

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 25TH OCTOBER 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 |
| Lesley Crawford | Director of Mental Health |
| Roger Craven | Vice Chair |
| 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 |
| Sue Nixon | Non Executive Director |
| Peter Woolrich | Non-Executive Director |

2 In Attendance

| | |
|-------------------|--|
| Jane Landick | Company Secretary |
| Steve Riddle | Governor Member, Service User/Carer/Public (South Staffs) |
| Greg Moores | Director of Human Resources, Organisational Development & Equalities |
| David Banks | Sports Club Co-ordinator (Agenda Item 3) |
| Simon Hurst | Sports Club (Agenda Item 3) |
| Richard Marriage | Sports Club (Agenda Item 3) |
| Rob Thomas | Sports Club (Agenda Item 3) |
| Lucy Cartlidge | Sports Club (Agenda Item 3) |
| Lisa Agell | Head of Mental Health Nursing (Agenda Item 3) |
| Karen Hirons | Patient and Public Involvement Manager (Agenda Item 10.1) |
| Jurai Darongkamas | Staff Governor/Consultant Clinical Psychologist |
| Kate De Costa | Public |
| Karen Carter | Public |

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

ITEM 3 PATIENT STORIES – THE SPORTS CLUB

5 Representatives from The Sports Club attended the meeting and gave presentations on their experiences as service users and how membership of the Sports Club had supported their recovery from mental illness. The following key messages were highlighted:

- The Sports Club had achieved improvements in the mental health of individuals where conventional treatments had failed.
- The physical and social benefits of the Sports Club as well as mental health benefits.
- Symptom reduction arising from engaging in sporting activities.
- The ability to rediscover interests
- The use of physical activity to help combat the adverse effects of medication.

The aim of extending the remit of the Sports Club across Shropshire/Telford & Wrekin was noted and the forthcoming celebration day in the Spring of 2012 were noted. The Board agreed to commit some financial support for this event.

| |
|---|
| Action: Financial support for celebration event in April 2013 (JD) |
|---|

ITEM 4 MINUTES OF THE MEETING HELD ON THURSDAY 27TH SEPTEMBER 2012

6 The minutes of the Board of Directors meeting held on Thursday 27th September 2012 were signed by the Chair as a true and accurate record

ITEM 5 MATTERS ARISING FROM THE 27TH SEPTEMBER 2012 MINUTES

7 **7.1 Infection Control Mandatory Training (paragraph 9.13):** Steve Grange reported with respect to the mandatory training compliance in Facilities and Estates that 87% compliance had been achieved to date and that over 90% compliance was anticipated by the end of the month.

7.2 Serious Incident Update Report (paragraph 9.3): Therèsa Moyes advised that this was addressed in the Trust Assurance Report but that the five overdue investigation reports highlighted at the last meeting had now been concluded.

7.3 Monitor Consultation on the New NHS Provider Licence (paragraph 11): Steve Grange reported that the consultation response which had been distributed to Board members for reference had been submitted by the 23rd October 2012 deadline.

7.4 Care Planning Thematic Review Update Reports (paragraph 14): Therèsa Moyes advised that this would be monitored and reported through the Quality, Effectiveness and Risk Committee.

7.5 Patient Stories (paragraph 15): Jane Landick confirmed that the paper had been referred to the relevant sub committees for consideration and reporting back.

