

Minutes of a Meeting of the AWP NHS Trust Board

Held on Wednesday 27th May 2015 at 10.00am in St James Priory, Bristol

These Minutes are presented for **Approval**

Members Present

Tony Gallagher (TG) – Chair	Rachel Clark (RC) – Director of Organisational Development
Iain Tulley (IT) – Chief Executive	
Barry Dennington (BD) – Non-Executive Director	Kristin Dominy (KD) – Director of Operations
Peaches Golding (PG) – Non-Executive Director	Emma Roberts (ER) – Company Secretary
Ruth Brunt (RB) – Non-Executive Director	Andrew Dean (AD) – Nursing Director
Sue Hall (SH) – Director of Resources	Hayley Richards (HR) – Medical Director
Susan Thompson (ST) – Non-Executive Director	Lee O’Bryan (LOB) – Non-Executive Director
Tony McNiff (TMN) – Non-Executive Director	Graham Coxell (GC) – Associate Non-Executive Director

Staff In Attendance

Abigail Simpson (AS) – Corporate Governance Officer
Hannah Dennis (HD) – Head of Corporate Governance

Members of Public and Staff in the Gallery

Monica Chowdhury – Community Access Support Service, Wellspring HLC	Hazel Buckland – Business Coordinator to Emma Roberts
Erica Wildgoose – Co-Chair, Bristol Survivors Network	Peter Hale – BIMHN, Healthwatch, Rethink
Julie Benfell – Head of Compliance, AWP	Sue Willingham
Mary Chilvers – The Lady Day Life Foundation	Anna Klonowski – Business Development and Strategy Advisor, AWP
Glenn Townsend – Bristol CCG	

BD/15/030 – Apologies

1. There were no apologies.

BD/15/031 – Declaration of Members’ Interests

1. In accordance with AWP Standing Orders (s7.1) members present were asked to declare any conflicts of interest with items on the Committee meeting agenda. None were declared.

BD/15/032 – Patient Experience Story

1. The patient story had been given to the Board by a carer, and pertained to an elderly couple who had had recent experience in using mental health services.
2. After experiencing difficulties with memory and mood, the patient had been referred to the Complex Intervention Team, an Older Adult Service. Following several home visits, referrals and assessments, a diagnosis had been given. The carer reflected that he and his wife had been

treated with ‘compassion, respect and discretion’ throughout the process.

3. The carer noted that an unaccompanied, trainee clinical psychologist attended to the patient on one occasion. The trainee was described as appearing ‘out of her depth’. The carer’s comments had been taken on board, and a supervisor had proceeded to supervise the trainee in future visits.
4. The couple was currently receiving home help to address the patient’s ongoing memory loss problems. The carer felt that he was able to appropriately respond to the ongoing difficulties his wife faced.
5. The lesson learned from the patient’s story was that, because the Trust was a training organization, it was essential that all trainee staff were given supervision. Further, it was important to receive feedback from trainees, substantive staff and service users.
6. The Chair updated that, following the patient story given at the previous Board meeting, the Trust had improved its complaints policy on the root cause analysis review process, and was working with commissioners around medically unexplained symptoms. Further, AD was leading on a Psychiatric Intensive Care Unit (PICU) review, which would be brought to the Board in June.

BD/15/033 – Questions from Members of the Public About the Work of the Trust

1. In respect of Section 3.1 of the Mental Health Act Report 2013/14, Mr. Ody had asked how many patients had been wrongly told by AWP staff that they needed to go into hospital, and what steps AWP had taken to contact patients who had undergone this experience. The Chair replied that the Mental Health Act Report was a national report, which considered practice throughout the country and was not specific to AWP. The statement delivered by the Chief Executive at the previous Board meeting did not refer to the Trust sectioning patients against the law.
2. Mr. Ody had asked why patients were not told that their RiO records were being amended, and who had access to them. The Chair replied that records did show who had accessed and amended patients records and when. Records were annotated with staff members’ names, alongside date and time stamps.
3. Mr. Wheeler had asked the Board if it was content with the Trust’s decision to cease the free bus service that had been operating between Callington Road Hospital and the Bristol City Centre. The Chair replied that the issue had been put to the Mayor of Bristol as a matter of urgency, to ensure parity of esteem for mental health service users. Following feedback that the pathways to and from the hospital site were unsafe, the Trust hoped to join with its partners to encourage First Bus and Bristol City Council to recognize the needs of mental health service users and carers, and to ensure that transport and pedestrian access to the hospital was available and safe.

