

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 AT THE REDWOODS CENTRE, SHREWSBURY AT 1330 HRS ON THURSDAY 28TH FEBRUARY 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

2 In Attendance

Jane Landick	Company Secretary
Dr James Paton	Consultant Microbiologist/Director of Infection Prevention & Control, Burton Hospitals NHS Foundation Trust (Agenda Item 9.3)
Anne-Marie Ford	Ward Manager, Birch Ward (Agenda Item 9.4)
Rob Fry	Crisis Team Manager, Crisis Resolution/Home Treatment Team (Shropshire) (Agenda Item 9.4)
Steve Riddle	Governor Member
Jackie Boyle	Governor Member
Michael Allen	Governor Member
Yvonne May	Governor Member
Cathy Riley	Chief Pharmacist
Greg Moores	Head of Human Resources and Organisational Development and Equalities

ITEM 1 WELCOME AND INTRODUCTION

3 Steve Jones welcomed all present to the meeting.

ITEM 2 APOLOGIES FOR ABSENCE

- 4 Sue Nixon, Non Executive Director
Ian Wilson, Non Executive Director

ITEM 3 MINUTES OF THE MEETING HELD ON THURSDAY 31ST JANUARY 2013

- 5 The minutes of the Board of Directors meeting held on Thursday 31st January 2013 were signed by the Chair as a true and accurate record subject to a correction to the designation of “Professor Sir Ian Gilmore”.

ITEM 4 MATTERS ARISING FROM THE 31ST JANUARY 2013 MINUTES

- 6 **6.1 Information Governance Incident Categories:** Jayne Deaville advised that “other” categories would be listed in future reports.

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 **Staff Opinion Survey Results:** it was agreed that an analysis of the results would be received in a paper to the Board at its March 2013 meeting.
 - 7.2 **Better Outcomes New Developments (BOND) for Children Forum:** Steve Grange reported on a launch event he had attended and advised that this initiative was likely to have significant influence on commissioners in future and would be informed by the pilot schemes currently in operation.
 - 7.3 **RAID Services in Shropshire/Telford & Wrekin:** A successful presentation and launch was reported.
 - 7.4 **Francis Report:** it was noted that over 200 managers had received a briefing from Neil Carr on the report, its five major themes and the implications for staff and the Trust, over the preceding week.
 - 7.5 Two key national reports with implications for the Trust were highlighted including the NHS Commissioning Board’s “**Quality in the new health system: maintaining and improving quality from April 2013**” and the Care Quality Commission publication, “**Monitoring the Mental Health Act in 2011/12**” which it was agreed would be kept under review by the Quality, Effectiveness and Risk Committee.
- 8 The following Board Committee reports were received and noted:
- 8.1 **Foundation Management Team** (11th February 2013) - In response to a question from Steve Jones about the hotspot areas of poor compliance identified in the Mandatory Training Report, Neil Brimblecombe advised that any hotspots identified were actively addressed but that different hotspots were identified each month. It was noted that services at a distance continued to show comparatively low compliance due to the problems of staff attending face to face training, but that alternatives to face to face training continued to be explored and implemented. Alison Bussey confirmed

that no staff were at risk as a result of not having undertaken specific mandatory training and Ron Hilton advised that having visited staff at Aylesbury Prison, he had been impressed with the team's professionalism and skills.

