

AGENDA ITEM 3 ENC A

Corporation Street, Stafford ST16 3AG

Tel: 01785 257888

Fax: 01785 258969

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST HELD IN THE BOARD ROOM AT TRUST HEADQUARTERS, STAFFORD AT 1330 HRS ON THURSDAY 30TH AUGUST 2012

1 Present

| | |
|-------------------|---|
| Steve Jones | Chairman |
| Claire Barkley | Medical Director |
| Neil Brimblecombe | Chief Operating Officer/Director of Nursing |
| Alison Bussey | Director of Specialist Services |
| Neil Carr | Chief Executive |
| Roger Craven | Vice Chair |
| Lesley Crawford | Director of Mental Health |
| Jayne Deaville | Director of Finance and Performance |
| Steve Grange | Director of Commercial Development (part meeting) |
| Ron Hilton | Non-Executive Director |
| Therèsa Moyes | Director of Quality and Clinical Performance |
| Liz Nicholson | Non Executive Director |
| Peter Woolrich | Non-Executive Director |

2 In Attendance

| | |
|------------------|---|
| Jane Landick | Company Secretary |
| Kathryn Taylor | Service User (agenda item 3) |
| Greg Moores | Director of Human Resources, Organisational Development and Equalities (agenda item 10.1) |
| Jon Meigh | Director of Facilities and Estates (agenda item 10.1) |
| Cathy Riley | Chief Pharmacist (agenda item 10.3) |
| Stuart Middleton | HR Business Partner |
| Steve Riddle | Governor Member, Service User/Carer/Public (South Staffs) |
| Adrian Sargent | Trust Board Secretary, The Royal Wolverhampton Hospitals NHS Trust |
| Felix Davies | Director of Psychological Services |

ITEM 1 WELCOME AND INTRODUCTION

- 3 Steve Jones welcomed all present to the meeting.

ITEM 2 APOLOGIES FOR ABSENCE

- 4 Shrinivas Honap, Non-Executive Director
Sue Nixon, Non Executive Director

ITEM 3 PATIENT STORIES

- 5 Kathryn Taylor attended the meeting and told the story of her admission and discharge from in-patient care during May 2011. She advised that the key learning for the Trust from her story centred around the following areas:
- The assessment of risk on discharge needing to be from an holistic perspective.
 - Giving clear explanations and definitions eg. a definition of psychosis and an explanation of “voices” being auditory hallucinations
 - Giving clear explanations of medication
 - Ensuring service users have a clear diagnosis to help them own their condition
 - The provision of information packs on discharge (containing the above categories of information)

Liz Nicholson commented that it was important to effect change as a result of the patient stories presented to Board and to ensure feedback to individual service users with respect to the outcomes. It was agreed that Lesley Crawford would take forward these issues within the Mental Health Division in discussion with Kathryn Taylor. Therèsa Moyes confirmed that based on discussions with Liz Nicholson and Sue Nixon a paper would be presented to the September 2012 Board outlining proposals for presenting future patient stories to the Board. Neil Carr thanked Kathryn Taylor for an excellent and moving presentation and commented that there was clear learning for the Trust arising from her experience.

| |
|--|
| Action: Application of learning and feedback to service user/Board (LC) |
|--|

ITEM 4 MINUTES OF THE MEETING HELD ON THURSDAY 26TH JULY 2012

- 6 The minutes of the Board of Directors meeting held on Thursday 26th July 2012 were signed by the Chair as a true and accurate record

ITEM 5 MATTERS ARISING FROM THE 26TH JULY 2012 MINUTES

- 7 All actions were reported as having been completed.

