

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

Held on 29 March 2017, Jenner House, Chippenham SN15 1GG at 10.00am

These Minutes are presented for **Approval**

### Members Present

Ruth Brunt (RB), Non-Executive Director	Ernie Messer (EM), Non-Executive Director
Andrew Dean (AD), Director of Nursing & Quality	Charlotte Moar (CM), Non-Executive Director
Rebecca Eastley (RE), Medical Director	Mark Outhwaite (MO), (Non-Executive Director)
Sarah Elliott (SE), Non-Executive Director	Hayley Richards (HRH), Chief Executive
Charlotte Hitchings (CH) – Chair	Malcolm Shepherd (MS), Non-Executive Director
Sue McKenna (SMc), Director of Operations	Simon Truelove (STr), Director of Finance

### Non-Voting members

Neil Auty (NA), Associate Non-Executive Director  
Rachel Clark (RC), Director of Strategy

### Staff In Attendance

Sarah Knight (SK), Interim Company Secretary  
Suzannah Marsh (SM), Senior Communications Manager  
Toria Nelson (TN), Interim Head of Human Resources  
Erika Tandy, Corporate Governance Coordinator  
Jennifer Ward, Corporate Governance Officer  
Penny Stanbury - Service User Involvement Worker

### Members of the Public in Attendance

Mr Ody RB – service user  
Mr King  
Ian Turner

### BD/16/259 Welcome and apologies

1. The Chair, Charlotte Hitchings (CH), welcomed members of the public and staff to the meeting.

### BD/16/260 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 received on any conflicts of interest.

### BD/16/261 Charitable Funds

1. The Chair introduced the agenda item, highlighting that the Trust Board was acting in their role as Corporate Trustees of the charitable funds and would be considering the proposals in the context of the charitable fund objectives. Ernie Messer (EM) explained that the Charitable Funds Committee

function had been reviewed and a paper presented to the Committee. This process had included consideration of how service users, carers and trust staff could be best supported. EM then introduced Tia Shortall (TS) who had recently joined the Trust as the Fundraising Manager. TS was welcomed by the Board.

2. TS explained the aim of the review had included looking at the identity of Charitable Funds, and requested that the Board approve the following:

- (i) That the charity changes its name to the Headlight Mental Health Charity.
- (ii) The chosen logo.
- (iii) The fundraising strategy, which aims to reach the target of £500,000 in 5 years.

**The Board, in their capacity as Trustees, approved the 3 proposals detailed above.**

3. The Board also, as requested, noted the Annual Report.

4. Both EM and the Board extended their thanks to TS and Jayne Williams (JW) for taking forward the work so quickly and efficiently. Their enthusiasm had been extremely positive.

5. Charlotte Moar (CM), Non-Executive Director, commented that several Non-Executive Directors (NEDs) had links and experience with other charities and they could assist with networking and fundraising. Hayley Richards (HRi) emphasised that the Trust was not centred on Avon with regards to fundraising. EM stated that a copy of the annual report and accounts had been included in the Charitable Funds report for the board's information and copies were available at the meeting.

#### **BD/16/262 Patient Experience Story**

1. CH introduced the Patient Experience story and explained that it was a very important item on the agenda, as it gave people an opportunity to hear how services were working, and allowed service users to share their experiences. Rebecca Eastley (RE), Medical Director, welcomed RB who was a service user and Penny Stanbury (PS) her support worker.

2. RB stated that she had been diagnosed with autism following a period of depression.

3. She attended an AWP drop-in centre which gave information on life tips, including a focus on autism. RB then joined a post-diagnosis group in October 2015. The group ran for 6 weeks and explored what an autism diagnosis meant to them as individuals. It was semi-structured but did have the capacity for people to bring their own stories, which she found to be one of the most useful things. RB said that the group leader was very welcoming and keen for her to be involved. She then began to work alongside with Penny Stanbury (PS). This work included looking at the use of the word 'recovery' as people with autism don't recover as such. The group had been a positive experience and that in turn has made her think about how she could have a change of career direction.

