

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

Held on 28 November 2014 at 10.00am

These Minutes are presented for **Approval**

Members Present

Tony Gallagher – Chair	Iain Tulley – Chief Executive
Lee O'Brian – Non-Executive Director	Kristin Dominy – Executive Director of Operations
Susan Thompson – Non-Executive Director	Sue Hall – Executive Director of Resources
Peaches Golding – Non-Executive Director	Liz Hardwick – Interim Clinical Director Wiltshire
Ruth Brunt – Non-Executive Director	
Emma Roberts – Director of Corporate Affairs	
Hayley Richards – Medical Director	
Rachel Clark – Director of Organisational Development	

Staff In attendance

Alexander Lauder-Bliss – Governance Support Officer

Members of the Public representing other organisations

Lorraine Reeves – Wiltshire and Swindon Users' network

Presentation: Quality & Safety Wiltshire Locality

1. LH explained that, one year previously, she, the ward manager and the psychologist Ruth Lewis had identified issues which had needed to be addressed, in order to improve the ward and staff and patients' quality of life.
2. Staff had been asked to answer 30 questions in a 'professional quality of life' scale; there had been 12 responses. The scale was not a diagnostic tool, and was used for research purposes only. It had been determined that both positive and negatives experiences were had by healthcare workers. 'Compassion fatigue' was manifested in burnout and trauma.
3. LH identified several pertinent questions which had been answered for the scale. For the question 'I am happy', the answer averaged 4.25. 'I feel connected to others' yielded an average score of 3.75. 'I think I might have been affected by the traumatic stress of those I help' gave an average answer of 1.84. 'I am happy that I chose this work' received an average score of 4.17.
4. LH summarised that, on average, it had been identified that the team were 'reasonably happy'. Responses had been received from junior, nursing, qualified

and unqualified staff.

5. Staff had been given the opportunity to answer further questions; nine responses had been received. Team members had identified professional challenges as being: a lack of staff, new staff, the level of ward activity, aggressive behaviour from service users, lack of support, inappropriate missions and shortage of beds. LH added that the team enjoyed working with patients, particularly in group therapy sessions. Across several surveys, more time for supervision had been requested.
6. LH added that Ruth Lewis had introduced weekly formulation sessions with the staff. Ruth Lewis had since left the ward, and the research had been temporarily paused.
7. The Chair asked if the Trust staff survey was sufficiently detailed to be distributed at ward level. RC clarified that the Trust staff survey was distributed according to locality and professional group. RC asked LH if it was possible to identify trends according to staff groups. LH replied that, in order to receive as many responses as possible, the survey had been anonymous. LOB commented that there was a resourcing issue within the Trust, as had been identified in the survey. He emphasised the necessity of addressing the issues which had been highlighted.
8. IT asked LH to outline the CQC's impact on ward staff. LH replied that, since the CQC visit, the ward's focus had been distracted. She added that staff appeared to have adopted a 'learned helplessness' approach since the visit. IT emphasised that it was necessary for the Board to recognise that staff were impacted by the inspection. LH confirmed that staff had been 'immensely' impacted by the issue with the doors.
9. ST stated that the survey highlighted the importance of professional, psychological input into research. She asked the Board whether or not they felt that they gave sufficient consideration to the future of the Trust, the workforce and non-medical and psychological interventions. ST added that it was necessary to encourage conversation between service users.
10. HR added that a significant amount of consideration had been given to the issue with the doors. She explained that it had been necessary to balance both safety and care aspects. Further, consultation had been had with the CQC. It was necessary to prove that the workforce were sufficiently able to mitigate the risk with the doors, given their skills, awareness and current numbers. HR outlined that a conclusion had been reached as to the optimal minimum arrangements for safe rooms and staff awareness.
11. The Chair identified three issues which had arisen from LH's presentation. He highlighted the importance of the communication of core messages to service users and staff. Further, it was necessary to give localities the ability to implement plans which would positively impact users and carers. The Chair stated that it was necessary to undertake discussions with CQC as to regulations and key issues.

