Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

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

Held on 25 March 2015 at 10.00am in the Conference Room at Jenner House, Chippenham, Wiltshire

These Minutes are presented for **Approval**

Members Present

Anthony Gallagher – Chair of the Trust
Susan Thompson (ST) – Vice Chair
Peaches Golding (PG) – Non-Executive Director
Ruth Brunt (RB) – Non-Executive Director
Emma Roberts (ER) – Company Secretary
Hayley Richards (HR) – Executive Medical Director
Andrew Dean (AD) – Executive Director of Nursing
Rachel Clark (RD) - Director of Organisational Development
Iain Tulley (IT) – Chief Executive
Tony McNiff (TN) – Non-Executive Director
Kristin Dominy (KD) – Executive Director of Operations
Sue Hall (SH) – Executive Director of Resources
Barry Dennington (BD) – Non-Executive Director
Graham Coxell (GC) – Associate Non-Executive Director
Lee O'Bryan (LOB) – Senior Independent Director

In attendance (not present throughout)

Simon Newitt (SN) – CEO, Off The Record
Aileen Edwards (AE) – CEO, Second Step
Alex Kittow (AK) – CEO, Southmead Development Trust
Jean Smith (JS) – CEO, Nilaari
Gary Bryant (GB) – Deputy Director of Finance
Pete Wood (PW) – Clinical Director, Secure Services
James Eldred (JE) – Clinical Director, Bristol
Bill Bruce-Jones (BBJ) – Clinical Director, BaNES
Toby Sutcliffe (TS) – Clinical Director, Wiltshire
Paul Hughes (PH) – Clinical Director, North Somerset
Debbie Spall (DS) – Head of Professional Practice , South Gloucestershire

Members of the Public in the gallery

Steven King (SK) – Patient

Recovery Bristol VCS Partnership

1. The Chair opened the meeting and explained that the first session related to the partnership formed during the Bristol tender, and its consequent governance arrangements. He enquired about any challenges so far.
2. AE reported on the opportunity that this partnership had created and how closely it

was being watched by other boards across the country. Second Step took the lead in uniting the best voluntary and community sector (VCS) agencies working in mental health and wellbeing in Bristol. It considered those partners carefully in order to ensure that they were not in competition and to assess their values.

3. The Recovery Bristol Partnership was formed at the end of 2013, comprising nine VCS organisations with the Trust overseeing. AK outlined these different members and their areas of focus, supported by the three healthy living centres across the region. These bodies brought many years of experience of unmet need within Bristol's most socially excluded communities. SN believed they could offer the Trust a greater understanding of the need for change. JS stated that equality for and clarity of the different roles in this partnership was essential. Each member needed to commit to the long term and complement each other.
4. AE warned of the potential for disconnection and fragmentation across such a large organisation; to mitigate this, Bristol had focused strongly on communication and relationship building. The organisations represented were passionate about the possibility of change, but their energy needed to be carefully harnessed. Good relationships had been built with the executive in balancing central and local requirements. AE commented that operational matters had been more complicated, however, after the implementation of a series of changes. VCS organisations were used to tendering and commissioning cycles, but Trust staff were not as familiar with such processes, which could be challenging to morale. Resources were required to ensure the full potential of the partnership and success in establishing these new ways of working.
5. SN pointed to some political significance with Bristol's partnership model being so closely watched by others. It could become a blueprint creating a common language and utilising the best aspects of VCS organisations. A process of monitoring and reflection needed to be undertaken in these early stages to ensure that no learning was lost. AE saw opportunities for rolling out the partnership more widely across the Trust, and eventually to other areas. She defined the next steps as being around support and resources to ensure deep cultural change. It might also be helpful to appoint a Board champion to liaise with the partnership and guarantee their continued strong support.
6. The Chair welcomed these remarks and agreed that this innovative partnership was attracting a lot of attention from across England. He agreed to consider the request for a Board champion. **- ACTION AG**
7. PG was likewise enthused by these opportunities and sought more detail about the resources needed to achieve them. AE outlined that significant resources had been deployed at the point of transition, but had since diminished. She did not have a pre-defined figure for the additional support required.
8. KD commented on how challenging transitional arrangements could be, and hence this area was receiving an extra staff member. AE was pleased to hear this and hoped that this would help with cultural change. KD explained that the new recruit would be reconstituting the transition plan to ensure it more closely matched the team's strategy.
9. TM reflected on the journey in establishing this organisation and how much