4. CH stated that RB should see herself as being a role model and a leader, and the Board can learn so much from people like RB attending. CH could appreciate what a frightening arena this could be in which to share such personal information. CH asked RB if there was anything else that could be done to support the group or further improve the group. RB stated that it could be improved by less delay in service users being able to join the group, as it took significant attempts by her to secure a place. She also said that there was a lack of communication on what the group involved, what it covered and what was expected of service users when they attend the sessions.

5. Sarah Elliott (SE) asked if RB had any more thoughts on the broad range of autistic needs and what could be done to support these. RB stated that the service was very aware of these, and there were the telephone and drop-in facilities. The facilitators were excellent and recognise that all autism sufferers are very different.

6. RE stated that RB was a wonderful example and brought so much to the meeting. CH agreed and stated that when there any initiatives for improving the service, such as communication, were communicated to the Board in these sessions these should be properly considered by the Trust. She asked Rebecca Eastley (RE) to ensure this feedback reached the service and update the Board on what could be done to make improvements. **ACTION: RE**

**BD/16/263 Answers to written questions from members of the Public about the Board agenda items**

1. CH read out the following question that had been received by Mr Ody: 'I used to be sent a set of the board papers the week before a board meeting. I have not been told why you have now stopped sending out the board papers. Will we still be sent a set of the board papers and will we still be allowed to ask questions of the board'.

2. CH gave the following response:

The Trust Board papers and dates of meetings are published on the Trust website. If an individual does not have access to the internet then, on request, we will arrange for a paper copy to be sent to a member of the public. There has been no change in that practice, however, there was no public Board meeting held in February 2017. This information was included on the Trust website, included in the hard copy papers sent out in January 2017 and it was stated during the January public board meeting. Questions relating to Board agenda items will be accepted if submitted following the Trust process.

3. CH read out the following question that had been received by Mr King: 'Your board rules state board papers will be available one week before the meeting. Now it is the Monday, 2 days before the meeting and I have not been sent all of the board papers as I have been for some 3 years now, no agenda appears on your website - hence I am unable to ask any questions in accordance with your rules that questions must be based on the agenda, and furthermore NINE out of 20 sections of the board papers are blank.

I therefore ask why the public, service users, carers, patients are being prevented from playing an active part at Wednesdays board meeting?'

4. CH gave the following response:

Thank you for raising the issue, the Trust is aware that the papers have not recently been published on the internet one week before the meeting and the process is currently under review. This is the timeframe we aspire too, however, in future, even if all papers are not available, the agenda will be published on the Trust website one week before the meeting.

Paper copies of the Board pack were hand delivered on Monday morning to those members of the public who had requested a copy, given the post had been missed on Friday. The deadline to submit questions about the Board papers was also extended to noon on Tuesday, in recognition of the delayed papers. It should be noted that the deadline for publishing the agenda and papers relates to the internet, and posted papers will always be slightly delayed due to the postal service.

Thank you for bringing to our attention that the agenda and Quality and Standards committee minutes had not been loaded correctly onto the internet. This was rectified on Monday morning and in the future, a further check will take place to ensure they have been uploaded correctly. In addition, two papers were verbal updates, one from the Finance and Planning meeting and the HR report.

The Company Secretary will write to you regarding your three additional comments. They will not be discussed as part of the Board meeting, nor included in the minutes; however, I can confirm that they have been circulated to Board members,

5. At this point of the meeting, it was highlighted that information had been sent to Mr Ody in error relating to subject access requests for a different member of the public. The Chief Executive stated that although the detail of the error was not known to the Trust, it would be taken very seriously. The Chair requested that the Company Secretary and Medical Director leave the meeting to meet with the member of public whose information had been shared to discuss the issue.

**BD/16/264 Minutes of the Part 1 Trust Board Meeting on 25 January 2017**

1. The Board reviewed the minutes page by page for accuracy and requested the following:

2. BD/16/216 Patient Experience Story: The Board requested that Rebecca Eastley's name was amended to the correct spelling.

The minutes were approved with the above amendment.

