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## MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST HELD AT TRUST HEADQUARTERS, STAFFORD AT 1330 HRS ON THURSDAY 25<sup>TH</sup> APRIL 2013

### 1 Present

Stephen Jones	Chair
Roger Craven	Non Executive Director
Jayne Deaville	Director of Finance and Performance
Neil Carr	Chief Executive
Neil Brimblecombe	Director of Quality and Professional Practice
Dr Claire Barkley	Medical Director
Steve Grange	Director of Business Development
Ron Hilton	Non Executive Director
Therèsa Moyes	Director of Quality and Clinical Performance
Dr Liz Nicholson	Non Executive Director
Sue Nixon	Non Executive Director
Dr Ian Wilson	Non Executive Director

### 2 In Attendance

Jane Landick, Company Secretary  
Greg Moores, Director of Human Resources, Organisational Development and Equalities  
Steve Riddle, Governor Member  
Fran Virden, Governor Member  
Liz Onions, Staffordshire and Stoke on Trent Partnership NHS Trust  
Representatives from Janssen  
Dr S Nivarti  
Dr Felix Davies, Director of Psychological Therapies

### ITEM 1 WELCOME AND INTRODUCTIONS

- 3 Steve Jones welcomed all present to the meeting.

### ITEM 2 PATIENT STORY

- 4 Felix Davies presented a patient story surrounding a complaint for which he had been Investigating Officer. The complaint was a complex one which includes issues relating to unsafe practice, communication, consent, policy compliance and the role of primary care. All aspects of the complaint were fully or partially upheld and the Board heard of the learning and extensive action plan which resulted from the investigation. Dr Davie summarised five elements of the action plan and eleven key learning points from this case including revisions to Trust policy which would be applied across the Trust. It was noted that the "story" had also been presented to the Quality, Effectiveness and Risk Committee to support the dissemination of learning to all Divisions and Directorates. Liz Nicholson advised that the quarterly complaints reported submitted to the Quality, Effectiveness and Risk Committee would be focusing specifically on the lessons learned and the implementation and monitoring of

action plans arising from complaints. Neil Carr referred to the Willis report on nursing and the importance of the supervisory roles and responsibilities when trainees were engaging with service users. With respect to the psychological treatments available to individuals with a personality disorder, Neil Carr also referred to the work undertaken by Dr Jurai Darongkamas to expand the range of interventions available. Felix Davies advised that the recommendations of this work were being taken forward.

### ITEM 3 APOLOGIES FOR ABSENCE

- 5 Paul Bunting, Non Executive Director

### ITEM 4 MINUTES OF THE MEETING HELD ON THURSDAY 28<sup>TH</sup> MARCH 2013

- 6 The minutes of the Board of Directors meeting held on Thursday 28<sup>th</sup> March 2013 were agreed and signed by the Chair as a true and accurate record.

### ITEM 5 MATTERS ARISING FROM THE 28<sup>TH</sup> MARCH 2013 MINUTES

- 7
- 7.1 **Shropshire/Telford & Wrekin Health and Social Care Partnership Compact** (paragraph 14): Neil Brimblecombe confirmed that the compact did include children's services.
  - 7.2 **Young Carers** (paragraph 18): Lesley Crawford advised that it was difficult to identify young carers of service users but that steps were being taken to be more pro-active in identifying and supporting these individuals and that the use of RIO would also be explored in support of this work.
  - 7.3 **Margaret Stanhope Centre Closure** (paragraph 18): Neil Brimblecombe advised that a proposal had been made to the Commissioners that the outcome be jointly reported to the Health Scrutiny Committee. A response was awaited.
  - 7.4 All other actions were noted as having been completed.

