

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 29TH MARCH 2012

1 Present

Steve Jones	Chairman
Claire Barkley	Medical Director
Neil Carr	Chief Executive
Roger Craven	Vice Chair
Jayne Deaville	Director of Finance and Performance
Steve Grange	Director of Commercial Development (part meeting)
Ron Hilton	Non-Executive Director
Therèsa Moyes	Director of Quality and Clinical Performance
Liz Nicholson	Non Executive Director
Sue Nixon	Non Executive Director
Peter Woolrich	Non-Executive Director

2 In Attendance

Jane Landick	Company Secretary
Ravi Bhakri	Governor Member
Greg Moores	Director of HR, OD and Equalities
Novlette Balela	E&D Lead (Agenda Item 9.1)
Professor Eleanor Bradley	Head of Research and Development (Agenda Item 9.1)
Dr Abid Khan	Clinical Director (Agenda Item 9.1)
Alex Brett	Head of OD (Agenda Item 9.3)
Mandy Lee	Safeguarding Consultant Practitioner
Sarah Guy	Senior HR Advisor
Pat Wain	Deputy Director of Nursing

ITEM 1 WELCOME AND INTRODUCTION

- 3** Steve Jones welcomed all present to the meeting including Sue Nixon, attending her first meeting following her appointment as Non Executive Director.

ITEM 2 APOLOGIES FOR ABSENCE

- 4** Neil Brimblecombe, Chief Operating Officer/Director of Nursing
Liz Nicholson, Non Executive Director

ITEM 3 MINUTES OF THE MEETING HELD ON THURSDAY 23RD FEBRUARY 2012

- 5 The minutes of the Board of Directors meeting held on Thursday 23rd February 2012 were signed by the Chair as a true and accurate record.

ITEM 4 MATTERS ARISING FROM THE 23RD FEBRUARY 2012 MINUTES

- 6 6.1 **Monitoring compliance with the Public Sector Equality Duty** (paragraph 7.3): NEDs confirmed that they were aware of the requirements.
- 6.2 **Board Development** (paragraph 7.1): Neil Carr advised that inclusion of “influencing national policy” as an agenda item for the Board Development Session would be included in a Board Development Session during April/May 2012.
- 6.3 **NHSLA Fees** (paragraph 9.5): Jayne Deaville advised that due to an overall decrease in the levels of NHSLA fees payable, the impact of reducing from Level 2 to Level 1 had been insignificant. In response to a question from Steve Jones, she confirmed that the fees for 2012/13 were £267,836 and that market testing of this was currently in hand.

ITEM 6.2 TRUST ASSURANCE REPORT (Section 2)

- 7 Steve Jones advised that this item would be taken to allow Steve Grange to leave the meeting to enable submission of the MOD tender by the deadline. Steve Grange confirmed that the commercial strategy was progressing in line with the agreed priority areas. The Board received the contract update and noted progress with the marketing activity with respect to learning disability services, which it was anticipated would be extended to other services to test markets in due course. The appointment of Joe Wickens to provide support with respect to the use of technology in marketing and advertising the Trust and its services was also noted and welcomed.

ITEM 8.2 ELIMINATING MIXED-SEX ACCOMMODATION

- 8 Steve Grange thanked and congratulated Pat Wain and Tony Henshall for their work in enabling a declaration of compliance with the requirements for eliminating mixed sex accommodation. He advised that NHS providers were required to make an annual declaration of compliance with Department of Health national guidance and confirmed the Board's commitment to eliminating mixed-sex accommodation in order to deliver care with privacy and dignity with the delivery of same-sex accommodation as an integral component. Pat Wain described a range of assessments to assure and monitor ongoing compliance including the joint matrons/estates meetings which are attended by service users and PALS and weekly ward observation visits. In response to a question from Neil Carr about whether female patients in particular were specifically asked if they feel safe on the Trust's in-patient wards and whether the provision of single sex accommodation made a difference, Pat Wain confirmed that this was included in the observation visit programme and that male patients were asked the same questions. The Board formally agreed the declaration for publication onto the Trust's website by 1st April 2012 and agreed to change the name of the Thematic Review on Privacy and Dignity to align with the new title “Thematic Review - Eliminating

Mixed-Sex Accommodation". Following this item, Steve Grange left the meeting.

