

**MINUTES OF THE MEMBERSHIP COUNCIL MEETING OF SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST HELD ON WEDNESDAY 18<sup>TH</sup> JANUARY 2012 AT 6.15PM IN THE LEARNING CENTRE, ST GEORGE'S HOSPITAL, STAFFORD**

**01/12 PRESENT:**

Steve Jones	Chair
Michael Allen	Public/Service User/Carer Governor (South Staffs)
Karl Bailey	Public/Service User Carer Governor (Shropshire/T&W)
Cyril Bird	Staff (Non Clinical Support)
Ravi Bhakhri	Public/Service User/Carer Governor (South Staffs)
Jacki Boyle	Public/Service User/Carer Governor (Shropshire/T&W)
Keith Bury	Public/Service User/Carer Governor (South Staffs)
Frances Carlin	Public/Service User/Carer Governor (South Staffs)
Peter Cross	Public/Service User/Carer Governor (South Staffs)
Lois Dale	Public/Service User/Carer Governor (Shropshire/T&W)
Mark Dalgarno	Staff (Nursing)
Jurai Darongkamas	Staff (Clinical Support)
Terry Downes	Partner, MIND
David Gill	Public/Service User/Carer Governor (Shropshire/T&W)
Robin Harvey	Public/Service User/Carer Governor (Shropshire/T&W)
Councillor Simon Jones	Partner, Shropshire County Council
Nick Maslen	Partner, Age UK
Enrique Mateu	Public/Service User/Carer Governor (South Staffs)
Andrew Millward	Public/Service User/Carer Governor (North Staffs)
Steve Morris	Public/Service User/Carer (South Staffs)
Lilian Owens	Partner, Shropshire/T&W Voluntary Sector MH Forum
Pauline Pearsall	Public/Service User/Carer Governor (South Staffs)
Tony Price	Partner/Deputy Chair and Lead Governor
Kathryn Pryce	Public/Service User Carer (Shropshire/T&W)
Janet Smith	Public/Service User/Carer (Regional/National)
Paul Taylor	Partner, Telford & Wrekin Council
Joe Wickens	Staff (AHP)
Colin Wilkinson	Public/Service User/Carer Governor (South Staffs)

**01/12 IN ATTENDANCE:**

Dr Claire Barkley	Medical Director
Neil Brimblecombe	Chief Operating Officer
Neil Carr	Chief Executive
Roger Craven	Vice Chair – Non Executive Director
Jurai Darongkamas	Governor (Staff – Clinical Support)
Mike Davy	Member
Andy Davey	CQC Compliance Manager, Staffordshire and Stoke
Jayne Deaville	Director of Finance and Performance
Dean Fathers	Chairman, Nottingham Healthcare NHS Trust
Steve Grange	Director of Business Development

Ron Hilton	Non Executive Director
Jane Landick	Company Secretary
Mandy Lee	Safeguarding Consultant Practitioner
Liz Nicholson	Non-Executive Director
Sue Nixon	Non-Executive Director
Robin Pritchard	Non-Executive Director
Sara Reeve	Associate Director of Performance
Steve Riddle	Member
Alan Snuggs	Governor Consultant
Luke Thornley	Membership Office Administrator

### **03/12 APOLOGIES:**

Dr Maha El-Nadeef	Staff Governor (Medical)
Jenni Hodson	Staff (Social Care)
Julie James	Public/Service User/Carer Governor (Shropshire)
Bridie Oakes-Richards	Partner, HM Prison Service
Graham Riley	Public/Service User/Carer Governor (Shropshire)
Gill Wyatt	Partner, South Staffordshire Carers' Association

### **04/12 INTRODUCTION AND WELCOME**

Steve Jones opened the meeting by welcoming those present including:

- Newly elected Governors attending their first meeting as full participants: Cyril Bird, Jurai Darongkamas, Mark Dalgarno, Janet Smith and Jackie Boyle
- Speakers for the evening: Sara Reeve, Associate Director of Performance (Agenda Item 6), Andy Davey, CQC Compliance Manager, Staffordshire and Stoke (Agenda Item 7), Mandy Lee, Safeguarding Consultant Practitioner (Agenda Item 10) and Alan Snuggs, Governor Consultant (Agenda Item 11)
- Dean Fathers, Chairman of Nottingham Healthcare NHS Trust
- Sue Nixon, recently appointed Non Executive Director

On behalf of the Council, Steve Jones paid tribute to Daphne Sharp following her resignation as a Governor Member for South Staffordshire. He advised that Daphne had been a Governor since the Trust achieved Foundation Trust status in May 2006 and had had a long association with the Trust prior to that. She became involved with the Trust as a consequence of her brother's diagnosis with Alzheimer's and his subsequent admission to Bromley Ward. As a result she began fundraising which led to the establishment of a sensory garden and later a sensory room for the benefit and use of service users and carers. She made a significant contribution to the Trust and to the Membership Council as a Governor Members and will be fondly remembered and sadly missed. Her resignation will allow her to devote more time to the MASE Group, the charity she helped to establish for people with Alzheimer's and their carers and the Membership Council wished her well with that.

### **05/12 MINUTES**

The minutes of the Membership Council Meeting held on 20<sup>th</sup> September 2011 (Annual Members' Meeting) and the minutes of the Extraordinary Membership

Council meeting held on 5<sup>th</sup> December 2011 to formally approve the appointment of Sue Nixon as Non-Executive Director were agreed as a true and accurate record of the meeting.

## 06/12 MATTERS ARISING

Steve Jones reported on the following matters arising, not covered by other agenda items:

Page	Item	Action
3	Monitoring Chief Executive Objective through Performance and Assurance Group (PAG) Discussed at 19th September 2011 PAG and scheduled as an agenda item at the December 2011 meeting.	Tony Price advised that this was discussed at PAG on 5 <sup>th</sup> December 2011 with Neil Carr in attendance and would be reviewed at next PAG meeting in April 2012
6	Changes to the Constitution	It was noted that further to approval at the Membership Council meeting, the changes were confirmed and approved by Monitor on 24 <sup>th</sup> October 2011
8	Changes to date/times of Membership Council meeting	It was noted that responses received from Governors resulted in a decision to continue to hold meetings on Wednesday evenings for 2012.

## 07/12 GOVERNOR MEMBERS' REPORT

Tony Price added his personal welcome to the **new governors** and commented that he looked forward to working with them.

The summary report from the **Combating Stigma Group** meeting held on 29<sup>th</sup> November 2011 was received and noted as was that of the **Performance and Assurance Engagement Group** meeting held on 5<sup>th</sup> December 2011 along with the Trust Assurance Report which had been covered in detail at the meeting.

Andrew Millward presented the summary report from the **Strategic Direction Engagement Group** held on 5<sup>th</sup> October 2011 and gave a verbal account of the meeting on 12<sup>th</sup> January 2012. He advised that due to the increased number of strategic issues facing the Trust, a decision had been taken that the meetings would be bi-monthly during 2012. He advised that discussion had also taken place to enable cross-referencing of issues between this group and the Performance and Assurance Group. Andrew also referred to the publication of the Francis Inquiry report which was anticipated in the Spring and to the Health and Social Care Bill, which were likely to have significant strategic implications for the NHS and the Trust during the course of the year.

The summary report from the **Steering Group** meeting held on 23<sup>rd</sup> November 2011 was received and noted and Tony Price commented on measures discussed and agreed to improve the response rates of governors to the

appraisal questionnaires. The Governor Internal Meeting summary report from the meeting held on 5<sup>th</sup> December 2011 was also received and noted and Tony Price outlined the role and purpose of this meeting highlighting its informal approach, for the benefit of new governors. He advised that similar informal meetings for the governors to engage with the Chairman also took place several times a year.

