

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

Held on 31 May 2017, Jenner House, Chippenham SN15 1GG at 10.00am

These Minutes are presented for **Approval**

### Members Present

|   |   |
|---|---|
| Ruth Brunt (RB), Non-Executive Director         | Charlotte Moar (CM), Non-Executive Director   |
| Andrew Dean (AD), Director of Nursing & Quality | Mark Outhwaite (MO), Non-Executive Director   |
| Rebecca Eastley (RE), Medical Director          | Hayley Richards (HRi), Chief Executive        |
| Charlotte Hitchings (CH), Chair                 | Malcolm Shepherd (MS), Non-Executive Director |
| Sue McKenna (SMcK), Chief Operating Officer     | Simon Truelove (STr), Director of Finance     |
| Ernie Messer (EM), Non-Executive Director       |   |

### Non-Voting members

Rachel Clark (RC), Director of Strategy

### Staff In Attendance

|  |  |
|--|--|
| Sue Cook (SC), Business Manager to the Chair & Chief Executive | Suzannah Marsh (SM), Senior Communications Manager |
| Sarah Knight (SK), Interim Company Secretary                   | Mathew Page (MP), Deputy Director of Operations    |

### Observers:

|  |                                |
|--|--------------------------------|
| James Eldred (JE), Clinical Director (Bristol) | Steve Barnett (SB), SSG Health |
|--|--------------------------------|

### Members of the Public in Attendance

Mr. M D Ody  
Mr. Steven King, Service User

### BD/17/036 Welcome and apologies

1. The Chair, Charlotte Hitchings (CH), welcomed members of the public, staff and observers to the meeting.
2. Apologies were received from Sarah Elliott, Non-Executive Director, and Neil Auty, Associate Non-Executive Director.

### BD/17/037 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. The Chair reminded members of the need to declare any additional responsibilities that they had taken on since the last meeting.
3. Charlotte Moar (CM), Non-executive Director, declared that as part of her role with NHS England she would have sight of Sustainability and Transformation Partnership (STP) capital bids. However, she would not be involved in the assessment of bids from the South of England. No conflict of interest had yet arisen; however, if a conflict arose with any item to be discussed by the Board she would leave the room for the item.

**There were no declarations received on any conflicts of interest regarding items on the agenda.**

#### **BD/17/038 Patient Experience story**

1. Unfortunately the service user who was due to present to the Board was unable to attend following a recent family bereavement. In the short time available it had not been possible to make alternative arrangements.
2. Board members asked that Rebecca Eastley (RE), Medical Director, pass on their condolences to the service user concerned.

#### **BD/17/039 Minutes of the Part 1 Trust Board Meeting held on 29 March 2017 and 26 April 2017**

1. The Chair reported that although the Part 1 Minutes of the meeting held on 29 March 2017 had been approved at the April Board meeting, it later transpired that a section of the Minutes was missing. A complete set was presented for approval.
2. **The Board approved the Minutes of the meeting held on 29 March 2017**
3. The Board reviewed the Minutes of the meeting held on 26 April 2017 on a page by page basis and noted some typographical errors that required correction.
4. **The Board approved the Minutes of the meeting held on 26 April 2017.**

#### **BD/17/040 Matters Arising from the Previous Meeting**

1. BD/16/223: Integrated Performance Report – plans were progressing to re-cast corporate services as a specific unit to ensure they were scrutinised in the same way as other areas at Performance meetings. Most corporate services were now included and the remainder will be in place by the end of June 2017. Item to be removed from the action list.
2. BD/16/262: Patient experience story – RE informed the Board that she had written to the service user to discuss co-working and was awaiting a response. It was agreed that learning points from patient experience stories, feedback on learning and actions taken, should be routine practice. Item to be removed from the action list.
3. BD/16/268: Clinical Executive Report – Ruth Brunt (RB), Non-executive Director, reported that comments from Board members had been taken into account in revising the Clinical Executive Report. It was acknowledged that improvements had been made, but that further work was still required to ensure an appropriate interface with the integrated performance report. Further improvements would be monitored through Quality & Standards Committee. Item to be removed from the action list.
4. BD/16/274(b): Annual Operating Plan; Deep Dive on agency spend – work was continuing with SSG Health to produce a more detailed deep dive for discussion at the Finance & Planning and Quality & Standards Committees. It was agreed that Ernie Messer (EM), Non-Executive Director, Mark Outhwaite (MO), Non-Executive Director, Sue McKenna (SMc), Chief Operating Officer, and Andrew Dean (AD), Nursing & Quality Director, would define and scope the deep dive, and an update would be considered in Part 2 of the June Board meeting.
5. BD/16/275: Staff Experience Action Plan – item included on the Board agenda. Item to be removed from the action list.
6. BD/17/013: Workforce report – work was continuing on how best to present workforce information and detailed proposals will be considered at the July meeting of the Board.
7. BD17/019: Chair's Report – an information pack is being developed which would include dates for all CCG and Health & Wellbeing Boards, a list of stakeholders within a locality, and service

