
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 30TH JANUARY 2014

1 Present

Steve Jones	Chairman
Dr Claire Barkley	Medical Director
Paul Bunting	Non Executive Director
Alison Bussey	Director of Nursing/Chief Operating Officer
Neil Carr	Chief Executive
Lesley Crawford	Director of Mental Health
Jayne Deaville	Director of Finance and Performance
Steve Grange	Director of Business Development
Ron Hilton	Non Executive Director (Vice Chair)
Howard King	Director of Specialist Services
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

2 In Attendance

Jane Landick	Company Secretary
Kathryn Taylor	Service User (Agenda Item 3)
Cathy Riley	Chief Pharmacist (Agenda item 11.3)
Councillor Simon Jones	Governor Member
Jacki Boyle	Governor Member
Steve Riddle	Governor Member
Enrique Mateu,	Governor Member
Ravi Bhakhri	Governor Member
Dr Chandan Aladakatti	ST4 to Dr Abid Khan

ITEM 1 WELCOME AND INTRODUCTIONS

- 3 Steve Jones welcomed all present to the meeting.

ITEM 2 APOLOGIES FOR ABSENCE

- 4 There were no apologies for absence.

ITEM 3 PATIENT STORY: PATIENT STORY

- 5 Steve Jones welcomed Kathryn back to the Board meeting to give an update on her story since she had first presented to the Board in August 2012. She summarised the work she had done for the Trust and her own personal experience as a service user in the intervening time.

- Service improvement – packs developed for service users and carers on admission and discharge
- Concept of the Trust as a wheel with the Board as wheelwrights and the ultimate strength of the wheel.
- Some important initiatives being taken forward, particularly the recovery focus, given impetus and direction to what is important.
- Ensuring service user and organisational targets are aligned and co-produced.
- Better quality care based on individual care needs – issues including recording, care planning, time spent with the service user, personal care.
- Encouraging signs evident on Birch Ward – start the day meetings.
- Demonstrating care and compassion
- Judging Nursing Awards – lots of excellent practice going on.
- Individual issues – examples of poor practice, poor communication. “Is this as good as it gets?” prompting a second opinion.
- Holding fast to the Trust’s first value.

Neil Carr thanked Kathryn for her very insightful and thought provoking presentation and for telling it like it is. He commented that the Trust is clearly on a journey and that the core values and co-production are central to it. Lesley Crawford thanked Kathryn for all the work she has been involved in within the Division including the workshop relating to the acute care pathway. Liz Nicholson commented on the need to manage and try to eliminate the lack of consistency in staff attitude and through training and other approaches to encourage staff to sit on the other side and reflect on “how it would feel to you”. Greg Moores commented that through Values Based Recruitment and Performance, this would be important to test out. Claire Barkley highlighted the importance of developing longitudinal relationships with people in order to build a real therapeutic relationship and the barriers to this happening, particularly for junior doctors spending four months on each rotation, and the unintended consequences when this relationship is not established. In response to a question from Sue Nixon, Lesley Crawford summarised the steps taken to ensure that the findings and good practice from Birch Ward are rolled out and shared across the Trust. Paul Bunting challenged the Board, through its reporting arrangements and papers to ask whether they always reflected a Trust where the patient was clearly at the centre. Therèsa Moyes commented on the current focus on record keeping and care planning and Alison Bussey highlighted the service user perspective and focus through the review and monitoring of safer staffing. It was agreed that the detailed content of Kathryn’s presentation should be used and disseminated as widely as possible and used to develop discussion topics at a range of fora.

Action: Request to be made for a transcript of the presentation and permission for use (JL)
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ITEM 4 QUESTIONS FROM THE FLOOR

6 Steve Jones invited questions from the floor on any issue specific to the public Board agenda for the meeting. None were forthcoming other than three questions which had been submitted in advance by Ravi Bhakri, Governor Member:

6.1 What action plan Trust propose to follow to deal with increased demand FOI requests and Access to Records information? This is an extra demand on our staff resources resulting in extra pressure to meet with the deadlines. Are we exploring possibilities how best we deal with upward trend of requests over the last 12

months?

