

Minutes of a Meeting of the AWP NHS Trust Board Committee

Held on Wednesday, 28th October 2015, in Seminar Room 4, Jenner House

These Minutes are presented for **Approval**

Members Present

Tony Gallagher (TG) – Trust Chair	Mathew Page (MP), Acting Director of Operations
Iain Tulley (IT) – Chief Executive Officer	Peaches Golding (PG), Non-Executive Director
Emma Roberts (ER) – Company Secretary and Director of Corporate Affairs	Hayley Richards, Medical Director
Andrew Dean (AD) – Director of Nursing and Quality	Sue Thompson, Non-Executive Director
Sue Hall (SH) – Director of Resources	Rachel Clark, Director of Organisational Development
Ruth Bunt (BR) – Non-Executive Director	

Staff In Attendance

Lucy Robinson, Communications Campaign Executive	Alan Metherall (AM), Deputy Director of Nursing and Quality
Jo Collins (JC), PALS and Complaints Manager	Ann Tweedale, Head of Quality Information and Systems
Abigail Simpson(AS), Corporate Governance Officer	Graham Hotchem, Interim Deputy Director of Finance

Members of the Public In Attendance

Mr. Ody	Mr. Stephen King
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BD/15/153 Apologies

1. The Chair advised the meeting that Non-Executive Director Lee O'Bryan had resigned from the Board. He thanked Lee O'Bryan for the service he had given to the Trust over the last four years acknowledging that he had chaired the Finance and Planning Committee, was the Trust's Senior Independent Director and had been responsible for overseeing whistleblowing.
2. No apologies were received.

BD/15/154 Declaration of Members' Interests

1. In accordance with AWP Standing Orders (s8.1) members present were asked to declare any conflicts of interest with items on the Committee meeting agenda.
2. There were no declarations.

BD/15/155 Patient Experience Story

1. MP advised of a procedural change that had been made relating to In-Patient provision following the receipt of a number of complaints about patients being admitted to wards outside of the Trust's geography.
2. It had been determined that the Trust would ensure that the most acutely unwell patients would be admitted to the nearest available bed. Where transfers were required, stage of treatment would be considered and those patients further down their treatment pathway would be transferred before those in the early stages of treatment.

3. An interim Out of Trust Placement Manager had been recruited to work with Locality Teams and Out of Trust hospitals to oversee appropriate review of the care pathway and to ensure patients were brought back to Trust beds as soon as possible.
4. A process had been initiated whereby wards would maintain an ongoing review of all patients to ensure that should transfer be required, patients could be identified for transfer between wards. Those with an acute presentation in the community should access a bed in the home locality.
5. This procedure had been in place for some months now and following review it was reported that the number of people placed Out of Trust had reduced significantly and this had led to a significant improvement in patient experience. The number of complaints has fallen from seven in the first six months of the year to two from June to date.
6. Communication of the process change had been monitored, reviewed and amended accordingly to ensure that Trust staff were appropriately briefed. The communications had stressed that decisions to move patients must be made on a clinical basis only. Patient and carer information had been produced and disseminated on Our Space.
7. Twice weekly bed management teleconferences had been arranged and had led to improved use of internal capacity.
8. New bed management systems were being considered as part of the Acute Care Pathway.
9. IT sought feedback from JC on the change. JC noted that communication had been a key issue and a great deal of work had gone into ensuring families understood the process. She advised that families had difficulty with sudden moves and there was often not the time to prepare them. Furthermore families did not always have the means to travel to see their loved ones if they were located Out of Trust. Overall however, service users were realistic about NHS resources.
10. TG noted that this was a good news story and suggested that the Trust should seek some positive PR. He also noted that there were savings to the system as a result of the changes and suggested they should ensure that Commissioners were made aware of this.
11. PG noted this was a good example of lessons learned and resultant practice change. She acknowledged the speed at which changes had been made and communicated.

