
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 31ST JANUARY 2013

1 Present

Steve Jones	Chairman
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
Roger Craven	Vice Chair
Lesley Crawford	Director of Mental Health
Jayne Deaville	Director of Finance and Performance
Steve Grange	Director of Commercial Development
Ron Hilton	Non-Executive Director
Therèsa Moyes	Director of Quality and Clinical Performance
Liz Nicholson	Non Executive Director
Sue Nixon	Non Executive Director
Ian Wilson	Non Executive Director

2 In Attendance

Jane Landick	Company Secretary
Professor Tony Elliott	Consultant Psychiatrist/Clinical Director (Agenda Item 9.1)
Giles Perry	Security Management Specialist (Agenda Item 9.3)
Martin Thornley	Director of Military Mental Health (Agenda Item 9.4)
Professor Eleanor Bradley	Head of Research and Development (Agenda Item 9.5 and 9.6)
Steve Riddle	Governor Member
Robin Harvey	Governor Member
Jackie Boyle	Governor Member
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 There were no apologies.

ITEM 3 MINUTES OF THE MEETING HELD ON THURSDAY 20TH DECEMBER 2012

- 5 The minutes of the Board of Directors meeting held on Thursday 20th December 2012 were signed by the Chair as a true and accurate record

ITEM 4 **MATTERS ARISING FROM THE 20TH DECEMBER 2012 MINUTES**

- 6 **6.1 Service User Experience Software Testing:** Therèsa Moyes advised that a dummy site was in the process of being set up to enable Board members to test the new software and details would be e-mailed out as soon as possible prior to go live on 1st March 2013.

All other actions were reported as having been completed.

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

- 7 Neil Carr reported on the following events/activities and issues:
- 7.1 **Francis Report** – the likely key messages were highlighted including the central focus of service users and carers, ensuring compassion in care, testing organisational culture, assurance and competencies around leadership and management roles, the use of information to support quality and safety and the role of commissioners.
 - 7.2 **Clinical Commissioning Groups** – to have a role in unifying the NHS and the creation of a culture aligned to the NHS Constitution with Trusts increasingly required to evidence and provide assurance that they are having regard to it.
 - 7.3 **Care Quality Commission's Mental Health Act Annual Report 2011/12** – the key themes relating to care planning, patient involvement and consent to treatment. In response to a question from Steve Jones around care planning, Neil Brimblecombe summarised the work within the Trust in this area, which was brought together during 2012 in a thematic review and action plan. Ian Wilson commented on the critical importance of information sharing with social care and primary care. Neil Carr advised that the new clinical information system would support better care planning and communication with key partners and agencies. Ian Wilson confirmed that he had recently received a demonstration of the new system and was reassured that there would be real improvements in care planning as a result.
 - 7.4 **Strategic Health Authority Roles** – the formation of Quality Surveillance Groups and the role, membership and scope of the Groups was noted.
 - 7.5 **Serious Incident Review Targets** – the requirement of the NHS Midlands and East that no serious incidents should exceed the 45 day completion target was noted to have been achieved by the deadline of 31st January 2013 and was on target to be achieved in Shropshire by the deadline of 31st March 2013.
 - 7.6 **Council of Governors** – in light of the cancellation of the meeting due to inclement weather on 23rd January 2013, the meeting had been rescheduled for 13th February 2013 and would include a briefing

on the opportunity for new business arising from the decision of Combined Healthcare NHS Trust not to pursue foundation trust status. Neil Carr summarised the significant clinical and commercial benefits of an integration of the two Trusts for both staff and service users.

7.7 **Older Adults Mental Health and Dementia Services** – a number of key documents were highlighted in the report for review in the context of discussions taking place locally with commissioners to develop and determine a clinical and business model to future deliver services for this client group in Staffordshire.

8 The following Board Committee reports were received and noted:

8.1 **Foundation Management Team** (10th December 2012 and 14th January 2013)

8.2 **Human Resources and Organisational Development Committee** (28th November 2012)

8.3 **Quality, Effectiveness and Risk Committee** (13th December 2012 and 10th January 2013) – it was noted that the Committee had highlighted reduced compliance with medicines reconciliation arising from an audit and that an update had been requested in April 2013. A presentation from Telford & Wrekin Healthwatch had also been well received and opportunities identified for the Trust to deliver training to new Healthwatch members. A similar presentation to the Foundation Management Team was in the process of being arranged.

8.4 **Service User and Carer Committee** (12th December 2012) – it was noted that the calendars produced to reflect the service user and carer involvement activities within the Trust had been sent to key partners and stakeholders and had been very well received. In response to a question from Steve Jones, Therèsa Moyes outlined the benefits of the new system being implemented to collect data on real time service user experience to replace the Values Exchange including greater flexibility of survey format and the ability to provide reports to team level.