BD/14/203 – Apologies

1. Apologies were accepted and received from: Barry Dennington, Graham Coxell, and Tony McNiff.

BD/14/204 – Declaration Of Members’ Interests

1. In accordance with Trust’s Standing Orders (s7.1) members present were asked to declare any conflicts of interest with items on the Board meeting agenda.

No interests were declared.

BD/14/204 – Questions From Members of the Public

1. ER relayed a question from a member of the public, which related to an individual case. ER stated that the individual would receive a reply outside of the current meeting.

BD/14/205 – Minutes of the Previous Meeting

1. RB asked to change the wording under ‘Matters Arising’ from the minutes of 29 October. She suggested the following wording: ‘RB confirmed that ESEC would be reviewing the latest Friends and Family results by locality, and a report would come to the November Board Meeting’.

The minutes were **agreed** as an accurate record.

BD/14/206 – Matters Arising

1. The Chair noted that although hosting Trust Board Meetings in different locations within the Trust had been made, these had not generated the attendance that was desired. Proposals would be presented at the next Board Meeting for a combination of internal and external meetings, to bring together staff and members of the public.
2. The Chair outlined that the Estates Strategy had been reviewed at the previous Finance and Planning Committee meeting. SH confirmed that an external review had been undertaken, by Capita, who had proposed that they meet with the Trust Board in December to deliver a presentation. LOB confirmed that the review had been helpful.
3. ER confirmed that an update from the Bristol system leader was due in December.
4. The Chair asked if a date had been set for the safeguarding presentation and if the timescale had been finalised. SH replied that a date had not been set. It was agreed that a date would be set.
5. The Executive team would monitor the impact of the recruitment strategy. SH stated that a work plan had been devised, which was being sent to Senior Management Team on Wednesday 3 December for sign-off and approval. She added that the actions were currently in place. IT added that he had spoken with the Recruitment team in the previous week, to discuss the strategy in terms of practice and resources. SH stated that ESEC planned to launch a more national campaign, which would reach localities such as Cornwall.
6. The Board resolved to note the matters arising updates and to make these as progressing or complete as appropriate on the matters arising log.

BD/14/207 – Chair and Chief Executive’s Actions

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1. There were no actions to report.

BD/14/208 – Chair’s Report

1. The Chair stated that he and IT had attended three CCG meetings within the last month, with chairs and chief executives from North Somerset, South Gloucestershire and Bristol. The meetings had reflected a ‘universal’ positive change within the Trust, as well as a willingness to continue to progress issues on a locality basis. Further, those present had been supportive in terms of the CQC report, in relation to the damage which could have potentially been caused to the economy and reputation of the Trust. The Chair added that those present had particularly complimented IT for having been visible throughout the process and had provided assurance. The Chair requested that medical staff feedback issues to IT and himself to raise with the CQC at their next meeting on 02.12.2014. – ACTION TG
2. Those present during the CCG meetings had outlined the pressures in their systems, which been exaggerated throughout the summer period.
3. NHS England were keen for targets to be met for cancer, etc. Bristol and the surrounding areas were failing to meet such targets, which was having a detrimental effect on the national statistics.
4. The Chair stated that he had sat on four Board Appeal meetings, which had been held to address long-standing employee issues.
5. Variability in management reports remained an issue. An example of best practice had been seen, which The Chair encouraged those present to replicate.
6. The Chair outlined that the Trust is a provider of mental health services, and that such services should be made available to Trust staff in order to provide internal support for those staff members with mental health problems. RC confirmed that the Trust’s Health and Wellbeing Manager was considering the issue, in order to determine how best to confidentially support staff working within the Trust. The Chair acknowledged that the issue was complex. RC agreed to follow up the work done by the Health and Wellbeing Manager. – ACTION RC
7. The Chair and IT had attended the FTN national annual conference. The Chair stated that integration would be undertaken rapidly, and would be aided by additional fluidity in organisational models. The upcoming Dalton Report would explore this theme. There were four main organisational models; difficulties within each model would be removed. Dalton’s report encouraged the system to become less centralist, and more local. Organisations which were fluid, agile, clinically responsible and financially viable would be given the responsibility of improving other systems.
8. The Chair updated the Board that he had chaired an FTN event in Bristol, during which elements of the FTN’s strategy in relation to Government had been outlined.
9. The Chair outlined that he had met with a Healthwatch representative, in order to promote cooperation between the Trust and Healthwatch. The meeting had been positive. The representative was an ex-nursing director in mental health, and was familiar with systems and processes.

