

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 31 JULY 2014

1 Present

Martin Gower	Chairman
Alison Bussey	Director of Nursing/Chief Operating Officer
Paul Bunting	Non Executive Director
Neil Carr	Chief Executive
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
Alex Brett	Interim Director of Human Resources, Organisational Development and Equalities
Therèsa Moyes	Director of Quality and Clinical Performance
Liz Nicholson	Non Executive Director
Sue Nixon	Non Executive Director
Dr Ian Wilson	Non Executive Director

2 In Attendance

Jane Landick	Company Secretary
Robin Harvey	Governor Member
Michael Allen	Governor Member
Graham Riley	Governor Member
Steve Riddle	Governor Member
Enrique Mateu	Governor Member
Karen Carter	Janssen

ITEM 1 WELCOME AND INTRODUCTIONS

- 3 Martin Gower welcomed all present to his first meeting as Chairman of the Trust.

ITEM 2 APOLOGIES FOR ABSENCE

- 4 Dr Claire Barkley, Medical Director
Lesley Crawford, Director of Mental Health
Greg Moores, Interim Director of Specialist Services

ITEM 3 QUESTIONS FROM THE FLOOR

- 5 No questions were submitted.

ITEM 4 MINUTES OF THE MEETING HELD ON THURSDAY 26TH JUNE 2014

- 6 The minutes of the Board of Directors meeting held on Thursday 26th June 2014

were agreed and signed by the Chair as a true and accurate record.

ITEM 5 MATTERS ARISING FROM THE 26TH JUNE 2014 MINUTES

7 There were no matters arising.

ITEM 6 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

8 Neil Carr reported on the following events/activities and issues:

- 8.1 Key national guidance and reports during the month were highlighted, particularly the NHS England report on the **Medicines Optimisation Dashboard** and the importance of the involvement of carers in supporting adherence in patients with conditions such as schizophrenia and bipolar disorder. Alison Bussey commented that carer involvement was also central to the development of a care pathway for psychosis. Also highlighted was the National Institute for Health Research (NIHR) report on **new ways of working in mental health services: a qualitative, comparative case study assessing and informing the emergence of new peer worker roles in mental health services in England**, which it was noted would be important in shaping the delivery of these roles as part of the Trust's Recovery Strategy.
- 8.2 A visit hosted by Debbie Moores of the national lead for **assistive technology** and the nomination of the Trust for an HSJ award for assistive technology deployment within the Trust.
- 8.3 An update on the **local health economy review** was provided, noting the extension of KPMG's involvement to the end of August 2014 in developing robust governance arrangements to address the issues highlighted by the review report, including the £400m funding gap and how it could be addressed.
- 8.4 The future provision of learning disability services to ensure compliance with **Winterbourne View** recommendations and harmonisation with commissioners which was moving towards achieving consensus. Alison Bussey advised that placements for the remaining three Milford patients were being identified to facilitate the shift from hospital to intensive community based care in line with national guidance. It was noted that this was anticipated to have been completed to enable the closure of **Milford Ward** by mid September 2014.
- 8.5 The effective management of **an incident on the Forensic Unit** during which a patient had accessed the roof of the unit, but had not breached the perimeter. He advised that the incident had prompted a review of security on the unit, enabling robust interim arrangements to be put in place pending further work which had been identified as being required. Neil Carr commended the staff involved in the incident for their professional and prompt response during and subsequent to the incident. In response to a question from Paul Bunting about monitoring to ensure the risks of never events were adequately mitigated, Alison Bussey outlined the operational processes in place on the forensic units including monitoring of staffing levels, which in any event she confirmed had not been a factor in this incident. Therèsa Moyes also summarized the quality impact assessment processes in place. In response to a question from Martin Gower about the inclusion of the issues on the Risk Register, Therèsa Moyes advised that this had been done, but that the risk had not scored highly enough to appear on the Trust Risk Register. She also confirmed that as the perimeter had not been breached during the incident that it was not reportable to the Care Quality Commission, but that the commissioners had been informed as required, and a joint risk assessment

undertaken.

- 8.6 Upcoming dates and events were noted and in particular the **Motherhood and Mental Health** event on 17th September 2014.

