

Minutes of the Audit, Risk & Assurance Committee meeting

Tuesday 2 July 2019 13:30 – 16:30

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

Members:

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

In Attendance:

Paula Anderson	Finance Director
Michael Bernard	Non-Executive Director
Stuart Bloom	Interim Legal Services Manager
Kate FitzGerald	Non-Executive Director
Rob Goldsmith	Non-Executive Director
Tony Hall	Interim Counter Fraud Manager
Paula Hull	Director of Nursing and Allied Health Professionals
Amanda Kimber	Freedom of Information Officer (Item 11)
Margaret Martins	Staff Governor
David Markwick	Head of Information (Item 5)
Adam Spires	Director, BDO
Sarah Spooner	Corporate Governance Manager

Apologies:

Dr Nick Broughton	Chief Executive
Kim Hampson	Local Counter Fraud Specialist
Rebecca Lawry	Company Secretary and Head of Corporate Governance
Sasha Lewis	Engagement Leader, PriceWaterhouse Cooper
Kim Perry	Deputy Finance Director
Mark Stabb	Internal Audit, BDO

1. #Hellomynameis & Apologies for Absence

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

2. Declarations of Interest

2.1. The Register of Interests was noted.

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

3. Minutes of Audit, Risk & Assurance Committee meeting held on 21.05.2019 and action log

3.1. The minutes of the Audit, Risk & Assurance Committee were agreed as an accurate record of the meeting held on 21.05.2019.

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. Key Lines of Enquiry and Performance Reporting into Committees

4.1. Paula Anderson confirmed that there had been a thorough debate held in the Finance & Performance Committee regarding the Key Lines of Enquiry (KLOE) and had agreed the elements that each of the Committees would take a lead on. The following points were also agreed:

- 4.1.1. Terms of Reference would be redrafted on to one page
- 4.1.2. The title of the Finance & Performance Committee meeting would now be Performance Committee with finance as a subset.
- 4.1.3. Divisional report to include benchmarking comparative data
- 4.1.4. Exception reporting and the learning from incidents to be included in future reporting.
- 4.1.5. The Committee would make decisions and recommendations to Board
- 4.1.6. The Finance & Performance Committee would lead the Key Lines of Enquiry for KLOE four and KLOE six
- 4.1.7. The Audit, Risk & Assurance Committee would lead the Key Lines of Enquiry for KLOE five
- 4.1.8. The Quality & Safety Committee would lead the Key Lines of Enquiry for KLOE two, KLOE seven and KLOE eight
- 4.1.9. The Workforce & Organisational Development Committee would lead the Key Lines of Enquiry for KLOE one and KLOE three
- 4.1.10. Review of other CQC criteria i.e. Caring, Responsive, Effective, Well Led and Safe

David Markwick joined the meeting

5. Data Quality

5.1. David Markwick presented the paper which was focussed on the recent Internal Audit Recommendations. Paula Anderson confirmed that BDO would report back to a future Committee whether or not the recommendations of the audit had been adequately implemented to mitigate the risks/issues highlighted.

5.2. Action: BDO to provide an update to a future Committee meeting whether or not the Internal Audit recommendations had been adequately implemented to mitigate the highlighted risks/issues.

5.3. It was agreed that at the next meeting where Lisa Franklin could attend, aspects of technology which could improve patient safety and patient and staff

experience would be explored. As part of this, the report should consider how technology resource sits alongside the services to better understand the gaps that exist and the opportunities for improvement. It was agreed to consider looking at 5 pilot sites for technology innovation.

Action: Lisa Franklin to explore technology innovation across 5 pilot sites that would improve patient safety and patient and staff experience

5.4. David Kelham noted that staff continued to be working “outside systems” in many areas due to reasons including inability to access systems remotely; lack of knowledge of current functionality and lack of actual functionality. He has discussed with Paul Draycott the need for mandatory update training and for a full audit of where and why staff continued to create spreadsheets rather than using our core systems.

5.5. David Kelham expressed the need for capturing data once and once only in the right format to both assist staff and minimise patient risk. He asked for regular sight at the Audit, Risk & Assurance Committee of O/S actions in IT regarding divisional requests/faults to provide assurance on progress.

5.6. Michael Bernard raised concern on the ‘work around’ for staff to complete the wound assessment form on RiO. He made a recommendation that a device was sought that would enable staff to complete the form and have access to Ulysses in the patient’s home to avoid forms not being completed.

5.7. Data capture is clearly an area where technology could assist greatly to reduce many areas of human error.

David Markwick left the meeting

6. Anti-Fraud Bribery and Corruption Policy

6.1. The Anti-Fraud, Bribery and Corruption Policy had been reviewed and updated to reflect the changes in personnel and the change from NHS Protect and NHS Counter Fraud Authority. The Committee approved the Anti-Fraud, Bribery and Corruption Policy.

7. Off-payroll engagements and use of consultancy

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

8. Internal Audit Report

8.1. Adam Spires presented the report highlighting that 11 recommendations had been implemented since the last Audit, Risk & Assurance Committee meeting. He raised that Business Continuity was overdue and had been raised to senior management.

8.2. In response to a query from Michael Bernard regarding the 50% compliance for completing the consent to share information forms, it was noted that the recommendation was not complete and that further work was required to increase from 50% to a level to be agreed as compliant.

8.3. The Committee discussed the work underway regarding recruitment, it was noted that retention was a focus area for the Trust.

8.4. The Committee noted the report.

9. Counter Fraud Report

9.1. Tony Hall presented the report highlighting;

9.1.1. The NHS CFA National Exercise on the Prevention of Procurement Fraud

9.1.2. The National Fraud Initiative

9.1.3. Review of fuel cards and appropriate recording of usage

9.1.4. Review of mobile phone usage to ensure staff compliance with the Trust policy and procedure

9.2. David Kelham reported that he was receiving a number of emails from the National Counter Fraud Service; it was agreed for all emails to be forwarded to Tony who would provide guidance on any actions that needed to be undertaken.

10. Information Governance Report

10.1. Paula Anderson presented the report highlighting the three Information Governance incidents that had been self-reported to the Information Commissioner's Office (ICO).

10.2. The Committee noted the report.

Amanda Kimber joined the meeting

11. Freedom of Information Annual Report

11.1. Amanda Kimber presented the report highlighting that 453 Freedom of Interest requests had been received by the Trust during 2018/19.

11.2. Paula Hull highlighted the importance of correlating the themes or trends from the Freedom of Interest requests and questioned whether the information being requested should have been publically available.

11.3. In response to a question from David Kelham on benchmarking, Amanda Kimber agreed to review Freedom of Interest Annual Reports for other NHS Foundation Trusts.

Action: Amanda Kimber to review FOI Annual Reports for other NHS Foundation Trusts

11.4. The Committee noted the report.

Amanda Kimber left the meeting

12. Procurement Compliance Report

12.1. Paula Anderson presented the report.

12.2. In response to a query from Rob Goldsmith regarding the use of NHS providers for equipment and whether staff can deviate from the list should they find equipment at a cheaper rate, Paula Anderson confirmed that there were various reasons why cheaper suppliers were not able to be used including quality and warranties. However, this was not always valid and we would seek to look at individual examples. The national direction is that there will be more centralised procurement with a move away from local providers for pre-defined products.

12.3. Kate FitzGerald raised concern around the use of the Trust contract database and how accurate this data would be. Paula Anderson confirmed that an electronic system was now in place and that contracts were being moved across to it.

12.4. David Kelham noted that a previous requested action to see what savings procurement had achieved had not been delivered.

Action: Fiona Maton to provide an update to the Committee on the savings procurement had achieved

13. Legal Services Annual Report

13.1. Stuart Bloom presented the report highlighting;

13.1.1. 44 new claims were received during 2018/19 relating to Clinical Negligence Scheme for Trusts (27), Employers Liability (10) and Public Liability (7).

13.2. In response to a query from David Kelham it was agreed that although there may be difficulty comparing year on year data relating to the Integrated Services Division due to the recent organisational changes, a comparison could be made by services. There was an agreement to join up the learning with Health & Safety and from Serious Incident Investigations as this was not currently taking place. It was agreed that for future reports the cost implication of Serious Incidents and claims would be included.

13.3. Paula Anderson referred to appendix one and reported that an insurance premium to NHS Resolution was paid on an annual basis and asked that the cost to the Trust was included in future reports.

14. Agenda for next meeting

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

15. Governor Feedback

15.1. David Kelham invited comments from Margaret Martins; she supported the debate on technology and the action to consider identifying any gaps.

16. How has this meeting added value

16.1. The Committee agreed that there had been a number of discussions at today's meeting that were focussed on better outcomes for patients and staff.

17. Items for Reporting to Board

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

- Key Lines of Enquiry
- Data Quality

18. Any Other Business

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

Certified as a true record of the meeting

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Committee Chair – David Kelham

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Date

Minutes of the Charitable Funds Committee

Tuesday 23 July 2019

Conference Room, Tatchbury Mount, Southampton SO40 2RZ

Members:

David Kelham	Non-Executive Director (Chair)
Paula Anderson	Finance Director
David Monk	Non-Executive Director

In Attendance:

Michael Bernard	Non-Executive Director
Ian Hynd	Head of Charity
Andrew Jackman	Lead Governor
Dominic Lodge	Business Development Manager
Megan Plunkett	Corporate Governance Administrator
Sarah Spooner	Corporate Governance Manager
Alison Thornley	Finance Business Partner

Apologies:

Nicky Adamson-Young	Deputy Director for Delivery
Dawn Buck	Head of Patient & Public Engagement & Experience
Kate Fitzgerald	Non-Executive Director
Beth Ford	User Involvement Facilitator for Mental Health, Learning Disabilities and Specialities Services
Paula Hull	Director of Nursing and Allied Health Professionals
Rebecca Lawry	Company Secretary and Head of Corporate Governance
Tom Westbury	Associate Director of Communications

1. #Hellomynameis and apologies for absence

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

2. Declarations of Interest

2.1. The Register of Interests were noted.

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

3. Minutes of the meeting held on 29.01.2019 and Action Log

3.1. The minutes of the meeting held on 29.01.2019 were agreed as an accurate record of the meeting.

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.

3.2.1. David Kelham noted there was an outstanding action for the scheduling of a briefing on the role of the Corporate Trustee. He has agreed it's trust Chair Lynne that this will be scheduled as soon as possible but also noted that the Charities Commissioners guidance document - CC3- had not been amended for a while so we were currently compliant.

4. Update on Charitable Funds

4.1. Ian Hynd provided an update on the areas of work he had been focussing on since the last Committee meeting:

4.1.1. A review of the systems and controls of the Charity and the development of an internal system to enable charitable applications to be reviewed with the finance team on a monthly basis. Ian confirmed that there had been 63 new applications accepted since joining the Trust.

4.1.2. A review of posters and marketing literature to provide up to date knowledge and information about Brighterway Charity and how to donate

4.1.3. A review of the Charity's website being undertaken by the Communications team

4.1.4. A Christmas Craft fayre was being organised that would involve both staff and service users

4.2. Ian explained that he had been visiting a number of sites across the trust to promote the Brighterway Charity

4.3. In response to a question from Michael Bernard, Ian confirmed that there was currently not a written criteria to help support applications.

4.4. Ian also noted that there were charity opportunities with the PLACE Task and Finish Group.

4.5. Ian informed the Committee that the charity had received a total of £25,000 grant application for Parklands Hospital.

4.6. In response to a question from David Kelham Paula Anderson confirmed that an external company maintained the Trust grounds and if there were any problems with the grounds or gardens, this needed to be raised to the estates team.

Action: Paula Anderson to discuss with the Estates team to understand all of the grounds maintenance and what is needed to maintain and improve.

4.7. Ian provided an update on the corporate events which the Charity had recently attended. There had been a draw at the Thruxton Karting Event which raised £340.00. It was also confirmed that £920 had been generated from NHS Tea parties which took place across the trust.

4.8. There were 27 volunteers currently within the Trust who were specifically NHS Employees. Ian stated that he would be visiting Northumbria NHS Trust Bright Charity which currently has over 900 volunteers. The Committee commented around the learning involved with the Northumbria NHS Trust and their volunteers, Ian will follow this up on his visit.

Action: Ian Hynd to provide feedback following his visit to Northumbria NHS Trust at the next Committee meeting.

4.9. Ian updated the Committee on the areas of future spend and expressed his need for additional administrative support within the Charity.

4.10. The Committee congratulated Ian on the progress he had achieved and thanked him for the update.

5. Finance Report

5.1. Alison Thornley presented the Finance Report to the Committee highlighting how positive fundraising and income had been.

5.2. The Committee also approved the withdrawal of £200,000.00 from the Investment Portfolio and it was agreed, due to the investment manager contract ending, to have 3 – 4 possible Investment Managers to present to the Committee in a future meeting to help support the procurement process in selecting an investment manager.

6. Charitable Funds Report and Accounts

6.1. Alison Thornley presented the Charitable Funds Annual Report and Accounts. Subject to a number of minor amendments the Committee approved the annual report and accounts. It was suggested for Tom Westbury to review the report prior to publication.

6.2. The Committee noted that the contract with the current auditors was coming to the end, after due consideration it was agreed that there had been no concerns with the company and it was agreed to extend the current contract.

7. Review of Charitable Funds Policy

7.1. Alison Thornley presented the Charitable Funds Policy to the committee for approval.

7.2. Alison outlined the changes which had already been amended within the policy. The Committee discussed the requirement of change within the Investment Policy Statement and the significant risk to anything invested within fossil fuels. It was agreed to note that the Trust were mindful of, and were constantly reviewing the investment funds to show compliance with the Ethical Policy.

7.3. The Committee agreed to revert to the prior approved wording of the Ethical Policy as per Version 4.

7.4. Subject to the above amendments the Committee approved the Charitable Funds Policy.

8. Review of Agenda Framework and Committee Effectiveness

8.1. The Committee agreed the Agenda Framework for 2019/20 and supported the proposed approach to completing the Committee Effectiveness.

9. Any Other Business

9.1. Dominic Lodge confirmed that interviews for the Support Manager were taking place in September 2019 and asked if any members of the Committee would like to be involved in the interviews to contact him directly.

10. Agenda for next meeting

10.1. The agenda for the next meeting was noted by the committee.

11. Governor Feedback

11.1. Andrew Jackman stated that this had been a fantastic meeting and he would remind governors about the Brighterway Charity at the next Council of Governors meeting.

12. Items for Reporting to Board

It was noted that the Charitable Funds Annual Report and Accounts would be submitted to Trust Board in November 2019 t

13. Review of meeting effectiveness

13.1. Michael Bernard expressed that he had found the meeting very useful.

13.2. David Monk congratulated Ian Hynd on the work he had completed over the past 6 months. He gave positive feedback on the reports and papers and stated the meeting had been well chaired.

14. Close

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

Certified as a true record of the meeting

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Committee Chair – David Kelham

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Date

Minutes of the Finance & Performance Committee meeting

Tuesday 03 September 2019 13.30-16.30

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
Dr Nick Broughton	Chief Executive
Dr Karl Marlowe	Medical Director
Kate FitzGerald	Non-Executive Director
Heather Mitchell	Director of Strategy and Infrastructure Transformation

In Attendance:

Rebecca Lawry	Company Secretary and Head of Corporate Governance
Sarah Olley	Divisional Director of Operations
Laura Rothery	Divisional Director of Operations
Rob Guile	
Sue Damarell-Kewell	Deputy Director Planning, Performance, Business Development and Contracting
Robin Harlow	Clinical Director
Kim Perry	Deputy Director of Finance
Mark Stabb	Senior Audit Manager
Margaret Martins	Staff Governor
David Markwick	Head of Information
Carol Ingham	Senior Project Manager
Andrew Betteridge	Head of Programme Delivery
Anthea Cooke	Corporate Governance Coordinator

Apologies:

Paula Hull	Director of Nursing and AHPs
Sara Courtney	Deputy Director of Nursing
Mayura Deshpande	Clinical Director
Hazel Nicholls	Clinical Director
Liz Taylor	Divisional Director of Nursing and Allied Health Professionals
Lisa Franklin	Director of Information and Technology
Dr Zaid Alabbasi	Medical Director
Adam Cox	Clinical Director
Nicky Adamson-Young	Divisional Director of Operations
Michael Bernard	Non-Executive Director
Nicky MacDonald	Divisional Director of Operations
Helen Reading	Associate Director of Technology

1. #Hellomynameis & Apologies for Absence

1.1. 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 02.07.2019 and action log

3.1. The minutes were agreed as an accurate record of the meeting held on 2 July 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 noted.

4. EPR Re-procurement Update

4.1. Carol Ingham presented the EPR update and advised that the EPR Re-procurement report had been agreed at the Senior Management Committee meeting in July with actions to develop RIO and continue with the pilots that are taking place in the South East and West with CCG support to fund them.

4.2. Carol informed the Committee that the successful areas from both pilots had been used to develop the RIO system. Nick Broughton suggested that caution would need to be exercised to ensure that the chosen provider enables collaboration with all strategic partners. The Committee noted the need to move to a system aligned with the Primary Care Networks (PCNs).

4.3. Carol advised that the CCG had provided no indication of the availability of funding for the Project, and that if funding was not made available, this would become a cost pressure from the end of November. She also advised that SystemOne was contracted until May 2020, with a three month notice period.

4.4. The Committee agreed to support the SMC decision to retain the pilots in the South East and South West and to develop RIO.

4.5. Karl Marlowe advised that E-prescribing would be greatly enhanced by the use of a single system. Heather Mitchell agreed to take this forward with the clinical divisions.

ACTION: Heather Mitchell to discuss the technology requirements for E-prescribing with the clinical divisions.

5. EU Exit Planning

5.1. David Batchelor presented the Report and informed the Committee of the work that is ongoing to prepare the organisation for a range of scenarios when we depart the EU on 31 October 2019 with or without a deal.

5.2. David advised that Paul Draycott is the Executive Director Lead for Emergency Preparedness.

5.3. David reported that the Procurement team had run an exercise to test the response to a no deal Brexit and further exercises were planned.

5.4. David advised that a no deal scenario would likely result in delays to Portsmouth International Port which could lead to delays on the motorway and could provide a challenge for staff getting in and out of Portsmouth. David gave assurance that the Local Authority, Highways Agency and Police had plans in place to ease the flow.

5.5. The Committee noted the potential risk to supply of medicines. It was agreed that a breakdown of the risks on the risk register to identify the responsible leads for the different areas.

ACTION: Risk to supply of medicines and vaccines to be broken down on the risk register to reflect the responsible leads for different areas

5.6. The Committee commended the work already completed and thanked David.

6. Divisional Updates

6.1. Rob Guile updating on the Specialist Division; reported:

6.1.1. A tender had been submitted for immunisations and vaccines;

6.1.2. The 0-19 tender was due to be signed off during the week beginning 16 September 2019. This would be transformational for the service. Health Visitors would continue to be recruited to ensure staffing levels would be appropriate in order to provide the new service.

6.1.3. Austen House opening was scheduled and on track for 30th September.

6.1.4. An improvement planning meeting had been scheduled to look at increasing Leigh House capacity to 21 beds. There were also negotiations ongoing to alleviate the cost pressure.

6.1.5. The Division had also been asked to submit a bid for the Community Forensic service.

6.2. Robin Harlow provided an update from the Portsmouth and South East Hampshire Division; he reported:

6.2.1. Ongoing work with Solent to understand Estates and Workforce and move to a unified bed model.

6.2.2. 10 QI projects remain ongoing within the division.

6.2.3. Plans in place to improve the environment and review the bed model at Gosport War Memorial Hospital.

6.2.4. All teams have been asked to identify more savings in order to meet 50% of the CIP Target as per the assumption in the 'Most Likely' forecast outturn.

6.2.5. Step Down Models remain under review.

6.2.6. The Department of Health had scheduled a visit to review the Willow Group model.

6.3. Laura Rothery provided an update from the South West Hampshire Division and reported:

6.3.1. The divisional bed model was going well, with Out of Area Placements down to under 10.

6.3.2. The Consultation in the division was coming to an end with the Heads of Nursing and AHP roles still to fill, but with candidates identified.

6.3.3. The Diabetes team and the Frailty team had been nominated for awards from the Health Service Journal.

6.3.4. The Emergency Urgent Care Recovery Plan was ongoing.

6.3.5. The new scanner had been installed at Lymington.

6.3.6. The Muscular Skeletal service had received continued investment, however challenges remain around therapy recruitment.

