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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 23RD FEBRUARY 2012

1 Present

Roger Craven	Vice Chair
Dr Claire Barkley	Medical Director
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
Alyson Sargeant	HR Business Partner
Karen Hirons	Patient and Public Involvement Manager (agenda item 7.2)

ITEM 1 WELCOME AND INTRODUCTION

- 3 Roger Craven welcomed all present to the meeting.

ITEM 2 APOLOGIES FOR ABSENCE

- 4 Steve Jones, Chairman
Sue Nixon, Non Executive Director

ITEM 3 MINUTES OF THE MEETING HELD ON THURSDAY 26TH JANUARY 2012

- 5 The minutes of the Board of Directors meeting held on Thursday 26th January 2012 were signed by the Chair as a true and accurate record.

ITEM 4 MATTERS ARISING FROM THE 26TH JANUARY 2012 MINUTES

- 6 **6.1 Safeguarding** (paragraph 7.6, page 2): Neil Brimblecombe advised that a letter to Tony Price, Lead Governor was being finalised and confirmed the Board's commitment to achieving a target of 70% compliance with adult safeguarding mandatory training by the end of April 2012, which was evidenced by the additional training sessions being provided and liaison with Directorates to support attendance by staff. Neil Carr advised that he had

met with Tony Price who had accepted that the target was challenging and noted the efforts and progress that the Trust was making.

ITEM 5 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

- 7 Neil Carr reported on the following events/activities and issues:
- 7.1 Future opportunities to **influence national policy** through the Foundation Trust Network and the NHS Confederation, particularly in the areas of the authorisation process for Clinical Commissioning Groups (CCG), relationships and working arrangements for providers to work with and influence Health and Wellbeing Boards and influencing the national innovation strategy and the competition framework. In response to a suggestion from Roger Craven, it was agreed that these issues, addressing both the risks and opportunities, would form part of the next Board Development session in March 2012.
 - 7.2 **The Safety Thermometer and Patient Experience:** Therèsa Moyes advised that the Safety Thermometer was a measure of the physical health needs of in-patients and was due to become a nationally mandated target representing 0.5% of the overall CQUIN. For 2012/13 it would only apply to learning disability services and patients with dementia. It was currently very acute focused but an intent had been signaled to develop a mental health version. The Patient Experience emanated from a national document, "The Patient Revolution" and related to a question being added to the CQUIN asking service users whether they would recommend the service to the family or friends. It was noted that this question was not mandated for 2012/12 (other than for acute trusts) but that it had been agreed to pilot to test out its relevance this year in the non-acute sector in advance of it being mandated in subsequent years. In response to a question from Ron Hilton, Therèsa Moyes outlined the ways in which real time patient experience was captured at present and reported on through the quality accounts.
 - 7.3 **Public Sector Equality Duty:** it was noted that the Trust had missed the deadline for publication of evidence of its compliance in relation to the Public Sector Equality Duty by uploading workforce and service user data to the website by 31st January 2012 but that this had been rectified very soon after the deadline. It was noted that the next deadline for compliance with the public sector equality duty was 31st March 2012 and that arrangements were in place to ensure that this deadline was met. Neil Carr asked Non Executive Directors to ensure they were aware of the requirements of the Trust under this duty and that they tested out the Trust's compliance during their visit programmes.
 - 7.4 **Service Users and Meaningful Employment:** Neil Carr advised that two assessors had visited the Trust to assess the Trust against the IPS standard and had advised that the Trust would be accredited as an IPS provider. Debbie Moores and her team were commended for their work in helping to achieve this accreditation.
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- 7.5 **Heart of England Hub of the National Institute for Health Research (NIHR) Mental Health Research Network 2012 Associate Award:** Dr Iggy Agell was commended by the Board for his achievement in winning this prestigious award which was given in recognition of his support and enthusiasm for the promotion of research and development within the Trust.

