

Board of Directors – Public Session

Meeting to be held on Thursday 27th June 2013 at 10:00
in the Bucklesham Room, Trinity Park, Ipswich, IP3 8UH

AGENDA

Time	Item No		
10:00	13.57	Chair's welcome, apologies for absence and notification of any urgent business.	
		John Brierley	
	13.58	<u>Standing Item:</u> Declarations of Interest	Verbal
10:05	13.59	To approve the minutes of the previous meetings in public, held on 25th April 2013 and 28th May 2013	Attachment A1 Attachment A2
10:10	13.60	To address any Matters Arising from the minutes of the previous meeting, not covered by the Agenda	Attachment B
10:15	13.61	Chair's report (<i>Gary Page</i>)	Attachment C
	13.62	Items For Approval	
10:25	<i>i.</i>	<i>Patient Safety and Quality Report - (Roz Brooks)</i>	Attachment D
	13.63	Items for Information	
10:40	<i>i.</i>	<i>Update on improving physical health care for service users (Roz Brooks – Sara Fletcher in attendance)</i>	Attachment E
11:00	<i>ii.</i>	<i>Service strategy update (Leigh Fleming)</i>	Verbal
11:20	<i>iii.</i>	<i>Fire safety update (Leigh Fleming)</i>	Verbal
11:30	<i>iv.</i>	<i>Schizophrenia Report – follow up of audit recommendations (Roz Brooks – Michelle Allot in attendance)</i>	Attachment F
11:40	13.64	<u>Standing Item:</u> To agree items to be reported to the Board of Governors	
11:45	13.65	Any other urgent business, previously notified to the Chair	

Time Item No

13.66 Date, time and location of next meeting

The next meeting in public of the Board of Directors will be held on:

- 22nd August from 10.00 at The George Hotel, Swaffham, Norfolk

11:50

CLOSE

Robert Nesbitt
Trust Secretary
20th June 2013

Date:	27 th June 2013	A1
Item:	13.59	

Norfolk and Suffolk 
NHS Foundation Trust

Confirmed

Minutes of the Board of Directors – Public Session

held on 25th April 2013 at 10.00

at The Park Hotel, Denmark Street, Diss, Norfolk, IP22 4LE

Present:

Dr Hadrian Ball: Medical Director
John Brierley: Non-Executive Director
Roz Brooks: Director of Nursing and Governance
Barry Capon: Non-Executive Director
Kathy Chapman: Director of Operations – Norfolk & Waveney
Leigh Fleming: Commercial Director
Andrew Hopkins: Director of Finance & Performance
Jane Marshall-Robb: Director of Workforce and OD
Gary Page: Chair
Brian Parrott: Non-Executive Director
Stuart Smith: Non-Executive Director
Aidan Thomas: Chief Executive
Debbie White: Director of Operations – Suffolk

In attendance:

Tom Bevan: ICT (for item 13.53iii)
Caroline Gregory: Deputy Trust Secretary (Minutes)
Willie Cruickshank: HIEC (for Item 13:53iv)
Michael Lozano: Patient Safety and Complaints Lead (for Item 13.53ii)
Robert Nesbitt: Trust Secretary
Nick Rackham: Head of ICT (for item 13:53iii)
Lyn Skipper: Implementing Recovery project lead (IMROC), Kevin James, Nikki Sullivan, Mary Rose Roe and Dr Sarah Barden from the ImROC project (for item 13:53i)

There were seven governors in attendance and one other.

Meeting commenced at: 10:05

Certain items were taken out of order, but for clarity the minutes reflect the agenda.

13.47 **Chair's welcome, notification of any urgent business and apologies for absence**

Gary Page welcomed those present including the members and Governors.
Apologies for absence were received from Graham Creelman.

13.48 **Standing Item: Declarations of Interest**

Robert Nesbitt presented the annual review of the Board of Directors – Declarations of Interest.

The Board noted the report.

13.49 **To approve the minutes of the previous public meeting held on 28th February 2013**

The minutes were approved with the following amendments:

Min 13.19i: Page 5 paragraph 3 – change “IMPRC” to “ImROC”.

Min 13.19ii: Page 5 paragraph 4, 2nd line remove “are”.

The minutes were approved for release in accordance with the Freedom of Information Act.

13.50 **To address any Matters Arising from the minutes of the previous meeting, not covered by the Agenda**

Min 13.19ii: It was reported that there had been no significant increase in service user/carer complaints in light of the Francis report but it will continue to be monitored.

An update to the Board on The National Schizophrenia report – The Abandoned Illness will take place at the June 2013 Board of Directors meeting.

Work is continuing within the Governance directorate to triangulate all governance indicators.

13.51 **Chair's report**

Gary Page presented his first report to the Board of Directors which was noted.

Aidan Thomas updated the Board on the meeting with MPs in London that took place on 22nd April 2013. Dan Poulter, MP did not attend the meeting. There were different levels of understanding regarding TSS amongst MPs. Some MPs have also met with the BMA (British Medical Association). In response to Stuart Smith, Aidan Thomas advised Norman Lamb, MP had been updated and other parties would also be briefed.

Hadrian Ball advised he had received a letter from the Royal College of Psychiatrists thanking him for his correspondence and the opportunity to engage with the Trust. The College had been led to believe that under TSS Consultants would be holding caseloads in excess of normal guidelines. Hadrian Ball assured the Board that arrangements for Consultants for 2013/14 easily fit within the recommendations and 2012/13 was very close. The 2013/14 plan for medical posts was agreed. Hadrian Ball advised Norfolk and Suffolk reported below national average morbidity levels.

The Board noted the report.

13.52 Items for Approval

i. *Patient Safety and Quality Report*

Roz Brooks presented the report. The CQC compliance Inspection report for the Norvic clinic has been received. The CQC were pleased with the anti-ligature work that had been undertaken. Outcome 4 was not met. An action plan will be completed by 2nd May 2013 and forwarded to the Board. John Brierley advised that the Board of Governors Planning & Performance sub group receive a quarterly update and this item was discussed at their meeting yesterday.

The Board approved the report.

ii. *Quality Account update*

Roz Brooks presented the report and advised that this is an update of the last year.