7. Integrated Performance Report

7.1. Paula Anderson presented the report and advised that work was ongoing to progress the IPR and asked for feedback from the Committee as to what was needed from a divisional level.

7.2. The Committee noted that work was ongoing on the divisional reports with Sue Damarell-Kewell to determine the necessary level of data and narrative in advance of submission to Board.

8. Hotspot Reporting

8.1. Sue Damarell-Kewell presented the Hotspot Report and advised that the inconsistency around sickness had now been aligned with the levels reported in the IPR.

9. Business Development Update

9.1. Sue Damarell-Kewell informed the Committee that an invite had been received to tender for the provision of healthcare services at Winchester Prison. Sue confirmed that an update would be provided at the next meeting.

ACTION: Sue to provide an update on the tender for Winchester Prison at the next meeting

10. Business Planning Timetable Update

10.1. The Committee noted the report

11. Recovery Plan

11.1. Kim Perry presented an update on the Recovery Plan, advising that this had been considered at the Board Seminar in July and allocated Executive Leads to take this through the CIP meetings.

11.2. Kim advised that work was ongoing to determine the workstreams for the plan. The Committee noted the recommendation to remain at a Most Likely forecast of £6.8million deficit, with a review scheduled after months five and six.

11.3. The Committee noted that Out of Area Beds continues to provide the most significant challenge.

12. Update on the 5 Year Plan Submission

12.1. Heather Mitchell presented an update on the 5 Year Plan Submission and informed the Committee that there are some significant transformation items for delivery and some further work required to embed the divisional transformation. Heather agreed to bring a further update to the next meeting.

ACTION: Update on the 5 Year Plan Submission to be added to the agenda for the next meeting.

13. Finance Report – Month 4

13.1. The Committee noted the month four finance report, in particular:

13.1.1. For September, the Trust delivered £1.0m surplus, £1.5m better than Plan (of which £1.2m is PSF/FRF).

13.1.2. The year to date Control Total deficit of £4.1m had been met.

13.1.3. The underlying monthly run-rate (i.e. excluding one-off items) had improved from £2.4m deficit last month to £2.1m deficit this month, with the main reason being the reduction of mental health out of area placements (OAPs).

13.1.4. The main causes of the underlying deficit were continued high use of OAPs, high agency usage and unmet CIP.

13.1.5. The three point forecast had been updated following the M6 results with the Most Likely Case:

- **PRE PSF/FRF £13.6m deficit, £7.4m worse than £6.2m Planned deficit**
- **POST PSF/FRF (Q1,2 &3) £9.5m deficit (compared to Q1 forecast £6.8m deficit)**

13.2. The next key milestone was to meet the Q3 Control Total, which relies on:

13.2.1. Financial support from our commissioners;

13.2.2. Reduction in OAPs from 72 in October (estimate) to 67 in November and 62 in December;

13.2.3. Each Division improving their run-rate (in addition to OAPs) by £0.1m in November and December;

13.2.4. Successful mitigation of some risks to release provisions.

14. Board Assurance Framework

14.1. The Committee noted the Board Assurance Framework and Rebecca Lawry advised that this would undergo some further work in advance of the next meeting.

15. Payroll Overpayments Update

15.1. Paul Draycott presented the Committee with an update on the payroll overpayments that had been reported as an issue at the previous meeting. He explained the remedial work that had been undertaken and gave assurance that service improvements were anticipated imminently with the appointment of a new payroll provider and the introduction of self service.

15.2. Paul informed the Committee of an issue around the timely submission of termination forms, and the implementation of a more user friendly version. It was agreed that an update would be included in the IPR presented to Board in September.

ACTION: Termination form update to be included in the Integrated Performance Report presented to Board in September

16. Governor Feedback

16.1. Margaret Martins provided the Committee with feedback on the meeting and commented on the positive level of challenge during the course of the meeting.

17. How has this meeting added value

17.1. Jeni Bremner commended the significant work done to identify and develop potential CIPs.

17.2. Jeni also commented on the improvements that had been identified to the Integrated Performance Report and the clarity on the information that is needed from divisions.

18. Items for Reporting to Board

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

- Payroll Overpayments Update
- EPR Re-procurement Update
- EU Exit Planning
- Integrated Performance Report Update
- Recovery Plan

Certified as a true record of the meeting

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Committee Chair – Jeni Bremner

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Date

Minutes of the Finance & Performance Committee meeting

Tuesday 05 November 2019 13.30-16.30

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

Members:

Jeni Bremner	Non-Executive Director (Committee Chair)
Paula Anderson	Finance Director (Lead Executive)
Michael Bernard	Non-Executive Director
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
Dr Karl Marlowe	Medical Director
Kate FitzGerald	Non-Executive Director
Dr Nick Broughton	Chief Executive
Grant Macdonald	Chief Operating Officer

In Attendance:

Kim Perry	Deputy Director of Finance
Rachel Anderson	Clinical Director
Rebecca Lawry	Associate Director of Corporate Affairs
Sara Courtney	Deputy Director of Nursing
David Hicks	Non-Executive Director
David Monk	Non-Executive Director
Sarah Olley	Divisional Director of Operations
Nicky Adamson-Young	Divisional Director of Operations
Nicky MacDonald	Divisional Director of Operations
Adrian Thorne	Appointed Governor, Carers Together
Anna Williams	Associate Director of Corporate Governance and Risk

Apologies:

Paula Hull	Director of Nursing and AHPs
Heather Mitchell	Director of Strategy and Infrastructure Transformation
Mayura Deshpande	Clinical Director
Hazel Nicholls	Clinical Director
Liz Taylor	Divisional Director of Nursing and Allied Health Professionals
Lisa Franklin	Director of Information and Technology
Dr Zaid Alabbasi	Medical Director
Adam Cox	Clinical Director
Laura Rothery	Divisional Director of Operations
Rob Guile	Divisional Director of Operations
Sue Damarell-Kewell	Deputy Director Planning, Performance, Business Development and Contracting
Robin Harlow	Clinical Director
Anthea Cooke	Corporate Governance Coordinator

1. #Hellomynameis & Apologies for Absence

1.1. 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.

2.3. Rob Goldsmith informed the Committee that he is interim Managing Director for 3SFire Ltd and asked for this to be added to the directors' interest schedule.

Action: Rebecca Lawry to add Rob Goldsmith's new directorship to the schedule

3. Minutes of the meeting held on 03.9.2019 and action log

3.1. The minutes were agreed as an accurate record of the meeting held on 3 September 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.

Action: Divisional reports to be sent out to the committee after the meeting.

4. Divisional Updates

4.1. Nicky Macdonald reporting on the Mid and North Hampshire division advised:

4.1.1. The Divisional bed model continued to work well. From the 1 November 2019 17 beds had been contracted from Marchwood Priory and work was ongoing to ensure allocation of these beds was to mid-Hampshire patients;

4.1.2. CQC had indicated their interest in the national work that was ongoing with Hawthorns 1 around reduction in the use of restraint;

4.1.3. Work had taken place at Parklands to engage with Sport in Mind to improve health and wellbeing of patients;

4.1.4. Work continued to improve crisis care in the community;

4.1.5. The expectation that the review of OPMH would suggest the need to strengthen community support to improve bed flow. Lynne Hunt reiterated the importance of retaining momentum on this in order to meet the April deadline;

4.1.6. The Committee discussed use of Abbey ward as a potential option to further reduce out of area placements and noted the need to work with commissioners to ensure their committed to any plans.

4.2. Nicky Adamson-Young provided an update from the South East Division; she reported:

4.2.1. Positive work continued with the CCG regarding the development of senior teams;

4.2.2. Development of a plan for urgent care and the community mental health teams following the QI project that had focussed on this;

4.2.3. The Willow Group had seen some positive signs of improvement, particularly around reducing admissions through community support and had also been successful in recruiting five General Practitioners from South Africa;

4.2.4. Challenges remained within the system, particularly for Portsmouth Hospitals Trust. There had been a positive shift with Hampshire City Council around the step down bed provision and it was hoped that this trajectory would continue to improve;

4.2.5. Integrated Intermediate Care project had seen some positive results in the East, but some challenges remained around patients' fitness for discharge. After some discussion the Committee noted that this was not just a problem in the East and agreed that planned education for junior doctors would ensure that this problem was addressed;

4.2.6. In response to a question from David Monk regarding the four eating disorder patients that could not access therapies, Nicky Adamson-Young explained the challenges that existed with these patients and gave assurance that they would continue to be reviewed. In response to a request from David Monk, Paula Anderson agreed to indicate within the IPR, the number of high risk patients that remain on waiting lists for our services and the waiting times involved.

ACTION: Add number of high risk patients on waiting lists and waiting times to the IPR.

4.3. Rachel Anderson provided an update from the South West Hampshire Division and reported:

4.3.1. A bid had been submitted to increase the frailty team and Paul Draycott was asked to help progress this to ensure retention of interested applicants;

ACTION: Paul Draycott to help to progress the frailty recruitment forward.

4.3.2. Going forward a Community Mental Health representative would attend alongside South Central Ambulance Service to undertake a mental health assessment where necessary. It was anticipated that this would reduce the use of s136 suites;

4.3.3. Plans had been established to integrate mental and physical health teams in a move to improve communication to help patients;

4.3.4. The Joint Advisory Group would undertake an assessment of the gastrointestinal service in December;

4.3.5. In response to a question from Nick Broughton regarding the roll out of the hospital avoidance work, Rachel Anderson reported the CCG had expressed difficulty around recognition that this is hospital avoidance and not

enablement. Nick Broughton suggested raising this at the Strategic Transformation Committee.

ACTION: Raise the CCG concerns around hospital avoidance plans at STC

4.4. The Committee received an update from the Specialist Services division, noting:

4.4.1. £1.8m had been secured to fund the Community Forensic team;

4.4.2. A funding bid had been submitted to continue the work that had been done to establish a stalking prevention service;

4.4.3. Patients had been moved to Austen House;

4.4.4. There had been an increase in acuity at Leigh House due to the nasogastric feeding requirements of some patients, the Committee noted the impact that this, and the level of restraint required to administer the feed, had staff and patients. The Executive Directors confirmed that they have had specific oversight of these issues and are working towards a more long term solution for these patients. The Committee also noted that there had been continued pressure from NHSI around the need to open more beds at this unit, but that this had not been possible given the acuity of the patients currently in their care;

4.4.5. The announcement for the 0-19 tender had been delayed until 11th November 2019;

4.4.6. In response to a question from Jeni Bremner around the continued availability of weapons on the wards, the Committee noted that Prevention and Management of Violence and Aggression training would be provided in order to equip staff with the knowledge and skills to reduce availability of weapons, but also to better manage any incidents;

4.4.7. In response to a question from Lynne Hunt regarding the layout and safety of the seclusion room in Southfield, Paula Anderson advised that the layout was under review and that as part of that the use of the whole unit as a low secure unit going forward was also being considered as this would remove this issue.

Action: Kim Perry asked that all divisions provide a finance update

4.5. Sarah Olley, updating the Committee on the Southampton Division; reported:

4.5.1. A divisional bed model team had been established; noting that the increase in acute admissions had been most prevalent for females;

4.5.2. A new location had been identified for the Crisis Care facility and was expected to be agreed by the planning authority imminently;

4.5.3. The Local Care Partnership had provided assurance that they were considering the implications of the Long Term Plan;

4.5.4. QI projects were running looking at the provision of the Virtual Ward and also step-down care into community teams.

Action: Ensure all divisional reports are provided for circulation prior to the meeting and also ensure standardisation of those reports.

5. Integrated Performance Report

5.1. Paula Anderson presented the IPR, apologising for the lateness of circulation.

5.2. In response to a request from David Kelham Paul Draycott confirmed that workforce objectives from all divisions would be built into future iterations of the report.

5.3. Karl Marlowe reported that the CPA 7 day follow up had seen a significant deterioration, and noted given the potential impact this could have on suicide prevention, that this would remain as a high priority for future focussed work.

5.4. In response to a query from David Hicks regarding a recovery plan for the Transfers of Care plan, Karl Marlowe advised that he would prepare a report.

ACTION: Karl Marlowe to prepare report on the Transfers of Care.

5.5. It was agreed that an indicator would be added to the report to indicate compliance with NICE guidelines.

ACTION: Indicator of NICE guideline compliance to be added to the report.

5.6. Nick Broughton advised that he would revise how we set objectives and hoped this would have a positive impact on this report.

6. Finance Report

6.1. Kim Perry presented the comprehensive month 4 finance report, highlighting:

6.1.1. For September, the Trust delivered £1.0m surplus, £1.5m better than Plan (of which £1.2m was PSF/FRF). The year to date Control Total deficit of £4.1m had been met.

6.1.2. The underlying monthly run-rate (i.e. excluding one-off items) had improved from £2.4m deficit last month to £2.1m deficit this month, with the main reason being the reduction of mental health out of area placements (OAPs).

6.1.3. The main causes of the underlying deficit were continued high use of OAPs, high agency usage and unmet CIP.

6.1.4. The three point forecast had been updated following the M6 results with the Most Likely Case:

- PRE PSF/FRF £13.6m deficit, £7.4m worse than £6.2m Planned deficit
- POST PSF/FRF (Q1,2 &3) £9.5m deficit (compared to Q1 forecast £6.8m deficit)

6.1.5. The next key milestone was to meet the Q3 Control Total, which relies on financial support from commissioners; OAPs reducing from 72 in October (estimate) to 67 in November and 62 in December; each Division improving their run-rate (in addition to OAPs) by £0.1m in November and December; and successful migration of some risks to release provisions.

6.1.6. Following on from a query from David Kelham regarding the Estates release, Kim Perry reported that there was a range of provisions for Q3 all of which would be released and had been included in the best case. What had been released so far had only been possible due to the mitigation of risk. If everything identified is completed we would still need support from the commissioners.

6.1.7. Kim Perry confirmed that there were a number of one-off benefits in the month from the release of provisions and settlements for 18/19, however the significant underlying run rate deficit remains.

6.1.8. Nick Broughton commented for assurance that the safety of the estate was always of paramount importance.

Nick Broughton left the meeting

7. Recovery Plan

7.1. Kim Perry and Paula Anderson presented the recovery plan to the Committee.

7.2. In response to a question from Jeni Bremner regarding the likelihood of the Trust being put into special measures, Paula Anderson confirmed that this was not likely, however the forecast outturn was of concern.

7.3. Paula Anderson advised that NHSI may need to consider the provision of a working capital facility, but added that a reduction in out of area beds would have a significant impact on the Trust's finances.

7.4. Lynne Hunt confirmed the need to have a clear view of how we intend to achieve the reduction in the number of out of area beds, recognising that this may require us to divert from the area bed model.

7.5. Karl Marlowe advised the need to focus on improving quality rather than fixing the financial position, allowing us to better manage the level of anxiety that comes from talking about the finances. If this is addressed through a focus on quality, everyone within the organisation can see their role in delivering the recovery.

7.6. In response to a question from Michael Bernard, Paula Anderson reported that NHS England and NHS Improvement had been content with the comprehensive plan in place regarding out of area beds and are mindful of the Trust's unusual position regarding the lack of commissioner financing for these beds.

7.7. Following challenge from David Kelham and Rob Goldsmith Paula Anderson confirmed that the information provided reflected all CIP savings and provided assurance that the divisions have been challenged to reduce run rate by £100k.

Karl Marlowe left the meeting

7.8. The Committee was asked to consider the 3 point forecast and after due consideration agreed to recommend this to the Board for approval.

8. Update on 5 Year Plan Submission

8.1. Paula Anderson presented the report in place of Heather Mitchell. In the interests of time, Jeni Bremner asked for any comments to be provided to Heather Mitchell after the meeting.

9. Board Assurance Framework

9.1. Rebecca Lawry presented the Board Assurance Framework and advised that this represented the one strategic risk that had been allocated to the Committee for oversight. Rebecca explained that the BAF was currently undergoing a review and that a revised, more robust version linking both strategic and operational risks would be presented at the next meeting.

10. Business Development Update

10.1. The Committee received the report and noted that an update on the decision taken with regards to the Petersfield site would be provided in due course.

11. Committee Effectiveness

11.1. Rebecca Lawry advised that the Committee effectiveness questionnaire would be circulated following the meeting and asked for the members to complete this, with feedback to be provided to the next meeting.

12. Governor Feedback

12.1. The Governors present provided feedback:

12.1.1. The Divisional updates had been useful although there was a need for improved consistency around the narrative.

12.1.2. As most of the CIP savings are non-recurrent, this will provide additional challenge for the future.

13. How has this meeting added value

13.1. There was a need to look at the agenda to ensure a better link between the divisional reports and IPR.

13.2. Grant Macdonald commented on the significant membership of the Committee. David Hicks agreed and explained that another organisation he works with has a small core membership and invites people to attend specific parts of the meeting to discuss key matters as subject matter experts.

14. Items for Reporting to Board

14.1. IPR

14.2. The Recovery plan

14.3. STP 5 year plan

14.4. BAF

Certified as a true record of the meeting

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Committee Chair – Jeni Bremner

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Date

Southern Health NHS Foundation Trust
Minutes MHARMS Forum
Wednesday 17th July 2018 – 10.00am – 1.00pm
King's Community Church, Hedge End, Southampton, SO30 4BZ

Members:

SR	Siven Rungien, MHA Manager, Southern Health NHS Foundation Trust (Chair)
JB	John Barnett
JBr	Jane Brett
EB	Erica Brown
BB	Brian Bull
SCo	Simon Cook
GC	Geoff Cox
MC	Mary Crittenden
RD	Roger Doust
PD	Peter Dovey
PG	Pam Grosvenor
AJ	Andrew Jackman
RL	Robert Long
A MacD	Alastair MacDonald
LN	Laura Nation
J Row	Jacqui Rowley
TP	Tricia Parsons
JRom	Janice Romer
IS	Ian Swann
AT	Adrian Thorne
BM	Bea Myers – Trainee MHARM
DK	David Kelham

In Attendance:

See above

Non-Members Present:

	None.
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Secretariat:

DP	Diane Parmee, Corporate MHA Support Officer (Minutes)
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	Chair's Welcome and Apologies	
1.2	SR welcomed all to the meeting.	
	Apologies for Absence	
	SR noted apologies as follows:	
LH	Lynne Hunt, Trust Chair — OUR VALUES —	



KM	Karl Marlowe, MHA Clinical Lead	
DH	David Hicks	
LB	Lisa Backhouse	
GM	Georgia Mitchell	
DM	David Monk	
RP	Ray Palmer	
JP	Jackie Powell	
MR	Mike Robinson	
FW	Frank Wright	
	Declarations of Interest	
	There were no declarations of interest relating to items on the agenda or any other matters.	
1.	Introductions and Welcome	
	Siven welcomed everyone to the meeting.	
2.	Minutes of the meeting held on 27th March 2019	
	Ray Palmer: MHARMs pay rates as raised at the previous meeting to be added to the minutes. Action: DP The minutes were agreed as a true record.	
3.	Action Log	
1.4	MHARMs Information Pack to be updated <ul style="list-style-type: none"> • CD: Be mindful this is a quick reference guide and not everything will be covered. • The MHARMs split into small groups to discuss the 'Mental Health Act Review Manager Procedure Guide' as produced by CD as after the MHARMs Information Pack Group meetings. Each group was given post-it notes to record comments on the document. These were then handed to CD to type up and send to the MHARMs via DP. Action: CD/DP	Action: CD/DP
4.	MHARMs Training	
	Mental Health Pharmacy Presentation Rebecca Henry, Principle Pharmacist, Southampton SR: If any MHARMs have any questions regarding this presentation, they should e-mail SR.	
5.	MHARMs' Discussion	
	None.	
6.	Business	
6.1	MHARMs' Activity Reports	
	The reports were part of the documentation given to MHARMs at this forum. No comments were made.	
6.2	MHARMs Concern Log	
	DM requested that this goes to the MHA Legislation Committee as well as the MHA Committee. Whilst the MHA Committee has operational oversight, the MHA Legislation Committee could have strategic oversight.	