## AWP NHS Trust Board Meeting – 31 May 2017

business plans for those directors linked to a service. The pack would be available by the end of June 2017.

### BD/17041 Chief Executive's Report

1. Hayley Richards (HRi), Chief Executive, presented her report.
2. The Trust continued to observe purdah in all its activities. Following the General Election the Trust would enter into a programme of engagement with external stakeholders on its proposed strategy.
3. Trust systems were not affected by the global ransomware attack and HRi paid tribute to the Trust IT security staff for their work before and after the attack. Processes would be further reviewed to ensure they were as streamlined as possible.
4. AWP staff were engaged with Sustainability and Transformation Partnerships at all levels, to ensure mental health was adequately profiled, prioritised and integrated with other services.
5. The Trust had launched a major new transformation programme outlining plans to focus resources on frontline services to deliver the Clinical Strategy, while securing efficiencies across support functions. HRi reminded the Board of the evidence-based approach being taken with regard to the Clinical Strategy.
6. The transformation launch included a new Ourspace homepage and new weekly bulletin to all staff. The transformation plan was built on 'five pillars': Quality Improvement (including CQC), Financial Improvement Programme (FIP), Listening into Action, Operational Transformation and Strategy (including STPs).
7. The first phase of Listening into Action (LiA) was now underway with 10 Pioneer teams commencing their work to make tangible changes in the way they worked. The Sponsor Group would attend regular LiA Navigation Days throughout the year, and the AWP launch event would be held on 3 July 2017. The Board requested a presentation on the work in September or October. **ACTION SK**
8. Friday 12 May was International Nurses' Day and AWP used Ourspace and social media to share a message of thanks with nursing colleagues. The day coincided with 10 AWP nurses being nominated by University of the West of England (UWE) students for a best practice award recognising their inspiring mentorship.
9. Equality & Diversity Awareness Week took place in May and saw the launch of this year's AWP diversity infographic.
10. On 23 May, the Executive Team took part in an annual exercise in order to comply with the Trust's statutory obligations under the Civil Contingencies Act (CCA) 2004. Ways to improve the Trust's preparedness were being considered.

**The Board noted the report.**

### BD/17/042 Report of the Quality & Standards Committee Chair

1. Ruth Brunt (RB), Non-executive Director, presented the report of the Quality & Standards meeting held on 16 May 2017, which was chaired by Sarah Elliott (SE), Non-executive Director.
2. A Guardian of Safe Working Hours report was considered, which advised of the implementation of the new contract for doctors in training.
3. A newly-formatted Clinical Executive Report was noted, covering areas of patient safety, clinical effectiveness, service user and carer engagement. Further development of the report would

## AWP NHS Trust Board Meeting – 31 May 2017

include a Quality Dashboard and comprehensive Workforce Report, together with Executive commentary.

4. The Committee would consider further the full implementation of the learning from deaths framework, which addressed recommendations from a proactive report of Analysis of Community Deaths. A greater alignment of workstreams was required.
5. A briefing pack in preparation for the CQC inspection had been issued following the meeting, which addressed the issues raised.
6. The Staff Survey action plan had been considered but detailed actions for the Task and Finish Groups had not been identified.
7. It was anticipated that following sign-off of the implementation plan by the Executive Team, the Service User and Carer Strategy would be considered at the next meeting of the Board.

