
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST HELD AT TRUST HEADQUARTERS, STAFFORD AT 1330 HRS ON THURSDAY 29TH AUGUST 2013

1 Present

Ron Hilton	Non Executive Director (Vice Chair)
Paul Bunting	Non Executive Director
Dr Claire Barkley	Medical 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
Steve Grange	Director of Business Development
Marina McQuade	Non Executive Director Designate
Therèsa Moyes	Director of Quality and Clinical Performance
Sue Nixon	Non Executive Director
Dr Ian Wilson	Non Executive Director

2 In Attendance

Jane Landick, Company Secretary
Steve Riddle, Governor Member
Cllr Simon Jones, Governor Member
Robin Harvey, Governor Member
Ravi Bhakri, Governor Member
Graham Riley, Governor Member
Kate Prescott, Healthwatch Shropshire
Dr Simon Smith, Clinical Director (Agenda Item 9.4)
Sarah Robertson, Service User (Agenda Item 2)
Emily, Ward Manager (Agenda Item 2)
Gareth Eccleston, Service User Representative
Greg Moores, Director of Human Resources, Organisational Development and Equalities

ITEM 1 WELCOME AND INTRODUCTIONS

- 3 Ron Hilton welcomed all present to the meeting.

ITEM 3 APOLOGIES FOR ABSENCE

- 4 Steve Jones, Chairman
Dr Neil Brimblecombe, Director of Nursing

ITEM 2 PATIENT STORY

- 5 Neil Carr introduced this month's story and advised that Sarah would also be giving a presentation on to the Annual General Meeting which was on the theme of recovery. Sarah Robertson gave an account of her experience of suffering from anorexia and the role of the Trust in her recovery over the previous two years. The

key themes arising from her account included:

- The prompt response to her initial call for help
- Staff who listened, understood and then adapted care to meet Sarah's needs and wishes and who were consistent and pragmatic in their approach
- The use and benefit of social media to communicate, share experiences and obtain peer support during the continued and ongoing battle to overcome and manage an eating disorder.
- The subsequent invitation to participate in an interview panel to recruit the ward manager of the Eating Disorder Unit, which further built confidence and supported her recovery.

Ron Hilton thanked Sarah for her very positive story. Liz Nicholson highlighted the benefits of social media and suggested that this was an area that the Trust should further pursue as part of its digital strategy in order to support service users in communicating and accessing information as part of their recovery. In response to a question from Paul Bunting, Sarah advised that she had found the contact details for the Eating Disorder Service through an internet search engine. Neil Carr commented that one of the most encouraging part of the story for the Trust was hearing a real example of a service user being empowered and engaged in decision making about their care.

Action: Evaluation of the benefits of social media to service users to be considered as part of Trust's Digital Strategy (SG)
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ITEM 10.4 DEVELOPING THE ROLE OF CLINICAL DIRECTORS: SUPPORTING CLINICALLY LED SERVICES

- 6 Dr Simon Smith gave a presentation which highlighted the importance of engaging clinicians in the design, running, review and development of services which had been repeatedly emphasised in the last few years in national policy. He advised that the Francis Report had again reiterated that clinicians need to be empowered to focus on improving service quality. He then summarised the current role of Clinical Directors (CDs) within the Trust and reported on some of the developmental priorities that CDs had recently agreed. In response to a comment from Claire Barkley about the CDs as 'ultimate arbiter' of clinical practice or opinion, it was agreed that this was the role of professional bodies but that the role of the CD was to advise, mediate and, based on best practice guidance and evidence, help to agree a best outcome. Steve Grange commented that CDs had a pivotal role in service development, being able to apply their insight and expertise to advise on commercial developments and also acting in an ambassadorial role. Therèsa Moyes welcomed CDs working together to clarify their role and advised that she would also welcome the opportunity to discuss with CDs the development of clearer links to the broader quality agenda. The Board formally agreed the direction of travel proposed for the CD role and agreed to receive a paper reviewing the impacts of the role in six month's time.