The Board noted the report

iii. *Equality Priorities 2013/14 update*

Robert Nesbitt introduced the report. The Spirituality Strategy has been launched for 2013-16. This will address the gap in Suffolk's spiritual and pastoral care services. Notice has been given on the SLAs with the general hospitals.

A review of the project aimed at improving support for BME staff will take place in October 2013. The Board discussed the issue of tackling racism against staff by service users. In response to Roz Brooks, Robert Nesbitt confirmed that the secure services still recorded the highest number of incidents. The Trust was working closely with the secure services and staff are being encouraged to report incidents on the Datix system. Hadrian Ball advised detained patients present to a mental health tribunal for review and suggested that incidents of racial abuse by service users forms part of the report to the tribunal.

John Brierley questioned the progress regarding protected characteristics. Robert Nesbitt advised that the sampling is low and other options to collect data will need to be considered. Roz Brooks suggested using a clinical audit.

Robert Nesbitt advised the Equality and Engagement Manager has now been appointed and the new Membership Officer post will include community engagement within the role. Robert Nesbitt proposed to carry forward this year's objectives to 2013/14.

The Board noted the report and approved the proposal.

iv. Health and well-being Strategy

Jane Marshall-Robb introduced the report and advised that the Health and Well-being working group had reformed in January 2013. The key challenges going forward would be the control and reduction of the sickness absence rates for the Trust. This would be supported by a robust health and well-being strategy, the Trust service strategy and work undertaken on the Trusts visions and behaviours. The next step will be the implementation of the one year plan linked to the locality plans. In response to Brian Parrot, Debbie White confirmed the draft action plan was achievable. Jane Marshall-Robb advised a high level five year plan for workforce needs to be developed and health and well-being underpins that plan.

The Board discussed the difficulty in reducing sickness absence. Jane Marshall-Robb assured the Board robust policies and systems would be in place to enable managers to manage through performance management and would report through the OD and Workforce Group. Debbie White advised the new occupational health provider's focus was on health and well-being.

Gary Page asked the OD & Workforce Group to review the sickness policy and to report back to the Board if it felt that any changes were required.

Stuart Smith requested an update on the physical health and well-being of service users particularly in light of the staffing issues in some areas. Roz Brooks confirmed she would provide an update to the Board.

The Board approved the policy and advised that reports be provided to the Board through OD and Workforce sub-committee by the Chair's Report to the Board.

Action 13.52iv

OD & Workforce Group to review sickness policy and report back to the Board if changes required (Jane Marshall-Robb)

Update to Board in respect of physical health and well-being of service users (Roz Brooks)

13.53 Items for information

i. Implementing Recovery through organisational change (ImROC)

Lyn Skipper outlined the programme to the Board and introduced Kevin James, Nikki Sullivan, Mary Rose Roe and Dr Sarah Barden who gave their presentations.

Gary Page thanked all for their presentations. The Board discussed how they could be involved and support the programme going forward. The Board would be invited to join training at the Recovery College and be part of the development of ImROC.

Break 12:00

Recommended 12:10

ii. Suicide Audit report

Hadrian Ball advised that the suicide audit was always received at Board level in public. At the last public Board meeting the audit from Suffolk Mental Health Partnership (SMHP) had been received. Hadrian Ball introduced Michael Lozano who presented Norfolk & Waveney's suicide audit to the Board.

Michael Lozano outlined the tools and methods used for the audit and the process that would be taken forward. In response to the Board, Michael Lozano clarified the groupings. The Board discussed the shift in the ratio of inpatient to community deaths and the impact of the audit tool. John Brierley advised the Audit & Risk Committee have requested an audit of the risk assessment process.

The suicide audit demonstrated that for the period in question (1st April 2010 – 31st March 2011) there had been 18 deaths due to suicide or undetermined injury. The figures and the profile of deaths were unremarkable when compared with previous years.

The combined NSFT review of unexpected deaths (reported on SI's) showed that numbers were similar for the two periods in question (January – June 2011 and January – June 2012).

The Board noted the presentation.

iii. *Technology Model Update (including Access and Assessment Centre)*

Leigh Fleming introduced Nick Rackham and Tim Bevan who gave a presentation to the Board. The presentation gave an overview of the technology introduced over the last year and how this would support TSS going forward.

In response to a Governor, Nick Rackham outlined why the Trust had built the system in-house and the financial opportunities that this could provide going forward.

The Board noted the presentation.

iv. *Dementia Alliance (HIEC) update*

Hadrian Ball outlined the history of the Dementia Alliance and introduced Willie Cruickshank who presented to the Board the current role of the Dementia Alliance and its structure. In response to Brian Parrott, Willie Cruickshank confirmed that the Dementia network does not yet exist.

Hadrian Ball advised the Trust was the first to invest in the programme and the benefits that would bring. Stakeholders/players worked extremely well together thanks to Willie Cruickshank.

The Board thanked Willie Cruickshank for his presentation.

v. *Service Strategy update*

Leigh Fleming introduced the report and advised that this strategy was now in the implementation phase. The Board would receive updates on items that it needs to be aware of. The OD & Workforce Committee will monitor workforce aspects.

The communications strategy is drafted and out for comments with service managers. A new weekly brief, "Friday Facts" has started. The sub-committees will undertake detailed scrutiny going forward and the Chairs of the Committees will bring issues to the Board through their reports.

The Board noted the report.

vi. *Suffolk Fire and Rescue Service (SFRS) update*

Leigh Fleming advised an independent report has been received and discussed with Suffolk County Council and SFRS.

SFRS have confirmed by letter that there is no need to investigate the latest fire due to the exemplary behaviour of staff and management of the fire.

There will be a final report to a future Board meeting.

13.54 Standing Item: Items to be reported to the Board of Governors

- ImROC
- Equality Priorities
- Suicide Audit
- Health and Well-being
- Suffolk Fire and Rescue Service update

13.55 Any other urgent business, previously notified to the Chair

None.

13.56 Date, time and location of the next meeting

The next meeting of the Board of Directors will be held in public on 27th June 2013 from 10.00 in the Bucklesham Room, Trinity Park, Ipswich.

