
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST HELD AT ST GEORGE'S HOSPITAL, STAFFORD AT 1330 HRS ON THURSDAY 31ST OCTOBER 2013

1 Present

Ron Hilton	Non Executive Director (Vice Chair)
Paul Bunting	Non Executive Director
Alison Bussey	Director of Specialist Services
Lesley Crawford	Director of Mental Health
Jayne Deaville	Director of Finance and Performance
Steve Grange	Director of Business Development
Marina McQuade	Non Executive Director
Greg Moores	Director of Human Resources, Organisational Development and Equalities
Therèsa Moyes	Director of Quality and Clinical Performance
Sue Nixon	Non Executive Director
Liz Nicholson	Non Executive Director
Dr Ian Wilson	Non Executive Director
Dr Abid Khan	Associate Medical Director

2 In Attendance

Jane Landick, Company Secretary
LMcK (Service User)
Sue Havers, Consultant Forensic Clinical Psychologist & Head of Forensic Psychological Services (Agenda Item 2)
Tina Fanneran, Research Project Lead (Agenda Item 10.6)
Clare Boulton, OD & Engagement Manager (Agenda Item 10.1)
Steve Riddle, Governor Member
Enrique Mateu, Governor Member
Steve Morris, Governor Member
Ravi Bhakri, Governor Member
Kath Chambers, Service User Experience Lead
Representatives from Janssen

ITEM 1 WELCOME AND INTRODUCTIONS

- 3 Ron Hilton welcomed all present to the meeting.

ITEM 4 APOLOGIES FOR ABSENCE

- 4 Dr Neil Brimblecombe, Director of Nursing
Dr Claire Barkley, Medical Director
Steve Jones, Chairman
Neil Carr, Chief Executive

ITEM 2 PATIENT STORY

- 5 LMcK described the onset of his mental illness in 2010, the sequence of events that

led to his admission and the progress he had made in the intervening three years. The Board noted the following key points:

- The initial lack of insight into his mental health issues and resistance to medication as form of treatment
- The index offence being a cry for help
- The high quality care provided by the Trust
- the benefits of group work and activities and the role of staff in facilitating what the patient is willing to do
- The importance of gaining a purpose and hope to aid recovery and the provision of real opportunities.
- Initiatives such as the buddy system to support and engage service users

Ron Hilton commended LMCK on his articulate and well presented story. In response to a question from Liz Nicholson about strategies for coping with 'bad days', LMCK emphasised the importance of staff members being there to listen and provide support and added that it was important to maintain positivity and hope. He outlined his plans following discharge including his intention to work as a volunteer for RIOT (Recovery is Out There) and emphasised the importance of continued support and help post discharge. Sue Nixon commended LMCK's personal achievements to date, having attended the service user forum in the Forensic Unit, noting in particular his support for other service users and his polite but assertive style of advocating on their behalf. Ron Hilton concluded by thanking LMCK for attending and reminding us why we are here.

ITEM 3 QUESTIONS FROM THE FLOOR

- 6 Ron Hilton invited questions from the floor on any issue specific to the public Board agenda for the meeting. None were forthcoming.

ITEM 5 MINUTES OF THE MEETING HELD ON THURSDAY 26TH SEPTEMBER 2013

- 7 The minutes of the Board of Directors meeting held on Thursday 26th September 2013 were agreed and signed by the Chair as a true and accurate record subject to the removal of "designate" from Marina McQuade's designation in the record of attendance.

ITEM 6 MATTERS ARISING FROM THE 26TH SEPTEMBER 2013 MINUTES

- 8 a) **Referral of Don Berwick Report to sub committees** (page 3, paragraph 7.9): Therèsa Moyes confirmed that this report would be considered by the Quality Governance Committee at its November 2013 meeting and Greg Moores advised that the Human Resources, Organisational Development and Equalities Committee would also be addressing the workforce implications. It was confirmed that both would report back to the Board through the respective sub committee reports.