BD/15/156 Questions from Members of Public about the Work of the Trust

1. TG read out a question from Mr Ody about the Trust's policy on maintaining secure, accurate and contemporaneous information in respect of each service user. Mr Ody asked about how health records were kept and in what form records were provided in the event an application for access was made.
2. TG relayed the response of the Management Team which advised that records could be held both on paper and on a computer system (RiO). Patients received all information they were entitled to under the Data Protection Act 1998. Information that identified another person was not the service user's personal data and would be removed. Any information that may cause serious harm to the individual or to someone else could be withheld.
3. TG read out a further question from Mr Ody about the removal of information from a service user's record because it was related to another person. He had asked how it was possible to enter a service user's information into another patient's record.
4. TG relayed the response of the Management Team which advised that there was an ability to enter information in error by selecting the wrong patient record for example. The large volume of patients in the system was noted and it was advised that sometimes the only identifying

information available would be the patient's name.

5. TG relayed a further question from Mr Ody about the service user not being informed if a change was made to their record as a result of discovery of an error. He had asked if AWP was not allowed to inform the user of the error made. TG relayed the answer that this was not the case. Mr Ody had asked if the AWP could inform the service user of the error but could choose not to do so. TG relayed the answer that it chooses not to do so because it does not have an effect on the care provided to the patient and it would not be efficient use of Trust time.
6. TG noted that Julie Benthall could make herself available to Mr Ody to discuss record management issues further. He advised that Julie Benthall would also provide a full reply in the Board minutes to the questions that had been raised by Mr Ody.
7. Mr King asked if a full copy of patient records would be provided if it was specified in the application that the service user wanted their full record. AD advised that third party information could not legally be provided without permission. A decision could also be made not to provide information that may cause harm.
8. Mr King asked if the Trust requests the permission of the third party. He also asked if the Trust informs the service user if information has been withheld. AD advised that it would be obvious that information had been withheld because it would be blanked out. He advised that they ask for permission if they are in a position to do so. Mr King raised his concerns about the lack of communication with the service user with regard to why information had been withheld on a record. AD advised that good practice would be for a Trust staff member to go through the record with the service user and to advise why information had been withheld. AD undertook to ensure that this happened in the future. He also undertook to investigate instances where specific appointments had been redacted. **ACTION AD.**
9. Mr King asked if a recent press article about an Ombudsman's Report criticising the Trust would be put on the Trust website to ensure that the public was made aware of this. IT advised that the Swindon Advertiser article had talked about services wider than those of the Trust. IT undertook to review the story and determine whether it was in the public interest. **ACTION IT.**
10. TG noted his view that it was not the role of the Trust to put everything published in the press on their website. If the Ombudsman puts something in the public domain it is up to the public to access this information. He also added that scurrilous statements naming specific staff members had been reported at the Swindon Advertiser which he considered to be inappropriate. He noted that as Head of the Trust, only his name should be mentioned. He advised that there had been communications with the Swindon Advertiser about this issue.
11. Mr King suggested the Trust could publish a response to the article. TG advised that his comments would be made in the public domain at Board meetings.

BD/15/157 Minutes of the Trust Board Meeting on 30th September 2015

1. The Board reviewed the minutes for issues of accuracy.
2. Mr King requested that his full name be recorded on the minutes. **ACTION AS.**
3. SH asked for a review of the wording on BD/15/134, Chair's Report, Point 4 where it was stated that "challenging feedback" had been received in relation to the Secure Contract.
4. SH asked for a review of the wording in BD/15/136, Quality and Performance Report, Point 1 suggesting it should read "MP noted the improvement made to the indicators contained within the Monitor Dashboard".

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5. RB referred to BD/15/132.2, Report of the Quality and Standards Committee Chair, Point 2 advising that "Quality and Standards Committee" (not ESEC) had been encouraged by North Somerset's progress. She advised that she had been reporting on behalf of ST.
6. RB referred to BD/15/132.2, Report of the Quality and Standards Committee Chair, Point 5 suggesting the wording should be "it was noted that the Committee had approved the ESEC transition plan for assurance on workforce divided between the Quality and Standards and Finance and Planning Committees".
7. SH referred to BD/15/139, Finance and Resources Report, Point 2 advising that the stretch target was £960k, not £960m.
8. PG referred to BD/15/143, Any Other Business, Point 1 advising that RB had attended the Trust's Excellence in Quality Improvement Showcase event.
9. RB referred to BD/15/141, Review of the Employee Strategy and Engagement Committee Transition, Point 2 noting that the Board had not approved that the Director of Resources would attend Quality and Standards Committee. The point had been made that it would be by invitation only. The main conduit would be AD who would be chairing the workforce. SH also advised that the Director of Resources had to report to the Finance and Planning Committee as a matter of course (not by invitation only).
10. The minutes of the Board Meeting on Wednesday, 30th September 2015 were **approved** with the changes recorded above.