progress it had made. The Board supports the need for cultural change, not just in the VCS, but also more widely across the Trust. He asked if there were any other issues to which they should be alerted. AE replied that staff relationships were key and some Trust teams had been more welcoming than others. Sometimes VCS staff could be undervalued, when people needed to see that they were being positively supported in working towards this vision. AK hoped that this issue could be met partly though improved communication, both within the partnership and to others outside. SH warned of the dangers of people becoming entrenched within their own departments or organisations.

10. ST enquired about methods for evaluating this model and how it could achieve better outcomes by working with the Academic Health Science Network, for example. SH mentioned that the Gateway review was researching the whole tender exercise.
11. BD saw cultural change as difficult to achieve, and asked what progress had been made, how long it might take to achieve the desired future state and how this was being tracked. AE responded that a more detailed plan was needed.
12. The Chair questioned what users and CCGs in Bristol thought about the changes. AE answered that it was hard to know. Service users were closely engaged in co-production, but it was easy to become confused about the system's complexities. AK mentioned that users were reporting to him that they were finding the new service more flexible. The Chair commented that change had to be demonstrated both anecdotally and more factually. IT thanked the partnership and raised that he had heard some very positive feedback from users.
13. GC asked if each of the VSC CEOs could score the partnership's progress against its initial expectations out of 10. AE gave it 5-6. AK gave his organisation 7 and the partnership 3-4. Scoring similarly, SN gave his organisation 8 and the partnership 4, and JS awarded the same scores. She stressed how hard individuals in the partnership were working.
14. The Chair thanked the four presenters for attending and updating the Board on their progress, and they then left the meeting.

BD/14/307 – Apologies

1. The Chair reminded all attending that this Board meeting was being held in public, and that questions from the public would be accepted at the Chair's discretion.
2. No apologies were received.

BD/14/308 – Declaration of Members' Interests

1. In accordance with AWP Standing Orders (s7.1) members present were asked to declare any conflicts of interest with items on the Board meeting agenda.
2. **No interests were declared.**

BD/14/309 – Questions from Members of the Public

1. Two questions had been submitted by members of the public. The first concerned the care record guarantee and a recommendation to keep a record of whether anyone's details had been accessed, asking if RiO met this standard. The Chair

reported that RiO created a record of all individuals accessing any patient record and of anybody adding any notes to the record. He considered this an adequate audit trail.

2. The second question was whether any members of the Trust were consultant neurologists. The Chair clarified that no consultants were neurologists.

BD/14/310 – Minutes of the meeting of the Board on 25 February 2015

1. The Trust Board received the minutes from the meeting held on 25 February 2015.
2. SK raised that he wished to clarify his statement from page 2 as on behalf of another party. The Chair noted this clarification.
3. ST wished to make an adjustment to item four, 1.1, on page 14 about the Quality and Standards Committee. It concerned the Trust's quality plans, where the minutes should reflect the Committee's interest in the outcomes, rather than the experience, of service users.
4. The Chair reported that Committees wanted more concise minutes. He asked for participants' inputs on this. The Chair clarified that information was being lost in excessive verbiage, when many interested parties did not have the time to read lengthy documents. He wished to make Board minutes and papers more accessible and usable, and users and carers were able to help define this. BD queried when this feedback should be provided and the Chair replied that the process would be more iterative, rather than his setting a deadline. **– ACTION Committee Chairs**
5. The Board resolved to **approve** the minutes with the amendment made above.

