

## Minutes of a Meeting of the AWP NHS Trust Board

Held on Wednesday 25<sup>th</sup> November 2015, Jenner House, Chippenham

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 (HR), Medical Director
Andrew Dean (AD), Director of Nursing and Quality	Susan Thompson (ST), Non-Executive Director
Sue Hall (SH), Director of Resources	Rachel Clark (RC), Director of Organisational Development
Ruth Brunt (RB), Non-Executive Director	Barry Dennington (BD) Non-Executive Director

### Staff In Attendance

Paula May (PT)	Thomas Kearney (TK), Swindon CCG
Aly Fielden (AF), Bristol CCG	

### Members of the Public in Attendance

Mr M D Ody	Mr S King
Sheila Baxter (SB)	

### BD/15/179 Apologies

1. No apologies had been received.

### BD/15/180 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/15/181 Patient Experience Story: Presentation from Swindon

1. TK began the presentation by advising that Swindon's strategy was to increase expectation of the locality's service standards, to constantly review and repair, and not to allow standards to drop below expectation.
2. TK outlined the high level objectives of this strategy, these being (1) equal access to effective and safe care (2) equal effort/allocation of time (3) equal high aspirations and (4) equal status. Swindon was seeking to meet the national standards around emergency, routine and memory assessments and to treat people in the least restrictive environments giving them choice within their care. Aspirational targets had been set of ensuring emergency assessment within an hour, providing routine assessments on the same day and providing memory service assessments in less than two weeks.
3. Between January 2012 and August 2013 Swindon had undergone a period of stabilisation, following which the new Commissioner and Mental Health MD began to work collaboratively. In depth analysis was conducted and data was collated. Evidence showed that the model in place

## AWP NHS Trust Board Meeting – 25<sup>th</sup> November 2015

did not allow third sector services to refer straight back into mental health services for stabilisation as required, but rather service users had to start the pathway all over again.

4. A new model was developed that was more responsive at the front end (assessment or referral into IAPTS). At the back end, Swindon re-tendered third sector services and introduced new measures for monitoring and referring back into secondary care.
5. PM provided an overview of the challenges facing Swindon. Changes needed to be made across the Acute Care Pathway, a single point of access had to be implemented, the Memory Service waiting list needed to be reduced, care pathways across the health economy needed to be streamlined and performance metrics needed to be stabilised to create visibility on the KPIs.
6. PM gave a summary of the changes that were made to successfully negotiate the challenges. This included implementing daily reviews with the CCG and implementing weekly DTOC meetings incorporated with the Borough, Housing, the Inpatient units and the Board Managers. A Bed Manager post had been introduced and this was a pivotal role. There was daily scrutiny of intensive caseloads and a focus on specialist placements.
7. PM summarized the outcomes from the changes made. Risk share of £250k had been introduced. This remained fully intact and there had been no out of area placements in 2015. DTOC had reduced from 13.9 to 0.9. Occupancy for Swindon service users had reduced from 97% to 54%. Intensive caseloads had been reduced and had stabilized at around 15. Length of stay had reduced from an average of 30 days to 22 days by October 2015. There had been a reduction in duplication of assessments/waiting times and improved service user experience. There had been increased capacity in the Primary Care Liaison Service (PCLS). There had been increased satisfaction and confidence in the GPs. The Swindon staff had been engaged and interested in the statistics.
8. Swindon Memory Services had been reorganised following time in motion studies and assessment of the skill mix. The service had been re-designed and streamlined. Pivotal to this was shared care for Donepezil and recently Memantine. The waiting list was now down to 50 and the wait was down to 5 weeks.
9. TK thanked the Board, in particular TG and IT for allowing the team the time to work on the new strategy. He also acknowledged the work of PM and SB in achieving the results that they had.
10. RB asked about the access model. She asked how capacity for fluctuation had been built into the model. TK advised that the model was designed to cope with 40% increase or more. Capacity was also built in for staff leave/absence in constructing the model. RB asked if Swindon had capacity in place in the event it was required, suggesting that this would be costly. PM advised that the pressure would come in through the triage and the model ensured this area was strengthened.
11. RB also asked what proportion of service users asked for referral to assessment within 24 hours. PM advised that service users were offered a referral assessment within 24 hours (and the service was configured to enable the 24 hour turnaround) but it was often the case that this timing did not suit the service user.
12. RB asked if beds would be taken out given Swindon had achieved 54% occupancy. TK advised that this would not happen because there were fluctuations in usage.
13. IT acknowledged the achievements in Swindon. He noted that the methodology had been formed around the data, which had helped to drive the changes. IT asked what advice TK would give to the Trust about implementing such change in other areas of the Trust. TK advised that the strengths and weaknesses of each locality should be considered, and the demand should be analysed before forming a model.