### ITEM 6 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

- 8 Neil Carr reported on the following events/activities and issues:
- 8.1 The Trust Development Authority publication, "**Delivering High Quality Care for Patients: The Accountability Framework**", which outlined the rules which would apply to consideration of the future of those NHS Trusts which did not achieve foundation trust status.
  - 8.2 In the context of paragraph 6.1, the Monitor publication, outlining the **respective roles of Monitor, the Office of Fair Trading and the Competition Commission**, was also noted (see item 3.6 of the Chief Executive's report).
  - 8.3 The **Royal College of Psychiatrists report on "Whole-person care: from rhetoric to reality"** which highlights the significant inequalities that currently exist between physical and mental health care, was noted as a key driver to the integration of primary, secondary and tertiary services and the opportunity to harness the benefits of RIO in achieving this, was noted.
  - 8.4 With respect to the Trust's submission to the Secretary of State with respect to the **Francis Report** and the Trust's fitness for purpose, Neil Carr advised that he had been overwhelmed by the assurance and evidence from all workstreams and individual teams against the key findings. Therèsa Moyes advised that the Trust's approach to the key themes of the Francis Report had been presented to and gained support from Governors at a recent Performance and Assurance Engagement Group and had also been the subject of an open space discussion at the Service User and Carer Committee and at the Quality, Effectiveness and

Risk Committee. She advised that it was also the intention to link the Francis themes into the examples of patient stories presented to the Board and to the work undertaken by the Quality, Effectiveness and Risk Committee in utilising the Manchester Patient Safety Tool to evaluate the Trust's approach to patient safety.

- 8.5 Neil Carr advised that the development of the **Community Estates Strategy** had progressed to the point of consultation with a wide range of stakeholders in order to ensure the principles for review were established to ensure a fit with the service models required in order to meet service user and carer need. He advised that the review would be led by Andrew Hughes and Steve Grange confirmed that the intention was to present the findings and recommendations to the July 2013 Board. It was noted that a five year implementation of the strategy was anticipated in light of the capital estate and leasehold issues relating to a proportion of the properties under review. The Board approved the approach being taken to manage this project.
- 8.6 The Trust have been contacted by the **special administrators for Mid Staffordshire NHS Foundation Trust** to explore the impacts and issues for the Trust.
- 8.7 It was noted that the **Staffordshire Dementia Care Review** was progressing with consensus emerging between stakeholders. A half day event to discuss the clinical model for service delivery was in the process of being arranged. Sue Nixon also referred to Wolverhampton being designated the first dementia friendly city and Neil Carr referred to the success of the RAID (Rapid Assessment, Interface and Discharge) liaison psychiatry initiative at Shrewsbury and Telford Hospitals.
- 8.8 Neil Carr reported on **national policy and priorities** emerging from the Royal College of Nursing Congress and the NHS including the focus on integrated care pathways and the shift from 'any qualified provider' to 'preferred provider' status, based on stringent criteria, in order to safeguard quality of services rather than price. Reference was also made to the NHS Confederation publication, "Tough Times, Tough Choices" addressing the unprecedented financial dilemma facing the NHS and the need to have a mature debate over the choice between doing nothing, spending more, doing more for less or doing things differently.
- 8.9 Steve Jones fed back on the meeting he had attended with the **Shadow Secretary of State for Health** at which the focus had been on making person centred care a reality in mental health and on the benefits of pooled budgets for health and social care.

9 The following Board Committee reports were received and noted:

- 9.1 **Foundation Management Team** [8<sup>th</sup> April 2013]: Neil Carr commended the transition from medicines management to medicines optimisation which was being delivered through the Medicines Optimisation Strategy presented to the meeting by Cathy Riley, Chief Pharmacist.
- 9.2 **Audit Committee** [25<sup>th</sup> March 2013]: summary report and full minutes.
- 9.3 **Business Development and Investment** [15<sup>th</sup> March 2013]
- 9.4 **Finance and Performance** [15<sup>th</sup> March 2013]
- 9.5 **Human Resources and Organisational Development Committee** [27<sup>th</sup> March 2013]