Action:	Monitoring compliance with the Public Sector Equality Duty (NEDs) Inclusion of “influencing national policy” as an agenda item for the Board Development Session in March 2012 (NC)
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The following Board Committee reports were received and noted:

8.1 Audit Committee (full minutes) (19th December 2012): Robin Pritchard was noted as having chaired this meeting.

8.2 Quality, Effectiveness and Risk Committee (9th February 2012): Liz Nicholson advised that the committee had been assured that the delays referred to in connection with the Medicines Management Thematic Review action plan were being addressed and that the Trust was where it needed to be with respect to the Ombudsman’s Report “Care and Compassion”. She advised that the committee took an active role in ensuring that the Trust benchmarked itself against the findings of national reports and investigations such as the Airedale report and the Norfolk and Waveney investigation report to ensure action plans arising from the report recommendations were produced and monitored by the appropriate sub group.

8.3 Membership Council (18th January 2012)

8.4 Finance and Performance (11th January 2012 and 2nd February 2012): Jayne Deaville advised that the energy procurement report was due for submission to the March 2012 Finance and Performance Committee. She advised that the Estates Rationalisation Plan had been referred for review to the Service User and Carer Committee. The Committee had also discussed compliance with Information Governance Training which needed to improve. Neil Brimblecombe advised that service managers and directors had been contacted to take action to improve compliance but that some problems (now resolved) had been encountered accessing the online training. Board members were asked to ensure they were all compliant.

8.5 Service User and Carer (8th February 2012): Therèsa Moyes outlined the changes to the format and structure of the meeting both implemented and planned arising from the away day on 15th December 2011, a summary of which was tabled. This included longer but less frequent meetings which would be more informal with open space events, activities and workshops to increase engagement and attendance by service users and carers and enable more operational issues to be picked up and addressed more appropriately elsewhere. In response to a question from Neil Carr about increasing the active involvement of carers, Therèsa Moyes outlined work that had commenced in line with the guidance document “Triangle of Care” which included the establishment of a Carer Involvement Development Group. She advised that the work was in its early stages but that progress would be reported in the thematic review of service user and

carer experience. Liz Nicholson commented that QERC had received a presentation by Robin Harvey on the Triangle of Care and that at the meeting he had stated that he was satisfied with the progress the Trust was making towards better carer involvement. She also confirmed that she welcomed and supported the changes to the sub committee structure and format.

8.6 Business Development and Investment Committee (15th February 2012) Peter Woolrich highlighted the discussion on the Private Patient Cap and the action agreed to form a time limited group to identify opportunities.

9 The following policies were formally ratified by the Board having been approved at Quality, Effectiveness and Risk Committee on 9th February 2012:

9.1 Operational Policy on the Management of Violence and Aggression

9.2 First Aid Policy

ITEM 7.2 SERVICE USER AND CARER INVOLVEMENT STRATEGY 2012-16

13 Karen Hirons attended the meeting to present the Strategy, which it was noted had been approved at the Service User and Carer Committee on 8th February 2012. She advised that the Strategy had been developed by service users and carers and that given the diversity of services, the delivery plan would be developed within Directorates and teams to ensure the flexibility to be meaningful in all settings and locations. This would be monitored by the Service User and Carer Operational Group and reported through the Service User and Carer Annual Report. Liz Nicholson commended this approach, particularly for the Children's Directorate since this gave them the freedom to develop their own version of the Strategy and to translate the strategy and its delivery to meet the specific needs of children. In response to a question from Neil Carr about the use of service users and carers in recruitment, Therèsa Moyes confirmed that this was monitored with Directorates through performance management sessions and remained the expectation of the Trust that all interview panels involved service users and/or carers. It was agreed that the Service User and Carer Committee would be asked to review and monitor this requirement. The Board formally ratified the Service User and Carer Strategy 2012/16 and noted the intention to distribute the Strategy in a range of formats including easy read and an A5 printed booklet. The Board also noted that the 2012 Service User and Carer Celebration Day was scheduled to take place on 3rd May 2012 and agreed to receive an update on progress with delivery of the strategy in the form of the Service User and Carer Annual Report 2011/12.

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 nine position showed an 'actual'

retained surplus of £7.7m, which represented a budgetary underspend of £4.4m. The year-to-date EBITDA margin was 9.1% and the surplus margin at 6.2%, both above the annual planned positions of 5% and 1.9% respectively.

