

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

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Committee Chair – David Kelham

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Date

Minutes of the Finance & Performance Committee meeting

Tuesday 02 July 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)
Rob Goldsmith	Non-Executive Director
Dr David Hicks	Non-Executive Director
Lynne Hunt	Chair
David Kelham	Non-Executive Director
Paul Draycott	Director of Workforce, Organisational Development and Communications

In Attendance:

Nicky Adamson-Young	Divisional Director of Operations
Michael Bernard	Non-Executive Director
Kate FitzGerald	Non-Executive Director
Rebecca Lawry	Company Secretary and Head of Corporate Governance
Sarah Olley	Divisional Director of Operations
Siven Rungien	Mental Health Act Manager
Vicky McDonald-Woods	Head of Performance and Information
John Stagg	Divisional Director of Nursing and Allied Health Professionals
Nicky MacDonald	Divisional Director of Operations
Andrew Jackman	Public Governor, Southampton
Laura Rothery	Divisional Director of Operations
Sarah Spooner	Corporate Governance Manager
Anthea Cooke	Corporate Governance Coordinator

Apologies:

Dr Nick Broughton	Chief Executive
Paula Hull	Director of Nursing and AHPs
Dr Karl Marlowe	Medical Director
Sara Courtney	Deputy Director of Nursing
Sue Damarell-Kewell	Deputy Director Planning, Performance, Business Development and Contracting
Mayura Deshpande	Clinical Director
Robin Harlow	Clinical Director
Hazel Nicholls	Clinical Director
Kim Perry	Deputy Director of Finance
Mark Stabb	Senior Audit Manager
Liz Taylor	Divisional Director of Nursing and Allied Health Professionals
Lisa Franklin	Director of Information and Technology
Margaret Martins	Staff Governor
Dr Zaid Alabbasi	Medical Director
Adam Cox	Clinical Director

1. #Hellomynameis & Apologies for Absence

Jeni Bremner 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 the meeting held on 30.04.2019 and action log

- 3.1. An amendment was made to 6.3 where Paul Draycott reported that the pension rules would impact on Senior Clinicians and that there were currently conversations taking place with the British Medical Association.
- 3.2. Subject to this amendment, the minutes were agreed as an accurate record of the meeting held on 30.04.2019.
- 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 with the following points:

4. Key Lines of Enquiry (KLOE) and Performance Reporting

- 4.1. Paula Anderson thanked the representatives from each of the divisions for attending the meeting today.
- 4.2. The Committee held a discussion regarding the Key Lines of Enquiry (KLOE) and agreed the elements that each of the Committees would take a lead on. The following points were agreed:
- 4.3.
 - 4.3.1. Terms of Reference would be redrafted on to one page
 - 4.3.2. The title of the Finance & Performance Committee meeting would now be Performance Committee with finance as a subset.
 - 4.3.3. Divisional report to include benchmarking comparative data
 - 4.3.4. Exception reporting and the learning from incidents to be included in future reporting.
 - 4.3.5. The Committee would make decisions and recommendations to Board
 - 4.3.6. The Finance & Performance Committee would lead the Key Lines of Enquiry for KLOE four and KLOE six
 - 4.3.7. Review of other CQC criteria i.e. Caring, Responsive, Effective, Well Led and Safe

ACTION: Paula Anderson and Paul Draycott to provide an update to the Executive Directors regarding the KLOE's each Committee would take a lead on

- 4.4. It was agreed that the Integrated Performance Report would continue to be reviewed and it was anticipated to be completed by the end of March 2020.

4.5. Jeni Bremner and Paula Anderson agreed that they would attend divisional meetings to discuss the Integrated Performance Report.

ACTION: Jeni Bremner and Paula Anderson to attend divisional meetings

Andrew Jackman left the meeting

5. Finance Report

5.1. Kim Perry presented the month 2 finance report highlighting the current financial position of £1.5m deficit. She explained that the main cause of the underlying deficit was from high usage of out of area beds. There were currently 58 out of area placements and it was anticipated that the new area bed model would commence imminently.

5.2. In response to a query from David Kelham it was agreed that a thematic review on the use of agency staff would be undertaken.

Action: Paul Draycott to lead on a thematic review on the use of agency staff

6. 2018-19 National Costing Submission pre-submission report and the continued move towards PLICS

6.1. The Committee noted the report.

7. Agenda for next meeting

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

8. Governor Feedback

8.1. There were no governors present to provide feedback.

9. How has this meeting added value

9.1. The Committee acknowledged that the meeting had been interesting, helpful and productive.

9.2. It was agreed that the Divisional Directors of Operations would be invited to attend future Performance Committee meetings to provide Divisional Updates.

ACTION: Divisional Directors of Operations to be added to distribution list and Divisional Updates to be added to agenda.

10. Items for Reporting to Board

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

- Finance Report
- Update on Key Lines of Enquiry and principles

- Patient Level and Information Costing System

11. Any Other Business

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

Certified as a true record of the meeting

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Committee Chair – Jeni Bremner

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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. Eliot 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, Eliot provided assurance that action was being undertaken to prevent service users becoming institutionalised through long lengths of stay and agreed to undertake a piece of work to identify those cases where this could be of concern.

Action: Eliot Smith to undertake a piece of work to identify cases of institutionalisation that could be of concern

Date: 11.06.2019

13. HIOW Quality Board Standard Operating Procedure

13.1. The Committee received the HIOW 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

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Committee Chair – Dr David Hicks

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Date

Minutes of the Quality & Safety Committee meeting

Tuesday 11 June 2019 09:30 – 12:30

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

Members:

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

In Attendance:

Paula Anderson	Finance Director
Michael Bernard	Non-Executive Director
Dr Mayura Deshpande	Associate Medical Director (Quality)
Kate FitzGerald	Non-Executive Director
Theresa Gallard	Quality Manager, Southampton City CCG (Observing)
Julia Lake	Acting Deputy Director of Nursing (Integrated Service Division)
Rebecca Lawry	Company Secretary & Head of Corporate Governance
Helen Ludford	Associate Director of Quality Governance
Caz Maclean	Associate Director of Safeguarding
Dr Hazel Nicholls	Clinical Director, Mid and North Division
Sarah Spooner	Corporate Governance Manager (Minutes)
Mark Stabb	BDO Internal Auditor
Emma Wadey	Deputy Director of Nursing
Graham Webb	Divisional Director of Transformation – Mental Health and Learning Disability

Apologies:

Sara Courtney	Deputy Director of Nursing
Barry Day	Chief Operating Officer
Dr Karl Marlowe	Medical Director
Kim Perry	Deputy Director of Finance

1. #Hellomynameis & Apologies for Absence

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

2. Declarations of Interest

- 2.1. David Monk declared that he was Non-Executive Director for the Tower Hamlets GP Group (CiC)

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

3. Minutes of the meeting held on 30.04.2019, matters arising and action log

3.1. The minutes were agreed as an accurate record of the meeting held on 30.04.2019.

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. Strategy for Therapeutic Observation

4.1. Paula Hull and Emma Wadey provided a verbal update on the Therapeutic Observation Strategy and Supportive Observation and Engagement Policy. The Committee noted the aspiration that these would help to reduce instances of falls and self-harm and improve the management of physical health.

4.2. The Committee discussed the adverse impact of enhanced observations on the level of agitation and self-harm. Emma Wadey explained that this was now being looked at from the point of view of the service user and how this makes them feel. Emma also advised that there had been a review of who is being asked to perform the observations to ensure that this is a member of staff that knows the service user. Paula Hull advised that work was ongoing with the safeguarding team to ensure that care plans and interventions were personal to the service user and so that they understand and have had input into the care they receive.

4.3. The Committee discussed the use of technology to support observations and Emma Wadey advised that this was being considered to provide additional support for seclusion and 136 suites where there was a need for checks to be less invasive but thorough.

4.4. David Monk reminded the Committee of the need for a co-produced care plan covering the therapeutic environment and the communication that was right for the individual.

4.5. After due consideration, the Committee agreed to adopt the policy.

5. Self-assessment AIMS accreditation for Mental Health wards progress update

5.1. Emma Wadey introduced the report highlighting the findings following an independent review of three inpatient settings, undertaken by an external Lead Nurse from East London Borough NHS Trust using the aspects of the accreditation standards as set out by the Royal College of Psychiatrists. She asked the Committee to support the recommendation that all acute mental health inpatient settings are funded and supported to sign up to the quality networks and aim for full accreditation.

5.2. In response to a query from David Monk on what benefits other Trusts had reported since becoming fully accredited, Emma Wadey confirmed that significant

improvements had been achieved in relation to the five key reporting areas within the standards and that this often leads to Trust's achieving an outstanding rating.

5.3. In response to a challenge from Rob Goldsmith, Dr Nick Broughton confirmed that while the accreditation was unlikely to uncover any new concerns, it would provide further support to deliver the capital expenditure plans already in place.

5.4. Julia Lake agreed to determine if national accreditation was available for wards.

Action: Julia Lake to determine if there is national accreditation available for wards.

5.5. The Committee supported the recommendation for all acute mental health inpatient settings to be supported to sign up to the quality networks and aim for full accreditation. The Committee were not able to agree the funding and suggested a business case was brought back to a future committee meeting.