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10. The Chair and PG had attended the HMP Bristol team celebration, after the team had won a Team of the Month award and received praise in the upcoming CQC report.
11. The Chair had attended the strategy summit and the preceding business development meeting. The Chair reviewed that business development was being well prepared and that localities were offering good ideas. He suggested that the summit needed to recognise that the organisation was making 'huge steps forward'.
12. The Chair and IT had met with Priory Hospital Bristol on 27 November. On the subject of recruitment, The Chair said that Priory faced the same issues as the rest of the organisation. Priory had set themselves a target to promote 20 healthcare assistants to nurses, every year.
13. The Chair and ER had attended several sessions on governance. Feedback would be presented within the next month.
14. The Board resolved to NOTE the report.

BD/14/209 – Chief Executive's Report

1. IT turned to the subject of the Primary Care Liaison Team.
2. IT had agreed to chair the Finance Director's Group, across AMSSG. IT relayed feedback from the Chief Executive's Meeting that organisations could not agree to action reforms until they had received approval from the Finance Directors' Group. A financial strategy approach was favoured over an organisational financial strategy.
3. IT stated that he had attended the Wiltshire Health and Wellbeing Board, during which several points had been raised which were in accordance with the views of the CCG.
4. IT had attended a Pre-Public Consultation meeting in Devizes about dementia services.
5. Clinical Directors and Executive Directors had met to discuss the evolution of the organisation. Discussion had been held on the future involvement of clinical directors. Clinical directors would set clinical requirements for the organisation. It had further been ensured that the nursing director and the operations director would retain a grip on quality. IT described the event as 'very well-orchestrated'.
6. IT had spoken with CQC within the last 10 days. CQC had assured IT that areas which had been subject to warning notices would be re-inspected, preferably before Christmas. Clinical directors and heads of professional quality were 'on alert' and were ready to host inspections.
7. IT, The Chair and RB had undertaken interviews for the role of permanent director and had made an offer to a candidate. The candidate had verbally accepted the role.
8. IT updated that bed pressure was being better managed. Management was being more frequently and efficiently undertaken closer to home or at home. The current week was the third week in which no adult members had been out-of-area. Out-

of-area placements had dropped significantly, and additional beds were being introduced at the Priory to ensure that the figure would continue to drop.

9. IT turned to CQC's Intelligent Monitoring Report. The CQC had not rated any areas to be 'at risk'.
10. The FTN had been formally rebranded, and was now known as NHS Providers. NHS Providers was currently setting out its goal to support all NHS providers.
11. Bill Bruce-Jones and Allan Harris won the NHS Innovators of the Year Award, in relation to their work around self-harming. Linda Hughes, an Occupational Therapist, had been awarded Patient Champion of the Year. Angie Jakubowski and Eva Dietrich had been highly commended. The Trust was at the top of the league in terms of ratings and awards. RC added that those mentioned would be entered into the National Leadership Awards, in March 2015.
12. IT turned to the subject of single point of access. KD explained that the Commissioner had designed a new model which the team were keen to implement. She described the model as 'proactive and engaging'. KD stated that the model needed to be in-process by early February. The model offered the opportunity for every patient to be seen within 90 minutes after recommendation from the GP.
13. RC updated that the response rate for the staff survey currently stood at approximately 44%. The target response for the survey was 50%. RC added that staff friends and family impacted the NHS staff survey response.
14. IT noted that the Disciplinary Team had been named as the Team of the Month.
15. The Board resolved to NOTE the report.