- 8.2 **Human Resources and Organisational Development Committee** (31st January 2013) – Neil Brimblecombe advised that the Mandatory Training Report had been discussed in depth. Jayne Deaville highlighted the importance of increasing compliance with Information Governance mandatory training, not only to meet the 95% compliance target within the Information Governance Toolkit, but also to ensure staff were fully trained in advance of the deployment of the new clinical information system and electronic patient record.
- 8.3 **Quality, Effectiveness and Risk Committee** (14th February 2013) – Liz Nicholson advised that Neil Carr had attended the meeting to present on “The Abandoned Illness”. Therèsa Moyes advised that work to review and implement change arising from the recommendations of this report had commenced in Mental Health and Forensic Mental Health services. Liz Nicholson reported with respect to serious incidents, that the Committee had received assurance that the Trust had achieved its target of concluding outstanding investigations by the end of January 2013 and was on target to do the same in Shropshire/Telford & Wrekin by the deadline of 31st March 2013.
- 8.4 **Finance and Performance Committee** (8th February 2013) – Roger Craven advised that the Committee had received two internal audit reports. The report relating to Payment by Results was generally positive, however, the report on Service Line Reporting had identified that more work was required to make use of the reports and embed them within Divisions and Directorates and that this would be taken forward by the Audit Committee. The Committee had also discussed the need for a Digital Strategy within the Trust to guide the design and use of Apps and had recommended this be taken forward by Executive Directors. Therèsa Moyes advised that Foundation Management Team were focusing on assistive technologies at the March 2013 meeting and would include this issue in discussions. Neil Carr commented that he was pleased to see an increased focus within the Trust on embracing new technology in mental health.

9 The following policies were formally ratified by the Board:

- 9.1 **Redundancy Policy** having been approved at Human Resources and Organisational Development and Equalities Committee on 30th January 2013. In response to a question from Steve Jones, Neil Brimblecombe advised that this was a new policy in response to case law, to make the requirements more explicit and in line with acknowledged best practice.
- 9.2 **Procurement Policy and Strategy** having been approved at Finance and Performance Committee on 8th February 2013.

ITEM 9.3 INFECTION CONTROL ANNUAL REPORT 2012

- 10** Dr James Paton, Consultant Microbiologist/Director of Infection Prevention & Control, Burton Hospitals NHS Foundation Trust attended the meeting to present the report. He commended the commitment of the Infection Control Team in continuing to communicate the key messages about infection control and in ensuring that the number of incidents remained low. He commented that he was impressed with the quality of the environment which had been evidence during infection control visits, recognising that the hygiene and tidiness of a ward impacted on staff behaviours with respect to infection control. Dr Paton noted that although the percentage of MRSA screening was low, no positive results had been found and that he felt it was a question for commissioners going forward to determine whether it was appropriate to review and prioritise screening requirements to the highest risk groups, given the cost and resource required. He concluded by referring to the good compliance with mandatory training which would continue to be a priority and the excellent vaccination rates achieved. In response to a question from Steve Jones about the change from PEAT to PLACE from 1st April 2013, Claire Barkley advised that it represented a move away from self assessment to a patient led assessment focusing on four areas. She advised that the Trust was already a pilot for PLACE and that good engagement from service users and carers was already evident. Steve Grange briefly outlined the work taking place in Facilities and Estates to implement the new arrangements. In response to a question from Neil Carr, Dr Paton agreed that it was important to ensure that infection control issues were a forethought and not an afterthought in the design and build of new services as had been the case with The Redwoods Centre. Neil Carr also commented on the issue of antibiotic prescribing which was highlighted in the report and Dr Paton advised that it was an area where more work was needed across the whole patch. Claire Barkley confirmed that she would keep close to this issue going forward. In response to a question from Neil Carr, Dr Paton highlighted the priorities for the next 12 months continued to be on the basics of audits, ad hoc visits and inspections and to ensuring a rapid response when issues emerged. Roger Craven commented on the relatively low percentage of doctors and nurses who had been vaccinated compared with other staff groups and Claire Barkley agreed that this needed to be addressed in future campaigns. Liz Nicholson commented that the figures did not include those who had been vaccinated outside of the Trust although it was not thought these figures were high. She advised that the Non Executive Director oversight of infection control had increased with Dr Ian Wilson now chairing the Infection Control Committee whilst she continued to undertake Infection Control visits in Shropshire/Telford and Wrekin. Claire Barkley advised that there was now recognition amongst staff that infection control was everyone's job and not just that of the Link Nurse. Steve Jones thanked Dr Paton for attending and presenting the Infection Control Annual Report for 2012, which was formally approved.

