
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST HELD THE REDWOODS CENTRE, SHREWSBURY AT 1330 HRS ON THURSDAY 25TH JULY 2013

1 Present

Steve Jones	Chairman
Paul Bunting	Non Executive Director
Alison Bussey	Director of Specialist Services
Neil Carr	Chief Executive
Roger Craven	Non Executive Director
Lesley Crawford	Director of Mental Health
Jayne Deaville	Director of Finance and Performance
Neil Brimblecombe	Director of Nursing
Steve Grange	Director of Business Development
Ron Hilton	Non Executive Director (Vice Chair)
Therèsa Moyes	Director of Quality and Clinical Performance
Sue Nixon	Non Executive Director

2 In Attendance

Jane Landick, Company Secretary
Marina McQuade, Non Executive Director Designate
Dr Abid Khan, Deputy Medical Director
Glen Franke, Management Consultant
Steve Riddle, Governor Member
Michael Allen, Governor Member
Cllr Simon Jones, Governor Member
Enrique Mateu, Governor Member

ITEM 1 WELCOME AND INTRODUCTIONS

- 3 Steve Jones welcomed all present to the meeting. In particular he welcomed Marina McQuade attending as part of her induction following the approval of her appointment as Non Executive Director at the Council of Governors meeting on 24th July 2013. He advised that she would take up post on 1st August 2013. As a consequence, Steve Jones advised that Roger Craven would be leaving the Trust on 31st July 2013 and paid tribute to Roger's significant contribution since rejoining the Trust in 2005. He also welcomed Dr Abid Khan to the meeting, representing Dr Claire Barkley.

ITEM 2 APOLOGIES FOR ABSENCE

- 4 Dr Ian Wilson, Non Executive Director
Dr Claire Barkley, Medical Director

ITEM 3 MINUTES OF THE MEETING HELD ON THURSDAY 27TH JUNE 2013

- 5 The minutes of the Board of Directors meeting held on Thursday 27th June 2013 were agreed and signed by the Chair as a true and accurate record, subject to Neil

Brimblecombe's job title being amended to "Director of Nursing".

ITEM 4 MATTERS ARISING FROM THE 27TH JUNE 2013 MINUTES

- 6 6.1 All actions were noted as having been completed or been referred for action to relevant sub committees. Jayne Deaville advised that the two trends lines on the supplementary staffing chart in the finance section of the Trust Assurance Report had referred to 'supplementary staffing' and 'vacancies and specialing'.

ITEM 5 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

- 7 Neil Carr highlighted the new format report, which it was agreed represented an improvement with clear signposting to the key issues and priorities for the Trust and Board. Neil Carr reported on the following events/activities and issues:
- 7.1 The key quality issues were noted to be the continued roll out of the Rapid Process Improvement Workshops (RPIW) and the implementation of RIO. It was noted that this was taking place on a phased basis to enable risks and issues which arose to be monitored and addressed.
- 7.2 Annual General Meeting and Annual Members' Meetings taking place on 12th and 11th September 2013 respectively with the theme this year being "recovery".
- 7.3 Partnership working with Combined Healthcare was noted in the context of the development of a CAMHS in-patient service.
- 7.4 Further TUPE case law was highlighted as having the potential to impact on the outcome of the case currently under consideration by the Employment Tribunal. It was noted that the Business Development and Investment Committee was keeping this matter under review in terms of the implications for future tendering opportunities and that a paper was scheduled for presentation to the Board in the Autumn. Steve Jones also highlighted the King's Fund paper, "Working together to deliver the Mandate: strengthening partnerships between the NHS and the voluntary sector" for consideration by the Business Development and Investment Committee.
- 7.5 The decision of the Special Administrators with respect to Mid Staffordshire NHS Foundation Trust which was anticipated shorted and the need to consider and address any implications for the Trust in terms of the services provided into Stafford Hospital, which Steve Grange confirmed he had begun to address.
- 7.6 Discussions being taken forward arising from the Foundation Trust Network (FTN) presentation to the Council of Governors on 24th July 2013 and in particular the processes by which Governors would hold Non Executive Directors to account and the importance of ensuring that this was achieved through the building of sophisticated relationships and a partnership approach. Steve Jones confirmed that this aim was shared by governors and that it was recognised that the Trust could already demonstrate this to be the case through a range of existing measures including the engagement groups.
- 8 The following Board Committee reports were received and noted:
- 8.1 **Quality, Effectiveness and Risk Committee** [11th July 2013]: Liz Nicholson referred to the actions arising from the away day and items referred to other committees including those arising from the Information Governance Thematic Review.
- 8.2 **Finance and Performance** [12th July 2013]: Paul Bunting advised that the

