
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 26TH JUNE 2014

1 Present

Steve Jones	Chairman
Claire Barkley	Medical Director
Alex Brett	Deputy Director of Human Resources, Organisational Development and Equalities
Alison Bussey	Director of Nursing/Chief Operating Officer
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
Therèsa Moyes	Director of Quality and Clinical Performance
Liz Nicholson	Non Executive Director
Dr Ian Wilson	Non Executive Director

2 In Attendance

Jane Landick	Company Secretary
Steve Riddle	Governor Member
Jacki Hauenstein	Governor Member
Martin Gower	Chairman Designate
Roger Craven	Member
Ken	Service User
Lizzie Lovell,	Inclusion Matters (Sefton)
Ken Doherty	Interim Head of Inclusion Services
Dr James Paton	Consultant Microbiologist
Angie Astley	Workforce Planning and Development Manager
Kenny Laing	Associate Director of Mental Health Nursing
Kath Chambers	Service User Experience Lead

ITEM 1 WELCOME AND INTRODUCTIONS

- 3 Steve Jones welcomed all present to what would be his last meeting as Chairman of the Trust. He welcomed in particular Martin Gower, who would be taking over as Chairman and also thanked Howard King, attending his last meeting as Interim Divisional Director before returning to his former role as Head of Inclusion Services.

ITEM 2 APOLOGIES FOR ABSENCE

- 4 Paul Bunting, Non Executive Director
Neil Carr, Chief Executive
Sue Nixon, Non Executive Director

ITEM 3 PATIENT STORY: INCLUSION SERVICES (SEFTON)

- 5 Steve Jones welcomed colleagues from Inclusion Matters (Sefton). Kieron Doherty explained the concept of service user feedback as being central to the delivery of inclusion services both before, during and at the end of a treatment programme but that the use of a patient experience questionnaire did not always offer the richness of feedback that was required. He advised that it was also felt important to use an external source to gather the feedback and that this resulted in the use of Patient Opinion through their website. Ken gave an account of his story and his engagement with Inclusion Matters, highlighting the following points:
- His transition from being a positive, confident person with a responsible job to the point of contemplating suicide as a consequence of a series of traumatic events culminating in redundancy and the belief, based on experience that neither counselling or medication would help.
 - A new GP, who persuaded Ken to accept a referral to Inclusion Matters and the rapid and positive impact that this had on his mental health and recovery.
 - The use of task oriented targets and 'homework' to support the recovery process.
 - The connection with and insight displayed by his therapists.
 - His continued engagement with Inclusion Matters as a member of their Service Development Group.

Comments and questions from Board members centred around

- The benefit of having a GP who was aware of and able to support a referral to Inclusion Matters.
- Overcoming the stigma of mental health which was initially an issue when attending appointments in a medical centre attended by friends and acquaintances.

Steve Jones thanked Ken and colleagues from Inclusion Matters for attending to share such an uplifting and inspiring story.

ITEM 4 QUESTIONS FROM THE FLOOR

- 6 No questions were submitted.

ITEM 5 MINUTES OF THE MEETING HELD ON THURSDAY 29TH MAY 2014

- 7 The minutes of the Board of Directors meeting held on Thursday 29th May 2014 were agreed and signed by the Chair as a true and accurate record, subject to the following amendments:

Page 1: the date of the meeting was corrected to read 29th May 2014

Page 2, paragraph 6: correction to the spelling of Claire Barkley's name

Page 2, paragraph 6: to note the reference to the aspiring doctors programme as being to highlight the involvement of apprentices in the administration of the programme

Page 4, paragraph 11.1: to note that the trigger points referred to were internal performance measures and the data referred to new NHS Litigation Authority (NHSLA) claims.

ITEM 6 MATTERS ARISING FROM THE 29TH MAY 2014 MINUTES

- 8 8.1 **Information Governance Mandatory Training Compliance (Page 5, Paragraph 11.3):** Jayne Deaville summarised actions being taken and ongoing monitoring to improve compliance.
- 8.2 **Dignity and Respect Outcomes (Page 6, Paragraph 13):** Alex Brett advised that this action was being addressed and would be included in the update report to the Board scheduled for October 2014.
- 8.3 All other actions were noted as having been completed.

