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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 24<sup>TH</sup> MAY 2012**

**1 Present**

Steve Jones	Chairman
Claire Barkley	Medical Director
Neil Carr	Chief Executive
Roger Craven	Vice Chair
Lesley Crawford	Director of Mental Health
Jayne Deaville	Director of Finance and Performance
Steve Grange	Director of Commercial Development (part meeting)
Ron Hilton	Non-Executive Director
Shrinivas Honap	Non Executive Director
Therèsa Moyes	Director of Quality and Clinical Performance
Liz Nicholson	Non Executive Director
Pat Wain	Deputy Director of Nursing

**2 In Attendance**

Jane Landick	Company Secretary
Greg Moores	Director of Human Resources, Organisational Development and Equalities
Kim Thompson	Clinical Studies Officer (agenda item 8.1)
Mandy Lee	Safeguarding Consultant Practitioner (agenda item 9.3)
Alison Bussey	Director of Specialist Services

**ITEM 1 WELCOME AND INTRODUCTION**

- 3** Steve Jones welcomed all present to the meeting including Lesley Crawford, Director of Mental Health and Shrinivas Honap, Non Executive Director attending their first meeting as Board members and Alison Bussey, Director of Specialist Services attending as an observer pending her commencement next month.

**ITEM 2 APOLOGIES FOR ABSENCE**

- 4** Sue Nixon, Non Executive Director  
Peter Woolrich, Non-Executive Director  
Neil Brimblecombe, Chief Operating Officer/Director of Nursing

**ITEM 3 MINUTES OF THE MEETING HELD ON THURSDAY 26<sup>TH</sup> APRIL 2012**

- 5** The minutes of the Board of Directors meeting held on Thursday 26<sup>th</sup> April 2012

were signed by the Chair as a true and accurate record.

#### **ITEM 4 MATTERS ARISING FROM THE 26<sup>TH</sup> APRIL 2012 MINUTES**

**6 6.1 Non Executive Director role in appeals** (paragraph 10.7): Greg Moores confirmed that Non Executive Directors would rarely if ever be involved in appeals following disciplinary action since the procedure required the appeal to be heard by the next level of management and would therefore only apply to Executive Directors.

**6.2 Staff Involvement and Communication Strategy** (paragraph 18): Steve Grange advised that monitoring of the delivery of the strategy would be through the Human Resources, Organisational Development and Equalities Committee.

**6.2 NHSLA Level 2 Timescales** (paragraph 17): Therèsa Moyes reported on a meeting with the NHSLA held on 23<sup>rd</sup> May 2012 and advised that further changes to the assessment criteria indicated the requirement for case note evidence as part of the assessment. The implications of this taking place in April 2012, when the new clinical information system would be going live, was being evaluated.

**6.3** All other actions listed were noted 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 National Guidance and Reports:** Reports 3.1, 3.5, 3.10 and 3.16 as listed in the paper were highlighted as having particular relevance for the Trust with respect to information sharing, service design and delivery and commissioning. With respect to CQUINs payments (report 3.16), Jayne Deaville advised that an increasing amount of income was at risk if CQUINs were not achieved and that it was important to identify and mitigate this risk as part of budget setting processes.

**7.2 NHS Midlands Clinical Summit meeting held on 23<sup>rd</sup> May 2012:** Neil Carr outlined the following key issues and headlines:

- Delivering for today whilst planning for the future
- Maintaining quality and patient safety in transition
- Ensuring the patients' voice is heard in determining future services and priorities
- Pressure ulcers being the hallmark test for quality of care with a focus on the New Jersey model
- Board ensuring the impacts on patient care and quality arising from budget setting and challenging Cost Improvement Plans.
- Directors of Nursing and Medical Directors to be held accountable for quality failures where CIPs are above the national average.
- Recognition of positive work in the Midlands but recognition of inconsistencies.
- Making Every Contact Count is a key national initiative
- All Board should be familiar with Francis 1 and alive to the emerging

- issues from the public inquiry due to report in October.
- Closer partnerships are required with local authorities
  - A focus on reconfiguration in Staffordshire and Warwickshire
  - Review of stroke services
  - National Commissioning Board and Health Education England key appointments.
  - CCG progress being made.
  - Clinical Senates and reporting arrangements.
  - National dashboard development and timeframes – likely use of Toyota model.