ITEM 4 MINUTES OF THE MEETING HELD ON THURSDAY 25TH JULY 2013

- 7 The minutes of the Board of Directors meeting held on Thursday 25th July 2013 were agreed and signed by the Chair as a true and accurate record.

ITEM 5 MATTERS ARISING FROM THE 25TH JULY 2013 MINUTES

- 8 **8.1 Gateways** (page 5, paragraph 10.8): Greg Moores advised that of the 47 staff

reported as being held at gateways, 26 were as a result of appraisals not having been completed and two were for performance reasons. 13 had been held for 3 months or longer. He confirmed that action was being taken to address this and that an update report would be received at the next Human Resources, Organisational Development and Equalities Committee meeting.

- 8.2 **Infection Control Training Compliance** (page 6, paragraph 10.9): Claire Barkley advised that this would be reported next month in line with the Board agenda planning programme.
- 8.3 **Right Service, Right Place** (page 8, paragraph 15): Steve Grange confirmed that the actions were in progress and that the Project Manager had been appointed.
- 8.4 All other actions were noted as having been completed.

ITEM 6 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

9 Neil Carr reported on the following events/activities and issues:

- 9.1 Key documents this month were highlighted including the British Medical Journal (BMJ) Quality and Safety report 'Care left undone' during nursing shifts: associations with workload and perceived quality of care in the context of the shift system and establishment reviews within the Trust; the House of Commons Health Select Committee Post-legislative scrutiny of the Mental Health Act 2007 which was commended particularly to Non Executive Directors and the Centre for Mental Health's report 'Making recovery a reality in your community: a briefing for commissioners of mental health, drug and alcohol services', which it was hoped, aligned to training being provided nationally for commissioners of mental health services, would strengthen commissioning decisions locally.
- 9.2 The Trust Special Administrator's consultation on proposals for the future of Mid Staffordshire NHS Foundation Trust was noted and it was agreed that the task of formulating a Trust response would be delegated to the Executive Directors. The opportunity to make individual responses was also noted.
- 9.3 The commencement of the contract for the provision of dementia services from 1st August 2013 was noted to be progressing well but was being closely monitored to ensure there were no risks or service delivery issues for patients during the transition.
- 9.4 The shortlisting of the Trust for an HSJ award for the MOD App was noted and commended.
- 9.5 The new report style was agreed to be effective in highlighting priorities, key issues and risks.

Action: Trust response to TSA consultation (Execs)

10 The following Board Committee reports were received and noted:

- 10.1 **Foundation Management Team** [12th August 2013]: Neil Carr invited Board involvement in the debate initiated at the meeting surrounding the wearing of uniforms.
- 10.2 **Quality, Effectiveness and Risk Committee** [8th August 2013]: Liz Nicholson highlighted the issues raised relating to an apparent absence of consistency in the application of standards for physical interventions across the Trust from a recent review undertaken by Cathy Riley and advised that that this had prompted a project group to be established to further evaluate priorities for action. The attendance of the Trusts Equality and Diversity Lead

at future QERC meetings was also noted as a positive step.

- 10.3 **Finance and Performance Committee** [9th August 2013]: Marina McQuade summarised the issues discussed and decisions taken at the meeting.
- 10.4 **Business Development and Investment Committee** [16th August 2013]: Paul Bunting summarized the steps taken to broaden the agenda of the sub committee to include other issues than the review of tenders including the Digital Strategy pilot and development of the Trust brand. In response to a question, it was noted that the outcome of the Local Clinical Research Network tender would be announced in October 2013. Neil Carr referred to the Right Services, Right Place project and briefed the Board on a complementary piece of work which was shortly to commence on upgrading the in-patient estate across Staffordshire to ensure it was fit for purpose for the next 10 years and which would involve a capital investment of £6-7m.

