
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 20TH DECEMBER 2012

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1 Present

Steve Jones	Chairman
Dr Claire Barkley	Medical Director
Neil Brimblecombe	Chief Operating Officer/Director of Nursing
Paul Bunting	Non Executive Director
Alison Bussey	Director of Specialist Services
Neil Carr	Chief Executive
Lesley Crawford	Director of Mental Health
Roger Craven	Non Executive Director
Jayne Deaville	Director of Finance and Performance
Steve Grange	Director of Commercial Development
Ron Hilton	Vice Chair
Therèsa Moyes	Director of Quality and Clinical Performance
Sue Nixon	Non Executive Director
Dr Ian Wilson	Non Executive Director

2 In Attendance

Jane Landick	Company Secretary
Steve Riddle	Governor Member, Service User/Carer/Public (South Staffs)
Jackie Boyle	Governor Member, Service User/Carer/Public (Shropshire/Telford & Wrekin)
Kath Chambers	Patient Experience Lead
Lisa Agell	Head of Mental Health South Staffordshire

ITEM 1 WELCOME AND INTRODUCTION

- 3 Steve Jones welcomed all present to the meeting including Paul Bunting, attending his first meeting as Non Executive Director.

ITEM 2 APOLOGIES FOR ABSENCE

- 4 Liz Nicholson, Non Executive Director

ITEM 3 MINUTES OF THE MEETING HELD ON THURSDAY 29TH NOVEMBER 2012

- 5 The minutes of the Board of Directors meeting held on Thursday 29th

November 2012 were signed by the Chair as a true and accurate record

ITEM 4 **MATTERS ARISING FROM THE 29TH NOVEMBER 2012 MINUTES**

- 6 **6.1 Young Minds Report (page 3, paragraph 7):** Therèsa Moyes advised that she had reviewed the report and referred it to the Childrens' Directorate to take forward.
- 6.2 **Validation of Incident Data (page 4, paragraph 10.4):** Therèsa Moyes advised that this action was addressed and responded to at page 7, paragraph 5 of her Trust Assurance Report.

ITEM 5 **CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN**

- 7 Neil Carr reported on the following events/activities and issues:
- 7.1 The publication of the **Operating Framework 2013/14** (Everyone Counts)
- 7.2 The **Care Quality Commission Key Themes report** of which the visit to Baswich and Bromley Wards were part of the visit programme from which the report was produced.
- 7.3 Continuing **austerity within public sector budgets** anticipated to at least 2017/18 added to the impacts of the Autumn Statement on health and social care services, highlighting the need to address Cost Improvement Plans across a 2-3 year timescale, address the indirect impacts of funding reductions including likely increases in delayed discharges.
- 7.4 The development of **new models of care in older peoples' services**, particularly in dementia care with a research focus aiming to secure Joint Commissioning Board commitment to enable implementation and change within the next financial year.
- 7.5 Jayne Deaville then gave a presentation on the new **Operating Framework** and the Board heard a video clip of David Nicholson's summary of the key issues and his five offers. Neil Carr commented that the operating framework for 2013/14 was in line with Trust's strategy and core values and advised that he would review the impacts for the Trust with Executive Directors and through sub committees as appropriate and bring a paper to the Board at its March 2013 meeting on how his would be taken forward. In response to a question from Therèsa Moyes. In response to a question from Paul Bunting about the short time frame to reflect the contents of the operating framework in next year's planning, Jayne Deaville advised that the Trust's Annual Plan was not required to be submitted to Monitor until the end of May, which allowed sufficient time to evaluate and address the impacts.
- 8 The following Board Committee reports were received and noted:
- 8.1 **Foundation Management Team** (December 2012): Neil Carr reported on work to better embed and deploy the concept of recovery within the Trust being led by Felix Davies and also advised of plans to implement a leadership development programme supported by Hay Consultants.