ITEM 6 TRUST ASSURANCE REPORT

- 11** The report was received and noted. Exception reports and comments from Board members were recorded as follows:
- 11.1 Monthly RAYG Status of Essential Standards**
Therèsa Moyes advised that there had been minor changes since the previous report and that the improvement plan continued to focus on moving the yellow rated items to green.
- 11.2 Essential Standards Visits**
Therèsa Moyes advised that there had been further interest from Commissioners in participating in the visit programme and they continued to be valued by governors who participated. In response to a question from Steve Jones about the potential for increased visits arising from the implementation of PLACE, she confirmed that there was an increasing need to monitor and manage the co-ordination of visits to clinical areas.
- 11.3 Francis Report**
Therèsa Moyes summarized the work being undertaken to review relevant recommendations from the Report and confirmed that a paper would be brought to the March 2013 Board and the April 2013 Council of Governors meeting. It was noted that the Government response to the report was still awaited, which may have some additional impacts.
- 11.4 Serious Incident Report**
Lesley Crawford advised that of the 8 outstanding investigations reported at the last meeting, seven had now been concluded and that it was anticipated that the target for completion of all investigations which were due to become overdue during March 2013 was expected to be met and was being closely monitored. Therèsa Moyes agreed to review the narrative for future reports to make explicit that any unexpected death was initially categorized as a serious incident but that a proportion would subsequently be reclassified once they were confirmed to have been through natural causes. With respect to paragraph 4.5.2 of the report, Therèsa Moyes confirmed that the issues which led to improvements being made arising from investigations of unexpected deaths, related to contributory factors rather than causal factors and that if the improvements had been in place at the time, they would not in themselves have prevented the deaths occurring. She agreed to make these points explicit in future reports to prevent any misinterpretation of the report. In response to a question from Steve Jones about reporting on Rule 43 letters received from the Coroner, Therèsa Moyes advised that these were reported in the quarterly reports but could be included in future monthly reports. It was noted that none had been received in the previous reporting period. Further discussion took place about the clarity and depth of information provided and required in Board reports and papers including the effective use of executive summaries and the evaluation of and presentation of key risks, using the quarterly combined risk management report as an example. Ron Hilton advised that the Human Resources and Organisational Development Committee supported by Jane Landick had recently undertaken a review of its papers to assure their fitness for purpose. It was agreed that a

group of individuals to include Ron Hilton, Paul Bunting, Therèsa Moyes, Jayne Deaville and Jane Landick would take these comments forward with a view to improving the quality, content and format of the Board papers submitted and that the outcomes of this work would be further discussed at the Board away time in May/June 2013.

Action: Review of Board reporting and discussion at Board Away Time (as designated)
--

11.5 Finance

Jayne Deaville reported that at month nine the year-to-date position showed year-to-date position showed an 'actual' deficit of £7.6m, representing a budgetary overspend of £0.1m and 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. In response to a question from Roger Craven about the limited usage of charitable funds at quarter 3, Jayne Deaville advised that whilst there were certain issues and restrictions on how some of the funds could be used, she acknowledged that more needed to be done to encourage and support their use. It was noted that a training sessions for Board members as Charitable Funds Trustees was scheduled for March 2013 at which this would be also be picked up.

11.6 Contract Activity and Projects

Jayne Deaville advised that all targets continued to be met.

11.7 Information Governance

The report was received and noted. In response to a question from Steve Jones relating to the Freedom of Information Act request which exceeded the statutory deadline, Jayne Deaville provided an explanation which related to the Christmas period and staff shortages in the procurement team.

11.8 Commercial Activity

Steve Grange highlighted the full deployment of the Veterans' pilot and the national interest being created through the National Network, chaired by Neil Carr. The e-contract being negotiated by the National Commissioning Board was also noted, which would be effective from 1st April 2013 and which was receiving a mixed reception amongst commissioners. Steve Grange concluded by commending contribution of Martin Evans and his team following the launch of the social media toolkit on 25th February 2013 which had received over 500 hits to date.

11.9 Sickness Absence Update Report

The update report was received and noted. Neil Brimblecombe reported on the slow but steady reduction in sickness absence on a monthly basis but acknowledged that the proportion of short term sickness absence had increased. He advised that the new sickness absence policy agreed in December 2012 which required a more responsive approach to short term sickness was expected to impact and that training in the use of the new policy was due to commence in March 2013. It was noted however that

implementation required the embedding of cultural change and that he anticipated a six month period before any real impacts could be measured.