ITEM 6 CHIEF EXECUTIVE’S REPORT AND ENVIRONMENTAL SCAN

- 8 Neil Carr reported on the following events/activities and issues:
- 8.1 **Staff Awards:** a good response was noted with a high standard of nominations. It was noted that shortlisting was taking place over the next two weeks involving governors and board members.
- 8.2 **Governor Member Elections:** In South Staffordshire Michael Allen, Ravi Bhakhri, Steve Morris, Frances Carlin and Colin Wilkinson were re-elected in the public/service user/carer constituency as were Karl Bailey and Robin Harvey in Shropshire/Telford & Wrekin. New Governors in the public/service user/carer constituency were Steve Riddle (South Staffordshire), Yvonne May (Shropshire/Telford &

Wrekin) and Monica Hall (North Staffordshire). New staff governors elected were Fran Virden (Allied Healthcare Professionals) and Mark Tandy (Nursing). The Board agreed all should be congratulated on their election success and welcomed to the Trust

- 8.3 **Chair in Psychiatry:** It was noted that the selected candidate had declined the post in favour of another offer.
- 8.4 **External Assessment Visits:** positive feedback with respect to the Trust's compliance with the Safety Thermometer had been received following a recent visit from the Strategic Health Authority and the Care Quality Commission had been complimentary about the care provided by the Trust following an unannounced visit to Baswich and Bromley Wards.
- 8.5 **Report of the All Party Parliamentary Group on Mental Health:** Neil Carr advised that this report had highlighted four particular areas of concern in the context of the health and social care reforms, which would present challenges to all mental health trusts and commissioners.
- 8.6 **Employers Roles in improving the mental health of employees:** Neil Carr referred to a call from the Deputy Prime Minister and the Care Services Minister for employers to take steps to improve the mental health of employees and the potential implications and opportunities for the Trust arising from the increased focus on mental health promotion.
- 8.7 **Health and Social Care Reform - Transitional Arrangements:** Neil Carr advised that greater clarity was emerging over the transitional arrangements for key part of the healthcare system in advance of 1st April 2013.7

9 The following Board Committee reports were received and noted:

- 9.1 **Foundation Management Team** (13th August 2012): It was noted that the new Clinical Information System (RIO) had been agreed as a future standing agenda item for both Board and FMT.
- 9.2 **Quality, Effectiveness and Risk** (12th July and 9th August 2012)
- 9.3 **Finance and Performance** (1st August 2012)
- 9.4 **Service User and Carer** (8th August 2012): Therèsa Moyes commented that the change in format for the meetings was working well and that attendance by service users and carers was increasing.
- 9.5 **Business Development and Investment** (18th July 2012)
- 9.6 **Human Resources, Organisational Development and Equalities** (25th July and 20th August 2012): Neil Carr advised that the Human Resources, Organisational Development and Equalities Strategy was out for consultation until 24th September 2012 and invited all Board members to review and comment on this important document.
- 9.7 **Audit** (17th July 2012): Roger Craven reported that ongoing discussions were taking place with respect to the classification of reputational risk on the risk register. He advised that a process was now in place with respect to the referral of issues between sub committees, that a recommendation would be made to the Annual Members' meeting with respect to the appointment of the external

auditors and that a position paper had been received on the Risk Enabled Framework which indicated the Trust was one level below risk enabled and that this would be kept under review. Roger Craven advised that the Committee had also agreed a new approach to the review of the Assurance Framework, which was being recommended for use by all Board sub committees.

| |
|---|
| Action: Comments on the HRODE Strategy (All) |
|---|

- 10** The following policies were formally ratified by the Board having been approved at the Quality, Effectiveness and Risk Committee on 9th August 2012:
- 10.1 Section 19 Transfer Regulations
 - 10.2 Policy for Medicines used outside terms of product licence or without a product licence
- Neil Carr referred to issues reported nationally with respect to printing and distribution of the British National Formulary (BNF), which had presented problems locally, but which were now getting resolved.

ITEM 7 TRUST ASSURANCE REPORT

- 11** The report was received and noted. Exception reports and comments from Board members were recorded as follows:
- 11.1 Quality and Risk Profile**

Changes to the risk profile since the last meeting were noted. Therèsa Moyes advised that there had been improvements in ratings in five areas.
 - 11.2 Essential Standards Review Visits**

The inclusion of a LINKs member in the Elms House visit was noted and welcomed. Therèsa Moyes also commented on the commencement of the community visit pilot and the early positive feedback received. In response to a question from Steve Jones, Therèsa Moyes advised that she would be exploring future scope for the inclusion and involvement of GPs and CCG representatives in visits as appropriate and as the opportunity presented.
 - 11.3 Serious Incident Report**