8.2 **Business Development and Investment** (November 2012):

9 The following policies were formally ratified by the Board:

9.1 Approved at the Human Resources and Organisational Development Committee on 28 November 2012

9.1.1 Managing Attendance Policy

9.2 Approved at the Finance and Performance Committee on 7 December 2012

9.2.1 Corporate (Non-Clinical) Records Management Policy

9.2.2 Policy on the Use by Service Users of Mobile Telephones and Other Devices

ITEM 6 **TRUST ASSURANCE REPORT**

10 The report was received and noted. Exception reports and comments from Board members were recorded as follows:

10.1 Internal Monitoring of Essential Standards

Improved Quality and Risk Profile (QRP) ratings were noted for outcomes 5, 9 and 11 as were the internal ratings for outcomes 7 and 8. Claire Barkley confirmed with respect to outcome 8, that the infection control issues referred to in the narrative under outcome 8 had been contained and resolved appropriately.

10.2 Serious Incident Report

Therèsa Moyes advised that nine investigation reports were currently overdue and referred to paragraph 4.3 of the report which outlined the process underway to review and improve processes, outcomes and completion within timescales.

10.3 Finance

Jayne Deaville advised that the month seven year-to-date position showed an 'actual' deficit of £8.8m, representing a budgetary overspend of £0.5m but which included the 'one-off' fixed asset impairment of £13.7m in relation to the valuation of the new Redwoods Centre which occurred during the month. The forecast outturn figures at month seven showed a deficit position of £10.1m against a planned deficit of £8.5m, representing a budgetary overspend of £1.6m. These figures include the above fixed asset impairment of £13.7m, which was approximately £2.8m greater than planned. She advised that it was anticipated that the Trust would deliver on all of its planned financial metrics by the financial year-end, therefore maintaining the planned financial risk rating of a 4.

10.4 Contract Activity and Projects

Jayne Deaville advised that targets continued to be achieved but highlighted the continued risk to achievement of the delayed transfer of care target.

10.5 Information Governance

The report was received and noted. Jayne Deaville reported that during October 2012 four requests breached statutory deadline of 20 working days but that at month end none remained outstanding.

10.6 Commercial Activity

Steve Grange made reference to the preferred provider status confirmed for the contract to provide services to the British Armed Forces in Germany, progress with the Regional Veterans Mental Health Network and the appointment of Wayne Kirkham as the Project Manager for the National Veterans Mental Health Network. New business opportunities were noted including court diversion and the provision of personality disorder services through partnership working, which would be explored in detail through the Business Development and Investment Committee. The positive media attention attracted by the Liverpool IAPT service was also noted and commended by the Board.

10.7 Workforce Report

Neil Brimblecombe reported a rise in sickness absence during November but a slight drop in the rolling 12 month average. He advised that the data in table 2 was inaccurate and included in error and that this would be corrected. In response to a question from Steve Jones, he referred to the data on bank and agency usage in the Finance section of the report and confirmed that this had improved.

ITEM 7.1 MODERNISATION OF MENTAL HEALTH SERVICES IN SHROPSHIRE/TELFORD & WREKIN

- 11 The report showing progress to date was received and noted. Jayne Deaville advised that the Supervisory Committee were increasingly focusing on monitoring service transition and had been pleased to note that the increase in community staff continued to have a positive effect with the number of contacts increasing in line with the service model and a reduction in out of area placements to four in October 2012 which was below the level in 2010 identified as the target in the business case following the move to The Redwoods Centre. The Board received assurance with respect to the de-snagging work being undertaken and action to resolve the acoustic issues which it was acknowledged needed to be completed as quickly as possible.

Action: Update on action taken and proposed at January 2013 Board (JD)
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ITEM 7.2 CLINICAL SYSTEM REPLACEMENT PROJECT

- 12 The report was received and noted with progress against plan in line with target.