#### BD/16/265 Matters Arising from the Previous Meeting

1. BD/16/162 Questions from the Public – The Board was informed that the proposals for the policy for recording interviews between carers and service users would be taken to the technical board meeting on 5 April so that funding and timescales could be agreed.
2. BD/16/203 Workforce – action complete
3. BD/16/218 Matters arising – action complete. Item to be removed from the action list
4. BD/16/225 Finance – CQUIN – update will be provided in the meeting
5. BD/16/226a Bank & Agency spend – an update will be provided in the meeting.
6. BD/16/227 – Board Seminar day on Corporate Risk – Scheduled for the May Board Development meeting.
7. BD/16/229a Annual Objectives – Included in the Annual Operating Plan.
8. BD/16/230 Committee Terms of Reference – Revised Tors for the Nomination and Remuneration Committees would be brought to Board on 26 April. The Charitable Funds Committee discussed the Terms of Reference on 10 March and the revised ToR would go back to its next meeting on 9 June.

#### BD/16/266 Chief Executive's Report

1. Hayley Richards (HRi), Chief Executive, presented the report and highlighted a number of points for the Board's attention.
2. She outlined the challenging national environment at present and the Government's Mandate to NHS England for 2017-18, which had recently been published and included objectives to deliver the Mental Health Five Year Forward View Implementation Plan recommendations.
3. It was noted that there was a refresh of the Five Year Forward View due shortly, and also the Health Education England (HEE) workforce strategy. It had been announced that there would be new funding to support social care, and Sustainability and Transformation Plans (STPs) had been discussing how they might work with local authorities to support the NHS as a result of this. In addition, some capital for STPs has been announced and the STPs were reviewing if they would qualify for this.
4. The appointment of Julia Ross as the Chief Officer for the Bristol, North Somerset and South Gloucestershire (BNSSG) CCGs was announced in February and the transition into a single commissioning voice in BNSSG was underway.
5. There had been good progress with S136; the system would come together as a whole chaired by the two Police and Crime Commissioners to agree changes and prioritise them. It was agreed that the priorities were children and young people, facilitating access to S12 doctors, and streamlining the approach.
6. An eating disorders week was planned in Bristol and HRi encouraged others to attend this. She had attended a service user panel, led and chaired by ex-service users who drive an improvement and charitable fundraising agenda, which was inspirational.
7. Wiltshire College named AWP its Employer of the Year as part of National Apprentice Week. Kerri Pearce was awarded Management Apprentice of the Year from Wiltshire College and Beth Chivers achieved an IT Application Specialist Apprenticeship.
8. Neil Auty (NA), Associate Non-Executive Director, asked when the revised suicide strategy report would come to the Quality and Standards (Q&S) Committee and RE stated that this would be submitted in the next quarter. It was noted the Trust was reviewing its approach to suicide prevention which would be included in the strategy. EM queried if there was risk associated with the transition

to a single commissioning voice in BNSSG. HRi stated that it should support with the Five Year Forward View mandate for mental health and the STP strategy.

**The Board noted the report.**

**BD/16/269 Smoke Free Hospitals**

1. AD presented the report which outlined the requirements from NICE, CQUINS and Department of Health on smoking and mental health and the requirement of all Mental Health Trusts to be smoke free by 2018.
2. It was noted that 100,000 people die every year from smoking related illness. People with mental illness were more likely to smoke heavily than the general population. Those with severe mental illness have a reduced life expectancy, and were at significantly greater risk of smoking-related illnesses.
3. NICE guidelines endorsed the use of harm reduction strategies, such as using tobacco substitutes.
4. It was emphasised that helping service users who smoke to stop smoking was the single most important factor in improving their physical health. Quitting smoking also improved quality of life through financial benefits, helping reduce social isolation and improved mental health.
5. Several mental health trusts have already introduced smoke free policies. Learning from these has been gathered through a number of events across the country which AWP staff have participated in.
6. MO asked how staff had been prepared for the change. AD assured the Board that there was a set of Question and Answers to follow, as well as training being put in place for staff on how to advise service users.
7. The go live date to be smoke free was 31 July 2017.
8. MO asked how the impact of smoking cessation could be measured. AD replied that this would be measured in the reduction of medication required and the reduction in smoking related incidents. CH asked for a report to come to the Board on the outcomes one year after go live. This would be added to the annual meeting cycle. **ACTION SK**

