
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 26TH SEPTEMBER 2013

1 Present

Ron Hilton	Non Executive Director (Vice Chair)
Paul Bunting	Non Executive Director
Dr Claire Barkley	Medical Director
Alison Bussey	Director of Specialist Services
Neil Carr	Chief Executive
Lesley Crawford	Director of Mental Health
Steve Grange	Director of Business Development
Marina McQuade	Non Executive Director Designate
Dr Ian Wilson	Non Executive Director
Steve Jones	Chairman
Dr Neil Brimblecombe	Director of Nursing
Jon Shaw	Head of Financial Planning
Sara Reeve	Associate Director of Performance
Greg Moores	Director of Human Resources, Organisational Development and Equalities

2 In Attendance

Jane Landick, Company Secretary
Steve Riddle, Governor Member
Robin Harvey, Governor Member
Graham Riley, Governor Member
Jackie Boyle, Governor Member
Enrique Mateu, Governor Member
Mark Read, Senior HR Adviser
Dr Jurai Darongkamas, Consultant Clinical Psychologist (Agenda items 2 and 8.3)
Jessica Kent, Arts for Health Manager (Agenda item 10.1)
Dave Reeves, Heritage Project Officer (Agenda item 10.1)

ITEM 1 WELCOME AND INTRODUCTIONS

- 3 Ron Hilton welcomed all present to the meeting and advised that as Steve Jones was losing his voice, he would chair the meeting.

ITEM 3 APOLOGIES FOR ABSENCE

- 4 Therèsa Moyes, Director of Quality and Clinical Performance
Sue Nixon, Non Executive Director
Jayne Deaville, Director of Finance and Performance
Liz Nicholson, Non Executive Director

ITEM 4 MINUTES OF THE MEETING HELD ON THURSDAY 29TH AUGUST 2013

- 5 The minutes of the Board of Directors meeting held on Thursday 29th August 2013

were agreed and signed by the Chair as a true and accurate record. **Post meeting note:** Roger Craven's name was deleted from the attendance list and Liz Nicholson's added.

ITEM 5 MATTERS ARISING FROM THE 29TH AUGUST 2013 MINUTES

6 There were no matters arising.

ITEM 6 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

7 Neil Carr reported on the following events/activities and issues:

7.1 Key **national guidance and reports** during the month were highlighted and in particular the Alzheimer's Society document "Building dementia-friendly communities: a priority for everyone" and the The King's Fund report "Oxleas Advanced Dementia Service: supporting carers and building resilience", which were referred to in the context of the real opportunities to develop new partnerships in South Staffordshire with respect to the provision of dementia services.

7.2 **Right Service, Right Place:** application of the agreed principles in developing priorities and strategic direction were noted to be progressing.

7.3 Continued monitoring of the impacts of **social care budgets** on health was highlighted.

7.4 **Quality Improvement Framework:** completion of training of a number of certified leaders in LEAN methodologies and the appointment of Dr Katy Morris to lead the project.

7.5 Opportunities to develop **prime and sub contractor partnerships** and to work with commissioners to reduce out of county spending was noted.

7.6 **Upgrading the In-Patient Estate:** it was noted that £8m to upgrade the estate on the George Bryan and St George's Hospital sites had been agreed to ensure issues highlighted during a Care Quality Commission (CQC) visit to the George Bryan Centre were addressed and also to ensure that the facilities were fit for the future for the next ten years. Detailed plans would be produced by the first week in October including the proposed decant arrangements for the wards affected. Neil Carr advised that there would be disruption to service users, relatives and staff during this period but that every effort was being made to identify and mitigate any clinical risks and minimise the disruption. In response to a question from Steve Jones, Neil Carr advised that a detailed communication plan was being established to ensure regular and ongoing communication with all those involved both internally and externally to the Trust, taking on board all the learning from the Shelton modernisation programme.

7.7 **Staff Opinion Survey:** Greg Moores advised that this year's survey would be released the week commencing 7th October 2013 running through to mid December 2013 and that the results were anticipated in Spring 2014. Questionnaires would arrive at work addresses for distribution by team leaders and staff would be given 30 minutes during work time to complete them. He advised that renewed efforts were being made to raise awareness and improve response rates. In response to a question from Paul Bunting about the option of completing the forms online, Greg Moores advised that the options were either hard copy or online but not both. Marina McQuade suggested the use of competition between teams to encourage a higher response rate and Greg Moores advised that this was already done but at a Directorate level.

