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## 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 24<sup>TH</sup> APRIL 2014

### 1 Present

Ron Hilton	Non Executive Director (Vice Chair)
Claire Barkley	Medical Director
Paul Bunting	Non Executive Director
Neil Carr	Chief Executive
Lesley Crawford	Director of Mental Health
Jayne Deaville	Director of Finance and Performance
Steve Grange	Director of Business Development
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
Dr Ian Wilson	Non Executive Director

### 2 In Attendance

Jane Landick	Company Secretary
Sam Mason	Team Leader, Prison Inreach Team
Julie Whittle	CPN
Kevin Langstone	Occupational Therapist
Claire Boulton	Organisational Development and Engagement Manager
Martin Evans	Head of Communications
Andrew Hughes	Project Manager
Jon Meigh	Director of Facilities and Estates
Paul Kesterton	Mental Health Act Administrator
Steve Riddle	Governor Member
Karl Bailey	Governor Member
Graham Riley	Governor Member

### ITEM 1 WELCOME AND INTRODUCTIONS

- 3 Ron Hilton welcomed all present to the meeting.

### ITEM 2 APOLOGIES FOR ABSENCE

- 4 Steve Jones, Chairman  
Alison Bussey, Director of Nursing/Chief Operating Officer  
Liz Nicholson, Non Executive Director

### ITEM 3 PATIENT STORY: RECOVERY

- 5 Ron Hilton welcomed colleagues from the Prison Inreach Team to the meeting to share Shaun's story. The following points were highlighted:

- The background and context to the story centred around an offender with a life term for murder, arising from previous experiences in military service and a diagnosis of post traumatic stress disorder, anxiety and depression.
- The role of the Prison in-reach team in supporting the service user and delivering a highly effective course of Cognitive Behavioural Therapy (CBT) to enable symptom management and the development of coping strategies.

Comments and questions from Board members centred around:

- The future for the service user, having completed the six month course of treatment and ways of re-engaging with services should further help and support be needed.
- The implications for veterans' mental health services and the benefits of the military covenant in enabling re-engagement should it be required.
- Support for the prison in-reach team staff in recognising their own supervision and support needs when dealing with serious offenders and what more the Trust could do in ensuring this support was provided.
- Ensuring effective partnership working with the prison service and individual prison governors in building relationships and providing an effective service in the prison environment.

Ron Hilton thanked the team for their presentation. Neil Carr commented that it was a powerful story and that it was important to recognise the complexity of the issues faced by the team on a daily basis.

#### **ITEM 4 QUESTIONS FROM THE FLOOR**

- 6 No questions were submitted.

#### **ITEM 5 MINUTES OF THE MEETING HELD ON THURSDAY 27<sup>TH</sup> MARCH 2014**

- 7 The minutes of the Board of Directors meeting held on Thursday 27<sup>th</sup> March 2014 were agreed and signed by the Chair as a true and accurate record.

#### **ITEM 6 MATTERS ARISING FROM THE 27<sup>TH</sup> MARCH 2014 MINUTES**

- 8 **8.1 Clinical Strategy Development (Page 8, Paragraph 17):** Lesley Crawford confirmed that this was being taken forward in Divisions.  
**8.2** All other 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:
- **2.1.2 (NHS Employers - Values mapping tool):** Greg Moores confirmed that this would form part of the 'Living Our Values' project which had already commenced in the Trust.
  - **2.1.8 (Nuffield Trust - Focus on: social care for older people - reductions in adult social services for older people in England):** addressing the impacts of asset stripping social care budgets and the context of the distressed local health economy.
  - **2.1.9 (Nuffield Trust - Focus on: social care for older people -**

**reductions in adult social services for older people in England):** concerning the NHS Confederation's analysis of the current state of mental health services nationally.

