

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

Held on 30 November 2016, Jenner House, Chippenham SN15 1GG at 10.00am

These Minutes are presented for **Approval**

Members Present

Susan Thompson (ST), Non-Executive Director	Simon Truelove (STr), Director of Finance
Ruth Brunt (RB), Non-Executive Director	Sue McKenna (SM), Director of Operations
Charlotte Moar (CM), Non-Executive Director	Andrew Dean (AD), Director of Nursing & Quality
Ernie Messer (EM), Non-Executive Director	Rebecca Eastley (RE), Medical Director
Neil Auty (NA), Associate Non-Executive Director	Christina Gradowski (CG), Interim Associate Director of Governance
Malcolm Shepherd (MS), Non-Executive Director	Charlotte Hitchings (CH) – Chair
Hayley Richards (HRH), Chief Executive	Jenny Turton (JT) – Associate Director of HR and Workforce
Mark Outhwaite (MO), (Non-Executive Director)	

Staff In Attendance

Erika Tandy, Corporate Governance Coordinator (ET)	Julie Musk, Communications Officer (JM)
Simon Gerard, Head of Communications (SG)	Jane Bolster, Head of Inpatient Safety (JB)
Julie Benfell, Head of Compliance (JB)	

Members of the Public in Attendance

Mr Ody
Mr King
Paul Maddox (O2)
Nick Anastasiou (O2)
Branatic Neufville

BD/16/193 Welcome and apologies

1. The new Chair, Charlotte Hitchings (CH) welcomed board members and informed the board that Malcolm Shepherd had now been confirmed as a Non-Executive Director. CH thanked Susan Thompson for her time as Acting Chair of the Trust Board.
2. The Chair asked the board to note that the agency checklist would be considered in part II of the meeting to consider updates that had been made following the issuing of board papers.

BD/16/194 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 board meeting agenda.
2. There were no declarations.

BD/16/195 Patient Experience Story

1. Jane Bolster (JB) gave a presentation on Safewards a new initiative designed to reduce

restrictive practices when conflict and confrontation was experienced on the wards. JB explained that this model had been adopted in order to support the Violence Reduction Strategy. This initiative provided mental health staff with a range of evidence-based interventions that promoted early intervention before incidents occurred and methods and techniques which calmed down patients.

2. The 10 aspects of intervention include calm down methods, re-assurance, mutual help and bad news mitigation. The members of staff who had been involved in Safewards have been very engaged and supportive of the initiative. JB considered this model of care supported both patients and staff.
3. The Safewards initiative looked at the key elements that trigger conflict and confrontation in patients and the strategies and tactics to contain and manage those conflicts. Those wards that have piloted the Safewards initiative have a calm-down box (which can also be increased to the size of a room) containing things which assist the patient to become more calm and stable and ease their anxiety and agitation..
4. JB explained that an audit had been carried out using anonymised quantitative data from a random sample of 72 service users (acute, PICU and secure only). It had shown that the majority of patients had a good experience. There will be a re-audit and a pilot focusing on the efficacy of behavioural support plans. There has also been a celebratory event to discuss and reflect on experiences shared by both service users and carers. JB then shared with the Board service user and carer experiences of Safewards.
5. Neil Auty (NA) asked JB how this initiative was working across the Trust. JB explained that there had been various levels of success in implementing the Safewards initiative across the Trust. She considered, as more knowledge and evidence was collated there will be an improved understanding of the benefits. Members of the board requested that JB explain the Behavioural Support Plan. JB stated that this was similar to a care plan, and looked at how AWP could help someone in distress. The primary purpose of the plan was to determine what the patient required and how staff could provide the level of support required by the patient.
6. ST commented that this was a fantastic initiative and appeared to be successful. She asked if the initiative was mandatory or optional. JB stated that it was not optional, but at present this was only implemented in a select number of wards. It was hoped that the celebratory event would help to engage staff across the Trust and increase participation.
7. HRH commented that this work had been mentioned by service users as part of the Section 136 launch event that she had attended on 29 November. Board members asked how service users and carers were involved in the Safewards initiative. JB reported that a number of engagement events were being organised and they would be publicised to service users and members of the public. Board members considered that the celebratory shared experience event will be a good 'live' forum to enhance service user and carer involvement.

