

Minutes of the Audit, Risk & Assurance Committee meeting
Tuesday 19 March 2019
09:30 – 12:30
Conference Room, Tatchbury Mount, Calmore, Southampton, SO40 2RZ

Members:

David Kelham	Non-Executive Director (Committee Chair)
Jeni Bremner	Non-Executive Director
Dr David Hicks	Non-Executive Director

In Attendance:

Rob Goldsmith	Non-Executive Director
Paula Anderson	Finance Director
Nick Atkinson	Head of Internal Audit
Lesley Barrington	Head of Information Assurance (Item 11)
Barry Day	Chief Operating Officer
Tony Hall	Interim Counter Fraud Manager
Kim Hampson	Local Counter Fraud Specialist
Paula Hull	Director of Nursing & Allied Health Professionals
Andrew Jackman	Governor
Rebecca Lawry	Company Secretary & Head of Corporate Governance (Item 19)
Sasha Lewis	Engagement Leader, PricewaterhouseCoopers
Fiona Maton	Head of Procurement (Item 15)
Sarah Spooner	Corporate Governance Coordinator
Adrian Thorne	Governor

Apologies:

Dr Nick Broughton	Chief Executive
Lisa Franklin	Director of Technology & Chief Information Officer

1. Chair's Welcome and Meeting Protocol

- 1.1. David Kelham welcomed members to the meeting, which he opened at 09:30.

2. #Hellomynameis

- 2.1. Members and attendees of the meeting introduced themselves.

3. Apologies for Absence

- 3.1. David Kelham reported the apologies received.

4. Declarations of Interest

- 4.1. The Register of Interests was noted.
- 4.2. There were no declarations of interest relating to items on the agenda.

5. Minutes of the meeting held on 22.01.2019, matters arising and action log

5.1. The minutes of the meeting held on 22.01.2019 were reviewed and the following amendments were made:

- Rob Goldsmith to be recorded under attendees
- Jeni Bremner to be recorded under apologies
- Post meeting note to be added under 6.4 to confirm that Nick Atkinson had received a response from John Stagg in regard to the Records Management audit
- An amendment to paragraph 6.5 to acknowledge the audit had focused on forecasting and planning rather than in-year delivery.
- Paragraph 9.1 was amended to read 'The Finance Director presented the Board Assurance Framework highlighting that the recruitment of the second new Non-Executive Director....'

5.2. Subject to these amendments, the minutes were agreed as an accurate record of the meeting held on 22.01.2019.

5.3. The Committee considered the action log; the actions completed and the target dates for submission of items to the Board and relevant Committees were noted.

6. Internal Audit Progress Report

6.1. The Committee received the Internal Audit progress report.

6.2. Nick Atkinson reported that since the last Audit, Risk and Assurance Committee the Records Management report had been finalised with Partial Assurance highlighting that a theme had arisen around the accuracy of recording information.

6.3. Data Quality/Performance, Risk Management, and Payroll Feeder Systems remained in draft and would report in final to the Audit, Risk and Assurance Committee in May 2019.

6.4. There was a discussion on the Patient Experience audit and the need to agree the areas of focus. Paula Hull agreed that it would be useful to audit the Patient Experience Strategy but that it was currently too early for an audit to be undertaken. Paula Anderson suggested that this was added to the Internal Audit Annual Plan for 2019/20 for BDO to undertake.

6.5. Nick Atkinson provided an update on progress to the follow-up arrangements for the internal audit actions raised in 2017/18 and 2018/19 and confirmed that those that remained in progress would be handed over to BDO. The high and medium actions that remained in progress related to Rostering, Recruitment and Business Continuity. The Committee sought assurance on the revised deadline dates for the three audits that remained in progress; noting that an update on Business Continuity

had since been received. The Committee requested assurance from Paul Draycott, Director of Workforce, Organisational Development & Communications that the revised deadline dates for Rostering and Recruitment were achievable.

Action: Director of Workforce, Organisational Development & Communications to confirm the deadline dates for Recruitment and Rostering within the Internal Audit recommendations tracker were achievable

Date: 21.05.2019

6.6. Nick Atkinson presented the Draft Head of Internal Audit Opinion and commented that overall the opinion was positive compared to last years. There had been improvements made to risk management and also improved engagement with executive directors on the management of actions and responses.

7. External Audit Progress Report

7.1. Sasha Lewis presented the External Audit Progress Report.

7.2. Sasha Lewis reported that there remained 16 employment contracts to review of the selected sample of 30. Obtaining employment contracts had been challenging where records were held across a number of sites or where staff had been with the Trust for a long time. An update on this would be provided at the next Audit, Risk and Assurance Committee on the progress of sourcing the staff records.

7.3. Sasha Lewis reported the mandated indicators that would be tested and that the initial indicator testing for the Quality Report had commenced.

7.4. The Committee noted the eight issues identified following the PwC Health Research Institute Report and discussed how the Trust approached each of the issues and how the Trust benchmarked with other providers.

Action: Finance Director to discuss at Informal Exec the eight issues identified following the PwC Health Research Institute Report within the External Audit Progress paper and how the Trust benchmarks with other providers

Date: 21.05.2019

8. Counter Fraud Progress Report

8.1. Tony Hall presented the Counter Fraud Progress Report.

8.2. It was noted the Self-Review Tool deadline for submission was 30 April 2019. Paula Anderson reported that the sign off would need to be completed electronically outside of the meeting.

8.3. The Committee discussed concerns on salary overpayments. It was discussed whether there was a training element for staff on the termination and change process. It was also discussed whether the implementation of the self-service ESR system would reduce the delay in the completion of the required form. The Committee agreed this should progress through the Workforce & Organisational Development Committee.

Action: Workforce & Organisational Development Committee to consider the concerns on salary overpayments

Date: 21.05.2019

9. Counter Fraud Annual Plan 2019/20

9.1. The Committee received and approved the Counter Fraud Annual Plan for 2019/20.

9.2. The Committee discussed the Fraud and Bribery Risk Map Analysis noting the key risks. Tony Hall confirmed that this was intelligence led and would be considered across the Mental Health sector initially and then each Trust could use this to influence their local programme.

10. Accounting Policy and Critical Judgements Update

10.1. The Committee received the report on accounting policy and critical judgements; the proposed approach was supported by Committee members.

11. Going Concern

11.1. The Committee received the Going Concern Declaration.

11.2. The Committee considered the report and approved the policy wording and the recommendation that the 2018/19 Trust accounts be prepared on a going concern basis.

Lesley Barrington joined the meeting

12. Data Security and Protection Tool Kit

12.1. Lesley Barrington joined the meeting to present the new Data Security and Protection Toolkit.

12.2. The Committee noted that the three outstanding assertions were not mandatory and that a plan was in place to meet the required deadlines during 2019/20.

12.3. The Committee approved the Trust's Data Security and Protection Toolkit for submission to NHS Digital.

Lesley Barrington left the meeting

13. Review of Codes of Conduct

13.1. The Committee received the Codes of Conduct for Directors and Governors and made a recommendation to Trust Board for approval.

14. Internal Auditor appointment

14.1. Paula Anderson informed the Committee that following the recent Internal Audit tender, BDO had been appointed and were due to start working with the Trust from 1 April.

14.2. The appointment of BDO had been approved virtually, prior to the Committee meeting. The Committee ratified the appointment of BDO.

14.3. The Committee formally thanked Nick Atkinson and his team for the work they had undertaken over the years.

14.4. Adrian Thorne also formally thanked Nick Atkinson and his team on behalf of the Governors.

15. External Recommendations Tracker

15.1. Paula Anderson presented the External Recommendation Tracker.

15.2. The Committee noted the report.

Fiona Maton joined the meeting

16. Procurement Compliance Q3 Report

16.1. Fiona Maton presented the report highlighting the improved purchase order compliance from 60% to 70% in 2017/18 to 88% to 90% in 2018/19 being achieved consistently.

16.2. Fiona Maton highlighted that the Trust were formally peer reviewed for Level 1 NHS Procurement and Commercial Standards in January 2019. The Committee congratulated the team on this achievement.

16.3. The Committee noted the procurement savings to date against the target of £500k Cash Releasing. David Kelham suggested that it would be helpful for future reporting to include the detail on the recurring cash releasing procurement savings and what the savings represented as a percentage of the addressable procurement involved spend.

Action: Finance Director to include detail on the recurring cash releasing procurement savings and what the savings represent as a percentage of the addressable procurement involved spend in future reports

Date: 21.05.2019

Fiona Maton left the meeting

17. Off-payroll engagements and use of consultancy

17.1. Paula Anderson confirmed that there had not been any new off-payroll engagements or use of consultancy arrangements.

18. Banking Arrangements and Investment Management

18.1. The Committee received the report, and took assurance on the banking arrangements in place.

19. Losses and Special Payments

19.1. The Committee received the Losses and Special Payments report.

19.2. The Committee discussed the value of bad debts and claims that had been written off and asked for a breakdown on the number that related to staff that had been overpaid and had left the organisation.

Action: Finance Director to circulate data on the debts that had been written off in 2018/19 that related to overpayments to staff that had left the organisation

Date: 21.05.2019

19.3. The Committee approved the two debt write offs and made a recommendation these be reported to the Trust Board via the Finance Directors Executive Report.

Jake Pursaill, Rebecca Lawry and Lesley Barrington joined the meeting

20. Board Assurance Framework and Risk Report

20.1. The Committee discussed agenda items 19 and 20 together.

20.2. In the meeting the Committee were provided with the Strategic Risks on a page that showed an overview of the risks from July 2018 to March 2019, and their overall target scores.

20.3. David Kelham suggested that the Committee reviewed each strategic risk in detail and invited the respective Committee Chairs to highlight any key points raised in discussion from the respective Committee meetings.

SR1 – There is a risk that we fail to provide high quality or effective care, resulting in serious harm

20.4. Rob Goldsmith challenged the impact score of 4 and commented that he felt this should be scored higher.

20.5. It was noted that the score had been reduced from 5 to 4 following the recommendations that had been implemented from the Health and Safety executive. The Committee considered the impact to be catastrophic and therefore should score a 5.

20.6. The Committee had a lengthy debate on whether the likelihood target score would be a 3 or 2. A review of other Foundation Trust Strategic Risks was suggested to see how their risks were scored.

Action: Director of Nursing & Allied Health Professionals to scope other Foundation Trusts on how they score Strategic Risks

Date: 21.05.2019

20.7. The Committee discussed the Board Risk Appetite Statement and the mitigations that were now in place; it was noted that the risk appetite would be due for review and that it was key to describe the progress that had been made to reduce the likelihood from a target score of 3 to 2.

20.8. Rob Goldsmith challenged the wording of the risk likelihood guidance for likelihood score 2 and 3 and suggested this was reviewed as it was currently contradictory.

SR2 – There is a risk that we fail to continually improve the services provided by the Trust to deliver better outcomes

20.9. The target score of 6 by January 2020 was felt to be achievable. It was agreed the wording of the actions was to be reviewed and made more clear and understandable.

SR 3 – There is a risk we fail to provide patients with a positive experience of our services due to lack of meaningful engagement

20.10. Dr David Hicks reported the progress that had been made around meaningful patient and carer engagement and suggested the removal of 'due to lack of meaningful engagement'

20.11. There was a discussion on the impact score and whether this should increase to 4; it was agreed that this would be reviewed.

