Shropshire Community Health NHS
NHS Trust

MINUTES OF THE EXTRAORDINARY TRIPARTITE BOARD MEETING

HELD IN THE IRONBRIDGE SUITE, PARK INN HOTEL, FORGEGATE, TELFORD AT 11 AM ON TUESDAY 29 NOVEMBER 2011

Present

Chair and Non-Executive Members (Voting)

Mr Mike Ridley	*(Interim Chairman)*
Mr Chris Bird	*(Non-Executive Director)*
Mr Rolf Levesley	*(Non-Executive Director)*
Mr Mike Sommers	*(Non-Executive Director)*

Executive Members (Voting)

Mrs Jo Chambers	*(Chief Executive)*
Mr Stuart Rees	*(Director of Finance, Contracting & Performance)*

Executive Members (Non-Voting)

Ms Julie Thornby	*(Director of Governance & Strategy)*
Mr Ted Wilson	*(Director of Service Delivery)*

In Attendance

Mrs Yvonne Rowson	*(Head of Corporate Affairs – Shropshire Community Health NHS Trust)*

NHS Telford & Wrekin:

Mr Andrew Mason	*(Chair)*
Dr Leigh Griffin	*(Managing Director, Deputy CEO West Mercia Cluster)*
Mr John Snell	*(Non Executive Director)*
Dr Peter Whittle	*(Non Executive Director)*
Mrs Brenda Thomas	*(Non Executive Director)*
Mrs Fran Beck	*(Director of Integrated Care)*
Mrs Louise Lomax	*(Non Executive Director & Vice Chair)*
Mr Brian Hanford	*(Director of Finance, West Mercia Cluster)*
Dr Catherine Woodward	*(Director of Health Improvement)*
Dr Jo Leahy	*(Acting Medical Director)*
Mr Steven Jarman-Davies	*(Director of Commissioning Intelligence)*
In Attendance	*Mrs Sarabjit Kaur – PA to Chair and Managing Director/Minute Secretary* *Miss Alison Smith – Head of Governance*

Shropshire County PCT:

Dr Helen Herritty	*(PCT Chair)*
Mrs Paula Burton	*(Non-Executive Director)*
Dr Leigh Griffin	*(Managing Director)*
Mrs Fran Beck	*(Director of Integrated Care)*
Mr Brian Hanford	*(West Mercia Cluster Director of Finance)*
Dr Bill Gowans	*(CAP Chair)*
Dr Jo Leahy	*(Medical Director)*
Dr Caron Morton	*(Accountable Officer CCG)*
Prof Rod Thomson	*(Director of Public Health)*
Mrs Donna McGrath	*(Chief Financial Officer)*
Ms Alison Smith	*(Head of Governance)*
In Attendance	*Mrs Sarabjit Kaur - Minute Secretary*

Mr Ridley, Mr Mason and Dr Herritty welcomed everyone to the Extraordinary Tripartite Board Meeting being held jointly in public between Shropshire Community Health NHS Trust, NHS Telford & Wrekin and Shropshire County PCT.

It was noted that the respective Board Chairs had agreed that there would be three separate Board Meetings, run concurrently, and that Mr Mason would chair the meeting for the Legacy Document item. Each Chair would note the apologies and declarations of interest for their respective Boards.

Minute No 2011.62 - Apologies

Apologies were noted from:	Ms Angela Saganowska	*(Non-Executive Director)*
	Ms Maggie Bayley	*(Director of Nursing & Quality)*
	Dr Alastair Neale	*(Medical Director)*

Minute No 2011.63 - Declaration of Interests

Mr Ridley sought any declarations in respect of items on the Board agenda. No declarations were made.

The formal record of the Legacy Document has subsequently been agreed by all Chairs, as detailed under Minute No 2011.64 below. Each Board considered and recorded their respective recommendations at the end of the discussions.

Minute No. 2011.64 – Legacy Document

Mr Mason explained that he would go through the report section by section to give members an opportunity to raise any comments/issues. Mr Mason invited Dr Griffin to provide a brief outline of the report and the following key points were highlighted:

- Dr Griffin reported that the purpose of the meeting was to formally identify the legacy position Shropshire Community Health NHS Trust (SCHT) had inherited from the PCTs on its establishment on 1 July 2011, to take stock of any further work that had taken place to resolve outstanding issues, and to agree a process to resolve any remaining outstanding elements or any further relevant issues that may arise in future.
- The organisations have sought to take stock of the risks these issues present and how that will be mitigated or how the risks have now been specifically addressed.
- The report has been co-produced by officers of all three organisations, and is co-owned and co-presented to all three Boards.
- Dr Griffin asked the Board to acknowledge the tremendous work that had been undertaken jointly by the Executive Teams and their staff. It has been a thorough and robust process, requiring a tremendous amount of work by all involved and has been addressed by all parties in a very positive way. Dr Griffin thanked Miss Smith and Mrs Rowson for their work in co-ordinating the outcome of this work.
- Mrs Chambers echoed Dr Griffin's comments and reiterated acknowledgement of the efforts across all the teams in undertaking this work. Mrs Chambers highlighted the intention of the document, which was to safely transfer legacy issues from the PCTs to the Community Trust, to be clear about the further work required and the time period over which it was intended to bring issues to a satisfactory conclusion.

Section 3 : 3.1 - Children's Safeguarding

- Mrs Lomax commented that this was a complex area and sought clarification regarding where assurance would be received in future in relation to the risks that had been identified. Mrs Chambers explained that with regard to resourcing of the agreed role of the Designated Nurse, this will be kept under review and, if it was felt the gap increased the level of risk beyond acceptable levels, the matter will be raised as part of ongoing discussions between commissioners and the Community Trust.
- Mrs Chambers confirmed that the Community Trust was receiving and accepting responsibility for taking forward the issues through its governance processes and will continue to raise and discuss relevant issues through the quality review meetings with commissioners.

The Boards accepted the contents of this section and agreed that the risks in relation to the shortage of Tier 4 Child & Adolescent Mental Health Services (CAMHS) care beds will be taken into consideration as part of the CAMHS review being undertaken by commissioners.