BD/15/158 Matters Arising from the Previous Meeting

1. Action item one had been deferred until November. This action was marked **ongoing**.
2. Regarding action item two, AD advised that the issues had been addressed but had not been relayed in the Clinical Executive Report. He advised that Safer Staffing numbers had been defined and a transition plan put in place. There was also work being done on a new menu system. TG requested that a report was provided back to Quality and Standards and that the Board be updated further in November. This action was marked **ongoing**. **ACTION AD**.
3. A request was made to change the font size of the action list as it was difficult to read. **ACTION**.
4. Regarding action item four, it was reported that Swindon Triumvirate and Commissioners would report on the successful aspects of their relationship at the next Board meeting. SH advised that Paula May and Sheila Baxter would be making a presentation to HFMA on the same topic in November. This action was marked **complete**.
5. SH provided an update on vacancies and job offers. She advised that in October there had been 57 adverts placed and 61 job offers made. She undertook to provide a more detailed report during the Resources Report. This action was marked **complete**.
6. The remaining action items were marked as complete.
7. Horizontal Reporting items were reviewed. It was acknowledged that item one had been discussed (review of quality academy). Items two and three were deferred until November.

BD/15/159 Chair and Chief Executive's Actions

1. There were no items to report.

BD/15/160 Chair's Report

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1. The Chair noted Ian Tulley's resignation and advised that a recruitment process was underway.
2. The resignations of Tony McNiff and Lee O'Bryan, both Non-Executive Directors, were noted.
3. It was reported that Barry Dennington had agreed to take on the role of Finance and Planning Committee Chair and that Susan Thompson had taken on the role of Senior Independent Director.
4. The Chair noted that a Strategy Summit had been held. The main output had been the need for improved communication between the Board Executive and the delivery units.
5. The Chair advised that he had attended the West of England AHSN annual conference.
6. He had chaired a personal grievance Stage 2 hearing and the resulting actions were being followed up.
7. The Chair advised that he had met with the Chair of the Wiltshire CCG and they had discussed the status of the Community Tender.
8. The Chair advised that he had chaired the last Finance and Planning Committee in Lee O'Bryan's absence.
9. The latest proposal for the Genomics Bid Partnership had been submitted on the 20th October. The Chair anticipated that this would be a successful application and noted his expectation that NHS England would visit on the 19th November.
10. AD sought clarification regarding Susan Thompson's role as Senior Independent Director asking if her role would include whistleblowing. TG confirmed that it would. TG advised that a communication would be sent out to inform about Board roles and responsibilities. **TG ACTION.**
11. The Board **noted** the Chair's Report.

BD/15/161 Chief Executive's Report

1. IT reported that he and a number of Chief Executives from both the statutory sector and the private sector had attended a meeting with the Care Minister, Alistair Burt. Alistair Burt had indicated areas of priority were Perinatal Mental Health, Children Adolescent Mental Health Services and Eating Disorder Services. He had identified variations in quality and consistency of services. He acknowledged that, although the current structure was not optimal, there was unlikely to be structural change. It was expected that there should be organisational change. There was an expectation that providers would begin to work together setting up care networks and managing the supply chain. The South East providers had been asked to consider what a chain would look like in terms of in the priority areas. A reduction in tender processes was flagged. Bristol had been highlighted as an area prepared to work with the third and voluntary sector.
2. There was a question about whether anything had been said about collaboration across statutory bodies to ensure that young people in social care would be identified. IT advised that there was silo mentality, but Alistair Burt considered there to be a mind-set issue and had expectations that this could be overcome. IT considered there to be a lack of strategic commissioning in this regard and had concerns that without this, there may be difficulties moving in the proposed direction.
3. IT noted the Trust focus on achieving the planned surplus. This was concentrated around agency reduction and consideration being given to putting an embargo on using agency staff and utilising Trust staff by offering more overtime and flexible working options.
4. IT reported that the Daisy Project was moving forward. He reported that the partnership with

Priory continued and highlighted that this model was characteristic of what the government was seeking to achieve through partnership. He noted the importance of celebrating progress within this collaboration. A question was asked about whether the Council had been engaged in addressing social care needs. It was advised that some of the placements would be Social Care led.