**The Board noted the report.**

### **BD/17/043 Clinical Executive Report, including Guardian of Safe Working Hours Report**

1. Rebecca Eastley (RE), Medical Director, presented the Clinical Executive report.
2. The inability of the Trust to complete Root Cause Analysis (RCA) investigations in the required timeframe posed a risk to the quality of the service. Proposals to increase the capacity of the patient safety review team were underway and a new Head of Patient Experience had been appointed. The whole investigation process would be reviewed, with a view to the investigation, scrutiny and writing of RCA reports being centralised within the Patient Safety Team.
3. The full summary of risks allocated to the clinical executive was included in the integrated performance report. Three risks allocated to the Quality & Standards Committee were rated red. These were place of safety governance, inadequate investment in IT and external scrutiny of the governance structure.
4. The CQC visited STEPS (Regional Eating Disorders Unit) on 22 March 2017. They noted positive comments from service users and actions that had been resolved since their previous visit. They reported that service users had raised issues in relation to differences in care when bank and agency staff were on shift. They highlighted a lack of meaningful activities on the ward during evenings and weekends, quality of the food, and compliance with Physical Emergency Response Training (PERT) training which was only 62%.
5. The CQC visited Ladden Brook (Regional medium secure unit) on 28 March 2017. They reported that service users spoke positively about their experience on the ward. Areas which required improvement included no internet access available for service users, insufficient opportunity to engage in meaningful activities, quality of the food, and compliance with PERT training.
6. The Director of Nursing & Quality reported that following significant changes to PERT training, it was necessary for trainers to be paramedics, which had created a shortage of trainers. Approaches had been made to other Trusts experiencing difficulty in obtaining trainers to work together to find a solution.
7. The first Guardian of Safe Working Hours report was presented. This was a statutory report designed to give assurance to doctors and the Board that doctors in training were safely rostered and their working hours were compliant with the terms and conditions of service of the new 2016 contract.
8. RE reported that the Executive Team had approved recruitment to a number of vacancies.
9. RE highlighted that Consultants should have 0.25 PA included in their job plan for each trainee they supervise. This was fully supported by the Trust and she had issued guidance to medical

leads to ensure all trainers included this in their job plans.

10. It was noted that Allocate software, which is used to monitor doctors' working hours, required Internet Explorer 11. As the Trust had not fully upgraded to this, Educational Supervisors were experiencing difficulty in reviewing exception reports. It was confirmed that computer upgrades were being undertaken as soon as possible.
11. Mark Outhwaite (MO), Non-Executive Director, highlighted the co-design of RCAs process to reduce bottlenecks had been a recommendation following a whistleblowing case and asked for assurance that resources had been targeted appropriately. RE replied that individuals had been identified and trained to undertake RCAs; however, the quality could be variable.

**The Board noted the Clinical Executive Report and the Guardian of Safe Working Hours Report.**

#### **BD/17/044 Integrated Performance Report**

1. Sue McKenna (SMc), Chief Operating Officer, presented the Integrated Performance Report.
2. Delayed Transfers of Care (DTC) remained the only non-compliant indicator on the NHSI Dashboard. SMC had written to all Commissioners and Local Authorities raising the case of each service user delayed for over 4 weeks. It was recognised that the Trust now had a better understanding of DTC and Commissioners had acknowledged that they needed to assist AWP in reducing DTC by sourcing placements.
3. The Board discussed the complexity around the increase in referrals. It was noted that an increased number of referrals, particularly from Bristol, had resulted in a higher number of out of area placements.
4. It was agreed that the Finance & Planning Committee would look further at demand management and capacity issues, commencing with a deep dive into referrals in Bristol. It was anticipated that this work would result in a model which could be applied consistently across the Trust.
5. A new inpatient flow system was in now in place. From June, Meridian would be undertaking checks to ensure that all systems and processes were working correctly.
6. As the Bank & Agency project was concluded and transitioned to the SSG Health mentored rostering project, an emphasis had been placed upon scrutiny, by the Head of Nursing (inpatients), of roster management and short notice agency requests which required authorisation by the Director of Nursing.

