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**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST HELD IN THE BOARD ROOM AT TRUST HEADQUARTERS, STAFFORD AT 1330 HRS ON THURSDAY 26<sup>TH</sup> APRIL 2012**

**1 Present**

Steve Jones	Chairman
Claire Barkley	Medical Director
Neil Brimblecombe	Chief Operating Officer/Director of Nursing
Roger Craven	Vice Chair
Jayne Deaville	Director of Finance and Performance
Steve Grange	Director of Commercial Development (part meeting)
Ron Hilton	Non-Executive Director
Therèsa Moyes	Director of Quality and Clinical Performance
Liz Nicholson	Non Executive Director
Sue Nixon	Non Executive Director
Peter Woolrich	Non-Executive Director

**2 In Attendance**

Jane Landick	Company Secretary
Adele Ford	Project Manager, Health and Wellbeing
Dr James Paton	Consultant Microbiologist (Agenda Item 9.4)

**ITEM 1 WELCOME AND INTRODUCTION**

- 3 Steve Jones welcomed all present to the meeting.

**ITEM 2 APOLOGIES FOR ABSENCE**

- 4 Neil Carr, Chief Executive

**ITEM 3 MINUTES OF THE MEETING HELD ON THURSDAY 29<sup>TH</sup> MARCH 2012**

- 5 The minutes of the Board of Directors meeting held on Thursday 29<sup>th</sup> March 2012 were signed by the Chair as a true and accurate record subject to the following amendments:
- a) Liz Nicholson's name was removed from the list of those present.
  - b) Page 6, Paragraph 17: "Crisis Response" amended to read "Crisis Resolution"
  - c) Page 9, Paragraph 17: amended to read "...high use of bank/agency staff militated against the effectiveness of the functionalisation model".

**ITEM 4 MATTERS ARISING FROM THE 29<sup>TH</sup> MARCH 2012 MINUTES**

6 All actions were reported as having been completed.

**ITEM 5 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN**

7 Jayne Deaville reported on the following events/activities and issues:

- 7.1 **Deanery Visit (25<sup>th</sup> April 2012):** Jayne Deaville reported on a successful day and commended Dr Claire Barkley and her team for the efforts they had put into ensuring a positive outcome. Claire Barkey summarised the visit and advised that the report was expected in two week's time.
- 7.2 **Monitor's Compliance Framework 2012/13:** Minor changes were noted including the relaxation of the impacts of CQC inspections on governance risk ratings. It was noted that 17 trusts were currently reported as being in breach of their terms of authorisation. Steve Grange provided assurance with respect to the Trust within this category which formed part of the MOD network.
- 7.3 **Staff Opinion Survey:** It was noted that a report was scheduled for the May 2012 Board meeting, following discussion and action planning at the Foundation Management Team Away Day on 4<sup>th</sup> May 2012.

8 The following Board Committee reports were received and noted:

- 8.1 **Audit Committee (26<sup>th</sup> March 2012):** Liz Nicholson's apologies were noted as being missing from the minutes. At Neil Brimblecombe's request, Executive Director apologies were agreed to be deleted from the minutes as they were not members of the Committee as defined within the terms of reference. Jayne Deaville advised that she would also review and amend the compliance table in the minutes.
- 8.2 **Business Development and Investment Committee (15<sup>th</sup> February 2012 and 15<sup>th</sup> March 2012):** Peter Woolrich advised that the Digitisation Business Case was being further reviewed. Jayne Deaville advised that this was due in part to the withdrawal of a potential supplier from the market. The Blue Sky Event was noted as having been arranged for 31<sup>st</sup> May 2012 in the Learning Centre. Steve Grange advised that the event was intended to stimulate debate and innovative thinking from Directorates.
- 8.3 **Finance and Performance Committee (11<sup>th</sup> April 2012):** Jayne Deaville advised that delays in completion of Freedom of Information Act requests were being monitored and that a revised process for handling requests was now in place and being monitored.
- 8.3 **Foundation Management Team (16<sup>th</sup> April 2012):** It was noted that summary report related to the 16<sup>th</sup> April 2012 meeting and not 16<sup>th</sup> March 2012.
- 8.4 **Human Resources, Organisational Development and Equalities Committee (28<sup>th</sup> March 2012):** Neil Brimblecombe advised that the 70% target for adult safeguarding mandatory training compliance which had been set by the governors had been achieved and had

been reported to the Membership Council at its meeting on 18<sup>th</sup> April 2012.