11 The following policies were formally ratified by the Board having been approved at the relevant sub committees:

- 11.1 **Section 117 Policy** (approved at Quality, Effectiveness and Risk Committee on 11th July 2013)
- 11.2 **Policy for the Secure Management of Patients' Property** (approved at the Finance and Performance Committee on 9th August 2013)
- 11.3 **Mobile Working Policy** (approved at the Human Resources, Organisational Development and Equalities Committee on 31st July 2013)
- 11.4 **Social Networking Policy** (approved at the Human Resources, Organisational Development and Equalities Committee on 31st July 2013)

In response to a question from Paul Bunting with respect to consultation with service users and carers, Jane Landick advised that separate and additional distribution arrangements including the use of external partners were used as well as the Trust website, to ensure communication and consultation with service users and carers on key policies relevant to their care and treatment. She also confirmed that the impacts of policies for changes required to RIO were monitored and addressed.

ITEM 7 TRUST ASSURANCE REPORT

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

- 12.1 **Care Quality Commission Visits:** Therèsa Moyes advised that the draft report on the recent visit to the George Bryan Centre had highlighted two minor issues relating to access to the garden area and the environment of the Section 136 Suite, which were being addressed as a priority. All other areas inspected were fully compliant and she confirmed that there would be no impact on the Trust's governance rating from Monitor.
- 12.2 **Essential Standard Review Visits:** Therèsa Moyes advised that in light of the CQC focus on in-patient services, that the focus of the Essential Standard Review Visit programme would reflect a similar focus over the next few months.
- 12.3 **Safety Dashboard:** no exceptions were highlighted for July 2013. Therèsa Moyes advised that the serious incidents which had exceeded the target completion date had subsequently been completed.

- 12.4 CQUINS:** it was noted that all CQUINS had been achieved in quarter 1.
- 12.5 Care Quality Commission: Internal Monitoring of Essential Standards:** In response to a question from Marina McQuade, Therèsa Moyes explained the basis for the differential ratings relating to the Quality and Risk Profile scoring applied by the CQC and the Trust's own self assessment score.
- 12.6 Combined Risk Management Report:** In response to a question from Neil Carr about the steady increase in incidents reported during the quarter, Liz Nicholson advised that this issue had been the subject of detailed discussion at the Quality, Effectiveness and Risk Committee with the result that further analysis and narrative had been included later in the report which was now presented to the Board and included both interpretation of the chart presented and assurance with respect to action taken to address any issues identified. Therèsa Moyes advised that a number of issues including the increase in patient to staff assaults had been found to have common cause in that a small number of individuals were found to have caused a large number of incidents. Neil Carr highlighted the increase in the numbers of admissions of patients with complex needs and challenging behaviours which were prompting discussions with commissioners on implications for future commissioning. Claire Barkley concurred that medium secure forensic services were now encountering patients who ten years ago, would have been more likely to be subject to high secure services. Lesley Crawford summarised environmental and staffing options and solutions which were being reviewed to reduce incidents and manage risk and in response to a comment from Claire Barkley about the use of DMI in forensic settings, Alison Bussey advised that this was being followed up within the Directorate. Liz Nicholson also referred to the poor attendance at DMI Steering Group meetings, which had been highlighted at the Quality, Effectiveness and Risk Committee meeting in August. In response to a question from Ian Wilson, Therèsa Moyes explained the statistical processes governing the setting of control limits relating to the charts presented in the report.
- 12.7 Finance:** Jayne Deaville reported that at month three the income and expenditure position showed a year-to-date surplus position of £3.0m, representing an underspend of £1.3m against the year-to-date budget. It was noted that the Trust was forecasting to deliver against all of its planned financial metrics for 2013/14 and that the forecast EBITDA margin (6.4%) and surplus margin (3.5%) were above the planned levels of 5.3% and 2.3% respectively. With respect to savings plans, Jayne Deaville advised that the Trust was forecasting to deliver 96% of its 'gross' CIP target for 2012/13, although only 65% would be delivered on a recurrent basis leaving a recurrent shortfall of £2.1m going into 2014/15. Use of supplementary staffing was noted to have decreased during month 3 to below the vacancy and specialing rates indicating that less resource was being used than was funded.
- 12.8 Information Governance:** Jayne Deaville advised that none of the Freedom of Information (FOI) requests received in June 2013 had exceeded the statutory deadline. She advised that one access to records request had breached the deadline due to misfiling of the archive record, but noted that the risk of this happening in future would be eliminated arising from the digitisation of manual records.