**The Board noted the report.**

#### **BD/17/045 Staff Experience action plan**

1. Andrew Dean (AD), Director of Nursing & Quality, presented the staff experience action plan.
2. The action plan followed the report to Board in March 2017 which outlined the findings of the 2016 NHS staff survey and the Trust's performance compared with recent years and other Trusts.
3. At the Quality Forum held in March 2017, six key areas were identified where the Trust could improve. These were: IT systems, communication, workforce and resource planning, staff engagement, workload duplication and staff wellbeing.
4. The Staff Engagement Action Plan took the Trust principle 'We will engage our staff' and broke this into three key areas: culture, staff experience and wellbeing, and resilience. Each of the six key themes identified by the Quality Forum had been linked to one of these areas. Task and Finish

## AWP NHS Trust Board Meeting – 31 May 2017

Groups had been set up and the action plan would be updated in line with their findings.

5. A further report with updates against workstreams would be presented to the July meeting of the Board.
6. The Board was reminded that the 15 steps programme provided an opportunity for both Non-Executive and Executive Directors to improve their visibility within the Trust.
7. A review of the Communications function and subsequent strategy would be considered by the Finance & Planning Committee prior to submission to the Board.
8. A 12-month Listening into Action (LiA) programme to improve engagement with staff had commenced in June 2017 and staff had put forward projects where improvements could be made. Quarterly reports would be presented to Quality & Standards Committee.
9. Rachel Clark (RC), Director of Strategy, reminded the Board that the Trust-wide Staff Experience Group met regularly, and was attended by LDU representatives. In addition, Staff Experience Groups met within each LDU.

### **The Board noted the report.**

#### **BD/17/046 Annual Quality Account**

1. Andrew Dean (AD) presented the Annual Quality Account.
2. The 2016/17 Quality Account had been produced in collaboration with relevant staff and intelligence from a variety of sources to ensure that the Quality Priorities for 2017/18 were aligned with local and national drivers.
3. Local stakeholders, including Commissioners and Healthwatch, had been given the opportunity to comment as required and had also been involved in the development of objectives for the coming year. The external auditors had completed their draft report and feedback was currently being sought from all local partners.
4. Members of the Board highlighted concerns regarding the achievability of the targets in 2017/18. AD reported that it had been agreed with Commissioners that metrics for 2017/18 would be aligned with CQUINs, CCG Quality Accounts, KPIs, and strategic priorities.
5. It was agreed that following the addition of stakeholder comments, and oversight by the Quality & Standards Committee, the final report would be circulated to Board members for their information.  
**ACTION AD.**

### **The Board approved the report subject to the addition of stakeholder comments.**

#### **BD/17/047 Report of the Finance and Planning Chair**

1. Ernie Messer (EM), Non-Executive Director, presented the report of the Finance & Planning Chair.
2. The Committee noted the performance report at month 1. This prompted serious continued concern regarding full financial recovery, with a £221k variance off plan in month 1. STr reported that the first round of performance meetings had been held with LDUs and meetings to review month 2 performance would give greater focus to budget delivery. LDU and management accountants were working to ensure that budget holders understood the detail of their budgets and any anomalies were corrected.
3. Close scrutiny of financial performance would be essential by both the Finance & Planning Committee and the Board. The Financial Improvement Plan (FIP) was agreed as the vehicle for this.