Minutes Prepared for the AWP NHS Trust Board Meeting 25<sup>th</sup> November 2015

Sponsored by the Chair

Agenda Item:

Serial:

Page 2 of 12

14. PG acknowledged that Swindon had presented a “first class” example of moving out of one situation into a much better one. She congratulated the Swindon team on their ambition and drive in achieving so much within 18 months. PG asked if the CCG had been willing to provide additional funding to meet transition costs. TK advised that the investment had been flat although he wanted to find a mechanism for PM and her services to feel as though they had benefitted from the work they had done.
  15. RC congratulated the Swindon Team and acknowledged the shared purpose and the innovative use of data to drive cultural change. She advised that the impacts had also been seen in the Friends and Family results.
  16. ST asked to what extent engagement with GPs and Social Services had been critical to success. PM replied that this had been ‘pivotal’. Strong relationships had been formed with the Borough. The GPs had been very engaged. Joining PCLS and working together had really helped the relationship with the GPs.
  17. SH noted that this project had demonstrated the trust that the Commissioners have had in building the relationships in AWP.
  18. TG thanked PM and SB for their work and TK and the CCG for the confidence they had put in AWP. He suggested that the development of Bristol should also be considered in the context of an 18-month timeframe.
  19. TG asked that the presentation be shared across the localities so that learnings could be shared –
- ACTION GOVERNANCE TEAM**

**BD/15/182 Questions from Members of the Public about the Work of the Trust**

1. TG reminded all present that this was a Board meeting held in public, rather than a public meeting. He advised that as Chair of the meeting he would take questions that were relevant to the subject matter on the agenda. He noted that there were some significant issues relating to financial viability and the broader system. He wanted to ensure there was time to discuss these issues in the time allocated.
2. AD read out a question from Francesco Palma who considered that the meaningful involvement of users and carers in the Trust had been reduced with the disbandment of the Trust-wide Involvement Group (TWIG) and the appointment of the Director of Nursing and Quality to assume the voice of the user to the Board. AD replied that TWIG had been disbanded at the request of the users and carers. An alternative proposal had been accepted at the August TWIG meeting. He advised that the new structure was intended to strengthen the voice and involvement of the user. Involvement Coordinators continued to act as a conduit to the Director of Nursing and to the Board. AD conceded that the period between standing down TWIG and putting the alternative structure in place had been longer than anticipated and would be finalised in January 2016. AD would represent views to the Board and would be a stronger voice at Trust-wide forums for carers, service users and the localities.
3. It was also reported that a service user charter was being prepared which would hold AWP to account. This would be launched in January 2016.
4. ER read out a question from Mr Ody, seeking the correct definition of “causing serious harm to the physical or mental health of the individual” in relation to withholding patient record information. He had noted that there had been two different interpretations, one being stated by the Chair at the last Board meeting, and the other being stated in "Home Advice and Support - How to Access Your Health Records". ER advised that under the Data Protection Act, the Trust had a duty to redact information that may cause harm or distress to an individual; therefore both

## AWP NHS Trust Board Meeting – 25<sup>th</sup> November 2015

definitions referred to by Mr Ody were a correct interpretation of the law. She read out the exact wording of the Law. ER thanked Mr Ody for raising this issue and added that the Trust's Webmaster had been asked to check the AWP website to ensure consistency of the AWP interpretation of the Data Protection Act on the internet.