BD/15/196 Answers to written questions from members of the Public about the Board agenda items

1. The Chair conveyed to the meeting the questions that had been received from Mr Ody and the responses that had been prepared as follows:
2. Question 1:
Now that there is a new chair and new directors on the board of AWP will they be addressing the longstanding concerns of service users that their health records have been falsified. We have been fobbed off long enough by AWP claiming that they have checked all service users records and there has been no falsification of service user records
3. Response 1:
The Trust Board is committed to ensuring that service users are able to access their health and care records, and that health records are up to date and accurate. The Trust has a range of policies, procedures, protocols and audits to ensure that the highest standards are maintained

with regard to patient information.

Under the Data Protection Act 1998 service users are able to make a subject access request for copies of their own health and social care record. To find out more about making a subject access request please see a copy of the policy available on the Trust's website go to <http://www.awp.nhs.uk/advice-support/health-records/> and then follow the link to confidentiality.

If you have a complaint to make about the health records you have received you can contact the Trust's complaints department and the Trust's Caldicott Guardian, the Director of Nursing and Quality, who has a special role to play in protecting the confidentiality of patient and service-user information and enabling appropriate information sharing. Details are available on the Trust's website. You can make a complaint by writing to the Complaints Department based at Jenner House.

If you are dissatisfied with how the Trust has handled your requests you can complain to the Information Commissioners Office and the Parliamentary and Health Service Ombudsman. Further details will be made available to you in writing.

4. Question 2:

Why are service users not getting copies of all their health records when they request them? The service user records that I have seen contain more information about third parties than there is about the service users' medical condition. Service users are not being told which of their records have been withheld, or the reason why those records have been withheld from them.

5. Response 2:

Service users are provided with copies of their health records when they make a subject access request. Under the Data Protection Act 1998 information can be redacted from a health record if the information is about a third party or provided from a third party, if the release of information would cause physical or mental harm or distress to the service user or someone else.

This is explained to the person making the request in the letter that accompanies their health records. Support to the service user can be provided by PALS when making a subject access request.

6. Question 3:

After my previous meetings with the members of the PALS team I feel that the only way that I will get a true and accurate record of what had been said at the meetings by both parties, would be to make an audio recording of the meeting. Does the board agree that this would be a sensible arrangement to make as it would address the fear that service users and their families have that the PALS Team do not take their complaints seriously enough and fail to make a true record of their complaints.

7. Response 3:

It is not usual practice to audio record PALS meetings. If a specific request is made by a service user or carer to audio record their meeting then the request would be considered. However this would mean a financial burden on the Trust and it is not currently possible to save recordings on to the PALS /Complaints records.

Mr King responded by stating that the information given were text book answers and did not adequately address the concerns he had raised at previous board meetings. He further stated that he wished the minutes of the last meeting to be amended. The Chair requested that Christina Gradowski (CG) address Mr King's concerns about these matters outside of the board meeting. Mr King commented that his opinions were not being listened to, so he would leave the meeting.

BD/16/197 Minutes of the Trust Board Meeting on 26th October 2016

1. The Board reviewed the minutes page by page for accuracy and requested that the correct spelling for SEQOL was amended on page 7 and that the minutes be revised to show that the Clinical Director appointment was for 9 months and not 12 months. **ACTION: CG**

