

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

Minutes of a meeting held on Wednesday 27 April 2011  
At the Uffculme Centre, commencing at 1pm

**Present:** David Boden, Non Executive Director (Chair)  
Sue Turner, Chief Executive  
Chris Tidman, Executive Director of Resources/Deputy CEO  
Frances Allcock, Executive Director of Organisational Development & Performance Improvement  
Dee Roach, Executive Director of Quality, Improvement & Patient Experience  
Stan Baldwin, 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

**Governors in attendance:**  
Peter Brown  
Peter Lea  
Maureen Johnson  
Khalid Ali

**1. APOLOGIES**

Peter Marquis, Peter Lewis

The Board was quorate.

**2. MINUTES OF PREVIOUS MEETING**

**2.1 Minutes of Private Board of Directors Meeting held on Wednesday 30th March 2011**

The Minutes of the meeting held on Wednesday 30<sup>th</sup> Mar 2011 were agreed as a true record, subject to the following amendments:

8.1 The word “decreased” should read “decrease”

9.2 The action should be assigned to Frances Allcock and not Chris Tidman.

**3. MATTERS ARISING (Not on Agenda)**

None

#### **4. REVIEW OF ACTIONS**

The following actions were reported as discharged:-

- Jan 11, 4 Completed at seminar session 27/4/11
- Feb 11, 8.1 On the agenda, included in Clinical Governance Report (item 7.2)
- Mar 11, 8.2 On the agenda, included in Clinical Governance Report (item 7.2)
- Mar 11, 9.1 Will be included as part of finance reports for FY 2011/12
- Mar 11, 10.1 Board papers now released.
- Mar 11, 11.2 An email regarding the use of 'slave terminals' forwarded to members of the board from James Longmore, Director of ICT

#### **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.

No uses of the Trust Seal were noted.

Scheme of Delegation Reports – no reports were submitted.

#### **6. CHIEF EXECUTIVE'S REPORT**

The board received a verbal report from the Chief Executive:

- The Government will be conducting a 'listening exercise' over the next two months on the Health & Social Care Bill. The impact of this exercise on the composition and timing of the bill is not yet clear.
- A number of significant financial challenges exist within the local health economy that are likely to have an impact on BSMHFT. Notably, Birmingham City Council have recently lost a judicial review of the process for raising access criteria for social services.
- Work continues to consider the legal restructuring of the organisation, and forming of subsidiaries. A definitive paper is likely to be ready for the June meeting of the board.
- The Chief Executive stated her intention to utilise temporary closure powers as Accountable Officer to close the Small Heath inpatient (SHIP) Unit. In the knowledge that Small Heath is not suitable long-term as an admission ward, refurbishment and increased bed numbers elsewhere (such as development of the Zinnia unit) has now been completed, allowing SHIP to close. A community team will remain based on the site, with a more comprehensive review of community services and consolidation of estate underway. Full details are likely to be ready for the next meeting of the board.
- A consultation on the future of mental health services for older people in Solihull is likely to begin in June / July. There is the potential to set up a 'citizens jury' to consider

proposals which include moving inpatient facilities to more appropriate environments, such as the Juniper centre. It was noted that PCTs would normally lead this type of consultation, but due to capacity issues relating to the changes within PCTs, the Trust is leading.

- Plans to change management structures within the Trust are progressing, and likely to be achieved by the end of May. It was noted that anxiety exists as there are potential redundancies involved.
- It was noted that the Trust has recently received two national awards. Forensic CAMHS have received a patient safety award, and the estates team has won an award for catering and the provision of food for service users.
- Positive discussions are taking place with University Hospital Birmingham Foundation Trust and Heart of England Foundation Trust regarding extending the City Hospital RAID service to their hospitals. National Mental Health lead Hugh Griffiths recently visited the service and was impressed.
- GP Engagement work continues with '5 key workstreams' for service development agreed with commissioners and GP leads as part of the recent contract negotiations. GPs are significantly involved in this work.

## **7 QUALITY OF CLINICAL SERVICES**

### **7.1 PATIENT SAFETY & SERIOUS CLINICAL INCIDENTS REPORT**

The board received and noted the report.

Progress was highlighted with the significant reduction in outstanding Serious Incident reviews. It was requested that next month's report include a projected completion date for those which remain outstanding.

**Action: DR (May 2011)**

### **7.2 CLINICAL GOVERNANCE REPORT**

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

It was confirmed that alternative arrangements have been made for the small cohort of service users who regularly contact the PALS service out-of-hours, following its move from a 24-hour to a 12-hour service. It was further confirmed that the Trust Switchboard, to which all out of hours calls are now directed, are able to sign-post callers to the most appropriate support.