Claire Barkley commented that the General Medical Council (GMC) were beginning to recognise high incidence of referrals to the GMC as an indication of hotspots and problem areas in the NHS. Roger Craven suggested a review of Board agenda planning to ensure that the issues highlighted as priorities for Trusts were given sufficient attention. It was agreed that the Board Away Day on 25/26<sup>th</sup> June would provide the opportunity to evaluate this and to consider the Quality Governance Framework in the context of the Organisational Development strategy and the priorities for delivery and focus within the Trust.

**Action:** Lesley Crawford to circulate information regarding the successful application of the Toyota model in the North East (LC)  
Development of Board Away Day agenda (NC)

**8**

The following Board Committee reports were received and noted:

- 8.1 **Quality, Effectiveness and Risk Committee** (10<sup>th</sup> May 2012): Liz Nicholson advised that the Quality Governance Framework had been received and reviewed. She noted good progress with reporting and reviewing serious incidents and that quality in the context of the CIP was listed as an agenda item for the June 2012 meeting. In response to a question from Steve Jones, Liz Nicholson and Claire Barkley clarified that the challenges to the recommendations of the Quality Network visit to the Hatherton Centre arose from a difference of opinion over the philosophy and approach to service delivery.
- 8.2 **Foundation Management Team** (14<sup>th</sup> May 2012):
- 8.3 **Membership Council** (18<sup>th</sup> April 2012): Steve Jones advised that a joint Board/Membership meeting would take place prior to the Council meeting on 18<sup>th</sup> July 2012 at which the subject for discussion would be the new role for governors under the Health and Social Care Act. Neil Carr advised that a sub group of governors to monitor and review the closure of the Margaret Stanhope Centre as a significant transaction, had been established and could comprise Pauline Pearsall, Colin Wilkinson and Enrique Mateu.
- 8.4 **Service User and Carer Committee** (8<sup>th</sup> February 2012 and 12<sup>th</sup> April 2012): Liz Nicholson reported on a very successful Celebration Day which included the presentation of the service user and carer awards. The Board extended their congratulations to all award winners. Thèrèsà

Moyes highlighted the changes made to the structure and format of the sub committee to support and encourage greater involvement and engagement from service users and carers.

- 9 The following policies approved at Quality, Effectiveness and Risk Committee on 10 May 2012 were formally ratified by the Board:
- 9.1 Policy on Advance Decisions
  - 9.2 Policy for the Insertion and monitoring of Intravenous and Subcutaneous Cannula and Infusions
  - 9.3 Policy on Substance Misuse in Trust Premises
  - 9.4 Policy on the Administration of Rectal Diazepam and Buccal/Nasal Midazolam as a Rescue Medication

## **ITEM 6 TRUST ASSURANCE REPORT**

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

### **10.1 Finance**

Jayne Deaville presented the Trust's year-end income and expenditure position which showed a deficit of £0.5m, representing a budgetary overspend of £3.4m. She advised that the unfavourable variance was mainly attributed to a technical accounting adjustment relating to fixed asset impairments (£8.4m), which reflects the forecasted downward valuation of the Trust's estate (i.e. buildings) during March 2012. It was noted however, that Monitor discounts such non recurrent 'below the line' items when assessing the Trust's delivery of its financial metrics. Jayne Deaville reported that the Trust's outturn EBITDA margin (7.4%) and surplus margin (4.7%), after adjusting for fixed asset impairments, were both above the planned margins and that therefore the Trust's overall financial risk rating would remain at a 4. At the financial year end there was a circa £0.7m shortfall against the year to date CIP target. The Trust delivered 93% of its planned CIP target during 2011- 12, with 89% delivered on a recurrent basis – carrying forward £1.2m of undelivered 11-12 CIP into the new financial year. A correction to paragraph 3 of the report was noted (Charitable Funds) with the balance reflecting the position at the end of March 2012 and not February 2012 as stated.