Meeting closed at: 13:15

Chair:

Date:

Date:	27 th June 2013	A2
Item:	13.59	

Unconfirmed

Minutes of the Board of Directors – Public Session

held on 28th May 2013 at 13:30

in the Brancaster Room, Marriot Centre, Hellesdon Hospital,
Norwich, NR6 5BE

Present:

Dr Hadrian Ball: Medical Director
John Brierley: Non-Executive Director
Roz Brooks, Director of Nursing and Patient Safety
Barry Capon: Non-Executive Director
Graham Creelman: Non-Executive Director (Chair of Meeting)
Leigh Fleming: Commercial Director
Andrew Hopkins: Director of Finance & Performance
Peter Jefferys: Non-Executive Director
Jane Marshall-Robb: Director of Workforce and OD
Brian Parrott: Non-Executive Director
Stuart Smith: Non-Executive Director
Debbie White: Director of Operations – Suffolk

In attendance:

Caroline Gregory: Deputy Trust Secretary (Minutes)
Robert Nesbitt: Trust Secretary
Donna Newman: Head of Financial Services

There were no members of the public present.

Meeting commenced at: 13:40

Certain items were taken out of order, but for clarity the minutes reflect the agenda.

13.67 Chair's welcome, notification of any urgent business and apologies for absence

Apologies for absence were received from Roz Brooks, Gary Page and Aidan Thomas.

13.68 For approval

i. Annual Plan

Andrew Hopkins introduced the annual plan outlining the plan context. The appendices to this section of the report were not for the public domain as defined by Monitor and therefore had been discussed in the Board of Directors private session.

Andrew Hopkins advised that Monitor's review is more rigorous than in the past and that the Annual Accounts need to provide evidence that the Trust is a going concern. The plan is more forward-thinking than previous years. Robert Nesbitt agreed to provide up to date agreed Trust objectives to Andrew Hopkins.

Andrew Hopkins presented the report highlighting the main points.

The Income Statement showed the Plan over a 3 year period showing a £2m surplus over the period and is considered to be a realistic plan, to give an FRR of 3.

CIP of £34m is shown over the period with £5m of that CIP unidentified over the period. Corporate Savings are brought forward to 2013/2014, but not all are identified as yet. The CIP plan for secure services is based on the plan from last year.

Barry Capon drew Andrew Hopkin's attention to the wording of the presentation which appeared inconsistent with the report. Andrew Hopkins will amend the wording to ensure consistency.

Andrew Hopkins outlined how cash flow was reported. The table shows maintaining / increasing cash flow over the period. In response to Stuart Smith Andrew Hopkins confirmed that the liquidity is based on 15 days. There has been a decrease in the planned cash position due to the intent to spend capital receipts through the CAPEX programme.

Andrew Hopkins advised the Annual Plan variance in risk rating reflects the reduction in liquidity due to CAPEX spending.

Stuart Smith questioned the £6.8m in the Plan cash flow. Andrew Hopkins thought this might be an error in the presentation and will check the detail, but expects £8m investing activities.

John Brierley queried the liquidity headroom which was clarified by Andrew Hopkins (19 days liquidity)

With regards to headroom, the restructuring provision can be put through as an exceptional item this financial year. The Board discussed the options and whether this could be put through on the quarterly return as an exception.

Andrew Hopkins outlined the EBITDA over the 3 year period and that an FRR of 3 could be maintained.

Income and expenditure is currently a 2 but near a 3 and will need to be managed.

The Continuity of Service Rating is now in Shadow Risk Rating and examines the ability of the Trust to finance its services. Andrew Hopkins outlined to the Board the new risk rating, and said that liquidity will be measured on a different basis – ignoring working capital facility. CoSRR shows a rating of 3 across the Board to Monitor. A CoSRR of 2 would not cause Monitor concern other than if the FRR was 2 and this new rating was 1 or 2. Andrew Hopkins will produce a further paper either to Board or a Sub-Committee of the Board and suggested that this may be the model used instead of FRR.

Peter Jefferys suggested the links between new and old measures may be helpful when it is a public document.

Barry Capon questioned the clarification of FRR tables and whether there would be any amendments required to accommodate the new reporting.

John Brierley queried how we are reporting the Business Strategy. In response Andrew Hopkins stated there are defined paragraphs in the Annual Plan.

Brian Parrott questioned outlining the intent regarding tenders. The Board discussed scenario planning and opportunities and whether they should be within the Annual Plan. The Board agreed that some of the items in the plan were already in the public domain.

Hadrian Ball advised that he felt it was a good document that tells a good story.

Graham Creelman advised that this has been through a variety of stakeholders and Governors, who have been able to comment on the Plan. These comments have been taken on board.

The Board discussed the Trust strategy document that would be in the public domain. This was different to the commercial strategy that the Board would discuss privately.

Peter Jefferys noted that the report covers many domains and is a good overview, though was not happy with the commissioning element of the Annual Plan in reference to the 2nd paragraph. Andrew Hopkins suggested this is moved to the section on Workforce. Jane Marshall-Robb will provide an update to the Workforce section.

Brian Parrott noted this was a good report but questioned whether it was explicit enough to explain what we are doing. The Board discussed the Francis report and whether sufficient reference had been made within the report. Graham Creelman advised that page 7 sets out responsibilities in relation to Francis.

Graham Creelman advised that the Board needed to express confidence in this plan.

Andrew Hopkins advised that the annual accounts are prepared on a going concern basis and the Trust has resources to operate for the foreseeable future assuming FRR 3. The key factors were outlined and on that basis advised that the Trust is a going concern over the next 3 years based on the annual plan.

The Board discussed factors that may impact the Trust over the period but acknowledged that all eventualities cannot be factored in.

The Board agreed that the Trust is a going concern.

Action 13.68

Check for consistent wording in relation to tables (Andrew Hopkins)

Detail to be checked regarding £6.8m in the cash flow (Andrew Hopkins)

Further paper to be produced either to Board or Sub-Committee (Andrew Hopkins)

Workforce section to be updated (Jane Marshall-Robb)

Governance - Locality performance review to be added (Andrew Hopkins).