SR4 – There is a risk that we fail to maintain and develop confidence in SHFT as a care provider

20.12. The target score of 6 by June 2019 was felt to be achievable. Rebecca Lawry confirmed the Trust response to the Enforcement Undertakings would have been submitted to NHS Improvements by this date.

SR5 – There is a risk that we do not maintain & develop Specialised Services in a way that benefits patients.

20.13. The Committee noted that SR5 had remained on the Board Assurance Framework as it related to the risk around Ravenswood; this risk had since been closed. SR5 also related to the work that was ongoing at Rufus Lodge and CAMHS. The Committee suggested SR5 was reviewed with the intention to close the risk once CAMHS was opened and there was clarity about the direction of travel for adult secure services.

SR6 – There is a risk that we cannot retain and attract sufficient and skilled staff

20.14. Jeni Bremner reported that work was ongoing to attract and retain members of staff and that there had been a focus on operational management to support and encourage their staff members to stay working with the Trust. Jeni Bremner reported that she was confident that the target score of 12 would be achieved by March 2020 particularly with the new management structure that was in place.

20.15. There was a discussion on whether the level of impact could be reduced, it was noted that the impact was unlikely to ever reduce but the likelihood would be monitored through the Workforce & Organisational Development Committee and would potentially reduce in the future.

SR7 – There is a risk that we fail to develop and maintain our culture in line with Trust values, and to support the delivery of outstanding services.

20.16. The Committee agreed that the target risk score would be extended to March 2020.

20.17. The staff survey results had been positive. Jeni Bremner commented that the implementation of the culture tool was also a positive and would highlight any hotspot areas.

20.18. The Committee requested a review of the actions to include clear metrics and aspirational targets.

SR8 – There is a risk that we fail to deliver medium & long-term financial sustainability

20.19. The Committee debated on the impact score and challenged whether the score could reduce to 3. The Committee noted that the purpose of mitigations and measures were to reduce the level of impact, therefore the impact score would potentially reduce once outcomes could be evidenced that the level of risk had reduced.

SR9 – There is a risk that we fail to provide good governance which prevent effective decision making

20.20. The Committee challenged the target date of March 2019.

20.21. The Committee agreed a revised target date of September 2019.

SR10 – There is a risk that we fail to deliver integrated services

20.22. The Committee noted that work was ongoing around integrated care and considered the target score of 8 by February 2020 to be achievable.

20.23. It was agreed the wording of the actions was to be reviewed and made more clear and understandable.

SR11 – There is a risk that the quality of clinical care is affected as a result of poorly managed organisational change.

20.24. The target score of 4 by December 2019 was felt to be achievable and that this risk could be closed at this point.

21. Agenda for the next meeting

21.1. It was agreed that David Kelham, Paula Anderson and the Corporate Governance Manager would review the agenda for the next meeting outside of the Committee meeting.

22. Governor Feedback

22.1. David Kelham invited feedback from the governors in attendance, the following points were raised:

- There needed to be a focus on the outcomes from the audit actions suggested in the reports to ensure that there was sufficient oversight and joined up learning from Internal and External audit.
- There had been great debate in terms of the Board Assurance Framework although there was a clear difference of opinion from the Executive Directors and Non-Executive Directors that need to be addressed going forward.

23. Review of meeting effectiveness

23.1. The Committee valued the time taken at today's meeting on the Board Assurance Framework.

24. Items for Reporting to Board

24.1. It was agreed that the following items would be reported to the Trust Board:

- Board Assurance Framework review

25. Close

25.1. The Committee Chair thanked Committee members for their attendance and closed the meeting at 12:32.

Certified as a true record of the meeting

.....
Committee Chair – David Kelham

.....
Date

Minutes of the Audit, Risk and Assurance Committee

Tuesday 21 May 2019 09.30 - 12.30

Conference Room, Sterne 7, Tatchbury Mount, SO40 2RZ

Members:

David Kelham	Non-Executive Director (Committee Chair)
Jeni Bremner	Non-Executive Director
Dr David Hicks	Non-Executive Director

In Attendance:

Paula Anderson	Finance Director
Michael Bernard	Non-Executive Director
Dr Nick Broughton	Chief Executive
Linda Connor	Quality Contracts and CQUIN Manager (Item 9)
Kate FitzGerald	Non-Executive Director
Lisa Franklin	Director of Technology and Chief Information Officer (Item 8)
Rob Goldsmith	Non-Executive Director
Andrew Jackman	Lead Governor
Paula Hull	Director of Nursing and Allied Health Professionals
Lynne Hunt	Chair
Rebecca Lawry	Company Secretary and Head of Corporate Governance
Sasha Lewis	Engagement Leader, PriceWaterhouse Cooper
Margaret Martins	Staff Governor
David Monk	Non-Executive Director
Kim Perry	Deputy Finance Director
Lorna Raynes	RSM Manager
Sarah Spooner	Corporate Governance Manager
Mark Stabb	Internal Audit, BDO (Item 5)
Alison Thornley	Finance Business Partner (Item 9)
Tom Westbury	Associate Director of Communications (Item 9)

Apologies:

Nick Atkinson	Head of Internal Audit
Tony Hall	Interim Counter Fraud Manager
Kim Hampson	Local Counter Fraud Specialist
Adam Spires	Director, BDO

1. #Hellomynameis & Apologies for Absence

1.1. David Kelham welcomed members to the meeting and apologies were noted as above.

2. Declarations of Interest

- 2.1. The Register of Interests was noted.
- 2.2. There were no declarations of interest relating to items on the agenda.

3. Minutes of Audit, Risk and & Assurance Committee meeting held on 19.03.2019 and action log

- 3.1. Action to be attributed to 22.1, subject to this amendment, the minutes were agreed as an accurate record of the meeting held on 19.03.2019.
- 3.2. The Committee considered the action log; the actions completed and the target dates for submission of items to the Board and relevant Committees were noted.

4. Internal Audit Plan 2019/2020

- 4.1. Mark Stabb joined the meeting to present the draft 2019/20 Internal Audit Plan. He explained that he had met individually with all Executive Directors in order to produce the plan and that this could be reviewed over the year accordingly.
- 4.2. The Committee agreed for the plan to be discussed at the next Quality & Safety Committee, Finance & Performance Committee and Workforce & Organisational Development Committee.

Action: Company Secretary to add draft Internal Audit Plan 2019/20 to the next Quality & Safety Committee, Finance & Performance Committee and Workforce & Organisational Development Committee agendas

- 4.3. In response to a challenge from David Monk around the 2021/22 internal audit date for Get it Right First Time (GIRFT), Paula Anderson explained that this was in relation to the GIRFT National Programme, the Trust had been in contact with the GIRFT team and were awaiting information on how to implement the national guidance. It was agreed that the date would not be brought forward but would remain under review by the Executive Directors.

- 4.4. Rob Goldsmith asked whether Estates Management should be a priority for 2019/20 due to the Trusts current financial pressures. The Committee agreed for this to be considered at the next Senior Management Committee.

Action: Estates Management to be discussed at the next Senior Management Committee meeting

5. Internal Audit Annual Report (to include Head of Internal Audit Opinion)

- 5.1. Lorna Raynes presented the Internal Audit Annual Report and the Head of Internal Audit Opinion for 2018/19.
- 5.2. The Committee received the following final reports:
 - 5.2.1. Risk Management & Assurance – Reasonable Assurance
 - 5.2.2. Data Quality and Performance Reporting - Partial Assurance
 - 5.2.3. Payroll Feeder Systems - Partial Assurance

5.3. David Kelham identified themes in the reports around; the quality of data, inconsistency of data and the need to address the number of workarounds. He asked that these was explored and a report be presented to the next Audit, Risk and Assurance Committee. Dr Nick Broughton explained that this work also linked to the Electronic Patient Records procurement that was being explored.

Action: Lisa Franklin to provide a report on Data Quality to the next Audit, Risk & Assurance Committee

5.4. The Committee thanked RSM for their work with the Trust over the years and for the smooth handover undertaken with BDO.

Lorna Raynes left the meeting

Phil Ballard joined the meeting

6. Encryption of Patient Records Update

6.1. Phil Ballard introduced the paper and reported that an assessment of the use of the Windows 10 Bitlocker, free encryption software, had been undertaken and was not considered to be a viable option for the encryption of workstations, due to the inability to implement single sign-on. He explained that the roll out of Windows 10 for all workstations and laptops had commenced.

6.2. In response to a question from David Kelham in relation to a specific example regarding a new laptop not running on Windows 10, Phil Ballard provided assurance that all new and all replaced laptops were now upgraded to Windows 10. David Kelham and Phil agreed to discuss the specific example outside of meeting.

6.3. In response to a question from Michael Bernard around the requirement to encrypt both laptops and workstations, Phil explained that laptops had been encrypted following a national directive; patient data was not saved on workstations however it was considered that workstations would be encrypted to provide overall security.

Action: Michael Bernard to meet with Lisa Franklin and Phil Ballard

6.4. The Committee agreed for a paper on the progress that has been made around encryption and the systems that were being considered to a future Audit, Risk & Assurance Committee meeting.

Action: A paper on progress and system solutions to be presented to a future Audit, Risk & Assurance Committee

Phil Ballard left the meeting

7. Review external audit reports, annual audit letter and management response

7.1. Sasha Lewis presented the report; she confirmed that the majority of audit work had been completed and that an unmodified audit opinion was anticipated to be presented on the annual report and accounts. Sasha explained the key outstanding area was the going concern assessment of the Trust.

7.2. The Committee discussed the narrative relating to the opinion presented on Value for Money (VFM). Paula Anderson confirmed that she supported the VFM opinion as a significant risk due to the Trusts financial challenge for 2019/20.

7.3. The Committee asked for the Going Concern definition to be included within the report.

8. Review of Annual Report and Accounts

8.1. The Committee received the draft annual report and accounts for 2018/19 for consideration.

8.2. The Committee conducted a page-by-page review of the annual report and accounts, with a number of amendments raised by Committee members around the rephrasing and re-ordering of narrative.

8.3. The Committee approved the Annual Report and Accounts for sign off by Trust Board on 23.05.2019, subject to minor amendments and clarifications as raised in discussion.

Action: Tom Westbury to amend the Annual Report and Accounts prior to presentation to Trust Board on 23.05.2019

9. Verbal report from Quality & Safety Committee on Quality Report

9.1. Dr David Hicks reported that the 2018/19 Quality Report had been reviewed and approved by Quality and Safety Committee.

9.2. The Committee were informed that an easy-read version of the report would be made available to the public and had expressed their thanks to Helen Ludford for her work on the report.

10. Self-assessment on compliance with the Annual Reporting Manual and the Code of Governance

10.1. Rebecca Lawry presented the Self-Assessment on Compliance with the Annual Reporting Manual and the Code of Governance to the Committee for information. The papers provide a summary of compliance checks made of the contents of the draft annual report and accounts 2018/19 against the narrative reporting requirements as set out in the Annual Reporting Manual.

10.2. The Committee took assurance from the reports.

11. Review of Monitor Licence compliance and declaration

11.1. Rebecca Lawry presented an updated report on the Trust's self-assessment against the conditions of Monitor's provider licence.

11.2. The Committee took assurance from the report

12. Review of Terms of Reference & Agenda Framework

12.1. The terms of reference and agenda framework were presented to the Committee and approved.

13. Agenda for the next meeting

13.1. The Committee agreed the agenda for the next meeting in principle.

14. Governor Feedback

14.1. David Kelham invited feedback from Andrew Jackman who raised the following points:

- 14.1.1. Useful discussion had on the Internal Audit Plan
- 14.1.2. There had been a good debate on the IT issues and encryption which remain a challenge for the Trust

14.2. Andrew suggested earlier circulation of the Annual Report & Accounts to members to enable minor amendments to be made at an earlier stage and not at the Committee meeting.

