

Corporation Street, Stafford ST16 3AG

Tel: 01785 257888

Fax: 01785 258969

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST HELD IN THE BOARD ROOM AT TRUST HEADQUARTERS, STAFFORD AT 1330 HRS ON THURSDAY 26TH JANUARY 2012

1 Present

Steve Jones	Chairman
Roger Craven	Vice Chair
Neil Brimblecombe	Chief Operating Officer/Director of Nursing
Jayne Deaville	Director of Finance and Performance
Steve Grange	Director of Commercial Development
Ron Hilton	Non-Executive Director
Therèsa Moyes	Director of Quality and Clinical Performance
Liz Nicholson	Non Executive Director
Peter Woolrich	Non-Executive Director

2 In Attendance

Jane Landick	Company Secretary
Enrique Mateu	Governor Member
Dr Louise Cooper	Senior Trainee in Psychiatry
Greg Moores	Director of HR, OD and Equalities
Dr Gunjan Patel	Associate Medical Director
David Steele	Northern Service Delivery Group Prevention Manager, Staffordshire Fire and Rescue Service (Agenda item 8.1)
Delyth Humphreys	Community Fire Safety Officer, Shropshire Fire and Rescue Service (Agenda item 8.1)
Novlette Balela	E&D Lead (Agenda Item 9.1)
Dr David Dobel-Ober	Evaluation Project Lead (Research & Development) (Agenda Item 9.2)

ITEM 1 WELCOME AND INTRODUCTION

- 3** Steve Jones welcomed all present to the meeting. He congratulated Dr Gunjan Patel on his recent appointment as Associate Medical Director and welcomed him to the meeting as Dr Claire Barkley's representative.

ITEM 2 APOLOGIES FOR ABSENCE

- 4** Robin Pritchard, Non Executive Director
Sue Nixon, Non Executive Director
Dr Claire Barkley, Medical Director

ITEM 3 MINUTES OF THE MEETING HELD ON THURSDAY 15TH DECEMBER

2011

- 5 The minutes of the Board of Directors meeting held on Thursday 15th December 2011 were signed by the Chair as a true and accurate record subject to the following amendment:
- 5.1 Paragraph 17.3, Page 7: redacted from the public record of the meeting.
 - 5.2 Paragraph 10.6, Page 3: it was noted that the outcomes would be reflected in future reports from the commencement of the 2012/12 financial year.

ITEM 4 MATTERS ARISING FROM THE 24TH NOVEMBER 2011 MINUTES

- 6 All actions listed in the minutes were confirmed as having been completed.

ITEM 5 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

- 7 Neil Carr reported on the following events/activities and issues:
- 7.1 The **Staff Opinion Survey** data recently received and which was being analysed with a view to a report being available for the February or March 2012 Board.
 - 7.2 **Confirm and challenge meetings** taking place to enable contracts to be signed by the end of February 2012 with the end of March as the default date.
 - 7.3 The visit of **David Nicholson and David Flory** to the cluster on 3rd February 2012.
 - 7.4 The extension of the consultation period on the proposed closure of the **Margaret Stanhope Centre**.
 - 7.5 The **Royal College of Psychiatrists report of the national audit of dementia care in general hospitals 2011** and work taking place locally to with acute general hospitals to address the needs of this client group.
 - 7.6 The **Membership Council meeting** on 18th January 2012 and the Board commitment to addressing the issue of increasing compliance with **adult safeguarding mandatory training**. Neil Carr advised that since the meeting a further 200 staff had now booked onto the additional training dates provided. Steve Jones commented that he would also be formally responding to the letter from Tony Price, Lead Governor, on this subject. Neil Carr also referred to the presentation given at the meeting by Andy Davey from the **Care Quality Commission (CQC)** during which he had encouraged engagement between Governors and the CQC. To this end Neil Carr advised that he had asked Jane Landick to progress the development of a protocol to support effective engagement through the Lead Governor for consideration by the Governor Steering Group.
- 8 The following Board Committee reports were received and noted:
- 8.1 **Audit Committee** (19th December 2011): Roger Craven corrected the summary report by advising that the meeting had been chaired by Robin

Prithchard and advised that the full minutes, which were usually attached to the summary report would be submitted to the February 2012 Board. He commented on the reported slippage with the recommendation tracking on Performance Plus but advised that he understood that this was currently being followed up to ensure regular updating by the “owners” of the actions. Neil Carr advised that the Executive Directors would also be monitoring outstanding actions on Performance Plus on a monthly basis.