Section 3 : 3.2 - Adult Safeguarding

The Boards accepted the content of this section.

Section 4 : On-going Risk, Risk Registers and Serious Incidents

- Dr Helen Herritty (Chair SCPCT) referred to the 'Adults with Learning Disabilities' section of the report and highlighted her concern in relation to the high risk rating and sought assurance relating to this risk. Dr Morton (CCG Chair, SCPCT) reported that the Clinical Quality Review Group were specifically looking at this issue. Dr Morton explained that the PCTs were aware that this area had not been well provided for professionally over the last year and the PCT was working to ensure a robust mechanism was in place by March 2011.
- Mrs Beck reported that in relation to the CAMHS risk the outcome of a review had shown there was insufficient clarity in relation to future capacity and that there was a need to work together to design services which would meet future service needs and be appropriate for the future.
- Mrs Chambers commented that it was helpful for the SCHT to have an understanding of issues which existed before the establishment of the SCHT so that it can be actively involved in the management of the issues going forward as relationships and responsibilities change in the system. Mrs Chambers advised that the report had captured the ongoing challenges and concerns that have existed and it was now the responsibility of the Community Trust to work with commissioners to take things forward to a better place.
- Dr Morton advised that, in retrospect, the PCTs should have included 'pressure sores' under this section, particularly in recognition that the DoH and the SHA now have a zero tolerance system for pressure sores. Mrs Chambers reported that the Community Trust was happy to reflect this as part of the ongoing work, recognising that the report reflected the position on the 1 July 2011 when this item was not on the PCTs' corporate risk register. Mr Bird, SCHT NED, confirmed that pressure sores were included on the SCHT Risk Register

The Boards were content with the issues captured within the report and the process to take forward any actions. It was agreed that, as structures and responsibilities change with the CCGs taking on more responsibility, the issues and processes will need to be kept under review.

Section 5 : Datix

The Boards accepted the content of this section.

Section 6 : Finance

- Dr Griffin reported that this has been the area where considerable discussions and a significant amount of work has been required between the respective Finance Leads of the PCTs and the SCHT, resulting in a positive outcome with the majority of issues having been resolved, although noting some specific areas as detailed within the report requiring finalising and on which the finance leads were close to reaching an agreement.
- Mrs McGrath (CFO SCPCT) and Mr Rees (DoF SCHT) briefed the meeting on the two main unresolved outstanding issues; assets and estates ownership, where guidance and approvals are awaited from the DoH, and support services Service Level Agreements.

The Boards accepted the content of this section, subject to agreement regarding finalising the SLAs, as detailed below.

Section 7 : Service Level Agreements between the PCTs and Shropshire Community Health NHS Trust

- It was noted that a significant amount of work has taken place on the SLAs and that it will be important to finalise this work as soon as possible, particularly as they were critical to the work on the Price Activity Matrices (PAMs).
- Dr Woodward sought clarification regarding why the Infection Control SLA had not been included in the list of SLAs. Mrs Chambers advised that, during the current year, funding for infection control support services is included within the overall value of the main contract, rather than a stand-alone item. However, it was recognised that this needed to be established on a more formal basis for 2012/13.

Following discussion the Boards accepted the content of this section and agreed that all negotiations will be completed enabling outstanding SLAs to be agreed and signed off by 16 December 2011.

Section 8: Medicines Management

- Mr Wilson, Director of Service Delivery for SCHT, reported that the Chief Pharmacist had been recruited and was due to take up the post at the end of January 2012. The first task will be to scope the needs of the Community Trust.
- It has been agreed that, following completion of the scoping work, funding requirements associated with medicines management support to SCHT will be discussed with commissioners.

The Boards accepted the content of this section, subject to deletion of the last sentence in the second paragraph (*The Community Trust has now appointed a Chief Pharmacist who is scoping the needs of the Trust and developing proposals of medicines management support to the Trust*) as the information was repeated within the remainder of the section.

Section 9: Emergency Planning

- Mrs Chambers advised that the document explained the different view on the best way forward. SCHT's preference was to be able to access a full range of expertise, including the Emergency Planning Liaison Officer, through an SLA.
- Dr Griffin advised that NHS Telford & Wrekin had originally proposed that a specific post at a more junior level be transferred to SCHT to support emergency planning, but recognised that a full range of support, as was previously available to both PCT provider arms, was required by SCHT through an SLA
- Further discussions will, therefore, be progressed to conclude this outstanding item as soon as possible, recognising the need to ensure arrangements are in place for SCHT to be able to access a full range of support to manage unexpected events and meet its own statutory responsibilities as a new Trust.
- It was noted that a funding transfer was required.

It was agreed that negotiations will be completed on this issue to enable an SLA to be signed off by 16 December 2011.

Shropshire County PCT HQ Accommodation

- Mrs Burton (NED SCPCT) sought clarification regarding whether discussion relating to SCPCT accommodation had reached a conclusion. Dr Griffin reported that the Shropshire County CCG was central to these discussions and was looking at options for future accommodation. He explained that discussions were focussing increasingly on off site accommodation and options were being reviewed in detail. Dr Morton reported that the CCG would potentially be in a position to make a public statement in relation to this by the end of the year. Dr Griffin advised that freeing up additional space for the Community Trust will give opportunities around rationalisation, but that discussions were ongoing between the PCT and SCHT around access to some accommodation for the PCT/CCG at the William Farr House site in the interim.

Section 10 : Formal Arrangement for Shropdoc Running Emergency Incident Room

- Dr Gowans (PEC Chair SCPCT) reported that one of the emerging priorities from the Urgent Care Network was the Winter 9 Project, the development of a demand and capacity hub. He explained that discussions were taking place in relation to the siting of the hub which will be a lynch pin of the integrated urgent care system and that the space currently being considered as the most obvious site is the area in Shropdoc referred to within the Legacy Document.
- Dr Griffin advised that the report sought to disentangle those issues that had been identified on the 1 July 2011, which included the use of the Emergency Incident Room at Shropdoc. However, it was recognised that there were other issues that had arisen since 1 July, some of which were in the planning process, and these would need to be part of a separate discussions and picked up outside of this process.
- Mrs Chambers reported that, as indicated in this section of the document, it had been assumed that there would be a transfer of the major incident equipment assets from the PCT to SCHT, and SCHT would then discuss access to the Major Incident room with Shropdoc. However, following Dr Gowans' comments, this may now not be the outcome and if in future those facilities are not available within Shropdoc to the local health economy for use as a Major Incident Room, then alternative arrangements will be needed..
- Dr Woodward expressed concern that the facilities may no longer be available in Shropdoc in the event of a major outbreak requiring management by the PCTs

Following discussion, it was agreed to note the intention as detailed in this section of the report, but recognising that further discussions are required linked to work around urgent care.