ITEM 6 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

- 8 Neil Carr reported on the following events/activities and issues:
- 8.1 **Liverpool and Sefton IAPT:** achievement of top spot in the National Audit of Psychological Therapies Quality Improvement competition
 - 8.2 **Shift System and E-Rostering:** issues specific to Staffordshire and Shropshire arising from shift system changes and the implementation of e-rostering were highlighted and recognised to be affecting staff morale in a number of hotspot areas. Lesley Crawford summarised the issues and the actions being taken to work with staff to resolve and address the issues. Neil Brimblecombe reminded Board members that the move to a three shift system was a decision taken by the Board based on clear evidence of safer and better quality care and had been agreed with staff through a democratic process. It was noted that a review of the new shift system arrangements was currently underway led by Lisa Agell and a paper outlining the findings and recommendations would be received at the December 2012 Board meeting.
 - 8.3 **Mental Health and the Market:** Neil Carr commented on the variability of the market structure, participation and concentration by service type and region and the need to understand policy relating to competition and choice, particularly given the need to develop effective commissioning arrangements. The future trends and priorities that would impact on the market for mental health services were noted along with the fundamental issues that National Commissioning Board and wider NHS would need to address.
- 9 The following Board Committee reports were received and noted:
- 9.1 **Service Use and Carer** (October 2012): Sue Nixon reported that the open space discussion on the "friends and family question" in the patient survey had generated some useful suggestions and comments to take forward.
 - 9.2 **Foundation Management Team** (October 2012): The leadership week and events taking place from Monday 5th November 2012 were highlighted and commended to Board members
 - 9.3 **Quality, Effectiveness and Risk** (October 2012): A paper reflecting on the Trust's policy and practice in light of the Winterbourne View report was highlighted and commended as good practice for the Trust to continually review itself against external benchmarks. The improvements in serious incident reporting and monitoring arrangements including the clinical challenges at this committee were also noted.
 - 9.4 **Finance and Performance** (October 2012)
- 10 The following policies were formally ratified by the Board having been approved at the Quality, Effectiveness and Risk Committee on 11th October 2012:
- 10.1 Policy & Standard Operating Procedures for Controlled Drugs on Wards/Units

10.2 Management of MRSA

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 Internal Monitoring of Essential Standards

Thirteen changes to the Quality and Risk Profile were noted, the majority of which were very positive. In response to a question from Roger Craven about the changes to outcome 8 and 16 arising from a reduction in the number of data items, Therèsa Moyes advised that it was difficult to predict the science behind the Care Quality Commission assessment process and therefore it was important also to rely on the Trust's own internal assessment as a source of additional assurance with respect to achievement of outcomes.

11.2 Serious Incident Report

Lesley Crawford summarized changes to investigatory processes with increased use of non-operational managers and revised arrangements for quality assuring reports which was helping to reduce the number of reports becoming overdue. It was agreed that a serious incident improvement plan with progress made to date would be received at the November 2012 Board meeting.

11.3 Finance

Jayne Deaville reported on a positive financial position at month 5, which contrasted with the financial health of many other NHS organisations and posed the risk of the Trust being perceived as 'cash rich' rather than the reality which was that the Trust was managing its resources in line with plan. In response to a question from Steve Jones about supplementary staffing costs, Jayne Deaville advised that this was kept under close scrutiny by the Finance and Performance Sub Committee and that a high proportion of usage was by the Health Informatics Service for time limited project work.

11.4 Contract Activity and Projects

Jayne Deaville advised that an improvement position was evident in Staffordshire and Shropshire and the discussions were progressing with commissioners in Telford and Wrekin. Close monitoring of the early intervention target was also being maintained in light of the figure remaining close to the margin.

11.5 Information Governance

Jayne Deaville advised that of the Freedom of Information Act requests received none had exceeded the statutory deadline for response.

11.6 Commercial Activity

Steve Grange highlighted the progress of the regional mental health veterans' network and the Sports Club business case for expansion into

Shropshire and Telford & Wrekin, which would shortly be submitted for consideration by the Business Development and Investment Committee. The future merger and acquisition landscape was highlighted in the context of the Unsustainable Providers Regime to which one Trust was already being subjected. In response to a comment from Steve Grange about the experience of University Hospitals North Staffordshire in their attempts to become smoke free, Neil Brimblecombe advised that the learning from this was being applied and would be included in a paper to the Board updating on progress within the implementation arrangements in due course.

11.7 Workforce Report

Neil Brimblecombe advised that the increase in dismissals in September reflected a small number of redundancies, primarily amongst part time cleaning staff, arising from the closure of the Margaret Stanhope Centre and agreed to reflect redundancies separately from other categories of dismissals in future reports.

| |
|---|
| Action: Re-categorisation of redundancies in future reports (NB) |
|---|

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

12 The report showing progress to date was received and noted.

ITEM 8.2 SERVICE USER EMPLOYMENT STRATEGY IMPLEMENTATION PLAN

13 Lesley Crawford presented the report and confirmed that share care arrangements and agreements were now in place with key partners. She also summarised the work being undertaken the review the skill mix in community teams to provide resource and capacity to deliver the strategy within existing budgets. Neil Brimblecombe also referred to work being undertaken to create employment in clinical teams through peer recovery worker initiatives and that the Trust was involved in a working group being established by the NHS Confederation looking at peer recovery. The Board reaffirmed its support for a whole systems approach to recovery and approved the implementation plan in support of the Strategy.