Jane Landick advised that additional capacity had been provided in the PALS team until May 2014, pending a review of the time associated with providing responses to requests both within the PALS team itself, but also within the Trust by teams who were asked to gather the information to enable a response to be made.

6.2 Trust assurance report Section 4 Human Resources: The Trust wide vacancy rate is running roughly at the same level over the last 12 months . What are the issues around not filling the posts? This may be causing some extra burden on other staff members resulting in higher rates of sickness and impacting on performance and quality of services we offer.

Greg Moores advised that the vacancy rate had been around 9% for the past 12 months and at the same time the sickness absence rate had decreased. He advised that the vacancy rate varied across the Trust and was currently high in Facilities and Estates where a major recruitment exercise was taking place. It was also noted that vacancies may be held in areas where there were expected contract and/or service delivery changes taking place, but that if there was likely to be an impact on front line services in particular, that posts would be filled on a temporary basis. Alison Bussey commented that the clinical vacancy rate was a blunt measure of quality and made reference to the paper on Safer Staffing, which offered a more relevant metric which the Board would be using to help review impacts and hotspot areas where turnover and/or sickness absence was high. Lesley Crawford referred to the substance misuse services which were due to be tendered and where temporary recruitment to vacancies had been used. In response to a further question from Ravi Bhakhri, she advised that some excellent appointments has been made on temporary contracts and that there had been no issues with service delivery. Jayne Deaville confirmed that the additional cost of agency staff was not significant through the use of NHS Professionals and that there was no additional cost associated with the use of bank or temporary appointments. Neil Carr referred to the changes made to the shift system arising from the Rapid Process Improvement Workshop at The Redwoods Centre and the resultant improvements in staff satisfaction, morale and reduced sickness. He added that the use of bank and agency was more often than not based on a clinical risk assessment of the need for staffing to be over establishment rather than as a result of vacancies. In response to a request from Ravi Bhakhri to revisit the issue in six month's time, Ron Hilton advised that these issues were kept under regular review by the Human Resources, Organisational Development and Equalities Committee and the Board and that this would continue.

6.3 Is it possible to have an update on the positive actions Trust has taken over the last 12 months period and difference it has made to Trust culture, clinical performance and service user /carer satisfaction since we implemented Francis Report in March 2013?

Therèsa Moyes referred to the paper on this subject later in the agenda but also referred to the findings of the Performance and Assurance Engagement Group which had undertaken to review each of the Trust's eight identified Francis Themes at its meetings throughout the year to evaluate the evidence in support of actions taken to address these areas.

ITEM 5 MINUTES OF THE MEETING HELD ON THURSDAY 19TH DECEMBER 2013

- 7 The minutes of the Board of Directors meeting held on Thursday 19th December 2013 were agreed and signed by the Chair as a true and accurate record, subject to noting the attendance of Jackie Boyle and correcting the date of the meeting at

paragraphs 7 and 8 of the minutes to 28th November 2013.

ITEM 6 MATTERS ARISING FROM THE 19TH DECEMBER 2013 MINUTES

8 All actions were noted as having been completed.

ITEM 7 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 Department of Health's publication, "**No health without mental health: mental health dashboard**" which it was noted was already being used by Lesley Crawford and others to support effective benchmarking. The NHS Confederation briefing on **Mental Health and Community Services** was highlighted as a summary of the learning from the creation of integrated trusts and risks of dilution to mental health services and the need to ensure parity of physical and mental wellbeing. Also referred to for further analysis and review in the context of the Trust was the Department of Health report "**Preventing suicide in England: one year on first annual report on the cross-government outcomes strategy to save lives**". Neil Carr summarised the key findings and messages for practice, skills and service planning and provision.
- 9.2 The revised governance arrangements for the Trust arising from the dissolution of the Foundation Management Team and the establishment of the **Trust Management Team** and the **Senior Leadership Forum** were noted. The terms of reference for these groups were agreed to provide and enable an important source of assurance for the Board.
- 9.3 The award of a DBE to Sue Bailey, President of the Royal College of Psychiatrists was noted and commended as being thoroughly deserving.

