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**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST HELD AT THE REDWOODS CENTRE, SHREWSBURY AT 1330 HRS ON THURSDAY 27<sup>TH</sup> SEPTEMBER 2012**

**1 Present**

Steve Jones	Chairman
Claire Barkley	Medical Director
Neil Brimblecombe	Chief Operating Officer/Director of Nursing
Alison Bussey	Director of Specialist Services
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
Shrinivas Honap	Non-Executive Director
Sue Nixon	Non Executive Director
Peter Woolrich	Non-Executive Director

**2 In Attendance**

Jane Landick	Company Secretary
Steve Riddle	Governor Member, Service User/Carer/Public (South Staffs)
Michael Allen	Governor Member, Service User/Carer/Public (South Staffs)
Jackie Boyle	Governor Member, Service User/Carer/Public (Shropshire/Telford & Wrekin)
Sara Reeve	Associate Director of Performance
Sarah Hankey	Quality and Risk Officer

**ITEM 1 WELCOME AND INTRODUCTION**

- 3 Steve Jones welcomed all present to the meeting.

**ITEM 2 APOLOGIES FOR ABSENCE**

- 4 Therèsa Moyes, Director of Quality and Clinical Performance  
Liz Nicholson, Non Executive Director  
Lesley Crawford, Director of Mental Health

**ITEM 3 MINUTES OF THE MEETING HELD ON THURSDAY 30<sup>TH</sup> AUGUST 2012**

- 5 The minutes of the Board of Directors meeting held on Thursday 30<sup>th</sup> August 2012 were signed by the Chair as a true and accurate record

**ITEM 4 MATTERS ARISING FROM THE 30<sup>TH</sup> AUGUST 2012 MINUTES**

6 All actions were reported 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 **Strategic Health Authority:** restructuring and winding down arrangements for PCT Clusters.

7.2 **Mid Staffordshire NHS Foundation Trust:** a fundamental review of the future of the Trust to be undertaken at the request of the Trust, the Department of Health and Monitor by Ernst and Young, reporting in March 2013.

7.3 2012 Patient Survey Results: Neil Carr summarised a very positive report for the Trust with improvements noted in all but two areas and a higher than average response rate. He gave a presentation demonstrating Trust performance against comparators which showed a strong performance in the majority of areas and it was noted that the survey had been undertaken at a time of significant change for staff and that despite this, there had been no measurable adverse impact on the quality of services or patient care. A number of areas were highlighted for the Board to monitor over the next 12 months where further improvements were indicated:

- Talking therapies
- Service users having copies of care plans: it was noted that the roll-out of mobile technologies would facilitate this.
- Monitoring physical health needs of service users
- Supporting service users in finding or keeping work

Neil Brimblecombe commented that the survey results were encouraging given that it had taken place at a time of transition for the Trust and that whilst benchmarking was relevant, it was also important to recognise that that for all Trusts there was significant scope for further improvement to achieve excellence and that the Trust should measure success by its own high standards and ensure that the survey was linked to the outcomes of the Staff Opinion Survey. In response to a comment from Ron Hilton, it was agreed that it would be important to celebrate the results of the Patient Survey and congratulate staff in advance of this year's Staff Opinion Survey. It was agreed that the Board would continue to monitor the key priorities for improvement from the patient survey.

7.4 **The Redwoods Centre:** It was noted that the Annual Members' Meeting, the Annual General Meeting and the Academic Symposium had been well attended, well received and that there had been universal praise for Centre. Claire Barkley reported that the move from Shelton Hospital to The Redwoods Centre had been completed smoothly and without incident and the Board added their congratulations and thanks to Andrew Hughes and his team for their hard work and commitment to achieving this outcome.

- 8 The following Board Committee reports were received and noted:
- 8.1 **Foundation Management Team** (10<sup>th</sup> September 2012)
  - 8.2 **Finance and Performance** (5<sup>th</sup> September 2012)
  - 8.3 **Council of Governors** (18<sup>th</sup> July 2012 and 12<sup>th</sup> September 2012)

**ITEM 6 TRUST ASSURANCE REPORT**

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

**9.1 Internal Monitoring of Essential Standards**

One change to the Trust RAYG assessment since the last meeting relating to outcome 8 was noted. The change to outcome 11 was confirmed as an error in the report. Sara Reeve reporting on an internal audit review of the assurance process to determine if the report was fit for purpose and had received verbal confirmation that it was.