12.9 Contract Activity and Projects: Jayne Deaville advised that all block contracts with host CCGs were performing above contracted levels and were being closely monitored to ensure that ongoing significant over-performances did not result in cost pressures arising from the Trust delivering activity levels which were not fully funded. Neil Carr highlighted the risks associated with the over-use of beds by Powys Health Board, above the levels commissioned. Lesley Crawford advised that the situation was being monitored and would be raised at scheduled meetings with Powys colleagues. It was noted that access to crisis resolution/home treatment services were limited in Powys and non-existent at weekends and that this was also having a significant impact on beds at The Redwoods Centre. Steve Grange advised that he would also urgently pick this up with commissioners with a view to renegotiation of the contract. Lesley Crawford also highlighted work being undertaken by Dr James Briscoe to promote an assertive move towards the use of home treatment services and the positive impact that this was having for service users and carers as well as on the reduction in bed usage in general and in particular at Castle Lodge where currently there were four beds occupied. It was noted that Castle Lodge staff were also being used to supplement the home treatment services.

12.10 Commercial Activity/Business Development: Steve Grange highlighted the objectives and priorities of the Digital Strategy which was in development and in particular the use of social media and social networking sites in obtaining marketing feedback and data to drive commercial development which was being taken forward through the Business Development and Investment Committee. Also noted was the website redesign and development, through a process of feedback and consultation and involvement with stakeholders including governors, service users and carers. In response to a comment from Paul Bunting, Steve Grange agreed it was important that Trust webpages were kept up to date and that Divisions and Directorates needed to take ownership of this responsibility. Steve Grange concluded by referring to recent media coverage of the changing commercial environment in the NHS and wider healthcare sectors and it was agreed that the opportunity should be taken through a Board Development session to review the Trust's commercial strategy to meet and address these changes.

12.11 Human Resources: Greg Moores advised that the report template was undergoing a review and the revised format would be presented to the Human Resources, Organisational Development and Equalities Committee in September and if approved, to the Board at its October 2013 meeting. An improvement in the vacancy rate over the past six months was noted from 11.9% to 9.8% reflecting in particular recruitment in Specialist Services. Sickness absence was noted to have further reduced to 4.68%. An increase in employment tribunal cases was noted and attributed in part to the introduction of a fee to lodge a claim. It was noted that at the date of the report, no CRB checks were outstanding. Neil Carr referred to the presentation given by Team Prevent at the recent staff engagement sessions and highlighted in particular the ability of occupational health services to override the GP fit note under appropriate circumstances in order to achieve an earlier return to work.

ITEM 8.1 CLINICAL SYSTEM REPLACEMENT PROJECT

- 13 The update report was received and noted. Jayne Deaville advised that whilst some go live dates had slipped in order to address some issues including the provision of additional facilities for staff, that the end date for the implementation remained on track. Lesley Crawford confirmed that the implementation in primary care had gone well and that staff had been very appreciate of the support they had received from corporate services during this time. In response to a comment from Neil Carr, Jayne Deaville confirmed that positive discussions had been taking place with Telford and Wrekin Council and Shropshire Council with a view to harmonising systems and it was hoped that this work would help to drive the progression of similar discussions with Stafford County Council.

