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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 28TH JUNE 2012

1 Present

Steve Jones	Chairman
Claire Barkley	Medical Director
Neil Brimblecombe	Chief Operating Officer/Director of Nursing
Alison Bussey	Director of Mental Health
Neil Carr	Chief Executive
Lesley Crawford	Director of Specialist Services
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
Sue Nixon	Non Executive Director
Peter Woolrich	Non-Executive Director

2 In Attendance

Jane Landick	Company Secretary
Greg Moores	Director of Human Resources, Organisational Development and Equalities (Agenda Item 9.1)
Lisa Agell	Head of Mental Health Nursing (Agenda Item 9.2)
Dr Iggy Agell	Consultant Psychiatrist (Agenda Item 9.3)
Kim Taylor	HR Business Partner (Agenda Item 9.1)
Kelly McPeake	HR Advisor

ITEM 1 WELCOME AND INTRODUCTION

- 3** Steve Jones welcomed all present to the meeting including in particular Alison Bussey, Director of Specialist Services attending her first full meeting as a participant.

ITEM 2 APOLOGIES FOR ABSENCE

- 4** Roger Craven, Vice Chair

ITEM 3 MINUTES OF THE MEETING HELD ON THURSDAY 24TH MAY 2012

- 5** The minutes of the Board of Directors meeting held on Thursday 24th May 2012 were signed by the Chair as a true and accurate record.

ITEM 4 MATTERS ARISING FROM THE 24TH MAY 2012 MINUTES

- 6 All actions listed for action were noted as having been completed.

ITEM 8.1 INVESTMENT POLICY

- 7 Steve Grange summarised the amendments made to the Investment Policy in light of discussions at the Business Development and Investment Committee on 21st March 2012, the Audit Committee on 26th March 2012 and the Trust Board on 29th March 2012 to ensure the policy reflected the changing landscape and was aligned to internal structures and procedures. In response to a question from Ron Hilton about the role of governors in approving significant transactions, arising from the Health and Social Care Act, it was agreed that subsequent amendments may be required once further clarity over timescales for implementation and the definition of “significant transactions” was available. In the meantime, it was agreed that it was important to continue to ensure that the Strategic Direction Engagement Group fulfilled its terms of reference in ensuring governors were appropriately sighted on future service development and the Trust’s strategic planning processes. It was also noted that further amendment may be required to reflect the Trust’s position on private patient income, once this had been agreed. In response to a question from Steve Jones, Steve Grange advised that an evaluation of the credit rating of potential partners was covered by the Partner Due Diligence section which required a five year review of the financial position of the potential partner. In response to a question from Shrin Honap, Steve Grange confirmed that the policy did not permit the submission of split bids in order to accelerate the approval process. The investment policy was formally approved. Steve Grange then left the meeting.

ITEM 5 CHIEF EXECUTIVE’S REPORT AND ENVIRONMENTAL SCAN

- 8 Neil Carr reported on the following events/activities and issues:
- 8.1 **National Guidance and Reports:** Reports 3.1 and 3.3 as listed in the paper were highlighted as having particular relevance for the Trust with respect to the quality of care provided for individuals with learning disabilities and the importance of meeting the emotional support needs of the families of service personnel.
 - 8.2 **National Veterans Mental Health Network:** progress was noted with the establishment of the network following a request by the Department of Health for Neil Carr to take the national lead, including consultation on the delivery strategy and plans for a launch event in the Autumn 2012.
 - 8.3 **FT Authorisation:** it was noted that no foundation trusts have been authorised within the past six months.
 - 8.4 **Care Quality Commission:** publication of common themes from inspection reports which included staff shortages, medicines management and record keeping
- 9 The following Board Committee reports were received and noted:
- 9.1 **Audit Committee (23rd May 2012):** the action was noted for Executive Directors to review the classification of reputational risk and it was confirmed that this had taken place.