Section 11 : Inter-Trust Arrangements/Differential Commissioning

- Dr Griffin reported that this section was not strictly related to legacy issues, but was for information and to take stock of where the PCTs have taken different approaches around commissioning different services. Dr Griffin stressed that it was not implied that there must be a common commissioning framework and it was acknowledged that the individual PCTs, and successor CCGs are likely to have different commissioning requirements.
- Mrs Chambers commented that the SCHT was happy that differential commissioning decisions and approaches may be taken by commissioners, and that this approach is entirely reasonable and appropriate for different population needs and priorities. Mrs Chambers reiterated that the SCHT was pleased and willing to offer a flexible response to meet commissioning requirements.
- Dr Gowans advised that, looking to the future, the urgent care network is attempting to take health economy responsibility and accountability for the delivery of integrated services, which will influence commissioning decisions.
- Mrs Chambers advised that the Legacy Document recognises the historical position and the current position at a point in time and that, in future, things will evolve and be commissioned differently. SCHT was very involved in the activities within the local health economy, was cognisant that services will be commissioned differently in the future, and will be flexible to those intentions and opportunities.

Individually, each of the Chairs invited their Boards to consider recommendations as detailed in the reports attached to their respective agendas. It was noted that the recommendations were approved by each of the Boards.

Mr Ridley invited the Board of Shropshire Community Health NHS Trust to consider the recommendations detailed in Mrs Chambers' covering report to the Legacy Document:

- **To note the position in respect of legacy issues handed over from the Boards of NHS Telford & Wrekin and Shropshire County PCT, as outlined in the report.**
- **To accept the assurances of the Boards of NHS Telford & Wrekin and Shropshire County PCT in relation to ensuring that the responsibilities transferred and the commitment to resolve outstanding issues within the timescales indicated.**
- **To take assurance that should any additional issues that arise subsequently, or known issues become more significant, each party will use best endeavours to resolve the matter through director discussions. In the event of dispute, the issues will be escalated to the Chief Executive of Shropshire Community Health NHS Trust and the Managing Director for Shropshire County PCT and NHS Telford & Wrekin or the Cluster CEO in the first instance, who will use all reasonable endeavours to resolve any such dispute/s. Failure to reach agreement within 28 days will result in escalation to Board level for resolution. If the dispute cannot be resolved at Board level, then any party may refer the matter to the Strategic Health Authority for resolution.**

The recommendation was FORMALLY PROPOSED by Mr Sommers and SECONDED by Mr Levesley.

MEMBERS AGREED the proposals.

Mrs Chambers referred to the changing landscape and suggested it would be helpful to agree a shared understanding of the dispute resolution process, in that the reference to the PCTs and Cluster PCT was intended to mean the PCTs in whatever future form. Mr Mason reported that both PCT Boards will continue to exist as an entity until 2013, under the Cluster Board arrangements. Dr Herritty suggested that updates on the agreed actions and any future issues are presented to the respective PCT Audit Committees, which would then be reported to the Cluster Audit Committee and captured at Cluster Board level.

Mr Mason and Dr Herritty, on behalf of their respective Boards, thanked all the staff involved in this work and passed on their Board's best wishes to the Shropshire Community Health NHS Trust for the future.

On behalf of the Community Trust, Mr Ridley thanked the PCTs for the work undertaken over the last few months which has enabled the Community Trust to be in the position it is now. The Trust was grateful for the clarity around what has been transferred and the issues that need further clarification. Mr Ridley assured the PCT and CCG commissioners that the Community Trust was ready to provide high quality, high performing services and looked forward to good close working relationships with commissioners and to playing an important part in the development of health services across Shropshire, Telford and Wrekin.

Minute No. 2011.65 - Any Other Business

No items of any other business were raised.

MINUTES OF THE BOARD MEETING

HELD IN THE WREKIN SUITE, GREENHOUSE MEADOW STADIUM, SHREWSBURY TOWN FOOTBALL CLUB, OTELEY ROAD, SHREWSBURY, SY2 6ST AT 10 AM ON THURSDAY 15 DECEMBER 2011

PRESENT

Chair and Non-Executive Members (Voting)

Mr Mike Ridley	*(Interim Chairman)*
Mr Chris Bird	*(Non-Executive Director)*
Mr Rolf Levesley	*(Non-Executive Director)*
Ms Angela Saganowska	*(Non-Executive Director)*
Mr Mike Sommers	*(Non-Executive Director)*

Executive Members (Voting)

Mrs Jo Chambers	*(Chief Executive)*
Ms Maggie Bayley	*(Director of Nursing & Quality)*
Dr Alastair Neale	*(Medical Director)*
Mr Stuart Rees	*(Director of Finance, Contracting & Performance)*

Executive Members (Non-Voting)

Ms Julie Thornby	*(Director of Governance & Strategy)*
Mr Ted Wilson	*(Director of Service Delivery)*

In Attendance

Mrs Yvonne Rowson	*(Head of Corporate Affairs)*

The Chairman welcomed everyone to the meeting of the Shropshire Community Health NHS Trust Board held in public.

Mr Ridley advised that each Board meeting started at the most important place for the Trust, which is around patient experiences, and that Dr Neale had arranged a presentation on a specific service area of the Trust. Mr Ridley welcomed visitors who had attended for this item and thanked them for taking the time to speak to the Board on this issue.