Action: Declaration uploaded to website (SG)

ITEM 5 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

- 9 Neil Carr reported on the following events/activities and issues:
- 9.1 **Performance and capability review - Care Quality Commission (CQC):** Therèsa Moyes advised that this report was being applied to the Trust's own processes to drive improvements and apply lessons learned.
 - 9.2 **Care Quality Commission (CQC) - Review of services for people with learning disabilities:** Neil Carr advised that this report should be used for benchmarking against the Trust's services to provide a source of assurance.
 - 9.3 **Monitor - NHS foundation trusts: review of nine months to 31 December 2011:** it was noted that the quality, capability and competence of Boards would be a key factor in Monitor's new failure regime.
 - 9.4 **Department of Health - Children and young people's health outcomes consultation:** Given the Board's strategic focus on children's services, this was highlighted as essential reading for Board members.
 - 9.5 **National Commissioning Board:** Senior appointments being made.
 - 9.6 **Supporting Acute Hospitals:** It was noted that a bid had been submitted in Shropshire for the provision of RAID services
 - 9.7 **Paediatric Services:** These services were to be tested by the PCT in September 2012 and represented an opportunity for the Trust to demonstrate the benefits of the recent review and its effective deployment through the single point of access (SPA) and the work being undertaken supported by Facilities and Estates on team work bases. It was noted that improvement were needed surrounding the interface between adolescent and adult mental health services (16-23 years) and that this would be further explored with commissioners in the coming months. In response to a comment from Claire Barkley, it was agreed that this needed to include links with the criminal justice services.
 - 9.8 **GP Liaison:** Roger Craven commented on the need to ensure appropriate referrals from primary care through communication, support and education. Neil Carr confirmed that meetings regularly took place with GP leads to discuss care pathways and that these were supported by formal education events and meetings in addition to other formal and informal networking and communication opportunities such as the recent work with Dr Cleary related to the bed reduction programme.
- 10 The following Board Committee reports were received and noted:
- 10.1 **Quality, Effectiveness and Risk Committee** (8th March 2012)

- 10.2 **Finance and Performance Committee** (7th March 2011): Roger Craven advised that the **clinical information system procurement** had been agreed within the financial envelope defined by the Board and the Board formally confirmed its agreement to the ratification of this decision. Jayne Deaville advised with respect to compliance with level 2 of the **Information Governance Toolkit** that the failure to achieve level 1 with respect to Information Governance Training was due in part to the unavailability of the training programme through the national website for extended periods of time and that this was impacting on the ability of all Trusts to declare full compliance at Level 2. It was noted that the **Business Case for the Digitisation of Health and Social Care Records** had been withdrawn and was scheduled for further review and resubmission in the next few weeks.
- 10.3 **Foundation Management Team** (13th February 2012 and 13th March 2012): Neil Carr extended an invitation to Non Executive Directors to attend the **Leadership Café** events included in the summary report and agreed to circulate details.
- 10.4 **Human Resources, Organisational Development and Equalities Committee** (8th February 2012): Jayne Deaville advised that some issues had arisen with the implementation of e-rostering but that it was anticipated that the implementation would still be achieved by the due date of September 2012.

Action: Circulation of Leadership Café information to NEDs (NC)
--

- 11 The following policies were formally ratified by the Board:
- 11.1 **Prescription Form and Security Policy**, approved at the Quality, Effectiveness and Risk Committee on 8th March 2012
- 11.2 **Equality and Diversity Policy**, approved subject to some minor amendments at the Human Resources, Organisational Development and Equalities Committee on 28th March 2012

ITEM 6 TRUST ASSURANCE REPORT

- 12 The report was received and noted. Exception reports and comments from Board members were recorded as follows:
- 12.1 **Finance**
Jayne Deaville advised that the month ten year-to-date position showed an 'actual' retained surplus of £8.7m, representing a budgetary underspend of £5.1m. The year-to-date EBITDA margin was 9.2% and the surplus margin 6.3%, both above the annual planned positions of 5% and 1.9% respectively. It was noted that the Shelton loan was now being drawn down as planned.
- 12.2 **Contract Activity and Projects**
Jayne Deaville reported that all Monitor targets were being achieved in line with plan although as usual, achievement of the early intervention – new

cases of psychosis target presented a challenge, but the numbers were being closely monitored as the year end approached.

12.3 Information Governance

The information governance incident report was received and noted.