ITEM 8.3 HUMAN RESOURCES, ORGANISATIONAL DEVELOPMENT AND EQUALITY STRATEGY 2012-16

14 Greg Moores advised that the Human Resources, Organisational Development & Equality (HRODE) Strategy 2012-16 had been under development for a number of months and that during this time, the Director of HRODE has engaged and consulted with service users and carers, staff, managers, staff side representatives, and external partners. He advised that following a period of formal consultation the updated strategy was presented to the Human Resources, Organisational Development & Equalities Committee on the 8 October 2012, where it was agreed it should now proceed to Trust Board with a recommendation for approval. It was noted

that the new strategy had the Trust's values at its centre, as well as enabling the delivery of the Trust Strategy 2011-16 through the alignment of HR, OD and Equality aims, objectives and priorities. The new strategy also took account of the new NHS landscape and the strategic context the Trust is operating within, reflecting both the challenges and the opportunities this presents. In response to a question from Steve Jones about the delivery of block mandatory training on induction, Greg Moores advised that this was now in place and there was evidence that it was contributing to improvements in compliance. The Strategy was formally approved and the Human Resources, Organisational Development & Equality Committee tasked with monitoring its implementation and achievement. It was agreed that the Board would receive a six monthly report on progress.

ITEM 8.4 TRUST STRATEGY 2011/16 & ANNUAL PLAN 2012/13 PROGRESS REPORT

- 15 Steve Grange presented an update report on progress to date against the Monitor Annual Plan (2011/12) which was presented for agreement by the Board at its meeting on 26th May 2011 prior to submission to Monitor. He advised that progress was positive on the delivery of our expectations and objectives within the Annual Plan as reflected in the evidence collected as part of the performance frameworks the Trust has in place and the delivery of various sub strategies that are owned and monitored through our Sub Committees. The update report was received and agreed as providing adequate assurance of achievements against the key objectives and milestones. It was noted that a full year report would be received at the year end.

ITEM 8.5 CLINICAL SYSTEM REPLACEMENT PROJECT

- 16 Jayne Deaville presented the report and provided an update on developments since the report was produced including a review by the Project Board of membership of the assurance group to ensure robust clinical engagement supported by Lesley Crawford and Alison Bussey. She also advised that a decision had been taken, supported by the Foundation Management Team to delay the implementation of RIO by three months to July 2013 in light of the current version (version 6.2) not being compliant with the offline working modules which would be required and which would be enabled by the next version due for release (version 7). The updated position was noted and agreed. In response to a question from Roger Craven about alignment with local authority information systems, Jayne Deaville advised that this involved complex technical issues but that there remained a commitment on the part of all stakeholders to address them. Neil Carr advised that there was also a group being led by the Chief Pharmacist to explore the benefits of e-prescribing and the expectation that this would help reduce prescribing errors.

ITEM 9.1 MAKING EVERY CONTACT COUNT

- 17 Claire Barkley referred Board members to the tabled paper which replaced that previously circulated. She advised that in accordance with the cluster SHA approach to Public Health performance, "Making Every Contact Count" (MECC), the Trust continued to work towards implementing the three measures identified by NHS Midlands and East to show increasing trends of organisational readiness and leadership, staff readiness and training and delivery of brief advice, signposting and referral to behaviour change services. She advised that the paper described the Trust's initial steps to implement this Public Health initiative. It was noted that the smoking cessation initiative was a key strand of the delivery of MECC. She advised that it was important to ensure that the implementation within the Trust was not a tick box exercise and that smarter ways were found to embedding and implementing the objectives of MECC in a cultural sensitive way which would be embraced by staff and service users. In response to a question from Steve Jones, Claire Barkley confirmed that the plan was on track. Roger Craven enquired whether outcomes were focused on more than just numbers and Claire Barkley advised that efforts were being made to capture outcomes as patient stories and tangible examples of the benefits to service users and carers. The Board formally signed off the Trust's intention to implement "Making Every Contact Count" and confirmed that the Medical Director would be the named Board Lead for this initiative. It was also agreed that progress with the initiative would be referred to the Quality, Effectiveness and Risk Committee for monitoring.

ITEM 9.2 USE OF THE COMMON SEAL

- 18 Neil Carr advised that the report was presented in compliance with the Trust's Standing Orders. The Board noted the use of the common seal between 26th July 2012 and 24th October 2012.