11.2 Contract Activity and Projects

Jayne Deaville advised that that all Monitor targets were fully met at month nine (April – December 2011). Under performance was noted in a number of areas and the reasons explained. Neil Brimblecombe commented that activity reporting and recording had improved following recent management changes and no concerns regarding activity had been raised by commissioners. The efforts of Jayne Deaville, Neil Brimblecombe and clinical teams was acknowledged in achieving this improvement.

11.3 Information Governance

The information governance incident report was received and noted. Jayne Deaville advised that in light of a number of Freedom of Information Act requests which had exceeded the statutory deadline for response, action had been taken to tighten up the process with an agreed escalation process put in place for requests at risk of not meeting the deadline and weekly meetings to ensure requests received were assigned to the correct individual to supply the required information.

11.4 Library and Knowledge Services

The report was received and noted.

11.4 Business Development

Steve Grange advised that the Commissioner Engagement Strategy had been completed and was being deployed with the emerging Clinical Care Groups. The Board approved the brand direction for the fifth year of the brand cycle. The Board also approved the date of the AMM and AGM as being 12th and 13th September 2012. Steve Grange confirmed that the dates would not impact on the go live date for the Redwood Centre. Claire Barkley reminded Board members of the academic symposium taking place at the Centre on the 14th September 2012.

11.5 Care Quality Commission Essential Standards

Therèsa Moyes reported on a number of changes to the monthly RAYG ratings arising from the impact of the NHSLA assessment at level 1 and the recent Children's Services Review. In response to a question from Neil Carr relating to the timescale for assessment against NHSLA level 1, Therèsa Moyes advised that 12 month's worth of evidence was required and that in order to enable solid evidence and a robust foundation on which to base an assessment at level 3 within 12 months of securing level 2, it was suggested that assessment at level 2 should not take place before 2013. It was agreed that Jayne Deaville would review the potential impact on fees arising from this recommendation and that a further update and proposals for accreditation at levels 2 and 3 would be presented to the April 2012 Board meeting.

Action: NHSLA Accreditation timeframe: impact on fees (JD)

11.6 CQUINs: Quarter 3

Therèsa Moyes advised that all targets were currently being met.

11.6 Patient Experience

The report was received and noted.

11.6 Serious Incident and Root Cause Analysis from serious incidents concluded in January 2012

The report was received and noted.

11.6 Q3 Risk Management Report

The report was received and noted, having been previously presented to the Quality, Effectiveness and Risk Committee. Neil Brimblecombe suggested that Statistical Process Control (SPC) should not be applied to figure 18 on page 15 of the report since the figures reflected an increase in reporting rather than an increase in the number of child protection incidents and that the former was seen as an indicator of good practice. In response to a question from Neil Carr about clinical negligence claims referred to in the report Therèsa Moyes advised that they related to incidents which occurred several years ago and that each would have been investigated as serious incidents and any lessons learned and recommendations arising from the investigation, implemented at the time. Roger Craven commented that poor record keeping was a recurrent theme in serious incident investigation reports but acknowledged that the clinical information system and the move towards a fully electronic patient record was expected to reduce some of the risks associated with manual records.

11.6 Infection Control Reporting

Claire Barkley advised that detailed infection control reports would in future be received for monitoring purposed by the Infection Control Committee which reports to the Quality, Effectiveness and Risk Committee and would also be reported to the Foundation Management Team. Summary Board reports will in future be included under the "Quality" section of the Trust Assurance Report. She reported a good uptake of flu vaccinations by staff with 1146 completed. Some Norovirus outbreaks had occurred on wards in Stafford and Shrewsbury but now appeared to be under control.

11.6 Sickness Absence and Turnover

Neil Brimblecombe advised that the annual sickness absence rate appeared now to have topped out. He also referenced the sickness absence review being undertaken by Mazar's and advised that the report on the findings was due in March 2012.

11.7 Mental Health Act Quarterly Report

Jane Landick advised that the revised format of the report had been agreed by the Mental Health Legislation Committee which had contributed to and

agreed the narrative. She advised that the report was now more performance focused and aligned to the areas of the Mental Health Act which were reportable to the Care Quality Commission. Roger Craven was supported by his Non Executive Director colleagues in requesting that the report be amended to reflect that the delays in convening Hospital Managers hearings was not due to Non Executive Director shortages. In response to a question about whether benchmark data was available to evaluate the frequency of AWOL reporting by the Trust compared with other Trusts, Therèsa Moyes advised that this information was not currently available, but subject to its availability, could be included in future reports. Neil Brimblecombe advised that all AWOL incidents relating to the Forensic Directors involved service users who had been granted leave. Board members approved the revised format and presentation of the report.