10 The following Board Committee summary reports were presented by the Non Executive Chairs of the committees and were received and noted:

- 10.1 **Finance and Performance** (17th January 2014): Marina McQuade advised that the Committee had agreed to receive summary reports for the next two months in light of the workload on the Finance Department associated with the revised deadlines relating to the Monitor Annual Planning Process. The Board formally ratified the decision of the Finance and Performance Committee with respect to the £289K funding required with respect to the provision of new equipment to meet the physical healthcare examination standards and equipment for mental health services. In addition the Board ratified the decision to ring fence £250K as part of the financial plans for 2014/15 to support the delivery of savings plans.
- 10.2 **Service User and Carer** (11th December 2013)
- 10.3 Business Development and Investment (13 December 2013): In addition to the content of the report, Paul Bunting advised that BluSky Therapies continued to progress with opportunities being pursued to extend occupational health support to the police and fire services.
- 10.4 **Council of Governors** (17 December 2013)
- 10.5 **Quality Governance** (12 December 2013)
- 10.6 **Senior Leadership Forum** (13 January 2013): at the request of Lesley Crawford, the report was amended to reflect the reduction in beds in mental health and not forensic services.

- 11 11.1 The following policies were formally ratified by the Board having been approved at the designated Committee:
- 11.2 Network Security Policy (Finance and Performance – 17 January 2014)
- 11.3 Lease Car Policy (HRODE – 29 January 2014)
- 11.4 Leavers' Procedure (HRODE – 27 November 2013)
- 11.5 Disciplinary Policy (HRODE – 27 November 2013)
- 11.6 Preceptorship Policy (HRODE – 27 November 2013): in response to a question from Steve Jones, Greg Moores confirmed that the amendments to the policy reflected technical changes related to Agenda for Change and had not required consultation with University partners.
- 11.7 Travel Expenses and Subsistence Policy (HRODE – 27 November)

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 Essential Standards:** Therèsa Moyes advised that a small number of changes had been made to the Trust's RAYG rating arising from records and care planning issues specific to outcome 21 and advised that action was taking place to address these issues. All items reported through the safety dashboard were noted to be within control limits.
 - 12.2 **Finance:** Jayne Deaville reported that at month eight the income and expenditure position showed a year-to-date surplus position of £6.9m, representing a favourable variance of £2.6m against the year-to-date budget of £4.3m. With respect to savings, she advised that the Trust was forecasting to deliver 97% of its 'gross' CIP target for 2012/13, of which 69% would be delivered on a recurrent basis leaving a recurrent shortfall of £1.9m going into 2014/15. It was noted that there had been a decrease in the 'in month' expenditure on nurse supplementary staffing costs (£0.01m) compared with the previous month. The gap between ward pay costs and the funding that is available (including non-recurrent income from specialising and vacancies) showed a 'net' year-to-date pay underspend of £0.2m. With respect to the cash position, investments and cash in hand totalled £31.6m at the end of the month, £11m below the planned Q2 figure. Jayne Deaville explained that this variance was due to deferring the drawdown of the remaining £15m loan, now deferred to March 2014.
 - 12.3 **Information Governance:** Jayne Deaville advised that no Freedom of Information (FOI) Act or Access to Records statutory deadline breaches had occurred in November 2013. The increase in FOI requests over the past 12 months and the action to address this, as previously highlighted, was noted.
 - 12.4 **Contract Activity and Projects:** Jayne Deaville advised that contract activity and targets (Monitor and host CCGs) continued to be met but that NHS non contract activity was by definition variable, and continued to under perform which directly affects income levels. It was noted that this is reflected in the financial assumptions.
 - 12.5 **Commercial Activity/Business Development:** Steve Grange highlighted the progress with the dementia pilot in Staffordshire with GP First and advised that the pathway had now been published. In response to a comment from Ian Wilson, Steve Grange agreed to amend the wording in the middle paragraph for clarity. With respect to Business Planning 2014 – 2019, Steve Grange