Committee had submitted the reference costs submission 2012/13 to detailed scrutiny and that the required assurances had been received. The future year's Cost Improvement Programme (CIP) was also subject to rigorous testing and ongoing review to monitor the risk to delivery and potential for impact on clinical quality and safety. It was noted that a Board report to evaluate the quality and safety impacts of the CIP led by Neil Brimblecombe and Claire Barkley, was scheduled for presentation following consideration at the Human Resources and Organisational Development Committee and the Quality, Effectiveness and Risk Committee.

- 8.3 **Foundation Management Team** [8th July 2013]: the draft Trust strategy for providing services to people who have symptoms consistent with a diagnosis of Personality Disorder(s) was debated and it was noted that the strategy was currently out to consultation until 31st August 2013.
- 8.4 **Audit Committee** [24th June 2013]: Roger Craven referred to the Internal Audit report on the quality impact assessments of the CIP and assured the Board that the amber/green rating related to being able to audit evidence of clinical engagement in the CIP approval process rather than the absence of engagement in the process. Issues regarding the development of the revised Risk Register and Assurance Plan were noted as work in progress which was being monitored by the Committee. In response to a comment from Paul Bunting, it was agreed that the Board required this work to have been concluded and the outstanding issues addressed by the next Audit Committee meeting in October 2013. Jayne Deaville clarified that the reference to the single attendance per year of the Chief Executive related to the meeting at which the Annual Report and Accounts were received. With respect to the Internal Audit report on the Declaration of Interests arrangements, Jayne Deaville advised that key recommendation arising from this project was the inclusion of additional job roles in the list of those required to declare interests.

- 9 The following policies were formally ratified by the Board having been approved at the Quality, Effectiveness and Risk Committee on 11th July 2013:
- 10.1 Conveyance Policy

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 **Safety Dashboard:** no exceptions were highlighted for June 2013. Therèsa Moyes advised that the two serious incidents which had exceeded the target completion date had done so by a few days only and as a result of revisions to the final report being required arising from completion by newly appointed and trained investigating officers. Buddying arrangements and more robust and timely quality assurances processes were in place to prevent recurrence.
- 10.2 **Care Quality Commission (Mental Health Act) Visits:** It was noted that recurrent themes were emerging from recent visits including issues relating to recording in case notes and care planning. Jane Landick summarised actions which were in progress both to address the immediate issues but also to ensure the sustainability of improvements required, led and supported by the Mental Health Legislation Committee. Lesley Crawford advised that within the Divisions, she and Alison Bussey were reviewing opportunities to use LEAN tools and processes including value stream mapping on some wards to

identify ways of achieving sustained improvements.