5. ST advised that all decisions made about redaction should be made in line with the Data Protection Act, and would involve the Caldicott Guardian as the Data Protection Lead for the Trust. She noted that the Trust position should be that there was openness, transparency and disclosure wherever possible, but acknowledged that there were exemptions that were supported by legal process.
6. ER read out a further question from Mr Ody regarding the redaction of the medical records of a specific patient, which he felt suggested that the Trust was not providing all records required under the Data Protection Act. ER advised that the redaction had been carried out by clinicians and the Trust took adherence to data protection principles very seriously. A letter had been written to Mr Ody to explain the redaction process. AD advised that individual clinicians were always asked to give their view on whether information should be redacted.
7. ER advised that Julie Benfell would make herself available to discuss issues of redaction with Mr Ody on request.

### BD/15/183 Minutes of the Trust Board Meeting on 28<sup>th</sup> October 2015

1. The Board reviewed the minutes for accuracy.
2. Page 1: BD advised that he had not been included on the attendee list. Ruth Brunt's surname had been incorrectly recorded.
3. At Page 3, item 6, Julie Benfell's name had been recorded incorrectly.
4. At Page 5, item 4, it was noted that improved communication had not been the main output of the Strategy Summit, although it was acknowledged as being an outcome.
5. At Page 7, item 10, it was noted that Toby Rickard's name had been recorded incorrectly.
6. At Page 6, item 2, it was noted that Bristol should read Wiltshire.

### BD/15/184 Matters Arising from the Previous Meeting

1. On item one, the due date was amended to January 2016. This item was noted as **ongoing**.
2. Item two was marked **complete**.
3. Item three was to be taken to the CQPM on the second 8<sup>th</sup> December. This item was noted as **ongoing**.
4. Items four through nine were marked **complete**.
5. It was noted that item ten had been added to the work program and the report templates were being amended to better align them with Risk. These would be available from January 2016. This item was noted as **ongoing**.
6. There were no items for horizontal reporting.

### BD/15/185 Chair and Chief Executive's Actions

1. No actions had been recorded.

Minutes Prepared for the AWP NHS Trust Board Meeting 25<sup>th</sup> November 2015

Sponsored by the Chair

Agenda Item:

Serial:

Page 4 of 12

**BD/15/186 Chair's Report**

1. TG reported that this would be the last Board meeting at which IT would act as CEO. He recorded his thanks to IT for his effort, enthusiasm and the knowledge he had brought to the Trust over the past three years. TG acknowledged the significant change in relationships with staff and with Commissioners and highlighted better alignment with localities and partnership with CCGs. He said that these changes had been accelerated under IT's guidance. The Board wished IT the best for the future.
2. TG advised that HR would be Acting CEO from 1<sup>st</sup> December 2015 and a new CEO would be recruited early in 2016. He also advised that recruitment was underway for two new Non-Executive Directors. An Associate Non-Executive Director would also be engaged. He reported that the quality of the applicants had been high.
3. TG congratulated Jane Anderson, whose contribution to the Prison Service had recently been recognised. He also congratulated IT on his Award for Contribution to Leadership Development within the West of England.
4. TG reported that he had been chairing the West of England Genomic Partnership Board over the last six months. Following the submissions, NHS England had visited to make a forensic interrogation. The outcome was expected shortly, following which NHS England would interrogate ability to implement the service.
5. The Chair's Report was **noted** by the Board.