The actions will be completed prior to submission of the annual plan and accounts.

ii. Annual Plan Declarations

Andrew Hopkins drew the Board's attention to the declaration. Graham Creelman advised Board approval was being sought for Quality, Finance and Governance. Andrew Hopkins will add the locality to performance review.

Graham Creelman read the three statements to the Board.

The Board approved option 1 of the statements.

13.69 To consider the Annual Report and Accounts for the period ending 31st March 2013

i. Chair of Audit & Risk Committee's report

John Brierley advised that the Audit & Risk Committee has considered all the papers in detail and no issues were identified.

The Committee considered the ISA 260 report and considered the restructuring provision and agreed the basis of the calculation was deemed to be reasonable.

The provision for pension was considered and the Committee concluded that the provision was reasonable. Adjustments made affected the account to fixed assets but did not affect the net position.

The Committee were satisfied the required adjustments had been made.

There were two issues raised on the quality report. There was discussion on the basis on which the 7 day follow up indicator had been calculated. Guidance

had not been received by Monitor until 22nd March 2013 when taking account of this the Committee was satisfied. The local indicator could not be provided on two grounds, 1. there was no system in place to ensure that this was recorded and, 2. whether there was "serious harm" was down to individual judgement and therefore subjective and unreliable as a national measure. This conclusion will be reported to Monitor.

The Committee recommends the Boards approval and signature of the Management Letters of Representation and the Annual Report.

ii. Director of Finance's report

Andrew Hopkins presented the report which was taken as read by the Board.

Graham Creelman recommended the formal approval of the Reports, Accounts and Letters of Representation. The Board approved.

iii. Management letters of representation

Andrew Hopkins presented the letters of representation and confirmed who should sign the letters on behalf of the Board.

The Board approved.

iv. ISA 260 report and summary report

Graham Creelman referred to KPMG's reports and John Brierley advised the queries raised have been answered and the Auditors are satisfied. Andrew Hopkins advised that all outstanding work referred to under the ISA260 was complete

v. External assurance on the Quality Report and summary report

The report had been shared with a variety of stakeholders and governors and comments taken on Board.

vi. Head of Internal Audit Opinion

John Brierley advised that the Head of Internal Audit opinion was overall good and that the Trust was a high performing Trust with only minor residual risks remaining. The Board received the report.

vii. To approve the Annual Report, the Annual Accounts and the Management Letters of Representation

On behalf of the Board Graham Creelman recommended formal approval of the Annual Report, the Annual Accounts and the two Management Letters of Representation. The accounts were formally signed.

13.70 Date, time and location of next meeting

The next meeting of the Board of Directors will be held in public on Thursday 27th June 2013 at 10:00 at The Bucklesham Room, Trinity Park, Ipswich.

Meeting closed at: 14:45

Chair:

Date:

Date:	27 th June 2013	B
Item:	13.60	

Actions from the previous private Board of Directors' meeting

25th April 2013 - Public		
Action 13.52iv	<p>OD & Workforce Group to review sickness policy and report back to the Board if changes required (Jane Marshall-Robb)</p> <p>Update to Board in respect of physical health and well-being of service users (Roz Brooks)</p>	On Agenda

Date:	27 th June 2013	C
Item:	13.61	

Norfolk and Suffolk

NHS Foundation Trust

Report To:	Board of Directors – Public
Meeting Date:	27 th June 2013
Title of Report:	Chairs Report
Action Sought:	For Information
Estimated time:	10 minutes
Author:	Gary Page, Chair
Director:	Gary Page, Chair

Trust objectives:

all objectives that this report relates to:

- To ensure the Trust retains and develops its focus on service quality; fully responding to the Francis report as agreed with the Board, responding to the views of service users and carers, engaging effectively with them, and implementing the safety and quality plan included agreed as part of the Service Strategy.
- To implement the 2013/4 programme of the agreed Trust Service Strategy, ensuring Trust Services are maintained to a high standard throughout the change and that Service users and carers are engaged throughout. Ensuring we adopt a strong “Recovery” culture across the organisation.
- To improve engagement with staff across the Trust so that staff report greater involvement and engagement, and the Trust improves its staff survey results (especially comparatively), sickness levels continue to reduce throughout the year, appraisal rates continue to improve and Net promoter score improves.
- To ensure the Trust delivers its agreed financial plan to assure the safety and stability of services.
- To develop stronger relationships with CCGs and commissioners, and partner organisations.
- To review and establish a long term commercial strategy to enable the Trust to continue to develop and grow in an increasingly commercial environment.

Governance check list: any that apply and ensure these are addressed in main report

✓ Finance / workforce effects	✓ Equality impact
✓ Quality (patient safety, patient experience, clinical effectiveness)	✓ Consultation

1. Summary of Report

- 1.1 Please find attached summarising my most significant activities and observations over the last month.

2. Financial implications (including workforce effects)

n/a

3. Quality implications

n/a

4. Equality implications / summary of consultation

n/a

5. Risks / mitigation in relation to the Trust objectives (implications for Board Assurance Framework)

5.1 Interaction with External Organisations -

Dementia Awareness Day Suffolk: I opened the Dementia Awareness Day which was well attended by NSFT staff and partner organisations and well supported by the public. It reconfirms the level of public interest and concern around this subject which is rightly a major priority for the Trust.

Meeting Ken Applegate, Chair Norfolk Community Health and Care Trust : NCH&C are very focused on achieving FT status and are hopeful that good progress is being made in this direction. KA was very complimentary about the working relationship with NSFT and open to looking at ways in which we can co operate more closely.

Attended NHS Confederation Annual Conference in Liverpool : Key messages I took away from the event was the acknowledgement of the need for cultural change in the NHS , the need for a long term strategy which can be sustained through the electoral cycle and the growing importance of patient power in shaping how the NHS delivers services. Universal acceptance that the difficult environment we face is not going to improve anytime soon and that fundamental change in service delivery was required rather than tinkering at the edges. A vindication I feel for our approach to the Trust Service Strategy.

Meeting John Stammers, Chair Yarmouth and Waveney CCG : feedback was that there were many very exciting and positive things around TSS but that communication around the consultation could have been improved and that GPs still lacked a complete understanding of what we were aiming to achieve. Felt Access and Assessment appeared to be working well. Keen to move towards a more integrated delivery of care between GPs, Acute and Mental Health.