ITEM 7 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

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

- 9.1 Key national guidance and reports during the month were highlighted and in particular the Mental Health Foundation report, "Starting today: the future of mental health services" and the Care Quality Commission's Community mental health services survey 2013, which was the subject of a separate Board paper.

- 9.2 The Department of Health guidance on flu vaccination for health and social care staff was noted as having been proactively implemented in the Trust with Board members having received their vaccinations prior to the meeting.
- 9.3 Paul Bunting commented on three recent suicides within the Trust's services on which he expected some comment and assurances to be provided at Board. Therèsa Moyes advised that they were subject to a full and detailed investigation as serious incidents and were reported and discussed with a view to any lessons learned through the divisions and through to the Quality Governance Board sub committee. Board monitoring was currently through the sub committee reports and the safety dashboard. Liz Nicholson and Abid Khan further outlined the level of scrutiny to which such incidents were subjected at sub committee and operational levels. Therèsa Moyes and Jayne Deaville agreed to further review the reporting and assurances available to the Board through the Quality Governance Framework.

Action:	Review of reporting and assurance regarding serious incidents (suicides) (TM/JD)
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10 The following Board Committee reports were received and noted:

- 10.1 **Quality Governance Committee** [10th October 2013]: Liz Nicholson highlighted in particular the focus on staff attitude and the need for a cultural approach rather than traditional customer care training, in light of findings from sources including serious incident reports and the PALS/complaints thematic review. She also referred to resources being available to enable staff to attend training. Greg Moores confirmed that these issues were being taken up by the Human Resources, Organisational Development and Equalities Committee.
- 10.2 **Finance and Performance Committee** [11th October 2013]: Marina McQuade highlighted the future year's Cost Improvement Plan and the request for a plan to be presented to the next meeting outlining the timetable for action. It was noted that reporting arrangements for charitable funds had also been reviewed and found to be satisfactory and Information Governance Toolkit interim submission was noted to have been approved.
- 10.3 **Audit Committee** [14th October 2013]: Marina McQuade commented that it was positive to note the small numbers of losses and compensation claims referred for approval. Therèsa Moyes acknowledged the technical issues which had afflicted the revised Assurance Plan and Risk Register and advised that it was anticipated that they would be resolved in time for the scheduled report to the November 2013 Board.
- 10.4 **Human Resources, Organisational Development and Equalities** [4th October 2013]: No additional comments were made and the summary report was noted.
- 10.5 **Service User and Carer Committee** [16th October 2013]: Sue Nixon commended the wide range of activities in support of World Mental Health day and referred to productive debates on the subjects of the Abandoned Illness and the next steps with respect to 'Right Service Right Place'. It was also noted that the Committee were currently engaged in its own self assessment relevant to the specific needs and remit of the Committee and that this would be reported to the Board in December 2013.
- 10.6 **Business Development and Investment Committee** [13th September 2013]: Paul Bunting advised that the Committee had agreed the strategic priorities based on core and new business opportunities; highlighted the success in

being awarded two contracts for Buckingham and Sandwell Community Drug and Alcohol services, and advised that Divisional leads were now fully integrated into the Committee.

- 11 The following policies were formally ratified by the Board having been approved at the relevant sub committees:

- 11.1 **Supporting Staff Following a Critical Incident Policy** (approved at Human Resources and Organisational Development and Equalities Committee on 3rd October 2013)
- 11.2 **Clozapine Policy** (minor amendments approved at Quality Governance Committee on 10th October 2013)

