
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 27th MARCH 2014

1 Present

Steve Jones	Chairman
Alex Brett	Deputy Director of Human Resources, Organisational Development and Equalities
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)
Dr Abid Khan	Deputy Medical Director
Marina McQuade	Non Executive Director
Therèsa Moyes	Director of Quality and Clinical Performance
Dr Ian Wilson	Non Executive Director

2 In Attendance

Jane Landick	Company Secretary
Rachel Lucas	Interim Director of Psychological Services and Trust Lead for Recovery (Agenda Item 10.1)
Danielle Cook	Lived Experience Partner to Trust Lead for Recovery (Agenda Item 10.1)
Jessica Kent	Arts for Health Co-ordinator (Agenda Item 9.2)
Oliver Hook,	Operational Director , Team Prevent (Agenda Item 10.2)
Dr David Dobel-Ober	R&D Department (Agenda Item 11.3)
Amanda Godfrey	Communications Manager (Agenda Item 9.3)
Joe Wickens	New Media Project Design Specialist (Agenda Item 9.3)
Carolyn Gavin	Interim Head of Mental Health (Shropshire, Telford & Wrekin)
Jacki Hauenstein	Governor Member
Steve Riddle	Governor Member
Robin Harvey	Governor Member
Karl Bailey	Governor Member
Dr Bill Gowans	Governor Member
Dr Jurai Darongkamas	Staff Governor

ITEM 1 WELCOME AND INTRODUCTIONS

- 3 Steve Jones welcomed all present to the meeting.

ITEM 2 APOLOGIES FOR ABSENCE

- 4 Claire Barkley, Medical Director
Paul Bunting, Non Executive Director
Greg Moores, Director of Human Resources, Organisational Development and Equalities

Sue Nixon, Non Executive Director
Liz Nicholson, Non Executive Director
Howard King, Director of Specialist Services

ITEM 3 PATIENT STORY: RECOVERY

5 Steve Jones welcomed Danni Cook to the meeting and told her story of having suffered from an eating disorder and depression from the age of 13 and highlighted the following points:

- Resistance to help or treatment for many years
- Led to in-patient admission for three months but still with no real intent or commitment to overcoming her illness
- Appointed as Peer Recovery Worker following discharge from in-patient care
- Began to question how she could truly help others if she was not genuine about her commitment to addressing her own recovery.
- Inspired by a presentation given by Rachel Lucas on recovery, which led to her current role as Rachel's Lived Experience Partner.

Steve Jones thanked Danni for her story and commented that he hoped it would inspire others to follow in her footsteps towards recovery.

ITEM 11.1 IMPLEMENTING TRUST STRATEGY THROUGH RECOVERY: FRAMEWORK FOR DELIVERY

6 Rachel Lucas followed the above story with a presentation outlining the basis for the recovery approach where recovery was defined as personal recovery, which could include, but was not dependant on clinical recovery. She emphasised that key to this was seeking to enhance hope, control and opportunity, to enable people to live the life that they seek. It was noted that currently across the organisation there were pockets of excellent recovery focused practice, often championed individually, but that this was not generalised across the organisation and that through cross organisational discussion, the desire was to be nationally informed, though locally driven. Rachel Lucas advised that the proposal was to build on current excellent practice, and to employ approaches which have been found nationally to affect organisational change, namely increasing lived experience in the workforce, co-production and co-produced learning. She advised that the framework for delivery had three phases spanning three years and was integrated within divisional plans and informed by local service user and carer need.

Neil Carr highlighted the alignment of this work to the overarching Trust Strategy and to the initiatives taking place in the Trust such as the use of LEAN methodologies where the principles of co-production were also being applied. Therèsa Moyes commended the approach to empowering lived experience at a local level which encouraged flexibility and the opportunity to learn together. Lesley Crawford described the impact of Danni's presentation on commissioners at a recent commissioning group meeting and confirmed the Mental Health Division's commitment to the implementation of the recovery strategy. Steve Grange commented that it would be important to continue to influence commissioners and shape their understanding in support of the alignment of this work with the commissioning of future service provision.

The Board approved phase 1 of the recovery framework for delivery and resolved to

monitor progress through 6 monthly updates with a view to approving phases 2 and 3.