- 9.2 **Business Development and Investment Committee** (23rd May 2012):
- 9.3 **Finance and Performance Committee** (22nd May 2012 and 6th June 2012): the Board formally ratified the revised Digitisation Business Case which had been approved at the 6th June 2012 Finance and Performance Committee following amendments made to ensure its alignment to the Clinical Information System.
- 9.4 **Foundation Management Team** (11th June 2012):
- 9.5 **Human Resources, Organisational Development and Equalities Committee** (30th May 2012):
- 9.6 **Service User and Carer Committee** (13th June 2012):
- 8.2 **Quality, Effectiveness and Risk Committee** (14th June):

10 The following policies which had been approved at the relevant sub committees were formally ratified by the Board:

- 10.1 Acceptable Use of Information and IT Policy
- 10.2 Information Security Policy
- 10.3 Policy for Professional Boundaries and Relationships at Work
- 10.4 Drug and Alcohol Policy
- 10.5 Section 136 Policy
- 10.6 Service User Identification Policy
- 10.7 Standard Infection Control Precautions and Personal Protective Equipment Policy

It was noted that 9.1 and 9.2 were of particular importance and relevance given the high profile information security breaches and large fines recently imposed on a number of NHS organisations.

ITEM 9.2 PROJECT TO SHIFT ACUTE MENTAL HEALTH CARE PROVISION FROM HOSPITAL TO COMMUNITY IN SOUTH STAFFORDSHIRE

- 11** Lisa Agell attended the meeting and gave an overview of progress towards the anticipated closure of the Margaret Stanhope Centre in September 2012 subject to evidenced compliance with the quality standards and other caveats required by the PCT Cluster Board. Neil Carr commended the contribution of both Lisa Agell and Neil Brimblecombe for keeping the project on track. In response to a question from Neil Carr, Lisa Agell confirmed that the posts listed in the report had been recruited to with the exception of the social work post. Where appropriate vacancies were being held for ring-fencing for staff requiring redeployment but Neil Brimblecombe advised that safety and quality of services were not being compromised. It was noted that a sub group of governors were involved in monitoring the project and would be meeting regularly with Neil Brimblecombe and Lisa Agell. The Board confirmed that the report provided assurance that the project was on course with the milestones being achieved and agreed to receive a post closure evaluation report at 6 and 12 months in line with the agreed reporting arrangements to the PCT Cluster Board.

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 at month one the year-to-date position showed an 'actual' retained surplus of £0.7m, representing a budgetary underspend of £0.4m and that the year-to-date EBITDA margin of 8.0% and the surplus margin of 5.0% were both above the annual planned positions of 5% and 1.4% respectively. It was noted that although the detailed forecast outturn figures would not be available until month two, it was anticipated that the Trust would deliver on all its planned financial metrics by the financial year-end in line with the planned financial risk rating of 4.

12.2 Contract Activity and Projects

In response to a question from Peter Woolrich regarding the impact of under reporting of activity on the Trust's finances in 2013/14 and how this was reflected in the report and communicated to staff, Jayne Deaville advised that she would review the narrative in the report although the statements made were accurate, but that staff could be in no doubt about the critical importance of accurate activity recording. In response to a question from Shrin Honap, Jayne Deaville agreed to review the inclusion of predictors of next year's income based on current activity and accompanying narrative for reference purposes.

Action: Review of issues relating to activity reporting and financial implications (JD)
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12.3 Information Governance

The information governance incident report was received and noted. Jayne Deaville advised that the inclusion of the two outstanding Freedom of Information Act requests listed in the report was an error as they had both been concluded.

12.4 Business Development

Neil Carr reminded Board members of the Staff Awards 2012 and encouraged nominations by the closing date of 17th August 2012.

Action: Staff Award Nominations (All)
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12.5 Care Quality Commission (CQC) Essential Standards

Therèsa Moyes advised that the CQC had visited the George Bryan Centre on 8th June 2012 to review seclusion. Verbal feedback on the day of the visit was generally positive and the written report was still awaited. She reported that the CQC continued to work to build positive relationships with the Trust and were keen to engage further with governors to better understand the organization and this was being facilitated.

12.6 Quality and Risk Profile

An improved on outcome 21 (records) was noted arising from evidence from the Information Governance Toolkit.

12.7 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 no direct root causes had been identified but that some lessons had emerged and improvement plans were in place.

12.8 Performance Reviews

Therèsa Moyes advised that the May 2012 reviews were complete and a detailed report would be made to the July 2012 Board meeting.

