

GLOUCESTERSHIRE PARTNERSHIP NHS TRUST

MINUTES OF THE BOARD MEETING 20 SEPTEMBER 2006

PRESENT

Robert Maxwell
Lizzie Abderrahim
Sandra Betney
Mike Evans
Kay Harrison
Jeff James
Kate MacDuff
David McGrath
Hazel Watson
Paul Winterbottom

IN ATTENDANCE

Anna Hilditch, Board Administrator
Dan Beale, Partnership PPI Forum
Anthony Burton, Partnership PPI Forum
Stephanie Cox, Partnership PPI Forum
Ben Falconer, The Citizen
Linda Folley, Service Director (Item 8)
Penelope Graham, Partnership PPI Forum
Jan Lugg, Member of the Public
Ted Quinn, Service Director (Item 13)
Deborah Richards, Communications Manager
Julie Soutter, Asst Director, Planning and Performance (Item 9)
Staff members from Colliers Court x 2

1. WELCOMES AND APOLOGIES

Apologies were received from Tracey Barber, Ian Gregory and Frank Powell

2. MINUTES OF THE MEETING HELD ON 10 JULY 2006

These were agreed as a correct record.

3. MINUTES OF THE MEETING HELD ON 31 AUGUST 2006

- 3.1 Lizzie Abderrahim requested that 5.10 be reworded to make it clear that she had asked about the number of organisations in the country that had implemented the national model. The Medical Director had indicated that the majority of mental health services in the country had implemented the model.
- 3.2 The Chief Executive advised Board members that there was a transcript of the Board meeting which had been made publicly available. He noted, however, that the transcript had been produced for the purposes of Speech to Text Interpretation and should therefore be read with this in mind. A disclaimer of this nature had been added to the document.

4. MATTERS ARISING – HOSC DECISION AND SOCIAL ENTERPRISE MODELS

- 4.1 The Board were presented with two key items for discussion under Matters Arising. These were the consideration of the Health Overview and Scrutiny Committee (HOSC) decision following their meeting on 13 September and the consideration of a Social Enterprise Model for the Forest of Dean and Stroud. Board members received tabled information including the HOSC letter outlining their decision and further information from both the Stroud and Forest of Dean District Councils. The Board noted that the HOSC letter had stated that if the Trust continued to go ahead with plans to centralise

Older People's services, the Committee would be forced to consider referral to the Secretary of State.

- 4.2 The Chief Executive advised the Board that the HOSC had offered the Trust nothing new to consider, simply an opposition to its plans. It was noted that the letter would be shared with the Trust's Commissioners, however, it was agreed that this was unlikely to change the current plans. The Chairman informed the Board that the HOSC members had not been prepared to listen to the Trust at their meeting on 13 September and it was likely that further information would need to be provided to the Committee to further understand what the Trust was proposing. The Chairman acknowledged the public feeling about the changes, however, looking at the cost implications and the clinical benefits, it was clear that a one site model was the most suitable option.
- 4.3 The Director of Finance advised the Board that she had been advised by Ted Quinn that further discussions with a member of the HOSC indicated that the two site option seemed less favoured and the current 4 site model preferred. She informed the Board that there was a saving of £350k - £500k per annum between running one older people's inpatient unit and two. It was also suggested that if the trend in bed reductions continued, then having a two site model now could mean more significant service change in the future as smaller than two ward sites would be uneconomic, which would cause more unnecessary disruption for staff and service users.
- 4.4 Kate MacDuff noted that the HOSC had given the Trust no reasons to reconsider its position. The Trust Secretary agreed advising that the Committee appeared not to understand or engage with the full argument that the Partnership Trust was putting across. It was also noted that the Committee already appeared to have made up its mind of its outcome before the meeting. He informed the Board that there were advantages and disadvantages of proposing a one site model. The key disadvantage was the issue of travelling for visitors, however, when this was weighed up against the alternatives and the possible need to cut community staff to make the necessary savings, it was apparent that there was no match.
- 4.5 Lizzie Abderrahim queried the impact that Practice Based Commissioning would have on the Trust and the timeframes for this. The Chief Executive advised that it was too early to tell at this stage what the view of the Practice Based Commissioners would be. The Medical Director noted that if the Trust was being asked to move toward locally provided inpatient services, the 4 unit model currently in place would still not meet these needs due to the geographical spread of the county. He advised that if the Trust wanted to provide a specialist inpatient environment then a central service would be the best option. He noted that all inpatient units were "alien" environments, even if they were more locally based, but the main aim was to get people back into their own homes quicker, and skilled staff in a central location was the best way to do this.
- 4.6 The Director of Nursing, Social Care and Therapies reflected on an internal review of an untoward incident that happened at the Charlton Lane Centre at night earlier this year. Learning from this review underlined the importance of having adequate numbers of staff on site at night to ensure safe practice. The Medical Director pointed out that the Trust did not wish to be seen as discriminating against older people by having less ability to deliver good quality medical treatment at night.
- 4.7 The Chairman provided an overview of the three key points that had arisen during the discussions. These included the need for locality and local access, the quality of care and having staff with the right skills and cost constraints and future issues with affordability.

