

---

## 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 WEDNESDAY 29<sup>TH</sup> MAY 2013

### 1 Present

Stephen Jones	Chair
Paul Bunting	Non Executive Director
Alison Bussey	Director of Specialist Services
Roger Craven	Non Executive Director
Lesley Crawford	Director of Mental Health
Jayne Deaville	Director of Finance and Performance
Neil Brimblecombe	Director of Quality and Professional Practice
Dr Claire Barkley	Medical Director
Steve Grange	Director of Business Development
Ron Hilton	Non Executive Director (Vice Chair)
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  
Graham Riley, Governor Member  
Simon Jones, Governor Member  
Enrique Mateu, Governor Member  
Cathy Riley, Chief Pharmacist  
Andrew Hughes, Project Manager/Consultant  
Carer Representative (Ms J)

### ITEM 1 WELCOME AND INTRODUCTIONS

- 3 Steve Jones welcomed all present to the meeting.

### ITEM 2 LIVED EXPERIENCES INFLUENCING SERVICE IMPROVEMENTS

- 4 Ms J attended the meeting to give an account of her experience of caring for a daughter suffering from mental health problems and substance misuse problems over a period of 16 years. The themes arising from the presentation included:
- Communication between health professionals and transfer of information
  - Consistency and continuity of care
  - Co-ordination and delivery of services identified as being required including commissioning and funding of services
  - Waiting times and delays in treatment/services commencing
  - Dual diagnosis
  - Provision of information to service users and carers eg. about access to Crisis Resolution
  - Issues of isolation of people in rural communities

Steve Jones thanked Ms J for her articulate, balanced and illuminating account. Lesley Crawford advised that she had been made aware of the specific issues relating to the care received by Ms J's daughter and would be following this up as a priority. She also confirmed that with Neil Brimblecombe, she would be reviewing the broader themes highlighted with a view to identifying service improvements and the extent to which other service users and carers had similar experiences of the Trust's services. It was agreed that Lesley Crawford would report back to the Board in due course. Sue Nixon commented that it was vital to apply learning from this case in a wider context and agreed with Roger Craven's comment that some of the issues appeared to relate to systems and established ways of working which required review and challenge. Ian Wilson suggested that it was important to ensure that quality audits undertaken within the Trust were measuring the right things. Therèsa Moyes and Claire Barkley confirmed that it was unacceptable practice for professionals not to take read previous patient records before making assessments and that this would be reinforced via professional leads.

<b>Action:</b>	Resolution of issues specific to service user (LC) Review of wider themes and impacts on service users – systems and ways of working including links to quality audits (NB/LC) Key messages to professional leads (TM/CB)
----------------	---

**ITEM 3 APOLOGIES FOR ABSENCE**

5 Neil Carr, Chief Executive

**ITEM 4 MINUTES OF THE MEETING HELD ON THURSDAY 25<sup>TH</sup> APRIL 2013**

6 The minutes of the Board of Directors meeting held on Thursday 25<sup>th</sup> April 2013 were agreed and signed by the Chair as a true and accurate record.

**ITEM 5 MATTERS ARISING FROM THE 25<sup>TH</sup> APRIL 2013 MINUTES**

7 **7.1 Young Carers** (paragraph 2, item 7.2): Steve Jones advised that in response to this minute, Mac Cock, Chief Officer of the Carers Association Southern Staffordshire and a Partner Governor had agreed to send some posters and leaflets to distribute around the wards and public areas. She had also highlighted a young carers web site connection to the Carers Association and offered further assistance such as provision of awareness sessions for staff. Lesley Crawford agreed to follow this up and advised that the new clinical information system would also be able to record information on young carers.

<b>Action:</b>	Follow up on e-mail from Carers Association (LC)
----------------	--

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

8 Jayne Deaville reported on the following events/activities and issues:

- 8.1 The announcement of the retirement of **David Nicholson** in March 2014.
- 8.2 **Rapid Process Improvement Workshop (RPIW)** roll-out and the use of the Visibility Wall to report and monitor progress.
- 8.3 **Non Executive Director recruitment** progress: interviews taking place on 4<sup>th</sup> June 2013.
- 8.4 **Service User and Carer Celebration Day** on 13<sup>th</sup> June 2013 in the Learning

Centre. Jane Landick agreed to ensure the flyers were circulated to Board members.