**9.2 Essential Standards Review Visits**

The inclusion of a LINKs members and commissioners in recent visits was noted. In response to a question from Steve Jones, Sara Reeve confirmed that community visits were taking place and would include governors, subject to availability and capacity.

**9.3 Serious Incident Report**

In response to a comment from Neil Carr about the serious incidents overdue without an agreed extension, Sarah Hankey agreed to report back on the five investigations which were still overdue, at the next meeting.

<b>Action:</b> SI Update report at October 2012 meeting (TM)
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**9.4 Care Quality Commission (CQC) Visits**

Jane Landick advised that the informal feedback from the visit on 24-25<sup>th</sup> September 2012 to examine assessment and admission under the Mental Health Act had been generally positive with multi-agency working, record keeping and training commended and areas for improvement identified including bed availability causing delays in admission and Section 136 facilities and processes. It was noted that the full report was expected in 4-6 weeks.

**9.5 Care Quality Commission (CQC) Registration**

Sara Reeve confirmed that confirmation of registration of The Redwoods Centre had been received following the visit of the CQC in the week prior to the opening.

**9.6 Finance**

Jayne Deaville advised that the month 4 year to date position showed an 'actual' retained surplus of £2.8m, representing a budgetary underspend of £1.1m. She advised that there had been a further reduction in the 'in month' expenditure on nurse supplementary staffing costs (£0.08m) compared with

month three. It was noted that paragraph 11 of the report referred to the period 'July to August' and not 'June to August'.

Roger Craven asked about the forecast outturn overspends in operational directorates and suggested the inclusion of additional narrative relating to action being taken to address the overspend to mitigate reliance on the use of reserves, Alison Bussey advised that with Lesley Crawford, she was spending time understanding and addressing the reasons for individual areas of overspend. Shrin Honap confirmed that a paper had been received at the last Finance and Performance Committee addressing this issue. Jayne Deaville advised that it was acknowledged that some areas of overspend including learning disabilities and childrens' would not be recoverable without adversely impacting on services and quality and that most other Directorates were expected to recover overspends recurrently by the year end. Neil Brimblecombe commented that there were a range of factors impacting on overspends in specific areas, some of which were historical and evolutionary and others related to short term effects. Steve Grange added that some were also Trust wide and commissioner related issues placed in Directorates but not under their direct control.

#### **9.7 Contract Activity and Projects**

Improvements were noted in terms of activity recording and it was noted that the underperformance against the three main contracts principally reflected the changing models of care including the impact of the closure of the Margaret Stanhope Centre rather than recording issues. All targets were met at the end of the first quarter although it was noted that achievement of the delayed transfers of care target would be more difficult to achieve in light of the inclusion of cases where delays arose from issues relating to social care provision for which the threshold was 7.5% against a current figure of 6.19%. In response to a question from Neil Carr about action that were being taken to mitigate this, Neil Brimblecombe confirmed that whilst much was beyond the control of the Trust, the appointments made to new posts with a focus on accommodation issues, personal budgets, specialist nursing homes, social work posts in Crisis Resolution and improved working with social care, particularly in older peoples' services all linked to more robust reporting and recording of delayed discharge was helping to support the achievement of this target. It was noted that discussions were also progressing in regular contracting meetings with commissioners.

#### **9.8 Information Governance**

Jayne Deaville advised that of the Freedom of Information Act requests received none had exceeded the statutory deadline for response.

#### **9.9 Library and Knowledge Services report (Q1)**

The report was received and noted. The reduction in performance since the last report was noted to be within a single percentage point.

#### **9.10 Commercial Activity**

Steve Grange reported that the same rigour as that applied to the Cost Improvement Programme was being applied to new business and growth.

He provided an update on the regional veterans' mental health network and Jane Landick summarised progress with the national veterans' mental health network for which the agreed strategic plan had recently been issued and circulated. It was noted that over 100 nominations had been received for the staff awards and that a large number of VIPs had already accepted invitations to the awards ceremony, which would give the Trust a key opportunity to profile the achievements of its staff. Steve Grange confirmed that the MOD contract had been retained and thanked those involved in the bid including the contributions from the seven provider trusts who were part of the network. Claire Barkley asked for a correction to section 2.5 of the report which referred to Radford House instead of Newport House.