12.4 Care Quality Commission Essential Standards

Therèsa Moyes highlighted the changes from the previous RAYG report and the following comments were noted:

- **Safeguarding Outcome 7:** remained yellow, pending the inclusion of additional evidence to support achievement of the action plan.
- **Cleanliness and Infection Control Outcome 8:** Pat Wain reported on three norovirus outbreaks and that the outbreaks had been contained and appropriately handled, with daily advice and support from Dr James Paton, Consultant Microbiologist.

The impact of the inclusion of NHSLA data items on a number of the ratings was also highlighted and noted. In response to a question from Steve Jones about the Trust's relationship with the CQC, Therèsa Moyes confirmed that the Trust was kept informed by Wendy Jones on key issues and priorities.

12.5 Risk Register

Therèsa Moyes advised that six new risks had been added to the risk register, five removed and 12 updated with mitigation plans relating the risks being regularly monitored. Neil Carr referred to the new risk RQHS26 and confirmed that learning disability patients all had a care plan, but that for those with a dual diagnosis of mental health problems, the care plan did not always reflect CPA requirements. It was agreed that this risk description should be reworded to achieve a more accurate description of the risk. With respect to the Stonefield patient (RFMC40) it was agreed that this should be escalated to achieve a speedy resolution and Pat Wain agreed to take this forward. In response to a question from Roger Craven about the future of New House (RQHS21), Jayne Deaville advised that options would be considered at the Supervisory Committee meeting scheduled for 30th March 2012. In response to a question from Roger Craven about the prioritisation of 18 referrals to Midlands Psychology per month (RQHS24), Neil Carr advised that Neil Brimblecombe was currently in discussion with commissioners with respect to this issue. Jayne Deaville advised that in the meantime, the Trust had accepted responsibility for the children's care at the Trust's cost to ensure that no child was adversely affected as a result of this requirement. The Board formally approved the risks added, removed and updated to the Risk Register.

Action: Revised wording of RQHS26 (TM)

10.6 Assurance Plan

Therèsa Moyes advised that the Trust Assurance Plan was currently under review in order to align it with the key objectives and risks identified within the Trust's Monitor Annual Plan. Roger Craven commented on the FMC7 (Lack of process regarding Business Case Development) which had been evident

in two business cases submitted to the Finance and Performance and Business Development and Investment Committees. It was noted that the revised Investment Policy had now been ratified and that this would address the gaps in assurance. Therèsa Moyes advised that the Assurance Plan would be amended at the next iteration. In response to a question from Roger Craven about FMC9 (Clinical model for 2012 not agreed) Jayne Deaville advised that this related to agreement with Shropshire/Telford and Wrekin PCT and that this had been addressed and that the gaps in control and assurance could be amended at the next iteration. In response to a question from Roger Craven about KCS12 (Failure to provide staff with adequate training) it was agreed that the gaps in assurance and control could be amended to reflect the evidence from benchmarking against regional comparators and the pro-active approach being taken by the Trust to improving training compliance which was being closely monitored through the Human Resources, Organisational Development and Equalities Committee. The Assurance Plan was agreed subject to the above revisions being made at the next iteration.

Action: Updates to be included in next iteration (TM)
--

12.6 Sickiness Absence and Turnover

Greg Moores reported that sickness absence monitoring remained high on the Human Resources, Organisational Development and Equalities Committee's agenda but was pleased to report that the target of reducing to zero the numbers of staff off sick over 12 months had been achieved. He advised that the external review of sickness absence conducted by Mazar's had been completed and that the resultant action plan was due for submission to the April 2012 Foundation Management Team and the May 2012 Human Resources, Organisational Development and Equalities Committee meeting prior to Board. The health and wellbeing initiatives including touch rugby and complementary therapies were also noted and commended.

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

- 13** The report showing progress to date was received, noted and agreed. In response to a question from Steve Jones, Jayne Deaville advised that the issues raised by local residents related principally to the noise and disruption from the building work and were being listened to and addressed appropriately.