Patient Story – Attention Deficit Hyperactivity Disorder (ADHD)

Dr Neale introduced a patient and two members of the family who had been invited to provide some context around the issues of ADHD and particularly the difficulties for young people where medication appears to help them; when they reach the age of 18 years they leave the Child & Adolescent Mental Health Service (CAMHS),

The patient had first been referred to CAMHS after having been seen by a Paediatrician. Dr Neale had seen the patient and had confirmed a diagnosis of ADHD.

The patient's mother described the behaviours displayed prior to diagnosis and medication as disruptive, violent at times, argumentative, ceasing to attend school, and sleeping only 3-5 hours each night. The behaviours did not improve unless the patient was on medication. The patient was described as a lot calmer, less aggressive, having better attention and being able to hold proper conversations when on medication.

Dr Neale advised that there are many misconceptions about ADHD and most patients do not fit into the stereotype. Core features of ADHD include excessive hyperactivity, poor attention and concentration and difficulty with impulse control. Developmental issues and other influences can play a part in moulding a child's personality. In this case, the patient's mother has been a great influence and has become an expert on her child's needs, has provided great stability at home, and has fought for her child to receive appropriate care and treatment.

Untreated ADHD in adults can lead to an increase in psychiatric difficulties and other illnesses and disorders. There is currently no formal Adult ADHD Team in Shropshire and the Community Trust's CAMHS service is not commissioned to provide services to patients over 18 years. However, to date, patients who have reached the age of 18 years have continued to be treated by the CAMHS team, subject to agreement by local PCT commissioners that they would review the commissioning of services for this group of patients. This issue will be addressed by commissioners as it is a real concern both for CAMHS clinicians and the patients and families involved.

The patient and the family advised that they had been very satisfied with the help and support provided by the local health services, including the GP, paediatricians and the various members of the CAMHS team who had been involved, but were very concerned about the future now the patient had reached 18 years of age and particularly in relation to the prescribing of medication and the need for regular review and monitoring.

Dr Neale advised that the provision of ADHD services for adults was patchy nationally and was mainly dependent on whether a specific Adult Psychiatrist had a particular interest in ADHD, rather than services being specifically commissioned.

Mr Ridley thanked the patient and the family for attending the meeting and describing first-hand their experiences and concerns, enabling greater understanding by the Board of the issues. He wished the family well and gave a commitment that the issues will also continue to be taken on board by Dr Neale, the Trust Board and commissioners as part of discussions for future service developments.

ACTION **Position noted.**

Minute No 2011.66 - Apologies

There were no apologies.

Minute No. 2011.67 – Minutes of the Meeting held on 27 October 2011

Mr Bird FORMALLY PROPOSED that the Minutes of the Board Meeting of Shropshire Community Health NHS Trust held on 27 October 2011 be received and approved as an accurate record. The proposal was seconded by Ms Bayley.

MEMBERS UNANIMOUSLY AGREED the proposal.

Minute No. 2011.68 – Matters Arising

Members noted the update on actions from the last meeting, as detailed in Enclosure 2, and the following additional specific comments were noted:

a) Patient Story – Ludlow Hospital Complaint
Mr Bird reiterated comments made at the October meeting regarding Non-Executive Members seeking assurance on how concerns are received and encouraged in the wider community services.

Ms Bayley referred to previous discussions and information that had been provided at the last meeting around high level patient experience feedback and confirmed that there had been communication to staff via clinical leads and team leaders about providing information to patients on opportunities to voice concerns. A meeting is due to take place in January to take forward arrangements to launch the use of 'Patient Opinion' through the Trust.

It was recognised that people may be reticent about raising issues because of the perception that it may impact on their future care. It was, therefore, important to ensure that the culture within the organisation was one which encouraged people to raise any concerns so that they can be addressed. This work will form part of the Patient Experience Strategy that will be developed to capture a range of different issues and to ensure patients feel confident and safe in raising any concerns.

Mr Bird requested that this item be kept on the agenda as a continuing issue. It was agreed this will be included in future quality reports.

b) 2011.18 – Whitchurch Community Hospital
Mr Ridley expressed concern that the Trust was still awaiting commissioner views on the development of additional community based services at Whitchurch Community Hospital following the closure of Beech Ward which had previously been used by the South Staffordshire & Shropshire Healthcare NHS Foundation Trust for in-patient mental health facilities. The poor use of resources, as a result of this now empty space within the Hospital, was of concern.

c) 2011.37 – SHA Feedback on the Trust's CIP Impact Assessment Submission
As reported in September 2011, high risk rated Trusts had received letters from the SHA and low risk Trust letters were to follow. No letter has been received by the Community Trust to date. Ms Bayley advised that the Trust was now unlikely to receive a letter from the SHA due to the changing regime and structure within the new Cluster SHA. It was agreed that this item will be removed from future Matters Arising Updates and that Ms Bayley will raise the matter if appropriate at a future Board meeting.

Ms Bayley to include updates on patient experience feedback in future quality reports.

Mr Rees to speak to commissioners regarding the current poor use of resources as a result of the under-utilised space at Whitchurch Community Hospital and seek their views on the development of additional community based services within the Hospital.

Item 2011.37 (SHA Feedback on the Trust's CIP Impact Assessment Submission) to be removed from future Matters Arising Updates and Ms Bayley to raise if appropriate at a future Board meeting.

Minute No 2011.69 - Declaration of Interests

Mr Ridley sought any declarations in respect of items on the Board agenda or updates/additions to previous declarations. No declarations were made.

Position noted.

Minute No. 2011.70 – Chairman's Communication

Mr Ridley reported that, since the last Board Meeting, he had attended and taken part in a number of Trust internal meetings, events and discussions, including of specific note:

- NHS Confederation East & West Midlands Regional Meeting on 8 December – attended by the Chairman and Chief Executive and which included an overview of the Confederation's intentions going forward, a presentation on a range of issues around quality and provided the opportunity to maintain links with other organisations across the Strategic Health Authority (SHA) area.

- Ludlow Development 'Drop-In' Session and Presentation on 12 December – Mr Rees, Mrs Chambers and representatives of the Developers had presented the proposals for the new hospital development to the local community. Approximately 100 people had attended the afternoon 'Drop-In' session and the more formal presentation in the evening. The event had generated a lot of interest and a range of questions seeking clarity on various aspects of the proposals. Mr Ridley commented that the event had been useful and stressed that it will be important to continue to maintain links and communication with the local community throughout the development.