8.2 Quality, Effectiveness and Risk Committee (12th January 2012): Steve Jones summarised the Patient Safety Partnership pilot which had been the subject of presentation at the meeting and advised that the outcome of the pilot would be reported to the Board at a future date. Therèsa Moyes gave an account of the Quality Network Visit to the Hatherton Centre and advised that the final report received had largely addressed the factual inaccuracies in the first draft received. The actions being taken arising from the visit were noted.

8.3 Business Development and Investment Committee (14th and 21st December 2011): In response to a question from Neil Carr about the Drug and Alcohol contract won in Cambridge, Steve Grange confirmed that he was confident that the governance arrangements and appropriate resource and capacity was in place to enable the service to go live from 1st April 2012.

8.4 Foundation Management Team (12th December 2011 and 16th January 2012): Therèsa Moyes summarized the Responsibility Towards Employment initiative. It was noted that it was an important aspect of supporting social inclusion and the recovery model and that agreement on the funding for this service recently secured, would help to sustain the initiative going forward. She advised that the development of a strategy for delivery of this service was now taking place and would be submitted to the Foundation Management Team in March 2012 and subsequently to the Board. Neil Carr commented on the outcomes of the Paediatric Services Reviews which were reported to the January 2012 meeting and which had resulted in clear benefits to the delivery of paediatric services.

8.5 Finance and Performance Committee (7th December 2011): In response to a question from Roger Craven about preparation for the implementation of **Payment by Results (PbR)**, Jayne Deaville advised that approximately 98% of service users had now been allocated to a care cluster. The remaining 2% represented predominantly those service users “under assessment” for which there was currently no cluster but it was noted that action was being taken to address this both locally and nationally to ensure compliance with the 100% target, since it was noted that payment could not be received for patients not allocated to a cluster. It was agreed that the Board would receive a briefing on the position with respect to the implementation of PbR at a future meeting. In the meantime, it was agreed that it was vital to ensure clinical engagement and understanding of the PbR agenda and implementation within the Trust in line with the current ambitious timeframe whereby PbR would be in place in shadow form for 2012/13 with full implementation for 2013/14. In response to a question from Roger Craven about the strategy for the implantation and use of LEAN methodologies within the Trust and the nominated lead for this work, Neil Carr advised that it was anticipated that a new **Organisational Development**

Strategy would be presented to the April 2012 Board and that this would incorporate this in the wider OD context. Neil Brimblecombe advised that whilst he had the Executive Director lead for OD, it was in a co-ordinating capacity, recognising that strategy required the delivery of OD to be integrated and embedded across the Trust. Roger Craven also advised that at the January 2012 Finance and Performance Committee had reviewed the potential savings arising from a change in the Trust's **energy supplier**.

9 The following policy was formally ratified by the Board:

9.1 **The Procedure in the Event of a Psychiatric Emergency** which had been approved at Quality, Effectiveness and Risk Committee on 12th January 2012.

ITEM 9.1 UPDATE ON THE EQUALITY ACT 2010 AND IMPLEMENTING THE EQUALITY DELIVERY SYSTEM

10 Novlette Balela attended the meeting and gave a presentation on progress with implementing the Equality Delivery System (EDS). In response to a question from Neil Carr about any issues which may prevent the delivery of the action plan and objectives, Greg Moores confirmed that he believed that all actions were achievable and outlined how the Trust intended to tap into existing networks and groups at cluster level to support its own efforts to enhance community engagement. He also commented that data was being gathered from all services to support the embedding of the EDS across the Trust's regional and national services and that a robust governance structure had been proposed to monitor the implementation process. In response to a question from Steve Grange about the format for publication of the EDS and its implementation, Novlette Balela advised that the prescribed format and content for the Trust Annual Report would be taken into consideration but that the intention was to ensure that equality and diversity was mainstreamed and integrated within the Trust and not reported as a separate report or entity.

It was agreed that EDS reports to the Strategic Health Authority (SHA) must be validated and approved by the Human Resources, Organisational Development and Equalities Committee before submission to the SHA. Novelette Balela also agreed to amend the report following concerns about the RAG rating process to include clear definitions and give greater assurance in relation to progress towards achievement of the objectives and actions. Gunjan Patel commented that it was important to achieve consistency and objectivity in reporting both to Board and SHA in order to be able to benchmark progress against external comparators. In response to a question from Steve Jones about capacity to deliver the EDS in Directorates, Novelette outlined the governance structure and arrangements which placed accountability for delivery with Directorate Management Teams. It was noted that there was some discrepancy in the Board report with respect to the numbers of objectives and Novlette Balela agreed to circulate a revised paper containing the EDS outcomes to Board members along with the

revised EDS reporting template referred to above.