ITEM 8.2 WORKFORCE PLANNING

- 14 Greg Moores highlighted the importance of workforce planning given that 75% of costs were staff costs and the need to meet future efficiency challenges. He advised that interviews for a Workforce Planning Manager would be taking place next week and that the priority for the postholder and the Trust would be to focus five years ahead and ensure an emphasis on achieving efficiency savings and cost improvement plans whilst maintaining and improving quality and safety including workforce development through identifications of the skills required into the future and the use of training places. Greg Moores confirmed that detailed work had been taking place with Divisions. Lesley Crawford described the workstream approach being taken in the Mental Health Division and the importance of benchmarking against local, national and international services and models of delivery. She confirmed that there would also be a focus on skills required and not professions and on working with other partners to reduce cost and improve quality, recognising that third sector and other partners often had a strong track record of high quality, cost effective service delivery. Alison Bussey explained that different approaches and complexities existed in each of her four directorates arising from the strategic direction and issues such as contract duration, but that the same focus on models of best practice, quality, safety and efficiency would apply. Neil Carr highlighted the importance of engaging with commissioners and in particular the radically different approach required to the delivery of learning disability services into the future. It was agreed that it was also important to monitor the potential impacts on social care arising from the call for redundancies from Shropshire Council, although it was noted that assurances had been received that decisions would not be taken in isolation of the consideration of impacts on stakeholders and healthcare services. Ian Wilson also highlighted the impacts on manpower of the £3.8bn nationally allocated to integrated care. Lesley Crawford commented that as part of the Divisions workstreams, modelling of seven day care was included to meet the needs of service users. Greg Moores emphasised the importance of treating workforce planning as an ongoing, iterative process and the support for the approaches described in this verbal report to the Board was confirmed.

ITEM 8.3 QUALITY IMPROVEMENT FRAMEWORK AND START UP PLAN

- 15 Therèsa Moyes presented the report on the Framework and emphasised the key message was to illustrate the Trust's commitment to what was would be an exciting and ambitious programme of further improving quality which put service users and carers right at the centre and staff in the driving seat of change. She advised that it was based on the principle that staff will develop their own effective solutions to improving the processes of delivering high quality services if senior staff take a

clearly structured and actively facilitative role, breaking down barriers to change. She advised that the purpose of the paper was to outline the start up plan and enable understanding and progress to date and that the aim was to deliver the Trust values and objectives whilst both meeting regulatory requirements and commissioners' needs.

Ron Hilton commented that the Framework had been discussed by the Non Executive Directors who were fully supportive and committed to its implementation and roll out. Neil Carr advised that it was important that it became real for staff and derived clear benefits for service users and carers, through cultural change and avoidance of the temptation to 'control and command but instead to empower staff to drive changes with the role of managers being to empower them. He emphasised that the aim was to drive up quality and drive out waste but that this would be within existing budgets and would not be expected either to save money or to cost money. Marina McQuade welcomed the paper and fully supported the empowerment of staff but asked how any unintended consequences would be monitored and managed. Neil Carr confirmed that in this respect it was important to learn the lessons of the Trust who would be supporting and mentoring the Trust and its certified leaders, Tees, Esk and Wear Valleys NHS FT, whose long experience of LEAN would be invaluable. He added that a key success factor would also be the application and adaptation of best practice from LEAN approaches undertaken within individual teams, across the rest of the organisation. In response to a question from Marina McQuade about the potential impacts on cost improvement plans and whether this was included in forecast targets, Lesley Crawford advised that the emphasis was squarely on quality improvements but recognising that sometimes financial savings will be achieved but that where appropriate, opportunities would be taken to reinvested savings to further improve and enhance services. Sue Nixon also welcomed the report and the clear role as evidence at the Celebration Day of ensuring involvement and engagement of service users and carers. Lesley Crawford confirmed that key to the success of the Rapid Process Improvement Workshops was the preparation, planning and communication with all key stakeholders. She also explained the concept of the home and away teams and the importance of members of both teams feeling fully engaged and committed the success of the project. Steve Grange highlighted the recognition of the commitment and role of the Facilities and Estates Department in this work. Paul Bunting commented on the absence of clear Key Performance Indicators in the paper to enable a top level evaluation of the successes and benefits. Neil Carr confirmed that the identification of KPIs to be monitored by the Board would be a key role for the Steering Group which would be led by the recently appointed Project Manager, Katy Morris and which it was suggested would also include a Non Executive Director. Board of Directors agreed to prioritise the QIF to deliver quality improvements in line with Trust values and strategic objectives