### **10.2 Contract Activity and Projects**

Jayne Deaville advised that the under-performance reflected against the main contracts principally reflected the change in the model of care from an in-patient model to the use of crisis resolution/home treatment but that as income was received under a block contract, there was no impact on income arising from under-performance and that commissioners were aware of and in agreement with the reported position. Jayne Deaville clarified and expanded on the narrative provided with respect to NHS Non Host contracts, NHS other and Non NHS contracts and advised that action was being taken to improve data capture through the interface between information systems used to record clinical activity against contract. It was noted that all Monitor targets had been achieved at the year end and the contribution from clinicians and managers in improving the

recording of clinical activity was acknowledged but highlighted a key role for the new operational Directors to ensure that this was improved further and fully embedded.

### **10.3 Information Governance**

The information governance incident report was received and noted. Jayne Deaville advised that all of the outstanding Freedom of Information Act requests listed in the report were now concluded.

### **10.4 Business Development**

Steve Grange advised that the Trust's commercial strategy was being reviewed and refined to ensure that it remained relevant to existing and emerging markets. He reported that agreement had been reached with the West Midlands Specialist Commissioning Agency with respect to the commissioning of the low secure beds at The Redwoods Centre and that this had been approved by the Supervisory Committee but in light of the contract value, would be presented to the June 2012 Board for ratification. It was noted that the GP helpline had evaluated positively and was valued by GPs wished to see the service continue to be provided. Neil Carr highlighted the dates for the following key events associated with the opening of The Redwoods Centre: the public open morning at The Redwoods Centre (12<sup>th</sup> September), the Annual Members Meeting (evening of 12<sup>th</sup> September), the Annual General Meeting (13<sup>th</sup> September) and the academic seminar (14<sup>th</sup> September).

### **10.5 Care Quality Commission Essential Standards**

Therèsa Moyes advised that the outcomes 12 and 13 were flagged yellow pending the inclusion of staff survey information and that outcome 14 had already improved to green. No risks were currently flagged. The report on essential standards visits was noted and Therèsa Moyes commended the positive input from governors. She advised that an issue had arisen related to the length of time taken to receive comments for inclusion in a report following a visit in February 2012, but that this had been discussed with the governor concerned and resolved. In response to a question from Steve Jones, she advised that the pilot of community visits was due to start in June 2012 and that one trial visit had already taken place.

### **10.6 Quality Accounts**

Therèsa Moyes advised that the quality accounts had been completed and subject to 30 days consultation as required with external stakeholders and the responses from some were still awaited.

### **10.7 CQUINs**

Therèsa Moyes reported that e-mail confirmation had been received that all CQUINs had been fully achieved but that the final letter of confirmation was pending. She explained an anomaly with the survey tool with respect to the service user experience CQUIN which had been acknowledged by the commissioners to enable this CQUIN to be signed off as having been achieved. It was agreed that the achievement of all the CQUINs was a significant achievement and that congratulations should be extended to all those involved.

#### **10.8 Patient Experience Action Plan**

The updated plan was received and noted as being on track.

#### **10.9 Serious Incident Report**

The report was received and noted as having been reviewed with additional detail at the Quality, Effectiveness and Risk Committee. Therèsa Moyes advised that further work was taking place to identify whether any risk actions needed to be taken arising from the absconsions reported as serious incidents.

#### **10.10 Quarter 4 Risk Management Report**

Therèsa Moyes advised that the report had been received and discussed at the at the Quality, Effectiveness and Risk Committee. Roger Craven commented that it would be useful for the Executive Summary to the report to contain any key issues highlighted by the report of particular relevance for the Board's attention and this was agreed for future reports.

<b>Action:</b> Inclusion of key issues in the executive summary of future quarterly risk management reports (TM)
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#### **10.11 Sickness Absence and Turnover**

Greg Moores advised that the vacancy figure had reduced from 11.9% to 10.6% as a result of concerted efforts to recruit following the closure of a number of Management of Change processes. In response to a question from Shrinivas Honap regarding the vacancy target, Greg Moores advised that this was currently the subject of benchmarking work.

Greg Moores advised that sickness absence remained high on the agenda and was one of his Directorates top three priorities. It was noted that the review report from Mazars was due for presentation to the June 2012 Board but that in the meantime there was a focus in a number of areas including a review of the sickness absence policy, a review of the occupational health provision within the Trust and the use and management of sickness absence date by teams linked to staff engagement.