ITEM 8 TRUST ASSURANCE REPORT

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

- 12.1 **Care Quality Commission:** Therèsa Moyes highlighted the current consultation with respect to the proposed increases to fees for 2014/15 and reported that the response to the report on the compliance visit to the George Bryan Centre had been submitted.
- 12.2 **Internal Monitoring of Essential Standards:** No change was noted from last month's report.
- 12.3 **CQUINs:** Therèsa Moyes advised that evidence confirmed compliance with and achievement of all CQUINs up to the end of Q2.
- 12.4 **Risk Register/Assurance Plan:** Therèsa Moyes advised that the software issues were being addressed with the suppliers in advance of next month's scheduled report. In the meantime, the summary of assurance with respect to the management of key risks was noted and agreed.
- 12.5 **Safety Dashboard:** Therèsa Moyes advised that the overdue serious incident report had subsequently been completed. In response to a question from Marina McQuade, Therèsa Moyes advised that a 'level of harm' score of 100% did not mean that there was 'no harm' but that the level of harm caused was within control limits.
- 12.6 **Finance:** Jayne Deaville reported that at month five the income and expenditure position showed a year-to-date surplus position of £5.4m, representing an underspend of £2.6m against the year-to-date budget. With respect to savings plans, she reported that it was forecasted to deliver 98% of 'gross' CIP target for 2012/13, although only 67% will be delivered on a recurrent basis. This will leave a recurrent shortfall of £2.0m going into 2014/15 and a total CIP of £9.5m. It was noted that star chambers and challenge events were being set up and that a focus would remain on ensuring no impacts on patient safety or quality of service. Supplementary staffing was noted as continuing to remain below establishment levels and with respect to the cash position, Jayne Deaville reported that investments and cash in hand totalled £30.6m at the end of the month and that this was below the planned Q2 figure of £42.5m arising from the decision not to draw down the remaining £15m loan at the end of Q2.
- 12.7 **Information Governance:** Jayne Deaville advised that one Freedom of Information (FOI) Act statutory deadline breach occurred in August 2013 due to a failure to forward the request to the FOI Office and that of the 19 information governance incidents reported, none were classified as serious

incidents.

- 12.8 **Contract Activity and Projects:** Jayne Deaville advised that action was being taken to address the over performance on block contracts in order to avoid cost pressures later in the year. All Monitor targets continued to be met.
- 12.9 **Commercial Activity/Business Development:** Steve Grange highlighted the positive progress with the Joint Strategic Needs Assessment process which was being fed through the Business Development and Investment Committee and particular success with the Quest project for which Nick Beaumont and the team were to be commended. Steve Grange gave assurance that emergency planning arrangements were in place in advance of the industrial action being taken by the Fire Service. He also summarised the likely implications of the forthcoming contracting rounds including the QIPP agenda and CQUIN changes.
- 12.10 **Human Resources:** Greg Moores presented the revised format agreed by the Human Resources, Organisational Development and Equalities Committee and advised that further improvements would be made on an iterative basis. He advised that sickness absence continued to reduce and that the Trust now had the second lowest rate amongst mental health trusts in the West Midlands. It was noted that the outstanding DBS check had been submitted.

ITEM 9.1 CLINICAL SYSTEM REPLACEMENT PROJECT

- 13 The update report was received and noted. Jayne Deaville advised that the project continued to run to budget and timescale.

ITEM 9.3 MONITOR ANNUAL PLAN 2013/14 SIX MONTH UPDATE REPORT

- 14 Steve Grange presented the report, summarised the highlights and provided evidence and assurance that the Plan remained on target. Jayne Deaville summarised the Monitor visit to the Trust on 22nd October 2013 which had highlighted no issues. Monitor colleagues had visited the forensic and eating disorders services during their visit and their feedback had been very positive. The six month report was approved and it was agreed to receive a further full year report in January 2014, subject to clarification on the 2014/15 Annual Plan submission timeframe.