advised that drafts have been received from the directorates and these are being reviewed against the Monitor Annual Plan guidance. It was noted that the two year operational plan is due for submission at the start of April and the related further three year strategic plan is due at the end of June 2014. The Probation Service pilot was noted and Steve Grange confirmed that the Business Development and Investment Committee would be receiving a full briefing on this at its next meeting.

- 12.6 **Human Resources:** Greg Moores advised that no DBS checks were currently outstanding. With respect to sickness absence benchmarking, he advised that based on Q1 and Q2 figures, the Trust now had the lowest sickness absence rates for comparable Trusts in the West Midlands from being the highest two years ago. Against national comparators, the Trust's sickness absence was 4.05% compared with 4.52% nationally.

ITEM 9.1 CLINICAL SYSTEM REPLACEMENT PROJECT

- 13 The update report was received and noted. Jayne Deaville advised that the roll out was progressing well, teething issues were being resolved and that project was on target and on budget. Steve Jones commented that he had received a demonstration of the system and had visited a ward where it had been rolled out and that it had been welcomed and well received by staff he had spoken to.

ITEM 9.2 THE TRUST'S APPROACH TO SAFE IN-PATIENT STAFFING

- 14 Alison Bussey presented the paper summarising the national and local positions regarding approaches to ensuring safe staffing in inpatient care areas including previous decisions made at Board level and other processes that are in place to promote safe practice within the Trust. She outlined the planned approach to reporting and reviewing staffing for 2014/15 and highlighted the specific responsibilities of Board members, both Executive and Non Executive. In response to a question from Steve Jones, she advised that those responsibilities for the Board would be discharged through monitoring and review in relevant sub committees and through six monthly scheduled reports to the Board. Sue Nixon referred to paragraph 4 of the report and to the implications for presence of occupational therapists and psychologists, particularly in the evenings and at weekends. Alison Bussey advised that the tools currently being piloted to monitor and evaluate the impacts of staffing levels in mental health settings would support the testing of service delivery and models of staffing and the findings of this work would inform future decision making. Claire Barkley commented that it was important to ensure that the application of tools did not prevent the use of creativity and common sense in ensuring there was a focus on the quality of interventions rather than numbers of staff. Alison Bussey confirmed that the guidance did not focus on prescribing minimum standards and that there would always be scope for local interpretation. Steve Grange commented that it would be important to interpret the findings correctly to ensure that they were meaningful in terms of their use to influence future commissioning decisions. In response to a question from Steve Jones relating to item 1 on page 5, Jayne Deaville confirmed that this provided assurance that quality came before cost and agreed to provide an approximate value relating to the 2.5% allowance for sickness and other absence, which the Trust applied over and above the national best practice recommended figure, for the minutes. Reference in the paper to "indecent data" was amended to read "incident data". The work to date and the responsibilities of Board members was noted and the planned approach to reviewing and reporting in-patient staffing for 2014/15 was

formally approved.

Action: Figure relating to 2.5% allowance to be confirmed (JD)

ITEM 10.1 NON EXECUTIVE AND EXECUTIVE DIRECTORS: REGISTER OF INTERESTS

- 15 Jane Landick presented the register and confirmed that all Board members had formally confirmed the accuracy of the entries. The Register was formally accepted.

ITEM 10.2 USE OF THE COMMON SEAL

- 16 Uses of the Seal for the reporting period were formally agreed.