15. Items for reporting to Board

15.1. It was agreed that a verbal update would be provided to the Board

16. Any Other Business

16.1. There was no other business reported.

17. Close

17.1. There being no further business the meeting was declared closed.

Certified as a true record of the meeting

.....
Committee Chair – David Kelham

.....
Date

Minutes of the Charitable Funds Committee meeting
Tuesday 29 January 2019
16:00 – 17:30

**Conference Room, Sterne 7, Tatchbury Mount, Calmore, Southampton, SO40
2RZ**

Members:

David Kelham	Non-Executive Director (Committee Chair)
Paula Anderson	Finance Director
Paula Hull	Director of Nursing & Allied Health Professionals
David Monk	Non-Executive Director

In Attendance:

Dawn Buck	Head of Patient & Public Engagement & Patient Experience
James Fishbourne	Investment Manager, Sarisins (Item 8)
Ian Hynd	Head of Charity
Rebecca Lawry	Company Secretary & Head of Corporate Governance
Dominic Lodge	Business Development Manager
Sarah Spooner	Corporate Governance Coordinator
Alison Thornley	Finance Business Partner

Apologies:

Barry Day	Chief Operating Officer
Dr Nick Broughton	Chief Executive

1. Chair's Welcome and Meeting Protocol

- 1.1. David Kelham welcomed members to the meeting, which he opened at 16:10.
- 1.2. The Committee formally welcomed Ian Hynd, Head of Charity to the meeting.

2. #Hellomynameis

- 2.1. Members and attendees of the meeting introduced themselves.

3. Apologies for Absence

- 3.1. David Kelham reported the apologies received.

4. Declarations of Interest

- 4.1. The Register of Interests was noted.
- 4.2. There were no declarations of interest relating to items on the agenda.
- 4.3. David Kelham informed Committee members that he had resigned from being Treasurer and Trustee of the Alzheimer's Society; effective from 31 March 2019.

5. Minutes of the meeting held on 09.10.2018, matters arising and action log

5.1. The minutes were agreed as an accurate record of the meeting held on 09.10.2018.

5.2. The Committee considered the action log; the actions completed and the target dates for submission of items to the Board and relevant Committees were noted.

5.3. The following updates were noted:

CFC 09.10.2018/6.5 – The Strategic Plan had been updated and a copy would be circulated to Committee members; this action was closed.

6. Update on Charitable Funds

6.1. The Head of Charity provided an oral update to the Committee on the Charitable Funds activity; highlighting that the Charity Strategic Plan 2018 – 2020 had been updated and would be circulated to Committee members.

Action: Updated Charity Strategic Plan to be circulated to Committee members

Date: 04.06.2019

6.2. The Head of Charity highlighted the five key areas he would be targeting to promote the Charity; Lymington New Forest Hospital, Leigh House, Parklands Hospital, Petersfield Hospital and Gosport War Memorial Hospital. The Head of Charity informed the Committee on two projects at Parklands Hospital; a sensory garden and a community garden with exercise equipment for staff members to use. An application for £5000 from the Charitable Funds had been made; to work in partnership with Sparsholt College and Help for Heroes.

6.3. The Director of Finance highlighted that the RHS Chelsea Flower Show had pledged a further Flower Show garden in 2019 to Mental Health Trusts. The Head of Charity agreed to explore the competition and enter the Trust to win a Chelsea Flower Show garden.

Action: Head of Charity to explore the RHS Chelsea Flower Show competition

Date: 04.06.2019

7. Finance Report

7.1. The Finance Business Partner presented the report; highlighting that the Charitable Fund Report and Accounts for 2017/18 were approved by the Trustees at the Audit, Risk and Assurance Committee on 22 January 2019, and were uploaded to the Charities Commission by 31 January 2019.

7.2. David Kelham informed the Committee of an article in the Charity Commission news on the quality and transparency falling in charity accounts. A copy of this would be circulated to Committee members.

Action: Charity Commission news article on quality and transparency falling in charity accounts to be circulated to Committee members

Date: 04.06.2019

7.3. The Finance Business Partner confirmed that the Committee would receive the draft Charitable Fund Report and Accounts for 2018/19 at the next Charitable Funds Committee meeting in June 2019.

7.4. The Director of Finance agreed to confirm the expenditure plans for the Petersfield legacy; a suggestion was made to survey local visitors to the Petersfield Hospital on what they would do to make positive improvements to patients.

Action: Director of Finance to confirm the expenditure plans for the Petersfield legacy

Date: 04.06.2019

7.5. The Director of Nursing & Allied Health Professionals also suggested the Charity could create a 'wish list' for individuals who wish to purchase or donate.

7.6. The Committee noted the distribution list for Finance Reports.

8. Investment Manager Annual Report

The Committee welcomed James Fishbourne to the meeting to provide the Committee with an overview of the current market conditions and fund performance.

9. Any Other Business

9.1. David Kelham and the Head of Charity had recently had a teleconference with Brenda Longstaff, Northumberland Healthcare NHS Foundation Trust to explore the work of Northumberland Healthcare NHS Foundation Trust charity, and how it was structured.

10. Agreement of next meeting agenda

10.1. The Committee noted the draft Charitable Funds Committee agenda and supported items in principle.

11. Governor Feedback

11.1. There were no Governors in attendance at the meeting.

12. Review of meeting effectiveness

12.1. The Committee agreed that the meeting had been informative of the work that was underway with the charity.

13. Items for Reporting to Board

13.1. It was agreed that the following items would be reported to the Trust Board:

- Charitable Fund Report and Accounts for 2017/18
- Investment Manager Annual Report
- Northumberland Healthcare NHS Foundation Trust charity.

14. Close

14.1. The Committee Chair thanked Committee members for their attendance and closed the meeting at 17:00.

Certified as a true record of the meeting

.....
Committee Chair – David Kelham

.....
Date

Minutes of the Finance & Performance Committee meeting

Tuesday 30 April 2019 09:30 – 12:30

Conference Room, Sterne 7, Tatchbury Mount, SO40 2RZ

Members:

Jeni Bremner	Non-Executive Director (Committee Chair)
Paula Anderson	Finance Director (Lead Executive)
Barry Day	Chief Operating Officer
Rob Goldsmith	Non-Executive Director
Dr David Hicks	Non-Executive Director
David Kelham	Non-Executive Director

In Attendance:

Sara Courtney	Deputy Director of Nursing
Mayura Deshpande	Clinical Director
Paul Draycott	Director of Workforce, Organisational Development & Communications
Andrew Jackman	Lead Governor
Kathy Jackson	OPMH Service Manager (Item 8)
Margaret Martins	Staff Governor
Kim Perry	Deputy Director of Finance
Peter Smith	Public Governor
Sarah Spooner	Corporate Governance Manager

Apologies:

Dr Nick Broughton	Chief Executive
Sue Damarell-Kewell	Associate Director Planning, Performance & Business Development
Lisa Franklin	Director of Information Technology
Paula Hull	Director of Nursing and Allied Health Professionals
Lynne Hunt	Chair
Dr Karl Marlowe	Medical Director

1. #Hellomynameis & Apologies for Absence

- 1.1. Members and attendees of the meeting introduced themselves.
- 1.2. Jeni Bremner reported the apologies received.

2. Declarations of Interest

- 2.1. The Register of Interests was noted.
- 2.2. There were no declarations of interest relating to items on the agenda.

2.3. Jeni Bremner reported that she was now Trustee for Quaker House, New Milton.

3. Minutes of the meeting held on 19.03.2019 and action log

3.1. The minutes were agreed as an accurate record of the meeting held on 19.03.2019.

3.2. The Committee considered the action log; the actions completed and the target dates for submission of items to the Board and relevant Committees were noted.

4. Update on the new Divisional Structure

4.1. Barry Day provided an update on the new Divisional Structure, confirming that the recruitment to the vacant positions was underway and anticipated that the posts would be appointed to by the end of May 2019. He stated that Development Days had commenced and that he would share the upcoming agendas with the Committee along with the updated divisional structure.

Action: Barry Day to circulate the Divisional Structure and Development Day agendas to Committee members

4.2. Paul Draycott informed the Committee that Ken Tooze, Development Facilitator, would be meeting with the divisions and that a session was also scheduled to take place with the corporate next in lines to discuss their development.

4.3. Andrew Jackman provided positive feedback on the progress being made at Antelope house following a meeting between Governors and the senior management at Antelope House.

4.4. Rob Goldsmith asked what the anticipated timescale was for the organisational restructure and expressed concern around the effect these changes may have on staff morale. Paul Draycott acknowledged Rob's concerns and completion was anticipated for 31 August 2019.

4.5. In response to a challenge from Jeni Bremner around the Mental Health and Physical Health expertise within each division, Barry Day confirmed that Portsmouth and South East Hampshire Division did not currently have expertise but the aim was to appoint a Medical Director with expertise in Mental Health.

Action: Barry Day to provide a verbal update on the progress of the Division appointments to the next Finance & Performance Committee

5. Integrated Performance Report

5.1. Paula Anderson presented the Integrated Performance Report highlighting that a meeting was scheduled for the 18 June 2019 for the Board to look at performance and reporting.

5.2. In response to a request from Rob Goldsmith for an update on the current position of out of area beds, Barry Day confirmed that there had been a slight increase to 57 due in part to the temporary closure of beds at Antelope House.

5.3. Barry explained that the proposed out of area bed model would be considered at the next Senior Management Committee meeting and confirmed that the out of area bed issues remain a key focus for the Trust and partner organisations.

5.4. In response to a challenge from David Kelham regarding the increased average length of stay and where this benchmarks the Trust nationally, Paula Anderson confirmed that when compared nationally the Trust had a high average length of stay particularly in Antelope House. The Committee discussed positive risk taking and how the Trust can support culture change and staff members in decision making. It was also acknowledged that greater support was needed in Community Services so that admission was not the first thought. Paula Anderson advised that a Quality Improvement session on Southampton Community Services would be held in May in order to support this.

Mayura Deshpande and Margaret Martins left the meeting

6. Finance Report

6.1. Kim Perry presented the Month 12 Finance Report highlighting the unaudited year end position of £7.2m deficit.

6.2. In response to a challenge from David Kelham regarding the use of agency staff and the increase over the previous two months Paul Draycott explained that successful recruitment and more use of bank staff should reduce agency. The spend would not be zero but there were actions in place which should reduce usage; a new project to reduce medical agency is commencing with support from NHS Improvement subject experts; usage of HCSW is going to be treated as never event to return to the low levels achieved 2 years ago.

6.3. In response to a question from David Kelham. Paul Draycott confirmed that the pension rules would impact on our senior clinicians and that it was impacting on the Acute Trusts. Solutions to help minimise the impact were being considered but senior clinicians were currently reducing their waiting list sessions.

6.4. In response to a question from Rob Goldsmith around the level of Cost Improvement Programmes (CIP) that had been identified, Paula Anderson explained that the level of identified CIP hadn't increased since submitting the Plan (£12.8m from the target of £18.7m) because the Divisions had been focussing on implementing their new management structures. In addition, work was required to re-align the CIP target and schemes to the new Divisions which would help them see what level of CIP is still unidentified.

