

Minutes of a Meeting of the AWP NHS Trust Board - Part 1

Held on 27th April 2016, Jenner House, Chippenham SN15 1GG at 10.00am

These Minutes are presented for **Approval**

Members Present

Tony Gallagher (TG), Chairman, Non-Executive Director	Barry Dennington (BD), Non-Executive Director
Hayley Richards (HR), Chief Executive	Ernie Messer (EM), Associate Non-Executive Director
Emma Roberts (ER), Company Secretary	Sue Hall (SH), Director of Resources
Peaches Golding (PG), Non-Executive Director	Mathew Page (MP), Acting Director of Operations
Ruth Brunt (RB), Non-Executive Director	Tim Williams (TW), Interim Medical Director
Andrew Dean (AD), Director of Nursing	Susan Thompson (ST), Non-Executive Director

Staff In Attendance

Jennifer Ward (JW), Corporate Governance Officer	Wendy Callaghan (WC), Specialist Recovery Practitioner, Specialised Deaf Service
Dr Janet Brandling (JB), Research and Evaluation Specialist	Mary Griggs (MG), Clinical Psychologist, Specialised Deaf Service
Suzanna Marsh (SM), Internal Communications and Engagement Manager	Alan Metherall (AM), Deputy Director of Nursing
Simon Gerard (SG), Interim Head of Communications	Simon Smith (SS), Mental Health Worker, Bristol Intensive Team

Members of the Public in Attendance

Mr. S. King	Mr. M. D. Ody
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BD/16/001 Apologies

1. Apologies were received from Mark Outhwaite (MO) and Charlotte Moar (CM).

BD/16/002 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/16/003 Patient Experience Story: Bright Ideas

1. PG introduced the Bright Ideas initiative advising that it had been supported through Charitable Funding. She advised that some of the work completed under this initiative had been showcased in a short film which was then played for those present.
2. The projects presented in the film included the Creative Writing Group, the Dizzy Heights Project (a climbing programme), a Sensory Library and the Young Carers Project, all of which had helped service users and carers to manage/recover from illness in innovative ways.
3. PG thanked all who had participated in the Bright Ideas initiative. She advised that a shorter

version of the film would be used for fundraising purposes. She asked those present to share the film and to spread the word about the work being done through the Bright Ideas projects.

4. TG acknowledged the success of the initiatives and thanked PG for the presentation.

BD/15/004 Questions from Members of the Public about the Work of the Trust

1. TG reported that three questions had been received from Mr. Ody.
2. In relation to Question 1, Mr. Ody had asked if social workers who worked for AWP had been issued with mobile phones. TG advised that social workers had been issued with mobile phones and these were a mixture of Nokia and Samsung phones (details to be appended to the minutes).
3. In relation to Question 2, Mr. Ody had asked whether the Board meetings were recorded. TG advised that Board meetings had been recorded since October 2015.
4. In relation to Question 3, Mr. Ody had asked about the rules that applied to a VA meeting. He asked who was involved in the meeting, whether the service user was made aware of the meeting, whether a report was compiled and what the legal status of the meeting would be. TG advised that a full answer to the question would be appended to the minutes of this meeting, but advised that AWP adheres to a protocol and procedure for safeguarding adults at risk in Swindon and Wiltshire that had been agreed by the Wiltshire Safeguarding and Adults Board. Service users should be informed of the meeting and supported in the meeting. There should be a record of it and the report forms part of the service user's electronic record on RiO.
5. Mr Ody asked if records of VA meetings could be requested. AD advised that service users should be able to do request access to that information.
6. Mr King thanked the Board for correcting the minutes of the previous meeting in regards to his comments around accessing records. He noted however that he had still not received the information he had requested and reported that his calls to discuss this matter had not been returned. TW advised that he would be happy to meet with Mr King. **ACTION TW.**
7. Mr King reported that he was trying to recover travel expenses for a second opinion appointment that had been held out of area and noted that despite having received a letter from the CEO to confirm that these would be paid, the funds had not been received. TG advised that if such a letter had been written, then the expenses would be paid. He undertook to check with the Company Secretary. **ACTION TW.**

BD/16/005 Minutes of the Trust Board Meeting on 30th March 2016

1. The Board reviewed the minutes page by page for accuracy.
2. On the attendance list, BD advised that he had been present for this meeting.
3. EM advised that his title was Associate Non-Executive Director. He noted that he had been referred to as CM instead of EM during the recording of the minutes.
4. Mr. Ody noted that his questions had not been recorded in the minutes. TG acknowledged that they had not been recorded and requested that this be rectified. **ACTION ER.**
5. The minutes were **approved** with the corrections noted above.

