements and there were a limited set of circumstances when an Out of Area Placement was deemed to be “appropriate.”

Tom O’Kane asked about the Trust’s trajectory against target in respect of Out of Area Placements.

Mr Sheriff explained that NHS Improvement required Trusts to set a trajectory for reducing the number of Out of Area placements based on their current performance.

Chris Fisher, Non-Executive Director said that the Government had pledged to end inappropriate Out of Area placement by 2022.

Gary Stevens asked how the Trust’s performance compared with other similar Trusts. Mr Sheriff commented that reducing Out of Area Placements was a complex issue and that the reasons for placing patients out of area varied from Trust to Trust and therefore national comparisons were not meaningful.

John Barrett congratulated the External Auditors on the clarity and presentation of the information contained in the report. Mr Barrett said that the format of the Quality

Accounts Report had improved over time, which was due in part to feedback from Governors.

The Chair thanked Ben Sheriff, External Auditors for his report.

## **7.2 Annual Audit Committee Report**

The Chair welcomed Chris Fisher, Chair of the Audit Committee.

Chris Fisher presented the Annual Audit Committee Report and highlighted the following points:

- The purpose of the Annual Report was to provide Governors with an overview of the work of the audit Committee.
- The Committee undertook an annual self-assessment. Members of the Committee, the Internal and External Auditors and the Counter Fraud Service together with other regular attendees completed the questionnaire. Overall, the results were very positive with a couple of areas identified for improvement: succession planning for the Chair and Non-Executive Director members and more professional development sessions for Committee members.
- The Committee's terms of reference had been circulated. The Committee had a broad remit and agenda management was challenging.
- The Committee had commissioned several deep dive reviews into the key areas of risk for the Trust.
- One of the key functions of the Committee was to ensure that the Trust's resources were focussed on the most important area of the Trust's business.
- The Audit Committee agreed the Annual Internal Audit Programme which set out the topics where it would be useful to management to have some external scrutiny.
- A summary of the Internal Audit reviews for 2017-18 had been circulated.

Suzanna Rose referred to the Internal Audit Report and asked whether a solution had been found in respect of the lack of an audit trail for controlled drugs at the WestCall Out of Hours service.

Mr Fisher reported that the controlled drugs process had changed and there was now a process in place to ensure that there was an audit trail.

Susanna Carvalho asked whether the recommendations in respect of staff appraisals had been implemented.

The Chief Executive confirmed that this was the case and said that the Trust had changed the appraisal documentation to make it easier for managers and staff to have more in depth conversations.

John Barrett noted that the Internal Auditors had highlighted that some appraisal objectives were not SMART.

The Chief Executive acknowledged that framing objectives was very important and that the Trust included training on how to develop SMART objectives.

Amrik Banse asked about the definition of the different Internal Audit assurance levels. Mr Fisher referred to page 57 of the agenda pack which provided a description of the various levels of assurance.

Tom Lake referred the Board Assurance Framework and asked whether the Board had identified all the key strategic risks or whether there was an element of “group think” amongst the Board.

Chris Fisher said that at the end of the Trust Board and Sub-Committee agendas there was an item on identifying any new risks. This served as a prompt for members of the Board and Sub-Committees to reflect on the meetings’ discussions and to consider whether any new risks had emerged which should be escalated to the Board Assurance Framework.

Mr Fisher pointed out that the Internal Auditors had given “significant assurance” to the Trust’s Risk Management and Board Assurance Framework processes.

The Chair said that Mr Lake’s point was a good one and acknowledged that it was important that the Board guarded against “Group think”.

Paul Myerscough pointed out that the Audit Committee’s terms of reference made no mention of the Governors role. Chris Fisher said that he would be happy to review the terms of reference with Mr Myerscough.

The Chair thanked Chris Fisher, Chair of the Audit Committee for his report.

## **8. Executive Reports**

### **8.1 Patient Experience**

Nathalie Zacharias, Applied Health Professional Lead presented the report and apologised to Paul Myerscough, Chair of the Governors Quality Assurance Group for the fact that the report was presented to the full Council before the Quality Assurance Group had reviewed it. It was noted that the dates of the Quality Assurance Group meetings had been changed for 2019 to ensure that the working group members had an opportunity to review the report before the Council meetings.

It was noted that patient ethnicity was included in the report for the first time, but unfortunately patients’ ethnicity was not stated in around half of the complaints received in Quarter 2.

It was also noted that for the first time the Friends and Family Test response rate had increased to 17% (this was above the 15% threshold to be statistically valid).

Marion Child referred to the Friends and Family Test responses and commented that there were low response rates in respect of Older People and Community Services and asked what the Trust was doing to ensure Older People had a “voice”.

Ms Zacharias reported that the Trust had started to do some targeted work to improve the response rate from older people on the Trust's Older People's wards.

Marion Child asked about plans to increase the response rate in the Community. Ms Zacharias agreed to review that area and to consider what actions could be taken to improve the response rate.