#### **9.11 Workforce Report**

Neil Brimblecombe advised that the monthly sickness absence figure had dropped below 5% for the third successive month. It was noted that the impact of the recent recruitment on the vacancy rate would not be reflected until subsequent months. Claire Barkley referred to the mandatory training compliance table and advised that the low compliance figure for the Medical Directorate was the result of the inclusion of doctors in training and that she had raised this with Greg Moores to ensure that future reports only included those doctors with a prescribed connection as employees of the Trust.

#### **9.12 Research and Development**

Neil Brimblecombe reported on the successful awarding to the Trust of a tender by the Strategic Health Authority and that this was based on the Trust's proven track record. The R&D team were congratulated for this achievement.

#### **9.13 Infection Control**

Claire Barkley highlighted a number of hotspot areas for heavy lifting with respect to mandatory training compliance. Steve Grange advised that action had already been taken in the Business Development/Facilities and Estates Directorate and that compliance at the date of the meeting was up to 64% and that he would give a further update at the October 2012 meeting when he anticipated having achieved 90%. It was noted that dramatic declines in compliance were often the result of training having been delivered en masse.

<b>Action:</b> Update on Business Development/Facilities and Estates infection control mandatory training compliance (SG)
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### **ITEM 7.1 MODERNISATION OF MENTAL HEALTH SERVICES IN SHROPSHIRE/TELFORD & WREKIN**

- 10** The report showing progress to date was received and noted. Jayne Deaville advised that a supervisory committee meeting had taken place on 30<sup>th</sup> August 2012 and that a further meeting was scheduled the following week at which the disposal of Shelton Hospital would be discussed. She confirmed that advice had been taken from the Health and Safety Executive, the Fire Service and the Police with respect to securing the Shelton Hospital site and

that BAM would be undertaking the necessary work on both this and the alterations to enable to relocation of New House to the Marches as the final part of their delivery of the modernisation project. Neil Carr advised that the construction of a perimeter fence would therefore include New House, but not the Marches.

## **ITEM 7.2 MONITOR CONSULTATION ON THE NEW NHS PROVIDER LICENCE**

- 11 Steve Grange advised that Monitor's provider licence would be a key tool for regulating providers of NHS services and would set out various conditions providers must meet, including conditions relating to pricing; preventing anti-competitive behaviour which is against the interests of patients; enabling integrated care; supporting commissioners to maintain service continuity; and the governance of foundation trusts. The Board noted the importance of this new aspect of the Monitor compliance regime, in particular the content of the consultation document and delegated the collation of responses to the consultation questions to the Director of Commercial and Business Development. It was agreed that comments would be made to the Director of Commercial and Business Development by Friday 12th October 2012 in order to provide a Trust response to the consultation by the deadline of 23<sup>rd</sup> October 2012 and to receive an update on the response submitted at the October 2012 Board meeting.

<b>Action:</b> Consultation comment (All) and submission of response (SG)
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## **ITEM 8.1 RISK REGISTER AND ASSURANCE PLAN**

- 12 Sarah Hankey presented the revised format for the Assurance Plan. It was noted that the Risk Register was not included in the papers and it was agreed that this would be circulated separately and agreed at the next meeting. In the meantime, the summary of risks removed, changed and added was noted and agreed. Neil Carr confirmed that the executive directors routinely reviewed both assurance plan and risk register at the Executive Team meetings once a month.

<b>Action:</b> Circulation of Risk Register (JL)
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## **ITEM 8.2 FRANCIS REPORT**

- 12 Neil Brimblecombe advised the Board that paper presented to the Board reflected an account and personal reflections by Professor Peter Nolan (attached to the Trusts Research and Development Department) on the process, themes and implications of the Francis Enquiry. He advised that Professor Nolan had attended most of the enquiry, spoken to many of those involved and had subsequently published a number of articles on his observations. The paper had been discussed at Foundation Management Team and the Board to stimulate reflection on the issues prior to the release of the Francis Inquiry Report which it was noted had been further deferred to January 2013. Neil Brimblecombe advised that a series of events and