7. Older Persons Mental Health model

7.1. Kathy Jackson presented an update on the Older Persons Mental Health (OPMH) model. Barry Day advised that this work linked with the proposal that would be taken to the Quality & Safety Committee to establish a Task & Finish group to develop a Trustwide Older Persons Mental Health strategy.

7.2. David Kelham raised concern around the minimal number of appointments to vacant posts within the OPMH Services and queried whether this was a national issue or an organisational issue. In response Paul Draycott explained that there was a national shortage of OPMH consultants and that the OPMH environment was

challenging which has impacted on the recruitment and retention of an OPMH workforce.

7.3. The Committee supported the principles and recommendations within the report and agreed that a fully informed service model would be presented to a future Finance and Performance Committee.

Action: OPMH Service Model to be added to a future Finance & Performance Agenda

Date: TBC

8. Payroll/Overpayments Update

8.1. The Committee agreed to defer this item until July 2019.

9. Business Development Update

9.1. Paula Anderson presented the Business Development Programme.

9.2. The Committee noted the progress of current tenders and anticipated opportunities for the future.

10. Board Assurance Framework

10.1. Paula Anderson presented the Board Assurance Framework and highlighted the operational areas showing greatest risk to be; out of area beds; unidentified Cost Improvement Plans; and the Trust cash reserves.

11. Review of Terms of Reference, Agenda Framework, Committee Effectiveness

11.1. Sarah Spooner presented the Terms of Reference; the Committee agreed that these would require further changes to reflect the organisational development that had occurred and that the updated Terms of Reference would be brought back to a future meeting.

11.2. The Committee approved the agenda framework and the proposed approach to Committee Effectiveness.

12. Agenda for the next meeting

12.1. It was agreed that Jeni Bremner, Paula Anderson and the Corporate Governance Manager would review the agenda for the next meeting outside of the Committee meeting.

13. Governor Feedback

13.1. Peter Smith stated that the meeting had been operationally focussed and going forward would like to see the Committee adopt a more strategic focus.

13.2. Andrew Jackman expressed concern around Executive Director capacity to deliver at the pace needed on the out of are bed placements.

14. How has this meeting added value

14.1. The Committee acknowledged that the meeting had highlighted the plans in place and the enablers to support the financial position of the Trust.

15. Items for Reporting to Board

15.1. It was agreed that the following items would be reported to the Trust Board:

- Older Persons Mental Health model - support of the principles and recommendations within the report

16. Any Other Business

16.1. There was no other business reported.

17. Close

17.1. Jeni Bremner thanked Committee members for their attendance and closed the meeting at 12:45.

Certified as a true record of the meeting

.....
Committee Chair – Jeni Bremner

.....
Date

Minutes of the Mental Health Legislation Sub-Committee meeting
Tuesday 12 February 2019
13:30 – 16:30
Conference Room, Tatchbury Mount, Calmore, Southampton, SO40 2RZ

Members:

David Monk	Non-Executive Director (Committee Chair)
Dr Karl Marlowe	Medical Director
Siven Rungien	Mental Health Act Manager

In Attendance:

Dr Sarah Constantine	Associate Medical Director
Rob Goldsmith	Non-Executive Director
Andrew Jackman	Lead Governor & MHARM
Rebecca Lawry	Company Secretary
Caz Maclean	Associate Director of Safeguarding
Lou Salmon	Ward Manager, Kingsley Unit

Apologies:

Jeni Bremner	Non-Executive Director
Barry Day	Chief Operating Officer
Paula Hull	Director of Nursing & Allied Health Professionals
Lynne Hunt	Trust Chair

1. Chair's Welcome and Meeting Protocol

- 1.1. David Monk welcomed members to the meeting, which he opened at 13:30.

2. Apologies for Absence

- 2.1. David Monk reported the apologies received.

3. Declarations of Interest

- 3.1. The Register of Interests was noted.
- 3.2. There were no declarations of interest relating to items on the agenda.

4. Minutes of the Meeting held on 13.11.2018, Matters Arising and Action Log

- 4.1. It was noted that there was an error at item 9.3 of the minutes that required an update to show people leaving the meeting instead of joining. Subject to this amendment being made, the minutes were approved for signature by the Chair as a true record of the meeting.

4.2. The Committee reviewed the actions log noting all items closed, updated on the log or carried forward to a future meeting.

5. Code of Practice

5.1. Siven Rungien provided an update on the changes proposed to the Mental Health Code of Practice. He advised that work was ongoing with the Communications team to provide appropriate updates to enable staff to understand which policies and procedures are affected by the changes to the Code.

6. NHS Digital Usage Report and the Use of Mental Health Act and the impact on the use of our beds.

6.1. Siven Rungien presented the NHS Digital Usage Report, highlighting:

6.1.1. The three strategic aims that would be implemented to reduce the use of inpatient beds;

6.1.2. The development of a more responsive crisis care pathway as an alternative to hospitalisation;

6.1.3. The development of more effective step down to alternative accommodation;

6.1.4. The work being done within the transformation project looking at patient flow.

6.2. Sarah Constantine explained that an improved community offering is seen by many clinicians as providing the solution to the current bed use levels as it provides more opportunity to reduce the use of the act. The Committee noted that the Trust's community offering is not comparable to neighbouring trusts and that this provides a great opportunity for improvement.

6.3. In response to a query from David Monk regarding the Trust's s2 detention figures being three times National 6:1 local 16:1. It was agreed to review of why there was a significant difference and an invite should be extended to the members of the local authority.

Action: Siven Rungien to invite members of the Local Authority to join a future meeting to discuss the Trust's s2 detention figures being three times higher than the national figure.

Date: 28.05.2019

6.4. The Committee took assurance that the Trusts is not using police cells as a place of safety and asked that a more detailed review of the use of s136 be undertaken across the divisions to identify hotspots.

Action: Dr Karl Marlowe to undertake a detailed review of the use of s136 across the divisions to identify hotspots.

Date: 28.05.2019

7. Restraint

7.1. Dr Karl Marlowe presented the restraint report, confirming the frequency of restraint usage to have fallen in all except Older Persons Mental Health (OPMH) and also Specialised and that these instances could be directly attributed to specific patient needs or behaviours.

7.2. Providing specific feedback on the report, David Monk requested that a table format showing the figures over time allowing the Committee to identify trends would be useful. Dr Karl Marlowe, replying to a question from Rob Goldsmith, advised that the quality reports were currently under review and that future reports would include data from a ward level in order to enable better identification of where action is needed.

7.3. The Committee discussed good practice around the use of prone restraint and agreed that a representative from the Safer Forum which looks at restraint and safety measures should be invited to talk at a future meeting.

Action: Dr Karl Marlowe agreed to invite a representative from the Safer Forum to attend a future meeting.

Date: 28.05.2019

8. Service specific audits of covert medication usage

8.1. Dr Sarah Constantine presented the covert medication report and explained that it provides an overview of the use of covert medication and includes a service level look at its use.

8.2. The Committee noted there is no Trust-wide mechanism for monitoring covert medication and that this is reflective in the snap shot provided in the report. It was agreed that a standardised approach to monitoring was required in order to be able to take assurance on this and that the robust practices around the review and monitoring of covert medication demonstrated at Elmwood could provide a good starting point for application of a Trust-wide approach.

8.3. In response to a query from Andrew Jackman, Sarah Constantine confirmed that the improvements were required to the documenting of covert medication, as the reviews had not raised any concerns around the clinical decision making process. Sarah Constantine agreed to review the zero response from Elmleigh.

Action: Sarah Constantine to review the zero covert medication response from Elmleigh.

Date: 28.05.2019

8.4. The Committee discussed this further and noted that there is a very good understanding from the nurses of the need for consultation with patients and family members. Furthermore there were no concerns raised by the Care Quality Commission (CQC) on the use of covert medication. It was however agreed that there was a need for a Trust-wide standardised approach to the application and reporting of covert medication and that this would benefit from a review through audit or peer review.

Action: Karl Marlowe to arrange for covert medication reporting to go into the audit programme or peer review.

Date: 28.05.2019

9. Quality Improvement – Kingsley Ward

9.1. Lou Salmon, ward manager on Kingsley Ward joined the meeting and provided a presentation highlighting some of the excellent quality improvement work and good practice being implemented by Kingsley Ward in looking after its patients and providing section 17 leave.

9.2. Lou Salmon detailed the improvements that had been identified since undertaking the programme, most notably the reduction in the time spent performing administrative functions, freeing up time for clinical staff to undertake more therapeutic time with patients.

9.3. The Committee noted the work that was ongoing to align policies to the new practices and that for the moment practice is outside of policy. Karl Marlowe advised that as sponsor of this project he had ensured that a protocol had been written, which would form an appendix to the policy, variation derogations had been signed, and that as this is an innovation project this would be sufficient for the moment, but added that if this was to become standard practice, then it would require full amendment of the policies.

9.4. Karl Marlowe advised that the Smoking, Observation, Use of leave and Risk Assessment policies would require amendment within the next three months and that interim updates had been implemented to provide cover for those that have not yet gone through the process.

9.5. The Committee noted that the policy changes would require approval from the Quality and Safety Committee (QSC) and Trust Board in May.

Action: Dr Karl Marlowe to take the revised policies for approval at Quality & Safety Committee and Trust Board in May. Company Secretary to add policies to the agendas.

Date: 28.05.2019

10. NHS National Benchmarking Mental Health Report 2018

10.1. The Committee noted the report.

11. Independent Mental Health Act National Review - Implications

11.1. Siven Rungien presented the report detailing the outcomes and implications of the Independent Mental Health Act Review, highlighting:

11.1.1. The 154 recommendations that the Government will need to decide how to incorporate these into legislation. Many do not require changes to law and therefore trusts have an opportunity to lead on implementing the principles.

11.1.2. The opportunity for the Trust to advance on care plans and advance choice notifications.

11.1.3. The opportunity to consider having a lead Mental Health Act Review Manager (MHARM) and building in more MHARMS patient visits

11.1.4. The chance to take a more strategic view and tie this into the work already being done within the Trust.

11.2. The Committee were keen to embrace; (1) Better choice in care plans; (2) Improvement shared decision-making through the use of advance statements; (3) promote less restrictive care; and (4) to limit the use of CTOs to 24 months; The Committee also suggested to Test out the use of Mental Health Act Review Managers in a 'new hospital visitor role. The Committee agreed that this could also monitor and highlight better physical health checks for all.

Action: Siven Rungien to link with Beth Ford and Niamh Dalziel on the work being done around the hospital visitor.

Date: 28.05.2019

12. Mental Health Act Training

12.1. The Committee discussed the training in place for the Mental Health Act noted that the delivery team have a very robust, well respected training delivery programme that often attracts external organisations to seek our training, an area it was thought could provide income for the Trust in the future.

13. Mental Capacity Act Training

13.1. Caz Mclean provided an overview of the current training programme, and identified some areas that required further development.

13.2. The Committee took assurance that the Mental Capacity Act training was of a good quality but supported the recommendation to provide a new scenario element such that staff could test out their knowledge. The Committee therefore supported the recommendation for a stand-alone mandatory Mental Capacity Act Course with additional workshop content. This to be taken for final consideration to Quality & Safety Committee

Action: Caz Mclean to take this to the Quality & Safety Committee and the Company Secretary to add this to the agenda.

Date: 28.05.2019

14. Review of Terms of Reference, Agenda Frame Work, Committee Effectiveness and Committee Annual Report to the Board

14.1. The Committee received the updated Terms of Reference, Agenda Framework and annual report. Subject to a future review of the Committee membership, the Committee approved the documents.