ITEM 7.2 MARGARET STANHOPE CENTRE CONSULTATION OUTCOME

- 14** Neil Carr advised that a meeting of the Staffordshire Cluster Common Board had taken place on 28th March 2012 and had been attended by members of the public, Andrew Griffiths MP, general practitioners and the Burton Mail. He advised that the outcome had been unanimous decision of the Board with respect to the closure of the Margaret Stanhope Centre (option 3). In

reaching this decision, a number of caveats had been agreed as follows:

1. That confirmation is received with regard to further enhancement of the Crisis Resolution and Home Treatment Services prior to the commencement of bed closures.
2. That commissioning of a transport service to meet the needs of users be completed as part of the change process.
3. That Commissioners set out clearly their plans for addressing the shortfall in Dementia service provision by the end of April 2012.
4. That a robust implementation plan is signed off by commissioners with key pre-requisites in place to ensure the reduction in beds does not have an adverse impact on the residents of South Staffordshire. These are that the Crisis Resolution and Home Treatment Services are fit for purpose, clinically safe and consider patient experience. This work will be overseen by the Joint Commissioning Unit in partnership with Clinical Commissioning Groups.
5. That a review of progress and benefits is undertaken at six and twelve months.

Neil Carr advised that a priority for the Trust would be providing support to staff who would be affected by this decision during the transition towards closure of the Unit and that to this end following the meeting, he and Lisa Agell, Head of Mental Health Nursing had visited Margaret Stanhope Centre to speak to staff and to brief them on the outcome.

ITEM 8.1 PUBLIC SECTOR EQUALITY DUTY COMPLIANCE REPORT

- 15** Greg Moores apologised for the withdrawal of the Equality Delivery System Grading Report and its replacement with the paper tabled at the meeting which outlined the Trust's statutory duty to maintain compliance with the Equality Act 2012 by publishing its Equality Objectives for the coming year by 6 April 2012. He advised that the paper set out the Equality Objectives for 2012-13 and sought the Board's approval of those objectives. In response to a question from Sue Nixon about the decision taken at the 28th March 2012 Human Resources, Organisational Development and Equalities Committee meeting to amend the second objective to read "...diagnosis/formulation..." Greg Moores agreed that this amendment would be made to the paper. Neil Carr thanked those involved in producing this paper and the work undertaken to achieve compliance with the Act. He emphasised the Board's commitment to ensuring that equality and diversity were part of the day job for all staff and to support the resources required to enable the gathering of robust evidence to meet the Equality Delivery System requirements. The Board formally approved the four equality objectives for the Trust and their publication on the Trust website by 6th April 2012. The next steps as outlined in the paper were also noted and agreed.

Action: Equality objectives uploaded to website (NB)

ITEM 8.3 MONITOR PROVIDER LICENCE BRIEFING

- 16** The briefing was received and noted. Jayne Deaville advised that following

royal assent of the Health and Social Care bill a new role existed for Monitor as sector regulator for healthcare in addition to its role as foundation trust regulator and that as part of this a new licencing regime would be implemented for all healthcare providers (unless exempt) which would replace foundation trusts' existing terms of authorisation. The Board noted that the new regime would be subject to a 12 week consultation prior to implementation and agreed to undertake a review of the implications for the Trust in order to make a formal response to the consultation.

ITEM 9.1 FUNCTIONALISATION UPDATE REPORT

- 17 Abid Khan and Eleanor Bradley attended the meeting to present the update report. Abid Khan commenced by apologising for the replacement of the original report with the tabled paper and advised that the original report had contained inaccuracies and a lack of context for some of the commentary contained within it. This had resulted in some of the issues being attributed to the impacts of functionalisation rather than to other factors such as management of change processes and vacancies. Eleanor Bradley presented the latest findings with respect to the research undertaken and emphasised that it related specifically to feedback from Care Co-ordinators and their perceptions with regard to their roles. Claire Barkley commented on the availability of case notes and advised that this had also been an issue raised by the Medical Advisory Committee. Neil Carr advised that this issue had always been a vexed one and that he did not believe it was specific to the functionalisation model. Abid Khan acknowledged the need for timely availability of case notes, but advised that in the absence of notes, detailed care planning and risk assessment information was always available electronically. Therèsa Moyes commented that the successful implementation of functionalisation was influenced by the stability of the Crisis Response and Home Treatment Teams. Roger Craven added that the commitment and enthusiasm of individual wards and teams for the functionalisation model was also a key factor. It was felt that the re-admission rates were not necessarily significant unless they were emergency re-admissions and Eleanor Bradley advised that more work was required to determine whether the re-admissions were planned or not. In response to a question from Roger Craven about the numbers of Stafford and Shropshire patients occupying beds at the George Bryan Centre, Abid Khan advised that there were a number of factors which impacted on length of stay including the availability of accommodation. Abid Khan also referred to and outlined measures being taken to improve understanding of and engagement with the functionalisation model with community teams, in-patient wards and care co-ordinators and emphasised the need for teams to be supported to take therapeutic risks through strong team leadership, which continued to be an issue in some areas. In response to a comment from Sue Nixon, it was agreed that a follow up report would be presented in six month's time, to provide assurance with respect to the comments from Board members and the issues raised in the report, including triangulation of the comments from Care Co-ordinators with the views and perceptions of all stakeholders including service users, carers and GPs. In response to a question from Sue