## AWP NHS Trust Board Meeting – 31 May 2017

4. The Finance & Planning Committee had reviewed the updated list of programmes and the scope of the programmes for 2017/18 but continued to be concerned about the capacity and capability to deliver this. The expertise that SSG Health could bring to this in their planning and support for this work would be key, but capacity would need very detailed planning and prioritisation.
5. Workforce and explicitly Bank and Agency spend, whilst subject to repeated reviews, remedial actions and activities, had not been brought under effective financial control. Workforce issues were continuing to put increasing pressures on budgets.
6. There were significant strategic risks which required further work in respect of the organisation's change and project management capacity and capability.
7. To enable delivery of the levels of savings required, localities had committed to change management planning. It was noted that highly effective stakeholder engagement and communication to staff would be critical to its success.
8. A Transformation Board would be set up to consider both quality and financial issues. It was noted that clear consultation timelines would be required in relation to transformation programmes.
9. The Finance & Planning Committee would secure an agreed position on the FIP to take to the Board meeting in June, following additional review by all relevant committees.
10. The Board raised a number of concerns regarding the lack of a final approved budget, which would allow close scrutiny of areas which were overspent. STr stated that the first performance meetings had taken place, and directorate accountants were working with departments to help manage the bank and agency spend.
11. CM asked that the split between savings identified and unidentified saving needed to be made clear, so the delivery of the identified savings could be closely monitored and mitigating actions could be identified if CIP were not delivering the anticipated savings. MO highlighted the importance of good quality data so the savings were discussed, not the accuracy of the figures.
12. The 2017/18 budget approval, including the additional savings, needed to reach a final conclusion.

### The Board noted the report.

#### BD/17/048 Finance Report Month 1

1. Simon Truelove (STr), Finance Director, presented the month 1 Finance report.
2. The Trust achieved a financial deficit of £294k in the first month of the year, which was £221k worse than plan. The plan included efficiency savings of £8.9m which were yet to be identified.
3. Cost Improvement Plan (CIP) schemes were currently £0.5m below plan. Work continued via the FIP to close the current unidentified gap of £8.9m.
4. Concerns were raised that CIP savings were heavily weighted towards the end of the year. Therefore if the current spending pattern continued, the variance to plan would increase significantly through the year.
5. The Board requested that the programme be closely monitored. STr reported that real focus was being given to the programme through the Financial Improvement Plan and Transformation agenda. MO and STr would meet to discuss a breakdown of CIPs into risk categories and further clarity on the programme would be provided to the Board. **ACTION MO/STr**
6. Trustwide income was favourable this month due to a one-off receipt of £100k and the current expectation that the Service Increment for Teaching (SIFT) income would be higher than originally

## AWP NHS Trust Board Meeting – 31 May 2017

planned. The majority of Trust income came from block contracts with CCG commissioners and actual revenue was close to planned levels at this stage. The favourable position with Swindon CCG related to the Street Triage service as budgets had not yet been added for either the income or expenditure sides of this service.

7. The Trustwide expenditure position was driven by high pay costs, which were £605k higher than plan in month. Whilst a major part of the high expenditure in month could be attributed to the premium incurred through employing temporary staff, investigations were continuing into other underlying issues contributing to this overspend, particularly given that WTEs were under planned levels.
8. The Board requested more clarity around the costs of substantive staff. It was agreed that the deep dive would look into the costs of both bank/agency and substantive staff, with a detailed report being presented to the next meeting of the Board. It was agreed that MO would meet with AD and SSG Health to discuss the granularity required to fully understanding the issue.  
**ACTION MO/AD.**
9. In month, the non-pay costs were significantly lower than plan. Most of this was an underspend in establishment and transport costs.
10. Specialised Services had an underspend of £171k in month. The main overspends were in Bristol and Secure LDUs. The Secure overspend was driven by 70 vacancies which were being covered at a temporary staffing premium and further pressures due to increased requirements for 2:1 support for patients.
11. The cash position at the year end was £1,055k, being £22k above plan. This significant drop over the final month of the financial year left the Trust with little cash to spend on creditors in the first two weeks of April with block contract income and the first drawdown from the Department of Health (DH) taking place on 15 April 2017.
12. The Trust's Revolving Working Capital Facility (RWCF) currently stood at £7.249m with a further £1m approved by DH that will be received in May, taking this to a total of £8.249m.
13. The latest plan submitted to NHSI for 2017/18 showed a cash borrowing requirement of £6.350m against the agreed control total. It was noted that NHSI had not yet approved the control total and that access to additional cash may be restricted this year in light of the national position.
14. Capital expenditure in month 1 was very low although it was noted that all expenditure would be fully committed by the third quarter of the year.
15. HRi stated that there was now greater confidence in the accuracy of the finance reporting, however, there was a risk in the timing required to make the transformational change.
16. CH asked if there was anything else the Board could or should be doing to help the position. STR explained that the team were working hard to improve the position and gain clarity. The discussions with NHSI had been that by the quarter 2 report the Trust must be very clear on the end of year position.