	<p>There was a discussion regarding concerns at hearings and the following issues were raised:</p> <ul style="list-style-type: none"> • Social Workers – JBr <ul style="list-style-type: none"> - These are now less present. Social Workers who are present often did not write the report they were presenting - It was agreed that that this was due to the Hampshire County Council's social services no longer being based in CMHTs. • Nearest Relative <ul style="list-style-type: none"> - The appointment of the nearest relative (NR) is not as effective as it used to be. - Child and Adolescent MH Services (CAMHS) SR gave clarification regarding CAMHS and NR. This competency dependent i.e. have they passed the MCA test. <ul style="list-style-type: none"> ➢ If aged 16 – 17 parental responsibility is in the background. If the patient is capable of making their own decisions, these would be acted on. ➢ If aged under 16 whilst parents hold personal responsibility the patient's opinion is still most valid. • Care Programme Approach (CPA) Information – TP <ul style="list-style-type: none"> - Teams should know what the patient's CPA is. This is not happening. - SR: A summary document was developed. This would allow professionals to populate this on RiO. Alternatively, RCs could bring the salient points to the MHARMs attention. - SR to add this to the MHARMs Concern Log Action: SR • Quality of Reports – AMacD <ul style="list-style-type: none"> - A Quality Improvement (QI) Initiative approach should be taken to this. <ul style="list-style-type: none"> ➢ Reports are too long with too much detail. ➢ More RCs should use the pro-forma. AJ agreed. As RCs are not using the pro-forma, they are not answering key questions which is not helpful. ➢ There is too much duplication from the RC and Care Co-ordinator. This needs to be challenged. ➢ There should be a clearly defined responsibility for content. SR to look into this – Action SR DP to add to the MHARMs Concern Log – Action DP • RCs and Nurses not knowing the difference between hearings and tribunals – PG <ul style="list-style-type: none"> - SR: This is a system-wide view. • Nurses who write the report do not attend the hearing – LN <ul style="list-style-type: none"> - SR – nurses' rosters are planned 3 months in advance which adds to the problem. - SR suggested it should be a team report, rather than have one designated author. This could be for the MHARMs to help shape. - SR to escalate Action: SR 	<p>Action: SR</p> <p>Action: SR & DP</p> <p>Action: SR</p>
6.3	<p>Quality Improvement Conference - MC</p> <ul style="list-style-type: none"> • A very well-organised conference brought together a large number of examples of QI projects which are currently being implemented. 	

	<ul style="list-style-type: none"> The projects relevant to Mental Health were: <ul style="list-style-type: none"> An introduction to psychological approaches for older persons at the Western Community Hospital. Overcapacity of provision of Electro-Convulsive Therapy (ECT), which is now being centralised. Sharing the Impact of Service User Involvement <ul style="list-style-type: none"> Services users devised a game for each table about how people like to be treated in a supermarket to illustrate how nobody should be ignored. There was a stand-out comment made from a long term service user who gave a short presentation and said 'If you don't give up on improving, I will not give up on you' <p>AJ: The QI conference will take place every 6 months. It is a fantastic opportunity to see the good work that is happening in the trust.</p>	
6.4	<p>MHARMs – Trust Board Perspective – DK</p> <p>DK asked the MHARMs to list the top 5 things which affected their ability to deliver on their role. This will help the board to be cited on your challenges.</p> <p>MHARMs to send these to shft.CorpMHA@nhs.net for DP to collate and send onto DK.</p>	Action: DP
7.	Trust Update and Any Other Business - SR	
7.1	<p>Trust Restructure – SR</p> <p>When this has been finalised and the new structure is in place SR will share with the MHARMs.</p> <p>Action: SR</p>	Action: SR
7.2	<p>Future Chairing of the MHARMs Forum – SR</p> <ul style="list-style-type: none"> As from the December Forum, Lynne Hunt and David Monk will share chairing the MHARMs Forum. Due to this the date of the December forum will need to be re-arranged. <p>Action: SR/DP</p>	Action: SR/DP
7.3	<p>Annual Members Meeting – AJ</p> <p>The Annual Members Meeting will take place as follow: Date: Tuesday 10th September Time: 5.00pm – 8.00pm Venue: The Ark, Dinwoodie Drive, Basingstoke RG24 9NN</p> <p>AJ recommended that MHARMs attend. It is a good showcase for the current trust activities.</p> <p>Questions were asked regarding membership. DP said that historically all MHARMs had been sent a link to the Trust Website which would enable them to become members if they so wish. DP to resend link.</p> <p>Action: DP</p>	Action: DP
8.	Remaining MHARMs Forum Dates 2019	
	<p>All 10.00am – 1.00pm Venue: Kings Community Church, Upper Northam Road, Hedge End SO30 4BZ</p> <p>Wednesday 25th September Thursday 5th December</p>	

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Chair / Committee Chair – [Name]

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Date

Southern Health NHS Foundation Trust
Minutes MHARMS Forum
Wednesday 25th September 2019 – 10.00am – 1.00pm
King's Community Church, Hedge End, Southampton, SO30 4BZ

Members:

LH	Lynne Hunt, Trust Chair
JBr	Jane Brett
BB	Brian Bull
SCo	Simon Cook
GC	Geoff Cox
MC	Mary Crittenden
PD	Peter Dovey
PG	Pam Grosvenor
AJ	Andrew Jackman
AMacD	Alastair MacDonald
LN	Laura Nation
MR	Mike Robinson

In Attendance:

See above

Non-Members Present:

	None.
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Secretariat:

DP	Diane Parmee, Corporate MHA Support Officer (Minutes)
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	Chair's Welcome and Apologies	
1.2	LH welcomed all to the meeting.	
	Apologies for Absence	
	LH noted apologies as follows:	
SR	Siven Rungien, MHA	
JB	Jeni Bremner – Trust NED and Trainee MHARM	
DK	David Kelham, Trust NED and Trainee MHARM	
LB	Lisa Backhouse	
JB	John Barnett	
CD	Charley Dugdale	
BM	Bea Myers	
RP	Ray Palmer	
TP	Tricia Parsons	
JP	Jackie Powell	
JRom	Janice Romer	

OUR VALUES



JRow	Jacqui Rowley	
IS	Ian Swann	
AT	Adrian Thorne – Trainee MHARMs	
FW	Frank Wright	
	Declarations of Interest	
	There were no declarations of interest relating to items on the agenda or any other matters.	
2.	Minutes of the meeting held on 17th July 2019	
	Amendments: DM and MR to be removed from the list of attendees Action: DP The minutes were agreed as a true record.	Action: DP
3.	MHARMs Forum Action Log	
	MHA Action Log 2019-20 v7 – discussed, updated, agreed, and follow up actions listed.	
1.4	MHARMs Introductory Pack See item 6.1	
1.1	New Trust Structure See item 4.	
2.4	MHARMs to send top 5 concerns to DP for forwarding to DK DP confirmed responses had been received and forwarded to DK. A discussion followed during which the following concerns were agreed by those present: 1. Quality of reporting for hearings. 2. Lack of discharge planning. 3. Lack of effective care planning. 4. Care plans do not capture the overall care. 5. Do you get a 'right meeting' i.e. do hearings take place as they should. 6. Patients are not prepped sufficiently for hearings. 7. Information either from within the trust or from services outside the trust not always available. 8. Information on how a patient will move on after discharge insufficient. DP to liaise with DK re taking this forward. A discussion took place regarding the suitability and arrangement of rooms depending on the patient. It was agreed that with some patients a more informal arrangement of furniture i.e. the hearing did not take place across a table may make the patient feel more at ease. DP to relay this to the MHAA Teams. Action: DP	Action: DP
2.5	Nurses' Report and whether it should be ward/team report?	
2.6	RCs not completing CPA document Updates will be given at future forums as the MHA Administration QI project progresses.	
4.	Operational Structure	

	<p>The Trust Structure chart as at September 2019 was shared with the MHARMs.</p> <p>LH gave the following update:</p> <ul style="list-style-type: none"> • The focus is on integrated services in the local community. • Clinical leaders and senior managers have been appointed to each of the 5 divisions. • Parity will be given to Mental Health Services • The trust board is in the process of delegating as much responsibility as possible direct to the divisions. • SR will give expert advice across the trust on the Mental Health Act (MHA) to ensure the operation runs smoothly. • There will be a sizable clinical and operational aspect of MHA to ensure patients are properly and legally represented. Karl Marlowe, Chief Medical Office, will lead on this. <p>LH: Confirmed that all divisions had lead staff with a MH background.</p> <p>LH: Quality Improvement is now the ‘universal’ approach to service improvement.</p>	
<p>5.</p>	<p>MHARMs’ Training</p>	
<p>5.1</p>	<p>MHARMs Panels and Disclosure Sarah Woods, Snr Associate, DAC Beechcroft</p> <p>A presentation was given during which MHARMs were invited to ask questions.</p> <p>It was agreed that ‘How to Address Non-Disclosure Issues’ should be a formal item on the next agenda.</p> <p>How would a non-disclosure issue be administered? SR to respond. Action: SR</p>	<p>Action: SR</p>
<p>6.</p>	<p>MHARMs Discussion</p>	
<p>6.1</p>	<p>MHARMs Introductory Pack AMacD reported this was on route to SR for review after which it would go to the MH Legislation Committee for approval.</p> <p>AJ commended CD for the immense amount of work she had done in putting this together.</p> <p>LH: This looks a really useful document for both beginners and experienced MHARMs alike.</p>	
<p>6.2</p>	<p>Hospital Visitors Pilot AJ: 9 MHARMs who engaged in the pilot were split into groups of 3. The groups were allocated Antelope House, Elmleigh and Parklands. Each group visited their allocated site on 3 separate dates. The MHARMs had open communication with both patients and staff.</p> <ul style="list-style-type: none"> • A variety of wards were visited. • After the first two visits the good communication with staff had been established. There was a question and answer session. • There was a wrap up meeting. AJ believed there was value in moving this process forward and suggested it would be good for the MHARMs to visit other units e.g. Ravenswood. 	

- AJ suggested that MHARMs should change teams.
- The pilot is still at a conceptual stage.
- The work that comes out of this will go to the MH Legislation Committee and through other processes.
- This was 3 days well spent. AJ saw things that in 8 years he had not seen as a governor. AJ would like to see the hospital visits continue

MCr:

- Overall an interesting and informative time, units different in style and response.
- It needs to be confirmed to whom should the findings be addressed?
- It should be a 'level playing field'. It is not appropriate that some hospital visitors have a direct line to the Trust Board/Chair.
- Should findings be triangulated to ensure findings are accurate?
- Introductions/links should be made to link hospital visitors with current post holders.
- Should hospital visitors concentrate on building and developing local links?
 - Advantages: Building relationships, greater links with local community services.
 - Disadvantages: underlines the 'silo working', does not facilitate sharing and celebration of good practice.
- Should hospital visitors be tasked with specific issues e.g. S17, or should this be with quality assurance?
- Current hospital visitors are well-experienced MHARMs. How will future hospital visitors be trained?
- How would future visits be decided? Would the hospital visitors decide?
- What level of confidentiality can and should be guaranteed to patients and staff who are interviewed?
- Not just looking at legal weaknesses, but also clinical. How qualified should hospital visitors be to make such judgements?
- What safeguards are there if concerns are raised which would impact on individuals. Have unions been made aware of the pilot?

BB:

- There should be a bottom up approach i.e. hospital visitors go in and ask what they like or have a more specific structure.
- The reporting structure should be more defined.
- Agreed with Ray Palmer's email to all of the MHARMs that there needs to be some direction regarding this project.

GC:

- A robust wash-up meeting is needed.

JB:

- On my final visit, I met with a newly appointed modern matron who had useful ideas for the future. They are looking to remove historic issues and move on. It was impressive.

All involved agreed that the subsequent conference calls were good.

Concerns raised:

SCo: Staff are having to deal with these visits when they are already busy. Caution needs to be exercised before approaching a unit/service.

	<p>MR: When talking to staff, if they feel their comments are going to the Trust Board, it makes them more reticent to speak out.</p> <p>LH: The pilot has obviously flushed out a lot of feedback. This will lead onto the next piece of work. It would be good to look at other trusts to see what they are doing. The MH Legislation Committee need to decide how they are going to take this forward.</p>	
7.	Any Other Business	
7.1	<p>Book Recommendation – PG 'Somebody I Used to Know: A Memoir', Mary Mitchell A journey inside the mind of a person with early-onset Alzheimer's disease.</p> <p>This was created out of the author's blog. It is an interesting but straightforward read.</p>	
7.2	<p>Volunteer Policy and Procedure document for DBS checks– LH LH requested that DP send out the above-mentioned policy to the MHARMs. Action: DP</p>	Action: DP
8.	Trust Update	
	None.	
9.	Remaining MHARMs Forum 2019	
	<p>Thursday 5th December: 10.00am – 1.00pm</p> <p>Venue: Kings Community Church, Upper Northam Road, Hedge End SO30 4BZ</p>	

.....
Chair / Committee Chair – [Name]

.....
Date

Minutes of the Mental Health Legislation Sub-Committee meeting

Tuesday 28 May 2019

13:30 – 16:30

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

Members:

David Monk	Non-Executive Director (Committee Chair)
Jeni Bremner	Non-Executive Director
Dr Karl Marlowe	Medical Director
Siven Rungien	Mental Health Act Manager
Eliot Smith	Professional Lead for Safeguarding

In Attendance:

Amy Bradley	Approved Mental Health Professional Team Manager, Southampton City Council
Beth Ford	User Involvement Facilitator (Item 8)
Andrew Jackman	Lead Governor & MHARM
Julia Lake	Deputy Director of Nursing
Sonya Mclean	Mental Health Transformation Commissioning Manager for Crisis Care
Josie Metcher	Public Governor
Megan Plunkett	Corporate Governance Administrator
Sarah Spooner	Corporate Governance Manager
Lilian Turner	Public Governor

Apologies:

Lynne Hunt	Chair
Barry Day	Chief Operating Officer
Paula Hull	Director of Nursing and Allied Health Professionals

1. #Hellomynameis & Apologies for Absence

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

2. Declarations of Interest

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

3. Minutes of the Meeting held on 12.02.2019 and Action Log

- 3.1. The Minutes of the meeting were reviewed.
 - 3.1.1. Andrew Jackman noted he would prefer to be called both Lead Governor and Mental Health Act Review Manager. Subject to this

amendment being made, the minutes were approved as a true record of the meeting.

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. Use of the Mental Health Act and the impact on the use of our beds

4.1. Siven Rungien presented the Use of Mental Health Act and the impact on the use of our beds report, highlighting:

4.1.1. Whilst the use of the Act will directly impact on beds this remains a wider systems issue requiring us to understand our current community mental health service offer, as well as our attitude to the risk of our services and the reasons why we use beds for care as opposed to home treatment. This includes understanding the overall system that we have in the community, how patients are cared for, and how and why patients are referred to/discharged from our services. Amongst other things, the Quality Improvement project on patient flow into Community Mental Health Services in Southampton will provide further insight into these results this will include:

4.1.2. Explored the current state of how referrals to and discharge from services takes place;

4.1.3. found that patient views about the process are mixed;

4.1.4. Agreed to draft and implement 'transfer of care' criteria;

4.1.5. agreed to streamline the referral process to make it easier for GPs to refer and patients to access our services;

4.1.6. agreed to scale down the size and scope of MDT meetings in the central CMHT and Southampton AMHT to really focus time and discussions on patient care;

4.2. Agreed to develop a web-based interactive map of Trust mental services. Siven Rungien asked the committee that they would continue to follow through on the action plan following the Quality Improvement Workshop on patient flow in Southampton and that a further workshop was planned to take place in June to focus on access points and the community team structures.

5. Thematic Review on Section 17 Leave

5.1. Siven Rungien presented the Thematic Review on Section 17 Leave Report explaining the Trusts Strategic aims.

5.2. The Committee discussed that the use of Section 17 Leave may not be used appropriately within the Trust.

5.2.1. Beth Ford explained that she had been reviewing the Section 17 Leave forms and how in some cases Section 17 leave had been given for 'Smoking Breaks'.

5.3. The Committee agreed that the Hospitals Visitor pilot could be used to support Beth with her current work and further auditing around Section 17 Leave.

5.4. Siven Rungien noted that there would be a Hospital Visitors planning session taking place on 25th July 2019; Beth Ford to be invited to this to discuss the Hospital Visitor pilot supporting the work on section 17. Hospital visitor pilot AMH visits will be taking place on the 6, 13 and 20 August.

5.5. The Committee agreed for the results to be presented at the Mental Health Legislation Sub-Committee in October.

Action: Section 17 Leave Audit results to be presented at the Mental Health Legalisation Sub-Committee in October.

Date: 08 October 2019

Amy Bradley joined the meeting

6. The Trusts Section 2 Detention Figures

6.1.1. Amy Bradley joined the meeting to provide an update on the Trusts Section 2 Detention figures. In 2015/16 there were 1,196 uses of Section 2;

6.1.2. In 2016/17 there were 981 uses of Section 2;

6.1.3. In 2017/18 there were 976 uses of Section 2;

6.1.4. In 2018/19 there were 759 uses of Section 2.

6.2. The Committee agreed for Amy Bradley to implement an audit process on why Section 2 is used more than Section 3. The information collated will be fed back to the Mental Health Legislation Sub-Committee. It was agreed that Siven Rungien would contact the AMHP leads at Hampshire and Portsmouth regarding a similar process for their section 2 applications.

Action: Southampton City Council, Hampshire County Council and Portsmouth City Council to present information collated why Section 2 is used more the Section 3.

Date: 08 October 2019

7. Monitoring the Mental Health Act

7.1. Agenda item deferred to the next committee meeting in October.

8. Patient/ Carer Feedback of their Experience of Mental Health Act

8.1. Beth Ford joined the meeting and explained the projects that she had been working on:

8.1.1. completing service user experience audits across all inpatient wards which has had an 83% return rate.

8.1.2. working closely with service users to produce easy read posters which have basic descriptions of different sections and leave.

- 8.1.3. Beth advised that there had been posters placed within inpatient wards stating the rights of informal patients. This has raised some concern with staff on the wards.
- 8.1.4. Beth confirmed that carers would be given a leaflet which would explain in detail the rights and information about the patients section.
- 8.2. It was noted that Beth Ford would be working with the Hospital Visitor pilot to support further auditing of the Section 17 Leave patients.

Sonya Mclean left the meeting

9. S136 Breaches and Feedback on Incidents

- 9.1. Amy Bradley provided an update of the Section 136 Breaches. It was noted that there had been an increase in the Section 136 Breaches as result of the change in section 136 timings and bed availability.
- 9.2. Amy Bradley advised that the escalation protocol is not always being followed. The Committee were assured that Clinical Directors were working closely with the AMHP Services for this to filter through.
- 9.3. Adam Cox and Amy Bradley had been reassessing the screening for female beds and how this could be more efficient.

Action: Jeni Bremner expressed her interest in numbers of the High Intensity Users. David Monk recommended for the numbers of High Intensity Users to be fed back at the Committee in October with the Director of Psych Liaison. The Committee would like to understand how many Section 136 Breaches occurred and how long the breach lasted.

Date 08 October 2019

Action: The number of High Intensity Users involved in Section 136 breaches to be fed back to The Committee also confirming how long the breach lasted.

Date: 08 October 2019

10. Mental Health Units (Use of Force) Act 2016

10.1. The Committee discussed The Mental Health Units (Use of Force) Act 2016, Siven Rungien followed by updating the committee on the piece of legislation to restrict the high intensity use of certain cases. This would include:

- 10.1.1. An appointed person to oversee the legislation. An update is to be provided by Emma Wadey.
- 10.1.2. As a Trust available communications around the act would be shared widely.
- 10.1.3. The data to be recorded correctly.

10.2. Jeni Bremner stated she would liaise with Sara Courtney and Emma Wadey and then link this back into the Mental Health Act Review Managers Forum.

Action: Jeni Bremner to link into the Mental Health Act Review Managers Forums after collating updates from Sara Courtney and Emma Wadey regarding the Mental Health Units (Use of Force) Act 2016.

Date: 08 October 2019

11. Implementation of 'Decision Making and Mental Capacity – NICE Guidance 108'

11.1. Eliot Smith presented the Implementation of 'Decision Making and Mental Capacity – NICE Guidance 108' report highlighting the main themes of the report being:

- 11.1.1. Co-Production of local policy and training
- 11.1.2. Personalisation of decision-making
- 11.1.3. Emphasis on Advance Care Planning
- 11.1.4. Explicit recognition of the Mental Capacity Element
- 11.1.5. Increased focus on support decision making
- 11.1.6. Enhancing training
- 11.1.7. Quality assurance

11.2. A position paper and unified MCA and DoLS strategy that incorporates the NICE Guidance and implementation and CQC Quality Improvement action will be produced.