ITEM 9.1 QUALITY GOVERNANCE FRAMEWORK

- 16** Therèsa Moyes advised that Monitor's Quality Governance Framework had been introduced in 2010 in response to the lessons learned from the failings at Mid Staffordshire NHS Foundation Trust and tighter public finances. The Framework has been embedded into the Monitor assessment process for aspirant NHS FTs since August 2010 and has been included in the compliance framework for existing FTs since April 2011. It was noted that the Trust self assessed against the framework in 2012 and identified some areas for improvement reflected in the 2012-13 priority improvement plan. In October 2012 an advisory internal audit report to Audit

Committee concluded that the Trust's self-assessment in relation to the Monitor Quality Governance Framework was soundly based, noting that the Trust has already taken steps to address any shortfalls in assurance. Additional guidance was issued by Monitor in April 2013 aimed at supporting foundation trusts in making their Corporate Governance Statement, required under Monitor's new licence conditions. Therèsa Moyes advised that the paper now presented reflected a re-assessment of the Quality Governance Framework taking into account all of the above and using Monitor's rating, the Trust was assessed as scoring 2; where 0 is the best possible score, and 40 is the worst possible score. It was noted that the report was approved by the Quality, Effectiveness and Risk Committee on 11 July 2013 and it was recommended that it be subsequently presented to Trust Board and to the Council of Governors. The Board formally ratified the Quality, Effectiveness and Risk Committee's approval of this work as an accurate self-assessment and accepted the recommendations under of the report as actions which need to be addressed requiring the Quality, Effectiveness and Risk Committee to receive an update report in six months.

ITEM 10.1 FUNCTIONALISATION UPDATE

- 17 Lesley Crawford presented the update report and advised the Board that since the functionalisation project was initiated in the Trust 2010/11, this work had resulted in improvements to the acute care pathway and the patient experience, by the reduction of the numbers of Consultants admitting in to each ward, thus improving consistency for both staff and patients. In addition, through the introduction of scrutinising the purpose of admission, this in turn has led to a reduction in the length of stay for patients and a requirement for fewer beds. The project also looked at re admission rates to ensure that patients have not been discharged inappropriately due to the new ways of working that has been introduced. The figures consistently show a reduction in readmissions across the patch over 14, 28 and 90 days. It was noted that there is still more work to be undertaken to further improve the acute care pathway and interfaces between teams and will remain an important priority within the Mental Health Division. Sue Nixon commended the report but commented on the absence of details on the impacts and experiences of service users and carers in the report. Lesley Crawford advised that the integration of this work into the strategic business plan would enable alignment with other sources of information and evidence on patient experience including the research work undertaken on functionalisation by Professor Bradley and from the Meridian system to triangulate the qualitative feedback with the qualitative data included in this report. Liz Nicholson highlighted the remit of The Redwoods review of both the building and services, which had been commissioned by the Supervisory Committee and which would look at qualitative information on service user and carer experience as well as the more technical evaluation of the project 12 months on. Neil Carr referred to issues previously highlighted by service users and carers relating to functionalisation including the potential for a disconnect between hospital and community services and the empowerment of care co-ordinators, which it was important to continue to monitor and evaluate although it was his view that as a result of functionalisation, patients were more involved in co-production and in their own care planning. It was noted that the potential for loss of information between hospital and community services would be reduced or eliminated with the use of RIO although Lesley Crawford acknowledged there were still some cultural issues to overcome.