BD/15/ 034– Minutes/Summary of the Meeting of the Board on 29th April 2015

1. The minutes of the meeting of the Board on 29th April 2015 were **approved**, subject to the amendments outlined below:
 - There was a duplication on page 2, at item BD/15/003;
 - The point at page 3, item BD/15/005 should read ‘June’ rather than ‘May’;
 - On page 4, point 11, AD clarified that the IQ metrics would be brought to Board in June, following review at the Quality and Standards Committee meeting;
 - SH corrected point 5, page 8 to read: ‘ to reduce the call on out-of-area Inpatient beds’;
 - HR asked that the percentages at page 9, point 9 be reviewed for accuracy;
 - HR noted that the ‘146 Suites’ written in BD/15/013 needed to be corrected to ‘136 Suites’;

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- On page 10, point 7, TMN noted that ‘appropriate’ needed to be changed to ‘inappropriate;’
- On page 12, BD/15/016, SH corrected that the date should read ‘2014/15’.

BD/15/035– Matters Arising from the Previous Meeting

1. The PICU review item would be brought to Board in June.
2. The Hazel Ward IQ Metrics review had been deferred until June.
3. The IQ Metrics item was marked as **complete**.
4. AD updated that the Safer Staffing Report had been deferred until June.
5. In respect of the Heatmap item, KD updated that a deep dive into all localities’ CQC Action Plans was being undertaken. The item was marked as **complete**.
6. The Governance Review had been undertaken and the Action Plan had been updated. This report would be brought to Board in June.
7. KD updated that IQ benchmark data had been added where information was available. The item was marked as **complete**.
8. The Questions to Board item was marked as **complete**.
9. On the first Quality and Performance Report item, KD confirmed that information had been provided where available. The item was marked as complete. On the second Quality and Performance Report item, KD confirmed that the item was **complete**.
10. On item 11, it was confirmed that the meeting had been scheduled. The Chair asked that an update from the meeting be provided at the June Board.
11. Item 12 was ongoing. KD updated that carpets were being provided across Fromeside, and the process was being monitored through the CQC Action Plan.
12. Item 13 had been included as part of the deep dive. The item was marked as **complete**.
13. KD confirmed that an Acute Care Pathway timeline had been included in her report. The item was marked as **complete**.
14. IT confirmed that an Annual Objectives paper had been included as an appendix to the Matters Arising. The item was marked as **complete**.
15. IT confirmed that item 17 was **complete**.
16. AD confirmed that item 18 was **complete**.
17. On item 19, SH updated that no changes had been made to the version of the Annual Operating Plan that had been approved at the April Board. The item was marked as **complete**.
18. The Board confirmed that all items due for June were on track.

BD/15/037– Chair’s Report

1. The Chair had recently met with Toby Sutcliffe, Wiltshire Clinical Director. There had been two successful consultant interviews.
2. The Chair and ER had visited Ward 4 at St. Martins Hospital in Bath. Particular mention was given to the positive morale and enthusiasm of the staff. Noting that the ward was waiting for a premises rebuild, the Chair described the ward environment as ‘less than adequate’.
3. BD fed back from the visit to Greyfriars PICU that staff were innovative, enthusiastic and

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proactive. PG fed back that the building was sustainable, using natural light and ventilation. She suggested that this could be used in the design of the Trust’s estates. SH noted that Hillview was being built in Bath, for which external support was being engaged to draw on best practise in estate building from the last 10 years. RB observed the benefits of staff who understood the model of care being involved in the design of the estate.

4. The Chair asked the Executives to report back to Board on the delegated levels of authority needed to affect change at a local level. – **ACTION EDs**
5. The Chair updated that he had been appointed the Chair of the West of England Genomics Medical Centre Partnership Board, to start with immediate effect. This supported the Trust’s objective to be an active participant in the local healthcare economy.
6. The Chair and ST had met with the Chair and the Non-Executive Director of the Board of the North Bristol NHS Trust, to discuss common problems and joint initiatives. The meeting had been positive. ST said that, as a consequence of the meeting, it had become apparent that the Trust needed to review the impact of the S136 suite on the Emergency department at Southmead Hospital. This needed to be considered within the S136 work within the Acute Care Pathway review. – **ACTION KD**