**The Board noted the report.**

### **BD/17/049 Bank & Agency improvement plan**

1. Andrew Dean (AD) presented the Bank and Agency Improvement Plan.
2. It was noted that the figure for the total number of new starters in 2016/17 was 713, not 1,900 as was reported to Board in error in the previous month. For month 1, the net change in staff was 0.

## AWP NHS Trust Board Meeting – 31 May 2017

3. Month 1 data included establishment data from the financial ledger, rather than Electronic Staff Record (ESR) data which was previously used. This would provide more accurate information in future. MO noted that trend information would be required.
4. It was noted that the Trust was staffed below its funded establishment i.e. 95% of workforce was provided, however there was a £590k overspend due to the higher cost of agency staff.
5. As the Bank & Agency project concluded, and transitioned to the SSG Health mentored rostering project, an emphasis had been placed upon the scrutiny, by the Head of Nursing (Inpatients), of roster management and short notice agency requests, which required authorisation by the Director of Nursing.
6. AD confirmed that requests for agency staff were approved on the basis of clinical need and a ban on the use of agency staff had not been implemented. A project had commenced with some wards to provide information on the cost of bank and agency staff with approval given for a varying number of hours, depending on the level of cover requested.
7. An increase in Bank & Agency usage in March was noted, which was understood to be associated with the implementation of new processes which required further planning in advance. April saw a reduction in both bank and agency usage.
8. The monthly data showed an improving picture of compliance against Safer Staffing levels, rising from 55% to 63%. RB stated that higher safer staffing levels were not always an indicator of improved quality if the improved staffing levels were obtained through agency staff.
9. Safer staffing figures were formally reviewed by the Director of Nursing on a six monthly basis to ensure that standards of practice and safety within wards were met. The last review was completed in December 2016 and resulted in the agreement of a reduced skill mix from 60:40 registered to unregistered staff to a 50:50 ratio with effect from 1 April 2017.
10. It was proposed that The Associate Director of Operations for Estates, Facilities and Support Services would develop a support services hub to include the current bed management and staff bank services.
11. CM asked if the Trust was confident in the workforce plans regarding staffing including the 50:50 ratio of qualified to unqualified staff, hand over changes and staff training uplift.
12. It was noted that 50:50 ration was in budgets, the Director of Nursing & Quality would be preparing a consultation paper proposing changes to the times of nursing shifts and the 20% uplift had been implemented on the basis that in a 3 year cycle 1 might be slightly higher but year 2 and 3 was below 20%.

### **The Board noted the report.**

#### **BD/17/050 Trust Annual Report and Annual Accounts**

1. Simon Truelove (STr) presented the Trust Annual Report and Annual Accounts, which had been approved by the Audit & Risk Committee on 26 May 2017. The Board was reminded that authority had been delegated to the Committee, on the recommendation of the Auditors, in order to meet the requirements of this year's timetable for submission.
2. Simon Truelove (STr) presented the Annual Accounts. The draft annual accounts had been subject to an external audit by Grant Thornton.
3. Malcolm Shepherd (MS), Non-Executive Director, reported that the external auditors had been very complementary about the work of the finance team.

### **The Board noted the Annual Report and the Annual Accounts which had been approved with**

**delegated authority by the Audit and Risk Committee.**

**BD/17/051 Charitable Funds Annual Report & Accounts received as Trustees**

1. Simon Truelove (STr) presented the Charitable Funds Annual Report and Accounts.
2. The Charity changed its name in March 2017 to Headlight Mental Health charity.
3. The draft annual accounts had been subject to an independent review by Grant Thornton, who had been very complementary about the work of the team.