<b>Action:</b> Audit Committee attendance record to be reviewed (JD)
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9 The following policies were formally ratified by the Board:

9.1 **Caldicott and Safe Haven Policy:** It was noted that a thematic review encompassing the handling of Caldicott issues and wider information sharing was planned for later in the year and that this would be led through the Quality, Effectiveness and Risk Committee.

9.2 **Appraisal and KSF PDR Policy, Guidance for Reviewers/ Appraisals and Appraisal & KSF Development Review Documentation**

## ITEM 6 TRUST ASSURANCE REPORT

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

### 10.1 Finance

Jayne Deaville advised that the month eleven year-to-date position showed an 'actual' retained surplus of £9.6m, representing a budgetary underspend of £5.9m. She advised that the Trust was forecast to outturn at the year end with a much lower surplus position after adjusting for fixed asset impairments but that this would still be above the planned financial targets.

### 10.2 Contract Activity and Projects

Jayne Deaville reported that future reports would explicitly reflect any impacts relating to underperformance on income. She confirmed that against the main contracts, the reported underperformance on activity did not impact on income but that it was important to ensure that realistic targets were set into the future. She advised that improved reporting was anticipated in 2012/13 arising from measures implemented to capture accurate activity data from remote areas including IAPT services and prisons. It was noted that all Monitor targets had been achieved in line with plan.

### 10.3 Information Governance

The information governance incident report was received and noted. Jayne Deaville advised that of the outstanding Freedom of Information Act requests listed in the report, only one now remained unresolved.

### 10.4 Business Development

Steve Grange reported on the appointment of Joe Wickens as Modern Media Specialist and outlined some of the initiatives currently being developed.

### 10.5 Care Quality Commission Essential Standards

Therèsa Moyes highlighted the changes from the previous RAYG report which was generally positive and gave a summary of the Care Quality

Commission's rating system and definitions. She advised that the Strategic Health Authority were focusing on pressure ulcers as a proxy measure for quality and had issued a monitoring tool for completion by Trusts. This work was being led through the Quality, Effectiveness and Risk Committee. Neil Brimblecombe advised that within the Trust there had been no incidences of patients with pressure ulcers during the previous 12 months. In response to a question from Liz Nicholson, Therèsa Moyes confirmed that the results of the Staff Opinion Survey would impact on the Trust's Quality and Risk Profile.

#### **10.6 Serious Incident Report**

Therèsa Moyes advised that the number of overdue investigations had now reduced from 9 to 5 and that extensions had been agreed for them.

#### **10.7 Sickness Absence and Turnover**

Neil Brimblecombe summarised changes made to the presentation of the report. It was noted that sickness absence remained higher than desired. In response to a question from Steve Jones about data on dismissals, Neil Brimblecombe advised that this had been omitted from the report but that over the past 12 months there had been 46 cases of which 12 were redundancies, 7 related to some other substantial reason, 12 related to conduct and 15 to capability of which most were sickness. In response to a question from Roger Craven, Neil Brimblecombe agreed to check the arrangements for Non Executive Director involvement in appeals against disciplinary action and report back to the next meeting. In response to a question from Roger Craven about turnover compared with other Trusts, Neil Brimblecombe advised that to some extent the variation could be explained by whether temporary or fixed term contracts were included or not. Claire Barkley referred to the numbers of suspensions and recommended this be kept under review in light of suspension no longer being regarded as a neutral act and the potential for detriment to staff who were suspended.

<b>Action:</b> Confirmation of NED involvement in appeals (NB)
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#### **10.8 Research and Development**

Neil Brimblecombe advised that during 2011-2012 the recruitment target (n=605) for national portfolio research studies was exceeded by the Trust and commended Professor Eleanor Bradley and her team for this achievement.