ITEM 10.1 REAL TIME STAFF ENGAGEMENT SURVEY: MERIDIAN

- 15 Claire Boulton attended the meeting and advised that the project had emerged from a realisation that more was required to get feedback from staff than an annual once a year staff opinion survey, given that staff engagement was a key priority for the Trust and that previous surveys had indicated the need for the Trust to be able to receive direct feedback from staff to enable more responsive and tailored development interventions to be implemented. She summarised pilots which had been undertaken using Meridian, all of which had evaluated very positively both with staff on the basis of the relevance of the questions and accessibility and in terms of the outcomes and findings. Therèsa Moyes commented on the potential for correlating the findings from staff surveys with the feedback from patient surveys through Meridian, all of which could be done including the production of heat maps in real time. In response to a question from Ron Hilton, it was confirmed that links could and would be made with the Quality Improvement Framework projects and initiatives. Alison Bussey commented that the surveys provided a valuable indicator of staff engagement and a clear measure of success to inform future action. Lesley

Crawford agreed that it provided information which was quick, easy to interpret and act upon. Therèsa Moyes advised that Meridian also presented an opportunity to develop a scoring methodology for the friends and family test, relevant to people with mental health and learning disability problems. In response to a question from Paul Bunting, Claire Boulton confirmed that currently no weighting was applied to the questions in the staff survey relating to their relative impact on overall engagement. She also confirmed that the action plan arising from the survey results was management rather than HR led. In response to a comment from Paul Bunting about the potential to undermine the national staff survey, particular in respect of the response rate, it was noted that the Meridian surveys had been suspended until January so as not to influence the national staff survey. Alison Bussey also advised that evidence suggested that the positive and reactive approach to findings from local surveys were more likely to motivate and encourage staff to believe that positive outcomes could also be achieved by engaging with the national survey. The Board confirmed its support for the continued development of the Meridian Staff Survey project as described in the paper.

ITEM 9.2 DIGITAL STRATEGY

- 16 Steve Grange presented the draft Digital Strategy and advised that, in line with Government intent, the Trust's digital vision should be to positively promote effective digital channels as a compelling alternative to conventional methods of delivering health care and interaction with key audiences. He advised that the Digital Strategy focused on priorities, policies and people and addressed two areas for priority action: patient information/Interaction and Trust profile/marketing, through the website redevelopment and social media monitoring and use through partnership with a company able to scan all social media on behalf of the Trust and provide real time reports with a drill down capacity. Steve Grange advised that the strategy was agreed at the Business Development & Investment Committee on 18th October 2013. Paul Bunting suggested a review of the terminology used to ensure there was no confusion with the Trust's IT Strategy and a clear communication focus and this was agreed. Subject to this, the Board formally approved the Strategy and agreed to receive an update report six months post implementation.

ITEM 11.6 RESEARCH PROJECT: ADMISSION AND ACUTE MENTAL HEALTH - DEVELOPING A STRUCTURED INTERVENTION WITHIN A SHARED DECISION MAKING (SDM) AND SELF-REGULATORY FRAMEWORK

- 17 Tina Fanneran attended the meeting and gave a presentation on the project, which she summarized as an investigation of the process of admission and service user and carer involvement in acute mental health inpatient care. Based in the Redwoods Centre she advised that researchers were exploring the existing process of admission on Pine and Birch wards focusing on determining the effectiveness and utility of the one-to-one encounter between a service-user and his / her key-worker within 48 hours of their admission. The aim of this study was to better facilitate this session by structuring it within a self-regulatory and shared decision-making (SDM) framework. The results and findings to date were presented. In response to a question from Lesley Crawford about links to the Rapid Process Improvement Workshop (RPIW) work on Birch Ward and the need to ensure there was no confusion surrounding the 72 hour formulation meetings, Tina Fanneran advised of steps being taken to ensure linkage of issues and clarity of purpose across the projects. In response to a comment from Liz Nicholson about the potential to triangulate the findings with the experiences of service users admitted to in-patient

care arising from complaints and PALS, Tina Fanneran acknowledged that this would be of value to the project and would be considered. Paul Bunting commented on the duration of the project which was noted to be 24 months which appeared inconsistent with the apparent need for urgency and speed to address an apparently unsatisfactory admission process. Tina Fanneran advised that she had not intended any misconception that the admission process at present was significantly flawed and that improvements were being implemented as issues were identified. Therèsa Moyes commented on the research methodology and agreed to explore this further outside of the meeting in order to better understand the approach being taken and the background to the project. Alison Bussey commented that the new approaches being taken to service improvements were relatively new and it was clear that these initiatives needed to be aligned to the established research and development approaches and processes and this was agreed.