It was agreed that this work would be integrated in the strategic direction and business plan of the Division which will take place over a 3 year period and that the

work contained in this report would be subsumed as part of the Division's business plan and reported on at the end of year review.

ITEM 10.2 LIBRARY SERVICES ANNUAL REVIEW 2012/13 AND DELIVERY PLAN 2013/14

- 18** Jayne Deaville presented the report which had been previously received by the Finance and Performance Committee and Quality, Effectiveness and Risk Committee. She advised that the report provided assurance to the Board that library targets were being met and that the service had a robust delivery plan to ensure effective quality library services were provided which met the needs of the organization in terms of the accessibility and timeliness of information for a wide of range of purposes. Neil Carr highlighted feedback from a recent meeting he had attended with service users and carers which highlighted how the library services worked to support the availability of good quality information for service users and carers. The Board approved the contents of the report and ratified the Annual Review and Delivery Plan.

ITEM 11 ANY OTHER NOTIFIED BUSINESS

- 19** **19.1 World Mental Health Day (10th October 2013):** Sue Nixon gave Board members prior notice of a team challenge being issued by the Service User and Carer Sub Committee for all teams within the Trust to contribute in some way on this day by hosting or attending an activity or event. It was agreed that the Board team would respond to the challenge. It was noted that Karen Hirons and Jenny Smit would be co-ordinating feedback on the activities and events taking place and that the challenge had also been communicated via the Community Engagement Group to governors and external partners. In response to a question from Paul Bunting about the Time to Change campaign, Jane Landick confirmed that the Trust was fully engaged in the national campaign which was integrated into the Trust's commitment to combating stigma and raising awareness of mental health issues.
- 19.2 Shelton Heritage Project:** Ron Hilton advised that in the absence of Steve Jones, who had commissioned this report and presentation, it was deferred to the next meeting, when it was hoped he would be able to be present.
- 19.3 Board Evaluation:** as part of the Board evaluation of process, papers and conduct of meeting agreed at the June Board development day, Jane Landick agreed to circulate an e-mail for feedback, to Board members.

Action:	Board team participation in the World Mental Health Day Team Challenge (All) Circulation of Board evaluation template (JL)
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ITEM 12 SUMMARY OF DECISIONS MADE AND AGENDA ITEMS FOR THE NEXT MEETING

- 20** Decisions made were summarised by the Company Secretary as follows:
- Ratification of the Section 117 Policy; the Policy for the Secure Management of Patients' Property; the Mobile Working Policy and the Social Networking Policy
 - The Board agreed the direction of travel for the Clinical Director role as outlined and agreed to receive a review of progress in six month's time.
 - Delegation of a Trust response to the Trust Special Administrator's consultation

- on the future of services at Mid Staffordshire NHS FT to Executive Directors
- To refer a review of the Trust's commercial strategy to a future Board Development session in recognition of the changing commercial and commissioning environment
- The Board confirmed its support for the approaches and principles described in the verbal report received on Workforce Planning.
- It was agreed to prioritise the Quality Improvement Framework to deliver quality improvements in line with Trust values and strategic objectives.
- The Quality, Effectiveness and Risk Committee's approval of the Quality Governance Framework self assessment was ratified and the recommendations of the report as actions for monitoring by the Quality, Effectiveness and Risk Committee were approved.
- The conclusions and recommendations of the functionalisation report with respect to the next steps, were approved.
- The Library Services Review for 2012/13 and the 2013/14 Delivery Plan were approved.
- It was agreed that the Board team would participate in the World Mental Health Day Team Challenge on 10th October 2013.

- 21 The following future agenda items were agreed:
- Clinical Director Role Progress Report (March 2014)
 - Shelton Heritage Project (September 2013)

ITEM 13 DATE AND TIME OF NEXT MEETING

- 22 The next full Board meeting will take place on Thursday 26th September 2013 at **1300 for 1330** in **the Seminar Room at The Redwoods Centre, Shrewsbury.**