15. Any Other Business

15.1. The Committee noted that this would be Dr Sarah Constantine's last meeting and extended their thanks for her contribution.

.

16. Agreement of next meeting agenda

16.1. It was agreed that the following items would need to be added

16.1.1. Mental Health Capacity Training

16.1.2. Quality improvement s17 leave and policy embedding

16.1.3. Getting ahead on the Mental Health Act updates

16.1.4. S2 and 3 figures – the work being done to align to national standards

17. Governor Feedback

17.1. Andrew Jackman, reflecting on the meeting, commended the level of focus that had been apparent on values and patients.

18. Close.

18.1. The Committee Chair thanked Committee members for their attendance and closed the meeting at 16:21.

Certified as a true record of the meeting

.....
Committee Chair – David Monk

.....
Date

Minutes of the Quality & Safety Committee meeting
Tuesday 30 April 2019
13:30 – 16:30

Conference Room, Tatchbury Mount, Calmore, Southampton, SO40 2RZ

Members:

Dr David Hicks	Non-Executive Director (Committee Chair)
Jeni Bremner	Non-Executive Director
Robert Goldsmith	Non-Executive Director
David Monk	Non-Executive Director
Barry Day	Chief Operating Officer
Paula Hull	Director of Nursing and Allied Health Professionals (Lead Executive)

In Attendance:

Paula Anderson	Finance Director
Andrew Jackman	Lead Governor
Helen Ludford	Associate Director of Quality Governance
Tracey McKenzie	Head of Compliance, Assurance & Quality
Chris O'Dea	Named Nurse for Safeguarding
Eliot Smith	Named Professional for Safeguarding
Sarah Spooner	Corporate Governance Manager (Minutes)

Apologies:

Dr Nick Broughton	Chief Executive
Sara Courtney	Deputy Director of Nursing
Julia Lake	Acting Deputy Director of Nursing (Integrated Service Division)
Caz Maclean	Associate Director of Safeguarding
Dr Mayura Deshpande	Associate Medical Director (Quality)
Dr Karl Marlowe	Medical Director

1. #Hellomynameis & Apologies for Absence

1.1. Dr David Hicks welcomed members to the meeting, which he opened at 13:30.

2. Declarations of Interest

2.1. The Register of Interests was noted.

2.2. Jeni Bremner reported that she was now Trustee for Quaker House, New Milton.

2.3. There were no declarations of interest relating to items on the agenda.

3. Minutes of the meeting held on 19.03.2019 and action log

3.1. An amendment was made to 10.2 to include Adam Cox, Clinical Director and Paul Gallagher, Modern Matron.

3.2. Subject to this amendment, the minutes were agreed as an accurate record of the meeting held on 19.03.2019.

3.3. The Committee considered the action log; the actions completed and the target dates for submission of items to the Board and relevant Committees were noted.

4. 2018/19 Quality Account Report

4.1. Helen Ludford presented the draft 2018/19 Quality Account Report.

4.2. Andrew Jackman commended the work undertaken by Liz Pusey. He explained that Governors from the three constituencies, Public, Staff and Appointed had been involved. A Governors' statement was currently being written and this would recognise the significant positive changes that had happened in the Trust. Andrew suggested that data for the Quality Report was collected throughout the year as he felt this would improve the quality of the report.

4.3. The Committee thanked Helen Ludford and her team, and the Governors that had been involved in the completion of the report.

4.4. Rob Goldsmith expressed concern that the report continued to show the highest occurring theme as organisational risk. He advised that this was incorrect and that the highest occurring theme was patient safety, followed by bullying and then organisational risk. It was suggested that the themes were reviewed to ensure accuracy within the report as there was a mixed view among Committee members on the themes and their order.

4.5. Rob Goldsmith asked that the aims within part 3 of the report were reviewed as they were currently written as a statement and not what the Trust aimed to achieve.

4.6. It was agreed that the updated report would be virtually circulated to Committee members and Governors.

Action: Quality Report to be virtually circulated to Committee members and Governors

Date: 23.05.2019

1.1. The Committee approved the draft 2018/19 Quality Account Report subject to the amendments for presentation to the Audit Risk & Assurance Committee on 21.05.2019.

2. Quality Improvement Strategy

2.1. Tracey McKenzie introduced the Quality Improvement Strategy and explained that the four domains of quality; planning, improvement, control and assurance had been incorporated to enable the Trust to deliver its priorities.

2.2. The Committee approved the strategy and noted that an update would be reported on a quarterly basis.

3. Quality Impact of ECR (Out of Area) beds

3.1. Helen Ludford presented the report. She stated that the report informed the Committee of the impact on quality, safety and experience to patients and their families when placed in an out of area bed.

3.2. In response to a challenge from Dr David Hicks on the key quality indicators being included in the contract, Helen Ludford confirmed that although quality indicators were included they needed to be reviewed and strengthened.

3.3. There was a discussion on the use of out of area spot purchase beds and the quality impact and experience these can have on patient care. David Monk expressed his preference in the use of contracted beds with providers that are known by the Trust to provide good quality care; i.e. Marchwood Priory Hospital or East London Mental Health Trust. The Committee agreed for a list of endorsed providers and criteria to test the quality and safety to enable an agreement of which providers to hold a contract with.

3.4. Andrew Jackman pointed out the importance of ensuring that provider locations were accessible to families.

3.5. Jeni Bremner expressed concern around the instance where the Approved Mental Health Practitioner (AMHP) had not been available. Helen Ludford confirmed that the learning from this had been shared with Hampshire County Council and that this would be monitored through the serious incident reporting process. It was agreed by the Committee that a further paper would be provided to a future meeting around quality issues in ECR placements.

Action: Helen Ludford to liaise with Paul Thomas in providing the Quality Issues in ECR placements paper

Date: 30.07.2019

3.6. David Monk asked for clarification on the frequency that care coordinators follow up patients in inpatient beds and attend MDT meetings. He expressed the importance of ensuring that care coordinator standards were the same out of area and locally.

Action: Barry Day to clarify the frequency that care coordinators follow up patients in inpatient beds and attend MDT meetings

Date: 11.06.2019

3.7. The Committee discussed the benefits of a virtual ward round. David Monk stated that this would potentially reduce the level of anxiety a carer may feel when loved ones were discharged home and the length of stay in out of area beds may reduce.

3.8. Eliot Smith highlighted to the Committee that the quality issues seen relating to safeguarding were individuals waiting in A&E for an extended period of time; and individuals breaching under the Section 135 and Section 136. The importance of preventing and minimising the impact to patients waiting for an out of area bed was acknowledged.

3.9. Barry Day agreed to find out the data relating to the number of AMHP breaches. He also agreed to confirm the number of Section 4 breaches as there had been recent issues relating to Section 4 Doctors.

Action: Barry Day to confirm the number of AMHP breaches and the number of Section 4 breaches

Date: 11.06.2019

4. Single Sex Accommodation (CQC)

4.1. Barry Day presented the report highlighting that Southern Health NHS Foundation Trust Older Persons Mental Health units were not yet fully compliant with the directive to eliminate mixed sex accommodation within hospital environments by 1 April 2011.

4.2. The Committee considered the options and supported the proposal to urgently establish a Task & Finish group to develop a Trustwide Older Persons Mental Health strategy. The Committee also supported the proposal to continue discussions with South East and the joint work with Solent NHS Trust to manage the Older Persons Mental Health beds across both organisations.

4.3. Barry Day agreed to provide a verbal update at the next Quality & Safety Committee.

Action: Barry Day to provide a verbal update on the progress of the Task & Finish group and discussions with Solent NHS Trust on Older Persons Mental Health beds at the next Quality & Safety Committee

Date: 11.06.2019

5. Clinical Audit Programme Update

5.1. Tracey McKenzie presented the paper highlighting the outcomes from the recent Rapid Process Improvement Workshop (RPIW) that took place to review the Trust's Clinical Audit Programme. She explained that, at the RPIW it was agreed that the 2019/20 Clinical Audit Programme would be limited to audits that were reported externally. Any other audits would be reviewed at the Clinical Effectiveness Group and added to the programme as appropriate.

5.2. David Monk noted that Covert Medicines had been an agreed audit topic. It was agreed that this would be added under Medicines Management.

5.3. The Committee approved the 2019/20 Clinical Audit Programme subject to this amendment.

6. Review of Terms of Reference, Agenda Framework, Committee Effectiveness and Committee Annual Report to Board

6.1. The Committee received the revised Terms of Reference. It was agreed to include under the Committee duties, Patient and Carer experience. The Committee also agreed the wording under 7.6 needed to be strengthened.

6.2. Subject to these amendments the Committee approved the Terms of Reference.

6.3. The Committee approved the agenda framework for 2019/20, the proposed approach to completing Committee Effectiveness and the proposed statement for the Annual Report.

7. Divisional Quality Report: Mental Health & Learning Disabilities

7.1. Barry Day introduced the report and explained that in future the Executive Performance and Quality Group (EPQG) would monitor all operational and quality KPI's. He asked the Committee to consider the information and recommend KPI's that they would like to see reported to the Quality & Safety Committee in the future.

Action: Barry Day, Helen Ludford and Sue Damarell-Kewell to consider the information and KPI's that would be presented to the Quality & Safety Committee in the future

Date: 11.06.2019

7.2. Paula Hull suggested the need for better triangulation of reporting. She highlighted that the report included data points that were included within other reports that the Committee had either been presented previously or were within the papers that were being presented at the meeting.

7.3. Paula Hull expressed concern on the two areas that were scored as inadequate following the Peer review programme. It was noted that immediate action had been taken in both areas.

7.4. Rob Goldsmith asked for further detail on the five areas requiring the most improvement across the Older Persons Mental Health Wards (OPMH). The Committee asked to view the action plan that had been developed to provide assurance on the actions that were taking place to address the five areas requiring improvement.

Action: OPMH Improvement Action Plan to be circulated to Committee members

Date: 11.06.2019

8. Q4 Serious Incident and Incident Report

8.1. Helen Ludford introduced the item and explained that the Serious Incident and Incident Report would now report quarterly to the Quality & Safety Committee. A monthly comprehensive report would be presented to the Patient Safety meeting and any escalations from this would be reported to the Quality & Safety Committee.

8.2. In response to a question asked by David Monk around the assurance that could be taken from the themes outlined within the report, Paula Hull stated that robust actions would be put in place with clear trajectories to reduce the number of incidents. She highlighted that the Safety Strategy would link to this piece of work which was currently under consultation.

8.3. Paula Hull raised concern on the increased pressure ulcer incidents reported in 2018/19. In response Helen Ludford advised that the number of the increase was

due to a number of factors that included the introduction of a new category medical device related pressure ulcers. Paula Hull informed the Committee that Julia Lake and Georgina Townsend were undertaking a thematic review on Pressure Ulcers and that a report would be presented to a future Quality & Safety Committee meeting.

Action: Thematic Review on Pressure Ulcers to be added to a future Quality & Safety Committee

Date: 11.06.2019

Paula Anderson & Barry Day left the meeting

9. Report on the Quality of Record Keeping

9.1. Paula Hull introduced the item explaining that the quality of record keeping had been a theme identified by CQC and that Internal Audit had also been asked to carry out an audit on record keeping, the outcome from this had been to report partial assurance.