BD/16/006 Matters Arising from the Previous Meeting

1. Items one and two were scheduled for the May Board meeting. These items were noted as **ongoing**.

2. Regarding item three, it was reported that the Committee Chairs had been asked to provide feedback on items which they believed the Committees should be responsible for rather than the Board. This item was noted as **ongoing**.
3. AD advised that the Trust holds carer information and information would not be provided if it was not in the public interest. TG asked if it would be appropriate to share carer information where a service user had authorised their carer to have visibility of their record. AD advised that this would be appropriate. TG asked that a written response to this action be provided for the minutes. **ACTION AD**.
4. Item five was noted as **complete**.
5. A report on item six was included in the Quality Report M11.
6. Regarding item seven, it was reported that the Acute Care Pathway had been reviewed by Quality and Standards and would be discussed during the agenda of this meeting. This item was noted as **complete**.
7. Item eight was noted as **complete**. Mr King advised that had asked how to get a response to a subject access request when no response had been forthcoming. TG requested that the question be clarified and be addressed in Mr King's upcoming meeting with TW. **ACTION TW**.
8. Regarding item nine, it was noted that the minutes accurately reflected a summary of Mr King's contribution to the meeting.
9. There was a discussion about how appropriate it would be to record verbatim the questions and comments made by members of the public during each meeting. The Vice Chair raised her concern that to record in such a manner would be moving outside the regular process for public authorities. She suggested that where members of the public wished to have a question recorded in the minutes, it should be submitted in writing prior to the meeting and these along with written responses would be provided as an addendum to the minutes. She submitted that any comments arising from the discussion should be summarised rather than recorded verbatim.
10. The Company Secretary sought a recommendation from the Board about how questions asked by members of the public that had not been submitted in advance of the meeting should be recorded. The Vice Chair did not consider it appropriate to spend time at each Board meeting disputing what had been questions and what had been recorded as appropriate minutes of a discussion.
11. The Board **agreed** that the current process whereby questions were submitted in advance and appended to the back of the minutes; and comments made within the meeting were summarised in the minutes; should be retained. This item was noted as **complete**.
12. In relation to item ten, ST advised that she had asked for this item to be horizontally reported to the Audit and Risk Committee. She considered that there was an appropriate process in place but had concerns about the delay in reporting of CIPs/QIAs as a result of the meeting schedules which were not well aligned. It was agreed this would be discussed later in the meeting. This item was noted as **ongoing**.
13. In relation to item eleven, it was reported that a Glossary of Terms had been produced to assist Board members in deciphering acronyms. The Chair requested that additional acronyms should be explained only once and then added to the Glossary of Terms. This item was noted as **complete**.
14. On item twelve, ST advised that the Q&S Committee had received assurance in relation to the action list. They were still awaiting an outline of the prioritisation of actions. AD advised that the

priority list was available and would be shared with Q&S at the next meeting. This item was noted as ongoing. **ACTION AD.**

15. Items thirteen through fifteen were noted as **complete**.
16. In regards to item sixteen, it was advised that a standard agenda item had been added to the Committee agendas to cover Risk reporting. This item was noted as **complete**.
17. On item seventeen, the Medical Education risk around Imber Ward had been placed on the Medical Education Risk Register, but had since been resolved. It remained on the Triumvirate Risk Register as an operational risk. It was not on the Clinical Executive Risk Register. This item was noted as **complete**.
18. Mr King asked what terminology had replaced "data cleansing". MP advised that within the reporting AWP now referred to "data quality checking". Item eighteen was noted as **complete**.

Horizontal Reporting

1. Items one and two were scheduled for discussion in May.
2. Item three was being monitored by the Quality and Standards Committee. This item was noted as **complete**.
3. Items four and five were noted as **complete**.