5. IT reported on the Staff Awards Evening, advising that it had been appreciated by staff. He thanked PG for her attendance at the ceremony. He reported that Simon Manchip had brought some fun to the proceedings. Guest speakers had given an inspirational presentation.
6. The Strategy Summit is to be translated into annual objectives. A mid-year review and an outline of the next year's objectives would be provided at the November Board.
7. Mr King asked how IT had found meeting with Alistair Burt. IT advised that Alistair Burt seemed to be committed and acknowledged the real challenges within the NHS. He had been tasked with changing the messages about the NHS and about Mental Health in particular, which would involve more positivity, praise and appreciation rather than criticism.
8. TG advised that IT had handed in his resignation and reported that succession plans were in place. He noted that he and the Management Team had confidence in the Clinical Executive to take the Trust forward in the remaining period of IT's tenure and going forward. The Board was supportive of taking the Trust forward.
9. Mr King asked when IT would be leaving. TG advised that this date was to be determined. He advised that this would be reported in due course.
10. IT reported that the Community Services Survey results had been provided in the Clinical Executive Report and it was noted that of the 35 areas that had been considered, AWP had improved in 27 of those areas and were ahead of the national average. In three areas, AWP was ranked top in the country. Six areas had slipped but were still better than the average. Two areas were static and were better than the average. The Board recognised the localities and the teams for this achievement. IT suggested that they think about how they support teams to do even better.

BD/15/162 Quality and Performance Report Month 6

1. MP summarised that most measures had been sustained and in some cases had improved.
2. MP recalled the difficulties that had been identified at the previous meeting related to Gatekeeping in Bristol. He reported that there had been four breaches in September which was fewer than in previous months. The breaches involved Mental Health Act assessments, Community treatment order recalls and issues around how 136 Assessments had been undertaken. MP assured the Board that an appropriate clinical decision was taken albeit not within the gatekeeping requirement by crisis teams.
3. MP reported on the IAPT Moving Into Recovery Indicator. He advised that an interim person would be overseeing the action plan to improve the standard of the IAPT service areas. MP advised that he, Hayley Richards and the HR team were working on placing someone in this role.
4. MP reported a continued improvement in the Bristol performance regarding service users with annual review (non-CPA). The Bristol Action Plan was contained within the report.
5. Times from referral to assessment remained an issue in Bristol and were at a similar level as those seen in previous months. The Bristol Action Plan addresses this.
6. It was reported that there had been a significant improvement in North Somerset's compliance

with the Referral to Assessment - Memory Service requirement.

7. It was reported that the Early Intervention Action Plan was being overseen by Anthony Lacny.
8. It was reported that beds had reopened on Ashdown unit on the 5th October which allowed reduced ligature work to be carried out at Hazel Unit in Bristol. MP commended Estates on getting the work done in a safe and timely manner. He advised that there would be a phased reopening of the Laurel beds.
9. MP noted that the report now provided an overview of the financial cost of out of trust placements.
10. MP advised that the Finance and Planning Committee had provided some feedback on the bed usage graphs and reported that he and Toby Rickards would refresh these. He reported that the Trust maintains its position within the commissioned bed base but noted that there continued to be some out of trust bed usage. It was noted that there would likely be increased pressure during winter on the acute sector. It was noted that there had been a reduction in out of trust use in PICU.
11. MP advised that the indicator for Referral to Assessment - Settled Accommodation reflects the year to date rather than a three month rolling performance. A recommendation had been made to CQPM that this be changed to align it with all other indicators.
12. PG noted that the charts about bed pressures were helpful and easy to understand. She observed that some of the indicators provided information on the number of service users that had been impacted, while others did not. She asked the reason for this. MP undertook to show service user numbers for all indicators where possible. **ACTION MP.**
13. BD noted the sharp upward movement in the North Somerset line and compared this to the Swindon line and asked for comment on the fact that the Swindon result had remained flat. MP advised that the issues with North Somerset had been performance related and were being addressed through actions which improved performance. In Swindon there had been a commissioning issue and agreements had now been reached. The action would now be to monitor Swindon.
14. RB asked for some information about the volatility of the indicator on Early Intervention Referral to Treatment. MP undertook to provide information. **ACTION MP.**
15. RB noted that there had been a peak in the cost of out of trust beds in PICU in August. She asked if this affected the cost for female beds specifically. She noted that this was a big increase month on month for the same number of beds. SH advised that this had also been raised at the Finance and Planning Committee.
16. SH noted the need to caveat the BANES cost in Graph 4.1.4. She advised that there were beds shut in BANES at the time of meeting and she noted that the AWP rather than the Commissioners was meeting the cost.
17. IT reported on his walk around Elizabeth Casson House. 50% of the people there had suffered from borderline personality disorder and were not in need of a PICU. One person had been there for more than a year. He noted that the case mix was surprising and almost counter-productive. He advised that he had also spent a shift on Imber ward and had identified eight patients who did not need to be there. Four of them had borderline personality disorder and one had been there for over a year. IT concluded that work needed to be done on PD and other placements, and suggested that escalation with commissioners may be required.
18. MP acknowledged that psychiatric intensive care would not be an appropriate admission