- 10.3 Care Quality Commission: Internal Monitoring of Essential Standards:** In response to a question from Steve Jones, Therèsa Moyes advised that the reference to 'no data' under item 2 (consent to care and treatment) reflected the absence of data uploaded to the Trust's Quality and Risk Profile by the CQC but that internally, the Trust was satisfied that there was evidence to justify a green assurance rating. Equally, she was unable to confirm what evidence the CQC had used to justify an improved rating of high green to low green against item 9 (management of medicines). In response to a question from Steve Jones about the reference to the absence of a trajectory for *Clostridium difficile* within the Trust (item 8 – cleanliness and infection control), Abid Khan advised that this related to the absence of a target for the Trust and that one was not required.
- 10.4 Finance:** Jayne Deaville reported that at month two the income and expenditure position showed a year-to-date surplus position of £2.1m representing an underspend of £1.0m against the year-to-date budget and that with respect to the forecast outturn position, the trust was forecasting to deliver against all of its planned financial metrics for 2013/14. The forecast EBITDA margin (6.1%) and Surplus margin (3.2%) remained above the planned levels of 5.3% and 2.3% respectively and the forecast outturn income & expenditure position showed a favourable variance of £1.6m against a planned Surplus of £4m. This variance consisted of a forecast overspend across the Operational Divisions (£1.2m) and Corporate Support Services (£0.4m) off-set by an underspend against centrally held reserves (£3.0m) and items below the EBITDA line (£0.2m).
- 10.5 Information Governance:** Jayne Deaville advised that one Freedom of Information (FOI) request and two access to records requests received in May 2013 had exceeded the statutory deadline due to annual and sick leave and that processes had since been revised to require escalation of the issue prior to the statutory deadline to ensure compliance. She advised that future reports would reflect a 12 month rolling trend line for IG incidents, FOI and access to records requests.
- 10.6 Contract Activity and Projects:** Jayne Deaville advised that whilst all targets continued to be met, the reported over-performance against block contracts would need to continue to be monitored to ensure that on-going significant over-performance does not result in cost pressures or opportunity costs where the Trust is delivering activity levels for which it is not funded. She advised that the National Commissioning Board under performance against cost and volume contracts relating to learning disability and forensic low secure services was being monitored and actions taken to address this. With respect to Monitor targets, Jayne Deaville advised that operational staff were addressing identified under performance against the Crisis Resolution/Home Treatment target in Shropshire County, although the target had still been met. She advised that discussions were also taking place with the Powys Local Health Board with respect to the over-performance against the 7 in-patient beds currently commissioned for Powys patients and alternatives to admission which were being explored with GPs and other stakeholders. Liz Nicholson observed that this had recently been an issue arising from a Mental Health Act Appeal she had attended. In response to a question from Roger Craven about

the changes which had brought about improvements in activity reporting and recording, Lesley Crawford highlighted a number of factors including vacancies being filled, improved staff engagement in the preparation for RIO and work to translate the contract into quality measures to make activity recording meaningful for staff. Neil Brimblecombe advised that internal benchmarking had also helped to focus on hotspot areas.

- 10.7 **Commercial Activity/Business Development:** Steve Grange highlighted work to develop a Joint Strategic Needs Assessment to inform future service planning and that the aspiration was ultimately to develop an electronic business planning tool. An update was received on the development of a partnership approach to the delivery of a new model for dementia care services. This was currently being worked through by the Business Development and Investment Committee and would be reported to the Board in due course. In the meantime, Neil Brimblecombe reported that from 1st August 2013 the Trust would be taking over responsibility from the current provider for the assessment and treatment of people with dementia in South Staffordshire. With respect to the arrangements for the hosting of the Local Clinical Research Network, Steve Grange advised that the Trust has been shortlisted as one of three and that the interviews were being held on 26th July 2013. The update on the Veterans' networks was noted and in response to a question from Steve Jones about the impact of the recent adverse criticism of service provision for Veterans on the Panorama programme, Steve Grange advised that Professor Neil Greenberg was taking this forward on behalf of the National Network following a meeting of the Network on 24th July 2013. Steve Grange concluded his report by advising that the MOD app. was now also available on Android devices. Neil Carr referred to the lack of progress in concluding the Section 75 agreement with Staffordshire County Council and recommended that they be invited to present to the Trust in an attempt to renew efforts to progress this piece of work to a conclusion.
- 10.8 **Sickness Absence:** Neil Brimblecombe reported that the presentation of this data would change next month to include less data and more colour coding. A further small reduction in the monthly and annual sickness rates was noted. In response to a question from Steve Jones about staff held at gateways, Neil Brimblecombe confirmed that this arose from a decision that they should not progress and was not a result of appraisals not having taken place. With reference to the two CRB checks outstanding, he confirmed these were no longer outstanding, that processes had since been tightened and that staff would not be permitted to work unrestricted in a clinical setting until clearance had been obtained. It was also noted that the data in the first chart reflecting stress, anxiety and depression on page 3 of the report, was inaccurate and that there had been no spike in July/September 2012. In the third chart, the target line should also have remained at 5.3 throughout the reporting period.
- 10.9 **Infection Control:** Dr Abid Khan gave a verbal update on the outbreak of diarrhoea and vomiting on wards at St George's Hospital which had affected 30 patients and 20 staff resulting in a number of wards being closed to new admissions. Dr Paton, Consultant Microbiologist had been involved in providing advice throughout and the situation was confirmed to be under control with Chebsey House re-opening that evening leaving Ashley and Baswich wards still closed at the time of reporting. The number of new cases had also declined since the weekend with only two new cases reported that