Action: Alignment of service improvement and R&D projects and initiatives (TM/AB)
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ITEM 10.2 SUB COMMITTEE GOVERNANCE REVIEW

- 18** Jane Landick presented the paper outlining the process for the governance review recently conducted by all Board sub committees including an additional review arising from the Board Development Workshop in June 2013 to focus on papers submitted to the various committees and the alignment and integration of issues referred between sub committees and the Board. The terms of reference for each committee were received, having also been reviewed and update as required. Jane Landick advised that some of the sub committees were continuing to review and improve processes and reporting post review including the service user and carer committee, which had reviewed and amended the questions to reflect the specific needs of the committee and that this was being subject to wider consultation with service users and carers with a report anticipated in December 2013, which would be presented to the Board. Jane Landick also referred to the proposal from Monitor to require in future a three year mandatory external governance review, which was currently the subject of consultation and challenge, with the lead being taken by the Foundation Trust Network. The Board confirmed that the report provided assurance with respect to the governance arrangements for the Board and its sub committees and noted additional actions identified by respective sub committees.

ITEM 10.3 USE OF THE COMMON SEAL

- 19** The uses of the seal between 20th July and 30th October 2013 were formally approved as being in accordance with Standing Orders.

ITEM 11.1 2013 COMMUNITY MENTAL HEALTH SURVEY

- 20** Therèsa Moyes presented the report which reflected Trust performance compared to the National Picture and advised that the Trust was categorised as being 'better' in one measure and judged to be in-line with other Trusts in all of the other 37 measures. The Trust had no measures judged as performing 'worse' than expected, which was the same position as in 2012. She noted that the use of Meridian to obtain real time data locally and focus on making improvements arising from feedback in a timely manner was increasing and improving. Lesley Crawford then summarised the strategic approach being taken within the Mental Health Division

including a focus on community mental health teams and looking at care pathways and clusters, medication, talking therapies and holding events to engage with GPs and service users and carers. She advised that a priority was being given to enhancing day to day living for service users with an increased focus on the role of peer recovery workers and nursing and OT assistants to deliver support and interventions in support of this. A further priority related to improving links between Crisis Resolution/Home Treatment and Community Mental Health Teams. In response to a question from Paul Bunting about links with social workers and social care generally, Lesley Crawford advised that this was under review through the Section 75 agreement in Staffordshire and also with respect to older people's services. In Shropshire/Telford and Wrekin, she advised that work was also taking place but that the impacts of social care funding cuts were already evident and continued to be monitored.

ITEM 11.2 HALF-YEAR REPORT ON DELIVERY OF HUMAN RESOURCES, ORGANISATIONAL DEVELOPMENT AND EQUALITY STRATEGY 2012-2016

- 21 Greg Moores presented the report and summarised the highlights and challenges from the first six months post implementation of the Strategy. The highlights included continuing reductions in sickness absence levels, steady improvement in mandatory training compliance, and significant work to improve staff engagement and support effective team working. Positive progress regarding workforce planning and the equalities agenda were also noted. With respect to current challenges in delivering the strategy, Greg Moores referred to an increase in employment tribunal claims and associated spend in legal fees, a drop in appraisal compliance, and the need to increase the pace around the development of a high performance culture. The Board approved the report and agreed to receive a full year report in April 2014 and to require ongoing monitoring through the Human Resources, Organisational Development and Equalities Committee.