With respect to Criminal Records Bureau (CRB) compliance, it was noted that there were no cases where CRB clearance was outstanding for existing staff.

Greg Moore acknowledged that numbers of dismissals per month would be included in future reports.

He advised that the uptake of the Aston Programme by teams was currently static but was expected to increase in line with promotion of this programme to support improvements in staff engagement arising from the staff survey.

<b>Action:</b> Inclusion of numbers of dismissals in future reports (GM)
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#### **10.12 Mental Health Act Quarterly Report**

Jane Landick presented the report, which was received and noted. In response to

a question from Claire Barkley regarding the interpretation of negative waiting times in table 2.1, Jane Landick advised that this reflected hearings held before the renewal date, but agreed that it was counter-intuitive to represent a waiting time as a negative value. Neil Carr commented with respect to admissions of under 18 year olds to adult mental health beds and advised that efforts were always made to identify age appropriate accommodation. It was noted however that the two admissions reported in the quarter were admitted in accordance with legislative requirements.

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

- 11 The report showing progress to date was received, noted and agreed. The Board noted the outcome of the Supervisory Committee meeting held on 21<sup>st</sup> May 2012 at which approval had been given to the service proposal for the 12 bed in-patient forensic acute admission service -and formally ratified this decision. The Board also noted the anticipated VAT reclaim and gain share arrangements agreed by HMRC and BAM Construction Ltd.

Jayne Deaville advised that the Supervisory Committee had also discussed the issue of car parking on The Redwoods site and had agreed that whilst parking on site would remain free for both staff and visitors, a barrier would be installed in order to prevent parking by unauthorized persons. The details of how this arrangement would operate were to be confirmed.

With respect to smoking on The Redwoods site, Jayne Deaville advised that the Supervisory Committee had recommended a consultation on proposals to move to a ban on smoking across all Trust sites. It was acknowledged that it would be preferable if The Redwoods site was no-smoking from the outset but that issues with respect to staff training and support needed to be addressed. It was agreed that Neil Brimblecombe would be asked to bring a paper to the Board as soon as practicable proposing a pragmatic but achievable solution which could be implemented prior to September 2012. Jayne Deaville advised that in the interim the proposed smoking shelters at The Redwoods Centre would be re-designated as "garden features". Therèsa Moyes highlighted the success of implementation of the no-smoking CQUIN and the opportunities presented by the requirement to include health promotion information through the "Making Every Contact Count" initiative.

Jayne Deaville reported that following the report on the disposal of Shelton Hospital by BNP Paribas, that further work was required in order to achieve the best return and that it had been agreed by the Supervisory Committee that an options paper would be presented to the July 2012 Trust Board with a final recommendation being available for agreement at the November 2012 Trust Board.

## **ITEM 7.2 INCOME AND EXPENDITURE BUDGET 2012/13**

- 12 Jayne Deaville presented the paper outlining the planned income and expenditure

budget for 2012/13 and advised that it followed on from the papers previously presented to the Board and Finance & Performance Committee, the first entitled 'Approach to Approving Cost Pressures and Cost Improvement Targets (CIPs), 2012/13' and the second presenting the 'First Cut' Income & Expenditure Budget, 2012/13'. She advised that the paper should be read in conjunction with the Trust's annual plan document due to be submitted to Monitor at the end of May 2012. It was noted that the intention of the paper was to present the main risks and assumptions surrounding the 2012/13 income and expenditure budget and included a sensitivity analysis surrounding five scenarios from which it was apparent that a tipping point of circa £5m of income and expenditure pressures could be absorbed before the financial risk rating would drop to 2. It was agreed that it would be important that the Finance and Performance Committee maintained close monitoring of the CIP and particularly the element currently unidentified, as well as the high risk savings plans. Roger Craven commented that the Audit Committee had received an Internal Audit Report on the Cost improvement Plan which had recognized the clinical involvement in ensuring that the quality of service was maintained and that the report had achieved a rating of green. Steve Grange confirmed that the Facilities and Estates CIP was not being achieved at any cost to the quality of the estate.