- **2.1.14 (Department of Health - Note on deprivation of liberty safeguards (DoLS) judgments of the supreme court):** relating to the Supreme Court ruling and the importance of Trust's re-evaluating the status of patient who may be subject to DOLS. Neil Carr advised that he was assured that actions were being taken by Alison Bussey, Claire Barkley and Theresa Moyes to ensure compliance within the Trust and to raise staff awareness and understanding of their responsibilities under the relevant legislation.
- **2.1.17 (NHS England - Mental health teams in police stations and courts scheme):** reflecting the increased focus on effective working between the police and mental health services. Neil Carr summarised action being taken locally and a recent meeting he had had with the Chief Constable of Staffordshire Police.

- 9.2 Progress with the review of the **local health economy** by KPMG and Boston Consulting, led by Gary Belfield was noted. Neil Carr advised that Trust representation had been confirmed with Dr Simon Smith on the Clinical Reference Group and Professor Tony Elliott supporting the review of care of the elderly, which had been identified as a priority area for the review.
- 9.3 It was noted that **integrated pathway pilots** had been agreed between Combined Healthcare, Stafford and Stoke on Trent Partnership Trust and South Staffordshire and Shropshire Healthcare NHS FT.
- 9.4 The accreditation with excellence of the **Telford and Wrekin Memory Service** by the Royal College of Psychiatrists was noted and commended. It was agreed that the work of this team in early intervention and treatment of dementia should be presented to a future Board to support the sharing and deploying of best practice.
- 9.5 The **Service User and Carer Celebration Day** was noted as taking place on 19<sup>th</sup> June 2014. Board members were encouraged to attend.
- 9.6 The appointment of **Dr Athula Sumathipala** as Professor of Psychiatry and Honorary Consultant in Psychiatry in conjunction with Keele University was welcomed. Claire Barkley summarised his background and interests and commented that the Trust was fortunate to have secured such an eminent appointment and that she was confident that the appointment would support and enhance the active involvement of all disciplines in research and development activity within the Trust.
- 9.7 The launch of the 30 day consultation on the **quality accounts** was noted, the feedback from which would be incorporated in the final submission of the accounts to the Board for approval.

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

- 10.1 **Quality Governance** (10<sup>th</sup> April 2014): the summary report was received and noted.
- 10.2 **Business Development and Investment Committee** (11<sup>th</sup> April 2014) Paul Bunting referred to discussion on the tender for the Birmingham Drug and Alcohol Service to provide clarity on the decision making criteria to be applied to support the rationale and logic behind the bid, which would provide useful learning to inform decisions on other contracts to pursue. Steve Grange provided a brief update on the current position with respect to the Birmingham

- bid involving a dialogue with commissioners and other bidders.
- 10.3 **Senior Leadership Forum** (14<sup>th</sup> April 2013): Neil Carr welcomed the participation of Non Executive Directors at the meeting. He referred to the issues arising from the failure to achieve the target arising from the monitoring of doctors' on-call hours and the resultant financial implications. Lesley Crawford advises that action was being taken to review the issues and to agree and implement potentially radical changes Trustwide, to ensure future compliance. In response to a comment from Ian Wilson about the impacts of the Working Time Directive on junior doctor training, Claire Barkley advised that this was more of an issue in other disciplines than in mental health but that it was nevertheless important to monitor. Neil Carr referred to the subsequent session on the Staff Opinion Survey and the outcomes which were being taken forward and which would be referred to as part of the agenda item later in the meeting.
- 10.4 **Finance and Performance** (14<sup>th</sup> March 2014 and 11<sup>th</sup> April 2014): Marina McQuade referred to the reduction in care cluster performance reported at the March meeting, but advised that an improvement had been reported subsequently at the April meeting. The April meeting had focused in particular of a detailed review of the budget setting paper presented to the March 2014 Board.
- 10.5 **Service User and Carer Committee** (9<sup>th</sup> April 2014): Sue Nixon highlighted the presentation by Greg Moores on training and support for service users and carers, the initiation of an environmental scan by Theresa Moyes on issues of particular relevance to service users and carers and to the opportunity until 8<sup>th</sup> May 2014 to make nominations for the four service user and carer awards.
- 10.6 **Council of Governors** (12<sup>th</sup> March 2014): Neil Carr advised that the Council of Governors had formally ratified the appointment of Martin Gower as Chair of the Trust from 1<sup>st</sup> July 2014.
- 10.7 **Human Resources and Organisational Development** (3<sup>rd</sup> April 2014): Greg Moores advised that in light of the full employment package being above the living wage figure, a decision had been taken that the 130 staff whose basic pay was below the living wage, would continue to be subject to Agenda for Change terms and conditions.
- 11 11.1 The following policies were formally ratified by the Board having been approved at the relevant sub committee:
- 11.1.1 Approved at the **Human Resources, Organisational Development and Equalities Committee** on 3 April 2014
- Flexible Working Policy
- 11.1.2 Approved at the **Quality Governance Committee** on 10 April 2014
- Venous Thrombo-embolism Policy
  - Fire Safety Policy
  - Safeguarding Adults Policy and Procedure
- 11.1.3 Approved at the **Finance and Performance Committee** on 11 April 2014
- Data Quality Policy
  - Monitoring Access to Confidential Electronic Information Policy
  - Registration Authority Management Policy