11.3. In Response to a query from Dr Karl Marlowe, Eliot confirmed the training is around a focus on human rights care. Unified MCA strategy is a way of moving this forward, providing construal guidance and finding a dedication MCA lead.

11.4. Dr Karl Marlowe confirmed that the Senior Management Committee would be the correct place to put this forward via Safeguarding Lead, Paula Hull.

Action: Paula Hull to present paper on Unified MCA and DoLs Strategy as Safeguarding Lead at the Senior Management Committee.

Date: 08 October 2019

12. Mental Health Act Committee

12.1. The Minutes of the meeting from 20 March 2019 were reviewed. The Section 136 development was discussed in the Mental Health Act Committee meeting and was signed off.

13. Any Other Business

13.1. David Monk noted the importance of collating feedback of the continued work of Mental Health Act Managers and ensuring the Mental Health Act Review Managers feedback is logged and fed back into the Mental Health Agenda.

13.2. David Monk proposed two new members for the consideration of the committee.

13.2.1. Beth Ford, Service User Involvement Facilitator, the Committee supported this.

13.2.2. Louise Blakely, The Committee would like clarity around Louise being a member however is welcome as an attendee meeting for the next few meetings.

14. Agreement of next meeting agenda

14.1. It was agreed that the following items would be added to the agenda:

14.1.1. Nearest Relative Pathway

14.1.2. Pathway in Care

14.1.3. An Update on the Use of Force

14.1.4. A Presentation on the Section 136 Breaches

14.1.5. Further feedback relating to the Section 2 & 3 Detention Figures

14.1.6. An update to be provided on the Southampton QI Work.

15. Governor Feedback

15.1. Josie Metcher commented on how informative the meeting had been, she highlighted the number of acronyms that had been used during the meeting.

15.2. Lillian Turner gave positive feedback relating to Beth Ford's work and stated that she appreciated coming to these meetings. Andrew Jackman expressed how he feels the meeting is starting to come together.

16. The Review of Meeting Effectiveness

16.1. The Committee appreciated the input of Amy Bradley and Sonya Mclean and found it very useful.

17. Items for Reporting to Board

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

17.1.1. Kingsley Policy work

17.1.2. Positive feedback on AMHT flow work

17.1.3. Section 17 Leave, ensuring it is legally compliant. Currently not therapeutically being used. Expecting dip in people's views

17.1.4. Section 2 and Section 3 detention issues

17.1.5. To note the issues around Section 136 Breaches and to include more details around data.

17.1.6. A paper will be produced around MCA and DOLs which will then be presented at the Senior Management Committee.

18. Close

18.1. The Committee Chair thanked Committee members for their attendance and closed the meeting at 16:20.

Certified as a true record of the meeting

.....
Committee Chair – David Monk

.....
Date

Minutes of the Quality & Safety Committee meeting

Tuesday 30 July 2019 13.30-16.30

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
Paula Hull	Director of Nursing and Allied Health Professionals (Lead Executive)
Dr Karl Marlowe	Medical Director

In Attendance:

Paula Anderson	Finance Director
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
Emma Wadey	Deputy Director of Nursing
Loretta Kinsella	NHS Fareham and Gosport CCG (Observing)
Adrian Thorne	Appointed Governor, Carers Together
Beth Ford	User Involvement Facilitator for Mental Health, Learning Disabilities and Specialities Services
Kate Tetley	Community Matron, Winchester City Community Care Team
Anthea Cooke	Corporate Governance Coordinator (Minutes)

Apologies:

Sara Courtney	Deputy Director of Nursing
Kim Perry	Deputy Director of Finance
Robert Goldsmith	Non-Executive Director
David Monk	Non-Executive Director
Michael Bernard	Non-Executive Director
Kate FitzGerald	Non-Executive Director
Dr Mayura Deshpande	Associate Medical Director (Quality)
Lilian Turner	Public Governor, North Hampshire
Andrew Jackman	Public Governor, Southampton
Aileen Murray-Gane	Nurse Consultant for Older Persons' Mental Health

1. #Hellomynameis & Apologies for Absence

1.1. Dr David Hicks 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 11.06.2019 and action log

3.1. The minutes were agreed as an accurate record of the meetings held on 30.04.19 and 11.06.19.

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. Integrated Performance Quality and Risk Report

4.1. Paula Hull presented the Integrated Performance Quality and Risk Report highlighting the improving number of green rag ratings within the Quality dashboard. Paula confirmed that there was an implementation plan in place to address the amber rating for Triangle of Care.

4.2. Paula advised receipt of an Information Request from the CQC and reiterated the need for her oversight of submissions to CQC.

4.3. Dr Karl Marlowe confirmed that while there had been no mixed sex accommodation breaches, one unit still requires adapting to accommodate patients in single sex wards.

4.4. In response to a question from Jeni Bremner regarding the roll out of the Triangle of Care across the Trust, Karl confirmed that training was taking place for all mental health units initially, this would then be rolled out across the community and outpatient units and then to Physical Health in 2020.

ACTION: Dr Karl Marlowe to provide an update to the next meeting on the roll out of Triangle of Care across the Trust

4.5. Adrian Thorne reported his attendance at Triangle of Care training which had been positive and suggested information sharing and confidentiality as areas for targeted support to ensure frontline staff are confident around what information they can share.

4.6. In response to a question from Jeni Bremner regarding the CQC action plan, Paula Hull confirmed that all of the actions had work streams attached to them and would have a preparedness program to identify actions necessary to achieve an outstanding rating. Karl Marlowe suggested that this would need to be done as part of a wider piece to confirm the Trust's position.

Action: Karl Marlowe to bring a paper to a future meeting detailing the clinical guidance on information sharing.

4.7. Paula Hull advised that within the Board Assurance Framework, the target date for strategic risk SR3 had been moved to September.

5. Smoke Free Policy

5.1. Beth Ford presented the report and advised that some minor changes had been made to the Policy following discussion at the last Committee meeting. These which included clarification around the use of Section 17 leave for smoking and also the use of e-cigarettes.

5.2. Beth confirmed that a ban had been implemented on the use of matches and lighters due to fire and safety regulations.

5.3. After due consideration of the changes, the Committee approved the Policy.

6. Suicide Prevention Strategy

6.1. Emma Wadey and Roger Colvin attended the meeting to provide a presentation and an update on the Suicide Prevention Strategy.

6.2. Emma advised that of the national suicide prevention strategy which sets out recommendations that would form the basis of the Trust's Suicide Prevention Strategy. Emma advised that all Mental Health Trusts had developed an inpatient suicide prevention action plan. Emma informed the Committee that a Suicide and Self Harm Prevention Group had been set up and developed the 'Every Life Matters' programme with six areas of focus that include:

- Awareness
- Communication
- Follow up
- Safety planning
- Reducing access to means
- Postvention

6.3. Emma informed the Committee that Solent, Hampshire and the Isle of Wight were involved in holding the first conference on Suicide Prevention and were keen to be involved and work together.

6.4. The next Suicide Prevention Steering Group would take place on 8 August where there would be a focus on the action plan and performance data. The Committee discussed and agreed how feedback from the Suicide Prevention Steering Group meeting would be presented back to the Quality & Safety Committee.

6.5. Emma advised that the Suicide Prevention Strategy would be launched on 10th September to coincide with world suicide prevention day.

6.6. Beth Ford commented on the powerful, and potentially upsetting nature of the stories people have to tell around suicide and self-harm and requested that meeting attendees are forewarned to allow them to make decisions around whether to attend. Paula Hull agreed that there would need to be better consideration and warning of this at future meetings.

7. Thematic Review of Pressure Ulcers

7.1. Kate Tetley presented the report highlighting the work that was ongoing around care planning and mobile working. She explained the technology limitations and advised that smart phones for community staff was being considered.

7.2. Paula Hull commented on the triangulation of intensive support and agreed to undertake a review.

Action: Paula Hull to undertake a review of the triangulation of intensive support.

7.3. The Committee commended the report and thanked Kate for coming.

8. Quality Impact of Out of Area Placements (OAPs)

8.1. Helen Ludford introduced the report which she explained highlighted the quality, safety and experience impacts to patients when they are placed out of area. She reported the need for better communication with patients and carers when moving to an OAP and confirmed that quality visits with patients who have been placed out of area would continue.

8.2. Dr Karl Marlowe reiterated the importance of patient choice particularly when that patient does not want to move out of area. It was agreed this would be highlighted at the daily sitrep call.

9. Safeguarding Reports

9.1. Caz Maclean presented the report and advised that the quarter four and annual report had been combined for this paper. Caz reported the key highlights from the Report:

9.1.1. Safeguarding geographical hubs are operational

9.1.2. The Mental Health Act is on track

9.1.3. Safeguarding Leads are in place

9.1.4. Compliance for Adult Safeguarding training is not where it should be due to a high turnover of staff

9.1.5. Fulfilling additional capacity required including being asked to support court protection work.

9.2. Caz advised that a project had been set up to look at Liberty Protection Safeguards and that this would be brought to the next meeting to determine how to meet the requirements.

Action: Liberty Protection Safeguards update to be brought to the next meeting.

- 9.3. Paula Hull reported that MASH received positive feedback at the recent CCG Safeguarding Forum.
- 9.4. The Committee approved the Report.

10. End of Life Report

10.1. Julia Lake presented the report and advised that the embargo had been lifted on the End of Life Audit. Julia highlighted some key areas of focus:

- 10.1.1. Work had taken place around Medication Management as there had been a small number of incidents.
- 10.1.2. The Syringe Driver prescription had been reviewed following incidents where the syringe drivers had stopped with no known cause.
- 10.1.3. The Future Planning template had been developed which service users would be able to complete and upload to the GP system. A launch of the document was planned for August 2019.

10.2. Dr Karl Marlowe reported that Raj Shergill, Chief Pharmacist was leading on a project to look at the management of medication controls.

10.3. The Committee agreed that this report should be reported at Trust Board

Action: End of Life Audit to be taken to the Trust Board

11. Serious Incident and Incident Report

11.1. Helen Ludford presented the report highlighting that the Serious Incident and Learning from Deaths reports would be combined from the next quarter.

11.2. Paula Hull asked for the themes in the report to be linked to the dashboard to enable monitoring on a regular basis.

11.3. Dr Karl Marlowe reported that the Medical Examiners report would now be included in the Learning from Deaths report.

12. Appraisal and Revalidation Report

12.1. Dr Karl Marlowe presented the report highlighting the medical appraisal and revalidation levels within the trust during the financial year 2018/19. Karl advised that there were 180 Doctors requiring revalidation and 11 late appraisals.

12.2. Karl advised that Jane Hazelgrove had been appointed as Deputy Chief Medical Officer and Clinical Director for Workforce and would be overseeing appraisals and job planning going forward.

13. Improvement Action Plan Updates (CQC)

13.1. Paula Hull presented the report and advised that there were six actions overdue or at risk of not meeting deadlines relating to OPMH services, she confirmed that these would be highlighted at the Senior Management Committee.

13.2. Paula highlighted the concerns relating to the lack of access to psychological therapies, she explained that the provision had been reviewed and an interim plan had been put in place.

13.3. Dr Karl Marlowe confirmed that access to psychiatry and psychology support was key and that all Medical Directors had been asked to report back regarding the support available.

13.4. Paula confirmed that risk 2e had been completed.

13.5. Paula provided an update on risk 4a and reported that a care plan had been developed in Andover that would be rolled out in the North with the Record Steering Group leading.

Action: Paula Hull to arrange for the Records User Group and Record Steering Group to coordinate a workshop on care planning.

14. Minutes from Sub-Committees

14.1. The Committee noted the minutes from the Patient Experience, Engagement and Caring Sub Group meeting held on 29.05.2019 and the Mental Health Act Committee meeting held on 20.03.2019 & 22.05.2019.

15. Agenda for the next meeting

15.1. The Quality Improvement report for the Safeguarding Mental Capacity Act to be added to the agenda for the next meeting.

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

16. How has this meeting added value

16.1. Loretta Kinsella reported that she had found the meeting really helpful and in particular the Safeguarding reports.

16.2. Adrian Thorne commented that he had found the presentation from Emma Wadey and Roger Colvin helpful and asked if we were making the best use of carer's views,

16.3. Paula Hull suggested having a comprehensive Patient Experience report at a future meeting.

17. Items for Reporting to Board

- Triangle of Care
- Smoke Free Policy
- Suicide Prevention Strategy

- Out of Area quality impact
- Safeguarding Reports
- End of Life Report
- Learning from Deaths Report

18. Any Other Business

18.1. 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 24 July 2019 - 09.00-12.30

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

Members:

Dr Nick Broughton	Chief Executive/Committee Chair
Paula Anderson	Finance Director
Rachel Anderson	Clinical Director
Adam Cox	Clinical Director
Sue Damarell-Kewell	Director of Planning, Performance, Business Development and Contracting
Dr Mayura Deshpande	Clinical Director
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
Helen Ludford	Associate Director of Quality Governance
Dr Karl Marlowe	Chief Medical Officer
Andy Mosley	Associate Director of Estates
Hazel Nicholls	Head of Psychological Therapies
Sarah Olley	Divisional Director of Operations
Kim Perry	Deputy Director of Finance
Raj Shergill	Chief Pharmacist
Emma Wadey	Deputy Director of Nursing
Graham Webb	Divisional Director of Transformation – MH & LD
Tom Westbury	Associate Director of Communications

In Attendance:

Lucy Abraham	sSs Team Leader and Practice Educator (Observing)
Beth Ford	User Involvement Facilitator for Mental Health, Learning Disabilities and Specialities Services
Carol Ingham	Senior Project Manager
Rebecca Lawry	Company Secretary and Head of Corporate Governance
Sheree Palaczky	Head of Technology and Innovation
Helen Reading	Associate Director of Technology
Kerry Salmon	Deputy Director of Workforce
Sarah Spooner	Corporate Governance Manager

Apologies:

Nicky Adamson-Young	Divisional Director of Operations
Sara Courtney	Deputy Director of Nursing
Paul Draycott	Director of Workforce, Organisational Development and Communications
Jane Williams	Divisional Director of Transformation – ISD

1. #Hellomynameis & Apologies for Absence

1.1. Dr Nick Broughton welcomed members to the meeting and apologies were noted as above.

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 19.06.2019 and action log

3.1. The minutes of the meeting held on 19.06.2019 were agreed as an accurate record of the meeting.

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

4. Chief Executive Update

4.1. Dr Nick Broughton provided a verbal update highlighting;

4.1.1. Feedback received from the recent incident at Antelope House. Beth Ford wished to thank members of the Committee for the support service users and carers received during this difficult time

4.1.2. The Trust had submitted a response following the recent Provider Information Request for CQC and that it was anticipated a visit from CQC would be towards the end of the year. Nick asked members of the Committee to consider any areas that may require attention and to ensure issues that were raised at the last inspection had been addressed. Paula Hull agreed to circulate the submission sent to CQC.

Action: Paul Hull to circulate the CQC submission to members

4.1.3. The appointment of Heather Mitchell, Director of Strategy and Infrastructure Transformation who would be joining the Trust in August 2019

4.1.4. The interviews for the Chief Operating Officer were scheduled for 31 July

4.1.5. Nick offered his thanks to members of the Committee for the hard work that had continued, in particular for out of area beds and the divisional structure during a challenging time of change

5. Hot Spot Reporting

5.1. Sue Damarell-Kewell presented the hot spot report and asked that members provided any feedback directly to her. It was agreed that the report would be

presented to the next Divisional SMT, the Executive Performance Group in August and the next Finance & Performance Committee in September 2019.

6. Out of Area Beds

6.1. Paula Anderson advised that the new Area Bed model had been implemented from 8 July. Paula reported the position to have deteriorated due to an increase in the use of PICU beds. Paula confirmed that a daily Sit-rep call had been implemented chaired by an Executive Director and the hope that this level of oversight and the implementation of the model would ensure a reduction in the number of Out of Area placements.

6.2. The Committee discussed the use of community teams in the reduction in out of area placements; and it was agreed that with support from the executive team for clinical decision making in the community, there was the potential to reduce admissions.

6.3. Nick Broughton confirmed out of area bed placements remained a priority area of work for the Trust.

7. Finance Update

7.1. Kim Perry presented the Finance Report for Month 3 and provided a presentation on the Financial Recovery Plan. Kim highlighted that there was a workshop planned in September to consider the use of medical agency staff.

7.2. The Committee discussed the benefits for service users when using permanent staff and the need for better use of rosters and joint working between units. It was noted that discussions were ongoing around the use of rotational positions.

7.3. Kim Perry confirmed that she would be working with the divisions on transformation and that the Recovery Plan would continue to be developed to include milestones and timescales.

8. Divisional Updates

8.1. Sarah Olley presented a proposal for changes to ward function and locality in Southampton, South & West Hampshire and Mid & North Hampshire in order to:

- 8.1.1. Improve quality and continuity of care through reduction in the use of out of area beds
- 8.1.2. Ensure that there are appropriate inpatient facilities to meet the needs of local populations
- 8.1.3. Reduce the spend on mental health acute beds by increasing Southern Health NHS Foundation Trust (SHFT) bed stock

8.2. The Committee acknowledged the intention for a Safe Haven to be established in a community setting for adults needing crisis support for their mental health and the opportunity this provided to relocate the Crisis Lounge to the Safe Haven. The Committee agreed that Beth Ford should be involved in the discussions regarding the relocation, particularly in the agreement of the premises.

Action: Sarah Olley to liaise with Beth Ford regarding the relocation of the Crisis Lounge

8.3. The Committee supported in principle the proposal. It was agreed for the papers to be circulated and for members to send any comments directly to Sarah; it was also agreed for the paper to be further developed to include the staff and service user engagement that had taken place to date.

8.4. For the Southampton Division, Sarah Olley reported that recruitment continued to be challenging and confirmed that a recruitment and retention plan was in place.

8.5. For the South West Division, Racheal Anderson reported:

8.5.1. Staff concerns regarding the next inline consultation, it was noted the consultation was due to end today and that a final version would be approved by the Executive Team the week commencing 29 July 2019

8.5.2. The significant pressures at University Hospital Southampton (UHS), an urgent meeting had been arranged to discuss system plans

8.5.3. Patients presenting at UHS since the closure of the Urgent Treatment Centre at Lymington, Rachel confirmed that concerns were being highlighted to commissioners

8.6. Portsmouth and South East Hampshire Division, Robin Harlow reported:

8.6.1. Positive feedback from the recent Market Event that had taken place

8.6.2. International recruitment ongoing

8.6.3. The work ongoing regarding Single Sex Accommodation, particularly on Poppy Ward.

8.7. For the East Division, Julia Lake reported:

8.7.1. Concerns around the continued use of plastic bags from the Trust domestic services. Beth Ford reported that plastic bags were in use in bedrooms at Antelope House and that staff had reported they felt uncomfortable removing bags from patient rooms. It was agreed that the use of plastic bags was prohibited and that this would need to be escalated to domestic services as a matter of urgency.

ACTION: Ban on use of plastic bags in inpatient wards to be highlighted at team briefings and with domestic services

8.8. The Committee reflected on the recent ligature incidents. It was agreed that the urgent ligature meeting would be opened with a case study and that an alert would be circulated to ensure learning is shared across the Trust

Action: Emma Wadey to look at how we ensure learning is spread at pace across the Trust via alerts and for Helen Ludford to share a case study at the upcoming urgent ligature meeting

8.9. For the Specialist Services Division, Mayura Deshpande reported:

8.9.1. The challenges with recruitment on both Willow Ward and in Leigh House which may result in the closure of beds

- 8.9.2. The participation in provider collaborative interviews and that this was expected to commence in April 2020
- 8.9.3. Refurbishment plans in Bluebird House supported by the Trust's Brighterway Charity
- 8.10. For the Mid and North Division, Hazel Nicholls reported:
 - 8.10.1. The shortage of consultant cover in Winchester expected next week
 - 8.10.2. The work around ligatures that was due for completion on 27 July
 - 8.10.3. The positive meeting that had been held with Thames Valley regarding access to therapies

9. Integrated Performance Report

- 9.1. Sue Damarell-Kewell presented the Integrated Performance Report; it was agreed the report would be discussed outside of the meeting due to time constraints.