ITEM 4 QUESTIONS FROM THE FLOOR

- 7 Steve Jones invited questions from the floor on any issue specific to the public Board agenda for the meeting.
- 7.1 Question received from Robin Harvey, Governor Member: *Is it possible to say when the new format website for the Trust will be introduced? In the present situation it can be like trying to get about with a Sat-Nav which has not been updated, and which is unaware of new roads and junctions. Earlier today I tried to find out how to contact Richard Heys, the Chief Pharmacist here at The Redwoods Centre, but could only discover that the Shelton Pharmacy operates out of the Marches Unit and is managed by Jane Lillington. This one example shows that some information is out of date by at least 18 months.*
- 7.2 In response, Neil Carr acknowledged that this was neither acceptable nor desirable. Steve Grange outlined current work being undertaken to redevelop and redesign the Trust website and confirmed that this was scheduled for completion in July 2014.
- 7.3 Question received from Robin Harvey, Governor Member: *Has the Trust been able to respond to 'Rachel', who spoke to Neil Carr recently on Radio Shropshire?*
- 7.4 In response Neil Carr advised that following the broadcast it had not been possible to follow up the specific case as the full name of the individual was not known, but that the issue related to waiting times for psychological therapies and that in Rachel's case she had been waiting since October 2013. He confirmed that further analysis showed that for secondary care services, individuals were seen and assessed within an appropriate timeframe of 4-6 weeks, but that the subsequent waiting time from assessment to treatment was on occasion taking much longer due to the need to prioritise cases assessed as having the greatest need. Lesley Crawford commented that waiting times within IAPT services within the Trust compared favourably with the rest of the country and that the issues were predominantly within secondary care. She added that work was taking place to review skills and training available in teams to enable a range of options to be made available to support the reduction in waiting times. In response to a follow up question from Robin Harvey about the availability of rooms for the provision of therapy, Lesley Crawford advised that she did not believe that this would or should ever be a reason for failing to provide a service, but that she would follow this up with Robin Harvey outside of the meeting.
- 7.5 In response to a question from Jackie Hauenstein relating to *the Trust's approach to the provision of clinical supervision for all clinical staff which had been highlighted at a recent training session on the Personality Disorder Strategy*, Alex Brett confirmed that the Supervision Policy was currently under review and that the Trust was committed to ensuring that supervision was considered a right rather than a luxury and that a cultural change was required to support the provision of supervision as a routine part of the working day. It was noted that this aim was supported by all the Trust's professional leads. It was agreed that an update report on progress with the implementation of the Supervision Policy and actions to support its deployment would be reported to the Board in six month's time.

ITEM 5 MINUTES OF THE MEETING HELD ON THURSDAY 27TH FEBRUARY 2014

- 8 The minutes of the Board of Directors meeting held on Thursday 27th February 2014 were agreed and signed by the Chair as a true and accurate record.

ITEM 6 MATTERS ARISING FROM THE 27TH FEBRUARY 2014 MINUTES

- 9 **9.1 Mental Health Act Quarterly Report (Page 5, Paragraph 12.6):** Jane Landick advised that the number of DOLS applications in the report was correct, although low and that further work was being undertaken in the light of this and following a recent appeal court judgement which was likely to see numbers of DOLS applications increasing nationally. She also clarified that only one of the two cases of children admitted to adult wards had been reportable to the Care Quality Commission, since reporting was only required where the duration of the admission had exceeded 48 hours.
- 9.2 All other actions were noted as having been completed.

ITEM 7 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

- 10 Neil Carr reported on the following events/activities and issues:
- 10.1 Key national guidance and reports during the month were highlighted and in particular the following reports
- Department of Health - The sixth year of the Independent Mental Capacity Advocacy (IMCA) Service 2012/2013
- 10.2 The results of the Staff Opinion Survey had been subject to detailed analysis and would be discussed in detail at the Senior Leadership Forum in April 2014 and then to the April 2014 Trust Board.
- 10.3 The aspirational outcomes associated with the Trust's five aims were detailed on pages 10-11 of the report and it was noted that they would be subject to further discussion at the Board Away time on 7-8 April 2014.
- 10.4 Care Quality Commission Inspection Regime: it was noted that a visit to the Trust was anticipated towards October 2014 and that following their recent inspection, colleagues from Coventry and Warwickshire Partnership NHS Trust had offered to share their experiences and learning in preparation. Steve Jones advised that feedback he had received at a recent Foundation Trust Network event, was that the number of inspectors tended to reflect the numbers of sites and spread of services.
- 10.5 The report out on two Rapid Process Improvement Workshops (RPIW) currently underway were noted to be taking place on Friday 4th April 2014. Board members and interested governor members were welcomed to attend. Therèsa Moyes advised that the subsequent report out date was 2nd May 2014.
- 10.6 Dr Abid Khan was congratulated on his appointment as Regional Advisor to the Royal College of Psychiatrists. He advised that his appointment was to provide advice on clinical standards and training.
- 10.7 The Service User and Carer Celebration Day was noted as taking place on 19th June 2014 and not 23rd June as stated in the report.
- 10.8 The Joint Board/Council of Governors meeting was noted to be taking place on 18th June 2014.
- 10.9 The appointment of Martin Gower as Trust Chair from 1st July 2014 was noted and welcomed.
- 10.10 The local health economy review was confirmed to be undertaken by KPMG and Boston Consulting and was scheduled for completion by the end of June