Board Sub Committee Summary Reports

- 9 The following Board Committee summary reports were presented by the Non Executive Chairs of the committees and were received and noted:
- 9.1 **Finance and Performance Committee** (16th June 2014): Marina McQuade highlighted the Committee's focus on care cluster performance, which it was noted was now back on track.
 - 9.2 **Quality Governance Committee** (10th July 2014): the summary report was received and noted. Sue Nixon highlighted the significant benefits to the Trust arising from the implementation of the Library Strategy and advised that the Committee had invited the George Bryan Centre Ward Manager to present to a future meeting on the lessons learned from the CQC inspection visit to the unit.
 - 9.3 **Senior Leadership Forum** (14th July 2014): the summary report was received and noted. Neil Carr highlighted the focus on collective leadership arising from the recent King's Fund report and the intention to review and evaluate the effectiveness of both the Senior Leadership Forum and the Trust Management Team after the first six months with the outcomes being reported next month.
 - 9.4 **Council of Governors** (18th June 2014): the summary report was received and noted.
 - 9.5 **Business Development and Investment Committee** (13th June 2014): the summary report was received and noted.

Authorised Documents

- 10 The following policies were formally ratified by the Board having been approved at the Quality Governance Committee on 12th June 2014:
- 10.1 Preventing Radicalisation (PREVENT Strategy Implementation Policy)
 - 10.2 Physical Interventions Policy
 - 10.3 Care of Patients Being Nursed in Seclusion, De-facto Seclusion and Longer Term Segregation

The following policy was formally ratified by the Board having been approved at the Audit Committee on 4th July 2014

- 10.4 Authorised Documents Policy

Martin Gower recommended that the PREVENT DVD on radicalisation be shared with Board members.

With respect to the Care of Patients Being Nursed in Seclusion, De-facto Seclusion and Longer Term Segregation, Neil Carr highlighted the importance of ensuring that monitoring arrangements for the use of de facto seclusion, longer term segregation and low stimulus environments were in place as they were for seclusion. It was agreed that the Quality Governance Committee would be asked to provide further assurance with respect to this and report back through its summary report to the Board in September 2014.

Action:	DVD on preventing radicalisation shown to Board (TM) Assurance on monitoring of the use of de facto seclusion, longer term segregation and low stimulus environments (TM via QGC)
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ITEM 7 TRUST ASSURANCE REPORT

- 11 The report was received and noted. Exception reports and comments from Board members were recorded as follows:
- 11.1 **Quality and Clinical Performance:** Therèsa Moyes summarised changes to the Quality Standards Assurance Visit Programme to reflect the five key questions under the Care Quality Commission inspection regime. With respect to the safety dashboard, she advised that all items remained within control limits.
- 11.2 **Finance:** Jayne Deaville reported that at month two the income and expenditure position showed a year-to-date surplus position of £2.2m, representing a favourable variance of £1.2m against its 'flexed' budget of £1.0m. It was noted that the Trust was currently forecasting to deliver against all of its planned financial metrics for 2014/15 and that the forecast EBITDA margin (6.3%) and surplus margin (3.3%) were above the planned levels of 5% and 2%. Jayne Deaville advised that the Trust was currently forecasting to deliver 79% of its 'gross' CIP target for 2014/15 resulting in an in-year CIP shortfall of £2.3m, with 69% being delivered on a recurrent basis, therefore carrying forward a recurrent shortfall of £3.4m into 2015/16, which was offset by the contingency reserve. She advised that CIP shortfalls continued to be actively explored with Divisions and Directorates.
- 11.3 **Information Governance:** Jayne Deaville advised that no Freedom of Information (FOI) Act or Access to Records statutory deadline breaches had occurred during June 2014.
- 11.4 **Monitor and Contract Targets:** Jayne Deaville advised that since the report was written, the issues affecting the production of activity reports highlighted last month had been resolved, no targets had been breached and the Trust had met its contractual reporting requirement. In response to a question from Neil Carr about activity levels on Laurel Ward as a consequence of the complex presentations of patitnets, Alison Bussey advised that the new models of care introduced continued to be embedded and closely monitored and reviewed and that consideration of single sex wards may be a future option for consideration. Liz Nicholson advised that in light of the issues she had made several recent visits to Laurel Ward and continued to maintain an interest in how things develop and evolve.
- 11.5 **Commercial Activity/Business Development:** Steve Grange referred to changing trends in the tendering and contracting environment which was becoming increasingly competitive, challenging and toxic, with continued efforts to drive out cost and political dimensions emerging ahead of the election in 2015. With respect to Learning Disability services, he advised that productive discussions were taking place with commissioners with advice from clinical experts. Steve Grange confirmed the awarding of the Dovegate Prison contract on a lotted basis on a prime/sub contracting basis and commended the presentation given by Dr Jay Srinivas as part of the tender. Neil Carr advised that this was significant contract with implications for the wider deployment of the model, which it was agreed would be considered further by