- 4.8 Lizzie Abderrahim queried whether if the Trust changed its view and went for a more than one site model, this would in turn reduce staffing from elsewhere in the community. She continued by noting that community services were as local as the Trust could get so the HOSC was indirectly asking the Trust to reduce these by considering other options. The HOSC had asked the Trust to continue to provide locally based services and these are.
- 4.9 The Chairman noted that the Trust needed to restate its case as clearly as it could with the issues and reasons for coming to our conclusions. These would include the clinical and financial arguments, the Commissioners views, the provision of clear plans for implementation and information about transport and the pump priming of local schemes.
- 4.10 The Board were asked to note that the Trust would go ahead with the proposals as planned unless the Commissioners advised that they wished to change their views. It was thought that changes to the older people's service were unlikely to begin until 1 November.
- 4.11 The Chairman advised the Board that it was very likely that the Trust would be referred to the Secretary of State and it was unclear how long this process would take.
- 4.12 The Chief Executive noted that it was clear that the Trust needed to explore with Commissioners the development of the Social Enterprise model as there was some intrigue for the development of a local facility designed to house a generality of conditions. It was advised that no assumptions should be made about the use of Weavers Croft and Colliers Court as there was the possibility of using these as resource centres. The Chief Executive noted that someone would need to agree to fund the cost of the Trust doing nothing while it had the time to consider these options but it was thought that this was very unlikely. Mike Evans asked whether the Social Enterprise model could be used as a complement to the Trust's current services and also asked whether the communications with the Trust's Commissioners could be speeded up to allow plans to progress. The Chief Executive noted that the HOSC letter would need to be shared with commissioners so they had the opportunity to comment.
- 4.13 The Board noted that the next scheduled HOSC was due to take place in November. It was agreed that a letter outlining the Board's decision would be forwarded to Andrew Gravells, Chair of the HOSC and it may be necessary to hold an additional meeting in October. In the meantime, the Trust would notify the StHA and its commissioners of progress.**

ACTION: Letter outlining Board decision to be sent to Andrew Gravells.

ACTION: Contact to be made with Commissioners and the StHA to advise of progress

5. QUESTIONS FROM THE PUBLIC

- 5.1 Members of the public were invited to comment on the discussions that had taken place.
- 5.2 Tony Burton advised that he had attended the HOSC sessions and he noted that he did not believe that they understood the background to the Trust's proposals. He raised the issue of direct payments and whether this was a system that the Trust could look at for possible future use. Mr Burton also noted that he had seen evidence

of the benefits of the Crisis and Home Treatment teams within the Working Age Adults service and how this service had helped avoid additional hospital visits and travelling. Mr Burton advised the Board that he would be more than happy to have his feelings on this matter known.