2014. The focus was expected to be on primary care and commissioning.

- 11 The following Board Committee summary reports were presented by the Non Executive Chairs of the committees and were received and noted:
- 11.1 **Quality Governance** (13th March 2014). Ian Wilson highlighted the assurances which had been requested from clinical divisions around the Berwick report and an excellent and informative presentation on the triangulation of data by Engaging Communities Staffordshire. He advised that the report had identified no specific concerns but had made a number of recommendations which were being taken forward. He advised that the Committee had requested a summary report on this work be presented to the Board.
 - 11.2 **Business Development and Investment Committee** (14th March 2014) the summary report was received and noted.
 - 11.3 **Senior Leadership Forum** (10th March 2013): Neil Carr highlighted the presentation by Cathy Riley, Chief Pharmacist and colleagues which achieved significant buy-in to the medicines optimisation agenda.
 - 11.4 **Audit Committee** (16th December 2013): the summary report was received and noted.
- 12 12.1 The following policy was formally ratified by the Board having been approved at the Quality Governance Committee on 13th March 2014
- 12.1.1 Library Services for Service Users and Carers Policy

ITEM 8 TRUST ASSURANCE REPORT

- 13 The report was received and noted. Exception reports and comments from Board members were recorded as follows:
- 13.1 **Quality and Clinical Performance:** Therèsa Moyes advised that all items on the safety dashboard remained within control limited. A few movements in the Trust's internal RAYG rating against the essential standards were noted, but nothing of significance.
 - 13.2 **Finance:** Jayne Deaville reported that month ten the income and expenditure position showed a year-to-date surplus position of £8.9m, representing a favourable variance of £3.6m against the year-to-date budget of £5.3m. With respect to savings plans, she advised that The Trust was forecasting to deliver 97% of its 'gross' CIP target for 2013/14, although only 69% would be delivered on a recurrent basis leaving a recurrent shortfall of £1.9m going into 2014/15. An increase in the use of supplementary staffing was noted and being monitored. This was thought to be due to a number of factors including increased specialising and vacancies. Alison Bussey advised that a review of how rostering was conducted locally was currently taking place to ensure consistency and fairness. It was noted that the launch of NHS Jobs 2 was a significant improvement, enabling more rapid recruitment processes and the ability of managers to track progress.
 - 13.3 **Information Governance:** Jayne Deaville advised that no Freedom of Information (FOI) Act or Access to Records statutory deadline breaches had occurred. She highlighted the continuing increase in the numbers of Freedom of Information Act requests received and the need to adequately resource this in order to mitigate the risk of a statutory breach. In response to a question from Neil Carr she advised that the requests received came from a wide range

of sources and subjects with no obvious themes or trends.

- 13.4 **Monitor Targets:** Jayne Deaville advised that the targets continued to be met although care plan compliance had dropped to one percent below the 95% threshold, but that this represented one case and that this had now been resolved.
- 13.5 **Commercial Activity/Business Development:** Steve Grange referred to the completion of the Divisional Business Plans, which were of a much improved standard compared with previous years. He advised that they would be shared with the Strategic Direction Engagement Group, which had already input with great effect into the reshaping and wording associated within the Trust's strategic aims. The successful bids associated with two pilot schemes related to the provision of Personality Disorder services in the Probation Service were noted and commended. It was noted that the Veterans' Mental Health Service had been contacted by The NHS Confederation to request that the service was put forward as an example of 'Best Practice' in the way we support our veteran population. Steve Grange concluded his report with reference to the opening of The Redwoods Centre on 12th March 2014, by HRH the Duke of Gloucester, which it was agreed had been an enjoyable and well planned event. All those involved were commended for their efforts.
- 13.6 **Human Resources:** Alex Brett reported on the first small rise in sickness absence for 21 months and advised that close monitoring of this would continue. Vacancies were also being closely monitored with a view to achieving a rate of 5-6% with attention to hotspot areas showing rates of over 10%. With respect to DBS checks, it was noted that at the date of the meeting, none remained outstanding. With respect to appraisal compliance, Lesley Crawford advised that the reason for the decline in compliance could be attributed to the change in divisional practice to complete all appraisals during the period January to March each year, resulting in those originally scheduled for the end of 2013 to be deferred and compliance dropping temporarily as a result.
- 13.7 **Medical Director:** Abid Khan advised that there had been an outbreak of diarrhoea on Holly Ward, but that this had been contained and resolved. Infection control training compliance was currently 85% and hotspot areas below 70% were being monitored and supported to improve compliance, but were principally among small teams at a distance to the Trust.