**The Board approved the proposal for the Trust to become smoke free with a go live date of 31 July 2017.**

**BD/16/270 Integrated Performance Report**

1. Sue McKenna (SMc) presented and summarised the highlights from the Performance report. Delayed Transfers of Care (DToc) had improved in several localities and were slightly improved overall. The current figure was 11% against a target of 5% by April 17. The required reduction (to achieve the target) would equate to approximately 20 service users being moved to locations more suitable to their needs. Whilst the average length of delay had reduced, numbers of individuals at any one time remains high, with 47 as at 10 March.
2. Due to a range of new and improved processes there were improvements in flow which were reducing the number of inpatients being placed outside of AWP.
3. The workforce report showed an improvement in appraisal and statutory / mandatory training and deterioration in supervision, while other measures remain unchanged.
4. Out of Area (OOA) figures were consistent and on target.
5. Risks were summarised in the report and were now the subject of improvement monitoring via the Operations Delivery Group.
6. Local Delivery Unit (LDU) indicators highlighted local performance issues - ranging from Wiltshire and Bristol with seven areas of non-compliance to South Gloucestershire with none. LDU specific performance improvement actions were included in the appendices.
7. CM acknowledged the work on the OOA numbers and added that we should still aim for zero. She noted that sickness figures had increased. SMc assured that Board that the figures were below target despite the increase. This was being monitored, working through the specific reasons for the sickness and action plans were being put in place.
8. HRi noted the vast improvement in OOAs, and thanked SMc and her team. She added that the Trust were advocates of mental health needs and the wider system needed to be considered as well as the acute mental health.

**The Board noted the report.**

**BD/16/271 Report of the Finance and Planning Chair**

1. EM presented the report and thanked the Director of Finance and the Finance team for their timely and high quality papers.
2. The Committee had noted the month 11 financial position and confirmed the targeted forecast outturn of £9m. The Committee made the following recommendations to Board: to approve the Annual Operating Plan, to partially approve the 2017/18 income and expenditure budget and to fully approve the 2017/18 capital plan, cash plan and movements in the balance sheet (assuming the 2017/18 savings are delivered).
3. The Committee asked that an additional savings plan to close the residual savings gap of £8m be brought to the Committee so that the Board could fully agree the 2017/18 expenditure budget in May.
4. It was noted that there should have been an addition to the paper that the Quality & Standards Committee should have oversight of the workforce aspects, through a workforce plan for 2017/18 and review the quality, safety and service user experience section of the Operating Plan at the April Q&S Committee meeting.

**The Board noted the report.**

**BD/16/272 Finance Report Month 11**

1. Simon Truelove (STr), Director of Finance, presented the month 11 Finance Report. The Trust achieved an in month deficit of £0.2m, which had brought the year to date position to a £6.5m deficit which was £8.5m off plan. The forecast deficit had remained at £9.8m. AWP was planning to write off £2.4m of capital relating to Hillview from last year, which would then show a final year end deficit of £12.2m (against the control total) before any prior period adjustment to the accounts.
2. The normalised monthly run rate (income less expenditure) remained at £550-£600k deficit per month. The actual deficit in February was £215k. However, this included one-off items which improved the underlying position. The £350k Public Dividend Capital (PDC) benefit from impairments had previously been highlighted off-ledger in the risks section of this report. This was now included within the financial position and is the main reason for the in-month improvement.
3. QIPP plans were currently £2.3m below plan. The delay in delivery of savings on schemes meant that a shortfall of £3.2m is now forecast for the full year.
4. The Trust had a revolving working capital loan of £4.5m and was due to receive a further £1.4m during March. The capital programme had been brought within the current Capital Resource Limit CRL (£6.8m) due to the slippage of some Southmead water works and anti-ligature works into 17/18.
5. Work continued with the auditors to ascertain the potential prior period adjustment.
6. The agency spend was the same in February as it was in January; however, this was a concern as February was a short month.
7. There had been a gradual increase in the expenditure of the Nursing & Quality Directorate due to posts being filled. In the Medical directorate new doctors were on a higher pay rate.
8. STr noted that the issue of the Salford client had not been resolved. He would be taking it back to NHS Improvement (NHSi) and it would now be escalated to NHS England.
9. Delivery in month for the Cost Improvement Plans (CIPs) was worse than the original plan, with slippage continuing on Meridian and procurement schemes. Year to date delivery was now £2.7m behind plan (28.9% of plan).
10. The cash position at the end of month 11 was relatively stable; this was due to holding cash for payments of the VAT due on Daisy Unit (£0.6m) and PDC due in March (£1.5m) as well as receipts ahead of the due date from Secure Services.
11. The Trust's Revolving Working Capital Facility (RWCF) currently stood at £4.5m with a further £1.35m approved that would be received in March, taking this to a total of £5.9m. This continued to assume a reduced cash position at the year end of £1.033m as opposed to the original plan of £5.6m.