**The Board noted the Charitable Funds Annual Report and Accounts which had been approved with delegated authority by the Audit and Risk Committee.**

**BD/17/052 Report of the Audit & Risk Committee Chair**

1. Charlotte Moar (CM), Non-Executive Director, presented the report of the Audit & Risk Committee Chair.
2. The Committee had approved the Trust Annual Report and Annual Accounts at its meeting on 26 May 2017. The Auditors had raised no major issues except for the gap in 2017/18 savings plans which they felt required a robust workforce plan. Also, the Auditors could not be assured on Quality and Standards governance until after the CQC had visited again.
3. The Head of Internal Audit report had raised concerns over the Board Assurance Framework and Risk register but had noted an improvement in the latter part of the year.
4. The Committee approved the strategy element of the self-assessment against the Well Led Framework of Strategy and Risk. It was noted that a plan was required to ensure that the Trust's overall risk management arrangements were secure, including a training and system improvement plan for Riskweb.

**The Board noted the report.**

**BD/17/053 Whistleblowing Annual Report**

1. Mark Outhwaite (MO), Non-Executive Director, presented the Whistleblowing Annual Report.
2. The report provided assurance to the Board that there were sufficient and robust arrangements in place to ensure that Trust staff could raise any genuine concern they had about a risk, malpractice or wrongdoing at work (such as a risk to patient safety, fraud or breaches of patient confidentiality), which could affect patients, the public, other staff or the organisation itself, at the earliest reasonable opportunity, as required by the NHS Constitution. It included a summary of whistleblowing concerns raised during the year to the Whistleblowing Lead.
3. During 2016/17 the Trust Whistleblowing lead was Non-Executive Director Mark Outhwaite. As Non-Executive lead for Whistleblowing, he had responsibility for commissioning investigations into whistleblowing concerns raised in accordance with the Trust's Whistleblowing Policy during the year.
4. MO highlighted the themes in the cases to date, including the failure by some managers to address behavioural issues early, and provide feedback to staff. In any complex organisation it was also important to ensure effective co-design and testing of systems to ensure all factors were taken into consideration.
5. MO raised concerns about the quality of case management files. The Board agreed to ask the incoming Director of HR to review the quality of case management files and report to a future Board meeting. **ACTION HR Director.**

6. **The Board approved the appointment of Mark Outhwaite as Whistleblowing NED with effect from 1 April 2017 for a one-year term.**

**The Board noted the report.**

#### **BD/17/054 Board Assurance Framework**

1. Sarah Knight (SK), Interim Company Secretary, presented the Board Assurance Framework.
2. It was agreed that new strategic risks should only be added to the BAF following discussion with the Board, and that the Trust would in future have a corporate risk register and a BAF.

**The Board approved the Board Assurance Framework.**

#### **BD/17/055 Trust Risk Register**

1. HRi presented the Trust Risk Register.
2. The strategic risk register had been merged with the corporate risk register as agreed at Audit & Risk Committee and the May Board Seminar.
3. The Audit Committee would be responsible for reviewing the contents and controls of the Board Assurance Framework (BAF) and providing assurance to the Board that the BAF was being managed appropriately.
4. It was noted that the Executive Team reviewed new corporate risks as they were created and the full corporate risk register on a monthly basis.
5. Operational risk registers would be periodically reviewed by the Audit & Risk Committee and Quality & Standards Committee as part of their deep dive assurance work.
6. It was agreed to review the Trust Risk Register at a future Board Seminar.
7. The Board requested that risks relating to the workforce should be re-visited and included within the register. **ACTION AD.**

**The Board noted the report.**

#### **BD/17/056 Approved changes to Nomination Committee and Remuneration Committee Terms of Reference (ToR)**

1. The Nomination and Remuneration Committees had agreed on 26 April 2017 that the functions of both committees be merged into one Committee, to be named the Nominations and Remuneration Committee.
2. It was proposed that the scope of the Committee be extended to include non-voting Directors who attend Trust Board meetings. An amendment was agreed to the proposed terms of reference to clarify that the Executive Directors (non-voting) and the Committee reviewed the salary of Executive Directors.
3. It was also proposed that membership of the Audit & Risk Committee be increased from two to three members, following discussion with the Chair of the Committee and the Trust Chair.

**The Board approved the Terms of Reference with the agreed amendment.**

**The Board agreed the membership of the Audit and Risk to be increased to three.**

#### **BD/17/057 Minutes of the Trust Board Committees**

1. Quality and Standards (18 April 2017)
2. Finance and Planning (21 April 2017)

3. Audit & Risk (21 April 2017)

**The Board noted the minutes**

**BD/17/058 Chair's report**

1. Charlotte Hitchings (CH) presented her report. The report summarised the work of the Chair and Non-Executive Directors throughout the month of May 2017.