**BD/15/187 Chief Executive's Report**

1. IT thanked TG and the Board for their support during his tenure as CEO.
2. IT highlighted that the Trust was now seeking to put a complete embargo on the use of agency staff. MP had been tasked with developing plans to progress this.
3. It was reported that the R&D Department was working with Together on the 'Going on the Road for Dementia' program. This partnership was acknowledged as being a good example AWP reaching out to other mental health organisations.
4. IT reported on the recent meeting held with the RCN attended by Jenny Turton, Unison and AD. The focus had been on modernising the relationship between the Trust and the Trade Unions in the context of a rapidly changing NHS. Union colleagues had expressed a desire to work together with the NHS to move the relationship forward.
5. IT highlighted the snapshot of Serious Untoward Incidents (SUIs) that provided the public with some visibility on some of the difficult situations that arise within the Trust.
6. IT noted that work had been done to improve internal communications between the top and the front line of the organisation. He thanked the Internal Communications team and acknowledged the improvements in staff responses and engagement with the CEO monthly briefing, OurSpace and news stories. The launch of the Nurse to Nurse newsletter was also acknowledged.
7. Mr Ody sought commentary on revisions to the Trust's Whistleblowing Policy in light of the Freedom to Speak Up review. IT advised that this was a national initiative whereby staff from the NHS had been encouraged to speak up about areas of concern in relation to Quality. TG advised that there was a Board lead on this initiative.
8. Mr King asked about patient engagement with the Whistleblowing Policy noting that other Trusts were encouraging service users to use the policy. IT advised that the AWP policy did not currently include use by service users, but noted that service users and carers were actively

encouraged to use the complaints procedure and the Friends and Family test to raise any issues they considered to be of concern. ST advised that the National Initiative on Whistleblowing was a public consultation and therefore anyone could respond to the Government initiative.

- The Chief Executive's Report was **noted** by the Board.

**BD/15/188 Quality and Performance Report M7**

- MP reported on the single sex accommodation breach that had occurred in the Wiltshire services in Salisbury. Upon investigation, it had been identified that this was a single night breach and that actions had been taken with the full understanding of the service user concerned. MP stated that clinical measures had been put in place to maintain the safety of all service users during that episode.
- MP advised that a joint piece of work was being undertaken by the Operations team to evaluate and check all single sex accommodation arrangements across the Trust. This work was being led by Rebecca Eastley and Kevin Connor.
- MP reported that Gatekeeping of Admissions by Crisis in teams in Wiltshire continued to be problematic. In the previous month, not all service users had been assessed by the Crisis Team prior to admission. While clinically there was confidence that the admissions had been necessary, the process leading to admission had not been in line with best practice. Wiltshire was now required to provide a weekly exception report for all breaches. There had only been one breach since the beginning of November.
- RB noted her concern that the narrative on the trajectory was changing month on month, and highlighted that the trajectory was being altered depending on current performance. She suggested that the Board needed to be made aware of whether the process issues had been resolved. The action plan should then identify what was being done to address the issues. MP undertook to ensure this was clearer in the next report – **ACTION MP**.
- MP drew attention to the Bristol Locality Assurance Plan and noted that Bristol was working hard to try to improve performance. He advised that there was now a 'Bristol line' on most of the indicator charts in the Quality and Performance Report.
- PG noted that there may be an opportunity to separate out the AWP performance from that of partners on the IAPT: Moving to Recovery indicator. MP acknowledged that for full transparency they could separate out the individual providers. SH advised that IAPT was not part of Bristol Mental Health.
- It was reported that Claire Williamson had been asked to lead a review which would be presented to the Quality and Standards Committee in January 2016. A practice forum for IAPTs had met at the beginning of November and would meet regularly throughout the year to try to ensure shared learning between different locality areas.
- MP highlighted the information about improvements in the Memory Service in North Somerset. He also provided commentary on the Swindon performance, advising that the waiting list had been significantly reduced and waiting times had been reduced to a maximum of five weeks.
- MP noted the revised representation of current bed closures and the actions being taken to ensure re-opening. The out of trust costs in Section 4.1.3 had been revised and improved to provide more clarity about the costs associated with out of area. It was reported that since the report had been published, a better position had been sustained with 15 patients being placed out of AWP beds. Particular improvements had been identified in Bath and North East Somerset.
- TG noted that there was now an opportunity to set a zero target and report on deviations from

that target. He asked that the zero target be set, and a Deviation Report be provided indicating causal factors in the next report – **ACTION MP**.