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12. The drop in debtors in month was due to some payments being received following the significant push at the end of month 9 to raise invoices against all accrued income. 90% of debts outstanding over 30 days were NHS and were being actively chased.
13. Open dialogue had been reached with North Bristol NHS Trust in order to move forward the significant issue of rental payments. These have now been approved for payment and were awaiting confirmed dates for payments between the two organisations.
14. Better Practice Payment Code (BPPC) showed a significant decrease in the NHS compliance due to payment being diverted to large IT maintenance invoices early in month 11, coupled with non-payment to bodies such as North Bristol and NHS Property Services.
15. HRi commented that 60% of NHS Trusts were in deficit, and although we had a huge challenge ahead of us, it was good to be clear on our starting point and thanked STr and his team for their work in uncovering the issues. This would allow the Trust to work toward achieving a financially sustainable position.

### The Board noted the report.

#### BD/16/273 Draft Income and expenditure and Capital Plan for 2017/18

1. STr presented the Budget paper. As was previously reported to F&P through the budget setting process, a financial gap of £18.1m was identified against achievement of a £1.4m surplus before application of the Sustainability and Transformation Plan (STP) fund of £1.2m.
2. Individual budget setting meetings were held during March with all LDU and corporate leads in order to agree starting baselines, test current assumptions around savings / delivery confidence levels and to ensure savings WERE embedded in budgets from April 2017. As a result of these meetings, further budget refinement was undertaken before finalisation – as part of this review the financial gap had shifted by a further £2.4m from £18.1m to £20.5m against the existing £1.4m surplus assumption.
3. Following budget finalisation, budget statements would be issued to managers for final sign off before the 1st April.
3. To deliver the £2.6m surplus the Trust would need to deliver a £20.5m cost improvement programme (CIP) which represented a reduction of 9.6% of turnover. This was a further deterioration in the overall financial position from the original financial plan submitted in December 2016 of £18.1m.
4. The original financial gap of £18.1m had been allocated across a number of schemes based on the work identified in the financial recovery plan and potential new schemes identified with a longer lead time.
5. The budget had built in all posts that are currently vacant across the organisation and therefore in some areas would allow further savings to be identified if posts were not required. This could be in the region of £1m.
6. Financial contribution by specialised services had gone down compared to the current contribution being made by the directorate in 2016/17. This was due to the potential loss of services in 2017/18 as local authorities and CCGs undertake tendering exercises. If services could be successfully re-tendered then Specialised Services would be able to increase their contribution to the Trust's bottom line by £1m.
7. The budgets for the Bristol Children and Adolescent Mental Health Services continued to be challenging with particular issues on the income that would be available for the service next year. If transitional support could be sought then the income position could improve by £250k.
8. Further savings had yet to be costed associated with the following programmes of work, medical staffing, administration and clerical review, a review of corporate services in line with the NHSi corporate benchmarking analysis, transformational impact of IT developments and future business opportunities.
9. In summary, there would be a £20.5m gap, £13m savings had been identified, although there was an element of risk. The Trust was confident of delivering £11-12m due to the removal of posts from budget; the change from a 90 minutes to a 30 minute handover, the areas of change around Safer Staffing and the change from 23% absence target to 20. The pay cost was £161.8m (80% of the Trusts costs) and should now be reduced to £156.6m in 17/18 which was a huge challenge.
10. Budgets would be uploaded into ledger prior to month 1 reporting with appropriate phasing of plans to support accurate reporting of the 17/18 financial position.
11. Six of the 25 major budget holders had signed, and the rest should all have done so by 31 March.