- 8.5 Monitor's document entitled "**Quality governance: How does a board know that its organisation is working effectively to improve patient care? Guidance for boards of NHS provider organisations**". In response to a question from Roger Craven, Therèsa Moyes referred the Board to the quality governance assessment, evidence and internal auditor's report discussed by both the Quality, Effectiveness and Risk Committee and the Board last year. She confirmed that an updated assessment is currently being completed for 2013/14 which would also be reported through Board and sub committee meetings and that training for new Board members would be arranged on appointment of the new Non-Executive Director. Ian Wilson advised that he had left a copy of the document in the NED's room for reference.

<b>Action:</b> NED induction/training (TM/JL)
---

- 9 The following Board Committee reports were received and noted:

- 9.1 **Foundation Management Team** [13<sup>th</sup> May 2013]:  
9.2 **Audit Committee** [20<sup>th</sup> May 2013]: summary report and full minutes.  
9.3 **Council of Governors** [17<sup>th</sup> April 2013]: Steve Grange advised that the estates rationalization paper presented to the Board today reflected the expectation of the Council of Governors which was highlighted at the meeting, that the consultation would be wide and inclusive.  
9.4 **Finance and Performance** [5<sup>th</sup> April 2013]: Jayne Deaville reported on the subsequent Finance and Performance Committee meeting held on 24<sup>th</sup> May 2013 at which key decisions included the approval of six additional band 5 posts for The Redwoods Centre; a capital business case to improve connectivity for RIO in Shropshire, to the value of £300k and the extension of the Trust's bank facility.  
9.5 **Quality, Effectiveness and Risk Committee** [9<sup>th</sup> May 2013] In response to a question from Steve Jones, Therèsa Moyes confirmed that the four serious incidents, all of which related to non host contracts, had now been concluded.

- 10 The following policies were formally ratified by the Board having been approved at the Human Resources and Organisational Development and Equalities Committee on 9<sup>th</sup> May 2013:

- 10.1 Performance Management Policy  
10.2 Providing Employment References Policy  
10.3 Remediation Policy for Medical Staff: Claire Barkley explained that this policy was a national requirement in support of revalidation.

## ITEM 7 TRUST ASSURANCE REPORT

- 11 The report was received and noted. Exceptions reports and comments from Board members were recorded as follows:

- 11.1 **CQC Registration Update:** The removal of St Michael's Court as a separately registered location was noted.  
11.2 **CQC Visits to The Redwoods Centre:** Therèsa Moyes summarised the outcomes from the two visits which took place on 23<sup>rd</sup> May 2013, both of which were generally positive based on verbal feedback received. The MHA

announced visit identified a small number of individual issues and some questions around carer assessments. The unannounced compliance visit also identified no major issues and focused on outcomes 2, 4, 7, 14 and 16. With respect to outcome 4, clarification was sought by the commissioners about the use of restraint and the use of PRN medication and as a result further guidance was being sought from the CQC. It was noted that the written feedback report was expected within the next couple of weeks.

- 11.3 **Monthly RAYG Status of Essential Standards:** Therèsa Moyes highlighted changes made to the Trust ratings for outcomes 12, 13 and 21.
- 11.4 **Key Themes from Q4 visits:** The key themes were noted.
- 11.5 **Safety Dashboard:** Therèsa Moyes advised that the new report gave an overview of the Trust delivery against key national and local indicators of Safety over 12 months to provide the Board with a comprehensive and wide ranging overview of the Trusts current safety status. It was noted that a more detailed analysis would be presented to and monitored by The Quality Effectiveness & Risk Committee which would review compliance against the indicators and report by exception to the Board where any trends or variances were identified. Comments on the new format were invited outside of the meeting.
- 11.6 **Specialist CQUIN Scheme:** Therèsa Moyes advised that the quarter 4 CQUIN return for Specialist Services showed a risk of non compliance against the forensic shared pathway indicator. It was noted that actions were in place to address this and compliance had already improved but that feedback had not yet been received from the relevant commissioners as to whether this indicator has been achieved or not.
- 11.7 **Service User Experience Reporting:** Therèsa Moyes summarised the new approach to reporting on service user experience which arose from the implementation of Meridian. The patient experience score as at 23<sup>rd</sup> May 2013 was noted to be 87.9%.
- 11.8 **Quarter 4 Combined Risk Management Report:** It was noted that the report had been subject to detailed discussion at the Quality, Effectiveness and Risk Committee. Liz Nicholson highlighted improvements made to the Executive Summary section to provide the Board with an overview of the key findings and issues arising from the report, which was noted.
- 11.9 **Finance:** Jayne Deaville reported that at the year end, the income and expenditure position showed an 'actual' deficit of £20.9m, representing a budgetary overspend of £12.4m. However, the cost of non-recurrent fixed asset impairments amounted to £26.3m and therefore when discounting this figure the year-end surplus position is £5.5m, representing a favourable variance of £3m. It was noted that the income and expenditure position had deteriorated by £2.2m compared to month eleven and mainly related to year-end changes in balance sheet provisions and non-recurrent items of expenditure which were partially off-set by the continuation of the under-lying surpluses reported at month eleven (£0.6m).
- 11.10 **Contract Activity and Projects:** Jayne Deaville advised that the West