ITEM 7 CHIEF EXECUTIVE’S REPORT AND ENVIRONMENTAL SCAN

9 Jayne Deaville reported on the following events/activities and issues:

- 9.1 Key national guidance and reports during the month were highlighted
- 9.2 Progress with the review of the local health economy by KPMG and Boston Consulting and the delay in publication of the findings to mid July 2014.
- 9.3 Two successful events during June 2014: the Service User and Carer Celebration Day on 19th June and the Celebration of Nursing event on 23rd of June and the presentation of awards at both events. Therèsa Moyes highlighted the lead taken by service users and carers in shaping the event and its design and layout which had been very well received and ensured an informal and welcoming feel to the event, with some very powerful and inspiring service user and carer stories which would be written up and shared widely. Alison Bussey highlighted the nursing awards and some very high quality nominees. Liz Nicholson confirmed that the nursing celebration had been inspirational and an excellent opportunity to share and spread good practice and positivity.
- 9.4 Simon Stevens’ presentation at the NHS Confederation conference and the increased focus on mental health services which was evident and welcomed.
- 9.5 The challenging Cost Improvement Programme (CIP) and the Quality Improvement Programmes progressing within the Trust.
- 9.6 The extension of the successful dementia pilot in South Staffordshire which was bringing real benefits to patients and placing less reliance on in-patient beds.

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 Committee** (16th June 2014): Marina McQuade highlighted the Committee’s detailed review of the Strategic Outline Case relating to the community and in-patient estate modernisation programme, scrutiny of the five year strategic plan prior to Board approval and submission to Monitor and assurances received with respect to delivery of the CIP.
- 10.2 **Quality Governance Committee** (12th June 2014): the summary report was received and noted. Liz Nicholson highlighted assurances gained from Directorate action plans relating to the Berwick Review and the Manchester Patient Safety Framework and detailed discussion around the Safer Staffing report prior to review by the Board. She also referred to receipt of the quarterly patient experience report reflecting some excellent work going on within the Trust in this respect. With respect to the reference in the report to overdue serious incident (SI) summaries, Therèsa Moyes advised that although specialist services commissioners do not expect completion of SIs within 45 working days, the Trust aimed to move to a consistent position whereby all SIs were completed within 45 working days and were working with the Specialist Services Division to reduce the number of days taken to

complete new SIs and finalise those outstanding ones on the current SI register. It was noted that there were currently only two outstanding, both of which were staff RIDDORs due for imminent completion.

- 10.3 **Senior Leadership Forum** (9th June 2014): The report was received and noted.
- 10.4 **Human Resources, Organisational Development and Equalities Committee** (28th May 2014): Alex Brett summarised progress with the Living Our Values project including wide and inclusive staff and stakeholder consultation and engagement. She advised that the anticipated timeframe would lead to a report on the outcomes and the launch of the resultant behaviour framework at the Annual General Meeting. Ron Hilton advised that a presentation and engagement with the Board was scheduled for the July 2014 Board Development workshop.

- 11 The following policies were formally ratified by the Board having been approved at the Human Resources, Organisational Development and Equalities Committee on 28th May 2014:

- 11.1 eRoster Policy
- 11.2 Public Interest Disclosure (Whistleblowing) Policy, subject to the removal of the word "Whistleblowing" from the title of the policy.
- 11.3 Health Surveillance Standard Operating Procedure

With respect to the Public Interest Disclosure Policy, Alex Brett confirmed that a communications plan and training would accompany the re-launch of the policy to ensure that staff were aware of the policy and how and when to use it.