the Business Development and Investment Committee. Steve Grange also referred to opportunities to work locally in partnership with Help for Heroes, following national funding they had received to develop bespoke IAPT services for veterans.

- 11.6 **Medical Director:** Abid Khan highlighted the national shortage of general practitioners and the potential implications for training entering the mental health career path.
- 11.7 **Human Resources:** Alex Brett referred to the high vacancy rates in the Forensic Directorate and in Facilities and Estates where action had been taken to address this, with ongoing monitoring. She advised that of the 13 people identified in the report as having outstanding DBS checks, three remained outstanding as at the date of the meeting. In response to a question from Liz Nicholson, Alex Brett summarised the action being taken pending clearance including a risk assessment and removal from clinical practice if relevant to ensure no service users were placed at risk.
- 11.8 **Safer Staffing Review Monthly Exception Report:** Alison Bussey summarised the report to the Board and advised that the data, although difficult to locate on NHS Choices, showed an average fill rate of 116% for the Trust, compared with 121% last month. She advised that Local Areas Teams were focusing their attention on Trusts showing a fill rate of less than 80%. A correction to the date on page 2 of the report was noted as relating to figures for July 2014 and not June 2014. It was noted that there had been a small improvement in fill rates overall. Alison Bussey reminded Board members that the figures related to nursing staff only and that the lower fill rates in the Forensic Directorate particularly did not take account of the numbers of other professional groups involved in the provision of care and treatment during the daytime. Neil Carr referred to the notice boards which had appeared at ward entrances showing the staffing establishment against the actual staffing levels and whilst noting that this was a mandated requirement in order to remain compliant, the information had little meaning without context or explanation. With respect to the use of unqualified replacements for qualified staff in the Forensic Directorate in respect to a question relating to the potential risk associated with this from Marina McQuade, Alison Bussey advised that it was often preferable to use an unqualified member of staff who was familiar with the ward than a qualified member of staff who was not and that the decisions were taken based on risk assessment, use of a dependency tool and professional judgement. It was agreed that continuous efforts to engage commissioners, GPs and Patient Choice in understanding and interpreting the figures was vital in providing assurance that patients were being kept safe.

ITEM 8.1 CLINICAL SYSTEM REPLACEMENT PROJECT

- 12 The update report was received and noted. Jayne Deaville advised that upwards of 2400 staff had completed training in the use of the system and provided an update on the outstanding work programme including the iterative process to build forms. Neil Carr, Abid Khan and Ian Wilson commented on how RiO had impacted positively on the working lives of clinicians as new and enhanced functionality became available such as the ability to record capacity assessments and S17 leave. In response to a question from Neil Carr about the future of the RiO Project Board and the reporting frequency to the Board, Jayne Deaville advised that this would be the subject of a paper to the next Project Board and that the Board would also receive a post project evaluation report. Paul Bunting suggested that the Project Board should transform into a group to drive and implement the Digital Strategy.

ITEM 9.1 USES OF THE SEAL

- 13 The seal was reported to have been used on six occasions since the last report. These uses were formally noted and approved.

ITEM 9.2 AUDIT COMMITTEE ANNUAL REPORT 2013/14

- 14 Jayne Deaville advised that the Audit Committee had received and approved the annual report for submission to the Board, at its meeting on 4th July 2014. In response to a question from Sue Nixon relating to assurance with respect to the causes of risk, Therèsa Moyes advised that it had been agreed that Internal Audit would be undertaking some work to review these assurance processes during the course of the year. The report was formally endorsed by the Board.