BD/16/198 Matters Arising from the Previous Meeting

1. The Chair stated that she would like to review each item so that if the action had been addressed, it was removed from the action tracker.
2. AD informed the board that an easy-read version of the Annual Quality Report had been produced and was in the process of being finalised, and once this had been completed it would be published to the AWP website. As this piece of work is nearly complete it was agreed that this could be closed and taken off the action tracker. **ACTION: CG**
3. RE informed the board that the work on the transfer for Child and Adolescent Mental Health Services (CAMHS) (which included the due diligence process) had been completed. However, the Head of Business Strategy was reviewing this to incorporate how the learning from CAMHS had successfully influenced the SEQOL negotiations and business transfer. **ACTION: RE/on-going**
4. In relation to questions from the public CG informed the board that the right questions had now been attributed to the correct individuals and the questions and answers would be included in the minutes. The board agreed that this action was closed and removed from the action tracker. **ACTION: CG**
5. In relation to the previous question from a member of the public as to whether interviews between patients and carers could be recorded, the board was informed that current policy was being reviewed. The Chair requested that an update was provided at the trust board meeting in January. ST considered that the Quality and Standards (Q&S) Committee should review this policy, which related to patients / service users. RB agreed that Q&S would review the policy. **ACTION: Q&S Committee**
6. AD informed the board that a service user had attended the CQC quality summit and the Clinical Executive Report now contained detailed data on the Section 136 Place of Safety. Both actions were closed. **ACTION: CG**
7. STr informed the board that he had met with Steve Arnott, Director of Medical Education in order to review the income received from education sources. This action was closed. **ACTION: CG**
8. The board was informed that the Board Development Session on 7 December would focus on STP and workforce so could be removed from the action tracker. **ACTION: CG**
9. SMc informed the board that the Delayed Transfer of Care (DTC) data had been included in today's papers but was not for the same purpose. After some consideration, the Chair requested that the correct report should be submitted to the Finance and Planning Committee (F&P) and thereafter reported to trust board. **ACTION: SMc/F&P Committee**
10. CM explained that in relation to deputising arrangements relating to committees, the Terms of Reference (ToRs) now included formal deputising arrangements. Each committee will review their ToR and recommend for approval by the trust board. **ACTION: CM/MO/RB/CG**

Horizontal Reporting

1. There were no items for horizontal reporting from previous committee meetings.

BD/16/199 Chair's Actions

1. The committee was informed that no Chair's Actions had taken place.

BD/16/200 Chair's Report

1. The Chair took the report as read. She explained that her main focus since commencing in post had been to meet with as many executives as possible and to visit the different locations within the trust. She had attended a walkabout at the Complex Interventions Team and other services based in Bath and visited Sandalwood Court and the Victoria Centre in Swindon.

CH had also attended the NHS South West Leadership Recognition Awards, which had been very enjoyable and rewarding; she reiterated her congratulations to the winners, Dr Mary Griggs and Wendy Kelvin.

2. The Board **noted** the Chair's report

BD/16/201 Chief Executive's Report

1. HRH took the report as read. She highlighted the following key issues. The CQC summit was held on 2 November and had served the purpose of 'closing' the findings and actions from the CQC inspection. The event was a success and was well attended, and included representatives from acute providers, commissioners and other stakeholders. Approximately 25% of the attendees were service users.
2. ST commented that it was important to engage service users and carers in how mental health services were provided. She queried how CAMHS would use Section 136, which was for adults, rather than children? HRH clarified that Section 136 included all service users, including children. In relation to the CQC findings, CM asked how the improvements that had been identified in relation to Well-Led were being addressed? HRH explained that the Well Led findings overlapped with s.136 with regards to governance and therefore improvement actions addressed both s.136 and well led findings.
3. HRH reported that the Community Mental Health survey results had been released and these will be circulated; the results show improvement in a number of areas in comparison to last year's findings. HRH also informed the board that the STP submissions had been completed.
4. HRH extended her congratulations to the two AWP staff who were winners at the South West Leadership Recognition Awards. HRH stated that the awards exemplified how health and social care providers were working together effectively; she extended thanks to staff for their compassion and the quality of care that they had delivered.
5. The Board **noted** the Chief Executive report