ITEM 9.4 RAPID PROCESS IMPROVEMENT WORKSHOPS (RPIW) IN ACTION

- 12 Lesley Crawford advised that two workshops had been undertaken on Birch Ward and Crisis Resolution/Home Treatment in Shropshire and introduced the Process Owners for each of the Workshops, Anne-Marie Ford and Rob Fry. Both gave a summary of the experiences of the staff involved and described the projects, the documentation used and outlined the early successes, the issues encountered and the targets identified for the 30, 60 and 90 day review periods. In response to a question from Neil Carr, both Process Owners reported the overwhelming commitment of staff who were energised by the opportunity to lead and direct the changes, focusing on achieving real benefits and improvements to patient care. Liz Nicholson commented that it would be important to sustain the momentum created particularly when new staff joined the teams. In response to a question from Liz Nicholson about dealing with issues that could not be changed, the Process Owners advised that to date, nothing had proved impossible to date with the support of the Divisional Director in helping to remove the barriers to change. Neil Brimblecombe commented that it was important to maintain a systemic overview when making changes to ensure change in one area did not adversely impact elsewhere and result in unintended consequences and this was acknowledged. Neil Carr advised that he foresaw RPIW as one additional tool in the Trust's Organisational Development armoury. Therèsa Moyes advised that the Quality, Effectiveness and Risk Committee would monitor the projects and their sustainability going forward. The Board confirmed its commitment to the deployment of RPIW and agreed to receive an update report on the two projects at its July 2013 meeting.

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

- 13 Jayne Deaville presented the report and highlighted the successful resolution of the defects highlighted in the previous report. It was noted that disposal options relating to Shelton Hospital would be considered at the Supervisory Committee in March 2013.

ITEM 7.2 CLINICAL SYSTEM REPLACEMENT PROJECT

- 14 The report was received and noted. Jayne Deaville reported on the continued positive clinical engagement with the project. She highlighted the identified need for out of hours support for the system and In response to a question from Neil Carr, advised that it was currently anticipated that the additional cost of the out of hours support would be covered by efficiency savings.

ITEM 8.1 LIVED EXPERIENCE INFLUENCING SERVICE IMPROVEMENTS

- 15** Therèsa Moyes presented the report which reflected the considered views of the Service User and Carer Committee. She highlighted in particular the extended potential for the use of patient stories including in staff training and emphasised the critical focus being on stories which trigger and support learning and improvements in patient care and service delivery. She advised that Karen Hiron was in the process of developing a set of guidelines to support service users and carers in bringing stories to the Board. Neil Carr welcomed the paper and the approach being taken but emphasised that this did not detract from or eliminate the need for Board members to take every opportunity to engage with service users and carers in all sorts of ways as part of their every day role. Claire Barkley advised that it was important to be clear with service users around their expectations arising from making a presentation to the Board, giving as an example the disappointment of a service user who having told their story to the Board, found that their consultant was unaware of it. Ron Hilton commented that it was equally important to hear the experiences of carers and this was acknowledged. Steve Grange commented that some service users and carers may be more intimidated at the prospect of making a recording of their story than of attending the Board. The Board formally endorsed the 14 actions recommended by the Service Users and Carer Committee as the basis for the pilot and agreed the milestone delivery plan for 2013 which would be included in the regular agenda planning paper to the Board, including the evaluation of impact to be conducted after the six month pilot.

ITEM 8.2 THE NEW NHS PROVIDER LICENCE

- 16** Neil Carr advised that the report summarised the new provider licence which Monitor released in February 2013 as required by the Health and Social Care Act 2012 and which would be the mechanism by which Monitor will regulate licensed providers of NHS services from 1st April 2013. He advised that from April 2013, all foundation trusts would automatically be issued with a licence, as the Health and Social Care Act 2012 specifies that they are to be treated as having met all the licence criteria. The requirements set out in Monitor's licence and an initial commentary on the main points under the new regime were noted and it was agreed that further work to identify the specific implications for the Trust and any associated risks would be further evaluated by a group to include Jayne Deaville, Jane Landick, Roger Craven and an appropriate clinical colleague and would report initially to the Audit Committee, which it was noted was next scheduled to meet on 25th March 2013.