destination for someone with acute personality disorder, but advised that the alternatives were not obvious. He noted that there was a legacy issue that needed to be dealt with. He indicated that a phased improvement would be seen in the Community Pathway over a period of time.

19. SH advised that the Executive was challenging the Commissioners and the way in which they were held to account for work strands in response to the CQC inspection. There was now a more rigorous approach to holding the rest of the healthcare community to account with it being acknowledged that AWP was only one part of the pathway. The Personality Disorder Strategy was being reported through CQPM.
20. AD suggested that an internal piece of work also had to be done to ensure that people were not admitted inappropriately.
21. IT advised that in regards to ECH, the CQC had specifically asked that the Board make a decision about whether ECH was a borderline personality disorder unit or a PICU. In the "Effect" domain, CQC could currently see that people were being kept safe, but did not consider them to be effective because they could not provide the relevant care. TG asked that the Clinical Executive provide a recommendation to the Board on what type of unit the ECH should be. AD undertook to provide this at the next meeting. ST noted that a PICU review was underway and asked that a collaborative approach be taken when considering the ECH recommendation. **ACTION AD.**
22. TG asked where the Acute Care Pathway Review would be presented. AD advised that it would be in the Clinical Executive Review but noted that it was not in the November report. TG asked that a specific section be formed in the Clinical Executive Review so that regular updates could be made. **ACTION AD.**
23. TG asked that the Bed Planning Report provide some narrative around future actions rather than simply stating the current situation. **ACTION MP.**
24. TG asked that Safe Staffing be explicitly reported upon in the Board papers. **ACTION AD.**
25. TG asked that examples of good practice be provided at the next meeting in relation to Gatekeeping. MP advised that he did have the details of the four cases and undertook to provide these to TG. **ACTION MP.**
26. TG referred to the comments made by MP about entering data into Rio in relation to Settled Accommodation and its effect on the reliability of the metric. MP advised that there were plans in place to make suitable changes to Rio which would make data entry more intuitive. **ACTION MP.**

BD/15/162.1 Report of Quality and Standards Committee Chair

1. No Quality and Standards Committee meeting had been held during October.

BD/15/163 Clinical Executive Report

1. HR reported that no wards had been under 80% overall for Safer Staffing. The recent modifications of the Safer Staffing were noted.
2. She reported that infection control testing had been carried out and improved results had been recorded at all of the AWP outlets. A system was now in place for regular testing of water outlets.
3. It was reported that a web-based caseload management tool had been developed to assist teams in self-assessing their caseload and to assist team managers in managing this. It had been piloted across certain teams and had been well received.