BD/15/038 – Chief Executive’s Report

1. IT outlined that the organisations that monitored the Trust’s performance around quality and outcome were the Care Quality Commission (CQC), Monitor and the NHS Trust Development Agency (TDA). Monitor had revised their Well Led Framework; in response, the Trust was establishing a formal care review to analyse leadership within the Trust.
2. IT acknowledged the significant challenges to NHS staff, including within Forensic Services, Wiltshire Services and in Bristol. Work was being undertaken to review how to sustain the levels of staffing required to provide services.
3. The Board was working on an Enterprise Strategy, to determine how the Trust would react to the Five Year Forward View and the Dalton Review.
4. IT fed back from a partnership event that had been held in Bath, called ‘Keep Safe, Keep Sane’. Feedback at the event had been that AWP services were not yet responsive enough and that carers’ views were ignored rather than used as intelligence.
5. IT updated that the Trust had recently been accredited with a Triangle of Care second star. It was necessary for the Director of Nursing and Quality to ensure that such performance and quality was consistently implemented throughout the Trust.
6. There had been 16 Serious Untoward Incidents (SUIs) in the last month, across all local areas. An in-depth investigation was being carried out for each SUI. IT updated that the guidance around SUI reporting had recently been changed.
7. The ‘Board on Tour’ initiative aimed to ensure that the Board were engaged with local issues and responded to local needs. IT asked those in attendance to feed back on the current Board meeting, including the ‘Hot Coffee, Hot Topic’ session.
8. IT raised that Swindon were hosting an event to celebrate the work of its partners around dementia. He suggested that this type of event be replicated throughout the Trust. It was noted that the Annual Staff Awards ceremony was being held in October; the closing date for nominations was the end of June.
9. There had been more than 12,800 responses to the Staff Friends and Family survey. IT highlighted

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that 91% of respondents said that they would recommend the Trust’s services to family members.

10. Following the election, IT emphasized that the Trust would continue to maintain its focus on the quality of services, the development of staff and the cost and efficiency of services.
11. The Board congratulated KD for her appointment of Chief Operating Officer at the South London and Maudsley Hospital and thanked her for her work with the Trust.
12. TMN stressed the importance of empathy in the work of the Board and the Trust.

BD/15/039 – Quality and Performance Report Month 1

1. KD emphasized that the Trust had a duty to understand targets and the impact they would have on service users.
2. There had been challenges in establishing the Community services in Bristol, and the locality had also experienced performance issues. Work was being undertaken to address and improve the issues with the Seven Day Follow-Up and Referral to Service performance indicators.
3. KD highlighted the new performance indicator, IAPT Moving to Recovery. This was part of a new suite of indicators that related to access and waiting times. There was significance variance across the Trust with respect to the indicator in question; it was necessary to apply learning from BaNES to the organisation as a whole.
4. The Acute Care Pathway review was underway; a timeline for the project was attached to the appendix of the report.
5. Demand and capacity management had been picked up across the Trust. The process had been used to manage the demand on Inpatient beds across the Bank Holiday weekend. This effort had been successful.
6. LOB asked what needed to be done to help the Bristol team. KD replied that additional management capacity was being brought into the Bristol service, to support Sarah Branton with the transition into the new model. Additional resource was being introduced to support the quality agenda. LOB asked if the Board would have visibility of this activity. KD confirmed that activity would be made visible through the CQC Action Plan process.
7. James Eldred (JE) updated that, in respect of performance issues, an action plan had been produced. Further, a new Transition Manager was being brought in, to allow Sarah Branton to concentrate on operational management and to allow for the effective delivery of all areas of working. JE confirmed that he could supply timelines and trajectories of improvement.
8. HR relayed feedback that service users were being seen regularly, but that a significant number were not being given annual review, or CPA. The review was a formal marker of the review of the provision of care for the service user. HR emphasized that it was necessary that staff understood this review process and were able to deliver it effectively. ST asked that any points around system changes which came from the CPA reviews be fed back to the Quality and Standards Committee.
9. RC noted that the Quality and Performance Report quoted the staff appraisal target as being 85%. She clarified that the target was for 100% of Trust staff to receive appraisals.
10. The Board noted that the sickness absence trend was improving.
11. TMN noted that the Staff Friends and Family Test uptake was particularly low in Bristol, and asked whether this was a product of the transition. He further asked whether the result was considered positive or negative, being at 70%. The Chair asked that the question be followed up as part of the Matters Arising. – **ACTION KD**

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12. The Trust had been in the process of sub-contracting to private provision for out-of-areas. These beds had been established and were being managed by an out-of-area manager. A twice weekly bed management conference call, with all localities, had been instigated to ensure that out-of-area beds were being proactively managed. This provision would be carried out for three months. KD updated that there were currently 25 out-of-area beds.
13. TMN added that the Audit and Risk Committee had been reviewing the process of transition and the governance behind it. He raised the fact that the period of transition needed to be defined, and parameters needed to be set to inform when business-as-usual would resume.

