
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 31ST OCTOBER 2013

1 Present

Ron Hilton	Non Executive Director (Vice Chair)
Dr Neil Brimblecombe	Director of Nursing
Paul Bunting	Non Executive Director
Alison Bussey	Director of Specialist Services
Neil Carr	Chief Executive
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

ITEM 1 WELCOME AND INTRODUCTIONS

- 3 Ron Hilton welcomed all present to the meeting. He congratulated all the winners of the POD staff awards for 2013:

Chris Holley Award for Innovation

Dr Nangai Azhahan (Speciality Doctor – Marston House, Stafford)

Governor Award for Making a Positive Difference

Debbie Hughes – Pine Ward

Clinician of the Year

Todd Hinds (Child Psychotherapist – The Bridge, Stafford)

Clinical Team of the Year

George Bryan Centre

Non Clinical Team of the Year

Arts for Health

Support Worker of the Year

Nigel Morris (Community Support worker – Ptarmigan House, Shrewsbury)

Unsung Hero

Maria Broadhist (DART recovery worker, Isle of Wight) and Jonathan Platt (Deputy Directorate Accountant – Trust HQ)

Partnership Award

Dementia Liaison Team

Chairman's Award

Ruth Kirkman (Learning Disabilities Specialist Nurse, Lanxess House, Burton on Trent)

Lifetime Achievement

Keron Fletcher and Margaret Hughes

Ron Hilton informed the Board that this would be Neil Brimblecombe's last Board meeting. In thanking Neil for his significant contribution over five years plus, Neil Carr commented that Neil had challenged us, taken mental health to a different level and been a valued servant and ambassador. Neil Brimblecombe thanked the Board for their support and commented that he believed the Trust had an exciting future and wished colleagues well for the future.

Ron Hilton advised that in the absence of the Steve Jones and Lesley Crawford, the presentation by the Community Development Workers had been deferred.

ITEM 2 APOLOGIES FOR ABSENCE

- 4 Dr Claire Barkley, Medical Director
Steve Jones, Chairman
Lesley Crawford, Director of Mental Health
Jayne Deaville, Director of Finance and Performance

ITEM 4 PATIENT STORIES: THE MANCHESTER APPROACH

- 5 Therèsa Moyes advised that this item originated from a Radio 4 news story heard by Sue Nixon and which had been followed up by a visit to Manchester Mental Health and Community Trust by Jane Landick and Kath Chambers. One of the patient stories produced by Manchester was played to illustrate the approach they had taken. Neil Carr commented that the approach enabled stories to be heard from people who would otherwise feel intimidated by the prospect of appearing before the Board. Greg Moores highlighted the potential for the use of the recordings for a range of other purposes including recruitment, induction and training. In response to a question from Neil Brimblecombe, Jane Landick advised that the Manchester approach was to accompany the recording with a short paper outlining the context for the story and the impact on services as a result of any learning and that the outcomes were evaluated on an annual basis through a paper to the Board. Ron Hilton commented that at the Human Resources, Organisational Development and Equalities Committee meeting the previous day, a discussion on the wide range of approaches to influencing culture and behaviour had taken place and recommended that this approach complemented and should be aligned to the rest of the initiatives being taken forward within the Trust. It was agreed that Therèsa Moyes would lead the implementation of the Manchester model with respect to the use of patient stories at the Board and within the rest of the organisation.

Action: Implementation of the Manchester Model (TM/JL)

ITEM 5 QUESTIONS FROM THE FLOOR

- 6 Ron Hilton invited questions from the floor on any issue specific to the public Board agenda for the meeting.

6.1 Fran Virden, Staff Governor: Who is responsible for evaluating the impact of Rapid Process Improvement Workshops (RPIW) and does this include a cost/benefit analysis? Neil Carr advised that the RPIW was one of 20 or so LEAN methodologies and that four had been undertaken within the Trust to date. He advised that built into the process was a 30, 60 and 90 day review undertaken

within the Team itself and which was shared with the organisation, monitored by the Executive Directors and with a further review at the one year point. He advised that the benefits were evaluated in terms of quality improvements rather than cost, but that there was often evidence that waste was driven out and system defects addressed which generated cost improvements. He provided an example of this on Birch Ward, where costs of bank and agency staff had been halved, but emphasised that the real benefits arising from this were reflected in the improved quality of patient care as a result. Sue Nixon advised that the Trust was benefiting from the learning from Seattle and Tees, Esk and Wear Valleys NHS Foundation Trust in the implementation and evaluation of the RPIWs and other methodologies.