- 7.8 Powys:** Neil Carr reported on a meeting scheduled for October 2013 to discuss the future need for provision of crisis resolution and home treatment (CRS/HT) services in Powys, in light of the continued impact on the use of beds at The Redwoods Centre as a consequence of the shortage of CRS/HT services in this region.
- 7.9 The Don Berwick report** on patient safety in the NHS was noted as an important document and it was agreed the key issues would be reviewed through relevant Board sub committees. The key challenge was to turn date into intelligence to inform decisions and drive change and quality improvement.

Action:	Referral of Don Berwick Report to sub committees (Exec Lead and Chairs)
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8 The following Board Committee reports were received and noted:

- 8.1 Foundation Management Team** [9th September 2013]: Sara Reeve confirmed that secondment opportunities for staff to be part of the new CQC inspection regime had been publicised in the Trust but that the current pilots were focusing on acute services.
- 8.2 Human Resources, Organisational Development and Equalities** [31st July 2013]: Greg Moores advised that the provider compliance assessment of standards 12, 13 and 14 had been fully compliant and the detail was reflected in Therèsa Moyes' Trust Assurance Report.
- 8.3 Council of Governors** [11th September 2013]: Neil Carr commented that this had been a good meeting, with high quality debate.
- 8.4 Finance and Performance Committee** [9th August 2013]: Marina McQuade highlighted the refocusing of the Finance and Performance Issues Group which was now the Finance Assurance Group to cover governance and risk. The decision to defer the draw down of the loan in light of the strong cash position of the Trust was ratified by the Board.
- 8.5 Service User and Carer Committee** [14th August 2013]

ITEM 7 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 Visits:** Sara Reeve advised that an action plan had been developed based on the draft report on the recent visit to the George Bryan Centre.
- 9.2 Community Patient Survey:** It was noted that analysis of the results was underway and that the report was scheduled for the October 2013 Board.
- 9.3 Exception Report:** Sara Reeve reported on two unexpected deaths which had been reported as Level 2 incidents, both of which were being investigated in line with policy. In response to a question from Paul Bunting, Sara Reeve gave a summary of the process through which the Board gained assurance with respect to the outcomes and learning from incidents and investigations. In response to a question from Steve Jones, it was noted that the Trust had a duty to report incident to commissioners through the standard contract and that monitoring by commissioners also took place at the monthly CQRN

meetings. Sara Reeve advised that the overdue serious incident report referred to in the paper had now been completed and processes reviewed to address late reporting of incidents.

- 9.4 Finance:** Jon Shaw reported that at month four the income and expenditure position showed a year-to-date surplus position of £4.1m, representing an underspend of £1.9m against the year-to-date budget. It was noted that the Trust was forecasting to deliver 95% of its 'gross' Cost Improvement Plan (CIP) target for 2013/14, although only 66% would be delivered on a recurrent basis leaving a recurrent shortfall of £2.0m going into 2014/15. In response to a question from Steve Jones, Jon Shaw confirmed that the £2m was included in the £9.5m CIP target for 2014/15.
- 9.5 Information Governance:** Jon Shaw advised that one access to records statutory deadline breach occurred in July and that of the information governance incidents reported, none were classified as serious incidents.
- 9.6 Contract Activity and Projects:** Jon Shaw advised that action was being taken to address the underperformance on the learning disability and forensic low secure activity. With respect to Monitor targets, he confirmed that all continued to be met although work was being undertaken in the Mental Health Division to explore the reasons behind the drop in compliance with the CPA target. Lesley Crawford agreed to update on this under matters arising at the next Board meeting.
- 9.7 Commercial Activity/Business Development:** Steve Grange tabled the "organisation on a page" reflecting key statistics relevant to the Trust. He advised that it was intended to publish this document approximately twice a year and in response to a question from Neil Brimblecombe advised that for openness and transparency, it would include negatives as well as positives as appropriate. Claire Barkley referred to discussion at the Council of Governors meeting about making material available in other formats including easy read and it was suggested that the comments of the SAY group were sought. Marina McQuade also suggested the service user satisfaction dial should be prominent on the Trust website. Jane Landick also agreed to ensure wide circulation of guidance to enable access to the Meridian system. Steve Grange concluded his report by highlighting plans to explore the use of social media scanning software.
- 9.8 Human Resources:** Greg Moores advised that the report template was undergoing a review and the revised format would be presented to the Human Resources, Organisational Development and Equalities Committee in September and if approved, to the Board at its October 2013 meeting. Neil Brimblecombe advised that there were no exceptions to highlight in his report this month. Neil Carr advised that mandatory training compliance had been confirmed by Alex Brett to be higher than reported due to issues with data not having been fed into the system.