BD/16/007 Chair and Chief Executive's Actions

1. No actions had been recorded.

BD/16/008 Chair's Report

1. TG took his report as read. He made some remarks about the previous and upcoming year.
2. TG congratulated the staff and leadership team of AWP. He advised that they had had a successful year. They had moved their IQ metrics very significantly during the year.
3. The relationships with Commissioners were greatly improved as a result of the transparency in AWP quality data, operational data and financial data. As a result there had been improved cooperation. Locality relationships were maturing in relation to their relationships with Commissioners and equally the specialist delivery units with NHS England.
4. It was reported that a positive control total had been recorded which TG considered to be impressive given the strains on staffing, acuity and the repercussions of social services and local authority budgets being cut.
5. The quality of clinical standard setting and related dialogue was acknowledged.
6. Remarkable results had been recorded in relation to contracts. The strategic imperative of attaining the CAMHS contracts had been achieved. AWP had retained and expanded the specialist delivery unit contracts. The strong alliances created in Bristol, BANES and Swindon were acknowledged and TG indicated his view that clinically led motives were yielding results.
7. Significant consolidation had been achieved in relation to securing positions in localities and in the healthcare environment. AWP had shown a high degree of flexibility in the way they integrated and aligned with others within the system. AWP was set to expand and grow the business based on the work that had been done over the last couple of years.
8. TG acknowledged the contributions made by everyone to the success of the organisation noting that AWP was a stronger organisation than it had ever been. He thanked those present and the

AWP staff who had enabled this transition.

9. TG noted that the Board would continue to scrutinise and to challenge, but they would also support, as was the appropriate role of the Board.
10. The Chair's Report was **noted** by the Board.

BD/16/009 Chief Executive's Report

1. HR took the report as read. She highlighted the following points.
2. HR advised that AWP would be linking with the new National Mental Health Director, Claire Murdoch, who had been appointed by the NHS.
3. HR noted that the AWProud Campaign had been launched and reported that there had been 350 exchanges within the first 10 days. She acknowledged that the messages were appreciated and demonstrated the values of AWP. She thanked the Communications Team for their work on the campaign.
4. HR noted that AWP was now working with Sirona and BCH on the CAMHS tender to deliver Children's CAMHS services. She acknowledged the work of MP on this tender.
5. The focus on reducing the number of service users who had to travel out of area had been successful in Swindon where patients were no longer being admitted out of area.
6. AWP had been awarded the InspireBetterHealth contract for Offender Health.
7. The CEO advised that she would be seeking to utilise the diversity of the workforce over the coming year.
8. The Clinical Executive priorities were highlighted.
9. Improved compliance levels and continuing work on the Key Performance Indicators was acknowledged.
10. The relatively low level of staff absence was positively acknowledged.
11. The extensive work being carried out around SUI was noted.
12. The Chief Executive's Report was **noted** by the Board.

BD/16/010 Clinical Executive Report

1. TW took the report as read. Points of discussion were are follows:
2. The Board asked what progress was being made on CIPs and QIAs. MP advised that the locality CIPs had been identified and there was a new process for QIA whereby QIAs were conducted prior to budgets being agreed.
3. TG recommended that an Executive process and timeline should be determined for assessing and forming agreement on CIPs. A special paper should then be issued to the Board.
4. HR noted that the CIPs were being presented to staff as a quality improvement process rather than as a CQC requirement.
5. In relation to the benchmarking on suicide rates, HR advised that AWP had focussed on suicide rates through five year rolling self-assessments and through external assessments. AWP was seeking to understand the metrics being used in the NHSI report. HR noted her concern that AWP may be being compared to Trusts where the focus was not entirely on Mental Health. AWP was working collaboratively with CCGs to look at the quality of the services in relation to suicide

rates and outcomes. TG noted the importance of determining whether there were any data integrity issues in relation to the statistics and the control group in the benchmarking report.