day. The cause of the outbreak had not been identified and was likely to be a non specific virus and all those affected were making a good recovery. Lesley Crawford advised that staffing levels had been maintained throughout the outbreak with in-patient beds held at The Redwoods Centre if required. It was agreed that thanks and congratulations should be recorded to all concerned for the way in which this had been managed. It was noted that the data in the report referring to infection control training and compliance had become corrupted in some reports and that this would be corrected in the next report. It was also agreed that the format and content of the report would be reviewed to determine whether it would be helpful to include trends and exception reporting in future.

Action:	Review of infection control training/compliance data reporting (AK)
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ITEM 7.1 CLINICAL SYSTEM REPLACEMENT PROJECT

- 11 The update report was received and noted. Jayne Deaville advised that this would be last pre-implementation report with the system going live next week in Tamworth. Update, awareness and training sessions arranged for 29th July 2013 had been widely communicated but there remained a high number of vacant places still available to be booked. Non Executive Directors and governors were invited and encouraged to attend. In response to a question from Roger Craven about staff anxieties about access to their electronic diaries, Jayne Deaville advised that these concerns had been allayed as staff gained understanding of the system and relevant processes and protocols were implemented.

ITEM 8.1 USE OF THE COMMON SEAL

- 12 The Board of Directors received, noted and approved the use of the common seal between 26th April 2013 and 19th July 2013.

ITEM 8.2 AUDIT COMMITTEE ANNUAL REPORT 2012/13

- 13 Jayne Deaville presented the report which had been received and approved by the Audit Committee at its meeting on 24th June 2013. The purpose and content of the report were summarised and the Board confirmed that they were assured that the Audit Committee were delivering effectively against the terms of reference. The report was formally ratified.

ITEM 9.1 RAPID PROCESS IMPROVEMENT WORKSHOPS (RPIW) IN ACTION: PROGRESS REPORT

- 14 Lesley Crawford summarised the outcomes of the 90 day report out from Birch Ward and the Crisis Response/Home Treatment team in Shropshire. On Birch Ward she highlighted the pride and ownership of staff in the improvements made, the sickness absence reduction and the increased opportunities for patient and staff engagement. It was noted that the ward had identified the aim of running with no bank and agency, once the vacancies on the ward were filled. Highlights from the Crisis Resolution/Home Treatment Team were noted as more appropriate referrals, quicker care co-ordination and all patients having a clear treatment plan. The reasons for the success of the RPIWs were noted as being staff ownership of the problems and effective and committed process owners. In response to a question from Sue Nixon about how the therapeutic engagement with service user at

weekends had been addressed, Lesley Crawford advised that occupational therapy staff now offered a service at weekends and that this had been managed with existing budgets and at the suggestion of the staff involved. In response to a question from Roger Craven about the target of zero for patients on home leave, Lesley Crawford recognised the benefit of home leave as preparation for discharge and confirmed that this target would be reviewed. Neil Carr reiterated the Trust commitment to LEAN and Therèsa Moyes summarised work being undertaken to provide resources and capacity to ensure its deployment within the Trust through a paper to the Board in August 2013 containing clear recommendations with respect to the way forward. In response to a question from Paul Bunting about replicating the successes of the current RPIWs across the Trust, Therèsa Moyes emphasised the high cost in terms of the investment of the time of senior staff which was essential to their success and the need to balance this against the benefits and savings arising from them and therefore the need for a planned, proportionate and consistent approach, aligned to a robust training plan to equip staff with the skills to deliver RPIWs and other related LEAN methodologies and to relate them to other organisational development issues and initiatives.