workshops would be taking place within the Trust to consider the implications of the report when published and to establish any actions that may be required subsequent to those already taken in response to earlier documents arising from investigations into Mid Staffs Hospital. He referred to the summings-up on pages 9-11 of the paper and invited comments on the issues raised and the implications for the Trust. It was noted that a number of actions had been addressed including the internal regulation of healthcare assistants and the development of a sophisticated approach to skill-mix on wards to enable flexibility according to clinical presentation and need with ward managers being empowered with the freedom to act. It was noted that a further ward establishment review would be required and would be undertaken shortly and in response to a comment from Jayne Deaville, it was agreed that this should be multi-disciplinary. Neil Carr commented that a key role of clinical directors was to provide assurance with respect to patient safety and quality and that as the current four year contracts for the existing clinical directors were due to end in 2013, it would be appropriate to take this opportunity to challenge the delivery of this responsibility and determine whether any changes were needed for the future. To this end it was agreed that Neil Brimblecombe would lead on this review and provide recommendations to the February 2013 Board.

#### **ITEM 9.1 CLINICAL SYSTEM REPLACEMENT PROJECT**

- 13** Jayne Deaville presented the report which confirmed that the project was progressing according to plan. In response to a question from Steve Jones, she confirmed that engagement with clinicians was taking place but that further input and engagement would be welcomed. Roger Craven commented that a key issue surrounded the training in order to break down the cultural barriers. Jayne Deaville commented that it would be important in this respect to focus on the professional obligations of clinicians and that the project was exploring a range of multi media options to deliver training and awareness raising.

#### **ITEM 9.2 CARE PLANNING THEMATIC REVIEW UPDATE REPORT**

- 14** Sara Reeve advised that the Care Planning Thematic Review had been presented at the Quality Effectiveness and Risk Committee (QERC) in November 2011 and had contained some challenging themes to be addressed and recommendations for action which had been supported by QERC. The paper presented updated the Board on progress on actions agreed since last presented to Board in April 2012 and was received and noted. It was agreed that Therèsa Moyes would review the requirement for a further update to the Board and advise Jane Landick accordingly.

<b>Action:</b> Care Planning Thematic Review update reports (TM)
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#### **ITEM 9.3 BOARD REPORTING – PATIENT STORIES**

- 15** Sue Nixon presented the report which had been the product of work she had

undertaken with Therèsa Moyes and Liz Nicholson at the Board's request. She advised that the aim had been to raise the profile of patient experiences and to focus on the learning from them. The existing approaches taken within the Trust were reviewed and a range of options explored. She emphasized that it was important to focus on approaches which led to an evaluation of the measurable impact both empirically and on the cultural shift in practice which were meaningful to service users and carers. Steve Jones commented that it was important that the approaches used were owned by service users and that the patient stories were heard by as wide an audience as possible including commissioners. Neil Brimblecombe commented that it was important to distinguish between powerful stories and those that were typical experiences of many individuals. Claire Barkley concurred with this view and that it was important to capture the stories of people for whom the barriers to telling their stories were harder to overcome. It was agreed that the paper and the preferred way forward would be referred to the Service User and Carer Committee for detailed discussion and that the Quality Effectiveness and Risk Committee would also be asked to express a view on the options. It was agreed that a further update would be required by the Board in February 2013 at which the first 'patient story' based on the agreed way forward would be presented and thereafter at alternate Board meetings.

<b>Action:</b>	Referral of paper to sub committees (JL)
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**ITEM 10 ANY OTHER NOTIFIED BUSINESS**

16 There was no other business listed.

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

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

- To receive updates on the five outstanding serious incidents with no agreed extension, to the next Board meeting.
- To monitor key aspects of the patient survey report and actions arising from it.
- To receive an updated position on infection control mandatory training compliance in Facilities and Estates at the next Board meeting.
- The process for collation and submission of the Trust response to the Monitor provider licence consultation was agreed.
- Notified updates to the Risk Register and Assurance Plan were agreed.
- Referral of agreement on approach to patient stories to the Service User and Carer Committee and the Quality Effectiveness and Risk Committee

18 The following future agenda items were agreed:

- Monitor provider licence Trust submission in response to consultation (Oct 2012)
- Clinical Director role review of role (February 2013)
- Patient Stories (February 2013 and subsequent alternate months)



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

- 19**      It was noted that the next Board meeting would take place in the Board Room, Trust Headquarters, Stafford on Thursday 25<sup>th</sup> October 2012 commencing at 1.30pm.