ITEM 8.1 USING THE NEW CARE QUALITY COMMISSION (CQC) INSPECTION REGIME TO INFLUENCE OUR STRATEGIC APPROACH

- 10** Sara Reeve advised that the Care Quality Commission's recent consultation on its

new assessment framework had been responded to by the Trust prior to completion of the pilots and implementation from April 2014. She advised that the framework presented an opportunity for the Trust Board to review and align its strategy in line with the five key questions against the clinical, financial and commercial aspects of the Trust's business strategy and commercial direction. In response to a question from Ron Hilton, Neil Carr advised that the Framework and also the Don Berwick report helped to address consistency of standards, approach and language. Steve Jones commented that the cross cutting themes would also be of help in clarifying the roles and responsibilities of regulators and would help the Trust in challenging practice and leadership development. The Board formally endorsed the proposal that further work to align the Trust Strategy to the framework be undertaken and presented to Board at a future meeting.

ITEM 8.2 CLINICAL SYSTEM REPLACEMENT PROJECT

- 11 The update report was received and noted. Jon Shaw advised that whilst the roll-out had been generally positive, some issues had emerged which required resolution prior to further roll-out. Neil Carr advised that it was important to pick the pace up as soon as possible in order to meet the expectations of staff for whom the implementation was subject to delay.

ITEM 8.3 STRATEGY FOR PROVIDING SERVICES TO PEOPLE WHO HAVE SYMPTOMS CONSISTENT WITH A DIAGNOSIS OF PERSONALITY DISORDER(S)

- 12 Dr Jurai Darongkamas gave a presentation on the Strategy and showed a DVD telling the patient story of a lady with a diagnosis of a personality disorder and how she believed the implementation of the strategy would have a positive impact on her mental health and the prospect of recovery. Steve Grange commented on the national context, the low level of commissioning of services locally and the comparison with overall societal spend as a consequence of the under-provision of services for this client group. Neil Carr commended the strategy and highlighted the importance of challenging the traditional categorisation of this client group as "other mental health conditions" or as 'too difficult'. Claire Barkley referred to the emotional impact of the DVD, the inconsistency in presentation of individuals on good and bad days and the importance of seeing people as legitimate service users rather than those who got into services by default or mistake. Ron Hilton commented that the strategy did not convey the urgency for commitment to action and resources to implement the Strategy. Lesley Crawford and Alison Bussey confirmed that they had agreed the prioritisation of training budgets to the implementation of the training requirements of the Strategy and Neil Carr confirmed that the initial priority was to develop a critical mass of expertise and to engage with commissioners to demonstrate the benefits of the proposed approach as outlined in the Strategy. In response to a question from Greg Moores about success measures after 12 months, it was agreed that these would include the completion of training, audit arrangements in place and the presence of specialist in teams. In response to a question from Marina McQuade about outcome measures relating to the experiences of service users, Jurai Darongkamas highlighted some expected improvements and Neil Brimblecombe referred to NICE guidance as a source of benchmarking outcome measures. Paul Bunting reflected that the first 12 months would need to be spent addressing the training needs, fixing what was broken and gathering intelligence to enable constructive engagement with commissioners on future commissioning needs and strategies.

The Board of Directors approved the implementation plan for the next five years covering the five key areas and the key associated actions as outlined in the strategy. It was also agreed to receive a progress report on the implementation of the training programme and alignment with the Trust's overarching strategy and business plan in January 2014.