## ITEM 7 TRUST ASSURANCE REPORT

- 10 The report was received and noted. Exceptions reports and comments from Board members were recorded as follows:
- 10.1 **Monthly RAYG Status of Essential Standards:** Therèsa Moyes highlighted the improved presentation of the report format but advised that there had been little movement in terms of the ratings since the last report.
- 10.2 **Serious Incident Report:** Therèsa Moyes referred to the inclusion of definitions under section 3.1 of the report. She advised that whilst non host commissioners did not apply the same 45 day completion target as local commissioners, the aim was to complete all investigations within this timescale. It was noted that since the report was written two of the four had now been completed. In response to a question from Steve Jones, she advised that all four related to unexpected deaths in substance misuse services and that the delays had arisen from a number of factors including staff sickness and difficulties in arranging significant event analysis meetings. A correction was noted to paragraph b on page 10 to read “.....who the coroner considers appropriate”.
- 10.3 **Risk Register and Assurance Plan:** Therèsa Moyes advised that with respect to the new risk on page 10 of the report, the actions and mitigants relating to them were contained within the appended risk register. It was noted that there were no actions or mitigants assigned to item 109 and whilst this was thought to be an issue of timing and recognising that the Risk Register was a ‘live’ document, it was agreed that this would be reviewed by the Executive Directors to ensure completeness of information provided to the Board. It was noted that the overdue risks listed on page 12 of the report would be also be picked up at the Executive Directors meetings. In response to a question from Roger Craven about item 74 on the list of overdue risks, Neil Carr confirmed that the work had been completed but acknowledged that the risk register had not been updated to reflect this. In response to a question from Roger Craven about progress to review how risks are presented to the Board, Therèsa Moyes advised that a meeting to progress this had been held between herself, Jayne Deaville, Paul Bunting and Ron Hilton which would result in a paper to the Audit Committee. Further debate on this issue was also scheduled for the Board Development day in June 2013. With respect to updated risk 31 on page 11 of the report, Greg Moores advised that he had met with Steve Grange and Alison Bussey to review the TUPE case law implications for future tenders and contracts and that a paper would be presented to the Executive Directors within the next two weeks. Further discussion was also scheduled for the Board Development day in June 2013. In response to a question from Steve Jones about the wording of the update to item 43 on page 12 of the report, Therèsa Moyes advised that whilst action had been taken in mitigation but that as the original risk relating to the mobile phone signal had not been resolved, the risk remained on the register. The Board formally agreed the new risks, risks removed and updated risks as presented. The revisions to the Assurance Plan were also noted and agreed.
- 10.4 **Finance:** Jayne Deaville reported that at month eleven the year-to-date position showed an ‘actual’ deficit of £18.6m, representing a budgetary overspend of £11.3m against the year-to-date plan and included the ‘one-off’ fixed asset impairment of £25.8m in relation to the valuation of The Redwoods Centre and the former Shelton Hospital. She advised that the Trust was

forecasting delivery of 91% of its gross CIP target during the financial year, resulting in a shortfall of circ £0.6m prior to applying the £2m CIP contingency reserve. The CIP target for 2013/14 was noted to be £6.2m (£8.2m recurrently), and the 'first cut' budget setting paper had highlighted a potential £1.1m in-year shortfall during 2013/14 and a recurrent shortfall of £4.5m. Jayne Deaville advised that investments and cash in hand totalled £23.5m at the end of the month, which was below the planned Q4 figure of £24.8m despite not drawing down the second half of the loan relating to The Redwoods Centre. In light of the Board Development session on the role of Trustees of Charitable Funds, it was agreed that a review of the reporting requirements with respect to charitable funds including the use of the fund, investment of funds held and the proportion of management and administration costs would be referred for discussion to the Finance and Performance Committee.