BD/16/202 Clinical Executive Report

1. RE provided a brief overview of the report covering pharmacy, the plan for the introduction of the Medicines Optimisation Assurance Tool; the process for clinical evaluation and approval of prescribing cost saving plans, as well as improvement in variance of safer staffing. CM commented that the front sheet of the report should have been updated once it had been scrutinised by the Q&S committee so that this feedback was available for the board. The Chair asked that executive directors action this for future reports. **ACTION: executive directors**
2. RE reported that in relation to the alleged homicide that happened in July, at this present time it was not clear if this could be shared as the matter was being dealt with by the Police.
3. In relation to safer staffing issues on the Beechlydene ward, ST sought assurance that Q&S had been sighted on this. RB confirmed that at the most recent Q&S meeting there had been extensive discussion on safer staffing which culminated in Q&S requesting deeper and more specific information on staffing levels across all wards, which would be reported to the January committee. .
4. HRH clarified that in relation to the Silver Birch ward, there had been 15 admissions and 14 discharges, and there were currently 23 beds available. She would bring the most recent benchmarking information back to Trust board as this was currently being looked at.
5. In relation to Section 136 Place of Safety, HRH felt that the Trust would need to look at its clinical strategy. At the launch event for Section 136 the priorities from service users had been talking time, compassion, and that consideration was given to geographical locations of wards and patient links to the areas. The strategy needed to be reviewed in the context of these conversations.
6. In relation to the targets for the flu jabs, the board was informed that nationally the highest success rate was 58% and the lowest achieved by a provider was 11%; AWP was approximately

in the middle of these figures. The national target for the CQUIN had been set at 75%. HRH urged all staff to do what they could to increase this figure, e.g. by getting flu jabs if they had not already done this.

7. MO considered that it would be helpful for authors to incorporate into their reports information about the growth in demand for services, this would provide a useful context in which to consider demand and capacity issues. SMC stated that this approach had commenced, but was slightly problematic as much of the data at present was raw and required further work including a narrative explaining the figures.
8. On page 24 of the Clinical Executive report, EM suggested that providing quantitative data could help to illustrate the findings better. He queried if the lack of incidents in the chart for October 2016 was correct and RE agreed that she would clarify this outside of the meeting. **ACTION: RE**
9. The Chair suggested that reporting on serious incidents to the board could be improved by incorporating data accompanied by a narrative explanation. She also suggested that the Q&S committee review compliance with mental health legislation (Mental Health Act and Mental Capacity Act). **ACTION Q&S (horizontal reporting)**
10. The Board **noted** the Clinical Executive report

BD/16/203 Workforce Report and BD/16/204 Workforce discussion

1. AD took the report as read but highlighted some of the key elements for the board's attention. The Trust employed approximately 3,500 (whole time equivalents), against a figure of 3,740 established posts. AD provided an overview of the age profile of staff noting that that AWP like many other Trusts had a significant number of staff employed within the 50-60 age group who could choose to retire at some point during that decade. Career progression was an issue for AWP as well as other trusts across the country. Training staff to become qualified health professionals took considerable investment and time; with 3-4 years for an individual to become qualified as a mental health nurse and 7 years plus to become a doctor. The vacancy rate was 6% which AD considered a perfectly reasonable rate compared to national average rates at 9-7%. There has been considerable work to recruit more staff into the Trust, which was demonstrated in the figures of job offers. However, AD noted that the time taken from the offer of a job to commencing in post required improvement, steps were being taken to improve the process, making it slicker and shorter.
2. The Trust's turnover rate was 13.56% and was currently the focus of HR's attention. While recruiting staff had improved over the past 12 months the retention rate had not. The data shows that after 12 months in post, once staff have received intensive training they leave. Findings from the exit data show the reasons for leaving were dissatisfaction with the job and promotion. However a significant percentage, 25%, had found other work within the Trust or joined the bank.
3. In specific relation to the Sustainability and Transformation Plans (STPs) there was significant focus on developing the workforce of the future. In relation to nursing, there had been an increase in the number of pre-registered nurses, however University of West of England has reported a drop in applications for the 2017 intake. There have been reductions in students applying for courses in mental health and learning difficulties. Letters have been sent out to nurses with lapsed registration to see if they would like to come back into the profession, and in relation to medics consideration has been given to utilising nurse physicians.
4. EM commended the workforce report. It had answered a number of questions asked by the board over the past 6 months, but he had felt slightly overwhelmed by the amount of information included. He acknowledged that the board could ask better questions of members of the executive team so that the right information could be provided. JT stated that she hoped the report provided assurances to the board that the workforce issues were well understood and action was being taken to tackle key concerns. In relation to OD, JT commented that she had focused on the Culture of Care Barometer, wellbeing initiatives and the Friends and Family test. JT stated that by concentrating on the outputs from these initiatives there would be some improvement in staff retention. JT gave a brief summary of the response rates from the staff survey to date. She confirmed that a follow up report would be provided to the board in January.