6.2 Steve Riddle, Public/Service User/Carer Governor – Why is there no longer a governor section in the Environmental Scan and why does the membership figure not increase month on month as members are recruited?

Neil Carr advised that the format of the environmental scan was changed recently to reflect the Trust Values and Strategic Aims and that items relating to governors were and would be included against those headings rather than as a separate item. With respect to membership growth, Jane Landick advised that growth in membership was always mitigated by the drop of rate of members who lose contact, move house or are otherwise lost as members but that efforts were continually made to sustain growth to either increase or sustain existing membership numbers.

ITEM 6 MINUTES OF THE MEETING HELD ON THURSDAY 31ST OCTOBER 2013

- 7 The minutes of the Board of Directors meeting held on Thursday 31st October 2013 were agreed and signed by the Chair as a true and accurate record, subject to noting the agreement to rename the Digital Strategy the Digital Communications Strategy.

ITEM 7 MATTERS ARISING FROM THE 31ST OCTOBER 2013 MINUTES

- 8 All actions were noted as having been completed. Theresa Moyes advised that her discussions with Jayne Deaville (paragraph 9.3, page 3) centred around receiving assurances from the Quality Governance Committee which satisfied the requirements of the annual governance statement to Monitor.

ITEM 8 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

- 9 Neil Carr reported on the following events/activities and issues:
- 9.1 Key national guidance and reports during the month were highlighted and in particular the WHO report on prison health.
 - 9.2 Consultant appointments: it was noted that the one appointment had been made to four vacant posts and that the decision not to appoint had reflected the rigour of the process, the contributions from service user representatives on the interview panel and the fidelity that was paid to ensuring a fit with the Trust values. In response to a question from Ian Wilson, Neil Carr advised that when any vacancy arose, consideration was given to the need for a like for like replacement or based on the principles of new ways of working, if there were other options available to meet the identified workforce needs.
 - 9.3 Staff Opinion Survey: it was noted that with four days to go, the response rate was 50% and staff who had not done so, were being encouraged to submit their responses. In response to a comment from Neil Carr, Greg Moores advised that the staff engagement pilot on Meridian presented to the last

Board meeting by Claire Boulton, enabled additional feedback on staff satisfaction in real time but also the opportunity to triangulate staff satisfaction with the service user and carer data collected via Meridian.

- 9.4 Local Health Economy Summit on 17th December 2013: Neil Carr advised that this meeting called by the Local Area Team was to be externally facilitated and would be discussing key issues for the Trust including integrated care pathways and health economy wide initiatives across Staffordshire and Shropshire including drug and alcohol services and learning disabilities.
- 9.5 Progress with a number of initiatives including deployment of the recovery model by Rachel Lucas and the establishment of the LEAN project team under Katy Morris was noted. The progress towards all executive directors becoming certified leaders and the learning and ideas from the visit to Seattle was also summarised by Therèsa Moyes.
- 9.6 The success of the recent leadership conference was highlighted by Sue Nixon, who commended the efforts of Alex Brett and her team in delivering an event with such energy and focus on culture changing impacts.
- 9.7 Ian Wilson reported on the Allied Health Professions day on 27th November 2013 and commended the contributions made by AHPs to patient care.

10 The following Board Committee reports were received and noted:

- 10.1 **Quality Governance Committee** [14th November 2013]: Liz Nicholson highlighted the referral of the Psychological Practice Strategy to the Human Resources, Organisational Development and Equalities Committee; the detailed analysis of the serious incident reports and the action being taken to address the overdue reports; the actions agreed arising from the Berwick Report; and the approval of the Arts for Health Strategy. Neil Carr referred to the summary of the discussion on the report on deaths/suicides which appeared in the local and national press and clarified that of the 50% of deaths referred to as 'accidental' this should be amended to reflect that these included deaths from natural causes. This amendment to the summary report was agreed.
- 10.2 **Finance and Performance Committee** [8th November 2013]: Marina McQuade highlighted review of the Risk Register and Assurance Plan which had focused on formatting and completeness and in response to a comment from Neil Carr, agreed that the Committee would further review the wording of risks on the register to ensure that they were appropriately described.
- 10.3 **Business Development and Investment Committee** [15th November 2013]: Paul Bunting advised that the Committee had reviewed the resourcing priorities against existing business, new contracts and future bids ensuring consideration of the capacity to deploy against new contracts. He advised that a focus was being maintained on innovation and consideration of future opportunities. Neil Carr referred to the estates rationalization plan and the continued focus on ensuring that issues identified by the CQC relating to ligature risks were prioritised, but also that there was a clear audit trail for decision making based on robust risk assessment. Alison Bussey confirmed that this was the case and Paul Bunting agreed that the sub committee had received adequate assurance on this point. Therèsa Moyes advised that a recent ligature review by Liz Lockett and the mental health team had applied a similar degree of rigour and Steve Grange confirmed that this work was being undertaken in partnership between Facilities and Estates and clinical team, ensuring timely communication with staff and ward managers regarding the scheduling of work. In response to a question from Sue Nixon regarding the

decanting of wards, Steve Grange advised that this depended on the size of the upgrade and the particular client group affected. Alison Bussey advised that where such work was being undertaken whether involving a decant facility or not, a daily risk assessment was undertaken to ensure that the staffing levels reflected the client need and risk levels.