12. CM commented that it was an excellent paper and that it was very useful having the LDU leads in the F & P meeting.
13. EM confirmed to the Board that the F & P committee had partially approved the budget, with more work that would be done on the gap by May. STr added that the budget holders would sign as further savings were identified.
14. CH summarised that partial approval allowed us to move forward with the delegated budgets, and following further work, the budget would come back to F & P and then Board in May.

**The Board approved the budget on a partial basis, the Financial and Planning Committee would further review the progress on savings and it would be returned to the Board on 31 May 2017.**

1. STr presented the Capital Plan which had responded to the huge shortfall in the Trust IT platform with limited Wi-Fi, poor hardware, poor network and the possibility of funding the Dragon system. In addition, the plan supported the Estates Programme.
2. Of the £4.7m plan, £2m was expected to be spent on IT works, given that the capital expenditure on IT in 16/17 was particularly low and it was recognised that the organisation had a number of urgent technological advances that needed to be made. Almost all of the £2m was based on network upgrades and increasing the provision of mobile working.
3. The remaining £2.7m was based around Estate works and Estate rationalisation. £1.3m of this was required for legislative and essential works such as anti-ligature and water purification works. The remaining £1.4m was allowing rationalisation of the estate, providing both improvements and creating opportunities for more efficient and innovative ways of working.
4. The capital plan for the next 5 years and most importantly, the next 2 years was a continually developing programme, as new requirements and changing priorities were brought to the attention of the Investment Planning Group (IPG). It was, however, unlikely that the funding envelope of £4.7m identified for 17/18 would alter, unless some additional funding becomes available in the form of Public Dividend Capital, as was the case for £0.5m of funding in 16/17.

**The Board approved the Capital Plan.**

5. The overall cash support from NHSI/DH in 17/18 was anticipated to be £6.4m which was broadly in line with the requirement seen in 16/17. Twelve week forecast cash flows were now required to be sent to NHSI/DH on a monthly basis to show the current cash position, likely draw for the next month and forecast over the following 2 months to give future indications.
6. The latest cash flow to NHSi that runs up to mid-July suggests that £3.4m would be required over the first quarter, in order to maintain prompt payments to suppliers. It is anticipated that following this period, a number of savings opportunities would have commenced, allowing the requirement per month to drop to £0.5m with the aim that by the final quarter any further support would not be required.

**The Board approved the Cash plan.**

### **BD/16/274 Annual Operating Plan**

1. STr presented the Annual Operating Plan (AOP) to the Board. The AOP was an amalgamation of the Local Delivery Units (LDUs) plans for the year, and the Project Management Office (PMO) detailed plans. The plan included the Trust wide projects. Some work was still underway in the Clinical Executive Team so there was still more detail to be added. The detail around head counts still needed to be added to the work force section.
2. The Annual Objectives had been to the Quality & Standards Committee. The Quality & Standards (Q & S) Committee would like more 'how much and by when' detail. Key Performance Indicators (KPIs) were being developed with PMO and would be added in April.
3. CM highlighted the need to ensure we have capacity to deliver the plan.
4. SMc commented that she was confident the LDUs would deliver on their individual projects, if supported by the organisation, but issues may arise around the capacity of the corporate functions supporting both the Trust wide projects and the local projects. More detail on this issue would

come to the Finance & planning Committee in April.

5. HRi added that the Executive Team were focussing on what we had to deliver and what could be de prioritised. This would help re focus the system. They were taking measures such as gradually cutting the number of local Contract Quality and Performance Management Group (CQPMs). The Executive Team was expanding. They now had Rachel Clark (RC) in place as Director of Strategy and were recruiting for a new HR Director.