6. TG sought clarification about whether the recommended investment of £250k in Medicines Management would be a capital investment. **ACTION TW**
7. TG recalled that some of the CIPs were two-year rolling CIPs and sought to understand which projects were rolling over from the previous year. He asked that Clinical Executive elaborate on the rollover projects when they developed the special CIPs paper for Board. **ACTION TW.**
8. TG sought assurance that information on the ligature risk was being circulated quickly. It was confirmed that the Executive response to the recent incident had been circulated in the previous week. ST advised that it had also been discussed at Quality and Standards Committee and noted that Executive had been asked to report back on the lessons learned and to provide assurance around the actions that had been taken.
9. The Clinical Executive Report was **noted** by the Board.

BD/16/011 Mazar's Report

1. Discussion on this item was deferred.

BD/16/012 Acute Care Pathway Programme Board Report

1. AD took the report as read. Points of discussion were are follows:
2. ST advised that the report had been discussed at the Quality and Standards Committee. She advised that the Committee had welcomed this piece of work. The Committee had considered it to be an excellent project plan and believed it provided the Trust and the Board with a clear statement of direction and how the project should be addressed to achieve the required outcomes to benefit service users and their families.
3. ST advised that the Quality and Standards Committee would monitor this project to ensure that it delivered on schedule.
4. PG also acknowledged the quality of the report. She asked how the STPs were reacting to the paper in relation to their priorities.
5. HR advised that the two STPs were at different stages and were beginning from a population basis and working upwards to look at the population needs. She advised that AWP was in a strong position to influence thinking at this level. She reported that the general project direction was matched with STP principles. HR saw no conflict between the Acute Care Pathway recommendations and the STP work and advised that there was buy in from Commissioners on the work that the Clinical Executive and others were doing.
6. RB noted that from a patient experience perspective it had been particularly important to redefine the pathway because it seemed that until now bed management was defining the pathway. This project plan had shifted the focus away from AWP bed management to a whole health economy solution.
7. TG noted that occupancy rates well over 100% were difficult to understand. He also asked about the median length of stays and asked about the sharing of best practice.
8. AD explained the common practice of having every bed occupied by patients (100%), sending them home on leave without discharging them, and then placing another set of patients into the beds. He noted that problems occurred when at-home care broke down. AD advised that the focus was moving toward discharging patients who were going on leave and making crisis

intervention available. TG asked that more detail be provided about the extent of double booking beds and the risk associated with this at the Quality and Standards Committee. **ACTION AD.**

9. In relation to sharing best practice, AD noted his concerns that there were areas where good practice was prevalent but this did not appear to be shared with other areas. He noted that localities had not been thinking as an organisation. The Quality Forum was addressing this issue and was linking areas to share best practice.
10. It was noted that Swindon was an outlier and TG indicated he would be keen to see a rectification plan from that locality. **ACTION.**
11. It was noted that AWP shared the risk of out of area with Commissioners. TG asked at what point AWP would request more funding from Commissioners or refuse to bear the ongoing risk. ST noted her understanding that AWP would in fact bear more risk share for out of area in the coming year. SH advised that contractual negotiations covered risk share agreements with CCGs and AWP would not accept additional risk that would not be within AWP's control. She advised that there were some mitigations being discussed and where they were do-able AWP could take on the risk. At the point where they had mitigated to the best of their ability, they would not bear further risk.
12. HR advised that this issue would also be discussed by the Quality Improvement Group being chaired by NHSI.
13. TG welcomed the detailed action plan and timescales and locality actions providing both a top-down and a bottom-up process
14. The Board **noted** the Acute Care Pathway Programme Report.

BD/16/013 Performance Report M12

1. MP provided a summary of Performance between April 2015 and March 2016. Points of discussion were as follows:
2. RB reported that the Quality and Standards Committee had discussed the Referral to Assessment issues. She advised that the Committee had received assurance about the length of time people were waiting, with it being noted that they were not waiting extended periods of time, but a number were not getting in within the target time. ST confirmed that it had been reported that no one would be waiting more than six weeks and those who did wait this length of time had usually done so because the service user had not accepted an appointment.
3. EM noted the increase in trend in relation to the number of concerns raised. He asked what this indicator reflected. MP advised that a concern was raised where an indicator was off target for nine months in a row.
4. ST suggested it would be helpful for Quality and Standards to discuss what could be done over the next 12 months to mitigate out of area placements. Lessons could be learned Swindon which had done good work in this area. It was acknowledged that some factors would be within AWP's control, while others were not. **ACTION MP.**
5. BD asked what it would take to reach the targets for service users with a carer identified and IAPT Moving to Recovery. MP advised that significant improvements had been made in the service users with a carer identified indicator in Swindon which evidenced that other outlying areas could meet the targets. The IAPT Moving to Recovery target was more complex given issues were related to varying levels of resource. It was acknowledged that individual plans may need to be

developed to see improvement in this area.