6. Board Assurance Framework (BAF) & Risk Report

6.1. Paula Hull introduced the risk report and highlighted the positive progress made against actions. She explained that the Board Assurance Framework would now sit with the Corporate Governance team and would be aligned with the Well-Led Framework and strategic priorities.

6.2. In response to a query in relation to SR3 and the next steps to enable the Trust to become exceptional with providing patients with a positive experience, the Committee discussed this would be evidenced by an increased number of concerns being resolved locally and the number of complaints received stabilising.

6.3. In response to a query from Rob Goldsmith on the target risk score for SR4 and whether a score of 6 would be achievable by June 2019, Rebecca Lawry confirmed that early indications from NHS Improvement had been positive following a review of the undertaking responses, but that this was unlikely to be closed before September and this would be reflected in the BAF going forward.

7. Divisional Quality Reports (EPQG Escalation)

7.1. Hazel Nicholls confirmed that the area bed model had been rolled out in the North and Mid Hampshire division to trial and in advance of going live across the Trust.

7.2. Julia Lake confirmed that a higher number of Serious Incidents had been seen in the South East and a therapeutic review had been commissioned particularly on Section 136's. She highlighted that this had raised some media interest. The Committee discussed the pressures of s136 and A&E breaches and the appropriate escalation of these to the executive team. In response to a query from David Monk Paula Hull confirmed that further improvements were planned to align and standardise areas of good practice across the Trust.

8. Q4 Learning from Deaths Report

8.1. Helen Ludford presented the report, highlighting that during quarter four:

- 8.1.1. 164 deaths were reported and reviewed through a 48 hour mortality process, a reduction from 168 in quarter three;
- 8.1.2. 9 deaths were externally reported as Serious Incidents and a comprehensive investigation commissioned, a reduction from 12 in quarter three;
- 8.1.3. 6 deaths were highlighted for internal 'red rated' investigations for learning, a reduction from 9 in quarter three.

8.2. David Monk expressed concern that the learning from the reoccurring themes that featured during 2017/18 had not been demonstrated within the report and requested that this was included within future reports.

8.3. In response to a query from Rob Goldsmith around the Structured Judgement Review Tool for Mental Health and whether this had been integrated into the Ulysses electronic system; Helen Ludford confirmed that the panel consisted of senior clinicians and included physical and mental health cases to enable cross speciality learning. Helen explained that in addition to the initial review at a 48 hour panel, a percentage of cases were further reviewed through the mortality and morbidity process.

9. Smoke Free Policy

9.1. Paula Hull introduced the Smoke Free policy and the Section 17 Leave policy and explained the work that was ongoing within the Trust to support service users to stop smoking. In response to a query from Nick Broughton, it was agreed that a link was required between the Medicines Management policy and the Smoke Free policy to ensure the appropriate guidance is available to staff supporting service users to stop smoking.

Action: Mayura Deshpande to look at linking the medicines management policy to the smoke free policy and also to look at publishing a guidance leaflet to help staff to support patients in their efforts to stop smoking

9.2. The Committee noted that the Commissioning for Quality and Innovation (CQUIN) indicators would need to be updated within the policy.

9.3. After due discussion the Committee agreed that this Policy should apply to both service users and staff.

9.4. The Committee approved both policies subject to the above agreed amendments being made prior to presentation at Trust Board. The Committee agreed for further work to be undertaken around the staff code of practice in relation to smoking.

10. Infection & Prevention Control Annual Report

10.1. Paula Hull presented the report; she expressed her thanks to Jacky Hunt, Lead Nurse Infection Prevention and her team for the exceptional results.

10.2. The Committee discussed hand hygiene and it was noted that a hand hygiene awareness campaign had commenced and that this was a focused area for the team. Dr David Hicks suggested that this could be linked to the CQUIN for 2019/20.

10.3. In response to a suggestion from David Monk around including Sepsis reporting it was agreed this would be included in future reports.

11. Internal Audit Plan 2019/20

11.1. Mark Stabb joined the meeting to present the report. Mark explained that he had met individually with Executive Directors in order to produce the plan and that the plan had been presented to the Audit, Risk and Assurance Committee and Senior Management Committee where it had been agreed the Estates Management audit would be brought forward to 2019/20 and that Out of Area Placements would be the first audit undertaken.

11.2. David Monk expressed concern around the date of the Cost Improvement Plan audit due to the financial pressures that the Trust was facing; and how the Quality Improvement plans were not linked. Paula Hull agreed that the Quality Improvement plans should be included within this audit.

11.3. In response to a query from Rob Goldsmith on the accuracy of the Strategic Risk (SR) scores and concern that for 2019/20 there was no planned audit for SR1 that had a risk score of 15, Mark Stabb agreed to review the risk scores and the dates of the audits.

12. Serious Incident Investigations

12.1. Paula Hull confirmed that the Serious Incident Investigations report had been shared with the families group and that no feedback had yet been received. Paula confirmed that the recommendations would be incorporated into the learning from deaths reporting which regularly reports to the Committee.

13. Improvement Action Plan Updates (CQC)

13.1. The Committee noted the significant progress that had been made in relation to the outstanding actions.

14. Clinical Audit Programme Update

14.1. Mayura Deshpande confirmed the Clinical Effectiveness Committee would recommence in July 2019 following a review of the Terms of Reference.

15. Patient Safety sub-group Minutes

15.1. The Committee received the minutes of the Patient Safety sub-group meeting held on 18 April 2019 for information.

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 30 April 2019 for information.

16.2. In response to a query from Jeni Bremner on the purpose of the meeting, Julia Lake confirmed the Terms of Reference were due to be reviewed to consider the function of the Committee.

17. Medicines Management Committee Minutes

17.1. The Committee received the minutes of the Medicines Management Committee meeting held on 17 April 2019 for information.

18. Mental Health Legislation Sub-Committee Minutes

18.1. The Committee received the minutes of the Mental Health Legislation Sub-Committee meeting held on 12 February 2019 for information.

19. Any Other Business

19.1. There was no other business reported.

19.2. Paula Hull raised that she had commissioned Caz Maclean to undertake a safeguarding review regarding vulnerable adults and their ability to raise issues on bullying and abuse, what the Trust response has been and the actions we take.

20. Agenda for the next meeting

20.1. The Committee considered and agreed in principle the agenda for the next meeting.

20.2. Emma Wadey asked for Accreditation of Restrictive Interventions to be added to the agenda for the 29 October 2019.

21. Governor Feedback

21.1. There were no governors present at the meeting.

22. How has this meeting added value

22.1. In response to a query from Rob Goldsmith around whether a representative from IT should regularly attend the meeting to provide guidance around technology, Paula Hull confirmed a representative would generally be invited for a specific agenda item, but agreed to discuss attendance with Helen Reading, Associate Director of Technology

Action: Paula Hull to liaise with Helen Reading on attendance at future Quality & Safety Committee meetings

23. Items for Reporting to Board

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

23.1.1. The recommendation that all acute Mental Health Inpatient settings are funded and supported to sign up to the quality networks and aim for full accreditation.

23.1.2. To adopt the Supportive Observation and Engagement Policy

24. Close

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

Certified as a true record of the meeting

.....
Committee Chair – Dr David Hicks

.....
Date

Minutes of the Senior Management Committee

Wednesday 19 June 2019 - 09.00-12.30

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

Members:

Paula Anderson	Finance Director/Committee Chair
Andy Mosley	Associate Director of Estates
Kim Perry	Deputy Director of Finance
Emma Wadey	Deputy Director of Nursing
Jane Williams	Divisional Director of Transformation – ISD
Nicky Adamson-Young	Divisional Director of Operations
Tom Westbury	Associate Director of Communications
Zaid Alabbasi	Medical Director
Rachel Anderson	Clinical Director
Rebecca Lawry	Company Secretary/Head of Corporate Governance
Anthea Cooke	Corporate Governance Coordinator

In attendance:

Rob Cragg	Deputy Director of Organisational Development and Inclusion
Sarah Pearson	Head of Patient Safety
Rob Guile	Divisional Director of Operations

Apologies:

Sara Courtney	Deputy Director of Nursing
Helen Ludford	Associate Director of Quality Governance
Dr Karl Marlowe	Medical Director
Dr Nick Broughton	Chief Executive
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
Hazel Nicholls	Head of Psychological Therapies
Graham Webb	Divisional Director of Transformation – MH & LD
Helen Reading	Associate Director of Technology
Kerry Salmon	Deputy Director of Workforce

1. #Hellomynameis & Apologies for Absence

- 1.1. Members and attendees of the meeting introduced themselves.
- 1.2. Paula Anderson reported the apologies received and it was noted that the meeting was not quorate and therefore no formal decisions would be made. .

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 22/05/2019

- 3.1. The minutes of the meeting held on 22.05.19 were agreed as an accurate record of the meeting.

4. Action Log

- 4.1. The Committee considered the action log; updates were provided to the actions in progress and carried forward; and actions completed were closed.

5. Chief Executive Update

- 5.1. Paula Anderson provided a verbal update highlighting:
 - 5.1.1. The Trust would have an opportunity to bid for transformation funds from the STP, but that Claire Murdoch had indicated that there would need to be system wide support for the investment of this into community mental health services;
 - 5.1.2. Nick Broughton had met with colleagues from the Isle of Wight to discuss the potential for partnership working to support services on the Island going forward;
 - 5.1.3. A Memorandum of Understanding would be need to be implemented around the s75 risk share arrangement for the Integrated Intermediate Care plans. Paula advised that an Exec to Exec meeting had been held with Graham Allen to look at how we will work together and that this was expected to go to Board for approval on 16 July 2019;
 - 5.1.4. The work that was ongoing to finalise the plans for the next phase of the organisational restructure in advance of this going out to consultation.