**The Board approved the Annual Operating Plan** noting that a more in depth review of the workforce plan would take place at the Q & S Committee.

#### BD/16/275 HR Report

1. AD gave a verbal presentation for the Human Resources Report at month 10. It was noted that the full report would be circulated to the Board. **Action: SK**
2. The current turnover rate was 13.05% compared with 13.8% in February 2017 and a target of 12% by March 2018.
3. There was a reduction in rolling sickness absence from 4.5% to 4.3% against a target of 4.46%. This target figure would be amended to 4.3% for 17/18.
4. Significant work had been carried out over the last year to reduce temporary staff expenditure. This had involved introducing more stringent controls for temporary staff bookings and reviewing the number of registered and unregistered staff on each ward (Safer Staffing). This had an impact; however there was still work to be done to achieve further savings and improvements in care as a result.
5. Bank and agency figures had spiked and a report on why would go to Q & S Committee. AD was looking into the higher acuity levels to check them regarding the levels of extra staff employed. SMC added that there was now a system and process in place to be able to report the necessary information on acuity before acting on it. The Q & S Committee would review this at the next meeting. **Action: Q & S**
6. MO added that he was expecting a deep dive on Agency spend to come to F & P. **ACTION: F & P**

**The Board noted the verbal update.**

#### BD/16/275 a) Staff Survey Results

1. CH thanked RC for the Quality Forum on 27 March which she found very useful as it provided an opportunity to hear directly from staff; she noted that a lot of the indicators in the survey were cultural barometer indicators.
2. RC presented the report which provided an overview of the 2017 annual staff survey results presenting a Trust wide picture and an analysis of variation in staff experience by locality and corporate directorate. All substantive staff (n=3839) were invited to complete the staff survey and 1952 responded (50.8%).
3. The NHS England report compiles individual survey questions into 32 key findings grouped into 9 themes. Results enable internal benchmarking and external benchmarking relative to other mental health provider organisations.
4. Compared with 2015 results 5 key findings have improved and 27 remained unchanged. The improvements in 5 of the 32 key findings were in the quality of non-mandatory training, learning or development, staff confidence and security in reporting unsafe clinical practice, staff satisfaction with level of responsibility and involvement, support from immediate managers and percentage reporting most recent experience of harassment, bullying or abuse.
5. Compared with other mental health providers: 1 key finding was above the national average, 16 key findings were on a par with other providers and 15 were below the national average for mental health trusts. Results showed significant variation in staff experience across localities and corporate directorates.
6. Organisational culture, staff experience and wellbeing would be prioritised in the 2017/18 annual objectives described in the Annual Operating Plan presented to Board for approval this month. An organisational development programme was being scoped to systematically address staff engagement and culture. The Listening in Action programme would engage in finding solutions to the issues. The organisational development programme would include a staff experience action

plan to address Trust wide themes emerging from the staff survey as well as local priorities. The Staff Experience Action Plan would be presented to Quality and Standards Committee and Trust Board for approval in April 2017. **ACTION RC**

7. The Board discussed the survey. Malcolm Shepherd (MS) noted that it was difficult to get a representative view from the recent meeting which had around 40-50 staff members present, and that ownership of an action plan was vital. CH noted that feedback on issues could be collected by Board members as they visit Trust services and talk to staff. MO stated that we needed to assess the root cause of the issues raised and not just address the symptoms. EM observed the variation between scores and warned that a differing approach would be needed for different areas.
8. AD commented that no time should be wasted in engaging staff in designing a plan to address the issues. RC said that she had sent out a summary and staff will volunteer to be part of a group to address the issues. CH agreed that involving staff to address the problem was vital and that overall the Board needed to take ownership. HRi added that the LiA programme may help with the diagnostics. She also noted how strongly the Board felt about ensuring action was taking to address the issues raised by the staff survey results.
9. It was noted that an Internal Audit report had been completed last year, and that culture may be included in the Strategic Workforce Group Terms of Reference. The Terms of Reference would be reviewed.
10. Trust Board were asked to note survey results and planned actions to improve staff experience and engagement.