- Strategy Development Stakeholder Event on 16 November – a detailed report was due to be received later on the agenda (Minute No 2011.73).

Position noted.

Minute No. 2011.71 – Questions or Comments from Members of the Public

Mr Ridley invited any questions or comments from those present.

The Chair of the Shropshire Patients Group reiterated the comments highlighted by Mr Bird earlier in the meeting in relation to encouraging patient feedback on their experiences or concerns about health services. Despite encouragement, many patients were reluctant to raise complaints directly with services because of the perception that this may result in a 'black mark' against their record. In these instances, the Group signposts patients to the Patient Advice & Liaison Services (PALS), which was trusted by patients, and which it was felt should be more broadly promoted.

Mr Ridley reassured members of the public that, as reported earlier, the Trust will take on board these issues as part of development the Patient Experience Strategy so that help and advice is available for raising concerns and issues with the Trust about its services.

Position noted.

Minute No. 2011.72 – Chief Executive's Report

Mrs Chambers presented and led Members through her report which provided an update on current national, regional and local issues not covered by other agenda items. The following specific items were highlighted:

- **National Operating Framework 2012/13 -** published on 24 November 2011 setting out business and planning arrangements for the NHS. The framework sets out four broad key themes for all NHS organisations, with more detailed guidance due to be published later in the year:

    - putting patients at the centre of decision making and moving from an outcomes based approach to a service delivery approach, with a particular focus on the quality of care for older people
    - completion of the last year of transition to the new system plan as set out in the Bill currently going through Parliament
    - increasing the pace of delivery of the QIPP (quality, innovation, productivity and prevention) challenge to achieve the £20bn anticipated gap in resources as a result of rising costs and demand on health services
    - maintaining a strong grip on service and financial performance and ensuring the 18 weeks NHS Constitution commitment is met

  PCTs are required to set aside 2% of recurrent funding to be used on a non-recurrent basis. This will be overseen by the PCT Clusters and used to fund business proposals to facilitate transformation. This will be a potential key area of additional resource for the Trust. The expectation is that no proposals will be approved if they are not collaborative within the system, ie across organisations and care pathways to join up delivery of patient care.

  The contract for 2012/13 will be a one year contract only to avoid any confusion in the transition from PCTs to Clinical Commissioning Groups (CCGs) and allowing maximum flexibility for CCGs.

  There will be an increase in funding available for CQUIN (contracting for quality and innovation) initiatives, providing a quality premium against achieving specific improvements. There are two new national goals of improving the overall diagnosis of dementia in hospitals and the use of the NHS Safety Thermometer, which are linked to approximately 20% of this premium, with the balance available for local schemes.

  The NHS Safety Thermometer is a tool to measure the prevalence of harm within organisations and covers four main indicators – pressure sores, catheter acquired urinary tract infections, falls and venous thrombo-embolism. A meeting was due to take place on 14 December between local providers, commissioners and GPs to consider how the programme of monitoring prevalence across Community Hospitals, the wider community, Acute Hospitals and Care Homes will be managed.

- **The NHS Outcomes Framework 2012/13** - the Secretary of State for Health launched this framework on 7 December 2011 which builds on the framework introduced in 2011/12 and supports a shift of focus to a more qualitative outcomes approach on which the success of health services and the difference made to patients will be judged.

- **SHA NHS Midlands and East Cluster** - the new SHA Cluster has set out its key priorities and five key themes as detailed in the report.

- **PCT West Mercia Cluster** - the PCT Cluster is in the process of updating the 'System Plan' for the area, which will define what service changes commissioners wish to see implemented locally to meet the QIPP challenge. The Community Trust will be fully involved in the meetings and workshops planned for December to help shape the future local health system and to ensure there is maximum alignment of the Trust's own strategy in respect of contributions to the system and what commissioners are indicating they are willing to buy.

- **Ludlow Health Facility** - on 2 November the SHA Capital Review Group gave approval to launch the project as a Third Party Development and move to the next formal approval stage, which is the Full Business Case. The Trust introduced its new partner, Amber Infrastructure, to the local community at the event on 12 December. Negotiations will take place between now and Summer 2012 to finally sign-off the contract between the Trust and Amber for the work to begin, with an anticipated opening date for the new facility two years later.

- **Executive Team Priorities** - as a new organisation a substantial amount of additional work was required in the first few months of the Trust's existence to ensure continuation of safe services and to clarify the financial, quality and contractual position inherited from the two PCTs. This had culminated in the Tripartite Board Meeting on 29 November to formalise the legacy position and agree further actions to complete any outstanding work arising from the transfer of services to the new Trust. The Executive Team has subsequently identified six priority themes to support the ongoing work of the new Trust (as detailed under para 8.4 of the report) and which will be reflected in a prioritised work programme to support delivery.

The following comments were noted:

- Although recognising the potential constraints arising from the Operating Framework, there were also positive opportunities to transform the local health economy by developing community services and providing care closer to home. The Community Trust will be a key player in this work.

- A query was raised on how data will be collected to evidence the success of the high level national outcomes detailed in the Outcomes Framework. Members were advised that within the five domains outlined in the report there are 12 overarching indicators (broad aims), 27 improvement areas and 60 indicators in total. The Trust will need to establish which of the indicators are applicable to its services and whether there are currently systems and processes in place to collect and monitor that data in the way the metrics are defined, or whether there is a need to establish new processes. The Quality & Safety Committee will play a key role in monitoring the patient experience elements.

- The SHA Cluster key theme to 'ensure radically strengthened partnerships between the NHS and local government' was welcomed, but it was queried how this will be progressed. Members were advised that responsibility for leading on each of the themes will be allocated to an individual SHA Director, which should ensure a process and action plan is established to take work forward.

  It was also stressed that partnership work is already being progressed locally to ensure a joined-up approach, irrespective of the drive from the SHA, and all partners were fully committed to working together for the benefit of the local system. For example, Local Authority partners across Shropshire, Telford and Wrekin are fully engaged in the QIPP initiatives, unscheduled care strategy workstreams and opportunities for integration of services.