BD/14/311 – Matters Arising

1. The Trust Board reviewed the Matters Arising log following the February meeting and updates were included within the log.
2. The Chief Executive's report had advised undertaking a review on all PICU services. IT reported that this work was underway and was being overseen by AD, who estimated conclusion by the end of April.
3. The Chair asked if risks were being segmented according to Committee. ER replied than an action service had been developed within a broad assurance framework, which would be implemented in April.
4. Work on Board meeting attendance was complete and a briefing had been circulated to members. The Chair praised this briefing, but commented that more attention needed to be given to the balance between involving everyone and concluding business promptly.
5. On the Wiltshire bed closure, HR reported that the QIA would be sent to Quality and Standards in April. She was discussing with AD how to review QIAs and ensure they were prepared in a timely fashion in the future. They also needed to prepare a Trust-wide response to low staffing levels and its impact on beds.
6. ER reported that, under AD's leadership, work was taking place on garden shelters and smoking. Legal advice had been sought. KD commented that the issue would

be addressed by the setting of and adherence to a clear standard across the Trust. The Chair stated that the Board ought to support a consistent fact-led policy for every ward.

7. SH detailed that the CQUIN schedule had been provided as part of the board-to-board documents. Going forward, the financial effects of CQUIN would be included in planning data.
8. HR reported that a Board seminar had been planned on safeguarding
9. ST referred to page 9 of the previous minutes, where she had asked a question of clarification concerning out-of-area performance. This had been answered in the board-to-board papers. ST asked for this to be noted as a matter arising with the outcome flagged as a public issue.
10. TM enquired about when the CQUIN issue would be finalised. SH replied that discussions were ongoing with the CCGs but certain matters, including tariffs, had not been finalised. The intention was to have contracts signed by mid-April.
11. The Board resolved to **note** the Matters Arising.

BD/14/312 – Chair And Chief Executive's Actions

1. The Chair requested an update on Wiltshire community services. This was scheduled on the agenda of the private meeting as it was commercially sensitive, so IT deferred a response until then.

BD/14/313 – Chair's Report

1. The Chair's report was taken as read. He noted some points on the induction, which had been well attended, but raised a concern about general understanding around the level of relocation allowance provided and rights for those transferring from other organisations.
2. The Chair had met Keep Safe Keep Sane in Bath and a Wiltshire representative to try to improve the quality and definitions for the Trust-wide Involvement Group. Key issues include the Carers' Charter, which had been well received in BaNES, but was not receiving the same attention elsewhere. Additionally, the payment policy would be revisited.
3. The Chair had chaired a Finance and Planning Committee meeting in LOB's absence, and had assessed some IQ and historic Trust data. This would be explored in more detail in the Finance and Planning meeting, including understanding of reference costs.
4. The Chair was concerned about the quality of some Board papers, and was working with the governance team and ER to improve the process.
5. The Board had met with the TDA. The Chair thanked everyone for their involvement in attending and preparing, that the Board's performance was strong as evidenced by the TDA response. Having a Monitor B2B would provide a sterner test.
6. The Chair had met with Nick Marsden, Chair of Salisbury Foundation Trust, to discuss sharing Board governance and other papers, developing community

services in Bristol and working with Wiltshire.

7. BD and the Chair had met with Brian Mattock of Swindon Council about joining their Health and Wellbeing Board. The conclusion reached by the councillor was that it was too large already, but the voice of providers could perhaps be heard though a separate subcommittee. They had also covered issues such as children, Section 106 and other potential collaborations. Mr Mattock was complimentary about improved relationships within the local healthcare system.
8. Over the next period, the Chair would be focusing on plans for 2015-16 and working more closely with Nottinghamshire Healthcare.
9. The Board resolved to **note** the report.