It was confirmed that the dashboards presented in the board report are the same as those considered by Clinical Governance Committee; however a group is currently reviewing information received by CGC.

It was confirmed that initial analysis of Serious Incidents and occupancy rates had shown no clear correlation, but further analysis is being undertaken based on location and incident type.

## 7.3 CQC RESPONSIVENESS REVIEW

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

Two areas of particular note were discussed in detail:

Issues on Lavender Ward – issues had not previously been highlighted by management teams but a full service review has now been initiated. Deprivation of Liberty Safeguarding (DoLS) training has been intensified, and is regularly reviewed by the Mental Health Act Committee. It was noted that a positive review of the use of the Mental Health Act had been received from the CQC.

Issues regarding safeguarding – the Trust has responded to the CQC stating significant concerns regarding the visit and methodology used during the review. A meeting is due to take place in May. The trust regards as unfair criticism of issues regarding reporting of safeguarding, as systems are in place.

It was noted that the board should routinely and systematically receive an overview of safeguarding issues and themes. It was agreed that a proposal for what information should be regularly reviewed by board would come to the next meeting.

**Action: DR (May 2011)**

It is intended that the action plan in place will be completed by the end of Q1, with monitoring conducted by the trust Audit team. A review of progress of the action plan would be received by the board in June.

**Action: DR (June 2011)**

## 8 USE OF RESOURCES

### 8.1 FINANCE REPORT – Month 12

The Board received the report.

It was confirmed that the Trust had achieved a financial risk rating of 4, this excellent rating reflects the Trust's handling of money and not the availability of money. The reason for achieving a rating of 4, against a projected rating of 3 was clarified:

- One-off exit costs previously would have affected the financial risk rating, but following clarification from Monitor this year, they are excluded.
- The projected rating of 3 reflected caution on the Trust's part – while a 'high' 3 rating was anticipated, a number of aspects (such as unanticipated payment by PCTs for over performance in specialties and better than expected property impairment on end of year valuation) meant that criteria were met to push the trust into a rating of 4.

Good in-roads have been made to reducing medical overspend, with most agency medical staff now replaced by Trust Locums. This has reduced the expense but not the headcount. A sub-group of the Medical Advisory Committee are currently examining options regarding headcount and skill-mix. A proposal to reduce pay for high-earning medics remains an option if alternative methods to reduce cost cannot be found.

It was confirmed that cash reducing, efficiency saving (CRES) schemes for 2010/11 had, on the whole, over-achieved recurrently but the headroom generated will be required for future years.

A process is currently underway with divisions to describe 2011/12 CRES schemes in detail, and define how they will be monitored. A discussion on CRES schemes will form part of the discussion at the next board seminar session.

**Action: CEO (May 2011)**

## **8.2 PERFORMANCE REPORT – Month 11**

The Board received and noted the report.

## **9 ITEMS FOR INFORMATION AND ORGANISATIONAL SIGN OFF**

### **9.1 COMMUNICATIONS REPORT**

The Board received and noted the report.

### **9.2 ANNUAL PLAN UPDATE**

The Board received and noted the update report.

It was confirmed that the full annual plan would be presented to the board for approval next month.

### **9.3 IGSG ANNUAL RETURN**

The Board received and noted the report.

It was confirmed that work had concentrated on the 22 key requirements set by Monitor.

The board noted the work of Fiona Hobday, Information Governance Lead, led by James Longmore and Professor Chitra Mohan.

### **9.4 REPORT FROM AUDIT COMMITTEE**

The Board received and noted the report.

### **9.5 2011/12 ANNUAL BUDGETS – SIGN OFF**

The Board received the report and approved the budgets for 2011/12, which had been updated following the contract settlement.

### **9.6 MONITOR DECLARATION – Q4**

The Board received and approved 'Declaration 2' as stated in the report.

The declaration reflects findings of the CQC responsiveness review, reporting as 'amber-red' with a view to de-escalate to 'amber-green' by the end of Q1.

**10 STRATEGIC PLANNING**

**10.1 MHSOP OPERATIONAL REPORT**

The Board received and noted the report.

**11. ANY OTHER BUSINESS**

The board formally stated their thanks to Chris Tidman, Deputy Chief Executive and Executive Director of resources, who is leaving the Trust.

**12. DATE, TIME & VENUE OF NEXT TRUST BOARD MEETING**

The next session of the Trust Board will take place at 12 noon on Wednesday 25 May 2011, in the Seminar Room, B1.

**Adam Carson**  
**April 2011**

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Approved as a correct record (signed)

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Name

Date .....