Action: Review of accuracy of wording of risk register entries relevant to Finance and Performance (JD/MM)

The following policies were formally ratified by the Board having been approved at the Finance and Performance Sub Committee on 8th November 2013.

- 11.1 Losses and Compensations Policy
- 11.2 Debt Collection Policy

ITEM 9 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 – Community Treatment Order (CTO) visit:** It was noted that the report on the visit which had been ably co-ordinated by Dawn Crowther, had been received and recorded a number of examples of good practice and one area for improvement.
- 12.2 **Quality and Risk Profile:** Therèsa Moyes summarised a number of changes which had arisen from the report on the visit to the George Bryan Centre and the impact of the Community Mental Health Survey results. In response to a question from Paul Bunting about the impacts of these sources of evidence, Therèsa Moyes advised that it provided a useful means of highlighted what additional evidence and assurance might be required to further inform the Trust's internal rating.
- 12.3 **CQUINs:** Therèsa Moyes advised that evidence confirmed compliance with and achievement of all CQUINs at quarter 2.
- 12.4 **Safety Dashboard:** Therèsa Moyes advised that the overdue serious incident report had subsequently been completed but that the regularity with which small numbers of reports became overdue was the subject of further review and action.
- 12.5 **Combined Risk Management:** Therèsa Moyes advised that the quarter 2 report was subject to review by the Quality Governance Committee to achieve a more streamlined format and would be reported to the December 2013 Board meeting.
- 12.6 **Finance:** Marianne Cleeve reported that at month six the income and expenditure position showed a £2.7m favourable variance against plan and that with respect to the savings plan, it was forecast to deliver 98% of the gross Cost Improvement Plan (CIP) target although only 69% was on a recurrent basis. She advised that star chamber sessions had commenced and that a paper would be submitted to the Board in December 2013 which would include assurances with respect actions taken to ensure there would be no adverse impact on the quality of care arising from Divisional savings plans. It was noted that the use of supplementary staffing had increased in month 6, but that this was better than the comparable position for last year and that hotspot areas were being monitored and action taken as required.
- 12.7 **Information Governance:** Marianne Cleeve advised that one Freedom of

Information (FOI) Act statutory deadline breach occurred in September 2013 due to an error in transcription of an e-mail address which had resulted in a process change to prevent this happening in future.

- 12.8 **Contract Activity and Projects:** Marianne Cleeve advised that action was being taken to address the over performance on block contracts in order to avoid cost pressures later in the year. Steve Grange commented that it was important to demonstrate the over-performance as a consequence of demand to support the argument to protect the baseline income. All Monitor targets continued to be met. In response to a question from Ian Wilson relating to income shortfalls in the Forensic Directorate, Neil Carr advised that the reduced demand for medium secure beds was being felt nationally and that discussions were taking place with commissioners which included the case for service redesign. It was noted that a peer review of the Trust's forensic service has evaluated very positively. Abid Khan advised that discussions were also taking place regarding pathways between acute and forensic services although this was only relevant to low secure services. Marianne Cleeve confirmed that an e-mail received from Monitor advising of a second stage review had subsequently been confirmed by Monitor to have been sent in error.
- 12.9 **Commercial Activity/Business Development:** Steve Grange highlighted the proposed changes to IAPT service models, which would be likely to impact on Trust services in this area and future contracts, which would be monitored; government policy changes with respect to the privatisation of prisons and potential market implications were noted; receipt of Monitor guidance on the annual planning process and the change in timeframes was noted which would require Board sign off in February/March 2014; whilst the Trust did not win an HSJ award for the MOD app, the achievement of being shortlisted was commended; and, it was noted that the Veterans' app had been launched on all platforms.
- 12.10 **Human Resources:** Greg Moores referred to the Key Performance Indicators in the report and highlighted the continued improvement in sickness absence rates; action proposed regarding appraisal and linking performance to values which would be reflected in a paper to the December 2013 Foundation Management Team. It was agreed that this issue and wider issue of the competence of those conducting the appraisal would be a topic for discussion at the Board Development session in January 2014. Neil Carr referred to the improvement in mandatory training compliance to 86%, which had been the subject of concern to governors in previous years. Greg Moores advised that he was satisfied with this improvement and referenced the range of steps which had been taken to improve compliance, particularly for staff in services at a distance to the Trust and those working in prisons. In response to a further question from Neil Carr, Greg Moores advised that reviews had been and continued to be undertaken to evaluate the effectiveness of workbooks and other measures introduced in embedding learning and practice. Neil Brimblecombe advised that experience had highlighted the benefit of slow and sustained steps to improve mandatory training compliance rather than fire-fighting to address hotspot areas where compliance was low, potentially at the expense of other areas. Ron Hilton commented that the expansion in access of e-learning had been the subject of discussion at the Human Resources, Organisational Development and Equalities Committee on 27th November 2013. Neil Carr commented that it was important that staff saw the delivery of training as part of the job and that this was linked to LEAN methodologies. He also recommended that a progress update report on mandatory training was