4. The reporting mechanism for the safety thermometer had been amended to ensure that AWP's results were comparable with those of other trusts. From November the thermometer data would be included from all of the beds across all of the wards rather than only the data from older adult beds.
5. Weekly audits had been put in place for Medicine Management. Sustained and notable improvements had been recorded in terms of how the drug cards are managed, labelling practices and storage.
6. The Community Mental Health Survey Results were presented to the Board and it was again acknowledged that these results had been pleasing.
7. It was noted that the CQC compliance task list was being constantly updated and results were being reported both internally and externally.
8. A number of indicators had been added to the IQ Domains. These had been shared with CQPM and NHS Quality Improvement Group.
9. Work was being done on the Evidence Library.
10. The first Quality Forum had been held. This had engaged staff in setting standards for clinical delivery. The second forum was scheduled for November.
11. RC noted that the CQC task list was helpful and asked if it helped to set the priority agenda for the Quality Forum. AD advised that it was used to a degree, but noted that in some instances this forum would be unsuitable given the lines of responsibility were wider than just AWP.
12. TG asked about the narrative around the CQC Task list seeking to understand whether suitable explanations were being provided for non-compliant areas. AD advised that this would vary from ward to ward. While some wards would be clear on the reasons for non-compliance and the actions that were required to mitigate or become compliant, other wards were not. The Quality Forum was seeking to provide wards with the tools/language to ensure that the same narrative style could be replicated across the organisation.
13. SH asked how outcomes from the Quality Forum could be linked into the discussions being held with Commissioners on a locality and Trust-wide basis. AD advised that Quality Directors were attending the forum because the route was through to the Integrated Governance Group, onto Quality and Standards and then onto the Board. The QIG agenda had also been reviewed.
14. It was noted that following the Strategy Summit, there would be a good opportunity to share best practice across groups and it was suggested that they could consider specific actions while this was fresh in people's minds.
15. ER asked how the Board could be assured that the outcomes of the Quality Forum were being implemented and embedded into the Quality Governance Framework. AD advised that the actions falling out of the Quality Forum would be reflected in procedural change or would become auditable tasks. AD confirmed that his team was responsible for taking the actions forward.
16. ST acknowledged results of the Community Survey and noted that areas which needed more work were areas which the Quality and Standards committee had already identified.
17. TG noted his surprise that where ward staffing was over 120%, it was related to acuity. He suggested there be some more discussion around overstaffing. AD advised that he could not provide assurance that all the wards were overstaffed because of clinical need. He advised that they now have better controls to identify what is overstaffing versus clinical need.

18. TG noted that, while the compliance of the Caseload Management Team showed improvement, the move from 16% to 36% still indicated a poor level of compliance. He asked to see a trajectory on this. **ACTION HR.**
19. Regarding Medicines Management, it was noted that an incident that had been recorded at the Quality and Standards Committee had not been included in the Clinical Executive Report. He noted that it had been significant enough for AWP to spend £50k to resolve and therefore should have been reported at Board.
20. TG suggested that consideration should be given to why the level of non-compliance in the "Effective" domain was high relative to the other domains. ST advised that the Quality and Standards Committee interrogates the non-compliance more vigorously, but had not held a meeting in October. Therefore there was no further information available to report to the Board at this time.

BD/15/164 Finance and Resources Report Month 6

1. SH advised that a deficit was being shown against the initial financial performance plan in-month, but noted that there were mitigations and plans in place, to offset the early overspends. She noted concerns about other cost pressures had been identified which meant that additional cost reduction plans would have to be put in place. The additional TDA stretch target was also reported to be a cost pressure, but it was noted that it had not been included in the current control total (as was consistent with the reporting practices of other Trusts).
2. SH reported that pay costs had been overspent as a result of the premium that was being paid for using agency rather than bank staff. Safer Staffing levels had been discussed and messages would be directed to staff to indicate that where the skill mix and staffing resulted in a safe ward, the Board would support lower staffing levels regardless of compliance with Safer Staffing numbers.
3. Initiatives were being introduced to encourage people to come back to the bank (e.g. nurse revalidation, flexibility, supervision).
4. While the bulk of agency staffing was in the nursing area, there were also agency staff employed in corporate roles. These were being reviewed to identify an exit plan or to establish whether continuing to use the agency was more efficient in each case.
5. SH reported that recruitment issues remained, with particular concerns related to Secure Services (29 vacancies) and Wiltshire (65 vacancies). ST sought to confirm whether the Vacancy column in Table 7 included positions where a job offer had been made. SH advised that Vacancy numbers did not include positions where a job offer had been made. TG welcomed the clarification on the number of vacancies versus offers and suggested they needed some consistency in that table. **ACTION SH.**
6. BD noted that a number of meetings had been held about use of agency staffing and ideas such as tiering of suppliers and rates of pay of bank workers were to be compiled in a paper to the Executive Team. MP advised that the Workforce Agency Reduction Program had picked up a range of actions and had drafted a paper for ET. This was not yet complete as costings and further information had yet to be included.
7. RB asked about when improvements might be seen in Bristol. SH advised that from an operational and financial point of view, there was a lot of attention on Bristol and the forecast had been reducing month on month. She noted she had more concerns about Secure Services. One of the large mitigations was around NHS England paying AWP for the penalty incurred from having Wellow shut. There were plans to reopen Wellow in December, but NHS England would