ITEM 11.1 DOLS/MENTAL CAPACITY ACT ASSURANCE REPORT

- 17 Jane Landick presented the paper summarising the sources of concern nationally and locally with respect to the deployment of this legislation. It was noted that a number of recommendations arising from a peer review undertaken in the summer of 2013 had led to a range of improvements in policy formulation, documentation, awareness raising and general and specific training focussed towards the needs of different professional groups and services had been implemented. Alison Bussey summarised the operational support that was required on an ongoing basis to ensure that these measures were embedded within wards and teams and that it was anticipated that this would be evidenced in improved compliance through future Care Quality Commission visit reports. Jane Landick tabled examples of flowcharts which had been developed by Dawn Crowther to support compliance, one of which had been commended by the University of Birmingham who had asked if they could utilise it if they acknowledged the source. The complexity of decision making with respect to this area of legislation was noted as illustrated by the flowcharts and Claire Barkley commented that this was often complicated by the fluctuating nature of an individual's capacity. Sue Nixon advised that she had attended an excellent training session for S12 doctors and others on this subject, delivered by Capsticks solicitors and which had addressed the issues of fluctuating capacity. Neil Carr commented that the Trust had a duty to make it as simple as possible for staff. It was agreed that the implementation of RiO should significantly improve compliance with recording of capacity and the ability of the Mental Health Legislation Department to monitor and audit compliance and as a result to target training in areas of poor compliance. Jane Landick advised that subject to the impacts of RiO, a review of the capacity and approach to the deployment of this legislation would also be taking place in discussion with Alison Bussey to ensure that the monitoring of compliance and support for staff was as robust as possible. The Board agreed that the action plan provided assurance that relevant actions were in place to improve compliance, noted that a source of further assurance would be the quarterly reports from CQC inspection visits received as part of the Trust Assurance Report and agreed to receive a further specific assurance report on DOLS/MCA in six month's time.

ITEM 11.2 FRANCIS REPORT RECOMMENDATIONS: PROGRESS UPDATE

- 18 Therèsa Moyes presented a paper outlining the progress against each of the eight priority areas previously agreed by the Board. As referred to earlier in the meeting, she advised that these also continue to be evaluated in terms of evidence by the

Governors at the Performance and Assurance Engagement Group meetings. With respect to Values Based Recruitment, Greg Moores advised that two Trusts were currently piloting this nationally and the Trust was benefiting from the learning. A key message was that in order for VBR to work, there must be a values based culture and values based performance already in existence. Greg Moores confirmed that a project plan was in place with a view to implementing new arrangements for VBR from October 2014. In response to a question from Paul Bunting, Greg Moores advised that the project would reflect Trust values but that the values of the NHS as enshrined in the NHS constitution would be mapped across to ensure alignment. Marina McQuade referred to the first bullet point on page 7, which required rewording for clarity. Therèsa Moyes agreed to address this. In response to a comment from Neil Carr that the work and the report would benefit from a review through the lens of patient experience, taking on board Kathryn Taylor's observations, Therèsa Moyes agreed that this could be made more explicit in future, both in terms of direct benefits and the indirect benefits the initiatives such as VBR were expected to bring. Ron Hilton commented that the LEAN initiatives and methodologies should also harmonise with this work and help ensure links with patient experience were embedded. The Board noted the progress to date and agreed the recommendations for further work as outlined in the report.