- 5.3 Dan Beale noted that he welcomed the Trust's emphasis on recovery. He expressed some concern regarding the loss of Occupational Therapy posts within the Trust. Mr Beale advised the Board that he was working with the Community and Adult Care Directorate at the County Council about the use of Direct Payments and would be happy to feed back to them on any comments that Board members might have on the subject.
- 5.4 Jan Lugg asked that it be made clear that the Trust's existing units all had very competent and skilled staff working there, however, she accepted the argument in relation to night cover arrangements.
- 5.5 A member of staff in attendance noted that Colliers Court promoted the recovery model and there was concern that relocating patients to Cheltenham would make it difficult in terms of distance, to continue this as effectively in relation to escorting people back to their homes. Mr Burton added that there were a number of technological advances including Web Cams that could possibly help with these issues.

6. CHAIRMAN'S REPORT

- 6.1 The purpose of this item was for the Chairman to bring to the attention of the Board significant items of business that had taken place over the past month.
- 6.2 The Chairman informed the Board that the Trust had successfully appointed a second Occupational Health Consultant.
- 6.3 The Board noted that the Chairman had attended the latest Health Community meeting with the local MPs and a Community Change Steering Group meeting.

7. CHIEF EXECUTIVE'S REPORT

- 7.1 The purpose of this item was for the Chief Executive to bring to the attention of the Board significant items of business in progress.
- 7.2 The Board were advised that the Trust had been chosen from a random sample to meet with members from the Healthcare Commission to discuss the information that had been submitted as part of the Annual Health Check. This meeting would be taking place after the Board meeting.
- 7.3 It was advised that the announcement of the newly appointed PCT Chief Executives would be made later on this afternoon and a regional press release had been produced for circulation.

8. FINANCE REPORT

- 8.1 The Director of Finance presented the finance report for the period ending 31 August 2006. The Board were advised that due to the change in the annual Board meeting cycle, it would be necessary on certain occasions to send finance Board reports out "To Follow". It was noted that the reports would reflect the latest month's data, rather than being a month behind.

- 8.2 The Board noted that the Trust had a deficit of £665k at month 5, with a year-end forecast deficit outturn of £974k.
- 8.3 The Director of Finance advised that the CAMHS care group was showing an unfavourable position and it was noted that there were problem areas within the care group that needed to be addressed. The forecast outturn expenditure for CAMHS was £3,219k, representing an overspend of £207k. Ted Quinn informed the Board that further work was being carried out within the care group to look at the consultant on-call as there were concerns and problems around meeting alternative proposals with commissioners and the Hospital's Trust. The Board agreed that it would be useful to review the CAMHS savings programme in more detail at the next Board meeting.
- 8.4 At month 5, the Learning disabilities (LD) care group was overspent by £81k. This unfavourable position was due to the non-achievement of the St Mary's savings plan of £70k, non-achievement of £30k against medical staffing and the first tranche of savings from the Windrush scheme of £166k. Despite this, the Board were advised that the LD inpatient units had collectively underspent for the first time during month 5.
- 8.5 Following a review of the current position of the savings plans, the Director of Finance informed the Board that she was confident that the worst case scenario was unlikely to happen and that the Trust should come in below £1m at year-end. It was thought unlikely however, that the Trust would be able to manage break-even. The Director of Finance noted that the savings from the service redesign had been forecast to take effect from 16 October 2006, and changes to this assumption would of course affect the forecast
- 8.6 The Board were advised that although the Trust had £5.2m cash at the end of month 5, current predictions indicated that the Trust may breach its self imposed limit of £300k at the end of December. The cause of this potential cash shortfall is due to a number of factors including the 2005/06 deficit being adjusted on income (offsetting cash adjustment to External Financing Limit (EFL) not confirmed), payment of Agenda for Change arrears, continued non payment by Worcestershire/ Wyre Forest (debt now stands at £937k) and the expected effect of an Income and Expenditure deficit. The Director of Finance informed the Board that steps were in place to mitigate this cash shortfall including the early payment of Local Delivery Plan income when required by the local PCTs, delaying payments of recharges to the Hospitals Trust with formal agreement and the possibility of drawing down additional EFL due to the Trust as a result of adjustments for 05/06 deficit.
- 8.7 The Director of Finance advised that NHS South West had taken up the issue regarding the Worcestershire / Wyre Forest debtor with NHS West Midlands South. Since then the Partnership Trust has been informed that there was apparently no debate around who the responsible commissioner was, simply the amount that they are due to pay. The Board agreed that this was a very promising position, however, the final amount that would be paid to the Partnership Trust had yet to be agreed.
- 8.8 The Board noted that the realistic forecast outturn for 06/07 indicates a recurrent deficit of £1.7m which translates into deficit for 07/08 of £3.6m due to the repayment of 06/07 deficit plus 10% penalty. The additional savings for 07/08 amount to £2.3m, with £1.4m relating to Older Age and £0.8k to Working Age. Delays in finalising and implementing the Older Age plans for 06/07 would impact significantly on the deliverability of the £2.3m saving for 07/08.