not make any payment until it was actually open.

8. TG advised that the Finance and Planning Committee had talked about what was under the control of AWP to action so that they could force others to make decisions (e.g. talking to commissioners about system wide cost savings). The issue of how much responsibility localities were taking for achieving cost reductions had also been discussed.
9. SH spoke about the mitigations being taken to manage the financial gap which was currently estimated at £6.4 million. The PMO was monitoring the medium and high delivery risk schemes. The low delivery risk (green) schemes would be put into the forecast.
10. The cash position would be discussed at the Finance and Planning Committee in November.
11. The capital program was slightly behind due to delays in spending on the Daisy Project and Bristol Community Rehab service.
12. BD asked about the upticks on the forecast on Table 13 between November and December. SH advised that the £950k would occur and the £615 and £750k timing would be dependent on contract signature dates. It was noted that any slippage could potentially be compensated.
13. TG noted his concern about the increase in turnover numbers in HR. He noted that he would prefer to see one turnover number than several iterations. SH proposed they use the number that takes out any TP Transfers or Fixed Term Staff. **ACTION SH.**
14. TG noted his concern about the disciplinary numbers citing that only 27% had been closed within the required timeframe.

BD/15/165.1 Report of the Finance and Planning Committee Chair

1. TG recorded his thanks to FB for her work with the Trust noting that she had added some structure to the PMO. He wished her all the best for her future endeavours.
2. TG reported on the presentation provided by FB about the Trust's ability to deliver on cost savings. He advised that the Committee had been assured that these were achievable.
3. TG advised that a deep dive had been conducted on Workforce and Recruitment. He encouraged those present to read the papers.
4. In regards to Future Business, TG suggested the Board needed to look at tendering opportunities. He noted that the Committee had indicated that there should be representation from the localities that were threatened or had imminent contracts and the Board should check they had the support they needed.

BD/15/166 Risk Register Report

1. IT flagged the risk BR23 suggesting the Board should consider whether this risk should have been de-escalated.
2. IT referred to BR22 and questioned the findings and the external review. He suggested this required further consideration.
3. IT referred to BE9 noting that there was a lot of activity in the tender opportunity space and asked if the Board was geared up for it.
4. IT referred to risk CE4 noting that in view of the levels of non-compliance with some of the tasks, the Board should consider whether enough is being done.
5. TG noted that he liked the approach of discussing the high risks on the register. He suggested that the Executive and Committee reports should allude to the top risks. He asked that they be

reflected in the next set of reports.

6. RB asked about the scoring of BE7 and BE8 asking why BE7 was amber at 15 and BE8 was red at 10. RC advised that this was due to severity.

BD/15/167 TDA Oversight Return

1. No changes were recorded.

BD/15/168 To note: Minutes of the Board Committees

1. The Finance and Planning Committee minutes for the meeting of 21st August 2015 were **noted**.
2. The Finance and Planning Committee minutes for the meeting 25th September 2015 were **noted**.
3. The Quality and Standards Committee minutes for the 15th September 2015 were discussed. SH sought confirmation about the nature of the discussion around the Daisy Project QIA. ST advised that the Committee had not seen the QIA for the Daisy Project although it had already been commissioned by that time. It was noted that the minutes for this meeting had not yet been approved by the Quality and Standards Committee because no October meeting had been held. Noting of the minutes was **deferred**.

BD/15/169 Any Other Business

1. No other business was raised.

BD/15/170 Board Digest

1. For information only.

Part 1 Meeting Close

The meeting was closed at 12.25pm by the Chair.