Nixon about how the Trust benchmarked against other Trusts which had implemented functionalisation, Neil Carr advised that similar issues had been experienced by Tees, Esk and Wear Valley NHS FT and that functionalisation models in other Trusts were generally not comparable. Eleanor Bradley commented that few fully researched evaluations of functionalisation had been undertaken to date and that the Trust was therefore significantly ahead of the game in this respect. Jayne Deaville commented that the care pathway clusters needed to be taken into account going forward. Claire Barkley advised that high use of bank/agency staff mitigated against the effectiveness of the functionalisation model. Therèsa Moyes emphasised the length of time often required to embed significant and complex organisational development initiatives such as functionalisation and the support and encouragement required towards teams in order to maintain the energy and impetus, which was acknowledged. It was agreed that a report addressing a “holistic” evaluation of functionalisation would be received by the Board in six month’s time.

ITEM 9.2 ORGANISATIONAL DEVELOPMENT REVIEW REPORT

- 18** Alex Brett attended the meeting to present the report which replaced the bi-monthly report routinely submitted as part of the Trust Assurance Report. She advised that the report reflected a snapshot of the current position with respect to the implementation of the OD strategy, focusing on the three strategic areas of strategic, team and individual OD initiatives and the priorities going forward, one of which was the continued support from an OD perspective for functionalisation. Ron Hilton advised that the full report had been discussed at the Human Resources, Organisational Development and Equalities Committee and commended the volume and quality of work it encompassed. In response to a comment from Roger Craven it was agreed that a priority for the future was the focus on middle managers. Alex Brett outlined the approach being taken to mentoring, coaching and 360° appraisal to support this priority area of focus. The review report was received and noted.

ITEM 9.3 WEST MIDLANDS QUALITY REVIEW SERVICE OVERVIEW REPORT

- 19** Therèsa Moyes presented the paper as a summary of the final overview report of the West Midlands Quality Review service in relation to its peer reviews of mental health and learning disabilities and advised that it was presented to the Board with benchmarking information relating regional comparators in relation to quality of service provision. It was noted that the full overview report would be made available on the WMQRS website at the end of the week. It was noted that the Trust evaluated well against comparators in a number of areas and it was agreed that the Board should formally congratulate and recognise the teams and services who had been recognised as high performers in the review. Neil Carr commented that he recognised that the Trust may be perceived as performance and target driven by some staff and emphasised that it was important to take the opportunity to demonstrate that staff were valued and that the difficulties they experienced

were listened to and acted upon.

ITEM 10 ANY OTHER NOTIFIED BUSINESS

20 There was no other business.

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

- 21** Decisions made were summarised by the Company Secretary as follows:
- The Prescription Form and Security Policy and the Equality and Diversity Policy were ratified
 - The “eliminating mixed sex accommodation” declaration was agreed for publication on the Trust website.
 - The Thematic Review on Privacy and Dignity was agreed to be aligned with a new title “Thematic Review - Eliminating Mixed-Sex Accommodation”.
 - Action was agreed to recognise the high performing teams and services identified in the West Midlands Quality Review.
 - The risks to be added, removed and updated with respect to the Trust Risk Register were agreed subject to amended wording of the risk description relating to RQHS26.
 - The Trust Assurance Plan was approved subject to amendments identified for the next iteration.
 - The equality objectives were approved for publication on the Trust website.
 - It was agreed to submit a response to Monitor’s consultation on the licencing regime.
 - The decision taken at the Finance and Performance Committee with respect to the procurement of the clinical information system was formally ratified.
- 22** The following future agenda items were agreed:
- “Holistic” update report on functionalisation (September 2012)
 - Trust response to Monitor Licencing regime consultation (TBC)

ITEM 12 DATE AND TIME OF NEXT MEETING

23 It was noted that the next Board meeting would take place on Thursday 26th April 2012 commencing at 1.30pm.