BD/14/314 – Chief Executive's Report

1. The Chief Executive's report was taken as read. IT had attended an event in London that united trusts that had found the CQC process challenging, which had talked about the opportunities presented by those inspections. Also present were Hillingdon, Colchester, Brighton, an ambulance trust from the South East and Care UK. Key issues included particular challenges for mental health trusts caused by commissioning and resourcing challenged in the past. The CQC had recognised that some problems with staffing and turnover were national, rather than organisation-specific.
2. IT concurred with the Chair's assessment of the board-to-board meeting. He had spoken with Paul Elliott and Karen Wilson, who had confirmed that a new quality report did not need to be sent to the quality assurance group. AD was now tracking the matter. Prompted by LOB, IT detailed that re-inspection was under the remit of the CQC schedules and was likely to take place in the third quarter or later. AD had agreed to meet with some of the London trusts to share some of their learnings in advance of the impending inspection.
3. Asked by the Chair, IT admitted that he did not know whether the same or a different team would be conducting the CQC re-inspection. Devon Partnership Trust believed that the inspection of their trust would not be carried out by the same team as previously. The Chair then asked what staff were being told. After the warning notices were lifted, IT confirmed, some communication work would take place to begin preparing for the inspection.
4. RB raised the possibility of a peer review before the next inspection. AD clarified that this would be included as part of his work with the London trusts.
5. LOB stated that the Chair and IT had been too downbeat in their assessment of the board-to-board process. He was more positive. IT accepted this, but suspected his feedback was coloured by thoughts of the work ahead. As the staff survey indicates, progress was backward in some areas. There was a need to recognise the significance of events and for the Board to be clear about the issues ahead and how they were being addressed. Focus on this in the Employee Strategy and Engagement Committee (ESEC) needed to be retained, with measures of progress delivered by the week, month and quarter, so that efforts could be focused on the most challenged areas. IT had asked all Clinical Directors (CDs) to be clear on any specific challenges for their locality and for the Trust as a

whole.

6. ST reflected that the head of NHS England had identified staff surveys, the workforce and workplace as key priorities for mental health trusts.
7. IT welcomed Toby Sutcliffe's appointment as CD in Wiltshire. He also noted improvements in dementia diagnosis in Swindon.
8. The Trust would respond to the Jimmy Savile inquiry by the end of May.
9. IT asked the Board to note the serious untoward incidents.
10. The Board resolved to **note** the report.

BD/14/315 – IQ Metrics

1. The Chair introduced this item for discussion to frame key metrics for 15/16. IT added some context and proposed using these indictors in conjunction with TDA's issues to monitor performance against 2015-16 objectives and for routine reporting to the Board.
2. PG queried whether the Trust ever managed against service lines more than LDUs. IT mentioned there being some difficulties around the local relationships with CCGs, local politics and also some corporate requirements. AD distinguished the difference between local and Trust reporting requirements. HR added that service-line 'deep-dive' reviews were occasionally conducted.
3. ST welcomed this additional information. On monitoring incidents of restricted practice, she thought it would be useful to add information about the Trust's expectations and benchmarking against other trusts, and the Chair agreed.
4. RB supported the proposal to use the metrics to drive objectives. They could be helpful to highlight long-term trends and thus map a trajectory of progress.
5. TM drew attention to staff turnover and attendance data. He noticed significant movements in August/September last year. The Chair cautioned that the purpose of the data was to give an overview; more detailed examinations could be done in future meetings. He hoped the executive would report on the need for future 'deep dives'.
6. The Chair wished for less focus on operational aspects of staffing and more prioritisation of quality impacts. CDs should be pushing back to ask which decisions would cause least harm, with arguments supported factually by the QIAs and clinical assessments.
7. KD had shared the IQ metrics with the localities, which had found them useful in putting their own objectives into greater context.
8. IT formally recorded the IQ metrics as the baseline standards for 2015-16 performance objectives. This would be subject to Board and Committee review before being compiled as part of the Annual Operating Plan (AOP).
9. The Chair actioned the Board to report back this data via the Committee Chair Reports. **– ACTION Committee Chairs**
10. The Board resolved to **note** the verbal report.