ACTION: JT

5. Mr Ody asked two questions at this point of the meeting; clarification of the salary sacrifice scheme and staff discount. CH responded that questions from the public had already been answered; however with regard to the two questions raised she would instruct the Company Secretary to respond outside the meeting. **ACTION: CG**
6. CM considered that following the feedback given by EM, there were some gaps in the report in relation to temporary staff. She commented that the workforce plan, finance plan and business plan all need to correlate and align so that a complete picture can be seen looking forward into 2017-18. STr confirmed that this would be undertaken alongside the budget setting process for 2017/18.
7. ST considered that the Q&S committee continued to have insufficient metrics against which to measure workforce improvements, and as such the board had insufficient assurance. AD stated that the current workforce metrics are being refined and improved which will be reported to the Q&S committee for ratification prior to inclusion in the overall AWP workforce plan. **ACTION: AD JT (horizontal reporting to Q&S committee)**
8. HRH accepted these comments but reiterated that the STP high level principles would affect the workforce strategy; the AWP strategy and the STPs' had to dovetail. MO sought clarification on the actual number of staff employed by the Trust; STr confirmed that this was around 4,500 staff. MS had observed in the report the ages of the new nurse apprenticeships and that job dissatisfaction was high. He felt this should be looked at further. NA commended the report stating that AD and JT had worked hard to address workforce issues and concerns, which was encouraging.
9. STr informed the board that agency spend rates will be reported to the F&P Committee over the next 3 months. The Chair reported that she and EM had discussed workforce issues and how to obtain increased board assurance, EM will undertake some work on governance on HR issues outside the board meeting, working with the relevant directors, and report back. **ACTION: EM**
10. The Board **noted** the workforce report

BD/16/205 Integrated Performance Report

1. SMc informed the board that the integrated performance report had not yet been to the Finance and Planning Committee, and she had been giving consideration to re-introducing the finance element. It was agreed that RE and SMc would meet in order to enhance the scope of the report. There had been considerable focus on delayed transfers of care (DTC) noting problems with discharging patients. The operational team had set up processes for early discharge dates, working with local authority and CCG partners to improve discharge processes, so that patients have the right package of care when they leave hospital. The operations team had also been reviewing the number and type of beds that are purchased as a block contract, and bank and agency usage. At this present time there were 8 service users in Bristol that had been identified as being ready for discharge.
2. SMc explained some of the issues around demand and capacity affecting the services. She informed the meeting that the Trust is seeking to reduce out of area placements (OAP) and bring back patients from the private sector into NHS beds. Approximately 10 beds were now available on Larch Ward for this purpose. SMc explained that she was working with AD and Meridian on productivity and capacity ensuring that safer staffing levels could be delivered in a cost efficient way. RB stated that she would like OAP assurances (trajectories against target) reported to the Q&S committee throughout the year, rather than an end of year summary. **ACTION: SMc**
3. CM stated that she would like to see the same approach taken to OAP as had been the case with MRSA with a 0 tolerance approach. At this point CM asked if risk issues and clarification of risk identification and reporting was robust and effective. SMc explained that she had organised a risk day on 12 January to discuss and clarify the systems and processes for risk identification, reporting, escalation and mitigation. She stated it was important to have that