**The Board noted the report**

**BD/17/059 Any other business**

1. There were no further items for discussion.

**BD/17/060 Board Digest**

**The Board noted the report**

**BD/17/061 Answers to written questions from members of the public about Board agenda items**

1. The Board had received 5 questions, two from Mr Ody and three from Mr King. All questions had been circulated to Board members.
2. Mr Ody and Mr King both submitted a question regarding the change in the timing of Questions to the Board, from the beginning of the agenda to the end of the agenda.
3. CH read out Mr Ody's question.
4. 'I see that questions to the Board has been moved to the end of the agenda, this would mean that I would have to wait over three hours to see if my questions to the Board had been answered. As the Board has refused to answer most of my questions lately, I could be waiting three hours for nothing. Under the old system questions to the Board came before the minutes of the previous months Board meeting this allowed you to submit a question to the Board if you thought the minutes in the board papers for the previous months were not correct. We will not be able to challenge the Board minutes under this new system'.
5. The answer given was: - Thank you for your question. We have changed the timing of the Questions to the Board item for two reasons. Firstly, we encourage questions to the Board about Board agenda items. It makes sense to answer the questions after the items have been discussed at Board rather than before. This should avoid repeating what will be said during the Board meeting at the start of the meeting.  
Secondly, we will be moving the Board meetings to other sites in the Trust's geographical footprint. We hope this will enable more staff and members of the public to attend from a wider distance. The Board also plans to visit wards on the alternative sites and this process will allow staff to attend towards the end of the meeting prior to a Board walk about.  
I note your comments about not being able to challenge Board minutes if you think that they are incorrect. The accuracy of the minutes is a matter for the Board of Directors to decide upon and not members of the public.  
Finally, you mention that not all of your questions have been read out at the Board. As stated previously, the Board will not accept questions about complaints, comments about individuals or questions that have been answered previously.
6. With regard to your second question regarding the PALs service where you express your dissatisfaction with the service. This will be passed onto PALs who will reply directly to you.
7. Mr King had submitted three questions. One related to the change in the timing of public questions. CH had already answered the question as to why the timing has been changed. No members of the public were consulted on the change, either in moving the Board meetings around

## AWP NHS Trust Board Meeting – 31 May 2017

the geographical area or the change in the timing of the questions.

8. The second question related to Board minutes and the changes made to Board minutes.  
'Having referred to previous Board Minutes of AWP dating back over many months, I can see that previously approved board minutes dating back over a long period of time are being altered from those that were previously approved without being further discussed at board. Is this further evidence of the 'data cleansing' (alteration of records), that has previously occurred? Why is it happening, and when are the board approving the alterations?'
9. The answer given was: - Without having the specific detail of the minutes you are alluding to I cannot answer. Please send the PALs team the instances you refer to and the minutes will be reviewed. You will receive a letter with the findings.
10. Question 3. 'I have noticed that over a period of years now, the questions being submitted to the board by myself are not being recorded on your website under questions to the board, in the same way as other patients/carers/service users questions are being shown within the lists of questions? As SOME of my questions appear within the board minutes for the meetings where I have asked questions and previously been allowed and encouraged to take part in the meetings, I ask why my questions are now being withheld from your lists of questions dating back over several years?'
11. The answer given was: - Questions submitted prior to the Board meeting in writing or via email are included in the questions published on the website, as long as they do not involve a complaint, comments about individuals or questions that have been previously answered. If a question is asked during the meeting this would be recorded in the minutes, if it was relevant and agreed with the Chair. As stated previously, this is a meeting held in public and not a public meeting; therefore we do not usually allow questions during Board business. I note your questions submitted to the Trust in writing and meeting the criteria during the Board meetings in March and April are included on the website.

The Chair closed the meeting at 1.15 pm

The next Trust Board meeting is scheduled for 26 July at 10.00 am, at Fromeside,  
Blackberry Hill Hospital, Bristol