6. Divisional Updates including update on Out of Area Beds

- 6.1. Paula Anderson provided the Committee with an update on the work that was ongoing to update the Integrated Performance Reporting (IPR). Paula advised that the redrafted IPR would go to Board in July after being looked at in detail at all board Committees during July. The Committee noted that the redrafted IPR would be presented at the July meeting for comment.
- 6.2. Rob Guile provided an update from the Specialist Services Division; highlighting:

- 6.2.1. The pressure that remained around the decision to open further CAMHs beds and the need to ensure that clinical staffing levels are appropriate to support this.
- 6.2.2. The intention of NHS England to escalate the issue around the number of beds available at Leigh House, with the potential for additional staffing to be required on the unit. The Committee discussed the specialist NG feeding service provided at the unit that makes it unique across the South Coast and therefore in high demand.
- 6.3. Nicky Adamson-Young provided an update from the Portsmouth and South East Hampshire Division:
 - 6.3.1. Reporting ongoing pressures in the East with Mental Health and OPMH beds and managing single sex beds, particularly in Gosport.
 - 6.3.2. A Workshop had been held looking at the area bed model and a further operational meeting was planned to identify short term plans.
 - 6.3.3. The work that was ongoing with the CCG to determine the ongoing financial sustainability of the Willow Group.
- 6.4. The Committee discussed the out of area bed position which was reported as 55 and the need to ensure some improvement to this through the implementation of the area bed model.

7. Finance Report

- 7.1. Kim Perry presented the Finance Report and advised that while good progress had been made in identifying Cost Improvement Plans, there would need to be an additional push to get further plans reviewed and approved by the Quality Impact Assessment Group in order that they can commence as soon as possible.
- 7.2. Kim reported that work was ongoing to implement a Recovery Plan across the Trust and that this would be heavily dependent on the roll out of the new Area Bed Model, which was expected to be from the beginning of July.
- 7.3. Emma Wadey, reflecting on the significant cost pressure associated with the retention issues within the Trust, suggested some areas where more could be done to improve staff engagement and therefore, retention:
 - 7.3.1. Encouraging Staff to engage more with the preceptorship programme, by ensuring that all of the great ideas that are raised at the events are followed through. Tom Westbury suggested that the Communications team be involved in future events to enable this.
 - 7.3.2. Divisional workforce plans need to properly identify where posts are needed and ensure that they are appropriately banded.
 - 7.3.3. The work being done by Sara Courtney to review E-Rostering and annual leave hours and the need for local ownership of rostering.

8. Estates Strategy

- 8.1. Andy Mosley presented the draft Estates Strategy to the Committee. After some discussion, Andy asked for input from the Committee, with any feedback to be provided to him after the meeting.

9. Communications Report

- 9.1. Tom Westbury presented a verbal Communications update. Tom thanked everyone for their contributions to the Annual Report and Accounts which, he advised had been laid before and accepted by Parliament.
- 9.2. The Committee noted that a communication would shortly be distributed explaining the rationale for and progress of the new divisional structure. Tom confirmed that this would also include a thank you to everyone for their contribution.
- 9.3. Tom advised that the Communications Strategy had been drafted and would be taken to the Workforce and Organisational Development Committee in July and then on to Board for approval.

10. Safer Staffing Report

- 10.1. Ria Osborne presented the Safer Staffing Report to the Committee. Ria explained those areas rated red and provided assurance of plans in place to mitigate any areas currently reporting as red.
- 10.2. The Committee noted the report.

11. Sustainable Development Forum Report

- 11.1. The Committee received and noted the report from the Sustainable Development Forum.
- 11.2. The Committee discussed the use of single use plastics on the ward and agreed that a pilot ward would need to be identified to trial this, alongside input from infection control and procurement.

Action: Paula Anderson / Paula Hull to co-ordinate infection control and procurement to develop a pilot ward to trial the reduction of single use plastic.

12. Operational Risk Report

- 12.1. Sarah Pearson presented the Operational Risk Report and following due consideration and agreement that this was representative of the risks being faced at a divisional level, the Committee noted the report.

13. Quality Improvement Plan CQC Update

13.1. Sarah Pearson presented the Quality Improvement Plan CQC Update confirming there to be no areas for concern and highlighting in particular, the significant improvement in the timely responses to complaints.

14. IM&T Forum Minutes

14.1. The Committee noted the minutes from the IM&T Forum meeting held in April.

14.2. Paula Anderson informed the Committee that the Board had held a Seminar session where a serious incident had been discussed and that it had been highlighted that there may be some opportunity to reduce human error through the use of more advanced technology solutions. Paula commented that the Executive team have this as a high priority on their agenda.

15. Agenda for the next meeting

15.1. The Committee agreed the agenda for the next meeting and noted that the CRT Business Case would need to be included.

16. Any Other Business

16.1. Rob Cragg requested that appraisals for all Staff be completed as soon as possible.

16.2. There being no further business the Chair closed the meeting.

Certified as a true record of the meeting

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Committee Chair – Paula Anderson

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Date

Minutes of the Transformation Steering Committee meeting
Wednesday 12th June 2019
14.00-16.00
Exec Room 10, Sterne 7, Tatchbury Mount

In Attendance:

Nick Broughton	Chief Executive
Sara Courtney	Deputy Director of Nursing and AHP's
Sue Damarell-Kewell	Deputy Director of Planning
Paula Hull	Director of Nursing and AHP's
Paula Anderson	Director of Finance
Rachel Anderson	Clinical Transformation Lead
Emily Holloway	Business Development Programme Lead

Apologies:

Karl Marlowe	Medical Director
Paul Draycott	Director of Workforce, Organisational Development and Communications
Barry Day	Chief Operating Officer
Jane Williams	Director Transformation

1. Chair's Welcome and Meeting Protocol

1.1. Nick Broughton welcomed members to the meeting, which he opened at 14:05.

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. Minutes and action log

5.1. The minutes of the last meeting were agreed for accuracy.

5.2. See separate action log.

6. Update of TSC terms of reference and QIB terms of reference

6.1. The group reviewed the updated TOR and discussed whether the TSC should sit within SMC, it was agreed that the SMC agenda should be reviewed and have a two part meeting every three months to incorporate the work of TSC. This will allow all strategies to be brought together and monitored effectively.

7. Relationship between QI, Transformation and Business Development

7.1. The group discussed the relationships between the three elements and the synergy between them. There needs to be clarity over what sits where and who is responsible for ensuring progress with each project.

7.2. The business development team are working on what support each division will require and how that support will be offered. This will also link with finance and how money will be divided across each division and how finances will be accounted for.

8. Cohort 5 training update

8.1. The Cohort 5 training was completed 03-07th June 2019.

8.2. 16 staff members were trained and there was a mix of staff from across the Trust.

8.3. This was the first Cohort training that SHFT have run independently from NTW. It was very successful and the feedback so far has been positive.

8.4. The projects will be:

-Medication Storage

-Access to PICU

-Patient and Staff safety- *It was proposed that this project is based at LNFH, however it may be more appropriate to use another physical health setting*

-MHA Administration

9. AOB

9.1 The Transformation conference is being held 26/06

NHSI will be attending the conference to review progress made over the past 12 months.

The day will be structured under the 6 domains for quality.

9.2 QI training status

5 Coaches

78 Facilitators trained

36 Active facilitators, these will be divided into their divisions



Certified as a true record of the meeting

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Chair – Nick Broughton

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Date

Minutes of the Workforce & Organisational Development Committee meeting
Tuesday 26 February 2019
11:30-13:30
Conference Room, Tatchbury Mount, Calmore, SO40 2RZ

Members:

Jeni Bremner	Non-Executive Director (Committee Chair)
Paul Draycott	Director of Workforce, Organisational Development & Communications
Rob Goldsmith	Non-Executive Director
David Kelham	Non-Executive Director

In Attendance:

Rob Cragg	Deputy Director of Organisational Development and Inclusion
Andrew Jackman	Governor
Bobby Moth	Associate Director of Education
Kim Perry	Deputy Director of Finance
Kerry Salmon	Deputy Director of Workforce
Ricky Somal	Head of Engagement, Wellbeing and Inclusion (Item 10)
Tom Westbury	Associate Director of Communications
Susanna Preedy	Deputy Director of Allied Health Professionals
Rebecca Lawry	Company Secretary
Anne Prout	Staff Side Chair
Anthea Cooke	Executive PA to Director of Workforce, Organisational Development and Communications

Apologies:

Paula Anderson	Finance Director
Barry Day	Chief Operating Officer
Dr Karl Marlowe	Medical Director
Paula Hull	Director of Nursing & Allied Health Professionals
Charlotte Solway	Strategic Business Partner
Sarah Spooner	Corporate Governance Coordinator

1. #Hellomynameis and apologies for absence

- 1.1. Jeni Bremner welcomed members to the meeting, which she opened at 11.30.