BD/15/040– Achieving Compliance Across All Five Quality Domains

1. KD updated that deep dives into the Action Plans were being undertaken, to ensure that there were dates against which all localities would deliver by. A Week in Focus was commencing in Secure Services, week beginning 1st June.
2. On point 2, HR asked for clarification that the wording was ‘informed of’ rather than ‘afforded’. KD confirmed that this was correct.
3. TG asked for clarity around items that were permanently amber. KD suggested that advice needed to be taken from HR and AD on the items that could not be turned green but that had been sufficiently mitigated against so as to ensure compliancy. On this basis, the RAG rating could be changed. TG asked for HR and AD to bring guidance on this issue to the June Board – **ACTION HR/AD**
4. The Board agreed that staff needed to fully understand standards and mitigations.

BD/15/041– Clinical Executive Report

Safer Staffing

1. Staffing levels below 80% and above 120% were reported as exceptions. AD suggested that this should be amended, so that levels below 95% or above 105% were reported. AD planned to undertake a deep dive into four areas which reported levels below 80%.
2. 16 areas had reported staffing levels of above 100% of the establishment. In every case, ‘acuity’ and ‘levels of observations’ were listed as the reasons why. One area had reported long-term, two-to-one levels of observation; evidence suggested that this negatively impacted therapeutic relationships. AD updated that he was due to undertake a deep dive into this issue.
3. TG stated that he welcomed the proposed amendment to the safer staffing levels. He suggested that modern matrons could be involved in the process of setting standards. AD intended that safer staffing would constitute part of the regular reporting into the proposed integrated governance group. Responsibility for reporting exceptions would be devolved from Heads of Quality to modern matrons.
4. RB supported the safer staffing level amendment, from a Non-Executive perspective. RC asked that any intelligence AD gained in respect of the impact on staff be fed back to the Employee Strategy and Engagement Committee (ESEC).

Service and Pathway Design

1. A PICU review was underway, to review: location, ward size, staffing, medical cover, environment and clinical model. AD updated that there were currently long lengths of stay and insufficient escalation protocols within PICUs.
2. On 136 Suites, AD updated that detainees may wait for assessments and onward moves, causing

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additional stress for both detainees and staff. There were further issues around 136 Suite environments and assessments. This was being reviewed as a matter of urgency, and the redesign of the 136 Suite in Devizes had been started.

3. Several wards were sub-optimal in terms of bed numbers, but had staffing levels typical of wards with optimal bed numbers. AD had met with Estates to attempt to refigure the wards into optimal bed sizes.
4. AD and HR were reviewing the models of care in the Acute Care Pathway, in terms of whether they met NICE guidelines. Work with clinicians was being developed to define clinical delivery.

Governance Structures

1. A review of quality governance structures, including Management Groups, had been undertaken in 2012/13. Since then, local delivery units had developed and embedded functioning quality governance structures. AD was concerned that this had siloed.
2. AD wanted to adopt an integrated governance structure and to reduce the number of Management Groups.
3. ER confirmed that management and governance structures had been reviewed since 2012/13. She stated that collaboration with HR and AD would be welcomed, to ensure that best practise was being reflected.
4. TG noted that ESEC was being amalgamated into the Quality and Standards Committee. HR and AD were in discussion with ST, to ensure that the changes being made by the Clinical Executive were reflected in the Trust’s Committee structure.

