

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 27th FEBRUARY 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

Jenny Smit	Deputy Company Secretary/Membership Manager
Jacki Boyle	Governor Member
Steve Riddle	Governor Member
Enrique Mateu,	Governor Member
Mark Tandy	Governor Member
Robin Harvey	Governor Member
Gareth Ecclestone	Service User
Mr K	Service User
Dr Gail Thomas	Psychologist
Dr Jurai Darongkamas	Consultant Clinical Psychologist

ITEM 1 WELCOME AND INTRODUCTIONS

- 3 Steve Jones welcomed all present to the meeting.

ITEM 2 APOLOGIES FOR ABSENCE

- 4 Jane Landick, Company Secretary

ITEM 3 PATIENT STORY

- 5 Steve Jones welcomed Mr K and Dr Gail Thomas to the meeting. Mr K told the Board his story in a question and answer style. Mr K felt that the following inputs, experiences and opportunities has helped him most on his journey through services:

1. Wanting to have a positive future, a normal life.
2. Regular contact with his family – particularly his mum and cousin.
3. Having somewhere safe to live.
4. Friendships with other service users.
5. Being able to develop good working relationships with professionals and support staff.
6. Sticking to his treatment plan (as an in-patient and in the community).
7. Really understanding why it was he got in to trouble and what to do differently in the future.
8. Understanding the real risks of fire-setting to himself and others.
9. Having coping strategies – especially simple ones like talking to other people, that he believes in and can easily use.
10. Getting more assertive.
11. Getting better at problem solving.
12. Finding regular employment he really enjoys (paid and voluntary).
13. People (professionals) believing in him and supporting positive risk taking.
14. Being listened to and taken seriously by professionals.
15. No relationship difficulties

In response a question from Neil Carr, Mr K informed the meeting that the hardest thing he did was to report a member of staff who was acting inappropriately.

Steve Jones thanked Mr K and Dr Gail Thomas for attending the meeting and to Mr K for sharing his story. Mr K confirmed that he was happy for his story to be shared on paper to the Board.

Action: Request for Mr K's story to be circulated to the Board (JS)
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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 1 question that had been submitted in advance by Mark Tandy, Staff Governor

6.1 As a staff governor I am aware that we are potentially looking at a major restructure of the community mental health teams with increased working hours and 7 day a week working. Whilst I support the increased access for service users to the community teams I have some concerns regarding the 'reduction' of senior nurses within the teams. Could you clarify what this reduction means and how this will be implemented across the trust and the time scale involved?

Lesley Crawford responded in the context of the Trust's strategic direction of mental health with a move towards recovery, co-production and integration. Lesley Crawford continued offering assurance that this structure is already in place with some teams and is working well. Lesley Crawford also confirmed that training was being delivered and this move is a cultural change for the Trust. Mark Tandy agreed that there were significant benefits to both service users and staff to operate on a 7 day basis, and asked for clarification with regards to the reduction of the number of band 6 nurses.

Lesley Crawford confirmed that there may be a reduction of Band 6 nurses in some teams to create equal numbers of band 5 and band 6 nurses.

ITEM 5 MINUTES OF THE MEETING HELD ON THURSDAY 30TH JANUARY 2014

- 7 The minutes of the Board of Directors meeting held on Thursday 30th January 2014 were agreed and signed by the Chair as a true and accurate record.

ITEM 6 MATTERS ARISING FROM THE 30TH JANUARY 2014 MINUTES

- 8 Page 2 - It was noted that a transcript of the presentation had been distributed.
Page 7 - Jayne Deaville confirmed the figure of £200k relates to 2.5% allowance
Page 8 – Neil Carr highlighted the excellent performance of the medicines management team. It was noted that Cathy Riley has been nominated for Chief Pharmacist of the year and Rosalind Needham has been nominated as Clinical Pharmacist of the year at the British Pharmaceutical Awards.