ITEM 9.3 SUB COMMITTEE GOVERNANCE REVIEW

- 19 Jayne Deaville advised that each sub committee was asked annually to review its governance arrangements through a questionnaire self assessment to be completed along with the annual review of the terms of reference and terms of reference taking into account the duties of Board Committees to ensure deployment of the Trust Strategy and delivery of its strategic aims. The Board confirmed that the review along with the recent internal audit report on the Trust's assurance framework gave adequate assurance with respect to the governance arrangements for Board and sub committees. In response to a question from Steve Jones about the process implemented to monitor items referred between Board and sub committees, Jayne Deaville advised that this was in place and appeared to be working well.

ITEM 10.1 DRAFT SERVICE USER AND CARER COMMITTEE ANNUAL REPORT 2012

- 20 Karen Hirons attended the meeting to give a presentation on the final draft of

the Annual Report covering the work of the Service User and Carer Involvement Committee for the past 12 months. She advised that the report gave an overview of the committee's purpose and details involvement activities across the Trust which have made a difference to service users and carers. It was noted that the had been compiled by Karen Hirons, Patient and Public Involvement Manager with input from Directorate and Division Involvement leads, in collaboration with Service Users and Carers and it was agreed that the report and the range of activities and initiatives it described were to be admired and commended. Claire Barkley commented on the style, content and use of photographs which made it a very engaging and readable document. It was agreed that the report should be marketed and communicated widely both inside and outside of the Trust and it was agreed that Martin Evans and the Communications Team would be asked to work with the Patient and Public Involvement Team to this end and that a suggested way forward would be received under 'matters arising' at the next Board meeting. It was noted that the report was received as a final draft to allow the Service User and Carer Committee to finalise, own and approve the final version. The report was formally received and agreed by the Board.

| |
|---|
| Action: Communications plan around the report to be developed and reported to the November 2012 Board (SG) |
|---|

ITEM 10.2 UPDATE ON NEW APPROACHES TO PERFORMANCE MANAGEMENT

- 21** Therèsa Moyes gave a verbal update on proposals for future performance reviews including a change to the timing of reviews from May and November to June and December in light of more and more returns and activities clashing with the May dates in particular and the preparation in the weeks leading up to them. She advised that for the last three years of directorate ratings and previously earned autonomy processes consistently good performance had been evident across the Trust and increasing understanding and ownership of the regulatory and compliance agendas and where there were hotspots, directorates have generally been aware of them and working to address the issues. It was noted that regulation and compliance regimes were a fixture but it was agreed that the time was right to change some of ways in which assurance was provided to the Board through the use of positive evidence of compliance and supporting continuous improvement where hotspots are particularly challenging. Therèsa Moyes advised that the systems built around performance including Performance Plus, essential standards visits, star chambers, FPIG, monthly performance, finance reports, discussions in Directorate Management Teams and risk management processes were also providing significant assurance and identifying problems more effectively than ever. To this end, working with Lesley Crawford and Alison Bussey to determine how performance management would be taken forward in their division, December's sessions would involve the piloting of substantial changes, including less preparation and a greater focus on a smaller number of issues in a framework of exploring where improvement needs to focus and how to achieve it. A key objective being to support service driven processes at team level with

increasing numbers of team level information with the support of the Performance Team. Therèsa Moyes advised that a detailed briefing on the new arrangements would be made to Foundation Management Team at its November 2012 meeting. Neil Carr commented that he welcomed the new arrangements and that he believed it would improve the engagement and accountability of teams and was a major strand towards empowering the organization. Subject to any refinements agreed at Foundation Management Team, the new approach to performance management was agreed as a pilot for the December round of performance management sessions.