ITEM 9.1 CLINICAL SYSTEM REPLACEMENT PROJECT

- 14 The update report was received and noted. Jayne Deaville advised that future reports would be in the agreed format. In response to a question from Steve Jones about the appendix related to operational implementation resource requirements, she concurred that this enclosure did not inform the report and would not be included in future. Abid Khan commended the successful implementation of RiO, which he described as having changed the working lives of clinicians for the better.

ITEM 9.2 ARTS FOR HEALTH PROGRAMME STRATEGY 2013-2014

- 15 Jessica Kent summarised the many achievements and the benefits to service users and carers since the first small beginnings. The following key points of the new strategy were highlighted.
- The continued focus on attracting new funding to support projects
 - The increased ward activities programme
 - Strong external partnerships

- New pilots including the use of drama and dance
- Plans to raise the Trust's profile around Arts for Health with a seminar planned for October 2015 with focus on exploring best practice.

Steve Jones commended the achievements to date and the plans for the future. In response to a question about how the various projects are evaluated, Jessica Kent advised that this was largely anecdotal and qualitative, but that a range of evaluation evidence was being explored and that this work was being supported by the Research and Development Department. Abid Khan referred to the ward activities programme which he commended as making a huge difference to service users. Neil Carr advised that in line with new Trust Policy, an equality impact assessment would be completed for the strategy. In response to a question from Neil Carr, Jessica Kent advised that a separate action plan associated with the Strategy had detailed timescales and target milestones. Jayne Deaville advised that the ward activities programme was currently being funded from charitable funds and that subject to the evaluation of its impact, consideration would need to be given to the cost being fed into core funding.

The Arts for Health Strategy was formally ratified by the Board.

ITEM 9.3 DIGITAL COMMUNICATIONS STRATEGY

- 16** Amanda Godfrey and Joe Wickens attended the meeting to present the Strategy. It was noted that the Digital Communications Strategy was first presented to the Business Development and Investment sub-committee in August 2013 and had since been consulted on widely. Joe Wickens advised that the strategy was intended to reflect strategically rather than react tactically to the latest new digital technology, which was fast moving and therefore the strategy needed to be broad and vision based. Neil Carr concurred that it was important to keep the document refreshed, vibrant and resourced. Amanda Godfrey advised that it was interactive through the medium of Twitter and Facebook which enabled comments and suggestions to continue to evolve the strategy and improve digital communications on an iterative basis. In response to a comment earlier in the meeting relating to the Trust's website, Joe Wickens referred to the intention that parts of the new website would be owned by departments and teams who would be supported to develop their own digital skills to maintain their own information. Joe Wickens also commented that there would be a shadow period when the new website would overlap with the existing one, to enable bugs and other issues to be identified and addressed without risk. The use of apprentices and other opportunities for young people to contribute in the Trust's approach to digital communications was also noted and welcomed. Steve Jones referred to a service user story presented to the Board several months ago, which had highlighted how the use of social media had helped and sustained her recovery and the ongoing opportunities to realise a wide range of benefits. Bill Gowans referred to the use of technology in enhanced service delivery and Theresa Moyes outlined the separate workstream within the Trust looking at clinical applications and the use of assistive technology. It was acknowledged however, that the two areas were closely linked and likely to become more so in the future. Bill Gowans referred to the IT workstream associated with the Future Fit programme for reconfiguration being undertaken by the CCG. Steve Grange confirmed that the Trust would be keen to support and become involved with this work. In response to a question from Steve Jones about some of the target dates for some elements of the implementation plan, it was noted that these were dependent on other factors, were ongoing or otherwise reflected in other plans including the HIS workplan and

therefore were not included in detail in this document. The Board formally ratified the Digital Communications Strategy.