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 following reports
- RCN – The triangle of care – carers included: a guide to dementia care
 - Department of Health – Closing the gap: priorities for essential change in mental health
 - Care Quality Commission – Monitoring the Mental Health Act in 2012/13
- 9.2 An update to the progress of the Right Service Right Place project was noted. In particular a formal group had been created, chaired by Steve Grange and including Governor Member representation.
- 9.3 The letter received from Monitor, NHS England and NHS Trust Development authority was highlighted as Staffordshire is 1 of 11 failing health economies
- 9.4 Phase 1 of CQC's inspections at Mental Health Trusts has been concluded at Coventry and Warwickshire Partnership Trust. SSSFT will be inspected prior to the end of the year.
- 9.5 Increased attendance and positive feedback from staff engagement road shows was highlighted
- 9.6 Embargo has been lifted on the full report from the staff survey. From 28 key findings 27 remained the same as last year with 1 showing improvement. Senior Leadership Forum to receive full report.

- 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** (14 February 2014): Marina McQuade highlighted Q3 service Line Reporting and the Trust continues to perform well and to plan against its Service Line Reporting performance targets. The committee received a detailed position statement with regards to development savings plans 2014/15 and confirmed contracts for next year remained to be finalised for sign off by 28th February. Finally Marina McQuade confirmed that the committee ratified the response to the consultation on the proposed changes to existing NHS Pension Scheme Regulations.
- 10.2 **Service User and Carer** (12 February 2014) Sue Nixon highlighted the Mental Health Strategic Plan, Experience and Involvement Report and Patient stories from the report.
- 10.3 **Business Development and Investment** (17 January 2014)

- 10.4 **Quality Governance** (13 February 2014). In addition to the content of the report, Liz Nicholson clarified Steve Jones's query with regards to Serious incidents.
 - 10.5 **Human Resources, Organisational Development and Equalities** (29 January 2014) Greg Moores confirmed that the first two items referred to the subcommittee from the Board had been actioned as appropriate
 - 10.6 **Senior Leadership Forum** (February 2013): In addition to the report, Neil Carr highlighted the positive feedback received from the new format of SLF
- 11
- 11.1 The following policies were formally ratified by the Board having been approved at the designated Committee:
 - 11.2 Staff Health and Wellbeing Strategy (HRODE – 29 January 2014)
 - 11.3 Dignity and Respect Policy (HRODE – 29 January 2014)
 - 11.4 Display Screen Equipment (HRODE – 29 January 2014)
 - 11.5 Safe Working with Asbestos Policy (HRODE – 29 January 2014)
 - 11.6 Medical Devices Policy (Quality Governance Committee – 13 February 2014)
 - 11.7 Collection, Handling and Transportation of Specimens Policy (Quality Governance Committee – 13 February 2014)
 - 11.8 Informal Admissions Policy (Quality Governance Committee – 13 February 2014)

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 **Quality and Clinical Performance:** Therèsa Moyes advised that there was nothing outstanding on the safety dashboard. Therèsa Moyes confirmed that the Trust had achieved full compliance (CQUINS) and expects a green governance rating from Monitor.
 - 12.2 **Finance:** Jayne Deaville reported that to date the Trust were achieving the required targets including required contract performance. Jayne Deaville also confirmed that targets were being reached with regards to delayed transfers, however commissioners are asking for breakdowns by area and this needs to be managed tightly.
 - 12.3 **Information Governance:** Jayne Deaville advised that no Freedom of Information (FOI) Act or Access to Records statutory deadline breaches had occurred.
 - 12.4 **Commercial Activity/Business Development:** Steve Grange offered his thanks to the Rio team for enabling the identification of veterans on the system. Steve Grange also offered his thanks to Jacki Boyle (Governor Member) for taking part in a shadowing project with Rob Heath re veterans. Steve Grange highlighted that divisional business plans had been submitted and will be incorporated into the final annual plan submission to Monitor. Neil Carr added that 30 students from Wagner university will be visiting the Trust over the coming week.
 - 12.5 **Human Resources:** Greg Moores advised that Kim Taylor, Mark Butler and himself are presenting at the LG Arena on reducing sickness absence. Greg Moores asked the Board if they were happy with the way the HRODE assurance report was submitted and if they would like to see anything different. It was agreed that more narrative to support the figures would be useful in terms of gaining assurance and understanding.
 - 12.6 **Chief Operating Officer/Director of Nursing:** Alison Bussey presented the

Mental Health Legislation quarterly report for quarter 3 and highlighted the rise in the number of tribunals. The period between April to December 2013 showed a rise of 43% on the same period on 2012. Alison Bussey also highlighted that there were 2 cases of children and young people being admitted to adult mental health beds in Q3 one of which was reported to CQC. Alison Bussey reported that the data relating to mandatory training compliance and numbers of young people under the age of 18 held under section 136 at the Trust's Places of Safety was inaccurate and would be corrected at the March 2013 Board. Neil Carr commented that the figures re DOLS application seemed low and Alison Bussey agreed to investigate this further.