Medical Directorate Report

1. HR highlighted that Foundation Year 1 trainees had increased from four to eight over the last year; Foundation Year 2 trainees had increased from 11 to 16; GP trainees had increased from 13 to 16, and the number of core trainee posts had increased by two.
2. A focus for the directorate was to reduce agency spend. HR explained that agency doctors were generally used because some geographies and specialities were comparatively harder to recruit to. Solutions were being considered, including offering additional sessions to part-time doctors, the better deployment of Trust staff and using non-medical staff whenever possible.
3. Re-validation for doctors had been instigated in December 2013. 89 positive recommendations and 17 deferrals had been made. 83% of recommendations had been positive, against a GMC national position of 87%, and 16% recommendations were deferrals against the national figure of 13%. Re-validation was achieved through annual appraisal. In 2014/15, 97% of doctors were successfully appraised, or 100% of those available.
4. Medical education was generally recognised. HR highlighted that work was being undertaken with regulators, including Health Education South West, offering 10 examples of good practise which would be circulated for wider discussion.
5. There had been a detailed focus on pharmacy, following feedback from staff. A consultation on the restructure had been launched in April, and was now closed. HR was due to meet with staff in June to feed back the outcome of the consultation.
6. HR updated that a review of how psychologists were employed across the Trust, in terms of whether they were working separately or within teams, was being undertaken. It was necessary to ensure that staff were psychologically minded and able to offer alternative interventions.

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BD/15/042– Annual Objectives 2015/16: Supporting and Developing Our Staff

1. Following the staff survey results, the Board had chosen to sponsor three areas of greatest concern: bullying and harassment, appraisal quality and staff engagement.
2. Work had been undertaken by the Organisational Development, Learning and Development and Operations teams to embed actions through the Annual Objectives. These objectives would be reviewed every four weeks through the Operations Senior Management team.
3. Future reporting against the three actions would be made through established Board reports.
4. LOB understood that unqualified staff, on wards and in Secure Services, were experiencing particularly high levels of bullying and harassment. RC outlined that the Trust had chosen to contact all substantive and bank staff. She fed back that the letter had been well-received to date, and staff had already made contact to pursue the guidance offered. IT added that a deep dive had been undertaken into Secure Services and that further work was necessary.
5. RC said that staff-side feedback about what constituted bullying and harassment was useful. She updated that work had been undertaken to review the Bullying and Harassment Policy and a communications campaign had been instigated Trust-wide. An agreement had been made with the Trust’s occupational health provider to introduce a ‘hot line’, to give guidance and support to members of staff who felt they were being bullied.

BD/15/043 – Report of Employee Strategy and Engagement Committee Chair

1. The Committee had agreed to review the progress of the staff survey actions against measurable outcomes, to give more ‘real-time’ feedback and assurance.
2. The Committee had discussed the transition of the Committee, whereby it would become a Clinical Executive Committee reporting into Quality and Standards. RB fed back the opinion that staff-side representation at the meetings should continue.
3. The Committee had received a report which outlined the Trust’s position against the Workforce Race Equality Standard (WRES). The report showed the differential position of BME members of staff in terms of access to training and disciplinary issues.
4. The Quarterly HR report indicated that there were significant differences between attrition rates and the rate at which the Trust were able to recruit. This was a significant issue for some areas, including Bristol. Although the Committee had been assured that retention was an area of focus, RB highlighted that this remained a significant challenge in some areas.
5. The cost of sickness absence was higher in Wiltshire, Bristol and Secure Services than in the rest of the Trust. RB suggested that the Finance and Planning Committee review this information.

BD/15/044 – Trust-wide Risk Register

1. The Board was responsible for ensuring that there was a system in place to identify and appropriately manage risks.
2. The Director of Resources had asked that the Trust-wide risk TW6 be closed, on the basis that he risk had achieved appropriate mitigation. TMN disagreed that the risk should be removed. SH clarified that risk TW6 pertained to the 2014/15 CIP. The Chair suggested that TW6 be put to the Finance and Planning Committee for review, and feedback be brought to the June Board – **ACTION SH**
3. ER updated that the Trust-wide Risk Register had been reformatted. A column had been added to indicate where risks had been escalated or closed within the last 12 months. This would allow the

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Board to have historic oversight of the risks that had built up over the year.

4. ST turned to risk TW7, which had been de-escalated. She why the rating had ben reduced. KD replied that some recruitment activity had been successful, and staff were expected to start work with the Trust in June and July.
5. GC left the meeting.