## 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 all items on the safety dashboard remained within control limits. Some minor changes to the RAYG ratings based on visits undertaken and additional evidence were noted. Neil Carr referred to the 12 medication errors in the report and requested further details whilst recognising that the numbers remained within control limits. Therèsa Moyes advised that since the report, three incidents had been downgraded as not having resulted in harm and that all incidents had been reviewed by the Chief Pharmacist.
- 12.2 **Finance:** Jayne Deaville reported that month eleven the income and expenditure position showed a year-to-date surplus position of £6.4m, representing a favourable variance of £0.8m against the year-to-date budget of £5.6m. With respect to the savings plans, she advised that the Trust was forecasting to deliver 98% of its 'gross' CIP target for 2013/14, although only 70% would be delivered on a recurrent basis leaving a recurrent shortfall of £1.9m going into 2014/15. It was noted that the 2014/15 Finance Star Chambers & CIP Challenge Events (QIAs) continued with the individual Divisions/Directorates on a fortnightly basis in order to oversee the development of future savings plans and ensure no adverse impact on quality of care.
- 12.3 Jayne Deaville advised that there had been an increase (£0.03m) in **supplementary nursing** costs during month eleven, resulting in a year-to-date net pay underspend of £0.27m across the Trust. It was noted that there were a number of wards which continued to experience high NHSP usage mainly as a result of the complexity of clients and staff vacancies and in response, Neil Carr sought assurance from the Divisional Directors and the Director of HRODE on the use of supplementary staffing. Lesley Crawford advised that the reasons relating to specialising and lead times to recruit to vacant posts. She confirmed that no vacancies were currently being held. Howard King advised that increased use of supplementary staffing in Specialist Services was due in part to the management of change processes taking place but were being closely monitored to ensure no dilution of quality and that it was anticipated that the management of change would be concluded by the beginning of June 2014. Greg Moores also referred to the Rapid Process Improvement Workshop (RPIW) on the recruitment process and the option being considered of increasing the notice period for Bands 5 and above to two months.
- 12.4 **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.
- 12.5 **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 in Telford and Wrekin which had been rectified.
- 12.6 **Commercial Activity/Business Development:** Steve Grange referred to the dementia care pilot which was imminently due for review at the Business Development and Investment Sub committee but which was progressing well with waiting list and other issues having largely been resolved. Divisional operational business plans had been completed as presented to the Board Development session on 7-8 April 2014 and it was noted that Divisions were

now working on the five year forecast plan in line with Monitor submission deadlines. Neil Carr highlighted the submission date being in advance of the completion of the local health economy review report and the likelihood that this could have significant implications for the plan. Jayne Deaville advised that the requirement for a subsequent submission of a variation to the plan in light of this, would need to be discussed and agreed with Monitor if required. Steve Grange concluded his report by noting the extension of funding of the Veterans' Mental Health Services by NHS England, for a further 12 months.