2. Declarations of Interest

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

3. Minutes of meeting held on 18.12.18 and matters arising and action log

- 3.1. Paragraph 6.2 was amended to read 'the recruitment authorisation form that would automatically generate access to a number of systems.
- 3.2. Paragraph 6.3 was amended to read 'from 13 weeks to 8 weeks.
- 3.3. A post meeting note was added to paragraph 9.2 to read the £65 fee has now been abolished.
- 3.4. The following updates were noted:
- WODC 31.07.2018/5.21 – this action was closed.
- WODC 31.07.2018/6.5 – this has been added to the agenda framework with a date to be confirmed.
- WODC 25.09.2018/6.12 – this action has been superseded by WODC 18.12.2018/8.7
- WODC 25.09.2018/6.17 – this action was closed as the item was on the agenda.
- WODC 04.12.2018/8.6.3 – this action involved whether we could consider a Non-Executive Director playing a role in supporting doctors and clinical staff with a prescribed process regarding a framework competency. We need to ensure that timescales are followed and help maintain their competency. The Deputy Director of Workforce suggested that we need to consider the volume of performance cases and the time and commitment it would need.

Action: Deputy Director of Workforce to explore with Jeni Bremner and Lynne Hunt.

Date: TBC

WODC 04.12.2018/10.2.2 – Director of Workforce, OD and Communications to speak to HR team.

WODC 18.12.2018/6.5 – A Facebook Live session has taken place with a focus on recruitment and retention which also included flexible working. The next session has been arranged with a focus on culture. Action to be closed.

WODC 18.12.2018/6.7 – action in progress

WODC 18.12.2018/7.4 – Improving Team Culture presentation slides to be resent to committee members including NED's.

WODC 18.12.2018/8.7 – this was taken to the Senior Management Committee last week and we are potentially looking at going to Australia in June. It was asked that the item go back to Informal Exec.

WODC 18.12.2018/15.4 – this has now been published and reported to Board. Action to be closed.

WODC 18.12.2018/16.5 – There has been a discussion at ERAG regarding the BAF and changes needed. There is a need to change the BAF and the paper will need to be updated to reflect this.

WODC 18.12.2018/21.3 – this action was closed.

4. People and Organisational Development Strategy Updates

Collective Leadership, Devolution and Engagement

- 4.1. The Deputy Director of Organisational Development and Inclusion reported that the leadership programme Elevate has been launched and will provide online leadership training and support across the organisation.
- 4.2. The Appraisal system has been updated including a newly redesigned template and a longer appraisal window with the hope to go paperless next year.
- 4.3. The Deputy Director of Organisational Development and Inclusion reported that the People Development Paper that recently went to the Transformation Committee has been endorsed.
- 4.4. The Head of Engagement, Wellbeing and Inclusion reported that the Staff Engagement Forums have been launched.
- 4.5. The Deputy Director of Organisational Development and Inclusion reported that the team are currently providing support to the Senior Management restructure in the organisation

Learning, Education and Research

- 4.6. The Associate Director of Education reported that the QI work continues including the development of training in relation to new QI projects such as pressure ulcer prevention e-learning. The team are also now involved in a catheter working party group following a recent incident.
- 4.7. We now have 112 apprenticeships trust wide, which includes 28 nurses on the apprenticeship pathway.
- 4.8. We have our first qualified Nursing Associates qualifying this month and we are one of the first trusts nationally to do this.
- 4.9. David Kelham asked if the competencies will be identified to be included in the new appraisal process. The Deputy Director of Organisational Development and Inclusion advised that we will move gradually to a cascade model with the 360 tool being available for discussion at the appraisal. We completed focus groups with staff and will undertake ongoing consultation to ensure a seamless transition. We will be trialling a new electronic form later this year.
- 4.10. The Associate Director of Education reported that the new electronic tool for Nurse Revalidation has been well received.
- 4.11. The Deputy Director for Organisational Development and Inclusion reported that there had been an internal audit report on the appraisal process and there had been examples of the appraiser not knowing the appraisee and also managers not knowing how to do an appraisal. There will be a launch of the guidance and new appraisal training in due course.
- 4.12. The Director of Workforce, Organisational Development and Communications informed the Committee that the strategy is an evolving document which was approved in June 2018. This is now being refreshed by the team and it will then go out for broader conversations ready for the next meeting.

4.13. David Kelham advised that as we now have the trust strategy we need to make sure that the people strategy is linked.

Action: Director of Workforce to ensure that the Workforce Strategy is linked to the Trust wide strategy.

Attract and Retain

4.14. The Deputy Director of Workforce reported that the recruitment work continues. There have been social media campaigns for the new CAMHS development. Recruitment on Beaulieu Ward has taken place as we have already lost two registered nurses and the team are working through to find out the reasons why.

5. Workforce Report

5.1. The Committee Chair informed the Committee that herself and David Kelham had looked at the CQC Key Lines of Enquiry (KLOE) with regards the work of all of the Board sub-committees and suggested that this should form a significant part of the agenda for the next meeting. This should be reflected in the Workforce Report to ensure that the work of the Committee is aligned with the KLOEs.

Action: Workforce Report to be aligned to Key Lines of Enquiry for the next meeting.

5.2 5.3 The Committee discussed whether we have too many committees and whether we need to rationalise and reduce the amount of work.

5.4 The Company Secretary informed the Committee that there will be an RPIW workshop taking place on Friday looking at meetings where she is presenting some suggestions. We need to ensure we are signposting what we are asking committees to do especially if the same paper goes to different committees.

5.5 The Committee Chair advised that at the first Board meeting of the year in April where there will be an opportunity to reflect on the year.

Anne Prout joined the meeting

5.6 Rob Goldsmith asked if we could produce the reports full size in future in order to be able to view the information properly. Once we are clear what we are reporting we can then look at how to report it.

5.7 Rob Goldsmith asked if we could show links between the vacancy rate and safer staffing. It would also be helpful to look at the link between the leavers and recruitment to see if it is getting better or worse.

Action: Director of Workforce to ensure updates to reporting are implemented to give larger font and clearer links between vacancy rate and safer staffing.

5.8 The Deputy Director of Workforce reported that the average time to recruit is moving from 13 weeks to 8 weeks. We are waiting for an electronic form which is due in April. There is a big drop in the time to shortlist and time to offer, however the leavers within 12 months of joining are increasing.

5.9 The Deputy Director of Workforce reported that exit interviews are not being recorded but are taking place.

5.10 The Head of Engagement, Wellbeing and Inclusion advised that we should be engaging with staff in the first 3, 6 and 9 months to check that they are okay.

6. Q3 Health and Safety Report

6.1. This item was deferred to the next meeting as there was no one available to report on the item. It was suggested that this item could be added to the Quality and Safety Committee agenda if necessary and the Director of Finance would be asked to provide assurance to this Committee.

Action: Director of Finance to provide assurance on the Q3 Health and Safety Report.

7. Board Assurance Framework

7.1. The Director of Workforce, Organisational Development and Communications reported that this is being redeveloped following the Executive Risk Assurance Group meeting as the scorings required refinement and the report was not outcome focussed.

Action: Director of Workforce, Organisational Development and Communications to rewrite the report prior to the Audit, Assurance and Risk Committee.

Date: 19.03.2019

8. Guardian of Safe Working Report

8.1. The Committee noted the report.

9. Stakeholder Audit Findings

9.1. The Associate Director of Communications reported that the audit followed the questions from the Board survey and that any questions should be directed to him.

10. Clinical Supervision

10.1. The Deputy Director of Allied Health Professionals reported that this document was to help staff with understanding what supervision is and had been reviewed by the Associate Directors of Nursing and AHP's.

10.2. The Committee discussed the paper and suggested that timescales were needed for professions together with an appendix or referral to a resource pack.

11. Staff Survey

11.1. The Committee noted the report.

11.2. The Head of Engagement, Wellbeing and Inclusion reported that we have received the best ever response rate for the Trust.

11.3. The Director of Workforce, Organisational Development and Communications has been looking at incidents that are being reported and looking at staff that have experienced discrimination.

11.4. The Head of Engagement, Wellbeing and Inclusion informed the committee that the ITT team have developed a measure to populate tableau to be able to track culture over time. The results are encouraging but there is still work that needs to be done. This has been shared with the West Hampshire Clinical Commissioning Group who were very positive and encouraged by it.

11.5. Robert Goldsmith reported that the challenge is still retention and there are still more people not answering the survey than taking part in it. Therefore we have to find a way of reaching them. Getting culture right is the area that is going to make a difference and there is still a long way to go.

Action: Associate Director for Communications to send out the report through the Communications team.

Date: TBC

12. Freedom to Speak Up Report

12.1. The Committee Chair informed the Committee that a similar report has recently been to the Audit, Assurance and Risk Committee. There are a number of concerns increasing in the ISD which requires investigation.

12.2. The Company Secretary advised that this report would go to Board in March.

Action: Director of Workforce, Organisational Development and Communications to take patient safety concern to Informal Exec meeting.

Date: TBC

13. Agreement of the next meeting agenda

13.1. The Committee Chair informed the meeting that she will discuss the item with the Director of Workforce, Organisational Development and Communications and the Company Secretary.

14. Governor Feedback

14.1. Andrew Jackman commented that he had found the meeting interesting and was good to hear positive feedback regarding culture and it is clear where we need to go. The appraisal process is getting there and it is working better as the culture is improving.

15. How has this meeting added value

15.1. The Committee Chair reported that we need a longer session as we were not able to talk through all of the issues sufficiently.