- 8.9 The Chairman asked whether there were any key risks with freezing posts as part of the emergency financial measures. The Director of Finance advised that the Trust should be in a position to fill all vacant posts through redeployment. Linda Folley confirmed this advising the Board that staff had been redeployed to all vacant posts. She noted, however, that in some cases it was apparent that the human resource and current financial agendas did not work very well together.

ACTION: Board to receive a more detailed review of the CAMHS savings programme at October Board meeting

9. WORKING AGE SERVICE REDESIGN

- 9.1 The purpose of this report was to offer an overview of the detailed implementation plans for the redesign of community, day and inpatient services for people of working age which are required to introduce service change by and following 1st October 2006.
- 9.2 Linda Folley presented the report to the Board and started by noting Tim Williams' huge contribution to the project. She advised that the process of complete service redesign had been conceived before the Trust was faced with any financial problems, however, these plans were brought forward to help meet the challenges. The Board noted that it was originally thought that the process would take 18 months to 2 years to complete.
- 9.3 The Board were informed that there were 15 empty beds at Wotton Lawn and this figure appeared to be consistent. Linda Folley noted that there was evidence to suggest that the development of the Crisis Resolution and Home Treatment team in Cheltenham had reduced admissions by a third. It was noted that the Trust was on track to move to a one site model in October and this would be done in a patient focussed way. All patients would be transferred / referred to Wotton Lawn and all staff currently at Charlton Lane would be redeployed into vacancies at Wotton Lawn and other similar positions in other care groups. The Board noted that all community staff had received at risk letters and guidance on the return of preference forms. At risk notices would also be issued to clinical staff at Charlton Lane.
- 9.4 Linda Folley advised that the recruitment to the Crisis Resolution and Home Treatment teams should be a simple process as it was simply an enhancement on what the Trust already had in place.
- 9.5 The Board noted that the Trust had set up a Bed Board to consider issues around bed occupancy and would consider issues such as the use of the term "full" and what each of the care groups could offer in case of emergency. Conversations would be taking places with consultants and team leaders around the link between the new teams as it was hoped that this would offer a better understanding about when and where to admit people and it would address the historic issue of east and west.
- 9.6 Linda Folley informed the Board that the Trust had been monitoring data on the changes being made since Christmas. She advised that moving to a one-site model had enabled money to be recycled along with the establishment of a better staffing skill mix and improved engagement with service users.
- 9.7 The Chairman suggested that the changes taking place be mapped and written in a simple form that could be easily understood by interested parties. He asked that evidence and figures be included so people could see the progress being made. A query was raised as to whether the data on admissions could be analysed by

postcode. Deborah Richards advised that it was extremely important to plan how the Trust would communicate both internally and with external organisations about the changes. It was agreed that this would form an item of report at the next meeting in October.

9.8 The Chief Executive returned to a question asked earlier in the meeting regarding the reduction in Occupational Therapy posts within the Trust and explained the nature of the changes.

9.9 The Board noted the progress made with the implementation plans and commended all of the staff involved in the change process.

ACTION: Report to be provided to the Board at future meetings mapping the changes that were taking place.

10. FOUNDATION TRUST (FT) APPLICATION UPDATE

10.1 The purpose of this report was to invite the Board to consider the appropriateness of a confirmation to Monitor on the Trust's readiness to proceed to authorisation.