9.2. The Committee supported the 9 recommendations set out within the report.

10. Complaints Concerns and Compliments Annual Report

10.1. Tracey McKenzie presented the report, she explained that a RPIW took place in March 2019 as the target of responding to 90% of complaints within the agreed timeframe continued not to be met through 2018/19. Key actions were identified and once these had been fully embedded the time taken to resolve complaints would reduce and that complainant satisfaction would be improved. She advised that updates on the delivery of the key actions would be reported to the Committee quarterly via the Patient Experience, Engagement and Caring Group.

10.2. David Monk stated that the number of complaints around clinical and nursing care were significantly more than those around communication and process. He suggested that the Trust aspired to have zero complaints concerning clinical and nursing care.

10.3. Rob Goldsmith expressed concern around the percentage of individuals that felt concerned that making a complaint may affect the quality of care they received and the percentage that did not feel the Trust would learn from their complaint. In response, Tracey McKenzie stated that there were a number of actions relating to communication that came out of the RPIW; and that part of this included working with clinical members of staff to address concerns or issues at the point of care so that it did not escalate to a complaint.

10.4. The Committee agreed to ask for a verbal update on the progress made against the delivery of the key actions and assurance that the numbers of complaints were reducing as a result of this.

Action: Tracey McKenzie to provide a verbal update to the Committee on a quarterly basis on the progress made against the delivery of the key actions and assurance that this has impacted on the reduction of the number of complaints received

Date: 11.06.2019

11. Q3 Infection Prevention & Control Report

11.1. Paula Hull presented the report highlighting to the Committee the concern around hand hygiene. A hand hygiene awareness campaign had commenced and this was a focus for the team.

11.2. The Committee commended the report and thanked the Infection, Prevention and Control team for their dedicated work.

12. Q3 Safeguarding Children & Adults Report

12.1. Elliot Smith presented the report highlighting that during Quarter 3 the Corporate Safeguarding Team had moved towards geographical Safeguarding Hubs to support Better Local Care Partnerships. He explained that the Q4 report would provide assurance that the move had enabled a strengthened connection between Corporate Safeguarding, front line staff and service users.

12.2. In response to a question from David Monk around institutionalising individuals in our services and whether this would be a safeguarding issue, Eliot stated that this would be dependent on the circumstances around the start of the patients admission to services and whether at that point it was known what alternatives may have been available. David Monk asked that an analysis was undertaken on institution and whether the Trust was accountable to those individuals becoming institutionalised.

Action: Eliot Smith to undertake an analysis on institution to test whether the Trust was accountable to those individuals becoming institutionalised

Date: 11.06.2019

13. HLOW Quality Board Standard Operating Procedure

13.1. The Committee received the HLOW Quality Board Standard Operating Procedure for information.

14. Clinical Effectiveness Sub-Group Update

14.1. It was noted that there had been no Clinical Effectiveness Sub-Group meeting since the last Quality & Safety Committee.

15. Improvement Action Plan Updates (CQC)

15.1. Tracey McKenzie introduced the report highlighting to the Committee that a Task and Finish Group would be considering priority areas in relation to providing dementia friendly environments in Older Persons Mental Health (OPMH) inpatient areas due to financial strain on the Trust.

15.2. Rob Goldsmith asked for clarification on whether any of the CQC must do actions were overdue or at risk. It was agreed that a column would be added to the

Quality Improvement Plan clearly identifying whether the actions were in relation to the CQC 'must do' or 'should do' actions and that recovery dates were noted.

15.3. Paula Hull expressed concern on the number of overdue actions relating to OPMH and requested an update from Graham Webb, Divisional Director of Transformation for MH &LD.

Action: Graham Webb to provide an update on the overdue Quality Improvement Plan actions relating to OPMH

Date: 11.06.2019

16. Patient Experience, Engagement & Caring Sub-Group Minutes

16.1. The Committee received the minutes of the Patient Experience, Engagement & Caring Sub-Group meeting held on 24 January 2019 for information.

17. Mental Health Act Committee Minutes

17.1. The Committee received the minutes of the Mental Health Act Committee meeting held on 20 February 2019 for information.

17.2. David Monk provided a verbal overview of discussion from the Mental Health Legislation Sub-Committee meeting held on 12 February 2019, he highlighted that the Smoke Free Policy, Section 17 Leave Policy, Observation Policy and Risk Assessment Policy were to be reviewed to align with the change in practice on Kingsley Ward following the Quality Improvement programme.

18. Agenda for the next meeting

18.1. The Committee considered and agreed in principle the agenda for the next meeting. It was noted that the Quality Account Update was reported quarterly and therefore was to be deferred.

19. Governor Feedback

19.1. Andrew Jackman stated that there had been a focus on patients and their families throughout the meeting. He added that there had been robust challenge from the Non-Executive Directors on the detail and data that was in the reports.

20. Review of meeting effectiveness

20.1. The Committee agreed that there had been meaningful discussion with patients and carers and quality at the heart of the debate.

21. Items for Reporting to Board

21.1. It was agreed that the following items would be reported to the Trust Board:

- Quality Impact for ECR (Out of Area) beds

- Single Sex Accommodation
- Thematic review on pressure ulcers
- Complaints Concerns and Compliments reporting

22. Any Other Business

22.1. Paula Hull informed the Committee that a press release would be issued today on Gosport War Memorial. There had been significant media interest already and support was being provided to staff members.

22.2. Dr David Hicks suggested an item on the agenda going forward for emerging concerns so that the Committee were sited on any potential emerging issues.

23. Close

23.1. Dr David Hicks thanked Committee members for their attendance and closed the meeting at 16:45.

Certified as a true record of the meeting

.....
Committee Chair – Dr David Hicks

.....
Date

Minutes of the Senior Management Committee meeting

Wednesday 17 April 2019

09:00 – 12:30

Conference Room, Sterne 7, Tatchbury Mount, Calmore, SO40 2RZ

Members:

Dr Nick Broughton	Chief Executive (Chair)
Sue Damarell-Kewell	Director of Planning, Performance, Business Development & Contracting
Barry Day	Chief Operating Officer
Dr Mayura Deshpande	Clinical Director (SS)
Paul Draycott	Director of Workforce, Organisational Development & Communications
Rob Guile	Divisional Director for Operations (SS)
Paula Hull	Director of Nursing & Allied Health Professionals
Julia Lake	Divisional Director of Nursing (PSEH)
Helen Ludford	Associate Director of Quality Governance
Dr Karl Marlowe	Medical Director
Hazel Nicholls	Clinical Director (MNH)
Emma Wadey	Deputy Director of Nursing
Graham Webb	Divisional Director of Transformation (MH and LD)
Tom Westbury	Associate Director of Communications
Jane Williams	Divisional Director of Transformation (ISD)

In Attendance:

Beth Ford	User Involvement Facilitator
Robin Harlow	Clinical Director for Portsmouth & South East Hampshire
Rebecca Lawry	Company Secretary & Head of Corporate Governance
Steven Manning	Senior Service Improvement Manager
Kerry Salmon	Deputy Director of Workforce
Tracey McKenzie	Head of Compliance Assurance and Quality Governance
Graham Platt	Head of Costing and Commercial Accounting
Helen Reading	Associate Director of Technology
Vicky Osman-Hicks	Consultant - Psychiatric Liaison

Apologies:

Nicky Adamson-Young	Divisional Director of Operations (PSEH)
Paula Anderson	Director of Finance
Sara Courtney	QI Clinical Lead and Deputy Director of Nursing
Lisa Franklin	Director of Technology & Chief Information Officer
Vanessa Lawrence	Deputy Chief Pharmacist
Andy Mosley	Associate Director of Estates
Kim Perry	Deputy Director of Finance

1. #Hellomynameis & Apologies for Absence

- 1.1. Members and attendees of the meeting introduced themselves.
- 1.2. Nick Broughton reported the apologies received.

2. Declarations of Interest

- 2.1. There were no declarations of interest relating to items on the agenda.

3. Minutes of Senior Management Committee meeting held on 13.03.2019 and action log

- 3.1. The Committee noted that Helen Reading had been in attendance for the meeting on 13.03.2019.
- 3.2. Subject to the above update, the minutes were agreed as an accurate record of the meeting held on 13.03.2019.
- 3.3. The Committee considered the action log; updates were provided to the actions in progress and carried forward; and actions completed were closed.

4. Chief Executive's Update

- 4.1. Nick Broughton provided a verbal update highlighting;
 - 4.1.1. The work that was ongoing with the STP to develop an integrated care system and the need to ensure that the new divisions are linked with the developing Integrated Care Partnerships. He reiterated the importance of having a clear strategy for the provision of future mental health and community nursing.

Julia Lake joined the meeting

- 4.1.2. The need to work on the interface of the electronic patient records with the Primary Care Networks ('PCN') to ensure interoperability. Barry Day advised that a workshop would be held on 6th June to look at system working. Nick Broughton advised that all PCNs would appoint a Clinical Director in order to offer support to their partners.
 - 4.1.3. The Committee discussed the need to build a good list of contacts in primary care, and agreed that the Federation Chairs may be able to contact the Chairs of the Clinical Commissioning Groups ('CCG') and Federation Leads. Tom Westbury agreed to look to develop a communications plan.

Action: Tom Westbury to develop a communications plan to develop partnerships across the PCNs.

5. Integrated Performance Report

- 5.1. Sue Damarell-Kewell presented the Integrated Performance Report and requested that any comments or suggestions be provided to her in advance of submission of the report to the Finance & Performance Committee and Board. Sue explained that a session had been scheduled in June for the Board to review the report and make suggestions for how this should be structured to provide better assurance and indicate any developing trends across the Trust.

5.2. Sue confirmed that the Trust had delivered against all of the national targets. Sue reported that the delivery of risk assessments had improved, but that further work was required to confirm that numbers are indicative of an error in recording rather than non-completion.

Action: Karl Marlowe to review Forensic risk assessments to confirm that the reduced numbers are indicative of an error in recording rather non-completion.

5.3. The Committee noted that future reports would look to strengthen hotspot reporting and improve benchmarking with the introduction of a benchmarking summary and indication of the Trust's national position.

5.4. In response to a query from Nick Broughton regarding the apparent lack of progress with reducing leavers within the first 12 months of service, Paul Draycott confirmed that the recent Quality Improvement workshop had sought to address this, and added that the high numbers of bank and agency staff compounds the issue.

5.5. Helen Ludford and Sue Damarell-Kewell advised that work was ongoing around the Quality Indicators to better identify the impact of improvements.

6. Psychiatric Liaison – Core 24 Service

6.1. Graham Webb presented an update on the progress that had been made in provision of the Psychiatric Liaison service. The Committee noted that the proposal for the development of services in Winchester and Basingstoke had been positively received.

6.2. The Committee noted that the service would require 13 additional consultants within the acute sites in order to be sustainable, and Karl Marlowe was confident that this was achievable.

6.3. The Committee agreed that this should be progressed and would expect to see a regular report the finance and risk elements of the project. Paula Hull commented on the need to highlight the agreement to risk share this project with the CCG.

7. Divisional Updates – Mental Health & Learning Disabilities and Integrated Services Division

7.1. Barry Day presented the update; he gave credit to all of the leadership teams for their hard work and reported that the next development day would be held on 24th April.

7.2. For the Specialised Division, the Committee noted:

7.2.1. The need to ensure that risk share agreements are in place with partners for adult mental health and CAMHS. Nick Broughton reported that Oxford were keen for the Trust to join them in a risk sharing arrangement and Barry Day confirmed that he would be happy to support Mayura Deshpande and Rob Guile in securing this.