BD/15/045 – Finance Report M1

1. SH highlighted that retention and staffing levels were areas of concern.
2. Overall, the Trust was on track at month 1. Page 4 of the report detailed pay costs, which were an area where the Trust was off-track. Temporary staffing costs were over budget. It had been agreed that, for the first three months of 15/16, the agreed agency premium would be put into he budget for the first three months. This was to offset localities’ recruitment plans, following on from the previous year’s trajectories. SH updated that the reduction in agency shifts were not as significant as expected. It was necessary to understand the impact that this would have on the Trust’s recruitment plan.
3. The position was a deficit in month 1, showing £944,000. SH and LOB confirmed that the Finance and Planning Committee had committed to looking at CIP plans, which were back ended and would be realised later in the year. The plans related to estates efficiencies and disposal programmes. The plan would be re-profiled and reviewed at the June meeting of the Finance and Planning Committee.
4. The Chair asked whether there was a Quality Improvement Programme associated with the £800,000 control total. He asked that the Finance and Planning Committee review the Plan and feed back to Board – **ACTION SH**
5. The Chair asked that the next month’s Finance Report provide greater clarity around whether localities and wards could have more discretionary expenditure – **ACTION SH**
6. The Chair asked that the Finance and Planning Committee cover the issue of staffing arrangements within its scrutiny. – **ACTION LOB**
7. On the balance sheet, SH updated that there were no areas of significance variance from the budget. She highlighted that capital plans had not yet been spent, but had been approved.
8. The capital programme had been split, to show the percentage of work and to demonstrate how capital was divided. SH updated that Trust-wide anti-ligature work was currently being approved; the bulk of the work related to changing windows across the Estate.
9. The Chair turned to IT expenditure. He understood that the Electronic Patient Record procurement was a necessity, given the replacement of RiO. The Chair recommended that a review of IT expenditure was undertaken. SH confirmed that she would feed back with further detail – **ACTION SH**
10. The Chair asked that the Finance and Planning Committee review the capital expenditure, and the impact on AWP cash and borrowings, as part of its regular reporting. – **ACTION SH/LOB**

BD/15/045.1 – Report of the Audit and Risk Committee Chair

11. The Audit and Risk Committee had met to consider the annual accounts. The Committee had approved the accounts for signing, for the Audit Report.
12. TMN fed back that the Trust had received an unqualified opinion on its internal audit position for the year. This gave significant assurance on the controls in place within the Trust. External

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auditors had given an unqualified opinion, and felt comfortable with the accounting treatment adopted for the year.

13. The auditors needed to sign off the Remuneration Report, within the Annual Report, before they could sign-off their unqualified opinion. The Board **approved** the Chair’s action to supervise this sign-off – **ACTION TG**

BD/15/045.2 – Report of the Finance and Planning Committee Chair

14. LOB updated that the TDA had observed the February meeting of the Finance and Planning Committee, and had given positive feedback.
15. LOB acknowledged that staffing was a significant issue. He was concerned that he was not aware of what mitigation could be made.

BD/15/046 – TDA Oversight Report

6. ER presented the Report to Board to authorise for submission to the TDA. The Board **approved** the report for submission.
7. The Chair asked how the Board received feedback from the meetings with the TDA. IT suggested that the minutes of the meetings be brought to Finance and Planning for review. – **ACTION**

BD/15/047 – Annual Whistleblowing Report

1. LOB outlined that, during the course of the year, the Whistleblowing Policy had been reviewed and amended. He was concerned that only one issue had been raised during the course of the year; typically, there were between four and eight concerns raised in an NHS Trust of the same size as AWP.
2. HR clarified that the NHS staff survey had demonstrated that staff were aware of how to raise concerns, and that they felt confident and safe in doing so. She suggested that the policy be publicised. RC added that the letter recently sent to staff highlighted safety within the workplace.
3. ST asked if lessons could be learned from Nottingham. The Chair stated that he was schedule to meet with Nottingham and could gain intelligence.

BD/15/048 – Review of Standing Orders and Standing Financial Instructions

8. ER outlined that there were minor amendments to the Standing Orders.
9. SH updated that a wider review of the SFIs and the scheme delegation was being undertaken. SH requested more time to undertake this review. She noted that SFIs needed to be put to the Finance and Planning and Audit and Risk Committees for review before being brought to Board.
10. The Board **approved** the Standing Orders and the extended review date for the SFIs.

BD/15/049 – To Note: Minutes of Board Committees

11. RB asked that the Employee Strategy and Engagement minutes be withdrawn from the agenda, to be amended. The amended minutes would be brought to Board next month.
12. The Board **noted** the minutes of the Finance and Planning Committee meetings of the 20th March 2015 and the 24th April 2015.

BD/15/050 – Any Other Business

13. TMN raised a point about the relationship between clinical audit and internal audit. He fed back that there was poor visibility of this relationship. The matter was being put to the Quality and

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Standards Committee for clarification. The Chair recommended that AD and HR be invited to the Audit Committee to review the issue; he noted that the Committee's audit remit was clinical and financial.

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