### **ITEM 9.4 INFECTION CONTROL ANNUAL REPORT 2011**

**11** Dr James Paton attended the meeting and presented the report to the Board. He highlighted the percentage of eligible patients screened for MRSA which stood at 61% and advised that work was taking place to address this but that guidance was also anticipated with respect to the adoption of different approaches in mental health settings. In response to a question from Roger Craven about how soon screening should take place after admission, Dr Paton advised that only high risk groups required screening and it was acknowledged that it was often difficult to complete the screening on admission due to the high levels of distress of patients at this time. Neil

Brimblecombe advised that it was more important to focus on risk than compliance. Dr Paton commended the Trust's commitment to education and training in infection control and noted that compliance with mandatory training had increased steadily from 40% to 89% over the past four years. The use of online training and workbooks had had a significant impact in this respect. The uptake of flu vaccination within the Trust was also noted to be very high in comparison with other Trusts. Steve Grange commented on the positive partnership working between clinical and non clinical staff in improving infection control practice within the Trust and in response to a comment from Liz Nicholson about the need for follow up from visits, inspections and audits, advised that a systematic approach was taken to ensure that the audits were both completed and followed up. Claire Barkley agreed that it was important to ensure a holistic approach was taken to meeting the needs of service users in a mental health environment with respect to infection control issues. She also advised that it was important that infection control training for governor members was proportionate to need. The Infection Control Annual Report for 2011 was formally agreed and Dr Paton was thanked for his ongoing support and advice to the Trust.

#### **ITEM 7.1 MODERNISATION OF MENTAL HEALTH SERVICES IN SHROPSHIRE/TELFORD & WREKIN**

- 12 The report showing progress to date was received, noted and agreed. With respect to the implementation of the three shift system on New House and Wroxeter, Neil Brimblecombe advised that this was now likely to commence from the beginning of September to coincide with the implementation of e-rostering. In response to a question from Roger Craven about the 12 beds not commissioned to date, Steve Grange advised that progress had been made with commissioners and that discussions with clinicians which had taken place over the past few days had confirmed that the proposed clinical model was viable. Jayne Deaville advised that the financial position was likely to be an improvement on the original full business case (FBC) but that this was still being worked through. It was agreed that this would be the subject of detailed discussion at the next Supervisory Committee meeting.

It was noted that there had been requests for site visits to The Redwoods Centre including from service users on Wroxeter Ward. Jayne Deaville advised that any visits arranged should be through Andrew Hughes, but that it was important not to disrupt or delay the work on site. It was agreed that the Quality, Effectiveness and Risk Committee would have the opportunity to discuss the transition plan to review the clinical risks associated with the move from Shelton to the Redwoods Centre at its July 2012 meeting, following presentation to the Supervisory Committee in May 2012. It was also agreed that the Board would receive a paper on options and recommendations for disposal of Shelton Hospital at soon as possible and that the BNP Paribas report on this issue would be circulated to Board members in the meantime. The Board formally ratified the recommendation in the Board paper with respect to proposals for the feature artwork to be displayed in The Redwoods Centre.

<b>Action:</b> Circulation of BNP Paribas Report (JD)
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**ITEM 7.2      TRUST STRATEGY 2011/16: PROGRESS REPORT**

- 13      The report was received and noted and the mechanisms and monitoring processes in place to demonstrate delivery were agreed to be relevant and robust. It was agreed that future reports would be received on a six monthly basis with additional exception reports as required.

**ITEM 8.1      USE OF THE COMMON SEAL**

- 14      Jayne Deaville advised that the report was presented in compliance with the Trust's Standing Orders. Uses of the seal between 1<sup>st</sup> April 2011 and 31<sup>st</sup> March 2012 were noted.

**ITEM 8.2      STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION**

- 15      Jayne Deaville advised that these documents had been received and approved by the Audit Committee on 26<sup>th</sup> March 2012 and were presented to the Board for ratification. She referred Board members to the summary of changes to the Standing Financial Instructions and the Scheme of Delegation and advised that minimal changes had been made to the Standing Orders such as changes to names and titles. The inclusion of a quick reference guide to these documents for use by staff was noted and welcomed. Subject to minor additional changes to the names of Board sub committees on page 17 (paragraph 5.8), the documents were formally ratified. Jayne Deaville advised that it was also intended to review and re-issue the pocket guide to the Standing Financial Instructions.