Action: Next meeting to be scheduled for three hours
Date: TBC

Action: Defer agenda framework from the next meeting so that the agenda can be more focussed around actions and decisions
Date: TBC

16. Items for Reporting to Board

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

- Strategy Update
- Clinical Supervision
- Staff Survey
- BAF

17. Any Other Business

17.1. The Committee Chair reported that there are a number of Trusts having parties with EU staff around 29th March to show support for those staff affected by Brexit.

Certified as a true record of the meeting

.....
Committee Chair – Jeni Bremner

.....
Date

Minutes of the Working in Partnership Committee
Monday 29 April 2019, 10:00 - 13:00
Conference Room/ Meeting room 8, Sterne 7

Present:

Andy Scorer (AS) Chair	Carer
Anne Cato (AC)	Healthwatch
Briony Cooper (BC)	Programme Lead, Governance
Celia Burgess (CB)	Silver Links
David Lee (DL)	Governor
Dawn Buck (DB)	Head of Patient and Public Engagement and Patient Experience
Dominic Lodge (DL)	Community Development Manager
Georgette Houlbrook (GH) Deputy Chair	Chair of Willow group PPG
Ian Hynd (IH)	Brighterway Charity
Jayne Jazz (JJ)	Patient Engagement Lead, Learning Disabilities
Kate Knowlton (KN)	Healthwatch Hampshire
Kellie Greenhalgh (KG)	Student Voice Academy Coordinator - Unloc
Lilian Turner (LT)	Governor
Paula Hull (PH)	Director of Nursing
Ricky Wilton (RW)	Senior Employment Officer, Southampton City Council
Robert Ham (RH)	Business Manager, Dementia Lead
Stephen Hales (SH)	Joint Chair of Arnewood PPG
Susie Scorer (SS)	Peer Support
Jenny Nops (JN)	Area Matron Winchester District and Enhanced Recovery and Support@Home
Katherine Sault (KS)	WRAP Co-ordinator, The Recovery College
Angeline Jackson (AJ) Minutes	Project Coordinator
Apologies	
Barry Neaves (BN)	PLACE Assessor
Beth Ford (BF)	User Involvement Facilitator
Debra Carter (DC)	Expert by Experience
Jennifer Hargrave (JH)	WRAP Co-ordinator (Recovery College)
Mel Bailey (MB)	PLACE
Nathan Clifford (NC)	Expert by Experience
Niamh Dalziel (ND)	User Involvement Facilitator
Pam Sorensen (PS)	Engagement Manager
Pamela Luck (PL)	Carer representing Learning Disabilities
Richard Allen (RA)	NHS England Improving Quality and Carer
Rob Goldsmith (RG)	Non-Executive Director
Rosie Taylor (RT)	Service User
Sarbjit Birk (SB)	Diversity & Inclusion Lead
Tom Westbury (TW)	Associate Director Communications

Item	Subject	Action
1.	<p>Chairs Welcome</p> <p>AS welcomed the members to the meeting, which opened at 10:07.</p>	
2.	<p>Apologies for Absence</p> <p>Apologies received from BN, BF,DC,JH,MB,NC,ND,PS,PL,RA,RG,RT,SB and TW.</p>	
3.	<p>Minutes of Wednesday 26 February 2019</p> <p>Amendments</p> <p>Niamh appears twice in the register on page 1. AJ agreed to remove one of the occurrences. With these amendments the minutes of 26 February 2019 were agreed as a true and fair record.</p> <p>Action Log</p> <p>Action - 9, 17, 28, 29, 30, 31, 32, and 33 closed. Action - 14, 24, and 34 left open. Please see action log for details.</p>	(AJ) 35
4.	<p>New care plan on Rio for adult patients in the community</p> <p>JN introduced herself to the group. She is the Area Matron for Winchester District and Enhanced Recovery and Support at Home. JN noted that at the end of last year, the ISD launched their new care plan on RiO for adult patients in the community. The new process enables patients to have involvement in their care planning, providing them with a copy so that they can see what the plan for their care is. Unfortunately, it was not planned into the RiO work to have a user friendly, printable version of the care plan and as such patients have copies which are unclear and confusing.</p> <p>JN noted that she is currently working on a project to explore a draft format of what the printable version on RiO will look like.</p> <p>The Committee members shared the following feedback with JN on the draft care plan format (The blue headlines in bold on the document that she shared).</p> <p>The care plan is:</p> <ul style="list-style-type: none"> • Easy to follow. The layout is user friendly • Add preferred name to the personal details • Replace the words “What are my next steps to” with “My next steps to”- this gives the service user direct ownership • Included both formal and informal carer questions in the care plan. For example: <ul style="list-style-type: none"> ○ How will my formal carer support me with this plan? 	

	<ul style="list-style-type: none"> o How will my informal carer help me with achieve my goals? <p>Both formal and informal carer need recognition in the plan</p> <p>NJ thanked the committee members for their feedback that will help shape the printable care plan on RiO.</p>	
<p>5.</p>	<p>Healthwatch – Roadshows</p> <p>KN updated the group on the work that she is doing to understand the needs, experiences and concerns of people who use health and social care services. Healthwatch speak out on their behalf.</p> <p>Healthwatch focus on ensuring that people’s worries and concerns about current services are addressed and improved.</p> <p>KN highlighted that last year Healthwatch ran some listening events at various hospitals. The outcome from the events enabled joint learning and partnership working.</p> <p>KN noted that Healthwatch is partnering with Queen Alexandra Hospital Portsmouth in their mock inspections to help improve the services. KN extended a hand to SHFT to help with their mock inspections, future road shows and any other areas of work.</p> <p>DB and KN agreed to meet up and brainstorm some themes, a plan of action to work together and identify gaps that they can fill. DB and KN will bring some options back to the group to review. The Committee members agreed that this will be a positive partnership.</p> <p>BC informed KN that the Trust have a Peer Review Programme that has scheduled site visits on a rolling structure. The programme involves commissioners, governors, the board, staff and the public. It is an open invitation programme and it is well established with reports written post inspections; and areas of improvement communicated to the board and services. DB noted that a summary of the mock inspections is included in the insight report and is published on the website. BC agreed to contact KN and involve Healthwatch in the Peer Review Programme</p> <p>LT made mention that she had expressed an interest to get involved in the Peer Review Programme; however no one got back to her. BC thanked LL for bringing this to her attention and she agreed to follow this up.</p>	<p>(DB/KN) 36</p> <p>(BC) 37</p> <p>(BC) 38</p>
<p>6.</p>	<p>Trusts Vision statement – Response form the Board</p> <p>PH attended the meeting for this agenda item. PH highlighted that she had taken the feedback this group shared with her at the March 2019 meeting on the vision statement to; the Board, Nick Broughton (chief executive), Lynn Hunt (Trust Chair). They all thanked this group for being proactive and sharing their view.</p> <p>PH reiterated that a massive amount of engagement was done from over 500 Service User Groups, Staff, the Board and Executive Team. The feedback from all these groups was rich in data, feelings and thoughts. It was difficult to reflect everyone’s feedback in the vision statement. However after careful consideration; the vision statement was agreed: World Class treatment and care, together. PH</p>	

	<p>noted that the vision is not going to change.</p> <p>To be “World Class” gives us our future vision; this doesn’t describe where we are now. It is a reflection of where SHFT is heading. The vision statement is full of meaning; we will be communicating this vision statement throughout the organisation and bringing it to life.</p> <p>Our ambition is to think outside our system and reassure our service users that we are striving to attain greater heights.</p> <p>The vision statement will have a meaning to all staff and service users in our organisation once it is communicated and embraced. The vision statement is never going to cover every situation. Teams will have the opportunity to make the vision statement their own</p> <p>PH reassured the Committee members that their feedback was highly valued; and included in deciding on the vision statement. PH thanked this group for great work that are doing as reflected by the rich agenda items they were engaged in.</p>	
7.	<p>Quality Indicator (QI) Care Planning AMH inpatient units - launching April 1st KS introduced herself to the group; she is the Project lead for Mental Health Division Local Quality Indicator and Clinical Lead for the Recovery Focused Care in Adult Mental Health.</p> <p>KS shared the definition of care plans, the project aims, key mile stones, next steps and the personalised care plan draft standards. The project will run from April 2019 (The start of Quarter 1) to March 2020 (The end of Quarter 4).</p> <p>As part of her work for quarter 1, KS has implemented a new RiO page. KS will be developing an improvement plan and working on the outline of tools required by staff.</p> <p>KS highlighted that her ambition is for the service to embed triangle of care in their work. She will be engaging with stakeholders throughout the project plan.</p> <p>A question was asked on why we aren’t using the same QI approach across the Trust. KS noted that the project is in its early stages and we will be using the same approach where feasible in due course. KS highlighted that she attends a Trust Care planning group that incorporates all the services.</p> <p>The group thanked KS for her presentation.</p>	
8.	<p>Break - 11:30</p> <p>The Committee paused for a 15 minute break then continued with the subjects on the agenda.</p>	
9.	<p>Dementia Training</p> <p>RH facilitated Dementia Training for the group. The training included a BINGO game, education on dementia, a team building exercise on being aware of our differences and guidance on how to support people with Dementia.</p>	

