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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 27<sup>TH</sup> JUNE 2013**

**1 Present**

Ron Hilton	Non Executive Director (Vice Chair)
Paul Bunting	Non Executive Director
Alison Bussey	Director of Specialist Services
Neil Carr	Chief Executive
Roger Craven	Non Executive Director
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
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  
Jaskiern Kaur, Equality and Community Engagement Coordinator  
Steve Riddle, Governor Member  
Jackie Boyle, Governor Member

**ITEM 1 WELCOME AND INTRODUCTIONS**

- 3 Ron Hilton welcomed all present to the meeting.

**ITEM 2 APOLOGIES FOR ABSENCE**

- 4 Steve Jones, Chairman  
Lesley Crawford, Director of Mental Health  
Therèsa Moyes, Director of Quality and Clinical Performance

**ITEM 3 MINUTES OF THE MEETING HELD ON WEDNESDAY 29<sup>TH</sup> MAY 2013**

- 5 The minutes of the Board of Directors meeting held on Wednesday 29<sup>th</sup> May 2013 were agreed and signed by the Chair as a true and accurate record.

**ITEM 4 MATTERS ARISING FROM THE 29<sup>TH</sup> MAY 2013 MINUTES**

- 6 **6.1 Update on progress from Patient Story (Paragraph 4, page 1):** see 'any other business'.  
**6.2** All other actions were noted 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 The reports “**Discrimination by Appointment**” and “**Engaging with BME Communities: Insights for Impact**” were highlighted for particular review in the context of the Board paper on Equality Act compliance.
  - 7.2 **Care Quality Commission Visits** to The Redwoods Centre in May/June 2013. It was noted that the report on the unannounced visit had shown the Trust to be compliant in all six of the essential standards assessed. The report on the announced visit to assess Mental Health Act compliance was still awaited. Neil Carr summarised the key issues from the visits and action being taken to address the minor issues identified including rapid tranquilisation, post incident debriefing of staff and medicines management.
  - 7.3 **National NHS policy and priorities** under the headings of strategy, accountability, culture, intelligence and engagement which it was noted aligned closely to the Trust objectives surrounding culture, teams and leadership.
  - 7.4 Key issues from the **spending round for 2013** including future implications for pay progression and the impacts on social care budgets and funding.
- 8 The following Board Committee reports were received and noted:
- 8.1 **Foundation Management Team** [10<sup>th</sup> June 2013]
  - 8.2 **Finance and Performance** [24<sup>th</sup> May 2013 and 14<sup>th</sup> June 2013]: The Board formally ratified the following decisions which had been approved by the Finance and Performance Committee: the extension of the Rio Business Case; the addendum to the supplementary staffing business case for £50k and the minor amendments to the Freedom of Information Act Policy
  - 8.3 **Human Resources and Organisational Development Committee** [9<sup>th</sup> May 2013]: Neil Carr referred to the CQC Provider Compliance Assessment presented to the Committee and work being undertaken to re-assess outcomes 12, 13 and 14 to ensure the actions were allocated appropriately. It was agreed that the Board would wish to receive an update on the outcomes of this work and to be notified of the timeframe for its completion.
  - 8.4 **Business Development and Investment Committee** [17<sup>th</sup> May 2013]: Paul Bunting advised that the committee had completed the review and implementations of the lessons learned from the Cambridge tender and Steve Grange advised that these were now locked into the routine contractual review process. Roger Craven referred to the request for Board sign up to the development of a Digital Strategy and this was agreed.

## ITEM 6 TRUST ASSURANCE REPORT

- 9 The report was received and noted. Exception reports and comments from Board members were recorded as follows:
- 9.1 **Care Quality Commission Issues:** Liz Lockett highlighted the Care Quality Commission (CQC) visits to The Redwoods Centre where as part of the MHA announced visit, they had spoken to 18 service users; the CQC three year strategy recently published which heralded a new inspection regime with mental health trusts being first in line to experience the changes made and which would be reviewed through the Quality, Effectiveness and Risk Committee and the memorandum of understanding between the CQC and Monitor and the Quality and Risk Profile for the Trust release on 7<sup>th</sup> June

2013, which showed increased compliance in two areas.