- 12.7 **Human Resources:** Greg Moores reported an increase in the sickness absence rate from 4.36% to 4.37% but advised that this remain well below target. It was also noted that appraisal compliance had improved, particularly in the Mental Health Division. An increase in the vacancy rate was also noted, with Facilities and Estates showing 28% vacancies, although this was noted to reflect uncertainty over shared services contracts. Steve Grange confirmed that this was being monitored and that there was no service dilution as a result. Further discussion on this issue would be referred to the Trust Management Team. In response to a comment from Neil Carr about ensuring that the reduction in sickness absence was not at the cost of a draconian approach to sickness absence management, Greg Moores advised that the potential risk of this and the need to embed the right culture and leadership was being monitored and taken forward by Business Partners.
- 12.8 **Medical Director:** Claire Barkely presented the first new style report on research and development activity, following the appointment of Ruth Lambley-Burke as the new Research and Development Manager. The positive feedback from the conference held on 27-28 March 2014 was noted.

<b>Action:</b> Referral of F&E vacancy rate to Trust Management Team (SG)
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#### ITEM 9.1 CLINICAL SYSTEM REPLACEMENT PROJECT

- 13 The update report was received and noted. Jayne Deaville advised that it was anticipated that all teams would be live by the end of June 2014, apart from the IAPT teams, who would continue to use IAPTUS until such time as RiO could deliver an equivalent or better performance.

#### ITEM 9.2 2013/14 TRUST STRATEGY UPDATE

- 14 Steve Grange apologised for the resubmission of the paper and advised that the full report was available to Board members but that the Board papers now contained a summary highlighting the key deliverables at the position against each of the targets at the six and twelve month positions. It was noted that any outstanding issues had been carried forward to the 2014/15 Divisional Business Plans. The Board confirmed that the report provided satisfactory assurance with respect to the delivery of the 2013/14 plan.

#### ITEM 9.3 ESTATES STRATEGY UPATE REPORT

- 15 Andrew Hughes and Jon Meigh attended the meeting to present the report. Andrew Hughes advised that the report reflected the position after significant activity over the months since the consultation on the strategy completed in the summer of 2013. He advised that the locality groups had been established and had met regularly and that ongoing stakeholder involvement had been embedded. The service plan would however, ensure that it evolved to meet the changing needs of services and the

models of care being planned into the future. He emphasised that the strategy reflected a three year programme of work but that the intention was to realise the benefits as quickly as possible. The next steps were noted including the presentation of the narrative strategic case, priorities, costs and programme to the Supervisory Committee on 21<sup>st</sup> May 2014. In response to a question from Jayne Deaville, Jon Meigh advised that the aim was to reduce both the numbers of sites from which care was provided and the numbers of team bases on the basis that care and administrative support should be provided from the same location. A correction was noted to the report with respect to the vacation of the Lawley Centre by the end of August rather than the end of September 2014 and to the replacement of the word “compromise” with “comprise” at paragraph 12c of the report. In response to a question from Paul Bunting relating to the absence of clear linkages in the paper to the Trust’s strategic plan and its values and aims, Steve Grange commented that the report provided a brief overview and update of this major project and that the detail including the alignment with with these areas was reflected in the strategic outline case (SOC) which was scheduled for presentation to the Business Development and Investment Committee, the Finance and Performance Committee and the Board in June 2014. The Board agreed to ratify the programme aims, programme governance arrangements and planning principles underpinning the strategy. The Board also ratified the initial programme milestones and confirmed that they were assured that arrangements were in place to define and implement the Trust’s Estates Strategy.