The Trust Board agreed to support Executive Directors in the continued development and delivery of both an achievable cost improvement programme for 2012/13 and any service dis-investment plans relating to planned reductions in PCT baseline contracts and formally approved the final 2012/13 income and expenditure budget as part of the annual plan submission to Monitor.

## **ITEM 8.1 RESEARCH AND DEVELOPMENT CAPABILITY STATEMENT**

- 13** Kim Thompson attended the meeting to present the paper. She explained that the Research and Development (R&D) Operational Capability Statement was a new document for organisations using the National Institute for Health Research (NIHR) Research Support Services and provided information about the organisation's commitment to health R&D and the roles and responsibilities of the different stakeholders in the organisation in delivering these commitments. It was noted that the statement is prepared by the Research Manager and was required to be owned by the Board and formally approved every two years. It was agreed that the statement was an important opportunity to showcase the Trust's R&D portfolio. Neil Carr added that he felt the Trust had already achieved much in the previous two years and was on the right trajectory with the imminent appointment of a Professor of Mental Health. It was agreed that opportunities should be further explored to promote the Trust's research activity and achievements but that it was important that the publicity and recognition was targeted where it would achieve most influence. Steve Grange advised that an organisations R&D credentials could be seen to be a differentiating factor in the awarding of contracts and tendering processes. Pat Wain commented that the statement would be of value in attracting future R&D funding. In response to a question from Roger Craven about internal communication and publicity of the Trust's R&D activity, several approaches were outlined including reports to Board and other sub committees and study of the month reports in the POD magazine. Jayne Deaville

commented that the list of those named in the statement as those authorised to make decisions with respect to R&D on behalf of the Trust needed to be consistent with the Scheme of Delegation and agreed to advise Kim Thompson with respect to this issue. Therèsa Moyes commented on the excellent work and progress made regarding the involvement of service users and carers in research. The Board formally approved the R&D Operational Capability Statement subject to ensuring consistency with the Scheme of Delegation and a correction required to Claire Barkley's e-mail address.

<b>Action:</b> Check consistency between R&C Capability Statement and the Trust Scheme of Delegation (JD)
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#### **ITEM 9.1 CARE QUALITY THEMATIC REVIEW: FALLS ACTION PLAN UPDATE REPORT**

- 14 Therèsa Moyes advised that the Board had now received two annual thematic reviews on this subject and the action plan provided assurance that all actions were complete or on target. She advised that an alternative approach to falls monitoring and management was currently on trial as a pilot and that the new tool would be monitored through the Quality, Effectiveness and Risk Committee. The Board agreed to sign off the action plan and to delegate the monitoring of the completion of the remaining items on the action plan to the Quality, Effectiveness and Risk Committee.

#### **ITEM 9.2 CARE QUALITY THEMATIC REVIEW: CARE PLANNING**

- 15 Therèsa Moyes presented the report and advised that Lisa Agell was the lead for the delivery of the action plan. Liz Nicholson advised that the report and action plan had been received by the Quality, Effectiveness and Risk Committee and that real progress was being made including alignment of care planning requirements with the new clinical information system. Neil Carr advised that this would put the Trust in a good position and emphasized the organizational development elements and actions required to support this work which would be essential to achieve effective implementation. Jayne Deaville highlighted the use of mobile technology being implemented to support the use of the new clinical information system, which would enable care plans to be printed in service users homes. The Board agreed the action plan progress made and asked for a further update report in January 2013.

#### **ITEM 9.3 CARE QUALITY THEMATIC REVIEW: SAFEGUARDING**

- 16 Mandy Lee, Safeguarding Consultant Practitioner attended the meeting to present the updated action plan and the main priorities for the coming months. She advised that mandatory training compliance continued to be a priority and that the use of e-learning alternatives to face to face training was being explored with the Learning and Development Team. Progress was also noted in terms of working with teams at a distance to the Trust with respect to their training, support, supervision and development needs. Mandy Lee also highlighted further work required to provide assurance with respect to levels of reporting through Safeguard which was required in addition to the web-based reporting to the local

authority which was onerous for staff. Therèsa Moyes advised that this issue has been discussed at the Quality, Effectiveness and Risk Committee and that the issues were with respect to the process rather than the risk of under-reporting. Mandy Lee highlighted the amber rated items on the action plan, referring specifically to items 3.4 and 4.6. She advised with respect to 3.4 that further actions had been agreed to improve reporting on outcomes following referrals and with respect to 4.6 that efforts continued to be made to achieve inter-agency agreement on the model to be used for investigation training. The Board agreed the action plan progress made and noted the care quality thematic review schedule which included a further thematic review and action plan later in the year.