BD/14/210 – Clinical Executive, Nursing and Quality Update

1. IT stated that he had spoken with Alan Metherall, and provided the Board with the paper report.
2. The Board resolved to NOTE the report.

BD/14/211 – Quality Improvement Plan

1. KD took the report as read. She highlighted that the report was the first exception report which had been given against the CQC action plan. A number of issues had been escalated throughout the previous month, including issues around having clear standards and specifications for each ward environment and for the different rooms within each ward environment.
2. KD updated that a full audit of all gardens had been undertaken. The risks associated with each garden had been identified and were understood.
3. KD said that reports had been given through the Committees round staffing issues, in particular in relation to Secure and Wiltshire. Pharmacy concerns raised at the beginning of the month had since been addressed. There remained notable training issues within Bristol.
4. For the Board's reference, KD updated that there was a fortnightly check and challenge process within each locality. Localities were updated as to areas in

which they were underperforming and how they could be supported to improve.

5. System scrutiny was undertaken through the TDA, CTC, CSU, CCG and NHS England. KD stated that quality walkabouts were beginning, and that quality improvement visits were concluding. She added that weekly conference calls were being held with the TDA on a fortnightly basis.
6. KD outlined that staffing challenges remained within secure services, within the band 5 cohort. All team managers had been recruited, as well as all band 6 staff and HCAs. PG asked if the figures had taken into account the closure at Willow Ward. KD replied that 50 band 5 staff members were required to re-open Willow.
7. The Wiltshire issue was being analysed in more detail. There was a comprehensive mix across the MTD, including nine psychology vacancies in Wiltshire. There were a number of RMN vacancies, as well as administration and HCA vacancies.
8. IT added that the County Council were having similar difficulty in recruiting care staff within the overall caring industry. They had proposed to discuss with the Trust the possibility of agreeing that the private, voluntary and independent sectors look to recruit together, with a view to making Wiltshire a good place to work and to promote the caring industry. IT stated that he had agreed to the County Council's proposal. KD added that Barry Dennington had met with the triumvirate in Wiltshire to discuss other opportunities for recruiting.
9. KD outlined the next steps. She explained that the environmental standards would come into the Operations team, and that action plans would be developed per locality. The team would address each locality's key areas of concern. KD stated that it was necessary to develop a focused plan, by ward, in respect of their gardens. Further, the team had asked for the internal inspection process against the warning notice to be undertaken and completed in December. All localities were fully briefed in respect of the potential for the CQC to return at any point between the current date and the end of the calendar year.
10. LOB asked when the stakeholder management of CQC would occur, and who would lead the management. IT replied that Alan Metherall was currently cultivating a relationship with the new local inspector. The Chair stated that it was necessary to develop the relationship so that an on-going association was achieved. ER added that the Trust Development Authority (TDA) had an active role in the development of the relationship. The Chair suggested that it was necessary to first focus on developing the relationship with the TDA. IT confirmed that he had spoken recently and frequently with several members of the TDA.
11. The Chair asked for an update on pharmacy processes. HR replied that we need to acknowledge the major developments which have had taken place in pharmacy during the last few years, including:
 - the move to the hub and spoke model
 - rapid expansion of the pharmacy workforce
 - increased activity which has not yet stabilised

12. HR raised that the Board also needed to acknowledge the increasing stress in the

system, given:

- the recruitment challenge
- the knock on effects on staff wellbeing

13. HR raised that she was very conscious of the potential for deteriorating clinical standards and has escalated pharmacy to the clinical executive risk register.