The Board formally confirmed sign up to the Equality Delivery System and confirmed that Sue Nixon would be Non Executive lead with responsibility for chairing the Equality and Human Rights Strategy Group. The new governance structure for equality, diversity and human rights was also agreed subject to noting that there was no formal line of accountability from the Membership Council to the Board and that therefore this relationship should be depicted by a broken line.

ITEM 6 TRUST ASSURANCE REPORT

11 The report was received and noted. Exception reports and comments from Board members were recorded as follows:

11.1 Finance

Jayne Deaville advised that the month eight position showed an 'actual' retained surplus of £6.8m, representing a budgetary underspend of £3.8m. The year-to-date EBITDA margin was 9.1% and the surplus margin 6.2%, both above the annual planned positions of 5% and 1.9% respectively. It was noted that the position was expected to deteriorate by the year end in line with plan as additional expenditure was incurred during the final quarter.

11.2 Contract Activity and Projects

Jayne Deaville tabled some additional narrative to the contract monitor reports explaining the factors contributing to the under-performance against the block contracts. She emphasized that this did not reflect a loss in income but that there were potential implications for income levels under Payment by Results. It was noted that an element of the underperformance reflected the closure of wards in advance of plan, particularly in Shropshire/Telford & Wrekin. The narrative explanation of the contract monitor types and the NHS Other contract information was also noted. Jayne Deaville reported that all Monitor targets were being achieved in line with plan.

11.3 Information Governance

The information governance incident report was received and noted.

11.4 Business Development

Steve Grange advised that 14-16 tenders were currently under review. It was noted that Directorate business planning processes had commenced and this year would have a much more commercial focus. The successful transfer of the Burton Task Group from 1st January 2012 was noted as having had minimal impact on the service users. Steve Grange advised that the multi-agency review of the handling of the day of industrial action on 30th November 2011 had been very positive with respect to the Trust's approach.

11.5 Care Quality Commission Essential Standards

Therèsa Moyes explained the basis for the Care Quality Commission's Quality and Risk Profile (QRP) ratings and the Trust's RAYG ratings and

highlighted the changes from the previous report.

11.6 Sickiness Absence and Turnover

Neil Brimblecombe advised that the sickness absence figures continued to reflect the time lag in chasing and correcting the monthly data but that the issue was likely to resolve in part following the implementation of e-rostering. He advised the Trust remained above the average benchmark for mental health trusts of 5.3% and that an external consultant had been engaged to undertake some focused work on sickness absence which would feed into a thematic review during the course of the year to be reported to the Human Resources and Organisational Development Committee and Board once complete. In response to a question from Steve Jones, Greg Moores confirmed that return to work interviews were tracked via the Electronic Staff Record (ESR). Therèsa Moyes commented on the positive evaluation of the Health and Wellbeing Service by staff and managers who had made use of it.

11.7 Research and Development Report

The report was received and noted.

ITEM 7.1 MODERNISATION OF MENTAL HEALTH SERVICES IN SHROPSHIRE/TELFORD & WREKIN

- 12** The report showing progress to date was received, noted and agreed. With the imminent departure of the Director of Mental Health, Jayne Deaville advised that arrangements were in place for continuing management and reporting of the transition plan. In response to a question from Steve Jones about the meetings attended and key relationships built up by Steve Gregory, Neil Carr confirmed that these were all been managed effectively by Executive Directors and senior managers as appropriate. It was noted that the position with bed numbers remains as reported in December, with 81 beds in operation at Shelton Hospital. Elm Ward was now closed and Maple Ward was functioning as an 18 bed facility. Operational changes were on course to deliver the required reduction to 74 beds no less than 6 months before the move. It was also noted that 41.83 WTE community vacancies remain to be filled and plans were in place to ensure that the recruitment process is complete by the end of March 2012.