- 9.2 **Safety Dashboard:** no exceptions were highlighted for May 2013. A slight increase was noted in medication errors but this was noted to have arisen from the delays in receipt of prescriptions by the Pharmacy provider in Cambridge, which had been resolved. Paul Bunting commended the presentation of this section of the report.
- 9.3 **Finance:** Jayne Deaville reported that at this early stage in the financial year, a sound start had been made to the Cost Improvement Plan targets which reductions in supplementary staffing, which was being closely monitored as a key indicator of quality and performance. In response to a question from Paul Bunting, Jayne Deaville agreed to clarify the two trend lines from the graph on page 4 of the report.
- 9.4 **Information Governance:** Jayne Deaville advised that of the 14 Freedom of Information (FOI) requests received in April 2013 one had exceeded the statutory deadline owing to annual leave but had been submitted a few days later. With respect to access to records requests, two of 45 had exceeded the statutory deadline during April 2013. She advised that future reports in this section would include trend analysis. In response to a question from Neil Carr about the MIND report on the use of restraint, which had originated from an FOI request to Trusts nationally, it was confirmed that the Trust had responded to the FOI request and that six uses of face down restraint had been used in the 12 month period under review. Neil Brimblecombe advised that the technique was only used in exceptional circumstances and that each occasion was subject to review by Gary Firkin to ensure that the required standards were met and best practice applied in line with policy.
- 9.5 **Contract Activity and Projects:** Jayne Deaville advised that all targets continued to be met.
- 9.6 **Commercial Activity/Business Development:** Steve Grange highlighted the increase in tenders released locally which had required his team to refocus their priorities. He advised there were currently 12 tenders in the system at varying stages. The inclusion of veteran status in the Rio dataset was noted and commended along with progress with the national veterans network and the NHS Heroes awards received by ward managers, Guy Taylor and Clare Hartland. Claire Barkley asked for the Communications Team to be congratulated for the film produced to showcase The Redwoods Centre at the recent GP event in Shrewsbury, which evaluated very positively and was agreed needed to be made available more widely as marketing material. It was also recommended that consideration be given to the use of a similar approach to services elsewhere in the Trust and potentially for use to inform and reassure people admitted for in-patient care. Steve Grange agreed to take these suggestions forward.
- 9.7 **Sickness Absence:** Neil Brimblecombe reported that the annual sickness absence rate continued to reduce. In response to a question from Paul Bunting about vacancy and turnover, he advised that the aim was to keep vacancy rates below 10% and that a turnover rate of 10-12% was normal for the sector. Greg Moores advised that this was monitored closely by the Human Resources and Organisational Development Committee.

Action:	Clarification of trend lines in Finance Report (JD) Suggestions for use of film clips (SG)
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**ITEM 7.1 MODERNISATION OF MENTAL HEALTH SERVICES IN SHROPSHIRE/TELFORD & WREKIN**

10 Jayne Deaville advised that this would be the last monthly report to the Board following a recommendation from the Supervisory Committee to disband. This decision was ratified, noting that the Disposal and Post Project Review will be Board and Business Development and Investment Committee discussion items and that the service transition reporting will be embedded within the wider performance management arrangements for the Trust. The progress reported in the final report was received and noted. The contributions of Roger Craven and Liz Nicholson as Chair of the Supervisory Committee were formally acknowledged as was the contributions of Jayne Deaville and Andrew Hughes for their role in delivering the project under budget and on schedule.