8.5 **Finance and Performance Committee** (7th December 2012 and 11th January 2012) – it was noted that a report on the likely key implications arising from the negotiation of 2013/14 PCT contracts would be reported to the confidential session of February 2013 Trust Board.

8.6 **Audit Committee** (14th December 2012) – it was noted that a presentation on risk management was to be scheduled for the March 2013 Board meeting.

9 The following policies were formally ratified by the Board having been approved at the Quality, Effectiveness and Risk Committee on 13th December 2012:

9.1 Library and Knowledge Services Strategy 2013-2016

9.2 Management of Dysphagia Guidance

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 Care Quality Commission Report on the state of health care and adult social care in England 2011/12**
Therèsa Moyes advised that the report was being reviewed to evaluate any implications or actions for the Trust.
- 10.2 Serious Incident Report**
Therèsa Moyes summarised the 8 serious incidents which remained overdue. Lesley Crawford described further action to improve process including the use of buddying to allow continuity during absence and enhanced quality assurance. It was noted that 5 of the 8 were ready to be closed and that monitoring was taking place of any investigations which were likely to exceed 45 days. With respect to improvements arising from serious incidents, Therèsa Moyes provided additional context in support of the report and confirmed that additional explanatory narrative would be provided in future reports.
- 10.3 Finance**
Jayne Deaville reported that at month eight the year-to-date position showed an 'actual' deficit of £8.4m, representing a budgetary overspend of £0.5m. She advised that the year-to-date position included the 'one-off' fixed asset impairment of £13.7m in relation to the valuation of the new Redwoods Centre, which was approximately £2.8m greater than planned. The forecast outturn figures at month eight showed a deficit position of £9.7m against a planned deficit of £8.4m, representing a budgetary overspend of £1.3m. In response to a question from Steve Jones, she advised that the spike in supplementary staffing in November 2012 arose from Norovirus and increased specialising of patients.
- 10.4 Contract Activity and Projects**
Jayne Deaville advised that all targets continued to be met. The underperformance against contract in Telford & Wrekin continued to be monitored but that 2013/14 contracts were currently being negotiated and problems were not anticipated. She advised that she was assured that the underperformance principally arose from incorrect assumptions in the business case rather than under-recording of activity which had shown significant improvement. Roger Craven also commented that activity was based on historical precedent rather than current service models and was therefore not reflective of the current situation.
- 10.5 Information Governance**
In response to a question from Steve Jones relating to the category "other" being the second highest category of information governance incidents, Jayne Deaville agreed to clarify the nature of this group of incidents further. Steve Jones also highlighted the length of time taken to convey a set of

records from Telford to Stafford. It was noted the move to an electronic patient record would eliminate delays in record transfers.

Action: Clarification of incidents categorised as “other” (JD)

10.6 Commercial Activity

Steve Grange highlighted the communications priorities for the forthcoming period, including the development of a social media online toolkit and the development of an “App” with the Royal College of Psychiatrists. An update on the work to establish Dementia Centres of Excellence was also received and noted.

10.7 Sickness Absence Update Report

The update report was received and noted. In accordance with Standing Financial Instructions, the Board formally approved the recommendation of the Human Resources and Organisational Development Committee with respect to the tendering of the Occupational Health contract and the awarding of the contract to Team Prevent.

10.8 Infection Control

Claire Barkley advised that the uptake of the flu vaccination had been very good in comparison to other trusts in the West Midlands and commended Pat Wain for their hard work in achieving this outcome.

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

11 Jayne Deaville presented the report and highlighted the two significant defects identified at The Redwoods Centre. It was noted that a meeting to discuss solutions to problems with reverberation (echo) took place on 24 January 2013 at which a solution was agreed for piloting on one of the acute and which would then be rolled out across all clinical areas. She advised that the work on each ward would take 2-3 days and would be completed as quickly as possible. Neil Carr commended the action taken but stressed the urgency as the present situation was undermining the patient experience. With respect to the second defect, it was noted that BAM is working with the Trust to examine further measures to minimise ponding around the site. Jayne Deaville advised that the issue was principally associated with the ground settling in the cold weather, causing dips in the hard landscaping requirement and that consideration was being given to whether an enhanced civil engineering solution (additional drainage) would be required. It was noted that new smoking shelters were expected to be in place by the end of February 2013. Roger Craven commented on the very positive feedback received from a carer regarding the relocation of service users from Shelton Hospital to The Redwoods Centre.

ITEM 7.2 CLINICAL SYSTEM REPLACEMENT PROJECT

12 The report was received and noted. Jayne Deaville reported on much

improved clinical engagement with the project.

ITEM 8.1 REGISTER OF DIRECTORS' INTERESTS

- 13 Subject to additional amendments notified by Directors, the register of interests as at 1st January 2013 was noted and agreed as correct.