11. IT noted that the current use of beds and length of stay in BANES was significantly greater than would be expected. He said that this had been raised at a recent triumvirate meeting and indicated that the team would like to understand the reasons for this. MP acknowledged that factors such as length of stay may provide less statistical usefulness when considering smaller wards. TG confirmed that knowing the capacity and utilisation of beds was important and stated that the purpose of considering these factors was not to reduce the number of beds.
12. ST noted that it would be helpful to understand whether the dynamics were changing in relation to out of area (e.g. more PICU, older adults), and if so, why this was the case. MP undertook to work with Toby Rickard to display this information – **ACTION MP**.
13. SH asked about the data quality issues in relation to the Service Users in Settled Accommodation indicator. MP advised that people were not reliably completing the information in the Clinical system. It was not a mandatory field and required a reminder. Linking with the Caseload Tool was also being considered so that data entry was not overlooked. HR noted that all data quality issues raised during Committee and Board meetings were being recorded and addressed.
14. MP reported that the Bristol triumvirate would be attending the Finance and Planning Committee to present on the improvement plan.
15. TG highlighted Appendix F of the Report, noting that inherent and mitigated risks were the same or higher. He suggested this be reviewed – **ACTION MP**.
16. The Quality and Performance Report was **noted** by the Board.

**BD/15/187.1 Report of the Quality and Standards Committee Chair**

17. ST reported that the Quality and Standards Committee had received a presentation from Specialised Services and a group of service users and carers. This had been an effective session. She suggested that the Trust should reflect on the successes of Specialised Services and consider whether the Trust was doing enough in relation to the Peer Mentoring Program and engagement with service users and carers. The feedback from the session had been that this engagement was an extremely important part of the service that Specialised Services provides.
18. The Committee had considered Safer Staffing levels and had been assured that no wards were below appropriate staffing levels. The Committee had interrogated the reasons for staffing over 100%, and had also considered risk in relation to case management.
19. The Committee had requested more information on the ‘snap audit’ that had been called in relation to Trust compliance with the Mental Health Act. CQC compliance had been examined by the Committee and they had sought assurance that the Trust was on trajectory to check and complete all tasks on the CQC task list by the end of the financial year. Compliance was at 75% at the time of meeting. The Committee would be seeking to ensure that all improvements were sustained over the coming months.

**BD/15/189 Clinical Executive Report**

1. HR noted that the whole Clinical Executive Report was increasingly reflecting the focus on quality and sought to triangulate information from different sources. It reflected what the Trust sees as the top quality priorities (according to the quality tracker) and the issues picked up during CQC inspections and Week in Focus findings.
2. HR advised that the Roster Review Process had been put in place to challenge those compiling

Minutes Prepared for the AWP NHS Trust Board Meeting 25 <sup>th</sup> November 2015		
Sponsored by the Chair		
Agenda Item:	Serial:	Page 7 of 12

and signing off the rosters to be clear about what they were doing and why. A thorough examination of three overstaffing incidents had been carried out. It had been determined that examination of overstaffing would continue and reasons for this would be regularly communicated.