BD/14/316 – Finance Update: Month 11

1. The Finance Report for M11 was presented to the Board for approval.
2. SH summarised that progress on the continuity of service rating was on track. The TDA was monitoring the £2.8 million control table, for which the Trust was meeting its guidelines. A more common budgetary measure was the £750,000 including impairments, which also met targets.
3. The cash position was strong at the moment, creating confidence that targets would be met, despite some accruals showing on the capital programme. Some resilience had been added to the cost improvement programme, which was now 99% on track.
4. SH highlighted a major risk in this month being the increase in temporary staffing against forecast. She attributed this to higher-than-expected levels of half-term leave. Reports were being compiled from each locality to explain deviations from the roster and assure KD about their Easter rosters. SH and KH were also meeting managing directors to check their staffing budgets for the year ahead. TM checked whether a similar pattern had occurred in 2014, and SH explained that the problem in 2015 was augmented by their current over-reliance on bank staff. Overall, temporary staff usage was reducing, but not at a fast enough a rate.
5. AD apologised on behalf of the nursing directorate for not sufficiently supporting operations by monitoring staffing. A system was now being developed to give 24-hour updates on the staffing status of each unit. This accepted, TM stressed that local managers had deviated from their agreed positions. The Chair reminded all of the need for local staff to earn their responsibilities.
6. LOB questioned whether the localities possessed adequate capabilities to forecast staffing levels accurately. The localities had fed back on some difficulties using the new rostering system, SH reported. KD shared similar concerns about competence and hence had asked Finance to deliver forecasting training and prepare information in a timely manner. The Chair questioned the suggestion that local managers were incapable, and hoped that the planned control mechanisms, supported by regular review and additional training, would be sufficient to maintain numbers. The matter would be referred to Finance and Planning for a more detailed discussion. - **ACTION SH**
7. SH noted the vacancy figures and reported that a successful campaign in Ireland had resulted in higher numbers of applications.
8. The cost improvement programme was on track to deliver. As well as 2015-16 schemes, a two-year rolling programme was assessing costs for 2016-17. A similar level of agency spend was expected for the year-end and SH was confident of meeting surplus targets. There were no significant changes to the balance sheet and SH had no recommendations to make.
9. The Chair requested an update on whether balances had been agreed with the localities. SH replied that none of the CCGs had disagreed, hence universal agreement was expected.

10. LOB pointed to the cost improvement summary, which he thought was significant in showing the Trust had met its targets, as had been highlighted by the TDA. He reminded all that this had been a challenging year.
11. HR pointed to some discrepancies in the ways service risk rating was reported. The Chair asked if this could be checked.
12. TM noted a significant gap in the P&L for period 11 and the Chair enquired about capitalisation plans. SH reported that the Trust had received a PFI insurance rebate of £309,000, which had not been included in the plans.
13. The Chair reminded all not to underestimate the pressure on internal staffing levels and the impact of CQC on capital and operational spend. He reflected on the significance of the achievements contained in this finance report.
14. The Trust Board resolved to **note** the report.

BD/14/317 – Quality and Performance Report

1. The Trust Board were presented with the Quality and Performance Report for Month 11.
2. This report detailed the performance of the Trust at month 11. It had been presented to the Finance and Planning, and Quality and Standards Committees. However, events around half-term staffing were omitted.
3. KD reported that the performance indicators were similar to those previously identified at the last Board. A new self-assessment process was being developed around the five domains. Performance indicators were being reported to the Deputy Director of Operations.
4. KD moved on the planned actions for the Acute Care Pathway diagnostic, where a set of measures were being implemented. KD repeated her disappointment with the leave situation, where she had undertaken a root cause analysis per ward due for receipt on 27 March.
5. Action plans had been submitted to the CQC in relation to the Lime and Silver Birch units. Week-in-focus reviews had been completed for BaNES and Swindon, with Wiltshire currently underway and Bristol due soon after 13 April. KD described these as positive methodologies for understanding localities' progress against their action plans, though they had revealed some challenges around crisis and contingency planning. The greatest focus for operations still concerned staffing and recruitment.
6. IT sought more information about the process for week-in-focus reviews, particularly for the Wiltshire team. KD reported that they use both operational and nursing staff to carry out overnight visits and report back to AD.
7. TM asked about levels of concern related to the CQC action plans. KD detailed that many of the items flagged in the action plans for Lime and Silver Birch were already being addressed.
8. The Chair noted in the report a delay to a CQC compliance item from November to March. He asked when this would be complete. In another area, he probed why the Trust was not acting as Monitor would in responding to out-of-area actions. IT