7.2.2. The plan that has been put in place to support a patient awaiting transfer from Bluebird to more appropriate accommodation in London.

7.2.3. Education services have moved to Hampshire County Council and a service review has started with Commissioners to better understand staff working out of Hampshire CC buildings.

7.3. For the East Division, Julia Lake reported:

7.3.1. The clinical pressures that are being noted as a result of holding ambulances at QA and provided assurance that the impact to patients was being monitored;

- 7.3.2. The positive feedback received from the CCG on the Multi Agency Discharge Event ('MADE') with Hope Virgo attending;
- 7.3.3. Two serious incident reports, with deep dives in progress to identify any learning.
- 7.4. For the Mid and North Division, Hazel Nicholls reported:
 - 7.4.1. Cultural issues including the use of certain language that would need to be addressed at Parklands;
 - 7.4.2. Work that was ongoing with Organisational Development to address the potential professional practice issues;
 - 7.4.3. The Trust had secured the position of approved provider for 2 GP practices;
 - 7.4.4. The work that was ongoing to look at transformation and the new models of care.
 - 7.4.5. The recruitment issues that continue across the North including for the Italk service.
- 7.5. For the South and West Division, the Committee noted:
 - 7.5.1. The work that was ongoing to look at flow through University Hospitals Southampton over the Easter period.
 - 7.5.2. The Trust's Frailty Service had been shortlisted at the HSJ awards which has encouraged the team and motivated them
- 7.6. The Committee discussed the CQC report from their recent inspection of Antelope House. Tom Westbury confirmed contact would be made with the press officer to ensure a balanced view is provided and that internal communications would be circulated.

8. Communications Report

- 8.1. The Associate Director of Communications presented the Communications report, highlighting:
 - 8.1.1. The Inquest into the death of a patient at Antelope House and the resulting media interest in the Trust;
 - 8.1.2. Positive media coverage of the new 111 mental health triage team;
 - 8.1.3. The Louis Theroux coverage of the mother and baby unit at Melbury Lodge and the work that was ongoing with the BBC to co-ordinate this;
 - 8.1.4. The young people's roadshows that had been held in conjunction with Unloc;
 - 8.1.5. Local media interest over re-opening of Beaulieu Ward and the intention to launch the dementia strategy in same week;
 - 8.1.6. The launch of the new Southern Health website and the positive feedback that had been received from the beta testing;
 - 8.1.7. Media interest in the work the Trust had done with the Police around stalking awareness week.

9. Finance Report

- 9.1. Graham Platt presented the Finance Report, which he advised covered the month 12 position. Graham confirmed that the Trust ended the year with an £8.1m deficit which was £1m better than reforecast position.

10. Business Development Update

10.1. Sue Damarell-Kewell presented the Business Development Update; highlighting:

10.1.1. Child Health Information Service tender had been re-opened and the Trust would therefore retain the service for a further year, with the intention that the revised bid would be submitted and would include Dorset;

10.1.2. The Trust decision to bid for the Stop Smoking service in Hampshire;

10.1.3. Sue confirmed that the financial values had been signed for specialist commissioning, and the work that was ongoing to ensure robust governance arrangements for the sub contracts and SLAs the Trust has in place for Mental Health and Community Services.

11. Operational Risk report

11.1. Paula Hull presented the Operational Risk Report, requesting that updates be provided in the event of any discrepancies arising between those risks on the register and the risks faced within the new divisions. The Committee noted that support would also be provided by the risk team to ensure that all risks are mitigated where possible

11.2. Paula Hull was asked to review the following risks

11.2.1. Safer staffing risk at Melbury Lodge to ensure this is accurate;

11.2.2. Interpersonal violence risk to downgrade this risk in light of the work that had been done to address this with the Police;

11.2.3. Out of Area beds to ensure a focus on the risk to quality rather than financial risk.

Action: Paula Hull to review the safer staffing risk at Melbury Lodge; interpersonal violence risk to enable downgrading; and the Out of Area Beds risk to ensure a focus on quality.

Steven Manning joined the meeting

12. Willow Group

12.1. Robin Harlow presented the Willow Group Update and advised that the report contained details of the changes required in order to ensure the financial sustainability the Willow Group.

12.2. Robin took the Committee through the challenges and options facing the Group.

12.3. In response to a query from Barry Day, Robin advised that a reduction in locum costs and the recruitment of 3k patients was expected to deliver the necessary cash flow.

12.4. The Committee agreed that this would need to be discussed with Paula Anderson and Sue Damarell-Kewell in advance of the next meeting; and also involve the Commissioners in the decision making on what to do in the future.

Action: Robin Harlow to provide an update to the next meeting on the progress made with the Willow Group discussions.

Steven Manning left the meeting

13. Antelope Centralised ECT Business Case

13.1. Karl Marlowe introduced the paper and explained that the intention was to centralise the service at Antelope House following University Hospitals Southampton having withdrawn the service. Following full discussion the Committee provided their support for the service and noted that this would require review by the overview and scrutiny panel.

Action: Karl Marlowe to take this for review by the overview and scrutiny panel.

14. Quality Improvement Plan CQC Update

14.1. Briony Cooper joined the meeting and presented the update from the CQC quality improvement plan. Briony confirmed that all overdue actions had a plan in place to remedy with no areas for concern.

14.2. In response to a query from Nick Broughton regarding Clozapine guidance, the Committee noted that work was underway to engage clinic nurses and audit care plans. Furthermore, reducing the number of suppliers of the drug had strengthened the patient safety element of Clozapine supply.

15. CQUIN Report

15.1. Helen Ludford presented the CQUIN Report and confirmed the expectation that the Trust would achieve the 84% CQUIN payment for 2018/19 of £3.3m. Full data necessary for the quarter four milestones would be available at the end of April.

15.2. The Committee noted the report.

16. Capital Programme Update

16.1. Paula Anderson presented the Capital Programme update, confirming that the full year capital spend was still be finalised. Paula commented that risk assessments of all schemes was being undertaken to ensure the full impact of delaying or deferring the schemes is understood.

16.2. The Committee noted the report.

17. Sustainable Development Forum

17.1. The Committee agreed that the update from the Sustainable Development Forum would be covered at the next meeting.

18. Any Other Business

18.1. The Committee noted the crisis care plans that had been put in place to deal with the increased demand for services that was anticipated over the Easter period.

18.2. The Committee noted that the Safer Staffing report would be circulated following the meeting.

Action: Paula Hull to circulate the Safer Staffing report following the meeting

19. Close.

19.1. There being no further business the meeting was declared closed.

Certified as a true record of the meeting

.....
Committee Chair – Dr Nick Broughton

.....
Date

Minutes of the Senior Management Committee

Wednesday 22 May 2019 - 09.00-12.30

Conference Room, Sterne 7, Tatchbury Mount, Southampton SO40 2RZ

Members:

Dr Nick Broughton	Chief Executive/Committee Chair
Paula Anderson	Finance Director
Adam Cox	Clinical Director
Sue Damarell-Kewell	Director of Planning, Performance, Business Development and Contracting
Barry Day	Chief Operating Officer
Dr Mayura Deshpande	Clinical Director
Paul Draycott	Director of Workforce, Organisational Development and Communications
Lisa Franklin	Director of Technology and Chief Information Officer
Robin Harlow	Clinical Director
Paula Hull	Director of Nursing and Allied Health Professionals
Julia Lake	Divisional Director of Nursing and Allied Health Professionals
Vanessa Lawrence	Deputy Chief Pharmacist
Andy Mosley	Associate Director of Estates
Hazel Nicholls	Head of Psychological Therapies
Kim Perry Deputy	Director of Finance
Emma Wadey	Deputy Director of Nursing
Graham Webb	Divisional Director of Transformation – MH & LD
Jane Williams	Divisional Director of Transformation – ISD

In Attendance:

Beth Ford	User Involvement Facilitator for Mental Health, Learning Disabilities and Specialities Services
Mark Stabb	Internal Audit, BDO
Adam Spires	Internal Audit, BDO
Mike Wells	Workforce Planning Analyst
Sheree Palaczky	Head of Technology and Innovation
Carol Ingham	Senior Project Manager
Helen Reading	Associate Director of Technology
Kerry Salmon	Deputy Director of Workforce
Liz Skeats	Strategic Business Partner – Workforce Integrated Mental Health Division
Bobby Moth	Associate Director of Education & LEaD Department

Apologies:

Nicky Adamson-Young	Divisional Director of Operations
Sara Courtney	Deputy Director of Nursing
Helen Ludford	Associate Director of Quality Governance
Dr Karl Marlowe	Medical Director
Tom Westbury	Associate Director of Communications

1. #Hellomynameis & Apologies for Absence

- 1.1. Members and attendees of the meeting introduced themselves.
- 1.2. Dr Nick Broughton reported the apologies received.

2. Declarations of Interest

- 2.1. There were no declarations of interest relating to items on the agenda.

3. Minutes of Senior Management Committee meeting held on 17/04/2019 and action log

- 3.1. The minutes of the meeting held on 17.04.2019 were agreed as an accurate record of the meeting.
- 3.2. The Committee considered the action log; updates were provided to the actions in progress and carried forward; and actions completed were closed.

4. Internal Audit Plan 2019/20

4.1. Mark Stabb and Adam Spires joined the meeting and presented the draft Internal Audit Plan 2019/20. They explained that they had met individually with Executive Directors in order to produce the plan and that at the Audit, Risk and Assurance Committee held on 21 May had made the following recommendations:

4.1.1. To present the plan to the next Quality & Safety Committee, Finance & Performance Committee and Workforce & Organisational Development Committee for discussion and approval

4.1.2. Estates Management audit to be brought forward to 2019/20

4.1.3. Out of Area Placements to be the first audit undertaken

4.2. The Committee supported the recommendations; agreed for the Estates Strategy to be brought to the next SMC meeting; and outside of the meeting to discuss which planned audit to defer to 2020/21.

Action: Executive Directors to discuss deferring a planned audit to 2020/21 to enable the Estates Management audit to be brought forward to 2019/20

4.3. In response to a query from Dr Nick Broughton, Mark agreed to share the role of Internal Audit for information.

Action: The role of Internal Audit to be circulated to Committee members

Mark Stabb and Adam Spires left the meeting

5. Chief Executive Update

5.1. Dr Nick Broughton provided a verbal update highlighting;

5.1.1. The pressure faced by acute hospitals on both their urgent care and mental health services and plans to strengthen the provision of the liaison psychiatry service through closer collaboration between acute hospitals and mental health providers.

5.1.2. The joint bid with Portsmouth and the Isle of Wight for the nursing supply contract.

5.1.3. The significant work being undertaken by David Radbourne through the STP to create a strategic approach to health care across the South East

5.2. Emma Wadey reported complimentary feedback received from the Deputy Director of Nursing of University Hospital Southampton (UHS) with regards to the effective management and staff engagement around the swallowing incidents at Bluebird House. She also advised that UHS had asked to look at potential partnership to address some of the staffing issues being faced by both organisations.

6. Divisional Updates

6.1. Barry Day presented the update and explained that this was the first report since the divisional restructure. He thanked the divisions for the thorough report.

6.2. Kim Perry offered to present at a workshop event to support the divisions with identifying Cost Improvement Programmes. Dr Nick Broughton asked that significant progress is made by the next meeting.

