

**BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST
PRIVATE SESSION OF THE TRUST BOARD**

Minutes of a meeting held on Wednesday 30 March 2011
In the Seminar Room, B1 Trust Headquarters, commencing at 12 noon

Present: Peter Marquis, Chairman (Chair)
Sue Turner, Chief Executive
Chris Tidman, Executive Director of Resources/Deputy CEO
Frances Allcock, Executive Director of Organisational Development & Performance Improvement
Peter Lewis, Executive Medical Director
Stan Baldwin, Non Executive Director
David Boden, Non Executive Director
Stella Layton, Non Executive Director
Alison Lord, Non Executive Director
Sukhbinder Singh Heer, Non Executive Director

In attendance: Adam Carson, Medical Directorate Manager
Georgina Dean, Director of Finance
Gill Harrad, Trust Solicitor
Sarah Smith, Acting Head of Communications, Membership and Marketing
Peter Brown, Governor (part)
Anne McKenzie, Governor (part)

1. APOLOGIES

Denise Wilson

The Board was quorate.

2. MINUTES OF PREVIOUS MEETING

2.1 Minutes of Private Board of Directors Meeting held on Wednesday 23rd February 2011

The Minutes of the meeting held on Wednesday 23rd Feb 2011 were agreed as a true record, subject to the following amendments:

- 7.1 The paragraph ending “which recognition should be received...” should read “failure to complete will be responded to as part of the annual appraisal process”
- 8.1 The final paragraph should read “It was suggested that a review take place triangulating trends in incident numbers with recent service changes such as occupied bed days”
- 10.1 The final paragraph should read “Board advised that the current held vacancies, which are supporting overspend costs, are not adversely affecting service safety.”
- 10.3 “Perusing” should read “pursuing” and the paragraph should end “rebrand the service and develop further innovation.” The item should not be redacted.

3. MATTERS ARISING (Not on Agenda)

- 7.1 It was clarified that the report regarding assaults on staff would be considered by May Clinical Governance Committee and therefore reported to May Board through the clinical governance report.

4. REVIEW OF ACTIONS

The following actions were reported as discharged:-

- Feb 11, 5 On the agenda (item 5)
- Feb 11, 6 On the agenda (item 10.6)
- Feb 11, 7.1 On the agenda (item 7.1)
- Feb 11, 10.3 CT has discussed with commissioners
- Nov 10, 7.2 CEO has discussed with the Governor of HMP Birmingham and verbal assurance has been provided.

5. DECLARATION OF INTERESTS, USE OF THE TRUST SEAL AND MATTERS ARISING FROM THE SCHEME OF DELEGATION

No interests were declared for business being conducted.

The board received a report on the use of the Trust seal for the Yardley Green development, which was noted.

Scheme of Delegation Reports – no reports were submitted.

6. CHIEF EXECUTIVE'S REPORT

The board received and noted the report, and highlighted the following:

- Since the writing of the CEO's report, and several other board papers, contract negotiations have been completed and contracts agreed with both Birmingham and Solihull Commissioners.
- As part of the contract negotiations a £10m saving, relating to 4% of budget was agreed with Joint Birmingham Commissioners. This is proportionate to other providers and will be discussed in detail at a future Governors meeting.
- Solihull commissioning savings equate to a 4-5% saving, with a drive to reduce funding for expensive inpatient beds and investing in community services.
- An initial report by the Care Quality Commission (CQC) on suicide numbers will be released to the public soon. Initial feedback suggests it shows a number of areas of good practice, and also highlights areas for development.
- As part of the plans to abolish Strategic Health Authorities, work is underway to consider the replacement for Workforce Deaneries, which manage medical training and education. The current proposal is to establish a network of providers, hosted by

an acute Trust to continue the work of the deanery. This poses a potential risk, particularly of a lack of Mental Health focus. A regional proposal for a mental health specific clinical network is being considered.