provided for governors.

- 12.11 **Mental Health Legislation Quarter 2 Report:** No exceptions outside control limits were reported. An unannounced visit to the Psychiatric Intensive Care Unit (Norbury House) was noted to have taken place and was understood to have raised no major issues although the report had not yet been received. In response to a question from Neil Carr about action being taken to address national concerns relating to the use of the Mental Capacity Act within Trusts, Jane Landick summarised the action plan developed and being monitored through the DOLS working group and agreed to ensure a summary update report was submitted to the January 2014 Board meeting.
- 12.12 **Medical Directorate:** Abid Khan provided an update on revalidation progress and further consultant recruitment planned for February 2014. He advised that some Trusts were recruiting to posts which were not Royal College of Psychiatrists approved, but that all the Trust consultant posts being recruited to were fully accredited. Abid Khan reported that meetings were being arranged to ensure doctors and other clinicians were fully engaged in meeting the CIP challenge. He advised that the infection control report had been revised at the Board's request to reflect compliance by Directorate and hotspot areas. Steve Grange advised that the low compliance in Facilities and Estates had resulted from batching, but that this was now being addressed and compliance was expected to increase as a result. With respect to flu vaccinations of Trust staff, Neil Carr asked for an update on the headline figures at the December 2013 Board.

Action:	Mandatory training report to governors (GM/JL) Flu vaccination rates to December 2013 Board (AB)
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ITEM 10.1 CLINICAL SYSTEM REPLACEMENT PROJECT

- 13 The update report was received and noted. Marianne Cleeve advised that the project continued to run to budget and timescale. It was noted that a governor question had been received relating to cost and timescale and that the response would be provided and communicated to the Council of Governors meeting on 17th December 2013.

Action:	Response to Governor question (JD/JL)
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ITEM 10.2 NHS MANDATE

- 14 Neil Carr presented the paper and highlighted in particular the prominent focus on mental health being as important as physical health and the repeated reference to mental health issues as a priority. He also noted the emphasis on dementia, recovery and wellness, including the importance of knowledge and information to enable individuals to take control of their condition. The recurring theme of integration was also evident, focusing on pathways rather than organisations and the importance of challenging existing practices and ways of working. Therèsa Moyes advised that would be important to examine the content against the outcomes framework and review the implications for future commissioning. The Board agreed to review the impacts on Trust services and plans for the future as part of the next Board Development session and that sub committees through Executive Directors and sub committee chairs would review the content of the Mandate and discuss the implications specific to the sub committee. The Board

also agreed that the mandate would form an integral part of our planning assumptions and would need to be reflected in the development of future strategy including the Monitor Annual Plan.

Action:	Inclusion of discussion of NHS Mandate in Board Development session for January 2013 (NC/JL) Referral to sub committees (Exec Leads/Chairs) Inclusion in Strategy/Annual Plan (SG)
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ITEM 11.1 CONSULTATION ON MONITOR'S REVISED CODE OF GOVERNANCE FOR NHS FOUNDATION TRUSTS

15 Neil Carr advised that a great deal had changed since the Code was last updated in 2010 and that many of these changes had implications for how NHS foundation trusts were expected to establish and report on corporate governance arrangements. It was noted that the Health and Social Care Act 2012; the new provider licence; the risk assessment framework; the Francis Report; and a new edition of the UK Corporate Code of Governance were all key drivers. Neil Carr advised that Monitor had updated the existing Code to take account of these developments and has also taken the opportunity provided by this update to be clearer about what is meant by corporate governance and to clarify precisely how NHS foundation trusts are expected to use the Code. It was agreed that this document would be added to the Board Development session agenda for review as part of the assurance of compliance with the Code and the response to the consultation was agreed, subject to additional comments received following the e-mail invitation for comments from Board members and governors in advance of the meeting. It was agreed that implementation of actions arising from the Code and compliance with it, would be delegated to the Company Secretary, once the consultation had been completed and the revised Code was formally issued.