believed that Monitor was only able to escalate to NHS England, just as the Trust had done. **– ACTION AD**

9. The Chair asked if the closure of beds and consequent quality assessment could be revisited as an issue. More issues relating to the acute care pathway needed to be tracked. IT noted that it had been suggested that the Trust did not act ruthlessly enough in relation to moving people out of beds. The Chair clarified this; his suggested action was around entry controls to ensure appropriate admissions. Work needed to take place sooner on bed management and reporting to the commissioners.
10. The appendix for the report tracked to what degree staffing was over or under plan for each ward. The Chair asked if AD could explore the veracity of the planned numbers and correlate them with explanations for the most major outliers. AD had already begun this work with TS. RB noted that ESEC had also begun to explore this in detail and was now reviewing staffing on a quarterly basis. **– ACTION AD**
11. The Trust Board resolved to **note** the report.

BD/14/318– Quality Improvement Plan and Heat Map

1. The Trust Board reviewed the Quality Improvement Plan and Heat Map.
2. This report detailed exceptions for the CQC action plan, including some of the issues mentioned above, e.g staffing, outdoor centres and recruitment events.
3. The heat map illustrated progress against action plans for each locality. LOB thought this helpful, but asked how green ratings were checked. AD assured the Board that green ratings were receiving the same level of attention as ambers and reds. ER added that internal audit was validating those ratings.
4. The Chair sought some means of differentiating between time-based amber ratings and issues that were not being adequately embedded. BD added that the map could perhaps indicate, with a date, when an amber rating was likely to turn green. AD confirmed that he was identifying the time-sensitive amber areas, as the Chair requested. His concern was problems remaining amber for too long. KD detailed that each colour on the heat map could be explained by detailed reports and dates. **– ACTION KD**
5. BD wondered what the overall colour would be by June, anticipating a CQC inspection then. IT suggested why it could never be green overall, as there was not always a direct correlation between safety and green.
6. The Board resolved to **note** the Heat Map and Improvement Plan.

BD/14/319 – Trust-wide Risk Register

1. The Trust Board received the Trust-wide Risk Register for review.
2. The Trust-wide risk register was presented to the Board for approval. It was considered by the directors on 18 March. A number of reporting changes had been agreed by the Board in January to divide strategic risks for quarterly and operational risks for monthly consideration. It was also being remodelled against key corporate risks, incorporating best practice from Nottinghamshire and other

areas. It had previously been agreed that only risks with a score of 12 and above would feature on the register moving forward, though doing so was thought to inaccurately demonstrate the Trust's assessment of risk, so such a restriction had been modified.

3. The Chair noted no changes in the risk position against last month and asked when the last escalation, de-escalation, addition or removal had occurred. ER referenced the last Risk Register to highlight the risk that was added in February. The Chair asked ER to ensure that the last risk added is always highlighted so the Board are aware of since when a risk was escalate or de-escalated. **– ACTION ER**
4. The Trust Board resolved to **note** the Risk Register.