The summary report from the **Service User and Carer sub committee** on 12<sup>th</sup> October 2011 was noted and Liz Nicholson gave a verbal account of the last meeting on 15<sup>th</sup> December 2011 which took the form of an "away day" to look at the future role and composition of the sub committee and also to review (following consultation) the new service user and carer involvement strategy. She advised that the event had been very productive and enjoyable and had also been attended by Sue Nixon as part of her induction.

Tony Price also reported on the ongoing programme of **essential standards review visits** and the progress of the **Clinical Directorate Ambassador Scheme**. Enrique Mateu requested a correction to the date of his essential standards review visit which had taken place on 15<sup>th</sup> September 2011 and not 27<sup>th</sup> October 2011 as stated in the report. Tony Price concluded his report by adding his own thanks and best wishes to **Daphne Sharp** and congratulated Jenny Smit on receiving the **Chairman's Award** at the Staff Awards Event in November 2011. He also referred Governors to the recent e-mail from the Membership Office encouraging Governors to volunteer to run or participate in **constituency meetings** during the course of the year and reminded Governors of the deadline for responding which was 20<sup>th</sup> January 2012. Dave Gill commented that the report did not include feedback on the governor involvement in the **Equality and Diversity Group** and requested that this be covered as an agenda item at the next meeting. Steve Jones confirmed that this would be done.

## **08/12 HOW DOES THE TRUST ASSURE ITSELF OF ITS COMPLIANCE WITH THE CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF QUALITY AND SAFETY?**

Sara Reeve and Pauline Pearsall gave a joint presentation on the role, purpose and outcomes of the Essential Standards Review visits which had been taking place involving Governor Members since July 2010. Tony Price referred to future plans referred to in the report relating to visits to community services. Sara Reeve advised that this was currently at the ideas and early pilot stage but included reviewing whether having now good baseline data for the wards, a change of focus towards community services would be possible in terms of resource and capacity, but that it was important to focus on the benefits to service users and carers since it would be more difficult for unannounced visits to community services to enable direct engagement with service user and carers. Neil Carr also commented that increasingly, use of technology would mean that the role and function of team bases was likely to change with home-working and hot-desking being used more and more. In response to an observation from Peter Cross that not all outstanding actions were completed from the previous

governor member ward visit programme, it was agreed that this would be followed up and reported back.

## **09/12 CARE QUALITY COMMISSION (CQC) AND FOUNDATION TRUST COUNCILS OF GOVERNORS**

The meeting received a presentation from Andy Davey, CQC Compliance Manager for Staffordshire and Stoke on the services CQC monitors and how they carry out their checks. He explained what the Trust could expect from the CQC and how they aim to work with Governors and highlighted the forthcoming Guide for Foundation Trust Council of Governors which was due for imminent publication. In response to a question from Joe Wickens about how service user comments on the CQC section of the website "Local Voices" were used and fed back to the Trust, Andy Davey advised that this was through the Trust's Quality and Risk Profile and that the comments were anonymised but that if the CQC were contacted by service users and carers wishing to make a complaint against the Trust, they would be referred back to the Trust to address the complaint directly in the first instance in line with statutory requirements. Tony Price welcomed the opportunity for the Trust and the Governors to maintain regular contact with the CQC and extended an invitation to Andy Davey or colleagues to attend a future Performance and Assurance Engagement Group meeting. He also asked how with the increasing move towards community services, the CQC proposed to meet their regulatory requirements and the extent to which they engaged and involved other regulators such as the housing regulator when services may be provided in premises operated by Housing Associations. Andy Davey advised that this was dependent to some extent on who provided the regulated activity and that there was no right of entry to private homes but that appropriate engagement with other partners and regulators would be expected to take place. With respect to the move to community services, he advised that the current regulatory framework applied to locations and that in future different approaches may be necessary to reflect new ways of working of community teams and reductions in numbers or functions of team bases. In response to a question from Robin Harvey about the descriptions of Trust services and the depth of information about the Trust on the CQC website, Andy Davey advised that this would improve over time as information about the Trust services was built upon and added but that much related to the information collected as part of the original registration process. He added that the CQC would be receptive to amending and improving the descriptions and advised that information relating to the CQC visits to the Trust were available on the website and that this provided more information about the Trust adding further depth and context to the basic descriptions of the Trust's services. Lilian Owens asked about relationships between the CQC and the third sector and LINKs. Andy Davey advised that the CQC was keen to develop and build on these relationships and had produced guidance with respect to relationships with LINKs in particular, covering the sharing of information, the use of LINKs enter and view powers and the sharing with LINKs in confidence, the CQC's proposed visit programme relating to Trusts in the area in which the LINK operates to enable better co-ordination. He noted that the delay in the transition to Healthwatch by six months to April 2013 would help to ensure that effective arrangements were established with the CQC going forward. In response to a question from Andrew Millward about the earlier