ITEM 10.3 SICKNESS ABENCE REVIEW UPDATE REPORT

- 22** Greg Moores presented the report and advised that in June 2012 the Trust Board had received a report on Sickness Absence which highlighted that as at the end of June 2012, the Trust's annual sickness rate was 5.86%. The paper set out the main areas of work the Trust would be taking forward to tackle its sickness absence rate. He advised that the paper now presented updated the Board on progress against the main areas of work, as well as presenting the latest picture of absence rates across the Trust which since June 2012 had reduced to 5.51% with most Directorates having seen a reduction in absence levels during this period, the exception being Forensic Services where annual rates had increased from 6.15% to 7.18%. He gave an update on progress in each of the three key areas of the action covering policy, data and occupational health provision. It was agreed that progress was being made but that improvements would take time to be realised and embedded. It was also noted that other factors including the new shift system and in Forensic Services the loss of the recruitment and retention premia had had a negative impact on sickness absence. Neil Carr referred to the chart on page 5 of the report and in particular the significant improvement in sickness absence achieved by Dudley and Walsall. In response, Greg Moores advised that he was part of a regional special interest group which enabled learning and best practice to be applied where relevant. In response to a question from Steve Jones about sickness absence targets, Neil Brimblecombe acknowledged the NHS target was challenging but that realistically within the Trust the initial target was to achieve a rate of below 5% and build from there by continuing to target Directorate issues and hotspots. In response to a question from Liz Nicholson about the benefits of the Health and Wellbeing Service, Greg Moores advised that Dr David Dobel-Ober from the Research and Development Team was supporting a qualitative and quantitative analysis of the service and would be attending the January 2013 Human Resources, Organisational Development and Equalities Committee to present this work. The Board noted the report and asked the Human Resources, Organisational Development and Equalities Committee to continue to monitor progress against sickness absence. It was agreed that an update report would be required at the January 2013 Board.

ITEM 10.4 SERIOUS INCIDENT THEMATIC REVIEW

- 23** Therèsa Moyes presented the report, which it was noted had been received

and discussed at the Quality, Effectiveness and Risk Committee meeting on 11th October 2012. Lesley Crawford commented that investigating officers had commented that a timeframe for completion of reports of 45 days sometimes meant that bereaved carers and families were engaged whilst they still felt traumatized by the incident and that agreement had now been reached that the report could be concluded in the absence of their input and revisited when the family or carer felt able to engage. Therèsa Moyes advised that she was also reviewing with Lesley Crawford the numbers of serious incidents relating to absconsions and whether the investigation of such incidents could be reflective of the level of investigation required to minimize the time and resource commitment attached to such investigations. In response to a question from Neil Carr about benchmarks of incident numbers and types compared with other Trusts, Therèsa Moyes advised that she was aware that other trusts were seeing increases and that within the Trust there had been increases in community suicides but reductions in number of violence incidents although none were found to be statistically significant. In response to a comment from Neil Brimblecombe, it was acknowledged that the language of the reports was often technical and that it was important that the reports were appropriate for purpose including their use at coroner's courts but also sensitive to the needs of families and carers. Liz Nicholson suggested that the same consideration with respect to the language used should be given to Serious Incident Reports as that given to responses to complainants. The Board formally approved the detailed recommendations of the Serious Incident Thematic Review as contained within the report.

ITEM 11 ANY OTHER NOTIFIED BUSINESS

24 There was no other business listed.

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

- 25 Decisions made were summarised by the Company Secretary as follows:
- Financial support for the Sports Club celebration event in April 2013 was agreed.
 - The Service User Employment Strategy implementation plan was agreed
 - The Human Resources, Organisational Development and Equalities Strategy 2012-2016 was approved.
 - Support for the changes to the clinical information system replacement timeframes was agreed.
 - The Trust Strategy and Monitor Annual Plan targets were agreed to be on track.
 - The Trust's intention to implement "Making Every Contact Count" was agreed and the Medical Director identified as the named Board Lead for this initiative.
 - The Board's sub committee governance arrangements were agreed to be satisfactory.

- The draft Service User and Carer Involvement Committee Annual Report was agreed and recommendations made for a communication plan to publicise it.
- The new approach to performance management was agreed as a pilot for the December 2012 round of performance management sessions subject to Foundation Management Team sign-off.
- The recommendations of the Serious Incident Thematic Review were approved.

26 The following future agenda items were agreed:

- Shift System Review Paper (December 2012)
- Serious Incident Improvement Plan (November 2012)
- Smoke Free Trust Implementation Plan Update (TBC)
- The Human Resources, Organisational Development and Equalities Strategy 2012-2016 Implementation Update Report (April 2013 and October 2013)
- Sickness Absence Review Update Report (January 2013)

27 The following items were referred to sub committees

- Monitoring the implementation of the Human Resources, Organisational Development and Equalities Strategy 2012-2016 (HRODE Committee)
- Monitoring progress in implementing “Making Every Contact Count” (Quality, Effectiveness and Risk Committee)
- Ongoing monitoring of implementation of the sickness absence review (HRODE Committee)

ITEM 13 DATE AND TIME OF NEXT MEETING

28 It was noted that the next Board meeting would take place at **The Redwoods Centre** on Thursday 29th November 2012 commencing at 1.30pm.