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 of work in progress supported by the Quality Governance Committee and Senior Leadership Forum to ensure the Trust's was fully prepared for the Care Quality Commission's (CQC) new inspection regime. She advised that the report format incorporating the Quality and Risk Profile (QRP) would continue despite the discontinuation of the QRP by the CQC, until an alternative reporting framework was fully in place. The changes since the previous report were noted as highlighted in the report and no trends or variances were noted as exceptions to the report. Therèsa Moyes advised that the quarterly combined risk management report had been subject to detailed discussion at the Quality Governance Committee and was reproduced in full, although for future Board reports a high level executive summary report would be presented instead. Steve Jones referred to the complaints section of the report and the lessons learned, which provided some reassurances against the summaries of those complaints which were upheld. Therèsa Moyes summarised the focus of a working group established to review how lessons were learned from serious incidents, which would be reporting to the Board once the work was completed and which was looking at a range of approaches to ensuring lessons were learned and changes in practice embedded.
 - 12.2 **Finance:** Jayne Deaville reported that whilst it was difficult to gain assurance with respect to the financial position at month 1, the financial performance was

higher than expected. She noted also that usage of supplementary staffing had reduced.

- 12.3 **Information Governance:** Jayne Deaville advised that no Freedom of Information (FOI) Act or Access to Records statutory deadline breaches had occurred during May 2014.
- 12.4 **Monitor and Contract Targets:** Jayne Deaville advised that owing to recent introduction of the RiO Clinical Information system, changes in how contract activity is counted (from bed days and contacts to care clusters) and HIS management of change processes resulting in a significant loss of information staff, it had not been possible to produce activity reports in the usual way this month and that this had been highlighted as a significant issue for the Trust. She advised that all efforts were being made to produce the reports in an accurate and timely manner by the end of quarter one at the end of July 2014. It was noted that Clinical Commissioning Groups had also been made aware of these issues.
- 12.5 **Commercial Activity/Business Development:** Steve Grange referred further business opportunities arising from a request from the National Offender Management Service (NOMS) commissioners for the Trust to co-ordinate Knowledge and Understanding Framework (Probation) (KUF) training within three localities and the potential for extending this work on a wider regional and national basis. Further expansion of business associated with BluSky Therapies was also noted within both the prison service and blue light services. Steve Grange updated the Board on the development of the new Trust website which would go live internally alongside the existing website, in July 2014 before a the full launch once the new website had been fully tested. Wide consultation with a range of stakeholders on the design and content of the new website, including divisional and directorate microsite, was noted. Steve Grange concluded his report by thanking the communications team for their hard work in the production of the Annual Report. He also thanked Howard King on behalf of the Business Development Team for his contribution and support during his time as Interim Divisional Director.
- 12.6 **Human Resources:** Alex Brett highlighted a further improvement in appraisal compliance at 87% but advised that in response to the findings of the Staff Survey, it was equally important to focus on the quality of appraisals. Ongoing action to address vacancy rates, particularly focusing on hotspot areas was noted and further to submission of the report, it was noted that there were now no staff on suspension for longer than 3 months. Steve Grange referred to action taken within Facilities and Estates to increase supervision levels in light of the high vacancy rates in shared services, to ensure no dilution of quality of service.
- 12.7 **Safer Staffing Review Monthly Exception Report:** Alison Bussey described the first of regular monthly reports to the Board and advised that the data, along with that of all other Trusts had been uploaded to NHS Choices on 24th June 2014, to minimal media interest. The table on page 3 of the report and accompanying narrative were highlighted and Alison Bussey emphasised the the figures relating only to nursing staff and did not reflect the presence or contributions to the ward team from other professional groups. Where the fill rate was high (red rated) against plan, she explained that this would frequently reflect increased levels of observation, but that work was ongoing to understand, explain and/or address any apparent anomalies. Liz Nicholson advised that the report had also been subject to detailed discussion at the Quality Governance Committee.

ITEM 9.1 CLINICAL SYSTEM REPLACEMENT PROJECT

- 13 The update report was received and noted. Jayne Deaville advised that phase 1 of the project was now complete and that RiO was beginning to realise the anticipated benefits in terms of improving the quality of patient care. Ian Wilson concurred that it was being well received by clinical teams and that its use and the reliance placed on it appeared to be becoming part of the culture.