10.2 The Board noted that Monitor had agreed to a delay in the planned authorisation date for the Trust from 1 August to a process that would commence in either November 2006 or January 2007. It was agreed that the Trust would approach Monitor in September with an update on progress with its service change and cost reduction programme to enable the Trust and Monitor to agree the future timetable.

10.3 The Chief Executive highlighted two key risks that the Board needed to consider – the impact if the Trust was referred to the Secretary of State around its Older People's proposals and the capacity of the management team. It was agreed that the Trust needed to go back and advise Monitor that it was in a stronger position than a few months ago but that there were still some uncertainties at this stage around the HOSC decision. The Director of Finance advised the Board that she was concerned about the strength of the Trust's application in relation to the financial projections for this and the next financial year. The Board agreed that there would be a preference to try and prevent the need to start the FT application process from the beginning.

10.4 The Trust Secretary also highlighted the need to consider the role of the Governors and whether the Trust should continue to engage with them or disengage at this time.

10.5 Mike Evans queried whether the HOSC was bound by a particular timescale in relation to the referral process and asked whether the Trust would be required to stop all planned redesign work until this issue had been resolved. Ted Quinn noted that the services would be extremely disappointed if the Trust was unable to move forward with the implementation plans, however, there was a certain amount of preparatory work that could move forward in the interim.

10.6 The Director of Finance advised that the Trust needed to consider a contingency model as well as the timescales for the Board to address whether the Trust was in a strong enough position to be able to proceed with the application.

ACTION: The Chairman and Chief Executive would meet to consider an appropriate response to Monitor.

11. REVIEW OF STANDING ORDERS

- 11.1 The Trust Secretary presented the Board with this report which proposed revisions to the Trust's Standing Orders in order to bring them in line with recommended best practice for NHS Trusts. He invited colleagues to review the draft and inform him of any necessary changes or amendments. It was noted that a large section had been added in relation to the declaration of Director's Interests.
- 11.2 The Director of Human Resources suggested that an addition be made at item 6 under Appointments/Dismissal in the scheme of reservation and delegation regarding the approval of proposals for remuneration of staff. It was suggested that the additional wording of "unless agreement is mandatory under national agreement" would be included.
- 11.3 The Director of Finance suggested that the work completed last year on the compliance of standing orders be reviewed to ensure that everything that needed to be covered in the Standing Orders was. It was agreed that the Trust Secretary and the Director of Finance would meet to review the content of the Standing Financial Instructions and ensure that the necessary links have been made with Standing Orders.
- 11.4 The Director of Finance suggested that the limit that the Board delegate to itself in relation to approval of proposals on individual contracts (other than NHS contracts) of a capital or revenue nature be increased from £100k to £250k. This was agreed.
- 11.5 Mike Evans noted that Appendix B, outlining the Directors Responsibilities, should be amended slightly to include Management Accounting as a key responsibility for the Director of Finance. He also suggested that Professional Leadership was a responsibility that most Directors should have, not just the Director of Nursing, Social Care and Therapies.
- 11.6 **The Board agreed the recommendations made within the report, including the new voting rights, and the subsequent amendments to the Standing Orders. Any further changes would be brought back to the Board for approval.**

ACTION: Trust Secretary to amend Standing Orders following discussion and ensure effective implementation within the Trust.

12. REVIEW OF REVISED BOARD ARRANGEMENTS

- 12.1 The purpose of this report was to present to the Board the results of a questionnaire, completed by Board members, considering the effectiveness of the revised Board and Board Committee structure that was put in place in April 2006.
- 12.2 The Trust Secretary noted that one of the key comments that had arisen from the questionnaire was the consideration of Non Executives time commitments.
- 12.3 The Director of Finance made reference to the question regarding evidence based decision making, noting that this was a key point that the Trust would be required to demonstrate in progressing its FT application. She queried whether the new structure had achieved this and if not, what needed to be done to embed it into the Trust's way of working. It was suggested that future Committee reports could include an additional section for evidence and references and a key question should be asked by the Committee Chair whether there was enough evidence presented to Committee members to enable them to agree particular actions. It was agreed that this was important for recording purposes as well.