14. HR is working with the chief pharmacist and others to address the issues. We are in the diagnostic phase. Responses include:

- Safety diagnostic: working with TDA chief pharmacist to pilot an external review process, to report by end January 2015
- Patient safety team are collating the information held on medicines practice to enable close monitoring of practice
- Staff wellbeing diagnostic: underway, performed by staff-side representative with Head of Human Resources, to include welfare and culture check and views on career prospects in the Trust
- ASTON team performance inventory: completed and under analysis
- HR is holding 1:1 meetings with staff, and attended the pharmacy team development day to receive direct feedback from staff
- Business and operational review, now concluded
- A pharmacy dashboard to monitor the impact of the changes made
- HR chairing MOG for the foreseeable future

15. HR will update January Board on progress. – ACTION HR

16. The Board resolved to NOTE the report.

BD/14/212 – Trust-wide Risk Register

1. ER updated that five new risks had been escalated to the Trust-wide Risk Register. No risks had been de-escalated. The risk profile remained unchanged.
2. The Chair highlighted the importance of de-escalating risks, and asked for action to be taken before the next Board Meeting to remove a number of the risks. It was agreed that it was necessary to show that the Register were able to mitigate risks and that their actions were effective.
3. The Board resolved to NOTE the report.

BD/14/213 – Finance Report

1. SH reported that in October, month seven, an adverse variant was showing. Currently, the figure was £618,000 away from the plan, which was, in-month, a deficit of £75,000.
2. The forecast still predicted a year-end surplus of £750,000, which was in-line with the plan. In order to reach the target, the Finance and Planning Committee requested the full release of the rest of the contingency.
3. High levels of out-of-areas drove the overspends. There was a reduction in out-of-area figures, however a trend had not yet been confirmed. The forecast would

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improve if out-of-areas continued to reduce, which would consequently impact other areas of the forecast.

4. The impact of CQC work was still being realised. In terms of revenue, approximately £154,000 had been spent in medicine.
5. Agency and staffing costs were still increasing, and there had been an increase in the agency costs. It had been identified that the Trust employed agencies on Sundays more than any other day. Price agreement work was being undertaken with agencies. Clarity was requested from SH. – ACTION SH.
6. The cost improvement programme was delivering as planned.
7. The Finance and Planning Review proposed that the Trust co-hosted an offsite data centre, provided by an external organisation. Full data resilience across the Trust would subsequently be provided.
8. Currently, the in-month figure was in red. The forecast position was that the surplus of £750,000 would be achieved. There were currently no plans to reduce the surplus position.
9. The Chair asked for IT and the Executive team to review the necessity to redo the PWC work which had been performed several years previously. - ACTION SH
10. Those present discussed and agreed upon the need to reach a safer occupancy level. An action was raised to check and report whether the NHS contracts in place are based on 85% occupancy referring to exact wording. – ACTION SH
11. The Board resolved to NOTE the report.

BD/14/214 – Quality and Performance Report

1. KD updated that quality metrics performance data had been released.
2. In relation to CQC Compliance, the IQ indicators reported against the previous inspection regime. There needed to be a revision in IQ, in order to be assessed against the new regulatory requirements.
3. In relation to records management, the self-assessments were being routinely re-audited, to ensure that appropriate triangulation was occurring. Further, a triangulated approach towards clinical record quality was being implemented, which analysed completeness, timeliness and the quality of the record. The information was being presented in a pilot, to determine whether it supported the localities in developing the quality of their clinical records.
4. KD turned to the subject of Key Quality Indicators. In terms of the monitor indicators, gate-keeping had been reported as ‘amber’ on the appendix. The information had since been reviewed, and had been updated to ‘green’. In respect of CPA reviews, the issue was predominantly with Bristol, who were currently considering how best to improve their rating to ‘green’.
5. DTOC remained a problem, predominantly in Wiltshire. There was positive collaboration between the Trust, the local authority and CCG colleagues. There remained an ongoing emphasis on addressing the challenge.
6. It had been recognised that additional analysis was required for the Safer Staffing

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element of the report, in respect of wards which were both 'over' and 'under'. The localities were required to be more rigorous in their reporting. – ACTION KD

7. Action was being undertaken in respect of the acute care pathway and bed pressures.
8. The Finance and Planning Committee had asked for an early update to be delivered at its meeting on 15 December; the report was currently being prepared.
9. IT highlighted the importance of the out-of-area concern. He suggested that it was necessary to continue to monitor figures, and to determine the potential impact of the problem. KD confirmed that the 'no adults in an out-of-home locality' target had been maintained for several weeks. She said that the result was encouraging. KD updated that the latest figure from the out-of-area analysis, as of 27 November, was 25.
10. The Board resolved to NOTE the report.