**ITEM 9.1      MONITOR ANNUAL PLAN 2011/12 – FULL YEAR REVIEW UPDATE**

- 16      Steve Grange presented the report and advised that the annual plan formed part of a three year plan to Monitor and that as part of the review it was important to ensure triangulation and follow through with respect to the objectives and targets for subsequent years. Roger Craven advised that he considered the paper to be a good overview of the priorities and progress made. It was noted that the 2012/13 Annual Plan was due for agreement at the May 2012 Board, prior to submission to Monitor by 1<sup>st</sup> June 2012. In response to a question from Steve Jones about areas where the Trust had not fully met the plan, Steve Grange advised that they would be reflected in the 2012/13 plan accompanied by appropriate narrative. The progress report was formally agreed.

**ITEM 9.2      NHSLA ACCREDITATION TIMEFRAME FOR LEVELS 2 AND 3**

- 17      Therèsa Moyes advised that at the Trust Board of Directors meeting in February 2012, it was agreed that a further update and proposals for

accreditation at Levels 2 and 3 would be presented to the April 2012 Board meeting. She advised that the paper presented provided an update on progress towards achieving Level 2 accreditation in April 2013 including current identified risk areas and assurance that processes in place to address them. It was noted that changes to the NHSLA standards had impacted on the target of populating Performance Plus with evidence by the end of March, but that this was being addressed. It was noted that a key challenge related to the 35% of Trust services provided outside of South Staffordshire and Shropshire with respect to the deployment of policy and practice. The area scored red on the matrix related principally to the employment of temporary staff, local inductions and transferability of the local induction arrangements across different areas of the Trust. It was noted that rules were being put in place to address this. The report and the monitoring arrangements outlined in the report were agreed.

**ITEM 9.3 STAFF INVOLVEMENT AND COMMUNICATION STRATEGY ACTION PLAN UPDATE**

**18** Martin Evans, Head of Communications attended to present the report. He emphasised that the issues to be addressed were wider than communications and outlined measures to ensure alignment with the Trust's organisational development strategy, particularly in the areas of leadership development. In response to a question from Ron Hilton, Martin Evans agreed that the role of middle managers and team leaders was key. Steve Grange advised that a key focus for the Foundation Management Team away day was the Staff Opinion Survey results and exploring the differences in reality and perceptions of staff engagement as opposed to staff involvement. Therèsa Moyes commented on some work in progress led by Alex Brett to define minimum standards for the content of team meetings/briefings, recognizing that the day job often gets in the way of communication and briefings on wider Trust issues. In response to a question from Steve Jones about the timeframes for various continuing actions, Martin Evans agreed to include further detail in future update reports. It was agreed that Steve Grange and Martin Evans would review the line of reporting for this Strategy to align it to a sub committee for detailed monitoring of the action plan and subsequent Board reports.

<b>Action:</b> Confirmation of monitoring arrangements for the Staff Involvement and Communications Strategy (SG)
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**ITEM 10 ANY OTHER NOTIFIED BUSINESS**

**19** There was no other business.

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

**20** Decisions made were summarised by the Company Secretary as follows:

- The Caldicott and Safe Haven Policy and the Appraisal and KSF PDR

Policy, Guidance for Reviewers/ Appraisals and Appraisal & KSF Development Review Documentation were ratified

- The Infection Control Annual Report for 2011 was agreed.
- Proposals relating the feature artwork for The Redwoods Centre were ratified.
- Uses of the seal were noted and agreed.
- To receive exception reports relating to objectives and targets against the Trust Strategy outside of the agreed reporting frequency.
- The Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation were ratified.
- The full year update report on the Annual Plan 2011/12 was approved.
- The recommended updates to the NHSLA Accreditation timescales were agreed.
- A review of the reporting arrangements for the Staff Involvement and Communication Strategy aligned to a Board sub committee was agreed.

**21** The following future agenda items were agreed:

- Shelton Hospital Disposal Report and Recommendations (ASAP subject to the Supervisory Committee timescales)
- Staff Opinion Survey results and action plan (May 2012)
- Trust Strategy 2011/16: Progress Reports to be received six monthly (October 2012 and April 2013)

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

**22** It was noted that the next Board meeting would take place on Thursday 24<sup>th</sup> May 2012 commencing at 1.30pm.