**ITEM 9.4 HRODE STRATEGY UPDATE REPORT 2013/14**

- 16 Greg Moores advised that this was the third update report to the Board and that since the first iteration of the strategy, it had been further updated to reflect the current strategic aims of the Trust. He summarized the highlights of the past 12 months including the reduction in sickness absence, the focus on values through the staff compact and the ‘Living our Values’ project, the focus on leadership and teams. Income growth relating to training in violence and aggression was also noted as was the exceeding of the target for the recruitment of apprentices. Greg Moores reported that the HRODE Strategy delivery plan for 2014/15 had been approved by the sub committee, along with the associated risks, which were reflected in the risk register. The report was formally noted and agreed.

**ITEM 10.1 USES OF THE SEAL**

- 17 The seal was reported to have been used on four occasions since the last report. These uses were formally noted and approved. It was noted that the uses had been formally approved by both the Chief Executive and the Director of Finance and Performance.

**ITEM 10.2 STRENGTHENING CORPORATE ACCOUNTABILITY IN HEALTH AND SOCIAL CARE: CONSULTATION ON THE FIT AND PROPER PERSON REGULATIONS (FPPR)**

- 18 Neil Carr presented the report and referred Board members to the consultation questions. It was agreed that the the Board were in support of the implementation of the FPPR as part of the Care Quality Commission registration requirements as outlined in the draft regulations. The Board agreed that for the Trust, the following posts should be included in the FPPR: Company Secretary, Divisional Directors, Director of Human Resources, Organisational Development and Equalities and the

Director of Facilities and Estates. The Board also approved the action plan included in the report to ensure future compliance with the regulations.

**ITEM 11.1 THEMATIC REVIEW OF MENTAL HEALTH ACT 1983 (AMENDED 2007)  
SECTION 17A COMMUNITY TREATMENT ORDERS**

- 19 Paul Kesterton presented the findings of the thematic review which showed the Trust broadly in line with the national picture and showing that the use of CTOs appeared to have a positive impact on reducing admissions, length of in-patient stays and a low incidence of contested CTOs or renewals. He advised that the review had highlighted in particular the importance of a robust handover between in-patient and community teams to prevent communication failures which impact on care provision and that this had been translated into a recommendation which was being taken forward by Divisions to ensure any risks were mitigated. Paul Kesterton also highlighted the positive impacts of non medical responsible clinicians in the CTO process and the positive feedback from the Care Quality Commission following their recent visit specifically to review CTO process and practice within the Trust. Theresa Moyes advised that the recommendations of the thematic review had been approved by the Quality Governance Committee and that they had been discussed at the Mental Health Legislation Committee on 23<sup>rd</sup> April 2014 for translation into an action plan. It was noted that the resultant action plan would be monitored through the Mental Health Legislation Committee and reported through the quarterly reports to the Quality Governance Committee and Board, the next being due in May 2014. In response to a comment from Neil Carr about the potential risk to patient safety arising from communication failures between teams, Claire Barkley commented that the pros and cons of the functionalisation model were recognised and that this emphasised the importance of mitigating and addressing these potential risks. Jayne Deaville referred to the comparison of the Trust numbers of CTOs against the national benchmark and whether this reflected good practice or not. Paul Kesterton referred to the Code of Practice and the requirement to maintain a balance and apply the least restrictive approach. It was also recognised that there were many complex factors at play but the finding that there were few discharges from CTOs arising from managers' hearings suggested that the numbers were appropriate. Paul Bunting advised that real assurance could only be obtained from ensuring that the decisions taken were right for each individual service user, irrespective of what that meant for the statistics. The Board ratified the recommendations for translation into an action plan and monitoring as outlined in the paper.

**ITEM 11.2 RISK REGISTER AND ASSURANCE PLAN**

- 20 Theresa Moyes presented the report summarising the changes to the risk register and assurance plan, since the last submission. The Board formally approved the risks added and removed and the monitoring processes in place.