In response to a question from Steve Jones about the narrative used to describe the root causes of incidents and the lessons learned, Therèsa Moyes advised that the terminology reflected that of the National Patient Safety Agency (NPSA) but that she would look to review the narrative to ensure there was less scope for misinterpretation. Liz Nicholson advised that the individual serious incident reports were closely scrutinized at the Quality, Effectiveness and Risk Committee and clinicians challenged as appropriate to ensure that the necessary assurances were received before a report was accepted.
 - 11.4 Care Quality Commission (CQC) Visits**

Jane Landick advised that arrangements for the visit on 24-25th September

2012 were being co-ordinated with local authority colleagues to ensure there were no surprises. She advised that the CQC would be examining the assessment and admission of detained patients across the whole Trust but that they had confirmed that they would not now be visiting The Redwoods Centre in light of the move from Shelton Hospital having taken place the day prior to the visit.

11.5 Performance Reviews

Neil Carr advised that discussions were taking place with Divisional Directors, Jayne Deaville and Therèsa Moyes with a view to adopting a different approach from the existing performance management arrangements which had now been in place for at least 10 years. Therèsa Moyes advised that consideration would be given to the use of the mental health dashboard but that this work was in its early stages of development nationally. It was agreed that an update on these progress with these discussions would be received at the October 2012 Board meeting.

11.6 Quarter 1 Combined Risk Management Report

Therèsa Moyes referred to the increased numbers of complaints and PALS issues which were being reported and advised that Paula Johnson was currently reviewing the findings for any trends or themes and was also undertaking some benchmarking work with comparator Trusts.

11.7 Finance

Jayne Deaville advised that the month 3 year to date position showed an actual retained surplus of £2.2m, representing a budgetary underspend of £0.9m. The actual surplus position improved by £0.6m compared to month two (£1.6m) due principally to a continuation of the surpluses reported at month two, less non recurrent back-dated pay payments/provisions within Inclusion services and non-recurrent HIS expenditure. A £0.9m income underperformance against the year to date plan was noted due to income shortfalls against a number of the Trust's high cost low volume service lines (£0.2m), and deferred income in relation to both HIS services (£0.3m) and T&W PCT project funding (£0.2m). An improvement in supplementary staffing spend was noted on page 4 of the report and this was anticipated to improve further as the full effect of recent recruitment initiatives takes effect in October/November 2012.

11.8 Contract Activity and Projects

Improvements were noted in terms of activity recording. All targets were met at the end of the first quarter although it was noted that achievement of the delayed transfers of care target would be more difficult to achieve in light of the inclusion of cases where delays arose from issues relating to social care provision. It was noted that this would be discussed and monitored at joint commissioning meetings.

11.9 Information Governance

Jayne Deaville advised that Freedom of Information Act requests had reduced with five having been recorded during June 2012 and none had

exceeded the statutory deadline for response. Eleven minor information governance incidents were noted during June 2012.

11.10 Library and Knowledge Services report (Q1)

The report was received and noted. The reduction in performance since the last report was noted to be within a single percentage point.

11.11 Commercial Activity

Steve Grange highlighted the revisions which had been agreed to the Commercial Strategy in line with Board discussions. He reviewed the consequences of the South London Trust going into administration and responses received to the Invitation to Tender. The launch of the veterans' mental health network was noted and the publication of the Annual Report in the format of the "year in pictures" was welcomed and Amanda Godfrey's hard work in pulling it together was formally recognised by the Board.

11.12 Workforce Report

Neil Brimblecombe advised whilst the monthly sickness absence figure had dropped below 5% the annual rolling figure remained stubbornly high despite significant progress in reducing long term sickness. Number of dismissals had increased, largely due to sickness.

11.13 Mental Health Act Quarter 1 Report

Jane Landick presented the report and advised that further work was taking place to explore the reasons for the significant increase in section 3 admissions over the past 12 months. It was agreed that the outcomes would be reported to the next Board meeting. Roger Craven commented that there was no evidence from managers' appeals that any detentions were inappropriate.

ITEM 8.1 MODERNISATION OF MENTAL HEALTH SERVICES IN SHROPSHIRE/TELFORD & WREKIN

- 12 The report showing progress to date was received and noted. Jayne Deaville advised that the focus of the Committee going forward would be on the decommissioning and disposal of Shelton Hospital.