ACTION	Check accuracy of DOLS application data, accuracy of data relating to identified sections of the report (AB)
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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 to plan and that CSE had taken over the redesign of forms successfully. Jayne Deaville informed that all wards had wireless connectivity and that feedback to date was positive. Liz Nicholson added that Pete Kendall had briefed the Performance and Assurance Governor Engagement Group and would give a full update at the next meeting. Jayne added that a demonstration had been given to Pauline Pearsall, Governor Member.

ITEM 9.2 TRUST STRATEGY – ALIGNMENT TO THE NHS MANDATE

- 14 Steve Grange presented the paper on behalf of himself and Jayne Deaville. Steve Grange referred to the paper and informed the Board that the narrative had been amended as appropriate and the enclosed modernised image show strategic intent by its shape. The Board agreed that the original Trust strategy and aims remain valid and the amendments made identify areas where the Mandate's key objectives are reflected as well as the Virginia mason Production System (VMPS) which is embraced by the Trust.

Steve Grange circulated another version of the image, after further consultation with staff, service users and partners. This image used the NHS "blue" and the image was central to the page. A discussion was had with regards to the corporate look and it was agreed that the title could be removed for distribution purposes to wards and non corporate services.

Marina McQuade suggested that following the Board Away Day that behaviours are developed and it was noted that these should be inline and developed from this Trust strategy.

Liz Nicholson commented that we should look at using another word to replace "sustain" as this could be interpreted that services are "standing still".

In response to a question from Paul Bunting, Steve Grange agreed to move the bullets points into the correct order (Page 3 – expand)

Taking the above into account the Board:

- Agreed the amendments to the Strategy
- Agreed that the reviews format and graphical representation of the strategy

- Agreed that the Strategy should remain in existence for five years (reviewed annually).

ITEM 10.1 SERVICE USER AND CARER SUB COMMITTEE SELF ASSESSMENT AND REVIEW

- 15 Therèsa Moyes introduced this item and introduced Gareth Eccleston as a member of the Service User and Care Sub Committee who had been instrumental in conducting this review. Therèsa Moyes highlighted that in September 2013 each subcommittee was asked to review its governance arrangements and terms of reference and with the aim of ensuring that revised arrangements improve the overall internal control framework, taking into account the current Trust Strategy and the duties of Board. At its meeting on 16th October 2013, the Service User and Carer Committee reviewed the questions put forward by the Board but felt that they were not sufficiently relevant to the specific needs and functions of the Committee and instead with advice and support from Tim Lewington from the R&D Team, developed its own set of questions which it was considered would better focus on the effectiveness of the Committee and meet the needs of service users and carers. Gareth Eccleston then highlighted the key themes and priority areas which in the main had evolved from this Governance review. Gareth Eccleston confirmed that the overall objective of the Committee was agreed as serving the Board of Directors with assurance that service user carer and involvement, engagement and experience was “alive and kicking” within the Trust.

Neil Carr highlighted that there was much activity within local services and that the Trust Board values the committee and its objectives. In response to a question from Paul Bunting, Gareth Eccleston confirmed they he did feel that involvement was “alive and kicking” and that it is valued and important, although there is always room for improvement.

Steve Jones asked what the timescales of implementation of the key themes and priority and it was agreed by Sue Nixon and Therèsa Moyes that the Committee would report back to the Board at August Board

The Board:

- Confirmed that this report provides the Board with assurance with respect to the evolving improvements in the role and function of the sub committee and the effectiveness deployment of service user and carer engagement, involvement and experience.
- Agreed to commission further work based on the priority list above and other feedback received, to deliver improvements in the membership and operation of the sub committee and the wider deployment of service user and carer involvement within the Trust.