comment relating to the referral of complaints back to the Trust, Andy Davey confirmed that the CQC had no legal remit to investigate complaints, but that they would monitor the level and nature of any complaints they received and triangulate this against other sources of data or intelligence to ensure that issues such as those at Mid Staffs could be identified as early as possible. He advised that the Trust would also be asked by the CQC to provide feedback on the outcomes of any complaints referred back to them by the CQC. In response to a question from Robin Harvey about the capacity of the CQC to regulate all the providers of services in slide 5, Andy Davey advised that currently the CQC had 700-900 inspectors with more in the process of being recruited. He advised that the CQC was also in the process of negotiating access to the database of incidents used by the National Patient Safety Agency (NPSA) to increase the range of data sources to enable better triangulation of information and evidence, again to better detect early warning of issues within particular providers. Ravi Bhakri commented on the scope of the registration process and noted that it did not appear to give guarantees of the ability of providers to deliver particular services in the private sector in particular. Andy Davey concurred with this but advised that he would be interested to hear any concerns about the capabilities of such providers. In response to a question from Sara Reeve about plans to make a Trust's Quality and Risk Profile public, Andy Davey confirmed that this had been mooted but that the proposal was being reviewed further to determine how best such complex data could be provided to be of maximum use and benefit to those wishing to access it. Neil Carr concluded the session by thanking Andy Davey for his presentation and commented that the aims of both organisations related to the maintenance of patient safety and that the Trust looked forward to continued dialogue with the CQC and engagement with governors in the spirit of transparency and a commitment to further improvement and to sharing the outcomes from CQC reviews of this and other organisations to audit and replicate best practice across the whole Trust. Peter Cross added that he believed that Trust clinical staff did an excellent job and that the CQC had to look hard to find issues and areas for improvement to identify.

## **10/12 CHIEF EXECUTIVE BRIEFING**

Neil Carr presented an overview of the NHS Operating Framework for 2012/13 which represented the second year of the quality and productivity challenge and the final year of the transition to the new commissioning and management system. He stated that it was therefore important that NHS Boards and leaders need to respond to the four inter-related challenges of getting the business right every time, maintaining a grip on performance, maintaining the quality and productivity challenge and building the new delivery system whilst continuing to maintain strong performance on service quality and finance. Recognising the challenges for the future, he advised that the Executive Directors had taken steps to re-align the Directorate Structures and portfolios. As a result Medicines Management would transfer from the Chief Operating Officer (COO) to the Medical Director to free up the COO to engage with commissioners in different ways. Service User and Carer Involvement would also transfer from the Director of Business Development to the Director of Quality and Performance to allow the Director of Business Development to focus on entrepreneurial activity and to pursue new opportunities and new markets. Aligned to this would be the creation

of two Directorates as discrete business units, one covering all mental health services and the second covering everything else i.e. specialist services. It was noted that the Directors of these two Directorates were scheduled to be interviewed over 24-25<sup>th</sup> January 2012 and that six candidates had been shortlisted from a field of 40 applicants. Neil Carr confirmed that a rigorous selection process had been devised and that governors would be involved in the carousel panels. In response to a question from Paul Taylor relating to the drivers reflected in the Operating Framework towards greater integration and partnership, Neil concurred that there were some excellent examples of effective integration and partnership which should be celebrated but that these were not universally or consistently deployed and more work was required in this area.