**ITEM 11.4 STAFF OPINION SURVEY RESULTS 2013**

- 21 Claire Boulton attended the meeting to present the report. She highlighted the key findings and areas of improvement and concern arising from the survey findings. Following a presentation and detailed discussion at the Senior Leadership Forum, three priorities had been identified to address the findings of the report. In response to a comment from Lesley Crawford about the alignment of individuals with a team, Greg Moores summarised the evidence from the work undertaken by Michael West and the work undertaken to attempt to embed the notion of teams which understand



each other's roles, set team objectives and met regularly but that the work undertaken to date had not translated into improved scores in the survey and was therefore a key focus for the coming year. Paul Bunting requested further detail on the rationale for the choice of the identified priorities above other potential areas and received assurance with respect to the areas being in line with the Trust's own strategic direction, values and aims rather than in response to areas which were not below the national benchmark. Neil Carr referred to the apparent high incidence of reported bullying and physical violence, which was not reflected in triangulated data from other sources and whilst high in terms of percentage of staff reporting this had happened, still remained below the national average for mental health/learning disability trusts. Lesley Crawford and Howard King confirmed that further work would be undertaken in this area to explore the hotspot areas. Claire Boulton outlined the additional work being undertaken to survey staff throughout the year using the Meridian system, which had the benefit of surveys which were owned at team level. The Board confirmed its support for the recommended approach as outlined in the paper and the monitoring arrangements for priorities 1 and 2 to be monitored through the Human Resources, Organisational Development and Equalities Committee and priority 3 through the Quality Governance Committee. It was also agreed that an update report would be received at the October 2014 Board meeting.

### **ITEM 11.3 COMMUNICATION AND ENGAGEMENT UPDATE 2013/14**

- 22** Martin Evans attended the meeting and presented the report. He outlined the many successes and achievements in 2013/14 and summarised the priorities for 2014/15 including a major redesign of the website, increased use of social media, a monthly chief executive blog, public engagement priorities and managing the Trust's reputational profile. He advised that an emphasis on short videos similar to that presented to the Board to summarise the activity from 2013/14 would be used increasingly, with a duration of no more than 1 minute, 20 seconds. He emphasised that the communication and engagement activity continued to be achieved with a very small staffing complement of 2.7 staff and that cost savings continued to be achieved through the use of internal technical expertise, cutting printing costs and internal events management. Neil Carr commented that the website was the front window to the Trust and in light of comments arising from the Care Quality Commission's visit to Coventry and Warwickshire Partnership NHS Trust about information on their website which was significantly out of date, that it was important to ensure that the new website was properly monitored and maintained. Martin Evans responded that it would be important to embed ownership of sections of the website within the relevant parts of the organisation for this to be assured. The Board confirmed its support for the 2014/15 communications and engagement priorities and plan.

### **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 Deputy Company Secretary as follows:
- The policies listed at paragraph 11 were ratified by the Board.
  - Assurance was confirmed with respect to the delivery of the 2013/14 Trust Strategy and Annual Plan

- The recommendations of the Estates Strategy update report were approved.
- The uses of the seal were agreed subject to noting that they were authorised by both the Chief Executive and Director of Finance and Performance
- The action plan to implement the Fit and Proper Persons Regulations was approved, along with the list of those to whom it would apply in addition to Executive and Non Executive Directors.
- The recommendations of the Community Treatment Order (CTO) thematic review were approved for translation into an action plan along with the monitoring and reporting arrangements relating to the plan.
- Changes to the Risk Register and Assurance Plan were agreed
- The three priorities arising from the Staff Opinion Survey were agreed along with the monitoring and reporting arrangements.
- Support for the priorities for the communication and engagement priorities for 2014/15 was confirmed.

- 25 The following future agenda items were agreed:
- Staff Opinion Survey Update report on priorities (October 2014)
  - Telford and Wrekin Memory Service Presentation (August 2014)

**ITEM 14            DATE AND TIME OF NEXT MEETING**

- 26 The next public Board meeting will take place on Thursday 29<sup>th</sup> May 2014 at **1300 for 1330** in **Seminar Room 2, Redwoods Centre, Shrewsbury**