ITEM 8.2 UPDATE ON THE REVIEW OF LEARNING DISABILITY COMMISSIONING IN STAFFORSHIRE

- 13 Neil Brimblecombe summarised the background to the NDTI report on the learning disability and challenging behaviour, which had been the subject of discussion at the confidential Board meeting in July 2012 in light of the report not being in the public domain at that point. He advised that the report had been critical of commissioned services and the commissioning of the services for a number of reasons including an over focus on bed based services, insufficient focus on social inclusion and the use of 'out of area' placements and the consequent ability to monitor the application of national care standards.

The recommendations from the report included a whole system review of commissioning and care provision, including pooling budgets and integration of health and social care. Neil Brimblecombe advised that a meeting to discuss the report and its recommendations had taken place hosted by the PCT cluster and attended by representatives of the majority of Clinical Commissioning Groups (CCG). It was noted that all parties had signed up to the principles in the report and the development of a new strategy based on those principles. Leadership of this work would come from the Joint Commissioning Unit, supported by a Project Manager. Two county wide groups would also support the project: an operational group at which Susan Meredith and Caron Thomas would represent the Trust and a Project Board on which Neil Brimblecombe would sit. Neil Brimblecombe concluded by advising that there was real pressure for change and that the new model for service delivery was likely to have significant implications for the Trust but that the scale of change was such that it was likely to take two years for the full effects of the new strategy to be developed and to take effect.

ITEM 9.1 FEEDBACK FROM CQC VISIT ON 13 AUGUST 2012

- 14 Therèsa Moyes reported on the CQC's unannounced visit to two older people's wards, Baswich and Bromley, on 13th August 2012 as part of a national planned themed review. She advised that no compliance issues were found and inspectors made many positive comments as well as a few suggestions for improvement. It was noted that a full report is anticipated from CQC within the next two months but the interim, based on feedback on the day of the visit which was transcribed and cascaded immediately to ward managers and other senior staff in order to share and plan for learning opportunities, the report presented the Board provided an interim summary of the CQC's findings. Neil Carr congratulated ward staff on the very positive feedback received. It was agreed that the formal report once received would be considered by the governors at the Performance and Assurance Engagement Group and that any recommendations arising from the report would be addressed and monitored through the Quality, Effectiveness and Risk Committee.

ITEM 9.2 MEDICAL REVALIDATION – RESPONSIBLE OFFICER JOB DESCRIPTION

- 15 An amendment required to the Medical Director's job description to reflect direct accountability to the General Medical Council (GMC) as responsible officer for medical revalidation was formally noted and agreed.

ITEM 9.3 REVISIONS TO THE TRUST CONSTITUTION

- 16 Jane Landick summarised changes which were required to the Trust Constitution consequent upon elements of the Health and Social Care Act 2012 which were due to come into force from 1st October 2012. She advised that the changes were as proscribed by Monitor in the revised model core

constitution published in June 2012. The Board formally approved the changes to the Constitution and noted that the changes would be then be submitted for approval to the Council of Governors at the Annual Members' Meeting on 12th September 2012.

ITEM 10.1 STAFF OPINION SURVEY UPDATE: STAFF ENGAGEMENT

- 17 Greg Moores introduced the paper as a follow up to the report presented to Trust Board in May 2012, where the results of the 2011 staff survey were presented. He advised that the update sets out the work underway, corporately and within Divisions and Directorates, to improve staff satisfaction and staff engagement. Lesley Crawford, Alison Bussey and Jon Meigh then gave a summary of the work taking place in Divisions and the Facilities and Estates Department to address staff engagement. The Board confirmed its support for the approaches taken across the organization and commended the progress to date, which it was hoped would lead to improvements in key areas of the staff opinion survey results for 2012. Ron Hilton commented that it was important to communicate the contents of this report within the organization in advance of this year's survey to raise staff awareness that things have been and are changing around staff engagement. Greg Moores confirmed that a "you said, we listened" exercise would be taking place and Lesley Crawford advised that it was important to be honest about where there were still issues to be addressed. Neil Carr commented that with most of the management of changes processes having been concluded, that the time was right to model the behaviours required to achieve cultural change around staff engagement.