BD/14/321– Report of Board Committee Chairs

1. The Chair asked for the Board to receive the Committee Chair reports until Clinical Directors were present for the item around the Staff Survey.
2. TM stated that the Audit and Risk Committee had not met since the last Board meeting, although the Committee had considered and consented to the revised terms of reference.
3. PG reported that the Charitable Funds Committee had met on 24 March, and highlighted other Trust priorities taking precedence over work in charitable funds. It also recognised some funded activities that had shown improvements for service users and the health and wellbeing of staff. The annual report could be used to showcase such achievements and encourage an increase in donations.

BD/14/320 – Staff Survey Results

1. As PW, JE, BBJ, TS, PH and DS joined the meeting, the Chair requested that the Board pick up the Staff Survey Results as per the agenda and come back to the Chairs' Reports.
2. RC stressed the serious nature of the staff survey results, which was reflected as a concern on the strategic risk register. The most valuable assessment took place at the locality level, where colleagues had been asked to identify key themes and priorities for improvement.
3. BBJ reported that, from BaNES, the standout area of concern was report of abuse or harassment from service users and workload pressures felt by staff. All teams had been invited to discuss these issues. Harassment was often accepted as part of community practice, so guidance was being produced on what was acceptable behaviour and how to manage unacceptable behaviour. BBJ wanted to see an increase in reporting of unacceptable issues and greater commitment to ensuring that any issues would be taken seriously.
4. Other concerns at BaNES included communication difficulties and team working, where some suggestions for improvement had been made, such as reducing dependence on emails, using staff huddles and 'walk-arounds' as a preferred method of communication. There were broader issues including RiO taking too much staff time and staff not being given enough opportunity for reflection.
5. RB enquired how BBJ would measure success incrementally before next year's

staff survey. She recalled that, in the past, many managers had been surprised and dispirited upon receiving survey results, having expected improvements. BBJ planned to use metrics including incident reporting levels, as well as more frank conversations with colleagues in the workplace. RB replied that she sought BBJ's assurance that he was closely connected enough to avoid being surprised by next year's results. PW pointed to staff turnover and absences as vital measures of satisfaction. The first of these was increasing in the Trust.

6. The Chair posed a general question to the local representatives, asking whether senior staff were visible or communicating enough.

7. JE queried how sensitive the survey was, and pointed out that context differed for each locality. Some places were comfortable with the process of change, whereas others were distrustful of the new model. There had been a degree of organised resistance in Bristol, expressed through grievances and complaints. A proactive plan of visible engagement had been set up to address this, including off-the-record conversations and 'walk-arounds'. Attendance at such events was increasing, suggesting better engagement. JE was also looking into setting up a staff council and updating training, supervision and appraisal arrangements. However, he warned of future difficulties with staff retention as workload pressures in some areas were beginning to increase.

8. PW related that Secure was facing similar challenges to Bristol. The consultation process had impacted staff morale and affected retention, to which the area had responded with recruitment campaigns. He believed that the service was inadequately managed for a long time and had been slow to adapt to the need to focus on higher quality of care. PW had been working on engaging staff with the rest of the Trust, investing time and effort with senior leaders. Requirements for people to move desk had negatively influenced morale. However, efforts were underway to coach nursing staff in people management, and processes have been introduced to address long-term sickness, conduct and capability. PW was confident that the process towards improvement was on track.

9. In reviewing the themes in the Wiltshire survey, engagement with the management structure was a clear problem, yet many were resistant to changes in their own teams. TS wished to establish what 'my team' means to people and proposed a response based on structural change to unite community teams more closely to larger units. Planned visits and weekly team meetings would assist this.

10. PH began with some good feedback received in North Somerset on staff training and appraisals. Results were worse on workload and stress, with staff feeling that they could not meet conflicting demands on their time and sometimes feeling harried and abused by patients and their families. Many had also raised concerns about quality and the Trust failing to act on reported incidents. A few had raised instances of abuse from other staff members. Team managers had been tasked with reporting survey findings and collating ideas from staff. More specifically, there were efforts to ease workload pressures through better use of breaks and activities in the workplace, supported through stress questionnaires for absent staff. PH also believed that some more targeted interventions in inpatient areas would aid understanding of the particular problems in this area. He was monitoring safeguarding and introducing more flexible working arrangements, alongside

several other initiatives to engage staff more.