12.9 Quality Governance Framework

Therèsa Moyes confirmed that the item on the action plan relating to the requirement of Board members to attend a training session covering the core elements of quality governance and continuous improvement, had been completed as part of the Board Development session on 25th June 2012.

12.10 Human Resources Report

Neil Brimblecombe advised that the rolling sickness absence figure was the lowest for 12 months. He advised that cross checking of appraisal data from the Electronic Staff Record (ESR) was taking place to validate the accuracy of the data within the report and this would be clarified at the next Board meeting.

Action: Validation of ESR appraisal data to July 2012 Board (NB)

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

- 13** The report was received and noted. Neil Carr advised that the Trust had received and welcomed a request for a visit to The Redwoods Centre by the Coroner for Shropshire.

ITEM 8.2 ANALYSIS OF CLINICAL FOCUS IN TRUST BOARD MEETINGS

- 14** Neil Carr summarised the report which showed that the Trust had increased the clinical focus at Board meetings since the last analysis was undertaken three years ago. It was noted that the Francis Report had identified a failure to balance clinical/quality focus against financial focus as a key failing of Mid Staffordshire NHS FT. Therèsa Moyes commented that if complaints/compliments were added to the clinical focus, the overall focus was nearer 40%.

ITEM 9.1 SICKNESS ABSENCE REVIEW REPORT

- 15** Greg Moores advised that as at the end of May 2012, the Trust's annual sickness rate was 5.86% representing the highest sickness figure in the West Midlands and above the national average for Mental Health and Learning Disability Trusts. He advised that the report presented to the Board was based on a report from an external auditor, Mazars and contained their recommendations to address this issue and arrangements already implemented within the Trust to deliver the required improvements. The Board agreed to support the Human Resources and

Organisational Development and Equalities Committee to monitor implementation of the recommendations and progress against sickness absence and agreed to receive an update report on progress in October 2012. It was agreed that tools to help managers address sickness absence were essential but that managers were responsible for managing sickness absence and needed to be held to account for delivering the required outcomes. Greg Moores advised that an options appraisal exercise was underway to determine the best way forward for the delivery of occupational health services and agreed that it was important that the service supportive the delivery of effective sickness absence management for both staff and managers. It was noted that the Task and Finish Group was scheduled to deliver on the recommendations between July and December 2012 but that it would remain established until there was evidence that the benefits had been realised. In response to a question from Steve Jones, Greg Moores confirmed that learning from the successes of other organisations and Trusts was also being followed up in order to assess what works and to identify best practice. It was noted that UNISON and the RCN were very supportive of the measures being taken by the Trust, recognising the impact of sickness absence on their members who attend regularly for work.

ITEM 9.3 APPRAISAL AND REVALIDATION UPDATE

- 16** Dr Iggy Agell attended the meeting and summarised the progress to date with the preparation and planning for the implementation of revalidation. The progress to date was noted and the next steps agreed. The Board agreed to receive further reports on the resource and capacity assessment of requirements in order to deliver effective appraisal and revalidation in November or December 2012. Claire Barkley advised that the revalidation expected of doctors would be quite onerous and may discourage some doctors such as those recently retired from maintaining their registration.

ITEM 9.5 FORENSIC SERVICES QUALITY NETWORK VISIT ACTION PLAN

- 17** Therèsa Moyes presented the report which the Board had requested to provide assurance with respect to the areas identified in the report for improvement. The action plan was agreed and ratified as fulfilling the recommendations of the review. It was noted that the action plan continues to be monitored through the Forensic Assurance Group and the Quality, Effectiveness and Risk Committee.

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 10.1 to 10.7 were ratified.
 - The Forensic Services Quality Network Visit Action Plan was ratified.
 - The Investment Policy was ratified

- The Health Records Digitisation Business Case was ratified.
- Completion of Board training with respect to the Quality Governance Framework as per action plan.

20 The following future agenda items were agreed:

- Margaret Stanhope Centre Post Closure Evaluation Report at Six and Twelve months (January 2012 and July 2013)
- Sickness Absence Review Report Update (October 2012)
- Appraisal and Revalidation Update Report including capacity and resource assessment of requirements (November/December 2012)
- Performance Review Report from May 2012 (July 2012)

ITEM 12 DATE AND TIME OF NEXT MEETING

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