BD/14/215 – Report on Staff Friends and Family

1. The report provided an overview of data from September, for Staff Friends and Family.
2. There had been an increase in the response rate, and all other scores had decreased. RC noted the importance of gathering a larger sample size, in order to better determine staff experience. Further, it had been recognised that the CQC had impacted the service.
3. Individual reports, undertaken by localities and corporate services, had been provided. This outlined how scores had changed and provided a thematic analysis of the comments which had been received. Each locality and corporate service were taking responsibility for reviewing the data and discussing with their staff what needed to be changed. A staff engagement framework had been provided.
4. At a Trust-wide level, thematic analysis revealed three themes: low staff morale, workload concerns and Trust-wide systems. The report provided an explanation on the actions which were available at a Trust-wide level to address the issues.
5. RC highlighted the introduction of two programmes: an Accredited Leadership Management Programme, in conjunction with the University of West England (UWE) and the Team Development Programme, which would be rolled out from January. Both programmes had been received positively by the localities.
6. The report also provided information on the variations between localities.
7. Information had been provided as to how the Trust compared nationally with other mental health trusts. With the exception of Somerset Partnership, the Trust did not significantly differ from neighbouring Partnerships. High-performing NHS Trusts had been listed in the report. Those present agreed that comparative data was helpful for development.
8. The Chair highlighted his concern over the Wiltshire data. The percentage of positive responses had dropped significantly between June and September 2014. The Chair expressed his concern that operations were being conducted on a global level. He suggested that it would be more appropriate to focus on the

problems in Wiltshire, to demonstrate how the Trust were capable of closing issues on-the-ground and in specific wards and localities. RC replied that services were being implemented in Bristol, such as a Coaching to Lead Programme for all managers in the locality. She clarified that the approach was not global, and that locality-specific discussions and actions were being undertaken.

9. The Board resolved to NOTE the report.

BD/14/216 – Report of Board Committee Chairs

1. PG updated on the Charitable Funds Committee. She outlined that the current strategies and policies related to small-scale fund raising. The possibility of improving communication, in order to improve the scale and success of fund raising, was being considered. IT asked if it was possible to form a body of fund raisers from Trust members and governors. PG confirmed that this possibility was being considered. ER added that a Fund Raising Events Officer post was being created for the new External Communications and Involvement team.
2. RB updated that the last ESEC meeting had been held in November, during which those present had undertaken a deep-dive into the specialisation of secure services. She added that a ‘fantastic’ member of the administrative team had been present, who had further reinforced the work the team had completed around team and leadership development.
3. Discussion had been held on the subject of recruitment; it had been discussed that secure services was an attractive place to work, and that teams were content and supportive. Good management practice had been recognised, and RB updated that information was being made available to frontline teams around sickness absent rates, and the cost of sick leave in localities. Friends and Family and staff test results had been used in discussion with managers. There had been a significant improvement in supervision rates. As predicted, the seasonal trend in sickness absence had proven true. Discussion had been held on the importance of band 6 and band 7 staff for the next phase of leadership development.
4. The Committee had approved a proposal that group supervision and access to training. Bank staff would not be booked to work unless they were able to demonstrate that they had been through the new system
5. RB stated that the Committee had asked for a formal, six month evaluation of the performance of the new occupational health provider against the specifications. The Occupational Health Lead would be invited to the meeting, to partake in the evaluation discussion.
6. LOB updated for the Finance and Planning Committee. The income and expenditure forecast had been raised. LOB emphasised the importance of localities meeting forecasts. Commercial plans for future expansion needed further development. It had been determined that it was necessary for papers to be analysed further before being given to the Committee. LOB updated that the Committee had begun to pool information, in order to understand the organisation as a business model.
7. ST updated for the Quality and Standards Committee. CQC issues had been picked up, and a deep-dive had been undertaken on the progress on the action

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plans. The Committee had been presented to by the South Gloucestershire locality about the Lift programme. A concern had been identified in the cost of the new programmes and services, which was leading to an ongoing renegotiation. ST added that service users from the South Gloucestershire locality had informed the Committee that they had benefited 'enormously' from early intervention.