ITEM 7.2 TRUST STRATEGY 2011-2016 PROGRESS REPORT

- 13** Steve Grange presented a paper outlining progress to date and noted that the Trust had delivered against all of its six objectives; evidenced through performance management systems and internal governance arrangements. The Board noted the update on delivery of the Strategy and agreed to combine the Trust Delivery Plans into the Monitor Annual Plan and use the Monitor Annual Plan as the seminal document detailing our objectives for 2012/12. The mechanisms to demonstrate delivery in section five of the report including the biannual review of the Monitor Annual Plan as outlined in the report, were noted and it was agreed to receive a full update on the delivery of the Monitor Annual Plan (2011/12) at the Board meeting in April

2012.

ITEM 8.1 PARTNERSHIP WORKING WITH THE FIRE AND RESCUE SERVICE

- 14 David Steele, Northern Service Delivery Group Prevention Manager, Staffordshire Fire and Rescue Service, Delyth Humphreys, Community Fire Safety Officer, Shropshire Fire and Rescue Service and Debbie Moores, AHP Lead gave a presentation on the joint working taking place between the Trust and the Fire and Rescue Services in Staffordshire and Shropshire. The Board confirmed its support and commitment to continued joint working as part of the Trust's core business and to ongoing promotion of the partnership working as a must do for staff. It was also agreed to support the embedding of the data sharing protocol and to continue to work together on building staff confidence to share information within the constraints of patient confidentiality and data protection. Steve Grange agreed to pick up the promotional and communication issues outside of the meeting.

ITEM 8.2 CHARITABLE FUNDS 2010/11

- 15 Jayne Deaville advised that this report had been previously presented to the Audit Committee on 19th December 2011 and was brought to the members of the Trust Board as the trustees of the registered charity held in its name. She advised that the funds held were those donated for the Foundation Trust's use but in addition the charitable funds included funds managed on behalf of South Staffordshire PCT. It was noted that all funds were held under an umbrella fund which is sub sectioned to maintain the integrity of the monies donated for the purpose intended and that these funds were required to be audited and submitted to the Charity Commission by 31 January 2011. The Board formally agreed the contents of the management representation letter and authorised the Chief Executive and Director of Finance to sign it on behalf of the Board of Trustees. The Board also formally ratified the decision of the Audit Committee and approved the accounts for submission to the Charities Commission.

ITEM 9.2 RESEARCH AND DEVELOPMENT STUDY: NURSE PRESCRIBING

- 16 Dr David Dobel-Ober gave a presentation on a research study into the use and implementation of nurse prescribing within the Trust. It was noted that there was a very good evidence base for the value and benefits of nurse prescribing and the Board commended the next steps and the plans for increasing the numbers of nurse prescribers over the next few years. It was noted that further work should be undertaken to improve the information contained within the formulary to make it more accessible for providing information to service users and that this could be pursued in line with the development of the clinical information system and the use of technology. Compliance with the formulary and governance processes surrounding prescribing in general were also noted as key issues for monitoring and review as appropriate. Jayne Deaville recommended consideration of financial input to the Medicines Management Committee.

ITEM 10 ANY OTHER NOTIFIED BUSINESS

17 There was no other business.

ITEM 11 SUMMARY OF DECISIONS MADE AND AGENDA ITEMS FOR THE NEXT MEETING

18 Decisions made were summarised by the Company Secretary as follows:

- The policy on psychiatric emergencies was ratified
- Sign up to the Equality Delivery System (EDS) was formally agreed
- Sue Nixon was confirmed as Non Executive Chair of the Equality and Human Rights Strategy Group.
- The governance structure for equality, diversity and human rights was agreed.
- It was agreed to combine the Trust Delivery Plans into the Monitor Annual Plan and use the Monitor Annual Plan as the seminal document detailing the Trust's objectives for 2012/12.
- The management representation letter relating to Charitable Funds 2010/11 was agreed and the Chief Executive and Director of Finance authorised to sign it on behalf of the Board of Trustees. The Board also approved the accounts for submission to the Charities Commission.
- Board support and commitment to partnership working with the Fire and Rescue Service was agreed.

19 The following future agenda items were agreed:

- Report on the Patient Safety Partnership pilot (TBC)
- Full update on the delivery of the Monitor Annual Plan (2011/12) (April 2012)
- Sickness Absence Thematic Review (TBC)
- Payment by Results Briefing and Implementation Progress Report (TBC)

ITEM 12 DATE AND TIME OF NEXT MEETING

20 It was noted that the next Board meeting would take place on Thursday 23rd February 2012 commencing at 1.30pm.