ITEM 10.1 SAFER STAFFING: WARD ESTABLISHMENT REVIEW AND ANALYSIS

- 14 Alison Bussey advised that due to timing issues, this report had not previously been submitted to Quality Governance Committee. She advised that collection of data to inform the reports continued to require some manual manipulation and that the intention was that Internal Audit would be engaged to help assure and validate the data. It was noted that there was no nationally agreed standard for undertaking this work and therefore likely to be a high degree of national variation but that through the Mental Health Network, efforts were being made to ensure similar methodologies were adopted. Alison Bussey summarised the content of the report, highlighting the engagement of ward managers and modern matrons in this initiative and supporting and empowering them to understand and use their budgets to best effect. She advised that the report only included in-patient services at present, but would be rolled out to include community teams in future. Therèsa Moyes commented on reductions in the numbers of reported incidents relating to ward staffing levels which suggested the potential benefits of this analysis in understanding and responding to staffing needs. In response to a comment from Jayne Deaville about the need for a wider focus than nursing staffing levels, Alison Bussey agreed that this was particularly relevant in mental health service and more so in specialist services such as Eating Disorders. Steve Grange referred to the use of such reports to assist the understanding of commissioners with respect to the complexity of mental health services and the impacts on the pricing of tenders if patient safety is to be assured through high quality staff in the right numbers and professions. Alison Bussey commented that the analyses from this work would help to challenge and change some fundamental and traditional beliefs and practices. In response to a question from Claire Barkley about ensuring staff were valued and had opportunities to take breaks, Alison Bussey commented that it was important to monitor and understand the impacts on staff workload and pressures and ensure robust data was available but also to maintain a balance with respect to expectations and demands for data collection, submission and analysis. Claire Barkley highlighted the particular issues on the Stafford site with the range of specialist services and more widely the impacts on staffing of supporting the S136 Suites, which were noted. Lesley Crawford re-emphasised the important contributions of allied health professionals and the differences in acute and mental health services, which the reporting framework as it was currently prescribed, did not recognise and this was acknowledged.

The Board noted the national guidance on inpatient staffing and the implications for reporting, reviewing and Board ownership, endorsed the action to be taken to support the in inpatient Safe Staffing establishment review and noted the actions taken by the Trust to date and the future plans to implement processes to ensure safe staffing in both community and inpatient services.

ITEM 11.1 INFECTION CONTROL ANNUAL REPORT FOR 2013

- 15 Claire Barkley introduced the report as being along similar lines to previous years and welcomed Dr Paton to the meeting. Dr Paton commended the report and the contribution of the Infection Control Team and committee for their commitment and the pro-active approach to infection control within the Trust. He highlighted the ongoing programmes of visits, inspections and audit, enabling prompt management action when issues were identified and the PLACE scores which were consistently above the national average. With respect to MRSA screening, it was noted that this was relatively low, but reflective of the needs of the patient population and in Dr Paton's opinion was of limited clinical value. Dr Paton observed that it was anticipated that recommendations would shortly be made to downgrade the level of screening required in mental health Trusts. Mandatory infection control compliance was noted as a continuing focus of the Infection Control Team, particularly in hotspot areas, but that the use of alternative approaches to training and the use of workbooks had had a positive impact. Steve Grange highlighted the improved compliance in Facilities and Estates arising from the use of the workbooks and the commitment of Martin Lawrence. The Infection Control Annual Report for 2013 was received and agreed along with the Infection Prevention and Control Programme for 2014. It was also agreed to continue to focus on improving mandatory training compliance, particularly in hotspot areas.

ITEM 11.2 ANNUAL WORKFORCE PLAN 2014-2019

- 16 Alex Brett introduced the plan which she believed put the Trust in the strongest position to date with respect to workforce planning and advised that the plan was the culmination of much detailed work with Divisions and Directorates to ensure alignment with divisional strategies and plans and to the Annual Plan as submitted to Monitor. In line with this, the workforce plan focused both on a detailed two year plan and a five year aspirational plan, aligned to and reflective of expected commissioning intentions. Angie Astley summarized the key headlines of the plan, which it was noted had received assurance from CCGs had been the only Trust in the West Midlands to receive unqualified assurance with respect to its submission.