ITEM 7.3 IMPLEMENTATION OF THE DE-ESCALATION, MANAGEMENT & INTERVENTIONS TRAINING MODEL

- 13** Neil Brimblecombe advised that the new model of training to support the management of violence, aggression and challenging behaviour within the Trust had been developed to replace the existing MAPA® model and was presented to and approved by the Trust's Quality, Effectiveness & Risk Committee (QERC) in October 2012, following extensive stakeholder engagement and consultation. It was agreed that the new model would enable the Trust to best meet the needs of staff and clients in a clinical environment where challenging behaviour and aggression is commonly manifested as a symptom of mental health illness or a learning disability through a more holistic approach to the management of violence and aggression which considered the therapeutic environment, and emphasised the importance of protection and prevention measures. In response to a question from Steve Jones, Neil Brimblecombe advised that there was sufficient capacity to deliver the phased implementation and that the opportunity existed for income generation which could potentially fund additional resource as required. In response to a question from Paul Bunting, Neil Brimblecombe confirmed that physical restraint was one end of a wide spectrum of alternative interventions in use. In response to a question from Roger Craven, Neil Brimblecombe confirmed that liability insurance and other risks had been considered and addressed as part of the income generation/marketing of the product. The Board agreed it had received sufficient assurance on the process and approach for implementation of the Implementation of De-escalation, Management & Interventions Training Model.

ITEM 8.1 WINTERBOURNE VIEW: TRUST BOARD BRIEFING

- 14** Therèsa Moyes advised that the briefing summarised the findings of four reports published in the wake of the allegations of abuse at Winterbourne View Hospital, a private hospital for adults with learning disabilities and autism which was exposed in a BBC Panorama programme in 2011. She advised that although many of the lessons applied to commissioners and regulators, they were also particularly relevant to the Trust, as a provider of in-patient services for adults with learning disabilities and that the Trust and the Board needed to be assured that the same or similar situations could not arise, exposing services users to harm. To this end, in October 2012, the Quality, Effectiveness and Risk Committee (QERC) discussed the details of the reports described above and received and agreed an assurance plan in relation to the learning from the Winterbourne View reviews. Neil Brimblecombe commented that the issues identified in the report highlighted a clear need for a locally agreed strategy to address the needs of vulnerable individuals currently placed out of area through the development of supported community placements. Neil Carr sought assurance that given the complexity of care plans relating to some individuals, that staff were able to fully understand and deploy them, particularly staff who were not regularly allocated to a ward and suggested that this was a key question for Board members during the course of visits to clinical areas. He suggested that this

was also linked to effective handovers and was linked to the Shift System Review being undertaken by Lisa Agell (see minute paragraph 16). Neil Carr also referred to the physical health care needs of this client group and in particular the need to include dental health in the physical health assessment and screening of patients. The Board confirmed that it was assured that the Quality, Effectiveness and Risk Committee had explored sufficient levels of assurance in relation to ensuring that the culture of care alleged to have been endemic at Winterbourne View is not reflective of the culture of care in Trust services and that in particular, that appropriate measure are in place to safeguard service users in the Developmental Neurosciences and Learning Disabilities Directorate.

Action: Circulation of full report to Board Members (TM)
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ITEM 9.1 RISK REGISTER AND ASSURANCE PLAN

- 15** Therèsa Moyes advised that work had commenced to move the organisation to an electronic system for risk management and that during December 2012 and January 2013 work was taking place to assist the divisions and directorates to populate the system with a view to full use of the electronic format for the new financial year. Jayne Deaville confirmed that she would update RFMC49 and subject to this and a correction to QHS9 to read "Council of Governors", the Board formally agreed the recommended updates to the Risk Register and Assurance Plan.