6. TW advised that individual service provisions for IAPT had been reviewed. S Glos CCG had recognised underfunding and work was being done to identify where the Trust should invest. ST advised that this had been given careful scrutiny by the Quality and Standards Committee. The Clinical Executive had made recommendations about the way forward which had been endorsed. An IAPT lead had been engaged.
7. BD asked when improvements would be seen in service users with a carer identified indicators in Bristol and Wiltshire. MP advised that they had been set a target of delivering a 5% improvement within the next three months.
8. SH advised that the IAPT measure was the whole economy measure rather than the AWP measure. She reported that AWP measures IAPT on behalf of the Commissioners.
9. TG noted that Swindon had moved off trajectory in relation to the referral to assessment indicator having made significant improvement in the previous three or four months. ST advised that the Quality and Standards Committee had been assured that the reasons for the move off trajectory were clear and that mitigations had been put on place. Swindon had assured the Committee that they would be back on trajectory by the end of June.
10. TG referred to the South Gloucestershire Delayed Transfer of Care results. MP advised that there was an awareness of Commissioners about this issue and regular dialogue between the triumvirate and the commissioners was underway in an attempt to solve the problems. TG asked that a specific report be provided to Quality and Standards Committee on this situation. ST advised that data was being provided to Quality and Standards about which DTOCs could be mitigated by AWP and which were out with the control of AWP.
11. The Board **noted** the Performance Report.

Transition to Safer Staffing

12. MP provided an update on the transition to Safer Staffing.
13. He noted that in the improved model there was an allowance of 23% headroom for annual leave, sickness, statutory mandatory training and so on. Subsequent to this, there had been discussion about improving efficiency and working toward a 20% headroom allowance.
14. The Board was asked to approve the staff establishment budget with a 20% headroom allowance as soon as work was completed to deliver this without exposing the organisation to financial risk.
15. EM sought to understand the financial value of moving the headroom from 23% to 20%. SH advised that the 3% difference was equivalent \$1.8m and comprised changes in staffing numbers and in skill mix.
16. EM asked if a blanket 20% or 23% should be placed across all of the categories. SH advised it would be better if it could be considered on a ward by ward basis. It was acknowledged that this was a crude, high level measure. AD noted that sophisticated organisations would map the headroom required on every ward. The blanket establishment would mean that some would have a cost pressure and some would have a surplus. Operations should manage this across the organisation.
17. TG suggested that where individual wards were over and above the headroom levels set, the Board should look at the exceptions during the course of the year.
18. ST asked if there would be any quality impact as a result of moving to 20% from 23%. AD advised that the impact would be neutral.

19. TG asked if there was broad agreement with the MDs, the localities and the Clinical Team that this was the right approach to take. MP advised that the staffing ratios had been discussed and agreed. AD confirmed that everyone was signed up to the model.
20. The Board **approved** the staff establishment budget with a 20% headroom allowance.

Report of the Quality and Standards Committee Chair

21. ST took the report as read and highlighted the following points.
22. ST advised that there had been a robust discussion and challenge with Swindon about locality issues.
23. The Committee had heard a positive story about service user and carer involvement that included the use of peer mentors and service users supporting initiatives such as friends and family surveys.
24. The Committee had reviewed the Quality Accounts in their draft form. Not all objectives had been achieved (e.g. restricted practices).
25. The Committee had reviewed a large number of policies and had spent time on the Supervision, Appraisal and Recruitment Policies within HR as well as looking at the Ligature Policy.
26. The Committee had been informed that it would take time to reach the ideal Safer Staffing model due to the difficulties of recruiting qualified staff.
27. The Board **noted** the report of the Quality and Standards Committee Chair