10. Board Assurance Framework

- 10.1. Rebecca Lawry presented the Board Assurance Framework and explained that a review was being undertaken, with an updated framework to be presented to the Board in September 2019.

11. Operational Risk Report

- 11.1. Paula Hull presented the Operational Risk Report and asked the Committee to consider the four new identified risks for approval. In discussion of the new risks the following points were made:
 - 11.1.1. Risk 1873 – Karl Marlowe agreed to review the target score and date with Robin Harlow
 - 11.1.2. Risk 1866 – Racheal Anderson expressed concern regarding the MRI Scanner should it breakdown and the significant financial impact this would cause. Nick Broughton agreed to raise the concerns at the meeting scheduled with The League of Friends later that week. The Committee agreed for the risk to be added to the risk register.
 - 11.1.3. Risk 1814 – Graham Webb agreed to review the target score and liaise with Richard Plastow
 - 11.1.4. Risk 1934 – The Committee agreed for the risk to be added to the risk register.

12. Learning from Events; Deaths, Serious Incidents and Complex Complaints

- 12.1. Helen Ludford presented the report highlighting the proposed changes to the meeting structure for Serious Incident and Mortality Reporting. The Committee agreed the following:

- 12.1.1. Serious Incident and Mortality Forum would now be the Learning from Events; Serious Incident, Mortality and Complex Complaints Forum
- 12.1.2. The proposed attendees set out in the report

Carol Ingham and Sheree Palaczky joined the meeting

13. EPR Procurement

13.1. Carol Ingham and Sheree Palaczky provided a presentation on the outcomes, Clinical Director feedback and recommendation from each divisional workshop. The workshops were held to enable the Clinical Directors to make an informed recommendation to the Committee on the Trust EPR re-procurement work in order for a decision to be reached. The Clinical Director led workshops to explore the clinical impact of each of the system options as agreed at SMC in May.

13.2. In response to a question around the evaluation of the pilots, particularly around benefits to patients and improved patient outcomes, Robin Harlow confirmed that administrative time had been saved and that there had been a reduction in duplication. It was acknowledged the biggest benefit for GP's was around time saved for patient referrals. Robin Harlow and Rachel Anderson took an action to speak with the pilot teams to fully understand and capture the benefits around patient outcomes specifically gained by use of the community module integrated with the GP system.

13.3. The Committee discussed the importance of having real time data available, and the associated clinical risks should this not be the case.

13.4. It was agreed that Robin Harlow would invite Carol Ingham to attend the Primary Care Network meeting to share and discuss the paper and Southern Health's perspective on integrated partnership working with CCGs and the progress to date.

Action: Robin Harlow to invite Carol Ingham to the Primary Care Network meeting

13.5. The Committee supported the recommendation to retain, formalise, but not extend both the South East and South West pilots for 12 months. South East and South West divisions would lead a discussion regarding risk sharing and financial support with commissioners. It was agreed an update would be shared with the Board in September.

Action: Rachael Anderson and Robin Harlow to lead a discussion regarding risk sharing and financial support with commissioners

Carol Ingham and Sheree Palaczky left the meeting

Ed Purcell joined the meeting

14. Cyber Security & Operational Resilience

14.1. Ed Purcell joined the meeting to present the report that provided an overview of the assessment by NHS Digital's Cyber Operational Resilience Support (CORS) team following their visit to the Trust.

14.2. The Committee noted the recommendations within the report and agreed this should be added as a linked risk to the Board Assurance Framework to highlight the work that is planned.

Action: Rebecca Lawry to include Cyber Security as a linked risk to the Board Assurance Framework to highlight the work that is planned

Ed Purcell left the meeting

15. Retention

15.1. Kerry Salmon provided a presentation on improving staff retention and shared feedback from a staff member who was looking to leave the Trust due to their experiences. Kerry highlighted that Trust wide turnover had gradually been reducing and was 16.7% in June 2019. She explained that there had been a dramatic increase in turnover of Registered Allied Health Professionals (AHPs) from 15.5% in June 2018 to 22.1% in June 2019.

15.2. The Committee discussed the number of leavers with less than 12 months service and the reasons for this. The Committee noted that retention was a priority area for the Trust. Kerry agreed to update the Workforce & Organisational Development Committee on the progress of the Retention Steering Group over time.

16. Communications Strategy

16.1. Tom Westbury presented the Communication Strategy and asked that members provided any feedback prior to approval at Trust Board in September 2019.

17. Safer Staffing Report

17.1. The Committee noted the Safer Staffing report.

18. Agenda for next meeting

18.1. The Committee agreed the agenda for the next meeting.

19. Any other Business & Close

19.1. Beth Ford informed the Committee that lighters and matches were to be removed from wards due to fire safety. It was noted that Ward Matrons were key to ensuring the wards were adhering to this.

19.2. Karl Marlowe presented the recommendation for Southern Health NHS Foundation Trust to cease the Adult Liaison Psychiatry Nurse Assessments at QA of 16 – 17 year olds in A&E at Queen Alexandra Hospital, Portsmouth.

Action: Karl Marlowe to liaise with Dr Vicki Osman-Hicks and Suzannah Rosenberg, Portsmouth CCG and to report back to Informal Executive Committee on the 29 July 2019

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

Certified as a true record of the meeting

.....
Committee Chair – Dr Nick Broughton

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Date

Minutes of the Senior Management Committee

Wednesday 25 September 2019 - 09.00-12.30

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

Members:

Dr Nick Broughton	Chief Executive/Committee Chair
Paula Anderson	Finance Director
Rachel Anderson	Clinical Director
Sue Damarell-Kewell	Director of Planning, Performance, Business Development and Contracting
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
Grant MacDonald	Chief Operating Officer
Heather Mitchell	Director of Strategy & Infrastructure Transformation
Andy Mosley	Associate Director of Estates
Hazel Nicholls	Clinical Director
Kim Perry	Deputy Director of Finance
Raj Shergill	Chief Pharmacist
Emma Wadey	Deputy Director of Nursing
Tom Westbury	Associate Director of Communications
Jane Williams	Divisional Director of Transformation – ISD

In Attendance:

Lucy Abraham	sSs Team Leader and Practice Educator (Item 9)
Karen Dixon	CAMHS Service Manager (Item 9)
Tracey Edwards	Security Manager (Item 11)
Beth Ford	User Involvement Facilitator for Mental Health, Learning Disabilities and Specialities Services (Item 6 Via Phone)
Bethan Grundy	Nurse Practitioner, Leigh House (Item 9)
Simon Johnson	Head of Essential Training Delivery (Item 9)
Rebecca Lawry	Company Secretary and Head of Corporate Governance
Carmen Morcillo	Consultant Child & Adolescent Psychiatrist (Item 9)
Tracey McKenzie	Head of Compliance, Assurance and Quality
Farayi Nyakubaya	Modern Matron (Item 9)
Charles Penfold	Divisional Accountant (Item 10)
Richard Plastow	Risk Manager (Item 12)
Helen Reading	Associate Director of Technology
Megan Robinson	Graduate Trainee (Observing)
Sarah Spooner	Corporate Governance Manager
Paul Thomas	Associate Director of Capacity and Flow (Item 6)

Anna Williams Company Secretary and Head of Corporate Governance

Apologies:

Nicky Adamson-Young	Divisional Director of Operations
Sara Courtney	Deputy Director of Nursing
Adam Cox	Clinical Director
Julia Lake	Divisional Director of Nursing and Allied Health Professionals
Helen Ludford	Associate Director of Quality Governance
Dr Karl Marlowe	Chief Medical Officer
Sarah Olley	Divisional Director of Operations
Graham Webb	Divisional Director of Transformation – MH & LD
Kerry Salmon	Deputy Director of Workforce

1. #Hellomynameis & Apologies for Absence

1.1. Dr Nick Broughton welcomed members to the meeting and apologies were noted as above.

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 24.07.2019 and action log

3.1. The minutes of the meeting held on 24.07.2019 were agreed as an accurate record of the meeting for signing by the Chair.

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

4. Chief Executive Update

4.1. Dr Nick Broughton provided a verbal update highlighting;

4.1.1. The upcoming visit from the Care Quality Commission (CQC). He explained that inpatient mental health services and crisis services were likely to be the areas of focus. Tracey McKenzie highlighted the positive feedback that had been received from the recent Older Persons Mental Health focus group.

4.1.2. The pressure and challenges being faced by the local acute Trusts and the need to plan for winter pressures.

4.1.3. Following the recent Isle of Wight NHS Trust CQC inspection, Southern Health NHS Foundation Trust had been approached to apply to become a strategic partner for the Trust. An expression of interest would be submitted by Friday 27 September 2019.

4.2. Paula Anderson provided an update on the proposal that was presented at the last meeting to change some mental health ward functions and localities in Southampton, South & West Hampshire and Mid & North Hampshire. She explained that this was still a work in progress and consultation with commissioners was ongoing. The group agreed for a communications plan to be developed to include the aspiration for the services and clear timescales. The Committee noted that Graham Webb was working to develop an overarching strategy for the changes to mental health services.

Action: Tom Westbury and Paula Anderson to develop a communications plan for the mental health services

4.3. In response to a query from Nick Broughton on ECT suites, Robin Harlow confirmed that Adam Cox had a meeting scheduled with commissioners and would provide a verbal update at the next meeting. **Action: Adam Cox to provide an update at the next meeting on the commissioners' feedback on plans for ECT suites**

5. Future Governance of Service Transformation

5.1. Nick Broughton presented a proposal for the future governance arrangements for the Senior Management Committee (SMC) and the intention for this to take on a more strategic focus going forward. Nick also explained the work that had been completed by the Transformation Programme Board (TPB) and proposed that going forward the work of the TPB be amalgamated into the SMC with its wider focus.

5.2. It was agreed that the Terms of Reference for the Committee would be reviewed and presented back at the next Committee meeting for approval.

5.3. The group supported the proposal for SMC to become the Strategic Transformation Committee.

Paul Thomas joined the meeting

6. Feedback on Out of Area beds

6.1. Beth Ford provided a summary of the feedback from the Out of Area Beds review, advising that she had recently written to all service users that were in Out of Area beds; out of 90 she had received 86 responses either via telephone, letter or face to face. She highlighted the consistent theme to be around inadequate communication with them and their families when they were transferred out of area.

6.2. Paul Thomas highlighted the work that was ongoing around care coordinators; he explained a number of service users out of area had now been allocated a care coordinator and the remainder were being followed up.

6.3. In response to a query from Mayura Deshpande regarding the allocation of a care coordinator for forensic beds, Paul Thomas and Mayura agreed to discuss this further out side of the meeting.

6.4. Nick highlighted the importance of progressing the actions quickly, particularly around the travel arrangements and expenses for families to visit their loved one.

Paul Thomas and Beth Ford left the meeting

7. Divisional Updates

7.1. For the Specialist Services Division, Mayura Deshpande reported:

- 7.1.1. The challenges that remain around recruitment on both Willow Ward and in Leigh House.
- 7.1.2. The preparation work for the upcoming Care Quality Commission visit.

7.2. Mayura highlighted that the opening of Austin House was likely to put some pressure on the Trust from NHS England regarding the admission of more complex service users.

7.3. For the South West Division, Racheal Anderson reported:

- 7.3.1. The significant pressures that remain at University Hospital Southampton; and the need to consider system support for winter pressure.
- 7.3.2. The ongoing challenges with recruitment, the next in line consultation had concluded and staff were now recruited to substantive posts and the Clinical Leads had been identified.

7.4. For the South Portsmouth and South East Hampshire Division, Robin Harlow reported:

- 7.4.1. Work was ongoing on Poppy Ward to convert this to single sex accommodation. Paula Hull confirmed that Sara Courtney was working with Andy Mosely around the elimination of dormitories at Gosport War Memorial Hospital. She explained that a comprehensive plan for implementation had been developed.
- 7.4.2. The challenges remain with recruitment, Robin explained that by the end of October there would not be a Geriatrician and it was proving difficult to recruit a locum.

7.5. For the Mid and North Division, Hazel Nicholls reported:

- 7.5.1. The ongoing work to reduce out of area beds from two to zero and the pressure around female PICU beds
- 7.5.2. A meeting had taken place regarding Marchwood Priory and the impact that the difference in threshold to admit to acute hospital was having on the divisional bed model

7.6. Hazel raised concern regarding a potential fire risk at Parklands Hospital involving the safety of a number of immobile service users; she explained that the fire officer had been notified and that mitigations were being put in place. Nick expressed great concern regarding the safety for these service users and asked that the fire officer and a member of staff with nursing expertise attend Parklands Hospital to undertake a safety assessment and for an update to be provided by close of business today.

Action: Fire Safety assessment to be undertaken at Parklands Hospital and an update to be provided to Nick Broughton by close of business today

7.7. An update from the Southampton Division would be received at the next meeting.

7.8.

8. Finance Update

8.1. Kim Perry presented the month 5 finance report highlighting that £16.4m (88%) of Cost Improvement (CIP) schemes had been identified and year to date £3.7m had been delivered compared to the plan of £6.2m. Nick highlighted the importance for the divisions to focus on reviewing CIP schemes and for the pace of delivery to accelerate to enable the Provider Sustainability Funding (PSF) to be met for Q3 and Q4.

8.2. In response to a query raised by Emma Wadey regarding the ability to cross charge to NHS England, Kim confirmed that discussions remained ongoing around negotiating penalties.

Lucy Abraham, Karen Dixon, Bethan Grundy, Simon Johnson, Carmen Morcillo and Farayi Nyakubaya joined the meeting

9. Accreditation of Restrictive Interventions

9.1. Emma Wadey introduced the proposal to implement the new Restraint Reduction Network training standards which would come into place in April 2020. She provided an overview of the two available options and highlighted that option two, which would see all mental health inpatient staff trained in West London on a 7 day course, would be the preferred option due to the available support from 14 other Trusts using the same West London PMVA support and advice.

9.2. After due consideration, the group supported option two; to train all mental health inpatient staff in West London PMVA 7 day course. It was also agreed that the 2 day Supporting Safer Services (sSs) refresher course would continue until all inpatient staff had completed the full 7 day course to remain compliant with training.

10. Use of mechanical restraint in Leigh House

10.1. Emma Wadey introduced the item and the team provided an overview of the complexity of the care being provided to service users in Leigh House and the impact this was having on the team.

10.2. In response to a query from Paul Draycott, Karen confirmed that reflective practice is offered to the team and that nursing staff meet on a weekly basis to support each other.

Action: Paul Draycott to liaise with the team at Leigh House to ensure adequate support was in place

Lucy Abraham, Karen Dixon, Bethan Grundy, Simon Johnson, Carmen Morcillo and Farayi Nyakubaya left the meeting

Charles Penfold joined the meeting

11. SWASH Business Case

11.1. Rachel Anderson and Charles Penfold presented the proposal to renew the SWASH (Salisbury, Wight and South Hampshire Hospitals) PACS (Picture Archiving Communication System), RIS (Radiology Information System) and Datacentre contract for the next 8 years and to move to a centralised (PACS) solution.

11.2. After due consideration the Committee supported the proposal; Paula Anderson reported that she would support 'fair share' costing and would like to be involved in the agreement of this.

Charles Penfold left the meeting

12. Lone Worker Solutions Proposal

12.1. Paula Hull introduced the item highlighting that following feedback from the staff survey and whilst on site visits regarding the Trusts support to lone working she had commissioned a review led by Tracey Edwards on lone worker solutions.

12.2. Tracey explained the lone worker supplier day that took place with IT; the day provided the opportunity for clinical staff to explore the lone worker solution products and to discuss any gaps in the lone worker process.

12.3. In response to a query from Nick Broughton, Tracey confirmed that Sky Guard was already in use within the Trust and teams had given positive feedback on the device. Nick highlighted that the safety of staff members within the community teams was of great importance and fully supported the rollout of lone worker devices across the teams.

12.4. Paula Anderson raised concern regarding the costings and asked for detailed costings to be shared. She also raised concern around procurement and suggested that Tracey worked with Fiona Maton, Head of Procurement to ensure the necessary procurement process is undertaken.

12.5. Paul Draycott suggested that Tracey also worked with Anne Prout, Union Representative to support staff members in understanding the purpose of the device and the importance of staff members wellbeing when lone working in service users homes. He also suggested Tracey worked with Tom Westbury to communicate the decision to staff members.

12.6. The group supported the proposal to provide lone worker devices to high risk members of staff working in the Adult mental health teams and the community mental health teams. It was agreed the process would be in place within those areas within four weeks subject to tender.

Tracey Edwards left the meeting

Richard Plastow joined the meeting

13. Operational Risk Report

13.1. Paula Hull introduced the item; she explained that there were a number of risks that needed to be reviewed and updated and asked that this be brought to the attention of the divisions.

13.2. The following updates were provided:

13.2.1. Risk 576 – It was agreed Paula Anderson and Paula Hull would review the risk criteria. A view would then be taken in March 2020 on whether this would enable the risk score to reduce. In response to a query from Emma Wadey regarding the use of agency workers and the risk this potentially exposes, Paula Hull

confirmed a report would be presented to the next Quality & Safety Committee on the impact of staffing on quality.

Action: Paula Anderson and Paula Hull to review the risk criteria of risk 576

- 13.2.2. Risk 1187 – No change to the risk rating score was made. The target date was reviewed and changed to December 2019.
- 13.2.3. Risk 1577 – The target date was reviewed and changed to December 2019.
- 13.2.4. Risk 872 - The target date was reviewed and changed to December 2019.
- 13.2.5. Risk 1814 – Richard Plastow to liaise with Adam Cox for an update

Action: Richard Plastow to liaise with Adam Cox for an update relating to risk 1814

- 13.2.6. Risk 1987 – Paula Anderson reported that a programme was in place to install door sensors throughout Bluebird House and Leigh House. She confirmed that the door sensors had been installed at Antelope House.

13.3. Richard asked for the divisions to commit in providing an update on the following risks outside of the meeting; Risk 1503, Risk 1567, Risk 986, Risk 1728 and Risk 1808

Action: Divisions to provide an update directly to Richard Plastow on Risk 1503, Risk 1567, Risk 986, Risk 1728 and Risk 1808

14. Board Assurance Framework

14.1. Due to time constraints of the meeting it was agreed the Board Assurance Framework would be reviewed at the next Informal Executive meeting.

15. Communications Report

15.1. Tom Westbury provided a verbal update highlighting;

- 15.1.1. The Communication Strategy was approved by the Trust Board on 17 September 2019
- 15.1.2. The positive response received to the Every Life Matters campaign; Tom thanked Emma Wadey and Roger Colvin for their support.
- 15.1.3. The opening of Austin House on the 30 September 2019
- 15.1.4. The Communications team were providing media training to assist with preparation for media interviews and encouraged the group to take up this offer of training.

16. Quality Improvement Plan CQC Update

16.1. Paula Hull presented the report highlighting the overdue actions and the ambition for these to be completed within the next two weeks.

16.2. Raj Shergill highlighted that a recent audit had raised some concerns around fridge temperatures and the full audit report was awaited. The group discussed the significant improvements that had already been made regarding fridge temperatures and what more could be done to support teams.

17. Freedom to Speak Up Report (Whistleblowing)

17.1. Paul Draycott presented the Q4 Freedom to Speak up Report highlighting the increase on Bullying and Harassment. He explained that Kerry Salmon was undertaking a holistic review of this.

18. Agenda for next meeting

18.1. The Committee agreed for Rebecca Lawry and Heather Mitchell to review the agenda for the next meeting to establish the Strategic Transformation Committee.