**The Board noted the report.**

**BD/16/276 Report of the Audit and Risk Committee**

1. Charlotte Moar (CM) took the report as read but highlighted several issues.
2. The importance of how the Trust uses Internal Audit was discussed, with a clear focus on directing the work at the significant risks for the Trust.
3. Risks had been discussed and although there had been progress, the risk reporting process needed to be further streamlined.
4. The Committee was pleased with the Performance Management Framework and Clinical Audit plans which were very reassuring.
5. A flow chart for the Internal Audit process had been produced.

**The Board noted the report.**

**BD/16/277 Risk Report**

1. HRi presented the report which gave a direct response to some of the issues discussed at A & R . The report summarised the high-level operational risk registers comprising the Clinical, Delivery and Business Executive Risk Registers, now referred to as 'Corporate Risks'. The Executive Team reviewed all new corporate risks and the corporate risk register on a monthly basis. The Internal Audit plan had been amended to reflect the revised corporate risks.
2. The Board would be restating its risk appetite which was currently set at 'Cautious'. The Board was requested to review the position within early 2017/18 against the new Trust strategic objectives and approve the proposal to have an annual statement of risk appetite. It was proposed that the Trust's risk appetite line is set at 12; and that any risks rated at or above this level were reported to the relevant Board Sub-Committee and the Board on a quarterly basis. A risk score of 12 or above should therefore be treated as a trigger for a discussion as to whether the Trust was willing to accept this level of risk. These risks would also be reviewed monthly by the Executive Team.
3. The current Risk Management Strategy uses three risk matrices. This was being reviewed. However, until Risk Web could be reconfigured the existing arrangements would remain in place. There would be a clear process on how Riskweb should be used and how escalations would be made.
4. The risk grading (red, amber, and green) reflected Trust Board's appetite to taking risks to each of our strategic priorities (see the Risk Management Strategy). The Trust was least willing to take

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risks to our strategic priorities of Delivering the Best Care and Supporting Our Staff:

5. All risks were scored using a 5 x 5 matrix based around the Australian/New Zealand model, adopted by the NHS for many years. The Trust proposed to change the risk matrix for two reasons. The existing system using different matrices depending on the Trust objective it relates to was very confusing to staff, and secondly the Trust objectives had changed from five headings to three. The Board would receive the top corporate risks: - Finance, Governance/ IT plus the work force top risks. It was noted that Work force was also captured as a theme on the Board Assurance Framework.
6. It was much simpler to adopt one matrix and take account of differing levels of impact for patient safety incident etc. where there the Trust was Risk adverse and for example human resource issues where the Trust was cautious. The Trust Board would review its appetite for risk annually and express this in a statement of risk appetite.
7. CM commented that the report and proposed changes were helpful; however a plan on how to move forward was required, and this needed to be discussed at the Audit & Risk Committee in April. A plan on what would be done, by who and by when would be useful. SMC agreed to produce an action plan from the Risk Day.
8. CH asked the Board to approve the changes to the risk matrix with a review when the priorities for 17/18 were completed and to note the changes to the risk matrix tables in order for these to be incorporated into the Risk Management Policy.

**The Board approved the risk appetite statement.**

### BD/16/278 Minutes of the following committees

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

Finance and Planning (F&P) – 24 February 2017  
Quality and Standards (Q&S) – 21 February 2017

### BD/16/279 Chairs report

1. The Chair took her report as read and added that it included the Non-Executive Directors activity for the month.
2. **The Board noted the report**

### BD/16/280 Any Other Business

1. No other business was reported

### BD/16/281 Board Digest

1. **The Board noted the report**

### BD/16/282 Annual Board meeting programme (draft)

1. SK explained to the Board that she had added some extra items to the plan. Some papers would be part of other items.

**The Board noted the annual board cycle.**

The Chair closed the meeting at 13.20

The next Trust Board meeting is scheduled for April 26<sup>th</sup> at 10am, Trust HQ