Action:	Inclusion on Board Development session agenda (NC/JL) Submission of consultation response (JL)
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ITEM 12.1 SERIOUS INCIDENT THEMATIC REVIEW

14 Therèsa Moyes advised that the Serious Incident Thematic review provided an overview of the numbers and types of serious incident reported in 2012/13 along with the findings from the investigations of serious incidents grouped by type of incident, identifying key themes which arise. She advised that key to the report was a review of the literature on the analysis and investigation of serious incidents which had identified a number of areas for improvement for the organization. It was noted that these improvement areas were reflected in the recommendations of the paper and that arising from the presentation of the paper to the Quality Governance Committee, were now being subject to review by governance leads in order to develop action plans relevant to individual Divisions and Directorates. Neil Carr referred to action 7 on page 9 of the report and Therèsa Moyes agreed to ensure that this action incorporated liaison as appropriate with Health and Wellbeing Boards across all of the Trust's services. It was also agreed that action 8 relating to carers would be reviewed and reworded. In response to a question from Ian Wilson regarding learning and sharing with other organizations, Therèsa Moyes agreed that there were areas of commonality which could be explored through the working group which had been established to co-ordinate and monitor the action plans, but that the

focus at present was on learning and sharing internally.

Action: Review and rewording of actions 7 and 8 (TM)

ITEM 12.2
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SAFER STAFFING IN IN-PATIENT SERVICES BRIEFING

Neil Brimblecombe advised that this initiative came out of the Secretary of State's response to the Francis Report and as it stood was specific to the ratio of nursing staff to patients. It had implications for all NHS providers and potentially all NHS funded providers. Evidence had also emerged from the Keogh reviews where there was found to be a correlation between high mortality, the nursing staff to patient ratio being low and other factors including skill mix. Neil Brimblecombe advised that from 1st April 2014, monthly reports would need to be published showing expected and actual nursing staff numbers at team level and evidence that variances were reported to the Board with six monthly reviews of planned staffing including the rationale for the set staffing levels. It was noted that in mental health services there were currently no accredited tools for determining staffing levels and that although work was taking place nationally to address this, in the type of services involved, there would always be room for opinion and subjectivity. Whilst the focus was likely to be on in-patient services, the data would be required for all services and teams and it was agreed that this would be an initiative which would truly bring the ward to the Board. Steve Grange advised that it would be important to ensure that the data and implications were appropriately reported, communicated and discussed with commissioners to provide the relevant assurances. Ron Hilton commented that the interpretation of the data was likely to be complex given the variable needs of individual patients on a single ward and that there would need to be transparency in both interpretation and context. It was agreed that Alison Bussey would present a paper at the January 2014 Board, setting out arrangements to take forward the establishment of baseline staff/patient ratios and the data collection and reporting arrangements.

ITEM 13 **ANY OTHER NOTIFIED BUSINESS**

16 There was no other business notified.

ITEM 14 **SUMMARY OF DECISIONS MADE AND AGENDA ITEMS FOR THE NEXT MEETING**

- 17** Decisions made were summarised by the Company Secretary as follows:
- The future approach to bringing Patient Stories to the Board was agreed to be based on the Manchester approach.
 - The Losses and Compensation Policy and the Debt Collection Policy were both ratified.
 - Review of the NHS Mandate by Board sub committees was agreed
 - The consideration of the implications of the NHS Mandate would be addressed in the Trust planning assumptions, strategic review and Monitor Annual Plan.
 - Items were agreed for the Board Development session agenda including the NHS Mandate, the revised Monitor Code of Governance and issued associated with the Trust's appraisal compliance figures.
 - The response to the Monitor consultation on the revised Code of Governance was agreed and actions arising from the changes to the Code were delegated to the Company Secretary
 - Agreement on the priority areas for action arising from the Serious Incident Thematic Review was confirmed.

- 18 The following future agenda items were agreed:
- Mental Capacity Act compliance and action plan update report (January 2014)
 - Safer Staffing implementation plan (January 2014)

ITEM 15 DATE AND TIME OF NEXT MEETING

- 19 The next public Board meeting will take place on Thursday 19th December 2013 at **1300 for 1330** in **the Board Room, Trust Headquarters, St George's Hospital, Stafford.**