Action: Kim Perry to present at a workshop event to support the divisions with identifying Cost Improvement Programmes

7. Integrated Performance Report

7.1. Sue Damarell-Kewell presented the Integrated Performance Report; she explained that there was a Board Seminar session planned for 18 June 2019 to review the structure of the report to provide better assurance to the Board.

8. Area Bed Model

8.1. Barry Day and Graham Webb presented and explained the proposed area bed model. The Committee discussed the need for local ownership of the model while ensuring that good practice and areas requiring support are identified and shared across the divisions.

8.2. The Committee agreed that meeting be organised with the Clinical Directors to agree the configuration of mental health beds across Southern Health to enable the delivery of the area bed model; with an aspirational date of 1 June 2019 to test the model and identify any issues.

Action: Barry Day to organise and invite Clinical Directors to a meeting to agree the configuration of mental health beds to enable the delivery of the proposed area bed model

Sheree Palaczky and Carol Ingham joined the meeting

9. First of Type RIO Testing

9.1. Sheree Palaczky and Carol Ingham provided a presentation on First of Type RIO Testing. The Committee noted the proposal for the Trust to become a recognised First-of-Type (FoT) Trust that developed, tested and used RIO well and that the benefit of doing this was to minimise the risk of issues when going live and sharing best practice with other FoT Trusts.

9.2. In response to a query from Paula Anderson, Sheree confirmed that this would be undertaken within current team capacity. She also confirmed that clinicians would be involved in the testing; and agreed to provide assurance on the impact this would have on their time to the next meeting.

Action: Helen Reading to provide assurance on the impact RIO testing would have on clinical staff time

9.3. The Committee supported the proposal of Southern Health NHS Foundation Trust in becoming a FoT RIO Testing Trust.

Sheree Palaczky and Carol Ingham left the meeting

10. Space Management Policy

10.1. Andy Mosley presented the Space Management Policy. He explained that the policy describes the process for accommodation and space allocation within the Trust and the principles that govern those decisions.

10.2. The Committee discussed and agreed the principles within the policy and asked that detailed decisions on allocation and alteration be agreed through option appraisals.

11. EPR Re-procurement Update

11.1. Helen Reading and Carol Ingham provided a presentation on the pieces of work completed as part of the 3 month project to support the EPR re-procurement work.

11.2. The Committee considered the options that would enable the Trust to deliver the best quality care on a system that was easy to use and that can integrate with partner organisations. Nick Broughton recognised that this was the second most strategic decision that the Trust has to make and that it was not an easy decision. Nick Broughton instructed the Clinical Director of each Division to prioritise and lead a workshop with key staff and Technology partners to explore the clinical impact of each of the system options, acknowledging that it is a clinical decision not a Technology one.

11.3. The Committee asked that further work be undertaken in the form of a time and motion study on all three systems. Carol Ingham confirmed that the findings from this study, along with recommendations from the Clinical Directors would be included in a report to be presented to the July SMC for decision and ratification at Board.

11.4. The Committee agreed that a decision on would be at the July SMC meeting and ratified at Board.

11.5. The Committee agreed that this is a Southern Health decision in the first instance and once made Nick Broughton will hold a stakeholder event to share the decision and how this

conclusion was reached. It was acknowledged that compromise would need to be made and that not all services/partners would be happy.

12. Operational Risk Report

12.1. Paula Hull presented the Operational Risk Report and asked the Committee to consider whether the risks identified within the report were appropriate to those experienced within the divisions; and suggested that progress should be reworded to focus on patient experience.

13. Quality Improvement – Recruitment

13.1. Kerry Salmon provided a presentation on some of the key programmes within the Workforce Strategy; attract, recruitment and retention and the progress made since the September 2018 Quality Improvement project. She highlighted the increased number of students recruited in 2019, the focus of the retention steering group and the need for greater utilisation of the existing workforce namely through a focus on rostering.

13.2. Kerry Salmon highlighted the issues relating to incorrect annual leave entitlement being taken (lost days) through ineffective rostering practice. Paula Hull offered support to enable staff capacity to assist in resolving the roster issues.

13.3. Kerry stated that a paper on Retention would report to the next SMC meeting.

Action: Retention to be added to the next SMC agenda

Liz Skeats and Mike Wells joined the meeting

14. Workforce Planning Tool

14.1. Liz Skeats and Mike Wells joined the meeting to provide a presentation on the Workforce Planning Tool.

14.2. The Committee thanked them both for the presentation.

Liz Skeats and Mike Wells left the meeting

15. Finance Report

15.1. Kim Perry presented the Finance Report, which she advised covered the month 1 position.

15.2. The Committee noted that the report reinforced the need for focus on Out of Area Placements.

Beth Ford joined the meeting

16. Smoke Free

16.1. Beth Ford joined the meeting to provide a verbal update on the Trusts Smoke Free position. She explained that all Southern Health NHS Foundation Trust sites were now Smoke Free and that signs were now in place across the sites. Beth advised that she was

working with Adam Cox to address the issues at Antelope House and the use of section 17 leave being used for smoking.

16.2. The Committee discussed the options available to support staff who wished to stop smoking.

16.3. Beth highlighted that she had been approached by the Isle of Wight NHS Trust to support them going Smoke Free. The Committee thanked Beth for her dedicated work in supporting the Trust to become Smoke Free.

Beth Ford left the meeting

17. Care Quality Commission (CQC) Local System Review Action Plan – Proposed SHFT Leads

17.1. Barry Day reported that there was a CQC system review meeting planned in July and an update would be provided at the July SMC meeting.

Action: Barry Day to share the IIC Presentation from the last CQC system review meeting

18. Communications Report

18.1. In the absence of Tom Westbury, it was agreed his update would be circulated to Committee members after the meeting

Action: Communications Update to be circulated to Committee Members

Bobby Moth joined the meeting

19. Learning Education and Development Report

19.1. Bobby Moth joined the meeting to present the Leadership, Education and Development Report; she advised the report provided a detailed summary of the end of year training provision from March 2018 – March 2019.

19.2. Bobby reported the areas the team planned to develop in 2019/20, this included expanding apprenticeships that the Trust offered and advised that an application was being developed to join the Register of Approved Training Providers (RoATP). She explained that this would provide further income to the Trust allowing other trusts, GP practices and care homes to use our apprenticeship services.

19.3. The Committee requested that the training stories circulated in the meeting were shared across the Trust.

Action: Tom Westbury to circulate the training stories

19.4. The Committee commended the work and supported the next steps within the report.

Bobby Moth left the meeting

20. Quality Improvement Plan CQC Update

20.1. Paula Hull presented the update from the CQC quality improvement plan. She reported that there were 6 overdue actions, four of the actions related to Older Persons Mental Health (OPMH) inpatient services.

20.2. The Committee noted that the actions relating to OPMH were dependant on the Area Bed Model and agreed the overdue CQC actions would be discussed at the meeting being arranged on the area bed model.

21. Terms of Reference, Agenda Framework & Committee Effectiveness Review

21.1. Rebecca Lawry presented the Terms of Reference and the Committee agreed that these would require further changes to reflect the organisational development that had occurred and that the updated Terms of Reference would be brought back to a future meeting.

21.2. The Committee approved the agenda framework and the proposed approach to Committee Effectiveness.

Any other Business & Close

21.3. Dr Nick Broughton highlighted:

21.3.1. Staff within the Learning Disability services had been shortlisted for three prestigious awards by the Employers Network for Equality & Inclusion (ENEI) and one award by the Annual RCNi Awards

21.3.2. The Frailty team had been nominated for a HSJ award

22. Close

22.1. Dr Nick Broughton thanked Committee members for their attendance and closed the meeting at 12:40.

Certified as a true record of the meeting

.....
Committee Chair – Dr Nick Broughton

.....
Date

Minutes of the Transformation Steering Committee meeting
Thursday 04th April 2019
11.00-13.00
Exec Room 10, Sterne 7, Tatchbury Mount

In Attendance:

Nick Broughton	Chief Executive
Karl Marlowe	Medical Director
Rachel Anderson	Clinical Transformation Lead
Paul Draycott	Director of Workforce, Organisational Development and Communications
Emily Holloway	Business Development Programme Lead
Richard Webb (Via Lync)	Mental Health East Area General Manager

Apologies:

Paula Anderson	Director of Finance
Dean Garrett	Head of Business Development
Andrew Betteridge	Head of Programme Delivery
Sara Courtney	Deputy Director of Nursing and AHP's
Sue Damarell-Kewell	Deputy Director of Planning
Barry Day	Chief Operating Officer
David Hicks	Non-Executive Director
Paula Hull	Director of Nursing and AHP's

1. Chair's Welcome and Meeting Protocol

- 1.1. Nick Broughton welcomed members to the meeting, which he opened at 11:02.
- 1.2. He welcomed Richard Webb who joined the meeting via Lync to give an update on the work in PSEH

2. #Hellomynameis

- 2.1. Attendees of the meeting introduced themselves.

3. Apologies for Absence

- 3.1. Nick Broughton reported the apologies received.

4. Declarations of Interest

- 4.1. There were no declarations of interest relating to items on the agenda.

5. PSEH Crisis Workstream update

5.1. Richard reported that the project is on track for completion by September 2019. The initial target was for June/July 2019, but due to IT and IG issues this has been revised to September 2019. The IT and IG issues have now been resolved.

5.2. The management structure has been under discussion. Richard and Gordon have agreed that the joint team will sit within the Solent Crisis Team management structure supported by the 8b role.

5.3. It is hoped that the Out of Hours component could be completed by June/July 2019. It has been suggested that Elmleigh should be the base for the team. Having a combined OOA service will have a better response across SHFT and Solent and access for service users will increase on the phone and in person with more capacity for visits. A base in Fareham and Gosport area will be set up for in hours.

5.4. Solent has made some progression with their OPMH services, and SHFT need to review their resources.

5.5. A single Clinical protocol across SHFT and Solent has been drafted. This has been delayed because it has been aligned with other OOA SOP's across SHFT. Karl Marlow is sponsor for this workstream and is able to help to break down barriers.

5.6. The group discussed what work is being done to bring the SHFT and Solent teams together- Paul Draycott would like SHFT and Solent's people development teams to work together to bring a joint culture across the teams. Richard confirmed that joint workshops were held January 2019. Shadowing has proved difficult due to current demands of the teams.

5.7. Nick suggested that the workstream should re-engage with the original workshop attendees. Richard agreed and would like to hold a launch event in September 2019.

5.8. The PSEH group will need to review the outcomes of the original workshop to ensure these are being met for the launch event.

Action 041: PD approach TW re comms

Action 042: PD to meet with KM, Gordon, RW, DG re PSEH

6. Proposal for further peer support/challenge provider funding

6.1. The Trust has submitted their request for further support. SDK is in talks with Nicola Clark NHSI/E

7. Cohort 4 training update

7.1. This cohort went very well. It was the first cohort that the SHFT Transformation Team facilitated. The group worked well together and have made good progress with their projects.

8. Selection of Cohort 5- How/Who should be selected?

8.1. The group noted that applications for Cohort 5 will be opening soon. The invite is open to all and explicitly to bands 2-6. The group are keen that patients and service users also be part of the training.

Action 043: RA to take to Lymington Patient Group

Action 044: EH discuss patient/carers involvement on the Cohorts with Transformation team

9. AOB

9.1. 9.1 Attendance at TSC is sporadic
Refresh this group- QI sits with Programme board,
Include Jane and Graham, Rachel, SDK,SC,KM,PD
Move to Bi monthly and prioritise - June

Certified as a true record of the meeting

.....
Chair – Nick Broughton

.....
Date