The Chair thanked Ms Zacharias for her report.

## **8.2 Performance Report**

John Barrett referred to the capital programme spend and commented that there was an increase in capital programme slippage and asked whether this meant that big capital projects were not taking place.

The Chief Executive explained that the capital programme was around £10m per annum. The Chief Executive said that the causes of the slippage were various, for example, if the Trust did not receive any acceptable tenders for capital works or there were delays in contractors being able to start work or delays in materials etc.

The Chief Executive provided assurance that the Trust had not cancelled any key capital projects.

The announced that the Trust had recently been awarded £10m of capital funding from the Department of Health and Social Care to support the move of Willow House to Prospect Park Hospital.

Tom Lake said that it would be helpful to have the vacancy rate and a commentary on hot spots included in future reports. Mr Lake also asked whether the Trust had difficulties in recruiting doctors.

The Medical Director reported that there was a national shortage of Psychiatrists but confirmed that most of the Trust's medical positions were filled.

The Chief Executive pointed out that the Performance Assurance Framework Report submitted to the public Trust Board meeting provided detailed information on the Trust's performance and this report could be accessed via the Trust's website.

Tom O'Kane asked who determined the content of the Chief Executive's Performance Report. The Chief Executive explained that the content had been selected by Governors and said that if Governors wanted, the full Performance Assurance Framework Report which went to the Public Board meeting this could be circulated.

The Chair said that unless Governors requested the full document, it was better to have a short synopsis of the key performance metrics at the Council meetings.

The Chair thanked the Chief Executive for his report.

## **9. Committee Steering Groups**

### **a) Living Life to the Full**

The report was taken as read.

John Barrett highlighted that the Trust's Chaplain at Prospect Park Hospital had attended the last meeting. It was also noted that Julia Prince had also attended to talk about staff wellbeing.

The report was noted.

**b) Membership & Public Engagement Group**

The report was taken as read.

Tom Lake reported that Jade O'Connor, Marketing and Communications Manager had left the Trust. It was noted that membership lead was now Izzy Coleman-Wood.

Mr Lake reported that Cathy Saunders, Head of Marketing and Communications and Julie Hill, Company Secretary had also attended the meeting.

Mr Lake highlighted that the meeting had discussed the following:

- A document storage system for governors;
- Annual Members Meeting attendance (29 members of the public had attended in 2018);
- Membership recruitment and the need to recruit more men and people from an Asian background;
- A new initiative to work with civic organisations to encourage more nominations for governor elections. This would start in the Bracknell locality because in the last round of governor elections there were no nominations from Bracknell.
- The Governor magazine and the need to use this as a vehicle to promote the Trust's image.

The report was noted.

**C) Quality Assurance Group**

The report was taken as read.

Paul Myerscough encouraged governor to attend the Quality Assurance Group meetings.

**10. Election Report**

The Council noted the election report in respect of the recent Governor elections in Reading, West Berkshire and Windsor, Ascot and Maidenhead. As previously stated, no nominations were received in Bracknell.



## **11. Quality Accounts**

The Chair welcomed the Medical Director and Amanda Mollett, Head of Clinical Effectiveness and Audit.

Ms Mollett reminded the meeting that NHS Improvement mandated two indicators for the External Auditors to audit in respect of the annual Quality Accounts and one local indicator to be selected by Governors.

Ms Mollett reported that the Trust's preference would be for the percentage of patients on the care programme approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period. It was noted that the two NHS Improvement mandated indicators for testing were likely to be the same indicators as for 2017-18.

It was noted the External Auditors were happy with the proposed local indicator.

Julia Prince pointed out that the Trust comprised of 50% mental health services and 50% community health services, but the indicators largely related to mental health services.

Ms Mollett said that the only community health related local indicator was referral to treatment, but it was felt that the Care Programme Approach was better because of its impact on ensuring that patients were reviewed post discharge.

Paul Myerscough said that his impression was that only a small number of mental health patients were on the Care Programme Approach.

The Medical Director reported that the Trust followed the Care Programme Approach guidance and although the numbers may be relatively small, these were a high-risk cohort of patients.

The Council agreed that the locally selected Quality Accounts indicator for 2018-19 would be option 1 in the report (the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric care during the reporting period).

## **12. Any Other Business**

There was no other business.

## **13. Meeting Review**

The Chair invited Governors to feed back on the meeting. Overall the feedback was positive, but Tom O'Kane commented that it was difficult to hear at the back of the room.

Tom Lake suggested that in future, the Patient Experience Report should be taken as read and Governors to be given an opportunity to ask questions. Paul Myerscough said that any Governor who wanted to have a more in-depth review of the Patient Experience Report should attend the Quality Assurance Group meetings.

**14. Dates of next Council meetings**

- 6 February 2019 – Joint Non-Executive Directors and Council of Governors meeting
- 20 March 2019 – Formal 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 12 December 2018.

Signed:.....

(Martin Earwicker, Chair)

Date: 20 March 2019

DRAFT