**ITEM 7.2 CLINICAL SYSTEM REPLACEMENT PROJECT**

11 The update report was received and noted. Jayne Deaville advised that the project remained on track and the project risks identified were being mitigated. It was noted that the 'go live' would commence in two weeks and would be a gradual roll-out commencing in the George Bryan Centre in Tamworth, to enable any issues to be identified and addressed. In response to a question from Paul Bunting about the accessibility of hard copy records in the event of IT failure and from Neil Carr relating to ensuring patient safety and the accessibility of patient records during the transition, Jayne Deaville advised that all records would be accessible from the go live date and that printed copies could be made available in the event of IT failure. It was noted that confirmation had been received that the system was compliant with all requirements for connection to the NHS spine. Neil Carr commented that major cultural change was required by staff to ensure the system delivered all the benefits and highlighted the presentation being made available to all staff and delivered at the Band 7 events held recently, commending attendance at future presentations to the Non Executive Directors.

**ITEM 8.1 ANNUAL REPORT (CARE QUALITY THEMATIC REVIEW) SCHEDULE**

12 Liz Lockett advised that the schedule outlined the care quality thematic reviews and annual reports to be undertaken during the financial year 2013/14. She advised that the purpose of the reports was to evaluate the strategic direction and performance of quality themes across the Trust, to audit areas of work and their operation and to ensure appropriate quality assurance and enhancement arrangements are in place. It was agreed that the reviews and reports would allow close scrutiny of key areas of performance associated with the specific topics and in particular consider strategic plans, guiding policies, procedures and internal systems for implementation and monitoring and provide assurance as appropriate for commissioners. Steve Grange advised that it would be important to avoid confusion with the Trust Annual Report. The schedule was formally agreed.

**ITEM 9.1 COMPARISON OF CENSUS DATA, SERVICE USER AND WORKFORCE DATA**

- 13 Jaskiern Kaur, Equality and Community Engagement Coordinator attended the meeting and presented the report, summarising the key themes and the areas recommended for further review and action. In response to a question from Neil Carr about the use of mandatory fields to increase recording of the ethnicity of service users, it was acknowledged that the issue reflected in part the reluctance on the part of some services to confirm their ethnicity and on the part of staff to pursue the collection of this information but that ethnicity recording needed to continue to be encouraged. It was also agreed that further work was required to review issues relating to the 'other white' ethnic group in light of the increasing eastern European population locally. Claire Barkley referred to medical staff and the need to focus not only on the recruitment issues but also on the cultural competence of this staff group given that they were often not ethnically representative of the service user population. Neil Brimblecombe highlighted the need to focus on other geographies covered by the Trust services in future reports. Paul Bunting commented that the information contained in the report needed to be taken forward to understand the impacts on care from the findings such as whether there were impacts arising from the disproportionately high numbers of female staff compared with the general population. There was also general discussion on the gender proportion in the different salary bands of staff, the correlation with the ages of the individuals in each salary band and whether there was a generational impact which had changed over the past 10 to 20 years. In response to a question from Liz Nicholson about the potential for barriers to promotion and career progression and evidence from appraisals, Greg Moores advised that this was covered in the Staff Survey and had not been indicated as an issue within the Trust. The Board commended the report as a useful source of information and formally agreed the suggested areas for future review and action as outlined within the report.

#### **ITEM 9.2 EQUILITY & DIVERSITY ANNUAL REPORT 2012/2013**

- 14 Jaskiern Kaur presented the report to inform the Board of progress in relation to equality over the course of 2012/13. She advised that the report confirmed that the recommendations of the 2012 Equality Review were being implemented and detailed progress to implement the new approach and model of equality, under the banner Dignity and Respect, including recruitment to a new lead post completed, further recruitment underway and work progressing with Directorate Management Teams, particularly focusing on shifting ownership of equality. In addition, Jas Kaur advised that the report set out progress against the Trust's four equality objectives over the course of the year and confirmed that the Trust's current performance against Equality Delivery System (EDS) standards is Phase 2, of a four Phase model. It was noted that performance and progress towards Phase 4 was on track and the main areas of focus to reach Phase 3 were around data collection (across more protected characteristics) and better intelligence and feedback gathering from local communities. Sue Nixon emphasised the action being taken to embed and integrate the equality objectives and actions in the day to day work of Divisions and Directorates supported by Jas Kaur. Liz Lockett advised that she was satisfied that progress was being made towards Phase 3 but that the challenge was to be consistent across all the protected characteristics. It was agreed that the equality objectives would remain unchanged from 2012/13 and the associated actions were formally approved with monitoring to take place by the Dignity and Respect Strategic Group, reporting to the Human Resources and Organisational Development Committee.