- 10.5 **Contract Activity and Projects:** Jayne Deaville advised that as at February 2013, the target relating to minimizing delayed transfers of care had not been met principally due issues with placements into care homes, but that it was anticipated that the target would be achieved by the year end. Jayne Deaville advised that all other targets continued to be met. With respect to delayed discharge, Jayne Deaville confirmed that the issue was specific to South Staffordshire and that each case was subject to a full review. Neil Carr commented that it was important to ensure such issues were pursued with commissioners and the Joint Commissioning Unit to ensure that patients were not disadvantaged.
- 10.6 **Information Governance:** it was noted that there had been no information governance incidents. One Freedom of Information Act request had exceeded the statutory deadline due to its complexity, but had since been responded to.
- 10.7 **Commercial Activity/Business Development:** Steve Grange highlighted the National Veterans Mental Health Network conference on 30<sup>th</sup> April 2013 and the recently established regional peer support system for clinicians working with veterans. In response to a question from Steve Jones about the delay relating the Section 75 agreement, Steve Grange advised that the delays related to information exchange and data quality issues. Steve Grange reported that since its release two weeks prior, the MOD app. had been downloaded 300 times.
- 10.8 **Sickness Absence:** Neil Brimblecombe highlighted the sickness absence which continued to reduce towards 5% contrary to the current trend in the NHS. It was noted and commended that the Trust is now under the national average for mental health trusts. Neil Carr commented that this was due in part to the initiatives being taken with respect to health and wellbeing, occupational health and the support to managers in pro-actively addressing sickness absence. It was noted that the additional information referred to in the report relating to mandatory training was accessible via Sharepoint.
- 10.9 **Research and Development:** Neil Brimblecombe highlighted the achievement of having exceeded the recruitment target for participants to national research studies, which was commended. The impacts of changes to the configuration of the Clinical Research Networks was noted and Neil Brimblecombe advised would be considered further through the Business Development and Investment Committee.

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

- 11 The update report was received and noted. Jayne Deaville advised that at the closing date for submissions, four expressions of interest had been received relating to the disposal of Shelton Hospital.

**ITEM 8.2 CLINICAL SYSTEM REPLACEMENT PROJECT**

- 12 The update report was received and noted. Jayne Deaville advised that the project remained on track. With respect to project risks, she advised that a solution to the requirement for out of hours support was anticipated and that options to enable a user friendly interface with local authority systems were being pursued. Duplication and dual inputting was only likely to relate to direct payments and this was only likely to apply to 300 cases. In response to a question from Steve Jones, Jayne Deaville advised that the financial performance table confirmed that the project was on target and within budget.

**ITEM 9.1 USE OF THE SEAL**

- 13 The use of the seal between 1<sup>st</sup> February 2013 and 25<sup>th</sup> April 2013 was noted and agreed.

**ITEM 10.1 HUMAN RESOURCES, ORGANISATIONAL DEVELOPMENT AND EQUALITIES (HRODE) STRATEGY 2012-2016 IMPLEMENTATION UPDATE REPORT**

- 14 Greg Moores presented the report which followed from the approval by the Board of the new HR, OD and Equality (HRODE) Strategy 2012-16 in October 2012. He advised that the paper provided the Trust Board with an update regarding delivery of the HRODE Strategy over the financial year 2012-13, and highlights the priorities for the year ahead. It was noted that the paper summarised more detailed reports submitted to the HRODE sub-committee and reflected the current position against each of the strategic aims. In response to a question from Roger Craven with respect to strategic aim 5 and the low staff opinion survey score relating to the effectiveness of teams against the numbers of teams completing the Aston Programme, Greg Moores advised that there was no evidence that this arose from high expectations of teams which were not subsequently fulfilled but that more work was required to explore this apparent anomaly. Therèsa Moyes referred to the extensive management of change experienced by teams and changes in team leadership and suggested this was likely to have had a significant impact even in teams which had completed the Aston Programme. Greg Moores stressed the importance of focusing on ensuring that teams met regularly to review performance, had clear objective and effective leadership. Sue Nixon commended the update report but suggested more explicit alignment with the Trust values was required. Steve Grange made the same suggestion with respect to alignment to the Trust Strategy and the Monitor Annual Plan. In response to a question from Neil Carr about evidence to support the hypothesis that in the NHS, staff were more likely to soldier on for longer before going sick, but would then be more likely to remain off for a longer period, Greg Moores advised that there was no direct evidence of this, but that it was an area that Team Prevent would address including looking at pressure points such as management of change processes. Neil Carr referred to strategic aim 5 and the need to pick up the pace around dignity and respect and training in this area. Greg Moores summarized

action being taken to overhaul the traditional approach and ensure key messages around dignity and respect were embedded in other training and as part of the day job of all members of staff. Ron Hilton commented that evidence of deployment of dignity and respect were evident in the Rapid Process Improvement Workshops recently undertaken, as an example. Greg Moores confirmed that he would be looking to measure the impacts of dignity and respect training with the support of Jas Kaur, the Equality and Diversity Lead for the Trust. Liz Nicholson recommended that the Trust should listen to staff stories in the same way that patient stories were listened to and learning taken forward. Greg Moores agreed to take this suggestion forward. The HRODE Strategy update was approved and the Board agreed to receive a further update report in October 2013.