3. SH noted that the costs of overstaffing were not being charged to CCGs; therefore the Trust was absorbing the costs within their current contracts. She suggested that if it was determined that this method of operation would continue, the Commissioners would need to begin paying for additional staffing.
4. TG suggested that the Trust should develop a methodology that could be articulated to staff and Commissioners around charging for additional staffing. AD noted that there was an assumption within Safer Staffing that the first level of observation should not be costed. He advised that the perceived acuity did exist and therefore the level of observations on the ward existed. Whether clinicians would agree that there ought to be that level of acuity was the next consideration.
5. HR advised that a dedicated Water Management Group had been formed to manage potential infection risk issues and make recommendations for future plans for testing at other sites. This would be chaired by AD. BD asked if the facilities process for testing for legionella was sufficient and asked if there were any concerns about other sites. AD advised that there had not been a testing regime in place and as such, there would be a backlog of testing to be done which could have cost implications. Going forward testing would be carried out on a regular basis.
6. HR advised that caseload management had been documented at the last meeting as being 36%. She explained that this statistic related to the uptake and usage of the pilot of the Caseload Management Tool, and was not a statement about the lack of caseload management. The tool was proving useful and positive, and uptake was also increasing.
7. Audits of medicine management continued to be a focus area. The Mental Health Act audit had been carried out at AD's request. The report had indicated a "disappointing" performance and specific actions had been taken to address this in terms of communication and expectation at team and individual clinician practitioner level. Changes would come back to the Integrated Governance Group in January and would dovetail into work on the Standardised Ward Round.
8. AD added that he had commissioned an audit process, which would be reviewed by the Integrated Governance Group each month, to enable the Trust to identify whether issues were being resolved. The work of the IGG would be reported back to Quality and Standards Committee as part of the Clinical Executive Report.
9. BD suggested that the Trust should regularly self-rate themselves against CQC audit compliance requirements. It was acknowledged that if this was to be implemented, it should be done as a self-monitoring exercise rather than focussing on demonstrating improvement. AD advised that the ratings provided by CQC had a degree of subjectivity. He suggested that when CIH inspections were carried out, the Trust should not be surprised with any of the results. Rather, the Trust should understand its position and have mitigation in place to deal with all issues.
10. BD suggested that the Executive should have an understanding of their level of attainment and ambition at Trust and locality level about how they would fare in a CQC inspection. PG noted that using Week in Focus had resulted in a quality leap. She asked how the Week in Focus system would be further developed. AD advised that Trust and locality staff were beginning to think in organisation terms rather than just in locality terms. HR advised that as the Executives' understanding of performance evolved, they were working with Toby Rickard to ensure that IQ was capturing relevant data. Work was being done to identify the best way to evidence what the Trust does through the Evidence Library. HR added that the Quality Forum was a good staff

engagement tool and provided a shared sense of energy around quality improvement.

11. RB asked about Phase 3 of the Acute Care Pathway, seeking assurance that the admissions process would also include changes to the assessment process and more timely assessment. HR confirmed that while the commentary in the report was limited, this was the course of action that was being proposed. Phase 3 would consist of internal changes to make beds as efficient as possible as well as external changes that would stop people being admitted.
12. The Clinical Executive Report was **noted** by the Board.

#### BD/15/190 AWP Winter Plan

1. MP confirmed that the Trust had had its EPRR Assessment by NHS England which had gone well. AWP had been cited as an exemplifier. MP credited Chris Williams with this achievement.
2. The AWP Winter Plan was **noted** by the Board.