Action: Review of implications and risks and referral to Audit Committee (as designated)

ITEM 9.1 LISTENING AND LEARNING: THE OMBUDSMAN'S REVIEW OF COMPLAINT HANDLING BY THE NHS IN ENGLAND 2011/12

- 17** Jane Landick presented the report and advised although the Trust benchmarked well against other similar Trusts with respect to the numbers of

contacts and those accepted for intervention or investigation, the report identified that there was still some way to go in complaints handling in the NHS as a whole and highlighted the observation that the NHS needs to get better at listening to patients and their families and responding to their concerns. It was noted that this was highlighted further in the recommendations arising from the Francis Report and that work had already commenced within the Trust to evaluate the recommendations against the Trust's current policy and practice to provide greater assurance and further improvements with respect to complaints handling. It was noted that this outcomes of this review would be included in the paper to the March 2013 Board summarising the Trust position against all relevant Francis Report recommendations. In response to a question from Paul Bunting about Board assurance in this area, Jane Landick summarised the reporting of complaints/PALS and patient experience feedback to the Board and Liz Nicholson confirmed her role in monitoring and auditing complaints handling on a quarterly basis with Paula Johnson, Service Relations Manager.

ITEM 9.2 FRANCIS REPORT OVERVIEW

- 18 Therèsa Moyes advised that this had been covered in section 2 of her Trust Assurance Report.

ITEM 9.5 REVISION TO THE NURSE STAFFING ESTABLISHMENT AT THE REDWOODS CENTRE ADULT AND OLDER PEOPLE WARDS

- 19 Lesley Crawford advised that the paper reflected changes to the staffing establishment arising from an identified need to improve the skill mix on each ward, whilst reducing in total the whole time equivalent staff on the wards. She confirmed that the changes were in line with the wards in Stafford, within budget and in line with previous Board agreement on the need for Level 3 staffing levels on wards. Jayne Deaville commented that the changes needed to made without significant implications for the staff and suggested that instead of the use of NHSP as a means of analysing the impact of the changes, it would be better to measure against the overall staffing cost and this was agreed. In response to a question from Neil Carr, Lesley Crawford confirmed that the changes maintained the levels of Allied Health Professions (AHPs) working into the wards and In response to a question from Roger Craven, it was noted that there was no impacts attributable to the changes in shift system. The Board formally approved the revised nurse staffing establishments at The Redwoods Centre and noted the intent to review the establishment after 6 months, analysing incidents, sickness levels and total staffing costs including NHSP. Therèsa Moyes advised that this review would also include an analysis of the impact and contribution of AHPs.

ITEM 10 ANY OTHER NOTIFIED BUSINESS

- 20 There was no other business.

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

MEETING

- 21** Decisions made were summarised by the Company Secretary as follows:
- The Redundancy Policy and the Procurement Strategy and Policy were ratified.
 - The Infection Control Annual Report 2012 was approved
 - The next Board Development workshop was agreed for discussion of the review of the format, quality and content of Board reports.
 - Board support for the use of RPIW as a valuable organisational development tool was agreed including monitoring through the Quality, Effectiveness and Risk Committee
 - The Lived experience influencing service improvement actions and milestone delivery plan was agreed, to include a six month evaluation of the pilot programme
 - Arrangements for further review of the Trust implications of the new provider licence and an associated risk evaluation was agreed.
 - The revised nurse staffing establishment on The Redwoods Centre was approved
 - The recommendations of the Ombudsman's report aligned to the Francis recommendations were agreed to be included in the review to be presented to the March 2013 Board with respect to complaints handling.
- 22** The following future agenda items were agreed:
- Staff Opinion Survey Results (March 2013)
 - Francis Report Evaluation of Trust against key findings (March 2013)
 - RPIW outcome report (July 2013)
 - Lived experience influencing service improvements – see Agenda Planning Timetable
 - The Redwoods Centre Ward Establishment Review (September 2013).

ITEM 12 DATE AND TIME OF NEXT MEETING

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