Midlands Specialist Commissioning under performance related principally to Learning Disability and Forensic low secure activity and since the contracts were cost per case, reflected real income reductions which consistent with the financial assumptions made. She advised that for the period April – March 2013 all Monitor targets had been achieved and fully delivered. In response to a question from Roger Craven about the implications of the performance targets for early intervention caseloads not being met for Shropshire County and Telford and Wrekin PCTs, Jayne Deaville advised that the reasons would need to be explained to the commissioners but that the issues with this target were well known and understood and that there would be no financial implications.

**11.11 Information Governance:** The reports was received and noted. One Freedom of Information Act request had exceeded the statutory deadline due to problems accessing e-mails, but had since been responded to.

**11.12 Commercial Activity/Business Development:** Steve Grange highlighted the National Veterans Mental Health Network conference on 30<sup>th</sup> April 2013 which had been attended by two ministers, one of which had expressed an interest in visiting the Trust. He commended Wayne Kirkham, Network Project Manager for organising an excellent event. The Board also noted the completion of the 2013/14 business planning rounds which had been reported to the Business Development and Investment Committee, the Foundation Trust Network consultation on competition and choice and the 2,500 downloads of the Joining Forces app. In response to a question from Ron Hilton about the reference within the report to progress with the Section 75 arrangements in South Staffordshire, Steve Grange advised that discussions were continuing in order to resolve the £0.5m funding gap.

**11.13 Sickness Absence:** Neil Brimblecombe reported that the annual sickness absence rate had fallen to below 5% for the first time and commended this significant achievement.

**11.14 Infection Control Update:** Claire Barkley presented the report and highlighted the inclusion of the requested amendments from the last report to include detail of compliance in terms of numbers as well as percentages and a focus on hotspot areas.

<b>Action:</b>	Update on commissioner feedback on Specialist CQUIN (TM) Comments on format of safety dashboard report (All)
----------------	---

**ITEM 9.1      MEDICINES OPTIMISATION STRATEGY 2013-2018: MAKING THE MOST OF MEDICINES**

**12** Cathy Riley attended the meeting and gave a presentation on the Strategy which had been developed following the thematic review which had been presented to the Board during 2012 and a subsequent period of consultation on the strategy development focused on moving on from medicines management to medicines optimisation. In response to a question from Steve Jones about the investment in training required to implement the Strategy, Cathy Riley advised that this would be undertaken as part of the Annual Training Plan development which would include prioritization of training needs across the organization with a view to ensuring that