#### BD/15/191 Resources Report M7

1. SH reported that the focus continued on maintaining quality, minimising use of agency staffing and reducing costs overall.
2. In month, a deficit of £500k was reported against a planned surplus of £1 million. The main reasons for the deficit centred around Estates/Facilities, Bristol LDU and staffing. Underperformance was also recorded against the Trust-wide CIPs. Work had been done on better use of Estates but disposals had not been settled as quickly as had been expected.
3. Agency costs had increased from the forecast position for Month 6. The forecast to the end of the year had worsened by £680k. Bristol was responsible for £400k of this worsening position. The LDUs were reviewing the agency costs, but so far the budgeted costs appeared to be accurate.
4. SH advised that the Trust cash balance was £3.3 million and the Trust was £2.1 million behind the expected cash position. Reintroducing a salary sacrifice scheme for technology had accounted for £300k of this position, plus a property disposal expected in month had been moved into the next month.
5. The Capital Plan was running behind due to deferrals in the Daisy Project and the anti-ligature work.
6. SH advised that there was a risk to the financial surplus at the end of the year but did not consider it appropriate to change the target at this point given mitigation plans were in place and AWP was in line with other Trusts in using their capital receipts in the most efficient way they could. She noted that other items could be moved over that had been taken as revenue in year against their capital spend if they had slippage in other capital areas.
7. It was reported that the Agency Reduction Group/Recruitment and Retention Workforce was meeting weekly to ensure vacancies were filled as quickly as possible. Recruitment time had been reduced to 54 days. In certain areas, this period of time was much lower.
8. ST asked about converting job offers into position engagement. SH advised that the total offers made in the year had been 876, and 81 people had declined the offers. The Board members did not consider these statistics to be out of step given the tight job market. MP advised that a centralised recruitment process (single point of contact) for nurses was being considered.
9. RC noted that the retention activity was also critical, and highlighted that these details were also included in the appendices.

10. TG asked about the confidence level on hitting the control total. SH advised that she was confident that the Trust would hit the surplus with the measures that were in place.
11. TG turned to Section 3.4.4 of the Report, noting that 35 disciplinary cases were underway, 23 of which had been underway for over 12 weeks. He suggested that this was a long time for someone to await the outcome of a disciplinary and too long a time to have a staff member remaining on staff without a remediation plan. He asked that action was taken to reduce this waiting time – **ACTION SH**.
12. The Resources Report was **noted** by the Board.

**BD/15/191.1 Report of the Finance and Planning Committee Chair**

13. BD reported that the Finance and Planning Committee had discussed and interrogated the fact that the agency costs were trending down while the forecast was heading up. The Committee had asked for some specific responses to be provided at the next meeting.
14. BD fed back on a presentation that had been made to the Committee about resource mapping. At the end of the report, a table had been presented that listed the expenditure and income for each of the LDUs. This data was to be provided to the CCG. There had been concerns raised about the accuracy of the data and the Committee had called for more scrutiny and satisfaction that the data was correct, particularly given there could be the consequence of decommissioning services.
15. The Cost Reduction table had included a cluster of three items that accumulated to £2.6 million which were listed as failing with no alternative plans. This had been a cause for concern for the Committee. TG noted his concern that two of the Directorates were reporting that they were failing to meet their commitments without any alternative remedial action.
16. IT highlighted change to the use of the Manor House, which had resulted in significant improvements in terms of both cost and patient care. He commended Adrian Bolster for his work on this project.

**BD/15/192 Quarterly Review of Performance against Annual Objectives**

1. HR updated that the SP1 was under review. It was intended to represent CQC compliance actions and Harm incidents in a graphical representation. AD added that there would be a trial attempt at reporting in a different format from the current Friends and Family Report.
2. RC reported that good progress was being made on SP2. Team based working was rated amber because of initiatives underway in Bristol. Good progress had been made with North Somerset and EFM. The Safer Staffing indicator was at amber, but was anticipated to be green by the end of the year. To combat staff turnover, there was significant focus on improving staff engagement and experience as indicated in the Resources Report. RC reported that exit interviews have not been well attended, and updated that a Leaver's questionnaire was subsequently being developed.
3. TG turned to risks CE11 and AGS3, asking if they should be the same score given that one indicator was controllable and one was not. RC advised that she was unaware of issues with regard to staff being released for training and undertook to review this – **ACTION RC**.
4. PG asked if it was possible to invite some staff members who had undertaken team based training to present to the Board on how this had affected their work. **ACTION RC**.
5. MP reported on SP3, noting that the performance metrics had been updated by Toby Rickard. Out-of-Trust placements had improved significantly from earlier in the year, and the Trust had

sustained its position in relation to Admission to Home Locality. MP added that Toby Rickard was also working on a tool that would show on Ourspace how many beds were available at any given time.