- Two cases involving the Trust have recently been heard at Birmingham Coroners Court. The first involved a death in July 2009, involving the Trust and a number of other healthcare agencies. Criticism was received that there were issues with agencies working together to prevent safeguarding issues from occurring. The second case related to an incident on the day that the Nechells, Aston and Soho (NAS) Home Treatment Team was stood down. Criticism was received regarding delays responding to an assessment and communication issues. In both cases the coroner was satisfied that improvements have been made to prevent the issues from recurring.

7 CHAIR'S REPORT ON ASSEMBLY OF GOVERNORS

The chair's report was received and noted by the Board.

The board approved the decision to release in confidence full agenda and confidential board papers to Governors' task and finish groups relating to the specific issues which the groups are working on.

8 QUALITY OF CLINICAL SERVICES

8.1 PATIENT SAFETY & SERIOUS CLINICAL INCIDENTS REPORT

The report was received by the board and the following points were raised:

The board noted a sustained decrease in serious incident rates in the last six months, bringing rates back into line with number of incidents before the spike last June.

The board acknowledged the progress in reducing the number of outstanding incident reviews with the number outstanding having decreased from 58 to 36 in the last month.

Further information was given regarding an Information Governance incident whereby part of a Service Users records had been found on a pavement, and sent to the Information Commissioner. It was confirmed that this information had been dropped by the carer, and that no further action was being taken by the Information Commissioner.

It was noted that since the writing of the report an inpatient suicide had occurred in the Oleaster. Information compiling and full review are currently underway.

8.2 CLINICAL GOVERNANCE REPORT

The report was received by the board and the following points were raised:

It was confirmed that CQC re-registration was not required for the Trust to take on the Homelessness Primary Care Team, following original advice which stated that it had been.

An external Mental Health Act review has been positive about the care planning for detained patients.

The board expressed its concern regarding moving the Patient Advice and Liaison Service (PALS) from a 24 hour service to a daytime service, based on the increased burden it may put on Home Treatment teams and the important line of support it provides to service users. Due to the proximity of the change on 1st April it was agreed not appropriate to stop it, but that a full risk assessment and rationale should be received at the next board, with the right to reinstate the service reserved.

Action: PL (April 2011)

9 USE OF RESOURCES

9.1 FINANCE REPORT – Month 11

The Board received the report.

Following appropriate tendering processes, contract awards for non-patient transport and Laundry & Linen were approved by the board.

Concern was noted regarding the resuscitation training services contract; particularly on the basis that only one supplier tendered and associated Learning and Development implications. It was stated that this contract had been negotiated down from £170k pa to £120k pa and that a 3-month break clause had been built in. The board approved the contract award on this basis.

The board approved the treasury management policy.

The board noted their concern regarding a downward trend in occupied bed days, particularly in Forensic men's services. The board asked that future reports be refined to show exceptional items, such as the closure of beds for refurbishment and to assess the lost contribution.

Action: CT (April 2011)

9.2 PERFORMANCE REPORT – Month 11

The Board received and noted the report, and the following points noted:

The performance notice and CQUIN had been removed as part of the final contract settlement, which had occurred after finalising the written report.

The Performance Management and Improvement Board (PMIB) have requested a detailed report on ICR Completeness, which will come back to the May Board.

Action: FA (May 2011)

10 ITEMS FOR INFORMATION AND ORGANISATIONAL SIGN OFF

10.1 COMMUNICATIONS REPORT

The Board received and noted the report.

It was reiterated that significant changes were required to a number board papers due to completion of contract negotiations. It was agreed that the papers would be redacted with a statement that "paper has been superseded by agreement of contract" The board agreed that the Chair and CEO agree redactions.

Action: Chair/CEO (April 2011)

10.2 RIO UPDATE

The Board received and noted the report.

10.3 BIRMINGHAM AND SOLIHULL SYSTEM PLAN

The Board received the report and agreed that while signing up to the over-arching principles, the Trust should decline to fully sign up to the detailed plan on account of the lack of an evidence base underpinning the mental health commissioning initiatives and lack of reference to the 5 key workstreams for service development.