#### **ITEM 9.3 LIVED EXPERIENCES INFLUENCING SERVICE IMPROVEMENTS: STORIES**

## FROM THE SERVICE USER AND CARER CELEBRATION DAY (13<sup>TH</sup> JUNE 2013)

- 15 Sue Nixon summarised a very enjoyable day and thanked all those involved in the organisation of the event, including Ravi Bhakri, Governor Member, who had participated in the judging panel for the Service User and Carer Awards. Neil Carr commended the event as a 'must attend' for Board members. Sue Nixon summarised the key themes and issues highlighted by the stories that were shared during the day and summarised in the paper, including inconsistencies in care, the fear and reality of stigma in mental health, the importance of good communication and continuity of care, ensuring that people are supported with the right information at the right time, issues with transitions from hospital to community care, the support networks in place, the role of carers and the benefits of peer support and employment in recovery. She agreed to take the issues highlighted in the report forward in discussion with Therèsa Moyes to translate as appropriate into further action. In response to a comment from Liz Nicholson, it was agreed that further thought was required as part of the evaluation of the presentation of patient stories to the Board with respect to how the stories are presented and how the learning, best practice and service improvements required are assessed and taken forward where appropriate.

Action:	Review of stories to translate into actions as appropriate (TM/SN)
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### ITEM 10 ANY OTHER NOTIFIED BUSINESS

- 16 a) **Updated Progress from Patient (Carer) Story reported to the 29<sup>th</sup> May 2013 Trust Board:**

Neil Brimblecombe gave a verbal update based on information received from Lesley Crawford, with respect to actions taken to address the specific issues raised by Ms J in presenting her carer's story to the previous Board meeting. Actions taken included meetings with key individuals to clarify some of the issues, a review of team issues to address the continuity and consistency of care issues as well as training needs with respect to dual diagnosis and liaison with substance misuse services. Discussions had also taken place regarding the need on occasion for honest conversations with service users and carers about what could and could not be realistically achieved and of discussions with Facilities and Estates relating the venues needed for appointments. It was agreed that Neil Brimblecombe would also review with Ian Wilson and Sue Nixon the wider issues arising from this story and others, the wider issues relating to the quality and consistency of operational service delivery.

Action:	Review of wider themes (NB/IW/SN)
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### ITEM 11 SUMMARY OF DECISIONS MADE AND AGENDA ITEMS FOR THE NEXT MEETING

- 17 Decisions made were summarised by the Company Secretary as follows:
- Ratification of decisions approved at the Finance and Performance Sub Committee (see paragraph 8.2)
  - The development of a Digital Strategy was agreed
  - The disbanding of the Modernisation of Mental Health Services in Shropshire/Telford and Wrekin Supervisory Committee and alternative arrangements for monitoring the service transition, Shelton disposal and post

- project evaluation.
- The schedule of Annual Reports (Care Quality Thematic Reviews) was approved.
- The Equality Objectives and actions for 2013/14 were approved along with monitoring arrangements.
- Suggested considerations for further review and action arising from the Census and Workforce data report were formally agreed.
- Action to address key themes arising from the celebration day patient stories was agreed, linked to the overall review and evaluation of the presentation of patient stories to the Board.
- Action to address key themes arising from Ms J's carers story to the Board was agreed.

**18** The following future agenda items were agreed:

- Modernisation of Mental Health Services in Shropshire/Telford and Wrekin – post project evaluation (TBC)
- Shelton disposal outcomes (TBC)
- Feedback to the Board from the updated CQC Provider Compliance Assessment being undertaken by the Human Resources and Organisational Development Committee (TBC)

#### **ITEM 12      DATE AND TIME OF NEXT MEETING**

**19** The next full Board meeting will take place on Thursday 25<sup>th</sup> July 2013 at **1300 for 1330** in **The Redwoods Centre, Shrewsbury**.