- Members queried whether the SHA Cluster key theme of 'elimination of avoidable grade 3 and 4 pressure sores by December 2012' was achievable. Ms Bayley advised that the definition of 'avoidable' is currently under discussion with national experts in this field. When the right measures have been identified it should be possible to achieve the target, but recognising that this will also depend on compliance and concordance by the patient. The ultimate aim will be to ensure that grade 1 and 2 pressure sores are targeted to prevent progression to grade 3 and 4. Ms Saganowska advised that pressure sores was an agenda item on the next Quality & Safety Committee meeting when an in-depth discussion will take place.

THE BOARD NOTED the content of the Chief Executive's report.

STRATEGY AND PLANNING

Minute No 2011.73 - Report from Strategy Stakeholder Event 16 November 2011

Ms Thornby presented a report on the Stakeholder Strategy Event held by the Trust on 16 November. The following specific items were highlighted:

- As a new organisation, working in a complex system, it was important to develop the Trust's plans and priorities with key stakeholders.

- The event was well attended by nearly 100 people, including commissioners, local authorities and other partners, patient groups, carer groups, voluntary groups, staff, managers and Trust Board members. The formal evaluation forms completed by attendees on the day, and subsequent informal anecdotal feedback on the event, has been positive.

- The Executive Summary (page 2 of the report) provides an overview of the event and the Conclusions (page 25) identify some of the major common themes for development and improvement, including:

    - the need for better joined-up co-ordinated services with a 'single front door' into services and single point of referral

    - closer integration of services between all the different agencies to provide local services closer to the communities and improve patient pathways

    - building up integrated technology and systems that support agencies in more integrated working

    - strengthening and promoting systems to learn from patient experience

- The report will be sent to all attendees of the event and placed on the Trust website.

- The themes and ideas from the day will help to shape the Trust's strategy and plans over the next few months, alongside other key areas of work being developed in which the Trust will play a critical part, for example, key commissioning strategies such as unscheduled care and QIPP initiatives.

The following comments were noted:

- One of the innovative ways the feedback was captured on the day was by the use of a Graphic Facilitator who tracked progress live throughout the day and created images as the event unfolded. It was agreed that consideration will be given to ways of using these images to further promote and share the outcomes from the day.

- One of the key themes identified for development and improvement was the need for better integrated technology and systems between partners. It will, therefore, be important when designing new systems to ensure there is early sign-up by all partners where there is scope for joint working. It was noted that the QIPP Board is developing and should become more influential across all organisations in the local health economy. Mrs Chambers will be raising this issue at QIPP Board level so that there is top-down commitment from all stakeholders to look at IT and information systems and agree a co-ordinated way forward where appropriate and feasible.

Mr Ridley thanked everyone who had been involved in arranging, presenting or attending this successful event and in producing the comprehensive report. It will now be important to ensure that the learning from this event is adopted in the Trust's Integrated Business Plan and strategic way forward.

THE BOARD NOTED the report and key messages from the event, and that these will be taken into account in the current work on the Trust's strategy for further discussion at the Board Development Session on 16 December.

ACTION	**Ms Thornby to consider ways of using the graphic images to further promote and share the outcomes from the event.**
	Mrs Chambers to raise issues of integrated IT and information systems at QIPP Board to agree a co-ordinated way forward where appropriate and feasible.

Minute No 2011.74 - Unscheduled Care Strategy for Shropshire 2011-2014

Mr Wilson presented a report providing a briefing on the emergence of the Unscheduled Care Strategy. The following specific items were highlighted:

- The strategy is in its formative stages and is being led by commissioners working alongside local health providers. Dr Bill Gowans, Deputy Chair of the Shropshire Clinical Commissioning Group, is leading the project.

- The report provides a summary of the background and context to the Unscheduled Care Strategy work and the 'Winter 9' pilot project aimed at managing capacity more effectively during the winter period.

- The strategy aims to make the patient's journey through unscheduled care simpler, shorter, safer and more effective. The strategy is being developed through 11 working groups, comprising all relevant partners and stakeholders, including patients and carers groups, within which there are 23 specific projects. Ms Bayley chairs one of the working groups around Care Homes, and Community Trust clinicians and managers have been identified to participate in all relevant projects. Feedback on the work of the groups, and softer intelligence around direction of travel that will be useful in developing service strategies, will be used to inform regular briefings to the Executive Team and the Board. It was agreed that regular briefings will be included in future Chief Executive Reports to the Board and more specific detailed reports brought to the Board as appropriate.

- This work will provide real opportunities for the Community Trust to drive change and build on the Trust's main service strategies.

- The Winter 9 project is in the early stages of development, but feedback to date is that the input of Community Trust staff has been of value. However, the anticipated increase in demand for the Trust's services has not been realised and this will be raised with commissioners and other providers to remind them of services that the Trust has available in the community which may be more appropriate for patients and help avoid the need for admission to an acute setting.

- One of the themes arising from the local health economy Chief Officers discussions is the availability of 7-day working across the whole spread of services, including within the Community Trust. Opening up extended hours, whether within the Community Trust or in primary care, will increase costs. Discussions will take place with commissioners to identify whether additional investment will deliver overall improvement to the system and a better and safer response to patient needs; the Community Trust will contribute to those discussions.

THE BOARD NOTED the progress of the development of the Unscheduled Care Strategy and the involvement of the Trust clinicians and managers, and the development of the 'Winter 9' project and the contribution of the Trust in delivering new ways of managing 'winter pressure' capacity.

THE BOARD AGREED to receive further updates within the Chief Executive's Report to the Board and more specific detailed reports at relevant intervals as the strategy and work programme develops.

ACTION	**Mrs Chambers to include brief summary of progress and key issues within future Chief Executive Reports to the Board.**
	As agreed with the Chief Executive, Mr Wilson to bring more specific detailed reports to the Board as the strategy and work programme develops.