Interview BBC Look East re resignation of Chief Executive : NSFT was the lead story on Look East on June 13 with contributions from a service user, Mind and

Unison and an interview with me which focused on the impact of TSS , job losses Aidan's resignation and why we were making bigger cuts than other MH Trusts.

Suffolk User Forum – Attending Trustee Meeting on June 20 and can provide verbal report at Board.

5.2 **Services and Staff Visits/Events –**

Walker Close (Learning Disability) : Impressed with the commitment of Staff and the environment created for Service users. Clearly some work needs to be done on the buildings but this is planned as part of the Estates strategy in Suffolk. Very impressed with how Staff have made the most of the facilities they have, especially the conversion of one of the empty bungalows into an activities centre and how they successfully got a large part of the equipment donated.

Pharmacy : visited the pharmacy at Hellesdon which is a real hive of activity. The long awaited launch of EMMA the electronic prescribing system is imminent .

80 St Stephens : met with management and spoke to a number of the teams. Impressed with the focus of management and willingness to tackle some long standing difficulties in the Community services. Spent some time with the community team working with NCC under the Section 75 agreement and saw first hand the enormous bureaucracy associated with getting approvals for personal budgets. The impact of the recently agreed changes has not fed through to the front line yet and morale is understandably low.

Meeting Faculty Office Dr Stephen Jones : impressed with the work being done and its clear NSFT are leading the way in this area in a number of ways. Deanery visit was due very soon and it is important that they leave with a positive impression in order to reinforce the reputation of the Trust as a place that trainee Doctors wish to work

Community Justice Mental Health Team : spent the morning with the team in Kings Lynn and attended the Team meeting in Hellesdon. Heard first hand the appreciation of the police and courts for the value which the team add. Had a tour of the Police Investigation Centre in KL which is a very impressive facility.

Hammerton Court / Blickling Ward Norwich : Hammerton Court remains in my opinion the most impressive in patient environment in the Trust which makes the continuing non use of Beech Ward all the more unsatisfactory . Work is being done to resolve the future use of the ward which I very much hope is brought to a conclusion soon. The problems identified in the early stages of the service being opened appear resolved and morale appeared high and I evidenced a very good standard of care being provided. Blickling ward is a very different environment and the difference between a purpose built facility at Hammerton Court and Blickling is very evident .

Partnership Team (Gary Hazelden) : Importance of the function in building strong partner relationships is clear as more and more of what we do as a Trust will involve working with others.

Chaired NSFT Leadership Conference : circa 80 of the top managers in the Trust met at the conference with the executive team and a number of non executives. Key messages were the desire for a long term vision and strategy to be effectively communicated. I sensed a real willingness from this group to think strategically and to boldly tackle the challenges we are facing which is very positive for the future. We emphasised the importance of the leadership team in helping us to communicate key messages and helping us to shape the future direction of the Trust.

5.3 Service User and Carer Interaction –

Chaired 1st Suffolk Service User and Carer TSS Consultation Meeting in Ipswich - it's critical that the board are seen to be visible and listening to our Service Users in Suffolk. There was criticism of the Trust but the event was successful in focussing attention on the launch of the Access and Assessment service and hopefully the future consultation events and the Service User Involvement Strategy Launch on June 28 will help to demonstrate the commitment of the Trust to taking on board the views of service users and carers as we develop the Strategy.

6. Recommendations

The Board is asked to note the Report.

Gary Page
Chair
27th June 2013

Background Papers / Information

Give details of any background papers / information

Norfolk and Suffolk

NHS Foundation Trust

Report To:	Board of Directors - Public
Meeting Date:	27 th June 2013
Title of Report:	Patient Safety and Quality Report
Action Sought:	For approval
Estimated time:	5 minutes
Author:	Roz Brooks: Director of Nursing, Patient Safety and Quality
Director:	Roz Brooks: Director of Nursing, Patient Safety and Quality

Trust objectives:	
<input checked="" type="checkbox"/> all objectives that this report relates to:	
<input checked="" type="checkbox"/> To ensure the Trust retains and develops its focus on service quality; fully responding to the Francis report as agreed with the Board, responding to the views of service users and carers, engaging effectively with them, and implementing the safety and quality plan included agreed as part of the Service Strategy.	
<input type="checkbox"/> To implement the 2013/4 programme of the agreed Trust Service Strategy, ensuring Trust Services are maintained to a high standard throughout the change and that Service users and carers are engaged throughout. Ensuring we adopt a strong "Recovery" culture across the organisation.	
<input type="checkbox"/> To improve engagement with staff across the Trust so that staff report greater involvement and engagement, and the Trust improves its staff survey results (especially comparatively), sickness levels continue to reduce throughout the year, appraisal rates continue to improve and Net promoter score improves.	
<input checked="" type="checkbox"/> To ensure the Trust delivers its agreed financial plan to assure the safety and stability of services.	
<input checked="" type="checkbox"/> To develop stronger relationships with CCGs and commissioners, and partner organisations.	
<input type="checkbox"/> To review and establish a long term commercial strategy to enable the Trust to continue to develop and grow in an increasingly commercial environment.	
Governance check list: <input checked="" type="checkbox"/> any that apply and ensure these are addressed in main report	
<input type="checkbox"/> Finance / workforce effects	<input type="checkbox"/> Equality impact
<input checked="" type="checkbox"/> Quality (patient safety, patient experience, clinical effectiveness)	<input type="checkbox"/> Consultation

1.0 Summary of Report

1.1 This is an exception report to provide an overview on the safety of services by focussing on the following areas:

- Compliance with relevant Outcomes of the Essential Standards of Quality and Safety for Care Quality Commission (CQC) 2010.
- Exception Reports – progress against safety targets and improvements
- Benchmarking/assessment against national best practice
- Patient and Carer Experience

2.0 Patient safety

2.1 Rule 43 letters received from Norfolk Coroners

2.2 A Rule 43 letter was received by the Trust on March 20th 2013 following an inquest on a female patient which concluded on March 15th 2013. The patient was found at her home having died from a drug overdose 4 weeks following her discharge from Hellesdon Hospital where she had been treated and detained under section 2 of the MHA.