ITEM 9.3 REVIEW OF THREE SHIFT SYSTEM ACROSS IN-PATIENT SERVICES

- 16** Lisa Agell presented the report and advised that following Board agreement to the principle of delivering a three shift system across the Trust, including appropriate breaks and compensatory rest to ensure compliance with the Working Time Directive (WTD), following extensive consultation and management of change a WTD compliant three shift system was introduced across in-patient wards in South Staffordshire in October 2011. Services in Shropshire, Telford & Wrekin subsequently undertook a similar consultation exercise and implemented a three shift system in October 2012. As part of the implementation programme it was agreed that staff satisfaction with the new shift system would be reviewed 6 month post implementation. In addition to the satisfaction audit it was noted that there had also been extensive feedback on the Trust intranet site which have also been included as part of the review. Lisa Agell summarized the feedback to date and action taken to engage and respond to staff feedback which had highlighted three key areas against which were currently being addressed through a working group which included staff side representatives and staff from Shropshire/Telford & Wrekin. In response to a question from Steve Jones about the insufficiency of time allowed for handover, Lisa Agell advised that it remained at 15 minutes until the impact of change could be costed but that in the meantime patient care was not compromised as staff would stay over in order to ensure the handover was completed. It was noted that this was monitored and staff compensated via e-rostering. In response to a question

from Steve Jones, Lisa Agell advised that it was anticipated that all issues would be resolved by April 2013 at the latest. The issue of staff taking breaks and the role of managers in enforcing breaks for staff was also discussed including the importance of areas for breaks to be taken away from the ward. Therèsa Moyes commented that the promotion of a culture to support the taking of breaks was an issue for all areas of the Trust. The recommendations contained within the report were formally agreed including the full involvement of staff side representatives to take this forward.

ITEM 9.4 SERVICE USER EXPERIENCE THEMATIC REVIEW

- 17 Therèsa Moyes introduced the paper as the second thematic review of service user experience and the last in the current form in that future reports would also include the wider aspects of the delivery of the service user and carer involvement strategy. Kath Chambers presented the report and summarised progress to date and the action plan for the next 12 months which included the deployment of a new web based real time feedback mechanism. In response to a question from Steve Jones about the benefits of the new approach, Kath Chambers advised that these included an interactive element for childrens' services, the ability to deliver survey results to the in-boxes of ward and team managers and a library of audit tools which would facilitate benchmarking. Sue Nixon commented that the Service Use and Carer Committee had receive a briefing on the new software, had had significant input into shaping the product and would be testing it in a "sand pit" environment in the new year. In response to a question from Paul Buting about the need for consistent single data sets over time, to support decision making, Therèsa Moyes agreed that the new software would help provide a starting point for this, but that it was also important to undertake more thematic analyses across multiple sources of data. The Board members agreed the actions set out within the paper for the forthcoming year and it was agreed that dates for testing the new technology would be communicated to Board members.

Action: Communication of sand pit dates to Board (TM)

ITEM 10 ANY OTHER NOTIFIED BUSINESS

- 18 There was no other business listed.

ITEM 11 SUMMARY OF DECISIONS MADE AND AGENDA ITEMS FOR THE NEXT MEETING

- 19 Decisions made were summarised by the Company Secretary as follows:
- The Managing Attendance Policy, Corporate (Non-Clinical) Records Management Policy and the Policy on the Use by Service Users of Mobile Telephones and Other Devices were ratified.
 - Sufficient assurance was provided on the process and approach for

implementation of the Implementation of De-escalation, Management & Interventions Training Model.

- Sufficient assurance was provide with respect to the culture of care in Trust services and in particular, that measures are in place to safeguard service users in the Developmental Neurosciences and Learning Disabilities Directorate
- Recommended updates to the Risk Register and Assurance Plan were agreed.
- The Service User Experience Action Plan was approved.

20 The following future agenda items were agreed:

- Operating Framework 2013/14 - Everyone Counts (March 2013) (NC)

21 The following items were referred to sub committees

- Implications and impact arising from the Operating Framework (as identified by Executive Directors for referral)

ITEM 12 DATE AND TIME OF NEXT MEETING

22 It was noted that the next Board meeting would take place in the Board Room, Trust Headquarters, St George's Hospital, Stafford on Thursday 31st January 2013 commencing at 1.30pm.