ITEM 11.3 PROJECT TO SHIFT ACUTE MENTAL HEALTH CARE PROVISION FROM HOSPITAL TO COMMUNITY IN SOUTH STAFFORDSHIRE

- 22 Lesley Crawford summarised the background to the closure of the Margaret Stanhope Centre in September 2012 and the content of the report presented which confirmed that no adverse patient care issues had arisen from the closure. She confirmed that in line with the original agreement, copies of the report had been sent to the relevant Clinical Commissioning Group (CCG) Boards. She advised that the report showed an increase in patients who had been supported in the community and had not required in-patient admission as a consequence and no increase in complaints or PALS issues received. GP feedback had been positive with seven concerns recorded of which two had been upheld. Abid Khan commented on positive feedback from CCGs and GPs on the Crisis Resolution/Home Treatment service, the strengthened community teams and the improved liaison with primary care services. Liz Nicholson commended both the handling of the project overall and the excellent evaluation which had demonstrated clear benefits to service users and carers. The report was received and noted.

ITEM 11.4 THEMATIC REVIEW OF INCIDENTS OF ABSCONDING: APRIL 2012 TO MARCH 2013

- 23 Therèsa Moyes presented the report which she advised included an excellent literature review against which to benchmark the findings within the Trust. She

highlighted the range of actions and improvements both recommended and being considered and taken forward by the Divisions. Lesley Crawford highlighted that in addition to environmental considerations, her priority was to pursue an approach which focussed on changing the ways in which staff acted and behaved on wards to improve listening, engaging and supervising service users and carers to understand their concerns, provide assurances, have meaningful conversation and ultimately mitigate any reasons that service users might have for absconding and in response to a question from Paul Bunting, to fully understand the root causes of absconsions. The Board formally approved the recommendations contained within the report.

ITEM 11.5 ANNUAL REPORT AND THEMATIC REVIEW OF THE SERVICE RELATIONS AND PATIENT ADVICE AND LIAISON SERVICE 2012/13

- 24 Jane Landick presented the report which covered a review of national guidance recently published, statistical information on complaints and PALS received during the reporting period and priorities for future work. It was noted that the report had been presented to and discussed at the Quality Governance Committee on 10th October 2013. Jane Landick highlighted the increase in complaints in the category of 'staff attitude' and reflected on the behavioural and cultural approach outlined by Lesley Crawford in the previous agenda item as a key action which was reflected in the action plan for this thematic review and the intention to work closely with the Divisions with respect to this work. Greg Moores commented that the implementation of values based recruiting would also be a factor in embedding the desired behaviours and cultural attitudes. The recommendations of the report and the action plan for 2013/14 were formally approved.

ITEM 12 ANY OTHER NOTIFIED BUSINESS

- 25 There was no other business notified.

ITEM 13 SUMMARY OF DECISIONS MADE AND AGENDA ITEMS FOR THE NEXT MEETING

- 26 Decisions made were summarised by the Company Secretary as follows:
- The policy on supporting staff following a critical incident and minor amendments to the Clozapine Policy were ratified.
 - The proposed direction of travel with respect to how the real time staff engagement project using Meridian would be taken forward, was agreed.
 - The Digital Strategy was agreed subject to a review of the terminology used.
 - The sub committee terms of reference were ratified and assurance confirmed with respect to the self assessment governance review completed by the sub committees
 - Uses of the seal for the reporting period were approved in line with Standing Orders
 - Ongoing monitoring of the HRODE Strategy 2012/16 by the Human Resources, Organisational Development and Equalities Committee was agreed.
 - The recommendations of the AWOL Thematic Review were agreed
 - The recommendations of the Complaints and PALS Thematic Review were agreed.
- 27 The following future agenda items were agreed:
- Monitor Annual Plan full year report (April/May 2014)
 - HRODE Strategy full year report (April 2014)

- Service User and Carer Sub Committee self assessment review (December 2013)
- Digital Strategy Six Month post implementation review (April 2014)

ITEM 14 DATE AND TIME OF NEXT MEETING

- 28** The next public Board meeting will take place on Thursday 28th November 2013 at **1300 for 1330** in **Seminar Room 1, The Redwoods Centre, Shrewsbury.**