	<p>RH shared an interesting fact that the New Forest has the highest concentration of people with dementia in Europe. The Dementia-Friendly Communities Programme encourages everyone to share responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community.</p> <p>RH will be attending the East Hampshire and Southampton Dementia Festival in May 2019.</p> <p>RH shared an information pack on dementia, support and advice on how to stay in touch. The group members were issued badges for taking part in the Dementia Friends session.</p> <p>The group members thanked RH for an enlightening training session.</p>	
<p>10.</p>	<p>Young Peoples Event - Unloc</p> <p>KG was pleased to inform the group that the Trust had the first “Unloc Young Peoples Event”. There were 50 attendees from local schools. KG is the Student Voice Academy Coordinator and she facilitated the event.</p> <p>The young people were engaged and spoke openly about the mental health pressures, exam stress and experiences. It was uplifting to reassure them about our services, the support available from our partners and career paths in the NHS.</p> <p>KG noted that at the future sessions we need to allow the young people to go out the room at any time. We would like to have an 'Escape Room' or quiet space areas. KG compiled the feedback form the event verbatim; written exactly how they said it.</p> <p>KG shared a video clip from the event that showed how the team engaged with young people. The video is work in progress.</p> <p>The next young people’s events will be in Alton, then Gosport. The young people’s events have been well received by the board; and they have agreed to fund an event in New Forest.</p> <p>After the events are completed; we will write up a full report and share it with other organisations with an interest in young people and mental health. This data will be published widely as we want it to have tangible outcomes.</p> <p>Two attendees signed up to do some volunteering work. The young people were offered pens and water bottles to take away. The event was a memorable experience and well received.</p>	
<p>11.</p>	<p>Quality Improvement Plan (CQC)</p> <p>BC shared the Quality Improvement Plan CQC Update. She highlighted that the paper is an exception report and very brief. The Paper highlights the key areas for assurance. The main CQC plan is updated regularly.</p> <p>BC noted the Quality Improvement Plan has 26/71 (37%) process actions completed and 10/71 (14%) outcome actions achieved as at 15 April compared to 17/71 (24%) process actions completed and 7/71 (10%) outcome actions achieved as at 5 April 2019.</p> <p>There remain 5 (7%) process actions and 4 (6%) outcome actions overdue as at 15</p>	

	<p>April 2019. Five of the overdue actions are in OPMH inpatient services.</p> <p>Item 6.h is at risk of non-completion by the deadline - The provision of dementia friendly environments. There is a concern regarding available funding for the proposed programme. This has been escalated to the Trust Executive Committee for discussion. This action has been flagged as at risk in the Estates report to Caring Group.</p> <p>BC reassured the group members that CQC is aware and we have regular meeting with them. BC agreed to share with the Committee the progress the Trust has made on the CQC improvement plan in 3 months' time at the July 2019 meeting.</p>	
12.	<p>AOB</p> <p>JJ suggested that we include the group members pictures in the register of the easy read minutes. This will make the minutes easier to understand for people with difficulty reading. At the next meeting it was agreed that we will ask someone from the Communication team to come and take photos of the group members that have consented.</p> <p>Brighterway Charity A team of staff members from the Trust will be taking part in the half marathon on the 4th May 2019. DL and IH noted that Brighterway Charity will have a stand opposite the Civic Centre at the event.</p> <p>IH mentioned that that the Young Peoples events that Unloc are facilitating were funded by Brighterway Charity.</p> <p>The Charity has signed up to the NHS Big Tea 2019. This is a national event encouraging the people of the UK to host or attend a tea party in celebration of your local NHS, and to raise some money for enhancements to services that go beyond the standard NHS funding. IH noted that he will be holding a tea party on the 2nd July 2019. The Charity will be asking for donations and selling raffle tickets to raise money.</p> <p>IH extended a hand of invitation to the group members to join in and be part of this campaign to plan their own party. The group members were asked to register their interests by contacting Ian.Hynd@southernhealth.nhs.uk and he will shed more light on the event and support them through the process via a tool kit.</p> <p>IH highlighted that he will be encouraging our partners to hold tea parties. His ambition is to get as many people involved.</p>	(Comms) 39
13.	<p>Close</p> <p>The Chair thanked members for their attendance and closed the meeting at 13:00.</p>	
<p>Next Meeting</p> <p>Date: Thursday 30 May 2019 Time: 10:00 - 13:00 Meeting Room: Conference Room/ Meeting room 8, Sterne 7</p>		

Future Meetings

Month	Working in Partnership Committee (3hrs)
Jun-19	Thursday 27 June 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7
Jul-19	Thursday 25 July 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7
Aug-19	No Meeting
Sep-19	Friday 27 September 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7
Oct-19	Friday 25 October 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7
Nov-19	Friday 29 November 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7
Dec-19	No Meeting
Jan-20	Wednesday 22 January 2020, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7

Item 3a

Minutes of the Working in Partnership Committee

Thursday 30 May 2019, 10:00 - 13:00

Conference Room/ Meeting room 8, Sterne 7

Present:

Andy Scorer (AS) Chair	Carer
Dawn Buck (DB)	Head of Patient and Public Engagement and Patient Experience
Georgette Houlbrook (GH) Deputy Chair	Chair of Willow group PPG
Ian Hynd (IH)	Brighterway Charity
Jayne Jazz (JJ)	Patient Engagement Lead, Learning Disabilities
Kellie Greenhalgh (KG)	Student Voice Academy Coordinator - Unloc
Stephen Hales (SH)	Chair, Arnewood PPG, New Milton
Ross Catchpole (RC)	Project Manager Infrastructure Programme.
Celia Burgess (CB)	Silver Cloud group
Nathan Clifford (NC)	Expert by Experience
Sascha Mullen (SM)	Practice Development Lead Governance Team, Integrated Service Division.
Angeline Jackson (AJ)	Project Coordinator and minute taker
Apologies	
Barry Neaves (BN)	PLACE Assessor
Beth Ford (BF)	User Involvement Facilitator
David Lee (DLe)	Governor
Dominic Lodge (DL)	Community Development Manager
Jennifer Hargrave (JH)	WRAP Co-ordinator (Recovery College)
Lilian Turner (LT)	Governor
Pam Sorensen (PS)	Engagement Manager
Pamela Luck (PL)	Carer representing Learning Disabilities
Ricky Wilton (RW)	Senior Employment Officer, Southampton City Council
Susie Scorer (SS)	Peer Support
Tom Westbury (TW)	Associate Director Communications

Item	Subject	Action
1.	<p>Easy Read Photos</p> <p>The members present signed consent forms that they were happy for their photos to be used in the Working in Partnership Committee Easy Read Minutes. Paula Quigley from the Communications team took individual photos of the group members present and a few group photos.</p>	

2.	<p>Chair's Welcome</p> <p>AS welcomed the members to the meeting, which opened at 10:20.</p>	
3.	<p>Apologies for Absence</p> <p>Apologies received from: BN, BF, DLe, DL, JH, LT, PS, PL, RW, SS and TW.</p>	
4.	<p>Minutes of Wednesday 29 April 2019</p> <p>Amendments</p> <p>Page 1 - KN to be amended to KK (Kate Knowlton) in the register. Page 5 – KS to be amended to KG (Kellie Greenhalgh) item 10, first paragraph. With these amendments the minutes of 26 February 2019 were agreed as a true and fair record.</p> <p>Action Log</p> <p>Actions - 35, 38 and 39 were closed.</p> <p>Actions – 14, 24, 34, 36 and 37 were left open.</p> <p>Please see action log for details.</p>	(AJ) 40
5.	<p>Complaint Acknowledgement Letter and Satisfaction Survey</p> <p>KO introduced herself and noted that she participated in a Quality Improvement (QI) project in March 2019 as part of the Trusts transformation programme. By the end of the workshop measures were agreed to help improve the complaint process during 2019/20. The Complaints and Patient Experience Team have new ways for working. The team's ambition is to involve patients and families in the improvements, hence the complaints survey and acknowledgement letter have been drafted and are out for consultation to this group.</p> <p>The group shared the following feedback on the Complaint Acknowledgement Letter:</p> <ul style="list-style-type: none"> • The group said the letter was a positive stride forward in helping improve the complaint process • The letter makes the reader feel like they are having a conversation with person • The letter is succinct <p>However KO and her team could change some of the wording:</p> <ul style="list-style-type: none"> • Page 1 - The beginning of the first line could read as- Thank you for telling us your concerns surrounding the issue you raised via..... • Page 1 -The end of the third paragraph could read as – the Trust will endeavour to learn and improve from your experience. • Page 1 - Fifth paragraph, could read as – Your complaints Advisor in the team is.... • Page 1 - Last paragraph could read as – You tell us that you would prefer to be contacted via.... 	