8. ST stated that a performance report had been received containing benchmarking data for the Trust, in terms of national usage of beds and other factors. The system was under stress, given the populations, by virtue of the services that the Trust was commissioned to deliver. ST highlighted that Wiltshire had reported 70 staff vacancies, which was a concern. Wiltshire had planned to proactively review the impact on quality, and how the in-patient setting could be improved.
9. ST stated that the Committee had received assurances from the localities that they were being given strong central report. The localities had identified the instant feedback service to be particularly helpful.
10. The Committee would focus on the CQC report throughout the next month, with the aim to close on all actions before the year-end.
11. PG commented on the support for individuals who tried to return to work. She stated that part of the Bristol lot which had been lost, had boasted vocational expertise. PG suggested that the lot would be relevant in the event of potential upcoming business opportunities.
12. SH relayed feedback from CQPM that the learning from incidents activity was embedded at team level.
13. The Board resolved to NOTE the reports.

BD/14/217 – Fit and Proper Persons Test

1. ER asked the Board to note the requirement for the Proper Persons Test. She asked those present to complete the declaration before 15 December 2014.
2. ER outlined that rates had been released on 20 November. Copies would be distributed to those present. ER updated that every Board director, whether voting or non-voting, was relevant. It was discussed that the CQC would publish new guidance for Board and would be distributed outside the meeting. – ACTION ER
3. The Board confirmed that they had read and agreed to the next steps.
4. The Board resolved to NOTE the report.

BD/14/218 – To Note Minutes of Board Committees

1. Those present agreed to NOTE the Board Committee meeting minutes.

BD/14/219 – TDA Oversight Report

1. The Board endorsed the TDA Oversight Report.
2. The Board resolved to NOTE the report.

BD/14/220 – Any Other Business

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1. IT confirmed that they would be served by two new local area teams, with Ian Biggs in the West and Felicity Cox South East.
2. IT updated that Emma Adams had been successful in her application for Generation Q, which was considered to be a highly prestigious course.
3. IT outlined that an article had been published in the HSG about mental health services in Bristol. Copies of the article would be distributed to those present.
4. The Chair highlighted the importance of recognising that the Board's chief priority was for the CQC to lift warning notices. The Board had discussed the importance of narrative between Board members, executives and teams. The Chair emphasised the importance of continuing to discuss narrative, in order to ensure that there was Trust-wide understanding of the Board's rationale.
5. The Chair turned to the subject of influence and the TDA and CQC. He explained that one reason for the TDA's support of the Trust was that the Trust had met their financial target. Deviation from the financial target would impact the external environment that the Trust works within. The Chair emphasised that meeting financial targets was a primary way in which the organisation influenced the TDA.
6. The Chair stated that, in terms of the revision of the strategic plan, viability of Lift services within the current configuration of the services was a major concern. It was necessary for the organisation to develop its position on the services.
7. The Chair turned to the subject of national trends. He noted that a key message delivered by Simon Stevens was prevention, in relation to smoking, obesity, etc. The Board understood that early intervention was Simon Stevens' favoured prevention methodology. The Chair encouraged the Board to give further consideration and discussion to the field of prevention in early intervention and other spheres.
8. The Board discussed the significance of Simon Stevens' five year plan, and agreed to review whether or not its own activity met the targets of the plan. The Board agreed to meet with Anthony Farnsworth, Mike Farrar, and Stephen Dalton, in order to further their understanding of and encourage discussion on the five year plan. – ACTION ER