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discussion with senior leaders and their teams before making recommendations to change systems and processes. She agreed to consult with CM to include her perspective and the outputs of the day will be reported to the board. **ACTION: CM/SMc**

4. The Chair acknowledged that many organisations struggled with getting risk management and reporting right, and referenced the recent NHS Improvement feedback to the Trust. She supported the consideration that was being given to improving risk management across the Trust. **ACTION: executives**
5. The Board **noted** the Integrated Performance Report

BD/16/206 Report of the Quality & Standards Chair

1. RB took the report as being read by the board and highlighted particular elements. The meeting on 15 November took place in the BANES locality, a high performing Local Delivery Unit (LDU) which provides good quality services. The BANES LDU have a range of innovative initiatives, for example involving liaison with the police force, in addition to street triage.
2. The Q&S Committee noted the on-going problems retaining staff; acknowledging the efforts made by BANES in supporting and nurturing staff and encouraging rotation of staff which helps to keep staff interested and excited about their roles. The Chair had also experienced this high level of commitment when attending the walkabout on 24 November. SMC explained that a list of all initiatives, including on recruitment and retention that localities have been undertaking has been put into a project and will be rolled out shortly. The Senior Management Team (SMT) were also reviewing liaison roles and the benefits of these roles.
3. **Noted:** the Board noted the report of the Quality and Standards Committee

BD/16/207 Finance Report

1. STr began by requesting that the board make a decision and agree what the forecast outturn should be, explaining that he was working with NHS Improvement (NHSI) in relation to control totals. He informed the Board that the current worse case forecast for the Trust was a deficit of £8,795k which would be a distance of £11,275k from the current control total. The Trust was focused on improving the current rate by approximately £1,500k by the end of the year so that it would deliver a deficit of £7,353k.
2. STr reported some positive improvements which had been seen through the work on out of area placements and agency spend, with £100k reduction in the run rate at month 7 from £700k to £600k, with the Trust reporting a £4.5m deficit position off plan. He highlighted other areas that needed improvement, including non-contracted activity and high spend on transport for specialised services, which was not appropriately funded. Other immediate pressures included temporary staffing, estates work (decontamination at Southmead) and the need to align income to spend (CAMHS, SEQOL, Health Education England).
3. NHSI was supporting AWP by negotiating with NHS England with regard to an on-going dispute between Wiltshire and Salford Clinical Commissioning Groups, with AWP providing costly services to an out of area patient. STr reported that the external finance limit that needed to be held was £5.6 million but this could possibly be reduced to £1 million. He also asked the board to note that the Trust was now paying its suppliers in a more timely way
4. MO asked about the Cost Improvement Plan (CIP) burndown profile and progress to date. STr explained that this had not been included as there was no match between the cost improvement plans (CIPs) and what was in the budget. Reporting in 2017-18 will be different as cost improvements will be rolled out in a consistent way to all LDU and corporate teams, including sign-off levels for finance budget managers. At this present time work was focusing on the LDUs' run-rate, the difference between their income and expenditure, and taking action to align them. Members of the board asked how LDUs were being held to account for their budgets. SMC stated that it was difficult to do this when the budgets were not signed off.

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Therefore the focus of finance and operations was on getting the run rate right so LDUs were not spending more than the income they received.

5. EM expressed concern about the cash plan and current assets and liabilities; as the trajectory appeared variable. STr informed the board that details on the cash position would be included as part of the next Finance and Planning Committee on 16 December. CM was concerned that as the LDUs cannot be held to account for the CIPs due to a poor budget setting process last year it was difficult to see how progress will be made in the last quarter. SMc commented that the LDUs had delivered their CIPs but it was impossible to track back to what was in their budgets. Hence the work focusing on aligning income with expenditure (run-rate)
6. ST considered that the board had been provided with assurances about CIPs delivery and financial plans many times; however it was evident that there were gaps in assurances and it was important that learning was shared so this would not be repeated. It was agreed that the Trust needed to be clear on financial governance and accountabilities. It was also agreed that a more in-depth consideration of this and the mechanisms in place for improvements should take place during Part 2 of the meeting.
7. The Board **noted** the finance report