	<ul style="list-style-type: none"> • Page 1 – Second paragraph - Include the term 40 working days and a specific date if possible <p>The group shared the following feedback on the Complaint Satisfaction Survey</p> <ul style="list-style-type: none"> • The survey is simple and easy to follow • It has meaningful questions and will be effective in collecting pertinent data <p>KO asked the group to email her any further comments Kate.Oliver@southernhealth.nhs.uk</p>	
6.	<p>Video Consultations</p> <p>RC the Project Manager for the Infrastructure Programme introduced himself to the group.</p> <p>RC noted that the Infrastructure Programme had a Video Consultation “pilot” that took place prior to securing the funding to implement the current project. The pilot helped the clinicians and technical staff identify and refine the chosen solution for the next 2 years; till 2021.</p> <p>RC highlighted that he will be meeting with the company hosting the Video Consultations to agree the software application and he would appreciate some service user feedback from the group; to refine the software process and make it easy to use.</p> <p>The Software is called Visionable. The licence allows 374 individuals in the trust to use video calling. Solent Trust is involved in this project and they have gone live with SHFT.</p> <p>RC demonstrated the software to the group and he pointed out that:</p> <ul style="list-style-type: none"> • Patients will need to down load the App using a phone, desk top or laptop free of charge. The chosen technology will need to have a camera. • Patients will then need to click on link that the health care professional sends to them via text message or email; and they will then be able to see their health care professional on the screen and engage in a video consultation. • SHFT are charged for the licence element of the App. • After the Video Consultation patients will be sent a survey for customer feedback to improve things. RC said that the software will help avoid DNA’s for pain patients who can’t attend due to transport and distance. • It was agreed that RC will bring the Patient Questioner back to the group for consultation • The software will be useful for Multiple Disciplinary Team meetings • RC and his team will be creating the standards for Video Consultations • Offers end to end encryption unlike skype • We are the first community Trust to go live with this software • If a clinician is over running, they can message their next appointment and inform them 	

	<p>The Group shared the following feedback on the Video Consultation software that RC demonstrated:</p> <p>The software:</p> <ul style="list-style-type: none"> • Is a useful tool in providing remote care • Will save patients travel time and money • Clinicians will be able to do the job that they were employed to do • Will save the Trust money – clinicians do not have to travel to patients in the community • Video calling will work in some situations and not all • It will require training guides and patient drop in clinics for help and advice to patients • JJ from the Learning Disability likes this idea and thinks it will be a positive step for the service users <p>RC reassured the group members that software is user friendly. In situations where patients do not want video calling or are not competent – clinicians will visit them in the community or schedule appointments at clinics. We will be rolling out this project in the services in June 2019. We will be identifying campaigns, training and self-help guides. RC is developing a user group and he will have a team supporting him when a team goes live.</p> <p>RC asked the group to email him any further comments Ross.Catchpole@southernhealth.nhs.uk</p>	
7.	<p>PLACE – Task and finish Group update</p> <p>AC highlighted that she been working in joint partnership with the Working in Partnership Committee- Task and Finish Group; in identifying the priority areas for improvement which will enhance the patient experience.</p> <p>We have £150k that we will need to decide which priority areas we will use the money on. July is the deadline to have a tender running to have it completed by end of the year. Therefore we will need to decide how we spend this money by July. AC will bring some options for the group to consider on how we spend this money at the June meeting.</p> <p>Robert Ham and AC are on the Trusts Dementia Environment Group. The Dementia Strategy will be going to the Trust Board in July. The Trust held a Quality Improvement (QI) work shop on volunteering and we looking at developing roles in dementia.</p>	(AC) 41
8.	<p>Refreshment Break</p>	
9.	<p>Pilgrimage Walk</p> <p>DL had sent apologies to the meeting and had sent the narrative below re the event:</p> <p><i>On Saturday 18th May seven people and five dogs walked part of St. Wilfrid's Pilgrimage up the Meon Valley. A pilgrimage is a walk with a purpose and our purpose, in Mental Health Awareness week, was to think about our mental health & wellbeing through physical exercise & social interaction.</i></p>	

	<p><i>The idea for the walk emerged from the attendees of the two Tree of Life café groups we support who meet in Romsey & Winchester. They spoke of emotional, physical & spiritual wellbeing as vital to their good mental health. In fact they spoke about 'mental wealth' – a richness to be gained when like-minded people spent time with each other & achieving a common goal.</i></p> <p><i>Although the numbers were low (we were expecting another six people) a great day was had by all and we will look to repeat & find new routes in and around Romsey & Winchester in the future.</i></p>	
10.	<p>Engagement Calendar and Get Involved leaflets</p> <p>DB shared the Engagement Calendar with the group. It was well received by the group. DB noted that the Communications team will be running campaigns to promote the events.</p> <p>DB shared the Get Involved leaflets with the group. The Group shared the following feedback with DB on the leaflets:</p> <ul style="list-style-type: none"> • It was agreed that the leaflets are a useful tool to collect information and involve service users and cares • The leaflet will help start meaningful conversations <p>Suggested amendments:</p> <ul style="list-style-type: none"> • On the front page, include the words - Please tick your interest And change the bullet points to tick boxes on the front page • Page two – Change the second question to – Have you or a relative used any of our services before? • Include the Trust values on the leaflet 	
11.	<p>Carers Annual Award</p> <p>DB informed the group that the Trust has a big focus on supporting carers; and it would be nice to have a carers award. The Carers and families group could pick the winners. It was suggested that rather than starting from scratch it should be part of the star awards.</p> <p>The group members suggested that we need to decide on the criteria for nominating carers, categories, how many awards we will have and what model we will use. <i>It was agreed that we will invite someone from the Communications team to the next meeting in June and we can explore this further.</i></p>	(Comms) 42
12.	<p>Sepsis Leaflet</p> <p>SM introduced himself and noted that the leaflets target group is patients, carers and family members.</p> <p>The group shared the following feedback on the sepsis leaflet with SM: The leaflet is:</p> <ul style="list-style-type: none"> • Condensed and easy to read • Good leaflet for patients, carers and family members • Valuable information 	

	<ul style="list-style-type: none"> • The bold colour and picture on the front page is striking • Page 2 - Second paragraph - It may be helpful to note that sepsis was previously called septicaemia or blood poisoning. • Page 2 – Under who is at risk – include “Have recently been to hospital” <p>SM asked the group to email him any further comments Sascha.Mullen@southernhealth.nhs.uk</p> <p>He will also be present before the next meeting starts to capture feedback.</p> <p>AJ was asked to take this agenda item to The Families, Carers and Friends Involvement Group.</p>	(AJ) 43
13.	<p>AOB</p> <p>IH shared with the group the new Brighterway posters. There was a general poster and one for specialised services.</p> <p>NHS charities give over £1 million every day for the NHS so that people can stay well for longer and get better faster. Brighterway is a member of The Association of NHS Charities. We have agreed to run an annual tea campaign as part of a 5 year strategy towards the NHS 75th birthday. The aim is to increase awareness and understanding of the role of NHS Charities and to inspire people to do something in support of the charities.</p> <p>IH invited the group members to host a tea party Monday 24 June - Sunday 7 July 2019 or support the Tatchbury tea party on the 2nd July 2019.</p> <p>KG noted that the pens with the pull out tips for keeping well and seeking support have now been ordered and they are giving them to schools. The idea and innovation came from some of the students from the Unloc events. These pens will be available for the group to see the final product at the next meeting.</p>	(KG) 44
14.	<p>Close</p> <p>The Chair thanked members for their attendance and closed the meeting at 13:00.</p>	
<p>Next Meeting</p> <p>Date: Thursday 27 June 2019 Time: 10:00 - 13:00 Meeting Room: Conference Room/ Meeting room 8, Sterne 7</p>		

Future Meetings

Month	Working in Partnership Committee (3hrs)
Jul-19	Thursday 25 July 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7
Aug-19	No Meeting
Sep-19	Friday 27 September 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7
Oct-19	Friday 25 October 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7
Nov-19	Friday 29 November 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7
Dec-19	No Meeting
Jan-20	Wednesday 22 January 2020, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7

Item 3a

Minutes of the Working in Partnership Committee

Thursday 27 June 2019, 10:00 - 13:00

Conference Room/ Meeting room 8, Sterne 7

Present:

Andy Scorer (AS) Chair	Carer
Dawn Buck (DB)	Head of Patient and Public Engagement and Patient Experience
Dominic Lodge (DL)	Community Development Manager
Georgette Houlbrook (GH) Deputy Chair	Chair of Willow group PPG
Kellie Greenhalgh (KG)	Student Voice Academy Coordinator - Unloc
Lilian Turner (LT)	Governor
Melanie Webb (MW)	Consultant Nurse & Clinical Lead Learning Disabilities
Phill Ballard (PB)	Head of ICT Operations
Ricky Wilton (RW)	Senior Employment Officer, Southampton City Council
Sally Blackburn (SB)	Clinical Change and Benefits Manager
Stella Randall (SR)	Senior Information Analyst, HIS Information
Stephen Hales (SH)	Chair, Arnewood PPG, New Milton
Angeline Jackson (AJ)	Project Coordinator and minute taker
Apologies	
Barry Neaves (BN)	PLACE Assessor
Beth Ford (BF)	User Involvement Facilitator
Celia Burgess (CB)	Silver Links
David Lee (DLe)	Governor
Ian Hynd (IH)	Brighterway Charity
Jayne Jazz (JJ)	Patient Engagement Lead, Learning Disabilities
Jennifer Hargrave (JH)	WRAP Co-ordinator (Recovery College)
Nathan Clifford (NC)	Expert by Experience
Pam Sorensen (PS)	Engagement Manager
Pamela Luck (PL)	Carer representing Learning Disabilities
Susie Scorer (SS)	Peer Support
Tom Westbury (TW)	Associate Director Communications

Item	Subject	Action
1.	Chair's Welcome AS welcomed the members to the meeting, which opened at 10:10.	