ITEM 8.2 USE OF THE COMMON SEAL

- 14 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 24th October 2012 and 31st January 2013.

ITEM 9.1 REDUCING HARM FROM FALLS IN IN-PATIENTS WITH DEMENTIA

- 15 Professor Tony Elliot gave a presentation on the initiative undertaken on Chestnut/Oak ward and the proposed roll-out of the approach on other older peoples wards within the Trust. The Board noted the 23.6% reduction in harm from falls and commended the project. In response to a question from Steve Jones about the buy-in from clinical colleagues in terms of the reduction in medication which was advocated, Tony Elliot emphasised the importance of psychology, occupational therapy and physiotherapy in support of other interventions. Sue Nixon commented that it was also important to assess the risk of falls on discharge and Tony Elliott agreed that the awareness raising of community staff and the undertaking of appropriate falls risk assessments on discharge was vital but also commented that in itself, the risk of falls was reduced through medication reduction. Liz Nicholson referred to the role of the Quality, Effectiveness and Risk Committee in reviewing the pilot project, assessing the risks and assuring the process for roll out across other wards and recommended the triangulation of the findings through the Non Executive Director visit programme. Neil Brimblecombe suggested that further assurance could be obtained through an analysis of the statistical significance of the results. Neil Carr commented that this represented best practice in positive risk taking to ensure a balanced approach between patient safety and autonomy and dignity, taking into account the view of families and carers but ultimately recognising that falls will still occur from time to time. Ian Wilson observed that it was important to share this example of best practice with GPs and CCGs as a means of preventing or reducing admissions and enabling and supporting better management of individuals in their homes or care homes. It was suggested that this should be including in GP trainee sessions and should also be used to influence primary care prescribing. Jayne Deaville referred to the potential efficacy of this work in the acute sector and suggested it be referred to the CSIP Group as a means of identifying economy wide solutions to support cost reductions. The Board confirmed its support for the proposed direction of travel with respect to the roll-out of the Falls Prevention Project.

ITEM 9.2 FUNCTIONALISATION UPDATE

- 16** Dr Abid Khan presented the report on progress to date, which was received and noted. Lesley Crawford referred to paragraph 3.1 and the attendance of Care Co-ordinators at formulation meetings and advised that this was improving following recruitment to vacant posts but that more work was required to improve scheduling of meetings. It was also noted that the driver to increase contacts mitigated against attendance at meetings as the formulation meetings were not recorded as contacts. It was noted that two Rapid Process Improvement Workshops (RPIW) were in progress or planned in support of functionalisation. Lesley Crawford also commented on press reports about increases in number of detained patients nationally and advised that whilst numbers had also increased within the Trust, the Trust was not an outlier and work was taking place with Approved Mental Health Practitioners (AMHP), Section 12 approved doctors and Crisis Teams to reduce the numbers of formal admissions. Abid Khan summarised areas of improvement including increased psychological input on wards. It was noted that the new clinical information system would significantly improve the information available on Patient Status at a Glance (PSAG) Boards and care planning processes. It was agreed that more work was required with partners to ensure that delayed transfers of care did not increase average lengths of stay but that equally, there were often complex needs to address. The context and reasons for an increase in readmissions in South Staffordshire at 14,28 and 90 days were also reviewed. Neil Carr commented that the report provided good evidence of the hotspot areas and Abid Khan added that there was evidence that a whole pathway approach involving community teams was now being taken. Neil Brimblecombe commented that there had been significant change to working practices over the past three years and whilst good progress was being made there was still room for improvement. The Board formally agreed the actions contained within the report and agreed to receive a further update report in July 2013.

ITEM 9.3 VIOLENCE AND AGGRESSION THEMATIC REVIEW

- 17** Giles Perry gave a presentation on the thematic review with reference to the progress made during the past 12 months and the action plan arising from the recommendations to the report. Liz Nicholson confirmed that the review had been discussed in detail at the Quality, Effectiveness and Risk Committee and commended Giles and his team for the many achievements and improvements highlighted in the report which had resulted in reductions in incidents of violence and aggression within the Trust. In response to a question about the support provided to staff surrounding prosecutions, Giles Perry confirmed that this was made explicit in the policy and supported by the Security Management Team, but that he was also working to develop a local and regional concordat with the Police. Neil Brimblecombe highlighted the importance of reinforcing positive behaviours as a key factor in reducing violence and aggression rather than the use of warning notices of the consequences. The Board formally agreed the recommendations of the report including the action plan being implemented to achieve the report's

objectives.