BD/16/208 Report of the Charitable Funds Committee

8. EM informed the board that he had taken over chairing the Charitable Funds Committee from Peaches Golding and understood from the first meeting that the committee provided a valuable forum for developing funding ideas, diversifying fundraising and as part of wider public engagement. EM confirmed that a Fund-Raising Manager had been appointed. The Charitable Funds committee sought board approval for the development of a fund-raising strategy.
9. The Board **noted** the report of the Charitable Funds Committee and **approved** the development of a fund raising strategy.

BD/16/209 Risk Report

10. HRH took the report as read. She stated that a refresh of risk management, including the Board Assurance Framework, was underway commencing with the risk day scheduled in early January. The risk registers will change due to STPs, as emergent risks become more apparent. It was suggested that each committee considers risk as a standing agenda item. Some members of the board felt that the word refresh was problematic as it gave the wrong message to staff who may interpret this as a reason to suspend current processes, and it was agreed that review was better.
11. EM queried if there was an issue log that sat behind the risk register. CG explained that the Trust uses Riskweb to report and manage its risks across LDUs and corporate teams, which does not include an issue log. The reason that EM raised this query was that he felt that issues and risks were quite different, and identifying issues could help to then identify risks. SMc explained that this had been considered but would be too problematic to manage due to the number and variety of issues facing operational teams. Therefore the focus on training staff across the Trust to use Riskweb centred on the identification of risk, rating risks and mitigations plans. After further debate about risk management, it was agreed that SMc and CM would meet outside the meeting so they could consider this further. **ACTION: CM / SMc**
12. The Board **noted** the risk report

BD/16/210 STP Submissions

13. RC informed the board that the BNSSG STP submission had been shared and published on the web. The BSW STP was yet to be published. AWP was keeping pace with the two STP footprints and there were communications and engagement plans in place that will be implemented in the new year. The key element that needed to be considered in relation to

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AWP and the STPs was the Five Year Forward Plan for Mental Health.

14. ST asked what would happen next with regard to STPs? HRH stated that at present this was not clear but the Trust had received some verbal feedback already with written feedback to follow in January on submission of those plans. MO felt that it was important that the December Board Seminar on STPs concentrated on delivery as opposed to planning.
15. ST also asked how the board will engage with the public and service users, and how will engagement be supported? RC stated that both STPs have social partnership forums with staff and Healthwatch attending. She had been made aware that there was a pro-active plan on the level of care. STPs and their associated frameworks were an emerging picture. HRH emphasised that it was important that communications on the STPs were tailored to AWP staff and that they received one clear message.
16. AD reported that the BSW plan would be published on 14 December. He felt that AWP plans in relation to the STPs were not particularly sophisticated. Linked to this, he considered that it was not possible to plan against something that was not completely clear. He was however confident that whatever the targets were, AWP would be focused on delivering them.
17. The Board **noted** the STP submissions report.

BD/16/211 To note – minutes of the following committees

The Board **noted** the minutes of the following Committees:

18. Finance and Planning 21 October
19. Quality and Standards 18 October
20. Audit and Risk 14 October

The Chairs of both the Finance and Planning Committee and the Audit and Risk Committee stated that these minutes had not yet been approved, so requested that these items were discounted for consideration at this time. This was agreed by the Chair who asked for a review of process in reporting these to board. EM felt that there may also be process issues relating to the Charitable Funds Committee, due to when the meetings fell in relation to the timings of board meetings.

ACTION: CG

BD/16/212 Any other business

21. AD informed the board that there had been two media reports in relation to Section 136 and he would discuss how these were being addressed in Part 2 of the meeting.

BD/16/213 Board Digest

22. The Board **noted** the Board Digest.

The Chair closed the meeting at 13:20

The next Trust Board meeting is scheduled for 25 January 2017