11. DS described South Glos's staff survey as largely positive. Only one item had deteriorated, which was people attending work when they were not well enough, largely under pressure from themselves. DS recognised that results could be even better, however. From the general feedback, it appeared people had reacted badly to the CQC demands.
12. The Chair appreciated the time and effort local managers had taken on the staff survey, and hoped for continuing dialogue with them about the resources and support they required to manage change effectively.
13. IT enquired about the number of inpatient beds in each area. PW answered 109; JE, 112; BBJ, 27; TS, 35; PH, 43; and DS 15. IT suggested that there was an apparent correlation between numbers of beds and staff morale. The inpatient environment was particularly challenging for staff and should be an area of particular focus. Accepting this, the Chair also pointed out that the community teams reported on poor management communications. All localities were below the national benchmark and needed information and resources to change.
14. RC reported that all of the staff survey feedback was being collated to form locality workforce development and engagement plans to be examined by ESEC at their next meeting.
15. The Board thanked the CDs for attending the March Board and **noted** the reports received from each.
16. PW, JE, BBJ, TS, PH and DS left the meeting.

BD/14/321– Report of Board Committee Chairs

1. Returning to this item, ST explained that the Quality and Standards Committee had only met two days prior so had not yet compiled a formal report. Quality improvement plans had been received from each of the localities, but only two had been assessed. All of them would be tested and challenged against objectives for 2015-16 at the locality visits, and the Committee would check that service users and carers have been engaged in preparing those plans.
2. The Committee had received reports from BaNES and Swindon in relation to the week in focus, which revealed that both areas needed to embed their CQC actions more. ST noted that, compared to other Trusts, the South West had the lowest case load. This needed to be better understood against the findings of the staff survey around workload. The Committee would also welcome more detailed studies into any areas of concern revealed by the heat map.
3. The Quality and Standards Committee had altered its terms of reference to require two executives to be present to be quorate. The Chair deferred validation of this decision until the next Board meeting. He also wanted to see data linking beds to case load, with definitions of the latter. **– ACTION AD**
4. The Board resolved to **note** the report.

BD/14/322 – Trust Board Work Plan 2015-16

1. The Board took the Work Plan for 15/16 as read and resolved to **approve** the plan.

BD/14/323 – Beachcroft Governance Review

1. This item had been returned to the agenda for consideration now and discussion at a later date. The Chair asked members to study how the executive groups were mapped against their related Committees.
2. The paper also outlined the legitimate roles and remits of the Committees. The Chair suggested that some of their agendas had become overloaded and needed to be more focused. In staffing for example, the principal concern should be quality and outcome, rather than financial issues. The duration for which attendees were seconded to different committees needs also to be reconsidered, as well as the presence of CDs. On the latter point, IT thought that changes to the paper needed to be made to more closely reflect practice around CDs' attendance. The Chair wished to ensure they were able to demonstrate compliance.
3. The Chair requested that ER review the report and reflect actions that have been implemented and report back with recommendations. **– ACTION ER**

BD/14/324 – Minutes of Board Committees

1. The Board noted the minutes of the following Committees: Charitable Funds, Quality and Standards, and Trust-wide Involvement.
2. The Board resolved to **note** the minutes as accurate.

BD/14/325 – TDA Oversight Report

1. ER explained that there were no changes in the evidence contained in this report, so it could be recommended to the Board for their approval.
2. The Board resolved to **approve** the TDA Oversight Report.

BD/14/326 – Any other Business

1. ER noted that the Board meeting dates for the year ahead had been appended to the papers for the information of members and the wider public.

BD/14/327 Board Digest

1. Other business of the Board would take place in private as part 2 of this meeting.
2. The Chair thanked the members of the public for coming to the March Board and closed Part 1.