ITEM 9.1 OUTCOMES OF LIVED EXPERIENCE STORIES SHARED AT THE BOARD

- 13** Sara Reeve presented the paper and advised that the next step was the evaluation of the process to date, which would be supported by the Service User and Carer sub committee and that this was scheduled for presentation to the Board later in the year. Claire Barkley reflected that it was important to ensure no harm was done as result of service users sharing their stories and to ensure effective support both before and afterwards. Neil Carr commented that this was important and was being addressed but that it was equally important that service users were supported to present their stories on their own terms. Paul Bunting commented that it was important to provide options for stories to be told without it being in a showcase environment. In response to a question from Steve Jones about Ms J, Lesley Crawford provided an update and Ian Wilson advised that a meeting was taking place the following week involving himself, Neil Brimblecombe and Simon Smith to provide additional assurance that the wider issues arising from this story were being addressed.

ITEM 10.2 REVALIDATION UPDATE

- 14** Claire Barkley presented the report which confirmed that following the commencement of Medical Revalidation in January 2013, the Trust had achieved a Green RAG rating based on the Organisational Readiness Self Assessment (ORSA) exercise for the year ending March 2013. She summarised the ORSA Comparator Report published by the NHS Revalidation Support Team in September 2013 and commented on the action plan to address the identified development needs. Greg Moores highlighted the stated intention of the Nursing and Midwifery Council to follow suit and introduce revalidation for nursing and midwifery staff. Neil Carr commended the achievement of compliance in terms of organizational readiness and welcomed the assurances revalidation provided in terms of the performance of doctors and their fitness to practice. Claire Barkley also highlighted the benefits of the opportunities created for remediation between trusts and other organizations. Neil Carr referred to the importance of job planning through a partnership approach between doctors, services and patients and their carers. It was noted from the recent visit to Seattle that Virginia Mason addressed job planning through a compact. Claire Barkley referred to the importance of addressing revalidation issues and performance relating to doctors approaching retirement but advised that such issues had not been encountered to date within the Trust. The Board confirmed its continued support for the development of medical appraisal and revalidation within the Trust through the delivery of the action plan.

ITEM 10.1 SHELTON HERITAGE PROJECT

- 15** Jessica Kent outlined the project objectives and structure including the aim of gathering personal memories and stories and of reaching out to a wider audience. Dave Reeves gave a presentation on the outcomes of the project in terms of the history, heritage and the vast numbers of pictures, documents and artefacts which it was agreed were worthy of preservation. It was noted that it had not been possible

to identify a solution with respect to the artefacts although the documents could be digitized and archived. A number of suggestions were put forward including:

- Involvement of the Wellcome Institute or other relevant institutions
- Publications
- Re-use of artefacts in public spaces and as part of displays
- Availability of material as an educational resource
- Discussion with library services with respect to preservation of records and use of display material
- Production of montages or screens to communicate the history and resources available.

It was agreed that consideration would be given to the various options suggested but that in the meantime, action would be taken to safeguard and safely store the various artefacts currently still located in the Shelton Hospital building.

Action: Preservation and storage of artefacts (SG)

ITEM 11 ANY OTHER NOTIFIED BUSINESS

- 16 16.1 Future Board agenda:** Neil Carr advised that from October 2013, the Board agenda would be restructured and as part of this work, 15 minutes would be allocated at the start of the meeting for governor members to have the opportunity to ask questions on items listed for discussion at the Board meeting

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

- 17** Decisions made were summarised by the Company Secretary as follows:
- Preservation and storage of artefacts associated with Shelton Hospital
 - Use of the CQC inspection framework to align to and help inform the Trust strategic direction
 - Approval of the implementation plan and key associated actions relating to the Personality Disorder Strategy
 - Continued support was agreed for the development of medical appraisal and revalidation within the Trust through the delivery of the action plan
- 18** The following future agenda items were agreed:
- Progress report on Personality Disorder Strategy (January 2014)
 - Progress report on using the new Care Quality Commission (CQC) inspection regime to influence our strategic approach (TBC)
 - Patient story evaluation report (November 2013)

ITEM 13 DATE AND TIME OF NEXT MEETING

- 19** The next public Board meeting will take place on Thursday 31st October 2013 at **1300 for 1330** in **the Board Room, Trust Headquarters, Stafford.**