2.3 A Serious Incident Report (Trusts Root Cause Analysis) was completed and provided to the coroner in April 2012.

2.4 A copy of the original rule 43 letter and the Trusts response are attached as Appendix 1.

2.5 A further Rule 43 letter was received from the Deputy Norfolk Coroner by the Trust on June 6th 2013. The inquest concluded on May 22 2013 stating that ‘the patient took her own life whilst suffering from bipolar affective disorder.’ A response from the Trust is being prepared to be with the Deputy Coroner by July 31st 2013. These will be presented at the next Board meeting.

3.0 Safeguarding

3.1 Independent oversight of NHS and Department of Health investigations into matters relating to Jimmy Savile – Second stage

3.2 Kate Lampard has been appointed by the Secretary of State for Health to oversee the NHS and DH investigations in to the allegations related to Jimmy Savile.

3.3 The Trust has been written to asking for assurance (The Trusts response is in bold) related to:

- Safeguarding - how policies, procedures and practice take account of and affect patients, visitors and volunteers within NHS settings. **A two stage audit is planned to assess; safeguarding referral uptake, and outcomes for service users, followed by a service user, and carer's, experience audit later in the year. This will inform future policy and process planning.**
- Governance arrangements in relation to fundraising by celebrities and others on behalf of NHS organisations. **Any celebrity wishing to raise funds for the Trust would not be in a position of having unsupervised access to any**

service user at anytime; all contacts would be facilitated through; the communications team, senior managers and subject to Executive Board approval.

- **Celebrities – the use and value to NHS organisations of association with celebrities, including in relation to fundraising, and the privileges, including access, accorded to them by NHS organisations. All volunteers, including any celebrity's, are subject to; DBS checks and would need to provide references. All volunteers undergo an induction programme which includes; safeguarding and public disclosure.**
- **Complaints and whistle blowing – how and to what extent do policies and procedures and the culture of NHS organisations encourage or discourage proper reporting, investigation and management of allegations of the sexual abuse of patients, staff and visitors in NHS settings. NSFT has a robust Confidential Disclosure Policy including access to a confidential concerns telephone line and email address. All concerns raised in the public interest are monitored through the safeguarding and patient safety team and reported through the Trusts governance systems. Anyone using this process is offered support and feedback throughout from both Human Resources, and the patient safety team. Any allegation of abuse of service users, carer's or visitors is managed through the safeguarding and criminal justice process as appropriate, in line with local and national guidance and policy.**

4.0 Recommendation

4.1 The Board of Directors is requested to note and approve this report.

Roz Brooks

Director of Nursing, Patient Safety & Quality
17 June 2013

Date:	27 th June 2013	E
Item:	13.63i	

Norfolk and Suffolk

NHS Foundation Trust

Report To:	Board of Directors – Public
Meeting Date:	27 th June 2013
Title of Report:	Bi-annual Physical Health Update
Action Sought:	For Information
Estimated time:	10 minutes
Author:	Sara Fletcher: Director of Infection Prevention and Control, Physical Health Team Leader
Director:	Roz Brooks: Director of Governance and Nursing

Trust objectives:	
<ul style="list-style-type: none"> ✓ all objectives that this report relates to: ✓ To ensure the Trust retains and develops its focus on service quality; fully responding to the Francis report as agreed with the Board, responding to the views of Service Users and Carers, engaging effectively with them, and implementing the safety and quality plan included agreed as part of the Service Strategy. ✓ To implement the 2013/4 programme of the agreed Trust Service Strategy, ensuring Trust Services are maintained to a high standard throughout the change and that Service Users and Carers are engaged throughout. Ensuring we adopt a strong “Recovery” culture across the organisation. <input type="checkbox"/> To improve engagement with staff across the Trust so that staff report greater involvement and engagement, and the Trust improves its staff survey results (especially comparatively), sickness levels continue to reduce throughout the year, appraisal rates continue to improve and Net promoter score improves. <input type="checkbox"/> To ensure the Trust delivers its agreed financial plan to assure the safety and stability of services. ✓ To develop stronger relationships with CCGs and Commissioners, and partner organisations. <input type="checkbox"/> To review and establish a long term commercial strategy to enable the Trust to continue to develop and grow in an increasingly commercial environment. 	
Governance check list: ✓ any that apply and ensure these are addressed in main report	
✓ Finance / workforce effects	✓ Equality impact
✓ Quality (patient safety, patient experience, clinical effectiveness)	<input type="checkbox"/> Consultation

1.0 Summary of Report

This report summarises the recent activity, achievements and future work plan of the physical health team.

1.1 Physical health prevalence study of in-patient services

All NSFT in-patient areas were visited between December 2012 and March 2013 to undertake a snapshot assessment of current Service Users physical health needs. This involved:

- A review of clinical notes to identify the physical health issues on the ward at the time
- A review of the current resources in place or accessible to meet the Service Users' needs
- Identifying areas of good practice for replication across the Trust.

The findings from this study provide the evidence for the Physical Health Teams' work priorities, identify training needs and provide information on the potential gaps in access to services across the Trust in relation to in-patient areas.

Reported health issues in order of occurrence:

- Largest reported is coronary heart disease (CHD)
- Smoking next largest reported
- Body mass index (BMI), high or low
- Endocrine disorders eg diabetes, thyroid problems
- Respiratory condition eg asthma or chronic obstructive pulmonary disease (COPD)
- Reduced mobility
- Falls risk identified
- Gastro-intestinal issues, including constipation
- Continence issues including urinary catheters
- Blood-borne viruses (BBVs) eg HIV, Hepatitis
- Sensory deficits, mainly deafness
- Antimicrobial usage for respiratory, urinary tract or wound infections
- Dermatological conditions
- Pressure ulcer

Indicated actions to address these health issues, the majority of which are in progress:

- To update the multi-disciplinary team (MDT) admission documentation to ensure sufficient and accurate information is available to assess all SU physical health needs.
- To develop the skills and competencies of the Physical Health Link Staff, providing support through the Physical Health Nurses and the Physical Health Forum
- To work with the higher education institutes (HEIs) to develop training days for all levels and disciplines of staff on the rationale for, and the process of, taking physiological observations.
- Support HEI training with ward level training, according to a gap analysis provided by each ward area, and developing systems for assessing staff competency.