## **ITEM 10.2 MONITOR ANNUAL PLAN 2012/13 FULL YEAR REVIEW**

- 15 Steve Grange advised that the public version of the plan was available on the Monitor website and that during the year relevant sub committees had monitored the achievement of targets within the plan and its deployment. The 2013/14 Annual Plan was due for submission to Monitor at the end of May 2013 following approval at the May 2013 Board meeting. Steve Grange advised that the Annual Plan was also supported and delivered through supporting strategies including the HRODE strategy just discussed.

## **ITEM 10.3 STAFF OPINION SURVEY RESULTS**

- 16 Greg Moores presented the paper to inform and advise the Board of the findings from the NHS national staff survey 2012. The paper had previously been subjected to analysis and discussion at HRODE sub-committee in March, and Foundation Management Team in June. It was noted that the the Trust's response rate of 47% was below the average for Mental Health and Learning Disability Trusts and down from 54% in 2011. The survey report focused on 28 Key Findings of which the Trust was above average in 12 areas, average in seven, and below average in nine. Greg Moores advised that the Trust had identified two key themes as priorities following the 2011 staff survey; staff engagement, and staff satisfaction and that the findings from the 2012 staff survey confirm improvements in both these areas. The Trust's overall staff engagement indicator has improved from 3.56 to 3.71; the national average for MH&LD Trusts is 3.70 meaning the Trust is now average, having been below average in 2011. Findings in relation to the effectiveness of teams, and perceptions of support from immediate managers, were noted to be less positive and the Board agreed that that these two areas should represent the priorities for 2013. In response to a question from Claire Barkley about additional measures to improve the score with respect to hand hygiene, it was suggested that more could be done in this respect relating to community staff visiting patient homes. With respect to the scores for staff having completed training, it was highlighted that the Trust required elements of mandatory training to be completed every three years and the question in the survey asked if staff had received training in the past 12 months, so the results clearly reflected this. Whilst it was also recognised that it was important to develop other internal measures to assess and evaluate staff opinion and satisfaction, particularly in order to obtain feedback and results more quickly than was possible with the national survey, it was recognised that the national survey impacted directly on the Trust's Quality and Risk Profile. Neil Carr commented that since January 2013, a period of 'steady state' had existed within the Trust for the first time in many months and was likely to remain so for the foreseeable future. He was therefore optimistic that this would be reflected in the 2013/14 staff opinion survey and that the actions agreed for

this year would support that aim. The Board formally agreed the approach set out in the paper and referred the monitoring of progress to the Human Resources, Organisational Development and Equalities Committee.

**ITEM 11 ANY OTHER NOTIFIED BUSINESS**

- 17 There was no other business.

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

- 18 Decisions made were summarised by the Company Secretary as follows:
- The new, removed and updated risks on the Trust Risk Register were agreed.
  - The assurance plan updates were agreed.
  - A review of the approach to Charitable Funds was referred to the Finance and Performance Committee
  - Uses of the seal in the reporting period were agreed.
  - The HRODE Strategy update report was agreed.
  - The priorities arising from the Staff Opinion Survey were agreed and responsibility for monitoring them delegated to the Human Resources, Organisational Development and Equalities Committee.
  - To take forward the idea of listening to staff stories.
- 19 The following future agenda items were agreed:
- Premises Rationalisation (July 2013)

**ITEM 13 DATE AND TIME OF NEXT MEETING**

- 20 The next full Board meeting will take place on **Wednesday 29<sup>th</sup> May 2013** at 1300 for 1330 in the Board Room, Trust Headquarters, Stafford, in order to meet the deadline for submission of the Annual Plan to Monitor.