ITEM 7.2 RIGHT SERVICE, RIGHT PLACE

- 15 In the absence of Andrew Hughes, who was unavoidably detained, Steve Grange presented the report prepared by Andrew Hughes, which it was noted had been presented to and approved by the Council of Governors at their meeting on 24th July 2013. Steve Grange referred in particular to the executive summary, presented as 'a conversation on a page' at page 1 of the report and to the extensive consultation outlined on page 4 of the report. He also referred Board members to the key messages outlined from page 7 of the report, which would form the guiding principles for the subsequent detailed review of the Trust's community estate. It was acknowledged that there would be some difficult decisions required over the coming months, but that these guiding principles would help to ensure the integrity of the decisions taken ensuring they were in the best interests of patients, met the needs of staff delivering services and enabled safe, effective and high quality services to be provided. Neil Carr added that capital was available for the right areas of the estate and that it was important as far as possible to future proof the estate in line with the Trust's strategic direction. Roger Craven commented that it would be important to recognise the element of cynicism which was highlighted at the Council of Governors meeting that the Trust would listen to stakeholder views and then do what they wanted and that to mitigate this, it was important both to manage expectations and to keep stakeholders involved and engaged throughout the process. Sue Nixon commended the readability of the report and also reflected on the advice of Peter Cross, Governor Member at the Council of Governors' meeting to avoid the temptation to sell off too much of the existing estate and to ensure both current and future needs were considered. Paul Bunting referred to the technology section of the report on page 18 and suggested that it was important to emphasise the value and benefit of technology as well as ensuring the consensus views of what the use of technology must not do, was addressed. The Board formally approved the themes and principles that have emerged from the report and noted that a session will be held with Staff Side on 1st August 2013 with the resultant comments also being fed into the process. The Board also discussed how the report would be disseminated within the Trust and agreed that this would be led by Jon Meigh, but that it would be supported by a working group of key stakeholders and would include the support of the Communications Team in ensuring the key messages and strategy for wider communication across the Trust and wider stakeholder groups. It

was agreed that the next steps would be to consider the priorities for the first phase of a project which was anticipated to take a number of years to conclude. Steve Grange confirmed that the Business Development and Investment Committee would be the Board sub committee charged with monitoring the process and ensuring the appropriate links were established across the other sub committees of the Board as required.

Action:	Feedback on outcomes from Joint Staff Partnership consultation (Andrew Hughes) Establishment of working group (SG) Alignment to Sub Committees (SG) Communications Strategy (SG)
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ITEM 9.2 RISK REGISTER AND ASSURANCE PLAN

- 16 Therèsa Moyes apologised for the presence of a number of inaccuracies and out of date timescales in the Risk Register and advised that an amended version of the Risk Register would be circulated to Board members following the meeting. She advised that all the overdue risks highlighted in the report would also be updated in the revised version. The summary report of the risks which had been removed, added and updated were formally agreed. Therèsa Moyes advised that the format of the Assurance Plan would also be amended once the new arrangements had been agreed at the Audit Committee meeting in October 2013 but that the new format would be reviewed by the Executive Directors next week. It was agreed that the next presentation of the Risk Register and Assurance Plan would therefore be presented to the Board at its November 2013 meeting, following approval at the October 2013 Audit Committee.

Action:	Recirculation of Risk Register (TM)
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ITEM 10 ANY OTHER NOTIFIED BUSINESS

- 17 There was no other business notified.

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

- 18 Decisions made were summarised by the Company Secretary as follows:
- Ratification of the Conveyance Policy
 - Approval of the guiding principles for the review of the community estate (Right Services, Right place) and the next steps for the review.
 - Ratification of the Audit Committee Annual Report for 2012/13
 - Uses of the Seal for the defined reporting period were agreed
 - Risks removed, added and updated on the Risk Register were agreed and the Assurance Plan was agreed.
- 19 The following future agenda items were agreed:
- Next steps with respect to the implementation of the Virginia Mason Production System/RPIW/LEAN (August 2013)
 - TUPE Report on implications for future commercial strategy (October 2013)
 - Report on the quality and safety impacts of the CIP (TBC – post Quality, Effectiveness and Risk Committee and Human Resources and Organisational

- Development Committee discussion)
- Draft Trust strategy for providing services to people who have symptoms consistent with a diagnosis of Personality Disorder(s) (post consultation – September/October 2013)
 - New format Assurance Plan and Updated Risk Register (November 2013)
 - Dementia Model of Care (TBC)

ITEM 12 DATE AND TIME OF NEXT MEETING

- 20** The next full Board meeting will take place on Thursday 29th August 2013 at **1300 for 1330** in **the Board Room, Trust HQ, Stafford.**