## **11/12 SAFEGUARDING THEMATIC REVIEW**

Mandy Lee gave a presentation on Safeguarding and the recent thematic review of the current status of safeguarding within the Trust. Tony Price commended the report and the presentation and thanked Mandy for attending the recent Performance and Assurance Engagement Group to present the findings of the review in more detail. Tony Price highlighted the many positive outcomes of the review but whilst acknowledging the steps both proposed and taken to address the relatively low percentage of compliance with adult safeguarding mandatory training at 62% advised that the governor members remained concerned that this presented a risk to the Trust. To this end, he advised that the Governors had resolved to write a formal letter to the Chairman, outlining their concerns and requesting an explanation and action required on this issue. Steve Jones confirmed that the Board shared the governors concerns with respect to mandatory training compliance and that both action and improvement had been noted but needed to continue. Neil Brimblecombe outlined in detail the action he had taken to achieve improvements across the board and a particular focus on two clinical areas where compliance was particularly low. One such area was Specialist Services where difficulties were being experienced in validating the local safeguarding received by staff in services distant from the Trust, in order that staff in those services could be recorded as compliant. Neil Brimblecombe predicted an improvement of 10% by April 2012, but stressed that it was important that adult safeguarding training was not prioritised over other mandatory training with the consequence that compliance in other areas deteriorated. Neil Carr described other measures being considered by the Board and sub committees including the implementation of specified commencement dates throughout the year which would enable all staff commencing on a particular date to undergo all mandatory training requirements before undertaking their job roles in wards and departments. The use of other methods of delivery of training including online training was also being evaluated and explored. In response to a question from Jackie Boyle about safer recruitment and the proportion of overseas nationals being employed and therefore not necessarily having a form of Criminal Records Bureau (CRB) check, Neil Carr advised that the majority of overseas nationals were doctors (43% approximately). Claire Barkley advised that all such individuals including medical students were still required to undergo a CRB check and that the Trust worked closely with the Universities from which the students came to ensure this was carried out. In response to a question from Peter Cross about checks on

bank and agency staff, Neil Carr confirmed that the contracts with the small number of agencies used required the checks to be made and that sanctions were applied and staff no longer used, on the rare occasions where issues had been identified. Returning to the subject of adult safeguarding mandatory training, Liz Nicholson advised that this has also been reviewed at the Quality, Effectiveness and Risk Committee at which it has been noted that 62% compliance did not mean that 38% were not trained, since this included staff who had received training but not within the specified period since the previous training had taken place. Pauline Pearsall advised that she was able to access some safeguarding training online and offered to discuss this with Mandy Lee outside of the meeting. Robin Harvey commented that he was impressed with the thematic review and reassured that the identified areas of risk were being addressed but asked whether sufficient attention was given to the problems that often arose with remote services such as mandatory training compliance, when pursuing new business. Neil Carr confirmed that such issues were built into contracts for new and remote services but that it was important to continue to work on the systems and process that needed to be in place to ensure timely verification of local training to enable the Electronic Staff Record (ESR) to accurately reflect compliance. Ron Hilton summarised discussions which had taken place at the Human Resources and Organisational Development Committee to review the requirement for particular staff groups to receive certain types of mandatory training and the frequency of refresher training to determine whether this was too stringent or not. It was agreed that an update on the position with regard to mandatory training specific to adult safeguarding, would be received at the next meeting.

### **12/12 MEMBERSHIP COUNCIL – PERFORMANCE REVIEW 2011**

Tony Price and Alan Snuggs made a presentation on the findings of the performance review and included in the paper an action plan highlighting the improvement areas and progress to date. The action plan was formally approved and it was agreed that it would be monitored on behalf of the Membership Council by the Steering Group.

### **13/12 ANY OTHER BUSINESS**

There was no other business.

### **14/12 DATE OF NEXT MEETING**

Wednesday 18<sup>th</sup> April 2012 at 5.30pm for 6.15pm-8.30pm. Venue in Shropshire/Telford & Wrekin to be confirmed.