QUALITY, SAFETY AND PRODUCTIVITY

Minute No 2011.75 - Quality & Safety Committee Report

Ms Bayley presented and led Members through the Quality & Safety Committee Report which provided a briefing to the Board on quality and safety issues within the Trust and actions implemented to mitigate any risks. The following specific items were highlighted:

- The paper captures some of the assurances provided through the two Quality & Safety Committee meetings held since the last Board meeting and highlights some of the discussions and challenges from those meetings.

- The Committee has looked in detail at the content of the quality indicators on the performance dashboard. Work is being progressed to ensure the revised dashboard incorporates all the elements required by commissioners, and also metrics that Monitor has outlined as areas to include for the future.

- The report highlights areas of concern where specific monitoring has taken place and actions noted or identified. These include pressure sores, falls, complaints and sickness levels. The Committee will also be undertaking an in-depth review of pressure sores at its next meeting. Actions in relation to incidents will be further supported and monitored through the launch of the Harm Free work (previously Safe Care).

- The outcome and actions from patient experience surveys have been discussed in detail at the Committee meetings.

- A positive report has been received from the CQC (Care Quality Commission) following a visit to Her Majesty's Prison The Dana, Shrewsbury which highlights that all essential standards relating to health services are being met.

- The CQC has now published its Dignity Report summarising findings and learning from its national inspection programme scrutinising dignity and nutrition in 100 NHS acute hospitals, particularly in relation to older patients. The report was discussed in detail by the Committee and an overview provided of key actions already in place or being implemented within the Trust to ensure lessons are learnt and systems strengthened.

  It was noted that the CQC can undertake unannounced visits at any time to any part of the organisation. Mrs Chambers and Ms Bayley had met recently with a CQC representative and regular meetings also take place between Trust staff and the local CQC reviewers for Shropshire. These meetings have confirmed that the CQC does not have any current concerns about the Trust. There will continue to be ongoing dialogue and briefings as necessary in order to maintain an open and transparent relationship.

  Ms Bayley advised that as part of work in chairing the unscheduled care working group around Care Homes, she has asked to observe a CQC Care Home inspection outside the area, so that learning can be used in the local health economy.

THE BOARD NOTED:

- the operational issues and actions being taken to maintain quality and safety

- the key incidents reported and actions taken to mitigate those risks

- the external reports and actions being taken to ensure lessons learnt are implemented

Minute No 2011.76 - Update on Public Sector Equality Duty and NHS Equality Delivery System

Ms Thornby presented a paper providing a briefing to the Board on the legislation that applies to the Trust as a public body in relation to equality and diversity. The paper describes the duties of the Trust under the Public Sector Equality Duty (2010) and the launch of the NHS Equality Delivery System on 10 November 2011 and the Trust's actions in response. The following specific items were highlighted:

- The legislation applies to the provision of services as well as to the organisation as an employer.

- It is important for organisations to be aware of unintended consequences in the delivery of services which can make it harder for certain groups of people to use or access services.

- The paper summarises the background and context, what has changed in this legislation, the Equality Delivery System and key issues and next steps for the Trust.

- The new Equality Duty now covers nine protected characteristics (detailed in para 5 of the report), but no longer requires public bodies to prepare or publish equality schemes, equality action plans, impact assessments or separate annual reports on equality. The emphasis is now on the organisation setting particular objectives for priority areas and encouraging organisations to talk to people using its services to obtain views about where that focus should be.

- The Equality Delivery System (EDS) is a toolkit designed by the NHS nationally to support NHS providers and commissioners to deliver better outcomes for patients and communities and better working environments for staff, by reviewing their equality performance and identifying the most relevant objectives for improvement. Use of the tool is not mandatory, but will provide a framework for assessing current performance, helping to provide evidence to meet specific CQC essential standards necessary for registration as a provider, and to identify equality objectives required under the Public Sector Duty.

- The legislation applies to both provider and commissioner organisations. A key area of work is the involvement of local people in identifying priority objectives. Joint work has commenced across the local health economy in recognition that it will be more effective for the NHS and patient and carer groups if the work is undertaken in partnership via joint meetings and events. A joint event was held in June 2011 and a further event is planned for March 2012 to discuss and review provider and commissioner initial self-assessments prior to setting objectives.

- It was noted that learning disabilities are included within the 'disability' characteristic.

Ms Thornby recommended that the Board:

- ***NOTE the requirements of the Public Sector Equality Duty, the Equality Delivery System (EDS) and how the Trust proposes to use that system***

- ***AGREE that the Quality & Safety Committee will receive progress reports on the EDS, recognising that a major implication of our approach to equalities is ensuring that our patients and service users receive services which are of high quality in respecting and responding to diversity and people's individual needs***

The recommendation was FORMALLY PROPOSED by Mr Sommers and SECONDED by Ms Saganowska.

MEMBERS AGREED the proposals.

ACTION **Ms Thornby to review complaints and PALS incidents to identify any that relate to equality or diversity issues.**

FINANCIAL STABILITY AND RISK

Minute No 2011.77 - Resource & Performance Committee Reports

Mr Sommers and Mr Rees presented the report providing an overview of the Trust's performance at the end of September 2011, an update on the financial performance of the Trust, and a summary of the Committee's discussion held on 28 November 2011. The following specific points were highlighted:

- The Trust's financial position as at 31 October was a £596,394 surplus, with the forecast outturn remaining at £995,000 surplus in line with the control total agreed with the Strategic Health Authority.

- The Trust did not deliver any new CIPs (Cost Improvement Programmes) during October. However, following a presentation of the revised CIP plan to the October Committee meeting, Mr Wilson has established a number of Task & Finish Groups to identify and implement a number of new programmes across the Service Delivery Directorate. It is anticipated that the Trust will meet its CIP target for 2011/12, but further work is needed to identify CIPs to meet the challenging 2012/13 targets. Ms Bayley and Dr Neale are involved in the quality impact assessments of any CIPs put forward and will report on the outcome to both the Resource & Performance Committee and Quality & Safety Committee.

It will be critical for the Trust to identify CIPs before the beginning of the financial year to meet its targets for 2012/13. To achieve this position it was recognised that a significant amount of work will be required over the next 2-3 months by the Executives and their teams. It was stressed that no CIPs will be approved if they jeopardise safety and quality and are assessed as 'red' clinically. It was, therefore, agreed that an initial verbal comment on the quality impact assessment of next year's identified CIPS will be provided to the January Audit Committee meeting.