BD/16/014 Finance Report M12

1. SH presented the year end position and advised that the figures were subject to auditor review.
2. Draft annual accounts had been submitted to the TDA and AWP had reported a small surplus of £100k.
3. SH advised that there may be some minor adjustments made as a result of the audit and noted that there were some outstanding income queries with other CCGs whereby NHS bodies needed to agree year end debtor and creditor balances. She noted that no monies were in dispute at this point.
4. The cash target had been reduced from £7.5m to £5.5m during the year and the amended target had been achieved with some careful cash management.
5. Capital resource targets had been achieved as planned.
6. 70% of the Cost Improvement Program had been achieved in year. Estates rationalisation had been problematic.
7. Income was £3.5m above plan which had been related to out of area and had not been in the original budget plan.
8. Pay costs were £3.5m overspent.
9. SH presented the Annual Operating Plan Budget and invited questions from the Board.
10. TG asked what had been budgeted in terms of agency staffing. He sought a level of assurance about the achievability of the proposed CIPs.
11. MP advised that the issue of agency use was localised. He advised that AWP was forecasting compliance with the agency cap within the localities with the exception of Bristol and Wiltshire which continued to forecast a high level of agency use. AWP would work on the retention

strategy for registered nurses and would continue to impose agency controls.

12. BD asked for some targets to be set for Bristol and Wiltshire in terms of agency use. MP advised that the Trust-wide agency reduction programme had a large number of actions being undertaken to reduce agency. The trajectory had been set by each locality.
13. TG asked if approval was being sought for the budget subject to Commissioner agreement on revenue. SH provided an update on contract negotiations advising that the contracts had not been signed but AWP did not anticipate having to move to arbitration. Resource mapping had been used as the basis for setting the revised baselines for the 16/17 contracts. Those localities that were overfunding had agreed a pace of change where they would not pull out the funding in one year. The under-funders would not put in comparable pace of change funds. The discussions in Swindon had been focussed on what services would stop given they were unwilling to put in additional funding.
14. TG asked about disposals noting there had been delays in disposals during the previous year. He asked how confident they were about the planned disposals. SH advised that she was confident the planned disposals would go ahead.
15. The Board **approved** the budget subject to finalisation of contract negotiations.
16. TG noted his concern, about the efficacy of AWP's capital spend. He asked that post investment audits be carried out to ensure that capital spending was properly targeted and to identify lessons learned. This was referred to Finance and Planning Committee for further scrutiny.
ACTION BD.
17. It was noted that given SH would be leaving the organisation, the learnings should be captured for the benefit of her successor and in the interests of best practice going forward. It was acknowledged that there was also a PMO process involved and the same point should be referred to the PMO to ensure that the organisation is not too reliant on individuals.
18. The Board **noted** the Finance Report.

Report from the Finance and Planning Committee Chair

19. BD advised that the main discussions held during the meeting had related to the budget.
20. The Committee had noted the recovery effort in Q4 acknowledging that it had enabled the positive year-end result.
21. It had been noted that there was no contingency in the budget for the year which had reinforced the importance of being clear on CIPs/QIAs and getting off to an early start to ensure that everyone was aware of what actions needed to be taken.
22. TG asked about the lifting of the Bristol Warning Notice. AD advised that the CQC had noted progress on the first milestone in February and had undertaken to look at the evidence of achievement against the warning notice within the first week of their visit in May. CQC would then make the decision about whether to lift the warning notice.
23. TG asked how confident AD was that the warning notice would be lifted. AD advised that he was confident that the warning notice would be lifted based on the current evidence that AWP would hit the expected milestones.
24. ST sought confirmation that there would be a formal withdrawal of the warning notice rather than verbal assurance of the withdrawal being provided. AD advised that he expected CQC to indicate that they would lift the warning notice. The warning notice would not be formally lifted until the letter was received from CQC (which could take a number of weeks). BD undertook to