2.	<p>Apologies for Absence</p> <p>Apologies received from: BN, BF, CB, DLe, IH, JJ, JH, NC, PS, PL, SS and TW.</p>	
3.	<p>Minutes of Wednesday 30 May 2019</p> <p>Amendments</p> <p>Page 1 – Change Lilian’s name in the register to Lilian Turner (LT) Page 2 – item 4, KN to be amended to KK.</p> <p>With these amendments the minutes of 30 May 2019 were agreed as a true and fair record.</p> <p>Action Log</p> <p>Actions - 24, 34, 37, 40, 41, 42, 43 and 44 were closed.</p> <p>Actions – 14 and 36 were left open.</p> <p>Please see action log for details.</p>	AJ (45)
4.	<p>QI Care Planning update</p> <p>SB and SR informed the group that the QI Care Planning workshop in May 2019 was successful. The outcome from the workshop has led to improved care plans.</p> <p>SB shared with the group a copy of the final template “My Care Plan” that was agreed at the QI workshop and is being piloted in the Andover team. The care plan will be filled in by the clinician; together with the patient. The patient will receive a carbon copy to keep. This means that the care plan will be done at point of care. The clinician will then have to input a copy in the computer system RiO. Care plans can now be in a picture format or the patient preference.</p> <p>SB did some field work with the community team to observe the care given to patients and to check if patients are involved in care planning. SB reported that she noticed some patients did not have a recent care plan. They did originally have one but it was not updated with recent information. The team leaders are now working with team members to update and improve care plans.</p> <p>SB suggested that DB and AJ invite a clinician from the clinical team to give the group feedback on how the work on improving care plans is going. This will help provide some examples of case study’s.</p> <p>The computer system RiO now has a question field that prompts clinicians to feedback if a carer was involved in the care plan. If a carer is not involved in the care plan, clinicians will need to justify the reason for this in a free text box. This will help clinicians involve family and carers in a patients care and treatment.</p> <p>The group thanks SB and SR on what their team have achieved in 30 days, The group said that this was “admirable and they were happy to hear about the way the work has gone.</p>	AJ/DB(46)

<p>5.</p>	<p>Update - Patient-led assessments of the Care Environment (PLACE)</p> <p>DB shared a narrative written by AC with the group:</p> <p><i>As agreed at the task and finish group, 6 out of an original list of 25 have been chosen by the group as priority areas for improvement which can be used for consideration for possible funding. AC has requested that Site Managers update the PLACE tracker in order to provide a status of the remaining actions. Accepting that this is a 'live' document, a spreadsheet has been pulled off in order for the Task and Finish group to further review these actions at the next meeting this afternoon (27/06/19)</i></p> <p><i>AC would like to draw to the committee's attention that the £150,000 earmarked for this financial year SHOULD be used for capital projects. The way the funding is allocated is somewhat complicated, but a leaflet has been sent at 5a on the agenda. Many of the actions outstanding full out of capital monies, but that should not detract from what we are trying to achieve, and we can approach funding when it is clear what the committee sees as their priorities</i></p>	
<p>6.</p>	<p>Rapid Tranquilisation</p> <p>MW introduced herself as the Consultant Nurse & Clinical Lead for Learning Disabilities. MW was tasked by Paula Hull (Director of Nursing) and Emma Wadey (Interim Deputy Director of Nursing) to review Rapid Tranquilisation in the Trust across the services</p> <p>MW was pleased to report that she began this task by reviewing the use of medication (injections) to patients over several months. The findings from this review led to rewriting the whole Rapid Tranquilisation policy and review staff training.</p> <p>The new policy is more proactive and geared to towards minimising risks/ prevention and using rapid tranquilisation as a last resort to calmly sedate the service users. The policy advocates listening to what patients and family members have to say and acting on it. Ultimately making things better for patients. MW highlighted that restraining service users can be challenging. The policy allows service users to choose how they accept an injection e.g at the top of their thigh or though their clothes dignified.</p> <p>DB asked MW to send her a "write up" on this positive review for the Patient Engagement Insight Report that she pulls together.</p>	
<p>7.</p>	<p>"Hello my name is" - Patient, service user, carer and families feedback and stories of what it means to them.</p> <p>DB invited the group members to the "Hello my name is" Conference on 23 July 2019 14:30-16:30 in Sterne 7 - Meeting Room 4.</p> <p>The Campaign values are:</p> <ol style="list-style-type: none"> 1. See Me 2. The little things count – hand shake, use of a name, how patients like being called, introduce themselves- pat on the back. 3. Patients at the heart of decisions 	

	<p>DB said that this is a national campaign that is focused on reminding staff to introduce themselves to patients properly as it advocates that a confident introduction is the first step to providing compassionate care and is often all it takes to put patients at ease and make them feel relaxed whilst using our services.</p> <p>The campaign has been driven by Dr Kate Granger, a doctor who had terminal cancer and has experienced what it is like to be a patient; she said that one of the starkest observations on the quality of her care had been that not all staff who approached her introduced themselves to her.</p> <p>Along with her husband she made it their mission to get as many members of health service staff to pledge their commitment to always introducing themselves to their patients.</p> <p>AJ took an action to send the group members the date, time and venue of the conference.</p> <p>The group members shared information on what “Hello my name is” means to them.</p> <p>DB asked for volunteers to share their stories with her.</p>	<p>AJ (47)</p> <p>DB (48)</p>
<p>8.</p>	<p>The Committee members paused for a break.</p>	
<p>9.</p>	<p>IT needs of Group Members</p> <p>PB attended the meeting in response to the group members request for an Information Technology (IT) specialist to evaluate how they can work collaboratively and talk to each other effectively.</p> <p>PB Introduced himself to the group as the Head of Information Communication and Technology Operations for SHFT.</p> <p>A discussion was held on IT needs of the group members. Some group members said that they have their owns personal IT kits that enable them to communicate with group members and support this group where needed.</p> <p>DB noted that individual group members may have specific requirements, and as a Trust we will review these separately.¹</p> <p>PB informed the group that currently the Trust offers IT support and licence to “staff members only.” This means that service users, carers and external stakeholders cannot access our data and information; due to Trust policy and security rules.</p> <p>It was noted, if service users, carers and external stakeholders help us on pieces of work we will have to support them in accessing the information they need.</p> <p>A discussion was held on SHFT Volunteers and ensuring that they have the right tools to the do the job that they have offered to do.</p> <p>AS highlighted that he writes reports and does presentations regularly; so he may need to register himself as a volunteer for the Trust to enable him to have the right housekeeping for this role.</p>	

	<p>The group thanked PH for attending the meeting and providing an update on the Trusts IT policy for external stakeholders</p>	
10.	<p>Draft - Working in Partnership Committee Report</p> <p>AS presented the second Working in Partnership Committee Report.</p> <p>The report included meetings held, achievements, activities, and ambitions of the Committee moving forward.</p> <p>AJ and DB agreed to review the reported before AS presents it to the Patient Experience, Engagement and Caring Group on 28 June 2019 – to define in detail the group’s undertakings; for example to describe whether topics were for discussion, information sharing, consultation, feedback: or assurance.</p> <p>It was agreed that this will help outline explicitly the groups activities and the positive work we do.</p> <p>The Committee members thanked AS for putting the report together.</p>	DB/AJ(49)
11.	<p>Carers Annual awards</p> <p>A discussion was held on combining the Carers Awards with part of SHFT’s Annual Awards. However, this would narrow down the gratitude to carers; as only a hand full will get a ward. It may also be difficult to choose one carer over another to win an award, as service users and patients have different levels of care.</p> <p>The group agreed that it would be nice to recognise and show appreciation to all Carers during the “Carers week” in June 2020. This will be very inclusive.</p> <p>DB agreed to send a proposal to the group members with some options to decide how we recognise and show appreciation to all Carers.</p> <p>Public Board meetings</p> <p>DB informed the group that our board members would like the meetings to be more ‘public friendly’ and to increase attendance. DB invited the members to attend the next meeting to observe and make notes so that they can make some suggestions and recommendations to the Board.</p> <p>The next board meeting will take place on: Tuesday 16 July 2019, 10:30 - 13:30 In the Conference Room, Sterne 7, Tatchbury Mount Hospital, SO40 2RZ</p> <p>DB said that there will be an opportunity to ask questions at the end of the meeting about any issues discussed/raised. Attendees will be able to claim expenses.</p> <p>At the annual members meeting on 10th September 2019 we will have a stand. This will be an opportunity to talk about the positive work we do.</p>	<p>DB (50)</p> <p>ALL (51)</p>

12.	<p>AOB</p> <p>NHS Tea Party - 2nd July 2019 DL invited the group members to NHS Tea Party at Tatchbury on Tuesday 2nd July 2019 in the garden of Sterne 7 Café in support of our own charity - Brighterway. The tea party will take place from 1pm – 3pm where refreshments, cake and raffle tickets will be available to purchase. The raffle will be drawn at 2pm</p>	
13.	<p>Close</p> <p>The Chair thanked members for their attendance and closed the meeting at 13:00.</p>	

Next Meeting

Thursday 25 July 2019, 10:00 – 13:00
Conference Room/ Meeting room 8, Sterne 7

Future Meetings

Month	Working in Partnership Committee (3hrs)
Aug-19	No Meeting
Sep-19	Friday 27 September 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7
Oct-19	Friday 25 October 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7
Nov-19	Friday 29 November 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7
Dec-19	No Meeting
Jan-20	Wednesday 22 January 2020, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7