ITEM 11.3 MEDICINES OPTIMISATION ANNUAL REPORT

- 19** Cathy Riley attended the meeting and presented the report. She advised that item 11 of appendix 6 (progress against 2013/14 objectives) had gone from green to amber arising from a delay in the implementation of e-prescribing, which it was anticipated would now happen in March 2014. It was noted that excellent progress had been made with many notable achievements in year. In response to a question from Steve Jones relating to the items on the Medicines Management Dashboard which had remained red since March 2009, Cathy Riley outlined the reasons behind each one, which included capacity issues and a focus on the priority areas of safety. She advised that the focus had now moved towards adherence, which would address some of the red rated indicators. In response to a question from Paul Bunting about increasing pharmacy capacity, Lesley Crawford illustrated the need to balance the need for additional pharmacy capacity against other priorities whilst attempting to create opportunities to re-engineer resources to enable investment in pharmacy services, which would continue. Sue Nixon referred to the CQUIN Medicines Management Audit which achieved 94% compliance and asked whether this could be expected to improve further. Cathy Riley agreed that this should be possible through e-prescribing. Liz Nicholson highlighted the significant improvements achieved in the past three years and advised that she felt assured that the outstanding improvement areas has been subject to appropriate risk assessment and mitigation. Steve Grange referred to ongoing discussions which were progressing with potential partners in other sectors to contribute to addressing some of the resource and capacity issues. The Board formally noted and agreed the action plan at appendix 6 of the report.

ITEM 11.4 THE REDWOODS CENTRE, SHREWSBURY: POST PROJECT REVIEW

- 20** Jayne Deaville presented the review and advised that this was the first of two reviews, the first of which addressed the development, procurement, delivery and commissioning of the project and the second of which would relate to the clinical benefits and the performance of the building itself and which would take into account the views of service users and carers. The second review was due to be completed

in April 2014. Jayne Deaville advised that the post project review showed that all the objectives had been achieved and had made a small number of recommendations for future projects but nothing of major significance. Steve Grange commented that the review was objective and sound and highlighted the strength of leadership of the project by individuals such as Roger Craven and Jayne Deaville. The post project review was noted and it was agreed that the recommendations should be accepted and taken forward into future major projects.

ITEM 11.5 TRUST ASSURANCE FRAMEWORK

- 21 Therèsa Moyes summarized the changes to the format of the report, which it was agreed represented an improvement and provided the required assurance to the Board. The changes to the risk register and assurance plan were formally agreed.

ITEM 11.6 CHARITABLE FUNDS ACCOUNTS 2012/13

- 22 Jayne Deaville presented the report. The Board noted the charitable funds annual report and accounts for 2012/13 and received and noted the Audit clearance memorandum. . The Board also approved the management letter of representation and agreed the submission of the charitable funds annual report and accounts for 2012/13 to the Charities Commission as a legal requirement. In response to a question from Steve Jones, Jayne Deaville confirmed that the responsibilities of the Trustees of the charitable funds were being appropriately discharged through the Finance and Performance Committee and the Audit Committee and this statement was supported by Marina McQuade as Non Executive Chair of those committees.

ITEM 12 ANY OTHER NOTIFIED BUSINESS

- 23 There was no other business notified.

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

- 24 Decisions made were summarised by the Company Secretary as follows:
- The policies listed at paragraph 11 were ratified by the Board.
 - The Trust Management Team and the Senior Leadership Forum terms of reference were agreed.
 - The planned approach to reviewing and reporting in-patient staffing levels was approved.
 - The Register of Interests was confirmed as accurate and up to date.
 - The uses of the Common Seal were approved.
 - Assurance was confirmed relating to action taken and planned to improved compliance with DOLS/Mental Capacity Act.
 - Recommendations for future work associated with the agreed priority areas with respect to the Francis Report were agreed.
 - The Medicines Optimisation action plan was agreed.
 - The management letter of representation relating to the Charitable Funds annual report and accounts for 2012/13 was agreed.
 - Changes recommended to the Risk Register and Assurance Plan were agreed.
 - The submission of the Charitable Funds annual report and accounts for 2012/13 to the Charities Commission was approved.
- 25 The following future agenda items were agreed:

- DOLS/MCA Compliance Update Report (July 2014)
- Second Post Project Review of The Redwoods Centre (April 2014)

ITEM 14 DATE AND TIME OF NEXT MEETING

- 26** The next public Board meeting will take place on Thursday 27th February 2014 at **1300 for 1330** in **the Board Room, Trust Headquarters, St George's Hospital, Stafford.**