amend the report/minutes to clarify this position. **ACTION BD.**

BD/16/015 HR Report

1. AD presented the report in the absence of JT. He took the report as read.
2. The following discussions were recorded.
3. BD asked why job offers were being turned down. AD advised that the reasons were being investigated. BD asked if reserves were being offered the roles in the event of the preferred candidate turning down the position. AD confirmed that this was being done.
4. EM asked about the comparison with NTW noting the additional clinical services turnover of 21% compared to NTW which was noted at 9%. He asked for any insights AD may have about these statistics. AD advised that the Workforce Group would consider this and provide some advice. **ACTION AD.**
5. EM noted that statistics for length of service were not included in the report. He recommended that these be added. **ACTION JT.**
6. EM recalled past Board discussions about harassment and bullying and suggested that workshops could be held in relation to this issue. He suggested that this could add an overall dimension to the retention issues. He particularly noted the fact that anxiety and depression was a prevalent reason for absence.
7. TG acknowledged the external benchmarking. He suggested that internal benchmarking between localities may also be useful.
8. TG noted the retention activity was described as best practice. He noted that the turnover rate was rising and suggested that perhaps best practice was not being followed. ST noted that AWP had been benchmarked against different parts of the country and was operating in different markets.
9. ST acknowledged that despite best efforts, recruitment and retention did not appear to be improving. She suggested a report would be helpful to identify what actions would be taken to improve the statistics. **ACTION JT.**
10. TG suggested proliferation of good news noting that that people feeling good about the organisation would be more likely to stay. He also noted that it was inevitable that staff would suffer from anxiety and depression given they were working in a Mental Health Trust. He suggested that there should be a much higher profile message about the work the Trust does to promote mental health well-being among staff.
11. The Committee **noted** the HR Report.

BD/16/016 2016/17 Budget

1. No further discussion was held on the 2016/17 Budget in Part 1 of the meeting.

BD/16/017 Risk Report

1. HR advised that the Risk Report showed the high level risks and the movement in the Executive Risk Registers and the Strategic Risk Registers.
2. HR advised that the next iteration of this document would show the risks fully aligned with the Annual Operating Plan.
3. The main movements had been in the reduction or closure of risks.
4. HR noted that the highest risk rating had been related to Imber Ward. She advised that this

would now be revised given the actions and mitigations that had been put in place.

5. TG suggested that the Board should discuss the top three risks to ensure they were clearly understood and to gain assurance that there were action plans in place to mitigate or resolve risks.
6. TG reflected on a recent presentation made by TW about the Annual Operating Plan noting that he wanted to ensure there was a clear link between the Annual Operating Plan and the Risk Register. HR advised that the risks would be re-drawn in light of the Annual Operating Plan having been presented and discussed. **ACTION ER.**

Report from the Audit and Risk Committee Chair

7. In the absence of CM, TG advised that she had been concerned to ensure that the Committee was focussed on Clinical risk as well as financial risk.
8. CM had been in discussions with ST in relation to what should be discussed at Quality and Standards and what should come to the Audit Committee.
9. The Board **approved** the revised terms of reference of the Committee and the annual work programme for 2016/17 and noted the annual review of the Committee.

BD/16/018 To Note: Minutes of Board Committees

1. The minutes of the following Committees were **noted**:
 - Audit and Risk Committee Meeting, 2nd February 2016.
 - Quality and Standards Committee Meeting, 15th March 2016

BD/16/019 Any Other Business

1. TW advised that 54 doctors had been on strike (out of 65) during the Junior Doctors Strike held during the previous day.
2. NHSI had asked TW to produce reports relating to the engagement of Junior Doctors with AWP about the contracts. He advised that three doctors had attended a meeting the previous Monday and had reported to him that the BMA had advised them not to attend. He undertook to provide this information to NHSI.
3. TW advised that a further engagement event (non-contract related) would be arranged.
4. TW reported that prior to contract imposition, AWP needed to understand the Guardian Role. TW advised that the guidance on this role was quite difficult to understand.
5. TW advised that there had been no clinical or quality concerns relating to the strike. Other medical and nursing staff had stepped up and no incidents had been reported or concerns raised as a result of the strike.
6. TG recorded the thanks of the Board to consultants and to other staff who had stepped in to maintain services.
7. HR advised that a new Director of Operations had been appointed and would join AWP at the end of June/beginning July. The advertisements for the Director of Finance positions would be closing shortly. Advertising had begun for the Medical Director position.
8. TG advised that a Board Development Day had been held. He advised that a follow up session would be organised.

Minutes Prepared for the AWP NHS Trust Board Meeting 27th April 2016

Sponsored by the Chair

Agenda Item:

Serial:

Page 13 of 13