- To provide chronic disease management to Service Users (SUs) (e.g. CHD, COPD, asthma) following National Institute of Clinical Excellence (NICE) guidance and replicating systems as within primary care (Quality Outcomes Framework – QOF)
- To focus on smoking cessation, following NICE guidance, utilising the smoking cessation advisors and support from external agencies as required, working towards a healthcare systemwide pathway
- Managing BMI – roll out training for nutrition assessment tool (MUST), ensure regular documentation of weight, joint working with Technical Instructors (TIs) and Occupational Therapists (OTs)
- Nutrition – ensure involvement in food supply contract reviews to improve quality and range – access to dietetics services through contracts with acute Trusts where required
- Work with information technology (IT) leads to develop systems on SUs notes for electronic reminders to take regular blood tests and physical observations as indicated by their condition
- Link with IT systems to provide alerts on SUs notes on significant organisms e.g. MRSA, *Clostridium difficile*, HIV, Hepatitis B & C
- Review provision of, and access to, physiotherapy services Trustwide contracting with local acute Trusts where necessary
- Develop referral pathways for access to specialist services e.g. dermatology, tissue viability
- Review Trust policies and documentation to ensure they are fit for purpose, reflecting evidence based practice and NICE guidance
- Develop a wound care formulary and a standard for dressing availability on each ward area
- Review link staff availability in relation to manual handling and falls – develop as necessary to support in-patient areas
- Establish guidelines for foot care of Service Users
- Develop the skills of the Physical Health Team to respond to the needs of the local teams
- Attend junior doctors induction to raise awareness of the physical health agenda

1.2 **Service Redesign and the Community Teams**

Communication links have been established with the service redesign leads and those involved in developing the community teams to ensure that consideration has been given to including physical health assessments as part of the care pathway.

The access and assessment teams include relevant questions within the Service User initial assessment. Local community teams build on this to provide detailed physiological health and well being information. Where there are deficits, Service Users will be signposted, and supported if necessary, to access relevant existing services. In some cases, NSFT staff will provide the service, for example, completing the annual health check, where a SU finds him or herself unable to access primary care.

This initiative will be improved by better access to primary care records facilitating sharing of recorded information.

1.3 **Commissioning for Quality and Innovation (CQUIN) goals 2013 – 2014**

The team is providing support for the achievement of the 2013 – 2014 CQUIN goals related to physical health. Where a goal relates to one area only, for instance Norfolk or Suffolk, the initiative is being carried out across the Trust to ensure parity and improve safety for all Service Users.

Activity includes:

- Continue with Safety Thermometer monthly submissions to provide point prevalence data on harms due to falls, pressure ulcers, venous thromboembolisms (VTEs) and urinary tract infections.
- Introduce the Safety Cross system for Suffolk, pictorially representing days between pressure ulcers and falls as incentives for staff and information to visitors
- Develop local and Trustwide action plans to reduce harm due to pressure ulcers and falls
- Ensure all patients are assessed for risk of VTE on admission and given prophylaxis if required
- Ensure learning is taken from all harms to patients through a root cause analysis
- Provide support to secure services to address chronic disease management, annual health checks and healthy lifestyles

1.4 **Additional activities completed or in progress**

- Reviewing the documentation from the Health Improvement Profile (HIP) research project recently concluded within the trust with a view to improving equivalent Trust documentation
- Linking with the Trust lead for the successful lithium monitoring system, SystemTDM®, to develop systems for physical health care monitoring in mental health
- Ensuring the Trust is compliant with the European Union sharps directive to use safety engineered sharp devices where indicated by a Trust risk assessment
- Development of the Physical Health Link Worker forum to ensure representation from across the Trust, including community teams
- Developing Phlebotomy services ensuring cost-effectiveness for staff time and Service User convenience
- Contributing to the Trust annual flu vaccination programme, learning from previous experience to improve information for staff and timely access to sessions to improve uptake rate
- Developing manual handling training, the Trust resuscitation programme and anaphylaxis training and equipment to improve safety for staff and Service Users
- Improve access to pressure relieving equipment
- Developing an inventory of Trust medical devices with access to information on this equipment and preparing for training in competency when using the equipment
- Reviewing medical devices purchased with a view to restricting access to best and most cost effective options
- Developing the Trust intranet to provide a resource area for staff

1.5 **Demonstrating improvements**

There are existing processes in place to monitor the effectiveness of physical health activity

- The Modern Matron quarterly audit of the completion of the MDT physical health admission documentation
- Monitoring the numbers and grades of pressure ulcers and of falls, identifying and addressing themes and trends
- Annual National Audit of Schizophrenia (NAS) which requires improvements in the assessment and management of physical health problems associated with medication
- National Safety Thermometer data and trend analysis
- Outcomes of CQUIN goals
- Evidence of staff training through records and competency assessments
- Evidence of service user satisfaction

Opportunities will be taken to provide further assurance of improvements by data gathering and conducting additional relevant audits as required or requested.

2.0 **Financial implications**

- 2.1 Connections have been established within the Trust to ensure that any additional work for NSFT staff in ensuring Service Users have access to, and receive the correct physiological measurements, treatments, referrals and advice, is included within the patient pathways and reflected in the payment by results (PBR) analysis.

3.0 **Quality implications**

- 3.1 Physical health remains a quality priority for NSFT as documented in the Quality Account. Addressing the physical health needs of Service Users, with staff proficient in both mental health and physical health skills, provides holistic care and is likely to improve the outcomes for health and well-being of individuals
- 3.2 As highlighted in the Francis report, staff should focus on protecting patients from avoidable harm. By carrying out, and acting on, appropriate risk assessments, Service Users are less likely to suffer harm related to for example, falls, pressure ulcers, VTEs and infections.