ITEM 10.3 RESEARCH AND DEVELOPMENT PROJECT REPORT: NATIONAL SURVEY OF NURSE PRESCRIBING IN MENTAL HEALTH - 2014

- 17 Dr David Dobel-Ober presented the report and its conclusions which he set into the context of the Trust. It was noted that the Trust had made significant progress with nurse prescribing and were ahead of most Trusts where comparisons had been made in terms of growing, developing nurse prescribers and supporting them in practice, but that there was a need for a clear strategic intent and consistency in deployment into the future. Steve Grange commented that it would be useful for comparisons to be made against private sector providers in a future study. Abid Khan referred to more enlightened medical attitudes to nurse prescribing and the support for more uniform deployment in in-patient and community teams. Theresa Moyes supported the requirement for the implementation of improved governance and training for skills to take nurse prescribing forward. Alison Bussey confirmed her agreement with the comments made and the need for an overarching clinical strategy for the Trust which would encompass a clear strategy with respect to nurse prescribing. In response to a question from Neil Carr about evidence for greater concordance and nurse prescribing, David Dobel-Ober advised that he was not aware that a link between the two had been established to date and that this would be a useful future subject for further research. Alison Bussey commented that there would be an important link to be made in the clinical strategy to the physical healthcare needs of service users and the potential for a wide range of associated quality improvement opportunities to emerge. Ian Wilson referred to the need to ensure alignment with the overall workforce strategy and issues such as the shortage of SAS doctors and Alison Bussey confirmed that would be part of the strategy development. With respect to the future potential use of posts equivalent to physicians assistants, it was noted that this was the subject of a pilot funded by LETC taking place at Birmingham and Solihull NHS FT, the outcomes of which would be of interest. The Trust's current work with Wagner University was also agreed would be of relevance. The Board agreed to embed the conclusions and findings of the research study into the future development and roll out of nurse prescribing within the Trust through the overarching clinical strategy development.

Action: Clinical Strategy Development (AB)

ITEM 10.2 TRUST OCCUPATIONAL HEALTH SERVICE

- 18 Alex Brett introduced the presentation from Team Prevent's Operational Director, Oliver Hook and tabled an overview of key milestones in the Trust's objective of reducing the sickness absence rate from April 2012 to date. Oliver Hook summarised the role and impact of Team Prevent in the provision of Occupational Health Services and highlighted current challenges including the changes to immunisation record requirements. It was noted that it was a difficult balance to address the rights of staff against the risks to patients of staff whose immunisation status was unknown or who refused immunisation. Oliver Hook and Alex Brett emphasised the importance of communication, engagement and support through decision making. Neil Carr referred to risks to staff morale and feeling valued arising from assertive sickness absence management where staff may have previously had an unblemished sickness absence record. The risks of presenteeism arising from a strong focus on absence management was also acknowledged. Alex Brett and Oliver Hook referred to the example of a stress workshop to support staff and

managers in coping strategies relating to stress in the workplace and to help mitigate these risks. Neil Carr commented that the proposed staff compact would also help ensure the responsibilities of staff and the Trust were emphasised and understood and thanked Team Prevent for a positive contribution to the health of the Trust's workforce and the reduction in sickness absence.

ITEM 11 ANY OTHER NOTIFIED BUSINESS

- 19 There was no other business notified.

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

- 20 Decisions made were summarised by the Company Secretary as follows:
- The policies listed at paragraph 11 were ratified by the Board.
 - The Board ratified the Arts for Health Strategy
 - The Board ratified the Digital Communications Strategy
 - The Board approved phase 1 of delivery of the Recovery Strategy
 - The Board agreed to embed the conclusions of the research report on nurse prescribing into the development of a clinical strategy for the Trust.
- 21 The following future agenda items were agreed:
- Clinical Supervision implementation update (September 2014)
 - Recovery Strategy Phase 1 Update and approval of phases 2 and 3 (September 2014)
 - Engaging Communities Staffordshire – presentation of report (TBC)

ITEM 13 DATE AND TIME OF NEXT MEETING

- 22 The next public Board meeting will take place on Thursday 24th April 2014 at **1300 for 1330** in **the Board Room, Trust Headquarters, St George's Hospital, Stafford.**