10.4 MEDICAL REVALIDATION SCRUTINY COMMITTEE

The Board received the report and agreed to the formation of a medical revalidation scrutiny committee, chaired by a non-executive director.

10.5 ESTABLISHMENT OF A PROPERTIES MANAGEMENT FACILITIES COMPANY

The Board received the report and agreed to the funding of a full feasibility study.

10.6 GP ENGAGEMENT

The Board received and noted the report, and noted the following point:

The document required clarity on the individual responsibilities for GP Engagement.

Action: SS (April 2011)

11 STRATEGIC PLANNING

11.1 YASCC OPERATIONAL REPORT

The Board received and noted the report and the following points were raised:

The division remains overspent, but clarification was provided on the financial position of each service line:

- Forensic CAMHS, is generating a contribution
- Youth services are under spent
- Addictions is operation on an income/expenditure contract, but there is a slight underspend due to held vacancies
- Secure and complex care is £740k overspent - £500k of this is due to the exit costs for former Main House staff and a further £112k is due to additional security measures required at Reaside clinic in relation to the need to escort smokers.

Unmet CRES from previous years has been met non-recurrently, but this is not a sustainable position.

During 2010/11 two additional beds have been established at Reaside as part of CRES targets. It was confirmed that these admission beds had been used but occupancy in other areas of the clinic had fallen since the beds were opened. Further modelling is required to ascertain if this is related. It was clarified the opening of the

new beds could only be considered to have met the CRES requirements if occupancy targets at Reaside have been met.

11.2 REVIEW OF ESTATES & IT STRATEGIES

The board received and approved the strategies, with the following points raised:

It was clarified that the two key development strategies were now being considered together to ensure that strategic opportunities and interplay between estates and ICT could be maximised.

The intention to accelerate different ways of working through enhanced ICT infrastructure and unlocking equity where there is potential were highlighted. It was also clarified that, in moving to rationalise the estate, ease of access to clinics for service users remains a priority with opportunities existing for clinics taking place in GP practises or community centres.

A number of specific schemes were discussed:

- The use of information technology to automatically send letters to GPs.
- The implementation of VoIP technology providing a considerable cost saving on fixed landline telecoms. It was confirmed that a landline backup to Trust sites would be maintained in the event of VoIP failure.
- The move of critical server infrastructure to third party suppliers providing industry standard security and contingency.
- Feedback was requested on the potential to use 'slave' terminals rather than PCs/laptops

Action: CT (April)

It was agreed that the report should be amended prior to wider distribution to include a concise statement of the common key strategic planning assumptions, and the broad savings potential to the organisation with best/worse case scenarios.

Action: CT (April)

While the benefits of implementing modern ICT were agreed, the challenges in changing behaviours and culture to ensure the benefits were maximised were highlighted. It was noted that a key part of any major implementation project was ensuring not only appropriate training take place but also that cultural and behavioural change was considered.

10.1 2011/12 ANNUAL BUDGETS (INCLUDING PCT CONTRACT SETTLEMENT)

The Board received and noted the report with the caveat that it was written prior to the contract settlement – a further update will be required in April detailing recent developments.

Action: CT (April)

CRES plans will be signed off within the next month with progress against plans and risks reported to future board meetings. Further consideration must be given to how to re-label CRES schemes to ensure their purpose is more fully embedded in the day-to-day business of the organisation.

Significant pressures remain due to staff pay increments. The board noted their support for linking increments to staff performance in future.

12. ANY OTHER BUSINESS

Nil

13. DATE, TIME & VENUE OF NEXT TRUST BOARD MEETING

The next session of the Trust Board will take place at 12 noon on Wednesday 27 April 2011, in the Seminar Room, B1.

Adam Carson
March 2011

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Approved as a correct record (signed)

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Name

Date