4.0 **Equality implications**

- 4.1 Improving the access to physical health checks for people with severe mental illness and supporting them in lifestyle changes, provides an opportunity to address health inequalities and make a difference to the health and well-being of this vulnerable group.
- 4.2 This work supports partnerships between staff and organisations ensuring Service Users have access to choice and greater access to information and care.

5.0 Risks/mitigation in relation to the Trust objectives (implications for Board Assurance Framework)

- 5.1 Embedding physical health within the mental health Trust supports the delivery of a recovery culture as part of the service strategy.
- 5.2 Addressing physical health needs of Service Users supports the goal to improve the health and wellbeing of the population and therefore strengthens relationships with commissioners and partner organisations.

6.0 Recommendations

- 6.1 The members of the Board are requested to review the information in this report for assurance that work to further address and embed attention to Service Users physical health requirement, continues within the Trust with some measureable improvement demonstrated.

Sara Fletcher

Director of Infection Prevention and Control, Physical Health Team Leader

13th June 2013

Background Papers / Information

Commissioning Framework - Choosing Health: Supporting the physical health needs of people with severe mental illness – DH Aug 2006

No health without mental health – DH Feb 2011

No health without mental health – implementation framework – DH Jul 2012

NSFT Annual report and accounts April 2011 – March 2012

Date:	27 th June 2013	F
Item:	13.63iv	

Norfolk and Suffolk

NHS Foundation Trust

Report To:	Board of Directors – Public Board
Meeting Date:	27 th June 2013
Title of Report:	The Abandoned Illness. A Report by the Schizophrenia Commission
Action Sought:	For Information
Estimated time:	10 Minutes
Author:	Michele Allott, Deputy Director of Nursing and Patient Safety
Director:	Roz Brooks, Director Of Nursing, Patient Safety and Quality

Trust objectives:	
<input checked="" type="checkbox"/> all objectives that this report relates to:	
<input checked="" type="checkbox"/> To ensure the Trust retains and develops its focus on service quality; fully responding to the Francis report as agreed with the Board, responding to the views of service users and carers, engaging effectively with them, and implementing the safety and quality plan included agreed as part of the Service Strategy.	
<input type="checkbox"/> To implement the 2013/4 programme of the agreed Trust Service Strategy, ensuring Trust Services are maintained to a high standard throughout the change and that Service users and carers are engaged throughout. Ensuring we adopt a strong “Recovery” culture across the organisation.	
<input type="checkbox"/> To improve engagement with staff across the Trust so that staff report greater involvement and engagement, and the Trust improves its staff survey results (especially comparatively), sickness levels continue to reduce throughout the year, appraisal rates continue to improve and Net promoter score improves.	
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Governance check list: <input checked="" type="checkbox"/> any that apply and ensure these are addressed in main report	
<input checked="" type="checkbox"/> Finance / workforce effects	<input type="checkbox"/> Equality impact
<input checked="" type="checkbox"/> Quality (patient safety, patient experience, clinical effectiveness)	<input type="checkbox"/> Consultation

1.0 Summary of Report

- 1.1 In November 2012 the Schizophrenia Commission publishes the Abandoned Illness Report. The report identifies a number of recommendations identified as best practice in providing services and care for people with schizophrenia and psychosis, across the whole health economy. These recommendations do not as form any part of any legislation or regulatory requirement
- 1.2 The commission ran 6 formal evidence gathering sessions involving over 80 experts, including people who have lived with schizophrenia or psychosis, family members and carers, health and social care practitioners and researchers. 2,500 people responded to the commissioners online survey. The commissioners also visited services across England and drew upon relevant published literature to support the findings and recommendations within the report.
- 1.3 Findings and recommendations from the report were initially presented to Service Governance Sub Committee in January 2013. A summary of the key findings of the Report were also presented at Trust Board in February 2013.
- 1.4 The purpose of this report is in response to requests from both Non-Executive Directors and Governors to map out recommendations within the report in relation to current service provision.

2.0 Financial implications (including workforce effects)

- 2.1 The report identifies the need for provision of psychological therapies for those with schizophrenia and psychosis. It highlights the need for commissioners to agree arrangements for continuing IAPT programmes for people with severe mental illness beyond 2013, it also calls for staff in acute service areas to be trained in delivering short term and simple effective talking therapies. The financial implications of this recommendation will clearly need to be considered by commissioners as part of their forward planning.
- 2.2 National and Social Care guidance may be introduced so that that people with fluctuating conditions who need ongoing support do not lose services.
- 2.3 Call for more integrated working across statutory and voluntary sector services to meet public health agendas. e.g. Smoking cessation, physical health care and integrated employment support in clinical services (Individual Placement Support team). This is in line with existing work by the Trust in promoting partnership working and should be cost-neutral.
- 2.4 The recommendations also support those within the Francis Report in relation to recruiting staff according to their values and ensuring that staff reflect the attributes valued by service users. This is cost neutral.

3.0 Quality implications

- 3.1 The recommendations within report cover all aspects of health and social care. Those specifically aimed at Mental Health Providers focus on quality of services including specific reference to

- Caution in diagnosis, medication reviews and education in relation to medication benefits and side effects
- Improved physical health care including smoking cessation advice.
- Introduction of friends and family test
- Implementation of advanced directives
- Investing in recovery focused systems such as ImRoc including the development of peer support worker roles.
- Development of a set of values in consultation with service users and carers for how care and treatment should be provided

4.0 Risks / mitigation in relation to the Trust objectives (implications for Board Assurance Framework)

4.1 The Board should be assured that the majority of the recommendations are already in place or in progress within Norfolk and Suffolk Foundation Trust. Including

- Implementation of ImRoc
- Friends and Family test
- Active service user and carer engagement including service users and carer strategies and councils, scrutiny groups and the newly formed implementation group
- Physical Health team in place supported by dedicated links into teams and the Physical Health forum

5.0 Recommendations

5.1 To continue to utilise existing work streams and projects to implement and strengthen all recommendations within the Report, such as ImRoc, Trust service Strategy and Service Users and Carer Lead post, with each of the above picking up specific pieces of work.

Michele Allott

Deputy Director of Nursing and Patient Safety
17th June 2013

Background Papers / Information

The Abandoned Illness. A Report by the Schizophrenia Commission. November 2012