Claire Barkley referred to an incomplete sentence in the box on page 19 of the report and asked what action was prompted by the statement in the box on page 18 of the report relating to the medical workforce not being ethnically representative of the local population. It was agreed that these parts of the report would be amended and corrected and that the point on page 18 would refer to an action to address this issue through a focus on cultural competencies.

Liz Nicholson highlighted the absence of a reference within the plan to the use of service users in a voluntary and paid capacity and the use of peer recovery workers in line with the Trust's Recovery Strategy led by Rachel Lucas. Lesley Crawford confirmed that this was a key focus of the Divisional Plans but that notwithstanding this, there should be explicit reference made to these roles as an important element of the Trust's delivery of the Recovery Strategy, within the Trust's Workforce Plan.

Steve Grange commended Angie Astley's contribution to supporting the workforce planning within Directorates which had been hugely welcomed within Facilities and Estates and supported the intention to keep the workforce planning processes dynamic and active through quarterly reporting and monitoring. He asked with reference to the Assistant Practitioner project on page 20 to also note and recognize the work with Physicians' Assistants with Wagner University and this was acknowledged.

In response to a question from Ian Wilson about ensuring local workforce plans were joined up regionally and nationally to enable educational commissioning and benchmarking, Angie Astley and Jayne Deaville summarized the role of the Mental Health LETC and the links with the LETB in assuring both benchmarking and effective commissioning informed by workforce plans and processes within Trusts. Jayne Deaville advised that the Workforce Plan before the Board was one of the best she had seen and commended its alignment to directorate and division plans and to the Monitor Plans. Therèsa Moyes concurred with this and commented that it was important to avoid benchmarking against average or traditional practices and instead to introduce clarity over what represented best practice, challenge existing assumptions and be prepared to innovate and trailblaze using outcome measures relating to the provision of safe and effective services. To this end, she advised that the focus should be wider than an HR function and offered her support to developing this approach to workforce planning further. Lesley Crawford advised that she was also supportive of an approach to challenging the use of existing posts, professions and skill mixes based on trying out new ideas and gathering evidence to support changes in service delivery and practice. Ron Hilton commented that this supported the Board's earlier discussion on risk appetite and the extent to which the Board and Trust were willing to go in trailblazing change. Alison Bussey commented on the winner of the 2014 Breeze Award which was an example of challenge and change to the traditional models of prescribing.

The Workforce Plan for 2014-2019 was formally agreed and support given to the continuation of detailed work within divisions and directorates and the monitoring of the delivery of the Workforce Plan through the Human Resources, Organisational Development and Equalities Committee.

ITEM 12 ANY OTHER NOTIFIED BUSINESS

- 17 Jayne Deaville concluded the meeting by summarising Steve Jones's many personal achievements as Chairman and the successes of the Trust, over which he had presided and made a formal presentation to him of his retirement certificate.

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

- 18 Decisions made were summarised by the Company Secretary as follows:
- The policies listed at paragraph 11 were ratified
 - The actions in support of the Safer Staffing establishment review were endorsed as was the implementation of the processes to ensure safer staffing within the Trust.
 - The Infection Prevention and Control Annual Report for 2013 and the programme for 2014 were formally agreed, along with an ongoing focus on infection control mandatory training compliance.
 - The Workforce Plan for 2014-2019 was formally agreed and support given to the continuation of detailed work within divisions and directorates and the monitoring of the delivery of the Workforce Plan through the Human Resources, Organisational Development and Equalities Committee.
- 19 The following future agenda items were agreed:
- Quarterly workforce planning updates via Human Resources, Organisational Development and Equalities Committee summary reports to the Board.

ITEM 14 DATE AND TIME OF NEXT MEETING

- 20** The next public Board meeting will take place on Thursday 31st July 2014 at **1300 for 1330** in **The Redwoods Centre, Shrewsbury.**