ITEM 10.2 THEMATIC REVIEW COMPLAINTS AND PALS

- 18 Jane Landick presented the third thematic review which was received and noted. Liz Nicholson referred to her role as Non Executive Director lead for this area of the Trust's work and the high quality of response letters evidenced through her regular auditing of the complaints processes. She added that it was important to emphasise to service users the independence of the investigating officers who were drawn from outside of the team or department which was the subject of the complaint. It was noted that the thematic review had been the subject of detailed discussion at the Quality, Effectiveness and Risk Committee. The significant increase in requests for interpreting and translation services was noted and it was agreed that access to such services was an important aspect of ensuring that service users were not isolated and disadvantaged as a consequence of language and communication issues. The guidance and criteria for accessing interpreting and translation services in the Interpreting and Translating Policy and the relevance of associated policies such as the policy on the use of mobile devices on in-patient wards was noted as being important to ensuring culturally sensitive services were provided consistently. Therèsa Moyes suggested that further exploration of equality and diversity issues in care planning could be undertaken in discussion with Greg Moores as equality and diversity lead and the issues of the increased need for access to interpreting

and translation service raised and explored with commissioners based on further analysis of the data relating to existing demand. The action plan for 2012/13 contained within the thematic review was formally approved.

| |
|---|
| Action: Analysis of data to inform care planning and commissioning (NB/GM) |
|---|

ITEM 10.3 MEDICINES MANAGEMENT ANNUAL REPORT 2011/12

- 19** Cathy Riley presented the report and requested Board support for the development of a new five year Medicines Management Strategy. It was noted that the report highlighted priority medicines management issues, one of which related to services provided at a distance and the Board commended the focus on achieving improvements in these areas. Liz Nicholson advised that the report had also been the subject of detailed discussion at the Quality, Effectiveness and Risk Committee. In response to a question from Neil Carr about steps to reduce lengths of admission by home initiation of Clozapine, Cathy Riley reported on revisions made to the Clozapine Policy which were currently in draft pending the outcome of a home initiation pilot, which if successful would be rolled out across the Trust. Cathy Riley also gave an example of the information sharing arrangements with the police, which had involved the Trust's information governance lead and Caldicott guardian and which were based on best practice guidance. The Board formally approved the action plan contained in the thematic review and agreed to receive the new five year Medicines Management Strategy in April 2013.

ITEM 11 ANY OTHER NOTIFIED BUSINESS

- 20** There was no other business listed.

ITEM 12 SUMMARY OF DECISIONS MADE AND AGENDA ITEMS FOR THE NEXT MEETING

- 21** Decisions made were summarised by the Company Secretary as follows:
- Application of the lessons learned from the patient story told by Kathryn Taylor were agreed to be taken forward ensuring subsequent feedback to the service user and the Board.
 - The Section 19 Transfer Regulations and the Policy for Medicines used outside terms of product licence or without a product licence were ratified
 - The Medicines Management Annual Report for 2011/12 and its accompanying action plan was agreed
 - It was agreed that all Board members would provide comment on the draft HRODE Strategy during the consultation period.
 - To conduct a review of the Trust's approach to performance management with an update at the October 2012 Board.
 - To report to the September 2012 Board on the findings from a review of

the increase in section 3 admissions under the Mental Health Act.

- Arrangements for receipt, review, action planning and monitoring of the CQC report on the visit to Baswich and Bromley Wards were agreed.
- Changes to the Medical Director job description reflect the responsible officer role for medical revalidation were agreed.
- Constitutional changes required by the Health and Social Care Act 2012 were approved.
- The complaints and PALS thematic review action plan was approved.
- The development of a five year medicines management strategy was approved.
- A further review of data on interpreting/translation to be carried out to inform equality and diversity aspects of care planning and commissioning was requested.

22 The following future agenda items were agreed:

- Medicines Management Five Year Strategy (April 2013)
- Mental Health Act: Review of Section 3 admissions 2011/12 (September 2012)
- Patient Stories – update on outcomes from Kathryn Taylor’s story (TBC)
- Update on new approaches to performance management (October 2012)

ITEM 13 DATE AND TIME OF NEXT MEETING

23 It was noted that the next Board meeting would take place at **The Redwoods Centre**, on Thursday 27th September 2012 commencing at 1.30pm.