18.2. It was noted that an update on EU Exit would need to come to the next meeting

19. Any other Business & Close

19.1. Paul Draycott reported that the Staff Survey was now live and encouraged members to complete the survey.

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

Certified as a true record of the meeting

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Committee Chair – Dr Nick Broughton

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Date

Minutes of the Senior Management Committee

Wednesday 23 October 2019 - 09.00-12.30

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

Members:

Dr Nick Broughton	Chief Executive/Committee Chair
Paula Anderson	Finance Director
Rachel Anderson	Clinical Director
Adam Cox	Clinical Director
Sue Damarell-Kewell	Director of Planning, Performance, Business Development and Contracting
Dr Mayura Deshpande	Clinical Director
Paul Draycott	Director of Workforce, Organisational Development and Communications
Lisa Franklin	Director of Technology and Chief Information Officer
Paula Hull	Director of Nursing and Allied Health Professionals
Julia Lake	Divisional Director of Nursing and Allied Health Professionals
Nicky Macdonald	Divisional Director of Operations
Heather Mitchell	Director of Strategy & Infrastructure Transformation
Andy Mosley	Associate Director of Estates
Hazel Nicholls	Clinical Director
Kim Perry	Deputy Director of Finance
Graham Webb	Divisional Director of Transformation – MH & LD
Anna Williams	Associate Director of Corporate Governance and Risk
Jane Williams	Divisional Director of Transformation – ISD

In Attendance:

Dean Garrett	Head of Business Development (Item 9)
Vanessa Lawrence	Deputy Chief Pharmacist
Rebecca Lawry	Associate Director of Corporate Affairs
Tracey McKenzie	Head of Compliance, Assurance and Quality
Ria Osborne	Safer Staffing Lead (Item 15)
Helen Reading	Associate Director of Technology
Sarah Spooner	Corporate Governance Manager
Paul Thomas	Associate Director of Capacity and Flow (Item 9)

Apologies:

Nicky Adamson-Young	Divisional Director of Operations
Zaid Alabbasi	Medical Director
Sara Courtney	Deputy Director of Nursing
Ben Goodwin	Divisional Director of Nursing
Rob Guile	Divisional Director of Operations
Robin Harlow	Clinical Director
Helen Ludford	Associate Director of Quality Governance
Dr Karl Marlowe	Chief Medical Officer

Bobby Moth
Sarah Olley
Laura Rothery
Raj Shergill
Emma Wadey
Tom Westbury

Associate Director of Education and LEaD
Divisional Director of Operations
Divisional Director of Operations
Chief Pharmacist
Deputy Director of Nursing
Associate Director of Communications

1. #Hellomynameis & Apologies for Absence

1.1. Dr Nick Broughton welcomed members to the meeting and apologies were noted as above.

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 25.09.2019 and action log

3.1. The minutes of the meeting held on 25.09.2019 were agreed as an accurate record of the meeting for signing by the Chair.

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

4. Terms of Reference

4.1. Heather Mitchell presented the Terms of Reference for the Strategic Transformation Committee (STC) highlighting that STC would supersede the current Senior Management Committee (SMC) and the Transformation Steering Committee.

4.2. The following points were raised:

4.2.1. Paula Hull urged some caution to ensure that a number of reports continue to be reported at this senior level, for example the safer staffing report which requires monthly oversight at a senior management level and the operational risk report that is delegated to this committee for oversight and acceptance of risk..

4.2.2. Paul Draycott suggested that there needed to be a review of the membership and noted that this would be done in conjunction with the review of the role and membership of the Senior Management Team meetings to ensure there was no duplication.

4.3. In response to the points raised, Rebecca Lawry advised that STC would retain the interim extended membership until the Chief Operating Officer commenced in his role and had undertaken a review of the divisional governance arrangements.

4.4. Nick Broughton agreed to include these interim STC terms of reference within his Chief Executive Board report to inform the Board of the interim governance arrangements for the Committee.

Action: Interim Strategic Transformation Committee Terms of Reference to be included within the Chief Executive Board report in November 2019

5. Transformation of Older Persons Mental Health Services

5.1. Paula Hull introduced the Older People's Mental Health change programme and advised that this would be led by an external Nurse Consultant for Older People and a project team.

5.2. Graham Webb provided an overview of the proposed three staged approach as set out within the report and highlighted the Rapid Process Improvement Workshops that would take place during December 2019 and January 2020 to engage staff, service users and carers; and obtain views on the development of the new model and pathways. He confirmed that a proposal on the service model and pathways would be presented back to the Committee in January 2020.

Action: Older Persons Mental Health service model and pathways to be added to the January 2020 Strategic & Transformation Committee agenda

6. Making Every Contact Count

6.1. Paula Hull presented the vision for embedding Making Every Contact Count (MECC) across the Trust and highlighted how this approach supported behaviour change and enabled individuals to engage in conversations about their health and make positive changes to their physical and mental health wellbeing; and how this supports the delivery of prevention programmes.

6.2. In response to a query from Nick Broughton, Jane confirmed that having an agreed approach would bring the organisation in line with surrounding providers and would support the delivery of MECC across Hampshire.

6.3. In response to a query from Paul Draycott, Jane agreed to increase the number of staff to complete the MECC training programme in year two.

6.4. After due consideration the Committee supported the recommendations as set out within the report under next steps.

7. Developing High Level Priorities

7.1. Heather Mitchell presented the Transformation Priority Programmes of Work and asked Committee members to provide any feedback prior to being presented at the Finance and Performance Committee on 5th November 2019.

7.2. The group agreed for timescales to be added and for an order of prioritisation to be identified.

Action: Comments on the Transformation Priority Programmes of Work to be emailed directly to Heather Mitchell ahead of Finance & Performance Committee in November; and timescales and order or prioritisation to be added to the report.

8. Learning Disability Improvement Standards

8.1. Nicky MacDonald presented the report highlighting the progress made since the 2018/19 Learning Disability Improvement Standards benchmarking audit. She advised that the next benchmarking audit would take place from November 2019 to January 2020

8.2. Nicky explained that consideration continued to be given to engagement with patients and carers on the completion of the patient and carer survey to increase the response rate this year.

8.3. It was agreed Paul Draycott would be the Executive Lead for the Learning Disability Improvement Standards and Paul and Nicky would liaise further outside of the meeting.

Racheal Anderson joined the meeting.

9. Quality Improvement Presentation

9.1. Dean Garret and Paul Thomas presented an update on the Acute Mental Health Multi-Agency Discharge Rapid Process Improvement Workshop (RPIW) that ran in conjunction with Hampshire County Council.

9.2. Dean agreed to circulate the report out video from the RPIW to Committee members.

Action: Acute Mental Health Multi-Agency Discharge RPIW report out video to be circulated to Committee members.

9.3. Dean shared a list of individuals who had been trained as a Quality Improvement facilitator and reiterated the importance of enabling these individuals to be seconded in to support future RPIW's.

9.4. In response to a question from Heather Mitchell regarding the delivery of actions from the RPIWs, Paul confirmed that a 30, 60 and 90 day action plan was developed as part of the RPIW and the group take stock at these intervals to monitor the progress.

9.5. Nick Broughton emphasised the importance of the Trust's investment into Quality Improvement and suggested that the Acute Mental Health Multi-Agency Discharge RPIW report out video be presented at the next Senior Leaders Away Day along with a strong message of support from the executive team.

Action: Acute Mental Health Multi-Agency Discharge RPIW report out video to be presented at a future Senior Leaders Away Day along with a strong message of support from the executive team

9.6. Heather Mitchell suggested a more strategic approach towards RPIWs and to link the projects to the Trusts objectives and the divisional objectives she explained that this would enable a way to identify the appropriate Quality Improvement facilitator.

9.7. Dean Garrett asked the divisions to consider any areas they may wish to pursue under a RPIW for cohort seven commencing in January 2020.

Action: Divisional Leads to liaise with Dean Garrett on any areas they may wish to pursue under a RPIW for cohort seven commencing in January 2020

9.8. The significant progress made around Quality Improvement transformation over the last 12 months was commended; in particular the in-house QI training capability that had been built within the Trust.

9.9. The Committee noted that a presentation of the Quality Improvement projects that had taken place over the year would be presented to the Trust Board in November.

Paul Thomas and Dean Garrett left the meeting

10. Digitally Enabled Clinician

10.1. Helen Reading presented an update on the Digitally Enabled Clinician Programme which would enable the Trust to transform the way services are delivered using technology.

10.2. Rachel Anderson raised a concern around the use of video consultation software particularly where an individual required a physical examination. The group agreed that the use of electronic solutions may not be appropriate for all services.

10.3. The group discussed the benefit of using video consultation software for follow up consultations and how this may have a positive impact where the number of staff vacancies is high.

10.4. Lisa Franklin reminded the Committee of the available Information Technology workshops and commented that uptake had been disappointingly low. The Committee discussed the need for better communication to inform staff about the digital options available to them.

11. Estates Strategy

11.1. Andy Mosely provided a verbal update on the Estates Strategy; he confirmed that addressing single sex wards had been included within the strategy. Andy explained the need for improved utilisation of the Trust's buildings; he advised this may enable a reduction in estate or the Trust being able to deliver more services.

11.2. Heather Mitchell advised that a review of occupancy would also be undertaken and asked for the clinical divisions to support on this.

12. Specialist Division Strategy

12.1. Mayura Deshpande gave a verbal update of the key areas of the Strategy:

12.1.1. Adult Forensic Services – work was ongoing to confirm the output of the needs assessment for future service configuration; final confirmation awaited regarding allocation of central funds for the establishment of a specialist community forensic team, and mobilisation plan shared with NHS England.

12.1.2. Learning Disability – Ongoing challenges regarding staffing, including consultant psychiatrists. Review underway of operational structures in teams. Willow ward – ongoing active discussion with executive colleagues of financial and sustainability risks.

- 12.1.3. Adolescent Services – Austen House formally open, patients and clinical team to move in by end of October. Ongoing conversations with NHS England and provider collaborative regarding future clinical model and commissioning of Leigh House as current model unsustainable.
- 12.1.4. Children & Families - HCC 0-19 tender was submitted on 20th September 2019. Notification of award to the successful bidder scheduled for 31st October 2019, unsuccessful bidders will be made aware of award by end of November 2019.
- 12.1.5. Immunisation tender submitted 7th August 2019 with presentation delivered to commissioners on 30th September 2019. Outcome of tender to be notified November/December 2019.
- 12.1.6. CHIS Tender was released on 1st October 2019 and project management is being undertaken by Health Care Bids. Bid responses underway ready for submission by 15th November 2019. Contract award 2nd March 2020.
- 12.1.7. Quit4Life transferred to Solutions4Health at end of September. Farewell event took place for 17th September 2019. The Quit4Life Team were supported by senior staff and the division on their last day with the Trust.

12.2. The output of the needs assessment for future service configuration would require further discussion with representatives from the provider collaborative of adult secure care at the Board Seminar meeting in November 2019.

Action: Further discussion of future service configuration to be undertaken with the provider collaborative at the Board Seminar meeting in November 2019.

Adam Cox left the meeting

Kerry Salmon joined the meeting

13. People and Organisational Development Strategy Refresh

13.1. Paul Draycott presented the Strategy Refresh, highlighting the key areas of update; and asked for feedback and comments ahead of presentation of the Strategy at the Workforce and Organisational Development Committee on the 5th November 2019.

Action: Committee members to provide feedback and comments on the People and Organisational Development Strategy to Paul Draycott ahead of the Workforce and Organisational Development Committee on the 5th November 2019

Kerry Salmon left the meeting

14. Finance Report

14.1. Kim Perry presented the month 6 finance report, confirming that the Control Total for Q2 had been met. She explained that the main driver for the underlying deficit continued to be high usage of Out of Area placements, high agency usage and unmet Cost Improvement Plans (CIPS).

14.2. Kim highlighted that the next key milestone was the Q3 Control Total and confirmed that divisions had been asked to improve their run-rate by £0.1m in November and December. She also confirmed that discussions were ongoing with commissioners for some financial support.

14.3. Nick Broughton reiterated the need to focus on the reduction of out of area beds and to ensure the delivery of the identified divisional CIPS to meet the Q3 Control Total.

Ria Osborne joined the meeting

15. Safer Staffing Report

15.1. Paula Hull introduced the Safer Staffing Report, advising that this was the monthly exception report presented in line with the national reporting standards.

15.2. In response to a query from Jane Williams regarding the reporting of staffing levels within the enhanced support at home and therapy team, Ria Osborne agreed to review where this would be reported.

Action: Ria Osborne to confirm where the enhanced support at home team figures are reported.

15.3. Paula Anderson asked that the number of closed beds across Antelope House be updated. She also agreed to circulate a report from Sussex Partnership who have a single page within their performance report demonstrating their safer staffing position.

Action: Paula Anderson to circulate the report from Sussex Partnership who have a single page within their performance report demonstrating their safer staffing position

Ria Osborne left the meeting

16. Bed Capacity Review

16.1. Heather Mitchell highlighted the ongoing work in relation to a review of bed capacity across services. It was agreed a report would come to the next Strategic & Transformation Committee on the bed model options for Older Persons Mental Health and Adult Mental Health for consideration and agreement on how to better engage partner organisations.

Action: Bed model options for Older Persons Mental Health and Adult Mental Health to be added to the agenda for the next Strategic & Transformation Committee meeting

17. Board Assurance Framework

17.1. Rebecca Lawry and Paula Hull presented the report highlighting the need to review the target scores and dates for the following risks:

- 17.1.1. SR 3 There is a risk we fail to provide patients with a positive experience of our services. The group agreed the revised target date of January 2020

- 17.1.2. SR 4 There is a risk that we fail to maintain and develop confidence in SHFT as a care provider. The group agreed a revised target date of March 2020
- 17.1.3. SR 5 There is a risk that we do not maintain & develop Specialised Services in a way that benefits patients. The group agreed the revised target date of January 2020.

Nick Broughton left the meeting and Paula Anderson took over as Chair.

18. Business Development Update

- 18.1. Paula Anderson presented the Business Development update for information.
- 18.2. Heather Mitchell provided an update on Ageing Well Integrated Intermediate Care and commented that discussions were ongoing with Hampshire County Council and Southampton City Council on the winter planning opportunities.

19. Agenda for next meeting

- 19.1. The Committee agreed for Rebecca Lawry and Heather Mitchell to review the agenda for the next meeting. It was agreed the reporting of the following items would be considered for the next meeting; Integrated Performance Report, Safer Staffing report, Finance Report and the Operational Risk Report.
- 19.2. It was agreed an update on Integrated Intermediate Care would be presented at the next meeting.

20. Any other Business & Close

- 20.1. The Committee approved the 2020/21 Board and Committee meeting dates schedule.
- 20.2. Paul Draycott highlighted that the staff survey was now live and encouraged members and their teams to complete the survey.
- 20.3. Paul Draycott provided an update on the EU Exit plans and confirmed systems were in place for staff members to work from offices across Hampshire should there be any transport issues.
- 20.4. There being no further business the meeting was declared closed.

Certified as a true record of the meeting

.....
Committee Chair – Dr Nick Broughton

.....
Date

Minutes of the Transformation Steering Committee meeting
Monday 2nd September 2019
11.00-13.00
Conference room 8, Sterne 7, Tatchbury Mount

In Attendance:

Nick Broughton	Chief Executive
Karl Marlowe	Medical Director
Rachel Anderson	Clinical Transformation Lead
Emily Holloway	Business Development Programme Lead
Richard Webb	MH East Area General Manager
Dean Garrett	Head of Business Development
Amanda Smith	
Becky Kefford	
Kathryn Salt	
Nathan Clifford	
Georgie Townsend	

Apologies:

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
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 11:05.

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. Minuets and action log

- 5.1. The minuets of the last meeting were agreed for accuracy.
- 5.2. See separate action log

6. Cohort 1 project reviews

			
Psychological Therapies RPIW 1 yr	QI PU review AUg 19.doc	TSC 020919 Update on outcomes from the	Violence and agresion.pptx

Certified as a true record of the meeting

.....
Chair – Nick Broughton

.....
Date

Workforce & Organisational Development Committee meeting

Tuesday 9 July 2019 13.00-16.00

Conference Room, Tatchbury Mount, Calmore, SO40 2RZ

MINUTES

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
Paula Anderson	Finance Director
Paula Hull	Director of Nursing and AHP's
Dr Karl Marlowe	Medical Director
Michael Bernard	Non-Executive Director
Kate FitzGerald	Non-Executive Director
David Monk	Non-Executive Director

In Attendance:

Rob Cragg	Deputy Director of Organisational Development and Inclusion
Bobby Moth	Associate Director of Education
Kerry Salmon	Deputy Director of Workforce
Rebecca Lawry	Company Secretary
Anne Prout	Staff Side Chair
Emma Wadey	Deputy Director of Nursing
Sue Damarell-Kewell	Deputy Director Planning, Performance, Business Development & Contracting
Gemma Surridge	Staff Governor
Anthea Cooke	Corporate Governance Coordinator

Apologies:

Barry Day	Chief Operating Officer
Kim Perry	Deputy Director of Finance
Tom Westbury	Associate Director of Communications
Sara Courtney	Deputy Director of Nursing
Lilian Turner	Public Governor, North Hampshire

1. #Hellomynameis and apologies for absence

1.1. Jeni Bremner welcomed members to the meeting, which she opened at 13.00.

2. Declarations of Interest

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

3. Minutes of meeting held on 26.02.19 and matters arising and action log

3.1. Paragraph 4.9 was noted as an action and was added to the action log with dates, in order for it to be tracked.

4. People and Organisational Development Strategy Updates

4.1. Paul Draycott presented the Update report on the People and Organisational Development Strategy and advised that the report provided an update on delivery in the last quarter against the strategic priorities highlighted in the Strategy, and what was planned for the next quarter. Paul explained that as the strategy had been in place for 12 months this provided a timely opportunity to review and refresh the strategy and align it to the Trust strategy that was not in place when the People and Organisational Development strategy was written

4.2. Kerry Salmon reported that the Health Education England Interim People Plan had been issued with six areas of focus for Workforce and the need therefore to align this with the Trust Strategy.

ACTION: Health Education England Interim People Plan to be put on the agenda for the next meeting

4.3. Rob Cragg informed the Committee that this would be a hybrid year for appraisals given some staff have adopted the cascade form and some are still using the old form. Rob advised that the number of appraisals completed was slightly below expectation due to the restructure that has taken place.

4.4. Karl Marlowe commented on the cultural shift from an organisation with a blame culture to one with a supportive culture and asked that this be specifically referenced in the Strategy. Paul confirmed that once the Strategy had been refreshed this would be included as a key aim for the Trust to achieve.

4.5. Paul reported that Jane Hazelgrove had been appointed as the Deputy Medical Director and would also spend one day a week as the Clinical Director for Workforce.

4.6. Paul advised that plans are in place to reduce the Statutory and Mandatory training and Bobby Moth advised that work was ongoing with the new ESR and Tableau team to relaunch the Statutory and Mandatory training. Bobby explained that she was working with Emma Wadey to look at reducing the burden of training on Staff and freeing up time to care.

4.7. Gemma Surridge informed the Committee that she had been working with a lot of patients who are having issues with their benefit claims. Paula Hull advised that a project was being trialled in Gosport with Benefit Advisors providing support to people with their claims and helping them access services. The project would be evaluated and then look to be rolled out across other teams.

4.8. Paula Hull reported that a three day workshop would take place to look at Nursing Supply. This would enable an increase in clinical placements and international recruitment.

4.9. Rob advised of the availability of cultural data split by teams, which provides scores against eighteen different parameters. Rob advised that there would be a refresh of all teams in August to identify any areas of concern. Jeni Bremner suggested that triangulation of the cultural and retention data could provide a valuable insight.

ACTION: Provide insight into reasons for leaving through the triangulation of culture and retention data.

4.10. David Kelham requested that supervision be included in the Strategy in order to ensure that we are more robust about management. Paul advised that there was a new manager's course available which has been very well attended.

4.11. Michael Bernard suggested more targets and metrics were required within the Strategy to ensure success can be measured.

4.12. Sue Damarell-Kewell advised that work had taken place to determine the key indicators and provide a triangulated picture of divisions. Sue confirmed that this is being developed in Tableau and would be part of the Board and Committee reports going forward.

5. Key Lines of Enquiry (KLOE) and Performance Reporting/ Workforce Reporting and Information

5.1. Paula Anderson advised that we need to scrutinise the Key in Committee and assure in Board. We need to look at how we can be more structured as we are not outcomes focussed enough. The Key Lines of Enquiry has gone through all of the Committees and we will be going out to each of the Divisions to get their views.

5.2. The Committee discussed the Care Quality Commission's Key Lines of Enquiry and the following points were agreed:

- The People and Organisational Development Strategy to be undertaken
- Measures and targets to be included in the Strategy
- Cross checked the Strategy with the CQC Well Led requirements.
- Communications Strategy to go to September Trust Board
- Strategic item to appear on each agenda
- Staff story to appear on each Committee agenda

ACTION: People and Organisational Development Strategy to go to Board in September

ACTION: Strategic item and staff story to appear on future Committee agendas.

6. Employee Relations Cases

6.1. Kerry Salmon reported that there had been a recent Board discussion around the level of support for Doctors and a question had been raised regarding how we support staff going through Employee Relations Cases.