the overall Annual Training Plan was delivered within budget. In response to a question from Paul Bunting about the inconsistent approach to the monitoring of medicines, Cathy Riley advised that the monitoring routinely took place but there was variation on how this was done and recorded and whether ratings scales were used or not. Paul Bunting referred to discussions relating to the development of an innovative digital strategy for the Trust and Cathy Riley confirmed her interest in being involved in this work and to the work being undertaken with respect to the assistive technology CQUIN in support of the contribution these initiatives could make to the delivery of the Medicines Optimisation Strategy. In response to a question from Ian Wilson about the potential for cost savings from drugs and prescription costs falling out of the Strategy, Cathy Riley confirmed that the holistic approach advocated within the Strategy was likely to impact positively on budgets such as reductions in readmission rates associated with adherence to medication prescribed and working with GPs to reduce wasteful repeat prescribing where adherence was a problem. The Medicines Management Work Programme for 2013/14 was received and noted and Cathy Riley advised that this would be produced annually and reported to and monitored by the Quality, Effectiveness and Risk Committee. Claire Barkley commented on the importance of a holistic approach linking the mental, physical and social aspects of care relating to medicines and their efficacy and side effects, as reflected in the Strategy. Jayne Deaville referred to the use and development of RIO as an enabler in all sorts of ways. The Medicines Optimisation Strategy for 2013-2018 was formally approved and the Board agreed to receive an update report in 12 months time.

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

- 13      The update report was received and noted. Jayne Deaville highlighted in particular the progress with respect to the service transition issues and the decommissioning of Shelton Hospital.

**ITEM 8.2      CLINICAL SYSTEM REPLACEMENT PROJECT**

- 14      The update report was received and noted. Jayne Deaville advised that the project remained on track and the project risks identified were being mitigated. In response to a question from Claire Barkley about the Trust screen saver reflecting the choice and medication message, Jayne Deaville confirmed that RIO had been prioritised but that the choice and medication screen saver would be included subsequently.

**ITEM 8.3      RIGHT SERVICE, RIGHT PLACE: CONSULTATION**

- 15      Andrew Hughes attended the meeting and summarized the key principles around the consultation on the estates rationalization. He emphasized the focus on services rather than buildings and that recognition had been given to flexibility, recognizing that a 'one size fits all' approach would not work. It was noted that a six week consultation period would commence and that a report on the outcome would be presented to the Board at its July 2013 meeting. Following this, the detail could be applied and worked through in terms of what the outcome of the consultation meant in terms of numbers, locations and design of buildings, both for service users, carers and staff. In response to a comment from Liz Nicholson, it was acknowledged that the opportunity should be taken for wide consultation with a range of stakeholders and partners including health, social care and the third and private sectors and opportunities explored for collaboration with respect to future uses of premises. In

response to a question from Steve Jones about the implications for the Trust's business growth strategy, Steve Grange advised that this would need to be considered but that the main focus was the Trust's existing community estate, recognizing that there were currently too many buildings not in the best location. Claire Barkley referred to Professor Glasby's work on the emotional burden of caring and the need to provide accommodation which was conducive to the needs of staff and sufficiently flexible to address different ways of working. Roger Craven referred to the Ms J's presentation at the beginning of the meeting and the preference of some service users not to be seen at home. Paul Bunting recognized that the consultation needed to be inclusive but cautioned against being driven off course through a well intentioned diversity of opinion. Andrew Hughes confirmed that he believed that the strength and rigour of the process being adopted would mitigate against this risk. The Board agreed the process to consult on Right Service, Right Place, the key messages for the consultation and approved the list of consultees, subject to the inclusion of the equivalent group in South Staffordshire to the Mental Health Forum listed in the report which referred to the Shropshire and Telford & Wrekin Voluntary Sector Mental Health Forum. The Board also agreed to receive a report on the consultation at its July 2013 meeting.

**ITEM 10 ANY OTHER NOTIFIED BUSINESS**

- 16 There was no other business.

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

- 17 Decisions made were summarised by the Company Secretary as follows:
- Action was agreed to address key themes arising from Ms J's carers story to the Board and specific issues relating to the individual case.
  - The Medicines Optimisation Strategy for 2013-2018 was formally approved.
  - The Performance Management Policy, Providing Employment References Policy and the Remediation Policy for Medical Staff were ratified.
  - The consultation arrangements relating to the premises rationalisation (Right Services, Right Place) were agreed.
- 18 The following future agenda items were agreed:
- Premises Rationalisation (July 2013)
  - The Medicines Optimisation Strategy 2013-2018: Update on work programme for 2013/14 (May 2014)
  - Quality governance: How does a board know that its organisation is working effectively to improve patient care? (TBC)

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

- 19 The next full Board meeting will take place on Thursday 27<sup>th</sup> June 2013 at **1330 for 1400** in the Board Room, Trust Headquarters, Stafford.