ITEM 9.4 REGIONAL VETERANS' MENTAL HEALTH NETWORK UPDATE

- 18** Martin Thornley presented a report on the progress with the establishment and development of the Network, six months after its launch in the summer of 2012. Steve Grange also summarised the national drivers and policy framework. Claire Barkley commented that she welcomed the work being done given the high numbers of service users within Forensic Mental Health Services with a military background. Paul Bunting commented that it was important to maximise the business opportunities in this market and it was agreed that the Business Development and Investment Committee would be asked to maintain a watching brief in this area. Steve Grange advised that the recommendations in the report were an administrative error and should be disregarded. The Board formally confirmed their support for the direction of travel with respect to veterans's mental health and agreed to continue to evaluate emerging potential business opportunities via the Business Development and Investment Committee.

ITEM 9.6 RESEARCH PROJECT REPORT: CLINICAL SECONDMENT PROGRAMME

- 19** Professor Eleanor Bradley presented a report on the Clinical Secondment Programme. In response to a question from Liz Nicholson about the outcomes being written up in professional journals and opportunities for accreditation of research undertaken by Universities as part of postgraduate qualifications, Eleanor Bradley advised that an objective of the Research and Development Team was to increase the volume of articles published and that the possibility of accreditation of research was being explored with Staffordshire University. Neil Carr supported the secondment scheme as an opportunity to develop more staff who were both research competent and research aware and that it was important to continue to target research towards areas of service improvement and service need. The recommendations of the report were approved by the Board including ensuring ongoing evaluation of the newly-introduced action learning sets and further contact with secondees from 2011-2012 programme to establish any longer-term benefits to the programme with continued evaluation to accompany the end of the 2013 programme. It was also agreed to explore further opportunities for dissemination of programme outcomes, including publication of findings from individual projects and to extend the programme beyond clinical directorates, to include senior management where possible.

ITEM 9.5 RESEARCH AND DEVELOPMENT STRATEGY 2012-2015 PROGRESS REPORT

- 20** Professor Eleanor Bradley summarised progress to date and highlighted the following areas:
- Increases in the numbers of research active and research aware staff.
 - 16 principle investigators hosting national studies

- Engagement in the dementia research strategy group and the Trust being the only one in the region hosting one of the dementia studies nationally.
- Research and development featured in mandatory training through risk management training and attendance at general Trust induction.
- Recruitment targets for national studies involving service user and staff were exceeded with a total of 802 against a target of 700.
- The Trust was the highest recruiting organisation in the West Midlands (North) and the second highest in the entire West Midlands and Leicester Research Network

Neil Carr commended these achievements recognising that historically the Trust had little in terms of a track record in research and development. In response to a question from Neil Carr, Eleanor Bradley highlighted as a priority the continued focus on practitioner led evaluation, the embedding of research and development in clinical practice and the continued increase in service users and carers getting involved in research and development. Additional areas of focus were noted to include the development of a publication strategy relating to research and development and to increase visibility of the R&D team across Shropshire/Telford & Wrekin.

ITEM 10 ANY OTHER NOTIFIED BUSINESS

- 21
- 21.1 Dr Claire Barkley advised colleagues that as part of the **National Speaker Series**, Dr Ian Gilmore of the University of Liverpool would be speaking at The Redwoods Centre in advance of the next Board meeting at 10.00am and that the venue for the Board meeting had been changed to The Redwoods Centre to enable Board members to attend.
- 21.2 Neil Carr advised that the **Board Development workshop** was scheduled for 21st December 2013 and that the programme would be finalised and circulated within the next couple of weeks.

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

- 20
- Decisions made were summarised by the Company Secretary as follows:
- The Library and Knowledge Services Strategy 2013-2016 and the Management of Dysphagia Guidance were ratified.
 - The Human Resources and Organisational Development Committee's recommendation with respect to the tender for the future provision of Occupational Health Services was approved.
 - The proposals for the roll-out of the Falls Prevention Project were agreed
 - The recommendations within the Functionalisation Progress Report were agreed.
 - The violence and aggression thematic review recommendations including the action plan being implemented to achieve the report's objectives were

agreed.

- With respect to the Regional Network for Veterans' Mental Health the Board confirmed its support for the direction of travel with respect to veterans's mental health and agreed to continue to evaluate emerging potential business opportunities via the Business Development and Investment Committee.
- The recommendations of arising from the Research and Development Clinical Secondment Project were agreed.

21 The following future agenda items were agreed:

- Functionalisation Progress Report (July 2013)
- Francis Report – verbal highlights (February 2013)
- Risk Management presentation (March 2013)
- Charitable Funds (The Role of Trustees) presentation (February 2013)
- Analysis of implications of 2013/14 PCT contracts (February 2013)

ITEM 12 DATE AND TIME OF NEXT MEETING

22 It was noted that the next Board meeting would take place on Thursday 28th February 2013 commencing at 1.30pm at The Redwoods Centre, Shrewsbury.