THE BOARD NOTED:

- ***the content of the performance report at the end of September 2011 (Month 6)***
- ***the October financial position and performance against the Trust's financial duties***
- ***the Cost Improvement Programme performance as at Month 7***
- ***the Committee's discussions held on 28 November 2011***

ACTION **Ms Bayley/Dr Neale to provide verbal comment on outcome of quality impact assessment of next year's identified CIPs to the January Audit Committee meeting.**

Minute No. 2011.78 – Governance Report

Ms Thornby led Members through the Governance Report which presented the Board Assurance Framework (BAF), noting that this was unchanged since the previous Board meeting. The BAF was in the process of being updated for detailed consideration by the Audit Committee at its next meeting on 5 January 2012.

To ensure compliance with good practice, the Board should have the opportunity to review the BAF at every meeting to reflect on major risks to achievement of its strategic objectives. The Audit Committee, which meets on a quarterly basis, undertakes a detailed review of the BAF but, if the Audit Committee has not met prior to a Board meeting, as on this occasion, the BAF is reviewed by the Executive Team and presented to the Board as part of the Governance Report.

Mr Bird reiterated that, although the Audit Committee will review the BAF in detail at each of its meetings, it was also a requirement for the Board to consider the BAF in detail. Members acknowledged and fully supported this requirement.

Mr Bird confirmed that the Audit Committee will be undertaking a review of the inherited risks identified as part of the legacy work.

THE BOARD CONFIRMED that the BAF adequately reflects the key risks, pending the next review by the Audit Committee in January.

ACTION **Mr Bird to raise process for Board assurance of the BAF at the Audit Committee meeting and bring recommendations to a future Board meeting.**

ADDITIONAL ITEMS FOR INFORMATION

Minute No. 2011.79 - Any Other Business

No items of any other business were raised.

Minute No 2011.80 - Dates of Next and Future Meetings

Thursday 26 January 2012 10 am – 12 noon Greenhouse Meadow Stadium, Shrewsbury

A schedule of 2012 meeting dates was tabled, proposing changes to Board meetings from April 2012 onwards to enable better co-ordination and closer links with the Resource & Performance Committee and Quality & Safety Committee meetings, in order to avoid duplicating discussions and to receive the most up-to-date information.

THE BOARD AGREED the Board Meeting dates for 2012.

POSTSCRIPT – the schedule has subsequently been revised, following discussions between the Chairman and Chief Executive, as follows:

- ***23 February 2012 : now a Board Meeting in public (date previously in Members' diaries as allocated to a development session)***
- ***12 April 2012 : Board Meeting now cancelled (as a meeting will have been held two weeks earlier on 29 March) and the date to be held by Members as a potential development session***

A copy of the updated schedule is attached (venues from April 2012 are being finalised and will be confirmed as soon as possible)

Mr Ridley thanked everyone for attending the meeting and wished Board Members and members of the public a Happy Christmas and New Year.

The following resolution was PROPOSED by Mr Sommers, SECONDED by Ms Bayley, and UNANIMOUSLY SUPPORTED by all Members:

IT WAS RESOLVED that representatives of the press, and other members of the public, be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest *(in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960).*

POSTSCRIPT - it was subsequently confirmed by Members that there were no confidential items to be raised for discussion or consideration.

2012 MEETING DATES SCHEDULE

2012	Monitor	Public Board Meeting (Thursday)	Resource & Performance Committee	Audit Committee	Remuneration Committee	Quality & Safety Committee	Information Governance Committee	Ludlow Programme Board
January	31.01.12 – Q1 Compliance Return	26.01.12 10 am Shrewsbury	04.& 30.01.12 9.30 am Room B	05.01.12 2 pm Poplar Suite	As and when required	16.01.12 9.30 am Room B	No meeting	18.01.12 2 pm Room B
February		23.02.12 10am Shrewsbury	27.02.12 9.30 am Room B	No meeting		20.02.12 9.30 am Room K2	14.02.12 9.30 am Poplar	
March		29.03.12 10 am Telford	26.03.12 9.30 am Room B	No meeting		22.03.12 9.30 am Room K2	20.03.12 9.30 am K2	14.03.12 2 pm Room A
April	30.04.12 – Q4 Compliance Return	No meeting	30.04.12 9.30 am Room B	03.04.12 9.30 am Poplar Suite		27.04.12 9.30 am K2	No meeting	
May	31.05.12 Annual Plan	17.05.12 10 am tbc	28.05.12 9.30 am Room B	No meeting		24.05.12 9.30 am K2	15.05.12 9.30 am K2	
June		14.06.12 10 am tbc	25.06.12 9.30 am Room B	TBC Extra-Ordinary Meeting		21.06.12 9.30 am K2	No meeting	
July	31.07.12 - Q1 Compliance Return	12.07.12 10 am tbc	30.07.12 9.30 am Room B	03.07.12 9.30 am Poplar Suite		26.07.12 9.30 am K2	10.07.12 9.30 am Poplar	
August		16.08.12 10 am tbc	28.08.12 9.30 am Room B	No meeting		23.08.12 9.30 am K2	No meeting	
September		13.09.12 10 am tbc	No meeting	No meeting		27.09.12 9.30 am K2	11.09.12 9.30 am K2	
October	31.10.12 - Q2 Compliance Return	18.10.12 10 am tbc	01 & 29.10.12 9.30 am Room B	02.10.12 9.30 am Poplar Suite		25.10.12 9.30 am K2	No meeting	
November		15.11.12 10 am Tbc	26.11.12 9.30 am Room B	No meeting		22.11.12 9.30 am K2	13.11.12 9.30 am K2	
December		13.12.12 10 am tbc	No meeting	No meeting		No meeting	No meeting	
January 2013	31.01.13 - Q3 Compliance Return	24.01.13 10 am tbc	07 & 28.01.13 9.30 am Room B			03 & 24.01.13 9.30 am K2 (to be rearranged)		