6. TG asked that MP review the score of 15 on risk AGS2 – **ACTION MP**.
7. SH reported on SP4. She restated that the Trust would achieve the planned cost improvements albeit not in the expected schemes. Overheads had been reduced overall by 3.5%. The growth income target may not be met given that Daisy and CAHMS would not be recorded until 2016. She noted that the Trust had been successful in its tender for Children's services which would provide additional income in the next year. TG asked that the risk scores be considered – **ACTION SH**.
8. IT reported on SP5, noting that the Future Focus handover would be undertaken with HR the following week.
9. The Quarterly Review of Performance against Annual Objectives Report was **noted** by the Board.

#### BD/15/193 Risk Report

1. ER advised that the Risk Report identified the high level, cross-departmental operational risks that sat within the three Executive Risk Registers. It also set out the Strategic Risk Register in full. Two risks had been identified for review (AOP1 and AOP3). AOP3 would not be maintained as a result of failure to release staff to attend training.
2. ER advised that her team was rolling out a programme of work to implement a risk management database. This had suffered delays due to system issues, but was now being progressed. The software had been rolled out in North Somerset and Wiltshire and was being piloted in Corporate Affairs. ER updated the Board that all Risk Registers would be collated on a single database, which would ensure CQC compliance and would enable better reporting of risks to the Board. The team was ensuring that when the risks were entered into the risk database at locality level, they were defined as proper risks rather than issues. The team was also seeking to ensure that the mitigations were correct and well defined. Training had been carried out and locality engagement with the project had been good.
3. ST asked about the increased score on CE9, highlighting her concern with the risk. She asked if the Board would consider recommending that the Quality and Standards Committee scrutinise medicines optimisation. HR advised that Week in Focus considered medicine management issues. She acknowledged there were issues within Pharmacy but noted that rigorous attention was being paid to those in relation to recruitment and accountability. Some of the actions that had recently been taken to reduce delivery frequency for a short time had ensured that the quality of the output from the hubs was maintained, as well as the quality of the input into clinical teams. HR advised that the risk score had increased from 6 to 8 on the basis that there had been difficulty recruiting two posts.
4. TG suggested that the Executive Summary of the Risk Report should record the fact that, during a recent Board Seminar, the Trust had been commended for its good practice around risk – **ACTION ER**.
5. The Risk Report was **noted** by the Board.

#### BD/15/194 TDA Oversight Return

1. The Committee **noted** the TDA Oversight Return.

**BD/15/195 To Note: Minutes of Board Committees**

1. The Committee **noted** the minutes of the Quality and Standards Committee Meeting minutes of 15<sup>th</sup> September 2015.
2. The Committee **noted** the minutes of the Finance and Planning Committee Meeting minutes of 23<sup>rd</sup> October 2015.

**BD/15/196 Any Other Business**

1. BD advised that some of his LEP work linked to raining and long term careers in health and social care. He noted that there was a careers fair in Tidworth in March 2016 and recommended that AWP should have a stand there. He advised that large organisations were working with training providers to design further education courses and put their staff through those courses. He reported on new initiatives in Wiltshire and Swindon, such as the Swindon and Wiltshire Enterprise Advisor and the Swindon and Wiltshire Employability Charter.
2. ST asked to what extent AWP was engaging with LEPs around the region. SH advised that AWP was part of the Wiltshire Joint Employment Board with UWH, Wiltshire Council and Swindon Council. She advised that AWP took part in many events. She asked that a list of events be forwarded to her so she may check AWP participation. **ACTION BD.**
3. ER reported that two whistleblowing issues had been raised with the Trust Whistleblowing Lead during the month.
4. TG reported that that Chancellor had announced that there would be £600 million extra funding for mental health. The Government were due to deliver £6 billion up front for the NHS in 2016.
5. There being no other business, the meeting was closed.