6.2. Kerry advised that Bullying and Harassment and Grievance cases take up the most time which can have a significant impact on staff and cause distraction. Kerry explained that the team was looking to take a more pragmatic approach when dealing with these cases to see if there are alternatives to having an investigation.

6.3. Kerry advised that she had recently met with Jeni Bremner and Lynne Hunt to discuss NED involvement in highly complex cases and that it had been agreed that while NEDs would not routinely be part of the investigations, they would keep up to date through this Committee.

6.4. Kerry reported that a Quality Improvement workshop had been planned for September to review the process for investigations, disciplinary, grievance and bullying and harassment cases due to the need for a more timely approach and also to improve the skill and assertiveness in teams in order to manage this.

6.5. Paul Draycott commented that the number of people within the various employee relations processes was higher than the Trust would like, but confirmed that work was ongoing to look at cause and ensure that the time taken to close cases was reduce.

6.6. Anne Prout advised that the number of exclusions had dropped which was positive, however, a concern remains regarding the level of sickness absence. Anne also explained that some Staff become unwell while excluded pending investigation and the need to remain in regular contact with them.

7. Communications Strategy

7.1. Paul Draycott presented the Communications Strategy to the Committee. The Committee discussed the Strategy and Michael Bernard commented that that the 30 actions for 2020 would be a significant commitment, he also shared his concerns about the outcomes listed given the large number in progress and the lack of clarity and purpose around the actions.

7.2. After due discussion, it was agreed that the Communications Strategy would go to the Trust Board meeting in September with any comments to Tom Westbury and Paul Draycott.

8. Q4 Health and Safety Report

8.1. Paula Anderson presented the Q4 Health and Safety report and confirmed the target 90% Workplace Risk Assessment compliance had been achieved.

8.2. In response to a query from Rob Goldsmith around risk 1555 Paula confirmed that each site had an agreed action plan with fire and rescue.

8.3. Paula confirmed that she would check the status of risk 1854

ACTION: Paula to check the status of risk 1854

8.4. Paula Hull reported concern around the level of staff assault particularly on Willow Ward. It was agreed that this would be reported as an agenda item at the next meeting.

ACTION: Staff assault to be added as an item on the next agenda

8.5. The Committee took assurance from the report.

9. Guardian of Safe Working Report

9.1. The Guardian of Safe Working report was noted and the Committee was assured that the Safe Working Hours were met in accordance with the 2016 Terms and Conditions of working for Junior Doctors.

10. Bank and Agency meeting minutes

10.1. The Committee noted the minutes

11. Agreement of the next meeting agenda

11.1. It was agreed that the meeting due to take place in August would be cancelled and that a 1 hour extraordinary meeting would be arranged for September to discuss the following agenda items:

- Review of the People and Organisational Development Strategy
- Information reporting
- Communications Strategy

12. Items for Reporting to Board

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

- Key Lines of Enquiry
- Refreshed People and Organisational Development Strategy
- Employee Relations cases
- Health and Safety Report
- Guardian of Safe Working Report
- Update on Communications Strategy

13. Any Other Business

13.1. There being no further business the Chair declared the meeting closed.

Certified as a true record of the meeting

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Committee Chair – Jeni Bremner

.....
Date

Minutes of the Workforce & Organisational Development Committee meeting

Tuesday 10 September 2019 09:30 – 11:30

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

In Attendance:

David Kelham	Non-Executive Director
Rob Cragg	Deputy Director of Organisational Development and Inclusion
Bobby Moth	Associate Director of Education
Kerry Salmon	Deputy Director of Workforce
Tom Westbury	Associate Director of Communications
Rebecca Lawry	Company Secretary
Anne Prout	Staff Side Chair
Anthea Cooke	Corporate Governance Coordinator

Apologies:

Paula Anderson	Finance Director
Michael Bernard	Non-Executive Director
Dr Karl Marlowe	Medical Director
Paula Hull	Director of Nursing & Allied Health Professionals
Sara Courtney	Deputy Director of Nursing
Heather Mitchell	Director of Strategy and Infrastructure Transformation
Emma Wadey	Deputy Director of Nursing

1. #Hellomynameis and apologies for absence

- 1.1. Jeni Bremner welcomed members to the meeting, which she opened at 09.30.

2. Declarations of Interest

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

3. Workforce Planning Update

- 3.1. Kerry Salmon presented the Workforce Planning Update.
- 3.2. Kerry reported that the team had been redesigned and Mike Wells had been brought in to undertake workforce planning and help with forecasting.
- 3.3. Kerry confirmed that oversight of the system wide plans would continue and Trust plans would be updated and aligned.

3.4. Kerry also confirmed that representatives from the senior education team continued to attend STP meetings including the Dean of Southampton University and the Lead for the Local Workforce Advisory Board.

3.5. Bobby Moth informed the Committee that apprenticeships had grown which was an additional help and it was hoped that this may help with retention.

3.6. David Kelham advised that he was a representative at the Portsmouth and South East Hampshire ICP Network which various organisations attend. There was some confusion as to how all of the organisations work together and he requested that a Venn diagram be produced in order to show how the organisations work collectively.

ACTION: Venn diagram to be produced in order to show how the organisations work collectively

3.7. Kerry reported that the changes to the divisional structure provided the Divisional Directors with better oversight of their teams which would lead to an improvement in the Workforce KPI's and Financial information. Kerry confirmed that while there was now access to rich data, there was a need to further strengthen the analysis of that data.

3.8. Paul reminded the Committee that workforce planning remained one of the Trust's strategic priorities.

4. Performance Reporting and Outcome Measures

4.1. Paul Draycott presented the Performance report and advised that this was a revised version of the report as had been agreed at the last meeting and that it was hoped that this would provide more assurance around the metrics while remaining high level in terms of detail.

4.2. Jeni Bremner proposed a quarterly review of individual areas be undertaken as a thematic review and it was suggested this should focus on turnover, recruitment and retention at the next meeting, with a specific link to culture data.

ACTION: Thematic review of turnover, recruitment and retention to be added to the agenda for the next meeting.

4.3. Paul advised that he had requested that the information team look at productivity of the workforce and David Kelham requested a tableau summary be included detailing workforce compared to current budget and also the budget for last year.

ACTION: Summary of workforce tableau data to be added to Performance Reporting and Outcome Measures paper for each quarter

4.4. Rob Goldsmith advised that we need to check what we want to measure before we finesse the report and asked what targets were we setting for this financial year? He reported that we need to be more precise as to what was achievable and what that means for the next two years.

4.5. Jeni suggested that after the deep dives have been completed, if hot spots have been identified we can then invite divisions to the meeting.

4.6. In response to a query from David Kelham, Paul advised that the benchmark for turnover was 12-13% and 5% for sickness.

5. Freedom to Speak Up Report

5.1. Paul Draycott presented the Freedom to Speak up report to the Committee.

5.2. In response to a question from Rob Goldsmith regarding the clarity of the report, Paul Draycott agreed to speak to Elizabeth Kerridge-Weeks to ensure that future reporting contained more benchmarking and outcome measures. The Committee noted the report.

6. Communications Strategy

6.1. Tom Westbury presented the Communications Strategy and advised that he had been supporting divisions in developing their own divisional communications plans.

6.2. In response to a suggestion from Rob Goldsmith, it was agreed that further work would be undertaken on the stakeholder maps in advance of the next meeting.

ACTION: Stakeholder maps to be reviewed in advance of the next meeting.

6.3. The Committee discussed how it would take assurance on the implementation of the Strategy and agreed that a plan would be brought to the next meeting.

ACTION: Communications Strategy Implementation plan to be brought to the next meeting.

6.4. The Committee recommended the Communications Strategy to Board for approval.

7. How the meeting added value

7.1. Jeni Bremner reported that the meeting had been useful with good challenge and helpful actions for future meetings.

8. Items for Reporting to Board

- Workforce Planning
- Freedom to Speak Up Report
- Performance Reporting and Outcome Measures

9. Any Other Business

9.1. It was agreed that the Guardian of Safe Working Hours report was to be added to the agenda for the next meeting.

Certified as a true record of the meeting

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Committee Chair – Jeni Bremner

.....
Date

Item 3a

Minutes of the Working in Partnership Committee

Thursday 25 July 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
Annette Chalmers (AC)	Estate Services Quality and Assurance Manager
Barry Neaves (BN)	PLACE Assessor
Celia Burgess (CB)	Silver Links
Dominic Lodge (DL)	Community Development Manager
Ian Hynd (IH)	Brighterway Charity
Jayne Jazz (JJ)	Patient Engagement Lead, Learning Disabilities
Lilian Turner (LT)	Governor
Pamela Luck (PL)	Carer representing Learning Disabilities
Ricky Wilton (RW)	Senior Employment Officer, Southampton City Council
Ross Catchpole (RC)	Project Manager - Infrastructure Programme
Stephen Hales (SH)	Chair, Arnewood PPG, New Milton
Angeline Jackson (AJ)	Project Coordinator and minute taker
Apologies	
Anne Cato (ACo)	Health watch
David Lee (DLe)	Governor
Georgette Houlbrook (GH) Deputy Chair	Chair of Willow group PPG
Jennifer Hargrave (JH)	WRAP Co-ordinator (Recovery College)
Kellie Greenhalgh (KG)	Student Voice Academy Coordinator - Unloc
Nathan Clifford (NC)	Expert by Experience
Pam Sorensen (PS)	Engagement Manager
Rosie Taylor (RT)	Service User
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 10:05.	
2.	Apologies for Absence Apologies received from: ACo, DLe, GH, JH, KG, NC,PS, RT,SS and TW	

<p>3.</p>	<p>Minutes of Wednesday 25 July 2019</p> <p>Amendments</p> <p>Page 1 - Celia Burgess's (CB) - title to read as Silver Links.</p> <p>Page5 - Item 11 remove the third paragraph - LT suggested that the Trust should look into the Well Awards. This might be a better way of recognising Carers.</p> <p>With these amendments the minutes of 25 July 2019 were agreed as a true and fair record.</p> <p>Action Log</p> <p>Actions – 36, 45, 47, 48 and 49 were closed.</p> <p>Actions – 14, 46 and 50 were left open.</p> <p>Please see action log for details.</p>	<p>AJ (52)</p> <p>AJ (53)</p>
<p>4.</p>	<p>Patient Lead Assessments of the Care Environment (PLACE)</p> <p>AC reported that the Task and Finish Group have been involved in a PLACE audit - to identify the priority areas from a patient and patient representative's point of view. However Estates Services have no money available in this financial year to carry out any of these priorities. The group were concerned that we have no money to carry out the things that patients identify as priorities. DB agreed to raise this concern at the Patient Experience, Engagement and Caring Group</p> <p>AC shared the PLACE poll feedback that has been collated so far. It was agreed that AJ widens the poll to the all the Working in Partnership Committee members and other service user groups for their views.</p> <p>The group members suggested that Estate Services seek help from volunteers and sponsorship where possible to help carry out some of the work.</p>	<p>DB (54)</p> <p>AJ (55)</p>
<p>5.</p>	<p>Public Board meetings feedback</p> <p>The group members that attended the Trust board meeting in July 2019 shared the following feedback:</p> <p>Positives about the board meeting:</p> <ul style="list-style-type: none"> • Good mix of people, well attended and it was a good meeting • The volume of papers is far less than before and easier to read • The charts and graphs helped attendees understand information • The structure is better; for example using the strategic priority to present information made it sharper and link into the progress the Trust is making • The use of PDF for sharing the papers is commendable as the public can access this information without difficulty • Avoidance and explanation of jargon has improved • Things have improved greatly in comparison to the historic meetings group members attended • Some thought is being given to the agenda, and its structure; to make the 	

meeting function better and be more accessible.

Areas the public faced difficulty's

- Being engaged was challenging due to various factors such as maintaining concentration while listening to all the reporting, discussion and debate; and public interference
- Despite the cushioned seats, it would be helpful to have somewhere to rest our hands, tablets and papers- like a table we can slide up
- There weren't enough printed papers for the public and it wasn't clear where to get them from in the first place
- Patient story's – we need a reserved parking spot for patients that are presenting story's and provide support for them throughout the journey to present their story.
- We need to strongly recommend that patients who present their stories are not bombarded with several staff asking them to present the story to other meetings
- There is no sign or indication the Meeting was taking place there
- There was no question whether the public needed any special provision (some attendees happened to be wear hearing aids)
- There was no mention of Fire Exits or WC facilities (Some attendees use the disabled toilet)
- The division between the insiders (Board and NHS staff) and the public is palpable
- Jargon cards are handed out with no explanation of their purpose or method of use – hence they are not used
- Public attendees noted twenty-seven instances when a jargon card might have been needed - This can range from BAF, the Triangle of Health, to what 'forensic' means in the context
- The Board table quickly relax and change their position in addressing the Chair. They are not directing their voice to the mike
- The meeting was an example of (closed) Group Dynamics in action – an observation, not a criticism.

Ideas to present to the Board on how to improve the meeting

- Allocate an area to network
- Have a quiet area to read the papers – for the public who do not want to be disturbed by others
- Assign two people dedicated to welcoming guests, giving them board papers, showing them where refreshments are, the area for quiet reading, toilets and seeing them through to the Board Room. This could be a volunteer, a governor or service user. Create a Welcomer Role description and link it to part of the Trusts – “Hello My Name Is campaign”. This will help us show the public we value them.
- Do something different like - Broadcast one/ two minutes videos in-between the agenda items to help break the tension and monotony of the speakers and meeting. Ideas for the videos could be the work the Trust is doing e.g. the Unlock video, Brighterway work, etc.
- Reduce the agenda - make it more public friendly
- The cards – it was hard to understand the difference
- The questions at the end were good, however it would be good to allocate more time

	<ul style="list-style-type: none"> • Rotation of board meetings to Trust different sites e.g. one in each division per year at least - as the Trust is geographically spread • The community work wasn't covered in depth - It would be good to have a community topic on the agenda e.g. community story • Promote the good things we are doing - E.g. garden work we doing. We need to focus more on the positive • The meeting was not easy for service users with learning disabilities to follow • JJ suggested that we incorporate a graphic facilitator to draw as the meeting proceeds; this will make it easy for service users with learning disabilities to follow • The agenda and minutes need to be in an easy read format to inform and engage service users 	
6.	Break	
7.	<p>Presentation to the Trust Public Board Meeting</p> <p>The Working in Partnership Committee agreed to work on a presentation to the Board. The group discussed the content of the presentation and this will be finalised in due course.</p> <p>AJ will request a date from the Board for the presentation.</p>	AJ (56)
8.	<p>Annual General Meeting (Trust AGM)</p> <p>DB informed the Committee members that the Trust's Annual Members' Meeting will be held on Tuesday 10 September, 5pm-8pm at The Ark, Basingstoke, Hampshire, RG24 9NN. All are invited to attend.</p>	
9.	<p>Brighterway Latest News</p> <p>NHS Big Tea Parties We have raised £920 so far with two further parties to be held.</p> <p>Parklands Sensory Garden update on progress We have raised £32,000 so far from successful bids and donations. Travis Perkins has offered to supply some products at reduced or nil cost; full schedule awaited. Some staff may volunteer to help with work on site. Work to commence on site early August.</p> <p>IH shared an over view of Gosport War Memorial Hospital visit meeting with The League of Friends. The Brighterway Christmas Craft Fare will be held on 5th December to raise funds for the charity. IH highlighted that he is looking to work in Partnership with Community Groups.</p>	
10.	<p>Engagement work – Update</p> <p>Get Involved Cards DB updated the group that we have collated some responses from the Mela Southampton Festival. We will be at the New Forest show end of July and the</p>	

	<p>Southampton Pride in August.</p> <p>Carers Training dates We have two more dates in the diary for the Carers Training. All are welcome to attend. Please contact Angeline to book a space.</p> <p>The dates are as follows: Friday 20 September 2019 10:00 - 16:00 Board Room Aldermaston Road, Parklands Hospital, Basingstoke RG24 9RH</p> <p>And</p> <p>Wednesday 30 October 2019 10:00 - 16:00 Seminar room Gosport War Memorial Hospital Bury Road, Gosport PO12 3PW</p>	
11.	<p>Care Plan (Kate Sault's project)</p> <p>The group discussed the draft "Personalised Care planning" document from Kate Sault.</p> <p>Feedback received:</p> <ul style="list-style-type: none"> • It was noted that there are a lot of care plan initiatives being presented to the group; and it is difficult to understand where each piece of work/paper fits in. • Are staff talking to each other about different care plan initiatives? • There was a QI project on care planning that some group members attended. It would be helpful to know how Kate's project fits in with this and is joint up with the work that other services have presented to the group e.g. Care Plan initiative that is been progressed in Andover Community Care Team led by Sally Blackburn • Is there a Trust care planning standard? • Is Kates document a holistic tool that can be used alongside care plans? • Should the title of the draft paper be something like "Prompt questions for staff to ask patients before the writing a care plan?" 	
12.	<p>AOB</p> <p>There will be no meeting in August. DB wished the group members a good summer holiday.</p>	
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>Friday 27 September 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7</p>		

Future Meetings

Month	Working in Partnership Committee
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

Friday 27 September 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
Anne Cato (ACo)	Health watch
Barry Neaves (BN)	PLACE Assessor
Georgette Houlbrook (GH) Deputy Chair	Chair of Willow group PPG
Dominic Lodge (DL)	Community Development Manager
Lilian Turner (LT)	Governor
Susie Scorer (SS)	Peer Support
Andrew Wilshire (AW)	Mental Health Lead Commissioner - West Hampshire CCG
Pamela Luck (PL)	Carer representing Learning Disabilities
Ricky Wilton (RW)	Senior Employment Officer, Southampton City Council
Paula Hull (PH)	Director of Nursing
Paula Anderson (PA)	Finance Director and Interim Chief Operating Officer
Sally-Ann Jones (SAJ)	Quality Governance Business Partner for MH/LD/OPMH
Angeline Jackson (AJ)	Project Coordinator and minute taker
Apologies	
Celia Burgess (CB)	Silver Links
David Lee (DLe)	Governor
Stephen Hales (SH)	Chair, Arnewood PPG, New Milton
Jennifer Hargrave (JH)	WRAP Co-ordinator (Recovery College)
Kellie Greenhalgh (KG)	Student Voice Academy Coordinator - Unloc
Nathan Clifford (NC)	Expert by Experience
Pam Sorensen (PS)	Engagement Manager
Rosie Taylor (RT)	Service User
Tom Westbury (TW)	Associate Director Communications
Ian Hynd (IH)	Brighterway Charity
Jayne Jazz (JJ)	Patient Engagement Lead, Learning Disabilities

Item	Subject	Action
1.	Chair's Welcome AS welcomed the members to the meeting, which opened at 10:05.	