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

- 12 Jayne Deaville presented the update report and asked the Board to note progress with the Project. The Board formally ratified the proposals to use contingency and enhanced finishes allowances as outlined in the report and ratified the dates for the Annual Members Meeting and the Annual General Meeting as 12th September 2012 and 13th September 2012 respectively. Roger Craven confirmed that the business case for the 12 beds would be brought to the March 2012 Board once it has been agreed by the Business Development and Investment Committee. In response to a question from Roger Craven, Jayne Deaville confirmed that there had been reduction of approximately 8.0WTE community staff against the original business plan to achieve the Cost Improvement Programme.

ITEM 7.2 DIAMOND JUBILEE PUBLIC HOLIDAY

- 13 Alyson Sargeant presented a paper outlining the various options for consideration by the Board. Following discussion it was agreed to apply option 3 which represented the same arrangements as those agreed for the royal wedding in 2011 and that all employees would therefore receive an additional day's paid leave to be taken on 5th June 2012. Any employees who were required to work would be paid at plain rate and be given a day off in lieu at another time (pro-rata for part-time staff).

ITEM 8.1 BOARD OF DIRECTORS: REGISTER OF INTERESTS

- 14 The Register of Interests was received and noted and agreed by Board members.

ITEM 8.2 EXTERNAL QUALITY PEER REVIEWS

- 15 Therèsa Moyes presented a paper which represented a summary of the final stages towards signing off two recent quality reviews of Trust services, both of which were in their final draft stages: a whole health economy wide review

of mental health and learning disabilities services by the “West Midlands Quality Review Service and a local review of the Hatherton Centre by the Quality Network for Forensic Mental Health Services. The Board agreed that the full reports and any related improvement plans would be referred for approval to the Quality Effectiveness and Risk Committee before ratification at a future Board meeting and approved the monitoring of the improvement plans through Performance Plus, directorate governance arrangements and the Quality Effectiveness and Risk Committee.

ITEM 8.3 OVERVIEW OF ANNUAL REPORT 2011/12

- 16 Steve Grange advised that new guidance had been released by Monitor proscribing the detailed format and content of Foundation Trusts’ annual reports for 2011/12. He outlined the five key dates which culminated in final submission by 13th July 2012 and advised that there were two key areas of change this year: the Statement on Internal Control (SIC) was replaced by the Annual Governance Statement and the document was explicit in restricting the use of diagrams and pictures, although it was agreed that a version would be produced as customary, for public presentation at the AMM and AGM.

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 Operational Policy on the Management of Violence and Aggression and the First Aid Policy were formally ratified
 - The Service User and Carer Strategy 2012/2016 was formally ratified
 - The Register of Interests was agreed.
 - Option 3 was agreed with respect to arrangements for leave on the Diamond Jubilee public holiday on 5th June 2012.
 - The Board ratified the proposals to use contingency and enhanced finishes allowances for the completion of the Redwood Centre.
 - The dates for the Annual Members Meeting and the Annual General Meeting were confirmed as 12th September 2012 and 13th September 2012 respectively.
 - The revised format and presentation of the Mental Health Act quarterly report was agreed.
- 19 The following future agenda items were agreed:
- Thematic review of service user and carer experience (TBC)
 - A whole health economy wide review of mental health and learning disabilities services by the “West Midlands Quality Review Service – report and improvement plan (TBC)

- A local review of the Hatherton Centre by the Quality Network for Forensic Mental Health Services – report and improvement plan (TBC)
- Redwood Centre: Business Case for 12 Bed Unit (March 2012)
- Sickness Absence Review Report (April 2012)
- NHSLA Accreditation Timeframe for Levels 2 and 3 (April 2012)
- Public Sector Equality Duty Compliance Report (March 2012)
- Service User and Carer Annual Report 2011/12 (May 2012)

ITEM 12 DATE AND TIME OF NEXT MEETING

20 It was noted that the next Board meeting would take place on Thursday 29th March 2012 commencing at 1.30pm.