ITEM 10.2 MONITOR’S CONSULTATION ON BOARD GOVERNANCE REVIEWS

- 16 Neil Carr presented this paper and explained that Monitor’s new *Risk assessment framework* (which came into effect on 1 October 2013) serves as guidance for trusts in complying with their Continuity of Service and governance licence conditions. Neil confirmed that there is an expectation that NHS Foundation Trusts should carry out an external review of their governance (ie that of the board) every three years. Neil Carr also highlighted that a Foundation Trust can give a considered explanation if it uses alternative means to assure itself regarding its governance. Departing from

the guidance may be justified where a foundation trust can demonstrate that it is meeting the guidance in a similar manner, for example - rigorously reviewing specific aspects of governance on an annual basis while ensuring all areas are covered every three years.

Therèsa Moyes commented that the Trust have self-assessed in the past and tools were in place to do so.

Neil Carr asked the Board for contributions to the consultation to Jane Landick, Company Secretary to consolidate an appropriate response.

The Board:

- Agreed to review the consultation and form views on Monitor's proposals with respect to Board Governance Reviews to inform a response to the consultation questions
- Agreed to commission early work to review the Board's governance arrangements against the Board Governance Framework using the self assessment framework.

Action: Submit comments to enable a consultation response to Monitor (All) Review of Board Governance Framework (TBC)

ITEM 11.1 PERSONALITY DISORDER STRATEGY; PROGRESS REPORT

17 Dr Jurai Darongkamas presented this update report and highlighted the following implementations since the policy was ratified in September 2013:

- Continually building positive attitudes and culture, which includes existing Trust initiatives such as recovery approaches and value based recruitment and is supported by the Dignity and Respect Group, Community Engagement Group, Time to Change campaign and the strategy steering group.
- Training, supervision, peer support and reflective practice. The implementation of the training plan has been successful which to date 60 staff have attended. Continuing at this rate over 500 staff will have participated by the summer. The training is also open for Non – executive directors and Governor members should they wish to attend.
- Improving existing services – through the strategy steering group aiming to improve support to staff
- Developing closer partnerships – maintaining close links with service user groups and exploring the possibility of developing multi agency strategy's.

In response to Greg Moores' question Dr Jurai Darongkamas confirmed that budget had been given from Alison Bussey - end of year budget to fund training and that Theresa Shaw was reviewing the training longer term including identification of professional development.

Neil Carr commended Dr Jurai Darongkamas for the substantial amount of work that she has put into this strategy and its implementation and offered full support of the Board moving forward.

ITEM 11.2 ELIMINATING MIXED SEX ACCOMMODATION DECLARATION

- 18 Steve Grange presented this item, explaining that the Trust is required to display compliance with Eliminating mixed sex accommodation (EMSA) guidance on an annual basis. Steve Grange also confirmed that the Trust has developed a declaration of compliance and though regular audit and monitoring can confirm its compliance with meeting EMSA standards.

The Board:

- Received and agreed to the content of the above paper, including the work undertaken to improve the environment and promote privacy and dignity for service users and patients.
- Agreed with the compliant statement
- Agreed to display the compliance statement externally (website) as statutorily required by 1st April 2014.

Action: Uploading compliance statement to website (SG)

ITEM 12 ANY OTHER NOTIFIED BUSINESS

- 19 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 Deputy Company Secretary as follows:

- The policies listed at paragraph 11 were ratified by the Board.
- The Board agreed on going support to the Personality Disorder Strategy
- The Board agreed the amendments to the Trust Strategy
- Agreed the compliant statement (EMSA standards)
- Agreed to display the compliant statement externally (EMSA standards)
- Agreed to respond to the consultation re Board Governance Reviews
- Agreed to commission early reviews re Board Governance Reviews
- Agreed to commission further work relating to the service user and carer sub committee review

- 25 The following future agenda items were agreed:

- Update from Service User and Carer Sub Committee Self Assessment (August 2014)
- Right Service, Right Place update (June 2014)

ITEM 14 DATE AND TIME OF NEXT MEETING

- 26 The next public Board meeting will take place on Thursday 27 March 2014 at **1300 for 1330** in **Seminar Room 2, Redwoods Centre, Shrewsbury**