2.	<p>Apologies for Absence</p> <p>Apologies received from CB, DLe, SH, JH, KG, NC, PS, RT, TW, IH and JJ.</p>	
3.	<p>Minutes of Wednesday 25 July 2019</p> <p>The minutes were agreed as a true and fair record.</p> <p>Action Log</p> <p>Actions - 14, 50, 52, 53, 54 and 55 were closed.</p> <p>Actions - 46 and 56 were left open.</p> <p>Please see action log for details.</p>	
4.	<p>NHS WEST HAMPSHIRE CCG – Projects</p> <p>AW introduced himself as the Mental Health Lead Commissioner from West Hampshire CCG. He highlighted that he is currently writing a strategy, a response to the long term plan.</p> <p>AW agreed to share the Long Term Plan with the group and information on the draft Strategy and Implementation Plan.</p> <p>The group members were pleased to hear that the priorities in the Strategy will align to deliver what has been asked at National level in the Long-term Mental Health plan.</p> <p>AW reassured the group that he will be using co-production in the Strategy. The project is in its early stages, and he is looking at routes for engagement.</p> <p>The group shared the following feedback/ suggestions:</p> <ul style="list-style-type: none"> • AW uses service user engagement from the initial stages of the draft Strategy • The strategy needs to be clear on how we going to do things • No duplications • Put patients/ service users at the centre • A clear map; using a joint approach with Southern Health and our partners is the way forward • Deliver on priority's 	(AW) 57
5.	<p>Celebrating – One year anniversary</p> <p>PH and PA thanked the Working in Partnership Committee members for their valuable support and contributions that they have made to the Trust over the last year. They highlighted that this group has helped the Trust think differently and put smiles on our faces about the positive work.</p> <p>PH asked the group to share feedback about how things have progressed over the last year?</p>	

	<p>Feedback from the Group included:</p> <p>The Working in Partnership Committee</p> <ul style="list-style-type: none"> ✓ Has brought people together who would of not normally come together ✓ Enabled working in partnership with each other by providing information and feedback from/to the Trust on current policies, strategies, service change, development and agreeing priority areas of work for the Trust ✓ Has helped build two-way effective and transparent communication channels between the Trust, service users, patients, carers, local NHS , non-NHS organisations, and the wider community to the mutual benefit of all ✓ Helped advise staff on issues affecting service users, patients and carers and facilitate and support effective engagement strategies ✓ Supported patient participation; in a co-ordinated way to help monitor and track engagement activity <p>DB, AC and AJ have worked hard to get the group to where we are.</p> <p>PA asked what can the Exec team can do to make things more receptive?</p> <p>Feedback from the Group included:</p> <p>The Exec team can:</p> <ul style="list-style-type: none"> • Continue to foster the culture of quality improvement • Continue to listen to service users, patients, carers and put them in the centre of all the Trust does • Cascade what project are going on in the Divisions- for cooperation, to avoid duplications and reinventing the wheel • Bring the work on careplans together. <p>GH highlighted that she helped at the QI workshop on Care plans. She has not been contacted since then. GH reiterated that she would like to be involved in progressing this project.</p> <p>SAJ and DB agreed to inform the QI team and Care planning project group and ask them to follow this up.</p>	<p>(SAJ/DB) 58</p>
<p>6.</p>	<p>Patient Lead Assessments of the Care Environment (PLACE)</p> <p>DB shared the PLACE poll feedback that has collated from the survey we sent out in July and August 2019.</p> <p>The group discussed the first six priority's and raised the following question for AC to feedback on :</p> <ul style="list-style-type: none"> • What funding has been made available for the priority areas that patients have identified? <p>It was agreed the group may have to officially write to the board to ask for clarification on this.</p>	<p>(AC) 59</p>
<p>7.</p>	<p>Staff Feedback</p> <p>DB reported that the Working in Partnership Committee has now been operating for a year. We sent a questionnaire to staff who have attended the group to either share information or seek feedback and views on projects policy or strategy.</p>	

	<p>The questions we asked staff were:</p> <ul style="list-style-type: none"> • Did you find attendance at the group helpful? • Did you respond to the feedback and make amendments accordingly in your project/policy etc • Are there any particular areas of work you would like the group to be involved in in the coming year. • Any other comments you would like to make it would be helpful if you could comment <p>The majority of staff found the group helpful to inform their work. 70% of staff attending used the feedback they received to influence their work or made changes to policy or practice.</p> <p>Areas of work staff would like the group to be involved in; in the coming year.</p> <ul style="list-style-type: none"> • Review of Trust patient experience survey • Ongoing feedback regarding Video Consultations • Coordination of patient representatives for PLACE assessments, building on Committees work • with 'what is most important to you' • PLACE audit/review of priorities to continue. • Patients to be included in any work relating to Patient Records and Care Planning • The coproduction agenda and quality improvement programme • Linking to communities • Reviewing patient environments to ensure they are accessible and appropriate <p>Other Comments from staff:</p> <ul style="list-style-type: none"> • The Working in Partnership Committee is a great addition to the Trust • Really useful forum, with good representation from a wide spectrum of disciplines • We may need to look at recruiting further participants as numbers attending seem to have fallen during the year. • Really helpful group • A great group that provides a rich forum for the organisation. The group will continue to be beneficial as long as it has a broad and open membership in the future to allow a wide range of patients, carers, and families to attend <p>The Committee members were pleased to hear that staff members found our group helpful. It was agreed in the future that we should invite the chairs from the CCGs to give us their views on things.</p>	
8.	<p>Feedback to the Trust Board</p> <p>AJ shared a report that she has written; to encompass all the feedback we collated at the last meeting on how the Trust can make the Board meeting more 'public friendly'.</p> <p>The report includes:</p> <ul style="list-style-type: none"> • Positives about the Board meeting • Areas which were challenging for the public 	

	<ul style="list-style-type: none"> • Ideas to present to the Board on how to improve the meeting • Recommendations: <ul style="list-style-type: none"> ○ Implement an achievable action plan to address the above areas for improvement ○ The Working in Partnership Committee members produce a feedback report in a years' time (July 2020) to evaluate if improvements have been made from "a service user, patient and carers view", as outlined in this report. ○ The Trust Board uses the Working in Partnership Committee as a acritical friend to continue the culture of service improvements in collaboration with patients, public engagement and patient experience. <p>The report was well received and the Board/Corporate Governance will be producing an action plan to take the recommendations of the group forward to enable more public participation and transparency.</p>	
9.	<p>Break</p> <p>We paused for a 15 minutes break, and then continued with the meeting.</p>	
10.	<p>Presentation to the Trust Public Board Meeting</p> <p>The following ideas were discussed by the Committee:</p> <p>The Presentation:</p> <ul style="list-style-type: none"> • Should be about (15) minutes and allow (5) for question • Bright, Brief, Be gone <p>Headlines for presentation:</p> <ol style="list-style-type: none"> 1. What we have done E.g. Bring together people from all over – giving them a voice to be heard 2. Feedback we have received from staff 3. Where we are going E.g. An approach of how to do things in the future - multiple voices 4. Challenges: In terms of support Find out if there is a pot of money to pay service users for attending meetings <p>Ideas for the future:</p> <ul style="list-style-type: none"> • Send out a newsletter every other month to raise awareness on things, share how to get involved and details of workshops/ events that we are holding. e.g Rapid tranquilisation, How our feedback has positively helped. • Our minutes and newsletters need to be available on the website. <p>DB asked AJ to arrange a workshop (Task and Finish group style) to scope and plan the Committee's work for the next 12 months; Looking at Trust priority's. This will help us form part of our presentation to the Board.</p> <p><u>Council of Governors (COG)</u> AT suggested that it would be helpful for our Committee to attend a COG meeting and provide feedback for the Governors.</p>	<p>(AJ) 60</p> <p>(AJ) 61</p>

	<p>AJ agreed to arrange a date to for the Committee members to attend a COG meeting in 2020.</p>	
<p>11.</p>	<p>Suicide and Self Harm Prevention strategy</p> <p>The Suicide and Self Harm Prevention strategy was launched at the Annual Members Meeting. Emma Wadey and Roger Colvin were interviewed on BBC and Meridian news; as part of the campaign.</p> <p>SAJ highlighted the 7 areas we want to work on as per the poster she shared. SAJ shared the Life Cards with the group that the Divisions are distributing. The cards contain advice and support for patients to prevent suicide and self-harm.</p> <p>SAJ mentioned that there is an app with all this information as well.</p> <p>A discussion was held on how we offer support to staff who have been affected by patients committing suicide and self-harm. SAJ confirmed that Emma Wadey will be addressing this issue at the Mental Health conference. Staff have Occupational Health, Chaplaincy and various other means of support.</p> <p>The strategy on a page was well received by the group members and they highlighted that it is a useful tool for the Commissioners, staff audience and other interested parties.</p> <p>The general public will embrace the life cards as they have less details and easy to read. ACo took some cards to share at The St Denys Activity Centre group.</p> <p>The Trust is working on an action plan with the help of Roger.</p> <p>As part of this strategy, the Trust is offering Service User prevention training for all staff. DB extended an invitation to the Working in Partnership Committee members, if anyone is interested? The training creates awareness for us all.</p>	
<p>12.</p>	<p>Brighterway Update</p> <p>DB noted that Brighterway; our Trust charity will be hosting a Christmas Fayre on Thursday 5 December 2019 in meeting room 4 and the garden outside Sterne 7 at Tatchbury Mount.</p> <p>All are invited to come along grab a mince pie and hot drink and wander around the Christmas market.</p> <p>The market will be open 11am- 4pm and include:</p> <ul style="list-style-type: none"> • Live demonstrations on all things arts and crafts • A service user sing and sign of Christmas carols • Raffle • Bottle Tombola and much more! <p>A donation upon entry will be welcomed.</p> <p>If you want to get involved; Brighterway are looking for stall holders to take part in the Christmas market. Please contact AJ for more details to reserve your space.</p>	

13.	<p>Volunteers Update</p> <p>DL shared an update on the volunteers in the Trust. We have 34 in total in our data base. However we have around 250 people that get involved with the Trust; through PLACE audits, League of Friends, time banking etc.</p> <p>DL noted that he is trying to increase the number of volunteers in the Trust with the limited resources we have. UHS have applied for some funding to coordinate volunteering in Hampshire and it has been approved.</p> <p>Future plans</p> <ul style="list-style-type: none"> • The Trusts ambition is to roll out staff volunteering e.g Beach clean at Southsea • We hope to be involved with more projects • We are looking at a programme for Corporates to come and volunteer at Trust Sites 	
14.	<p>AOB</p> <p>DB invited the Committee members to the Patient Experience Improvement Workshop with NHSI on Tuesday 26 November 2019, 10:00 - 16:00, at Hope Church, The Middle Brook Centre, Middle Brook Street, Winchester, SO23 8DQ.</p>	
15.	<p>Close</p> <p>The Chair thanked members for their attendance and closed the meeting at 13:00.</p>	
<p>Next Meeting</p> <p>Friday 25 October 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7</p>		

Future Meetings

Month	Working in Partnership Committee
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
Friday 25 October 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
Anne Cato (ACo)	Health watch
Georgette Houlbrook (GH) Deputy Chair	Chair of Willow group PPG
Dominic Lodge (DL)	Community Development Manager
Stephen Hales (SH)	Chair, Arnewood PPG, New Milton
Kellie Greenhalgh (KG)	Student Voice Academy Coordinator - Unloc
Nathan Clifford (NC)	Expert by Experience
Ian Hynd (IH)	Brighterway Charity
Larissa Atkins (LA)	Student Voice Academy Coordinator - Unloc
Pamela Luck (PL)	Carer representing Learning Disabilities
Angeline Jackson (AJ)	Project Coordinator and minute taker
Apologies	
Celia Burgess (CB)	hArt/ Silverlinks.
David Lee (DL)	Governor
Susie Scorer (SS)	Peer Support
Jennifer Hargrave (JH)	WRAP Co-ordinator (Recovery College)
Ricky Wilton (RW)	Senior Employment Officer, Southampton City Council
Pam Sorensen (PS)	Engagement Manager
Rosie Taylor (RT)	Service User
Tom Westbury (TW)	Associate Director Communications
Barry Neaves (BN)	PLACE Assessor
Jayne Jazz (JJ)	Patient Engagement Lead, Learning Disabilities

Item	Subject	Action
1.	Chair's Welcome AS welcomed the members to the meeting, which opened at 10:07.	
2.	Apologies for Absence Apologies received from CB, DL, SS, JH, RW, PS, RT, TW, BN and JJ.	

<p>3.</p>	<p>Minutes of Wednesday 27 September 2019</p> <p>The minutes were agreed as a true and fair record.</p> <p>Action Log</p> <p>Actions – 56 and 60 were closed.</p> <p>Actions – 46, 57, 58, 59 and 61 were left open.</p> <p>Please see action log for details.</p>	
<p>4.</p>	<p>Working in Partnership Committee Report - October 2019</p> <p>AS presented the third Working in Partnership Committee Report.</p> <p>The report included meetings held in the last quarter, achievements, activities, and ambitions of the Committee moving forward.</p> <p>The group agreed that these reports should be placed on the website.</p> <p>DB highlighted that she added the narrative in blue font to evidence the outcomes.</p> <p>The Committee members thanked AS for putting the report together.</p> <p>Discussion on Future Planning</p> <p>SHFT have a strategy and commitment to engagement, it would be good to explore:</p> <ul style="list-style-type: none"> • The needs of service users and carers • What we anticipate their needs will be in the future • How to support and approach service users and carers to equip them to attend meetings and stay involved 	<p>AJ (62)</p> <p>ALL (63)</p>
<p>5.</p>	<p>Presentation to the Trust Public Board Meeting</p> <p>The following ideas were discussed by the Committee:</p> <p>The Presentation:</p> <ul style="list-style-type: none"> • Should be about (15) minutes and allow (5) for question (20 minutes in total) • Bright, Brief, Be gone <p>Headlines for presentation:</p> <ol style="list-style-type: none"> 1. What we have achieved (Being together for over a year) E.g. Bring together people from all over – giving them a voice to be heard 2. Positive feedback we have received from staff 3. Where we are going and would like to go/ what we want to achieve <ul style="list-style-type: none"> • An approach of how to do things in the future - multiple voices • Clear objectives • Membership • Things we have learnt 	

	<ul style="list-style-type: none"> Aligning our plans with the Trust Strategy <p>4. Challenges: In terms of support Find out if there is a pot of money to pay service users for attending meetings</p> <p>Ideas for the future:</p> <ul style="list-style-type: none"> Send out a newsletter every other month to raise awareness on things, share how to get involved and details of workshops/ events that we are holding. e.g Rapid Tranquilisation, How our feedback has positively helped. Our minutes and newsletters need to be available on the website. <p>GH, ACo, LA, KG and AS agreed to share the presentation at board on behalf of the Committee. It was agreed that we will ask RT or a service user representing learning disabilities to join them.</p>	
6.	<p>10th October- Mental Health Single Point of Access Workshop</p> <p>PL attended a Single access workshop in October with her daughter.</p> <p>PL highlighted that the workshop was very informative and there was a good mix of skill sets in the room; to get a broad range of perspectives and opinions around what service users think would be best as a single point of entry</p> <p>The attendees at the workshop explored:</p> <ul style="list-style-type: none"> Options in a crisis and what needs to change. PL noted that the emergency number 111 – algorithm – doesn't always help in a crises for patients with a Learning disability e.g Though the patients is 20, they are an adult but not always capable to comprehend things Footsteps to create a single point of access – Looking ahead What can be done to link health professionals targeting crises; Gaps that need bridging A single point of access to ensure everyone has the same start <p>PL noted that there was no definite conclusion on the way forward and where to get support for the single point of access. She has agreed to stay involved with the project and she will update us on any progress made.</p> <p>The group discussed the themes at the workshop and thanked LP for attending and sharing this enlightening feedback. It was agreed that we shouldn't be awaiting a crisis; we need to tackle mental health problems beforehand. Our focus should be prevention.</p>	
7.	<p>Break</p> <p>We paused for a 15 minutes break, and then continued with the meeting.</p>	
8.	<p>Nutrition Wheel: Identify undernutrition in older people</p> <p>DB shared a Nutrition Wheel, Explanatory Guide and Advice Sheet with the group. The Nutrition Wheel is new tool designed for use by volunteers, carers and care workers working with older people. Its aim is to identify people at risk of malnutrition</p>	

	<p>through having a conversation. For people at risk, it also guides the volunteer/care worker to provide simple advice and signposting to help support the older person to improve their nutrition.</p> <p><u>Feedback from the group.</u></p> <ul style="list-style-type: none"> • The Nutrition Wheel is an easy-to-use interactive nutrition checklist. • The concept is good • Useful tool <p>ACo noted that obesity in the United Kingdom is a significant contemporary health concern and it would be good to explore what tools, advice and support there is to help people achieve a healthy weight and adopt a healthy lifestyle; to tackle the obesity problem.</p>	ALL (64)
9.	<p>Proposal for Carers Week</p> <p>DB shared the Proposal for Carers Week in 2020. She noted that Carers Week is an annual campaign to raise awareness of caring, highlight the challenges unpaid carers face and recognise the contribution they make to families and communities throughout the UK. It also helps people who don't think of themselves as having caring responsibilities to identify as carers and access much-needed support.</p> <p>Trust would like to recognise and show appreciation to all Carers in 2020 during Carers Week.</p> <p>In support of this campaign, it was agreed that it would be good to:</p> <ul style="list-style-type: none"> • Host a road show in each of our divisional areas and the Willow Group to connect carers to services, advice, information and offer 1:1 sessions • Distribute gifts to carers • Register our roadshows on carers websites • Get sponsorship for the campaign • TV interview on Carers and the work we are doing • Radio Presentation on Carers and the work we are doing • Working with our partners to make the campaign a success 	
10.	<p>Brighterway Update</p> <p>IH shared some Brighterway posters, pens and leaflets with the Committee members.</p> <p>He shared a summary of 2019 events. These included:</p> <ul style="list-style-type: none"> • The annual ABP Southampton Run in May that raised £3,000 for the charity • The NHS Big Tea Parties which were organised by both staff and service users in the summer were well supported and assisted in raising the profile of Brighterway and raised £1500 • We have been involved with a number of Projects including engaging with Young people in mental health awareness and providing a number of roadshows across Hampshire, graphic facilitation course, dementia champion, frailty 'Red Bags', garden and courtyard projects and Little Bags of Happiness 	

	<ul style="list-style-type: none"> • Parklands Sensory Garden Project should be completed by December 2019 • The Mother and Baby unit at Melbury lodge in still work in progress, we are seeing what we can do to make it more patient friendly • The Antelope House (Saxon ward) just giving page has raised £1000. Service users have started the work in the court yard. We are hoping to do some work at Kinsley too <p>The next event is the Brighterway Christmas Fayre on Thursday 5th December 11am – 4pm at Sterne 7, Meeting Room 4 and Café Garden, Tatchbury Mount, SO40 2RZ. IH invited the Committee members to get in the festive spirit and come along and see arts and crafts, festive treats, service user ‘sing and sign’, a raffle, tombola and much more.</p> <p>IH extended an invitation to the Committee members to be more involved with our charity and to share fundraising ideas. We are trying to raise profile of Brighterway.</p> <p>We have appointed an administrator for Brighterway and Volunteer services.</p>	
11.	<p>Volunteering</p> <p>DL highlighted that on Tuesday 12 November, staff and volunteers from the New Forest National Park will start cutting the grass & brambles in the area behind the offices in Sterne Road, Tatchbury.</p> <p>The green space has been designated as a wildlife area and a site of importance for nature conservation.</p> <p>DL invited the Committee members to join in as a volunteer to rake and cut bramble on the day if they are available for an hour or two and to cascade the message. Tools and training will be provided. The task will run from 10am until 3.30pm.</p>	
12.	<p>AOB</p> <p>DB invited the Committee members to the Patient Experience Improvement Workshop with NHSI on Tuesday 26 November 2019, 10:00 - 16:00, at Hope Church, The Middle Brook Centre, Middle Brook Street, Winchester, SO23 8DQ.</p> <p>Matters arising</p> <p>Lilian Turner has resigned from her role as Governor for the Trust and therefore she will no longer be attending these meetings.</p> <p>DB and AS asked the group to sign a thank- you card for Lilian.</p> <p>DL and IH are working with Totten College students to create a film to raise the profile of Brighterway.</p> <p>QI (Quality Improvement)</p> <p>NC highlighted that he is currently working on a four (4) hour training package for QI sessions to provide information for service users on:</p> <ul style="list-style-type: none"> • How to get involved and survive the week • What happens after the workshop • Lunch and expenses • Basis of QI, framework of week etc. 	

	<ul style="list-style-type: none"> • Training required <p>NC is setting up a half day workshop to review the content; he will send an email with the details. The aim of the training package to prepare service users for Quality Improvement sessions and make these less daunting; and give service users a voice to be heard and more involved.</p> <p>KG and LA from Student Voice Academy - Unloc shared an update on their future work with the Trust:</p> <ul style="list-style-type: none"> • Unloc will be delivering well-being road shows in 6 areas for students • The Youth Board will have their first meeting in November 2019 to think about priority's and what they want to achieve moving forward • They will be holding Careers Road for young people to enlighten them on the different occupations in the NHS/ SHFT <p>We received good feedback on the roadshows we held in 2018/19 and we want to continue to achieve great results and build on our knowledge. Have we shared our learning with other organisations</p> <p>DB invited volunteers to join the QI project on Administration in Portsmouth, week commencing 9 December that will focus on district nursing.</p>	
13.	<p>Close</p> <p>The Chair thanked members for their attendance and closed the meeting at 12:50.</p>	
<p>Next Meeting</p> <p>Friday 29 November 2019, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7</p>		

Future Meetings

Month	Working in Partnership Committee
Dec-19	No Meeting
Jan-20	Wednesday 22 January 2020, 10:00 – 13:00 Conference Room/ Meeting room 8, Sterne 7