ITEM 10.1 LIVED EXPERIENCES INFLUENCING SERVICE IMPROVEMENTS: STORIES FROM THE SERVICE USER AND CARER CELEBRATION DAY (19TH JUNE 2014)

- 15 Sue Nixon presented the paper and highlighted the many inspirational stories which were shared with those who had attended the celebration day. She thanked the governors who were involved in judging the service user and carer awards and congratulated all the award winners, noting in particular the special award given to Dennis Firmstone for his outstanding commitment to service improvement over many years. The update on the development of patient stories for the Board and other uses was noted. Martin Gower commended the Trust for hosting what had clearly been an uplifting event. Neil Carr commented on the use of prompts to support the telling of Jonathan's story and requested that consideration be given within the Trust to the development of a clear strategy and arrangements for the provision of information in easy read format and this was agreed. Liz Nicholson referred to the carers' workshop she had attended and her subsequent visits to wards where she had taken the opportunity to speak to staff about how they engage with carers and commended this approach to Board members generally. The Board agreed the recommendation of the report, to support further action to respond to issues raised in patient stories, learn lessons, improve services and replicate good practice across the organisation.

ITEM 10.2 UPDATE REPORT: MENTAL CAPACITY ACT 2005 / DEPRIVATION OF LIBERTY SAFEGUARDS

- 16 Jane Landick presented the paper as an update to the report received at the January 2014 Board meeting. Neil Carr referred to the Cheshire West ruling, actions from which had been reflected in the revised action plan and the effects of which were apparent from the increased number of DOLS applications being made. In response to a question from Paul Bunting about whether the numbers were consistent with best practice and benchmarking data, it was agreed that it was too soon to know but that the use of MCA/DOLS was included in the forward clinical audit plan and that through the quarterly reports to the Quality Governance Committee and Board, this would continue to be closely monitored. It was noted that the implementation of RiO would facilitate improved reporting and monitoring of MCA/DOLS compliance. The Board approved the recommendations of the report with respect to promoting compliance with Trust standards for completion of MCA paperwork and with notifying Mental Health Legislation Department of all DOLS applications and outcomes and confirmed its support for the development of e-

learning packages for MCA and DOLS and taught classroom specialised training for targeted staff groups.

Action: Board members promotion of MCA/DOLS compliance as appropriate (All)
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ITEM 10.3 TRUST ASSURANCE FRAMEWORK

- 17 Therèsa Moyes presented the report to provide the Board with a quarterly update position of the management of risks recorded within the Assurance Plan and Risk Register. The Board formally accepted the Assurance Plan and Risk Register having noted the new risks added and removed from the Risk Register and confirmed assurance that all current risks on the Assurance Plan and Risk Register were being reviewed and managed effectively.

ITEM 11 ANY OTHER NOTIFIED BUSINESS

- 18 a) **Unity Fest:** Sue Nixon congratulated the organisers of the Unity Fest which had taken place the previous weekend and in particular Dave Banks, Governor Member, Ravi Bhakhri and the Community Engagement Group for their hard work and commitment to the event which had proved a great success building on the previous year. It was agreed that a letter of thanks would be sent from Neil Carr on behalf of the Board.

Action: Letter of thanks to Unity Fest organisers (NC)

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

- 19 Decisions made were summarised by the Company Secretary as follows:
- The policies listed at paragraph 10 were ratified
 - A review of the monitoring arrangements for de facto seclusion and the use of long term segregation and low stimulus environments was referred to Quality Governance Committee with an update to Board via the summary report.
 - Notification to Board of future arrangements for monitoring the Clinical Information System and Board reporting was agreed
 - The Audit Committee Annual Report 2013/14 was endorsed
 - Review and development of a Trustwide approach to easy read was agreed
 - A reporting process was agreed for future monitoring of MCA/DOLS via quarterly Mental Health Legislation reports including audit findings and benchmarking.
 - Changes were agreed to the Trust Assurance Plan and Risk Register
 - Letter of thanks to Unity Fest organisers to be sent on behalf of the Board.
- 20 The following future agenda items were agreed:
- Clinical Information System (RiO): Post Project Evaluation Report

ITEM 13 DATE AND TIME OF NEXT MEETING

- 21 The next public Board meeting will take place on Thursday 25th September 2014 at **1300 for 1330** in **The Redwoods Centre, Shrewsbury.**