#### **ITEM 9.4 STAFF OPINION SURVEY 2011 RESULTS AND APPROACH**

- 17 Greg Moores presented the report and advised that a 54% response rate had been recorded compared with 61% in 2010. He described the context for the 2011 survey, which had taken place at a time when significant numbers of staff were affected by management of change processes and there were high vacancy rates as a consequence of this. Dissatisfaction with the clinical information system was also acknowledged. Greg Moores advised that notwithstanding this, it was clear that the same issues of staff engagement continued to be reflected in the findings, suggesting that the approaches which had been implemented last time, were not delivering the required changes. He outlined the outcomes from the Foundation Management Team which reflected a simplified approach to avoid duplication of actions included in other action plans and a customized approach to be taken by individual Directorates. The monitoring of Directorate objectives, one of which was required to focus on staff engagement, was noted through performance management and the use of Performance Plus. Greg Moores also commented that the Joint Staff Partnership would also have responsibility for supporting actions to address improvement areas from the Survey.

Greg Moores referred to the preparation for the 2012 survey. It was noted that a high response rate often correlated positively with a higher satisfaction rate and that a focus was required on increasing the response rate. Lesley Crawford recommended a weekly report on response rate by Directorate, to encourage a degree of competition between Directorates. Claire Barkley reflected on the poor survey findings from the Forensic Directorates which the Board agreed did not triangulate with evidence from other sources with respect to how staff felt in the Directorate or from sickness rates or complaints and incidents. In response to a question from Shrinivas Honap about the apparent dichotomy between a high performing trust clinically and the relatively poor survey results, Neil Carr commented that in addition to the issues already discussed, he believed the use of high numbers of bank and agency use over the past 12 months or so, was a key factor for many staff. It was agreed that communication of the benefits to patient care arising from the transition to a three shift system currently being implemented across the Trust was key to minimising the impact on staff satisfaction going forward.

The Board agreed to support the priorities identified and approach set out in the

paper and confirmed that the Human Resources, Organisational Development and Equalities sub-committee would be asked to monitor progress but that Directorates would be required to update on progress against their individual actions and objectives through their Foundation Management Team reports and that this would be implemented from June 2012. It was agreed that the Board would receive quarterly updates on the Staff Opinion Survey.

**ITEM 10 ANY OTHER NOTIFIED BUSINESS**

18 There was no other business.

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

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

- The policies detailed at paragraphs 9.1 to 9.4 were ratified.
- Inclusion of key issues in Executive Summary of the Combined Risk Management Reports
- Inclusion of numbers of dismissals in human resources trust assurance report
- The service proposals relating to the use of the 12 beds at The Redwoods Centre were ratified.
- The income and expenditure budget 2012/13 was approved.
- Support for the Executive Directors in delivering an achievable Cost Improvement Plan and service disinvestments relating to planned reductions in PCT baseline contracts was agreed.
- The Research and Development Operational Capability Statement was approved.
- Action plan updates were approved with respect to Care Quality Thematic Reviews on falls, care planning and safeguarding.
- The Staff Opinion Survey priorities and approach were approved along with the monitoring arrangements described.

20 The following future agenda items were agreed:

- Shelton Hospital Disposal Options paper (July 2012)
- Shelton Hospital Disposal Recommendations (November 2012)
- Paper on The Redwoods Centre and Trust-wide No-Smoking Consultation and Recommendations (June/July 2012)
- Staff Opinion Survey (quarterly updates)
- Care Planning Thematic Review Update Report (January 2013)

**ITEM 12 DATE AND TIME OF NEXT MEETING**

21 It was noted that the next Board meeting would take place on Thursday 28<sup>th</sup> June 2012 commencing at 1.30pm.