ACTION: Consider inclusion of new evidence section in Board Committee reports to assist in improving channels of clear evidence based decision making.

13. SERVICE EXPERIENCE REPORT

- 13.1 The purpose of this report was to present the Board with an overview of patient and public involvement activities within the Trust during the year, including the complaints Annual Report 2005/06.
- 13.2 The Director of Nursing, Social Care and Therapies advised the Board that the report had already been presented to the Practice Standards Committee and it was agreed that she would clarify the correct reporting channels with the Trust Secretary to prevent duplication. It was also noted that she would be meeting with the Trust's Mental Health Development Manager to discuss whether any of the issues raised within the report would require following up.
- 13.3 The Trust Secretary informed the Board that the Patient Advice and Liaison Service (PALS) service would transfer to the Gloucestershire PCT in October as part of the service changes. The Guide Information Service would be merged with PALS.

ACTION: Discussion to take place regarding the correct forum for presenting the Service Experience Report

ACTION: Discussion to take place about how best to use the information reported within the Service Experience report and whether any required actions have been identified.

14. PINEVIEW PRJOECT

- 14.1 The purpose of this item was to present the Board with the outcome and consequences of the County Council Cabinet decision regarding the future of Pineview.
- 14.2 The Board noted that the public consultation period had come to an end on 31 July 2006 and the report was presented to the Cabinet on 6 September. It was agreed at that meeting to accept the recommendations that Gloucestershire County Council make arrangements for the transfer of the current residents to alternative accommodation that meets their assessed care needs and that Pineview is closed. The Board noted that it was planned that completion of the reprovision of the services at Pineview would take place by 31 October 2006.
- 14.3 Ted Quinn advised the Board of the risks that this decision would incur. These included the service risk of ensuring the smooth transfer of care and the financial risks. There was also the risk that if the Trust's Older People's Service plans were referred, there would not yet be anywhere for Pineview staff to be redeployed to. The question was asked as to whether the Trust would need these members of staff in the future. It was agreed that a temporary holding route should be sought until the final decision regarding referral had been made. The Board agreed that the Older People's Service Implementation Plans would be brought to the October Board for review.

ACTION: Older People's Implementation Plan to be presented to the Board at its October meeting

15. BOARD COMMITTEE REPORTS

- 15.1 The purpose of this report was to provide the Board with a regular update on the key areas of discussion taking place within the Board Committee structure.
- 15.2 The Board were presented with the reports from the Charitable Funds Committee held on 28 June, the Governance Committee held on 4 July, the Performance Management Committee held on 4 July and 1 August, the Infrastructure Committee held on 1 August and the Practice Standards Committee held on 16 August.
- 15.3 The Board were asked to approve the recommendation made by the Performance Management Committee to agree that the Infrastructure Committee be given the same powers as previously delegated to the Capital Control Group. This was approved.
- 15.4 The Board noted and approved the proposed change in membership of the Charitable Funds Committee and approved the revised wording in the quorum requirements for the Workforce Committee.
- 15.5 The Board approved the recommendations set out within the Board Committees report and noted the content of the presented Committee reports.**

16. ANY OTHER BUSINESS

There was no other business.

17. DATE OF NEXT MEETING

The next meeting would be held on 16 October 2006 at 10.30am in the Seminar Room, Charlton Lane Centre, Cheltenham .

BOARD MEETING

ACTION POINTS

Date of Meeting	Item ref	Action	Lead	Status
20 September 2006	4	Letter outlining the Board's decision regarding Older People's Service proposals to be sent to Andrew Gravells, Chair of the HOSC. Contact to be made with the Trust's Commissioners and the StHA to advise of progress	Chief Executive Chief Executive	
	8.3	Board to receive a more detailed review of the CAMHS savings programme at October Board meeting	Director of Finance / Service Director (CAMHS, LD, OP)	October Board Report
	9.7	Report to be provided to the Board at future meetings mapping the changes that were taking place as part of the WAA Service Redesign Implementation plan.	Service Director (WAA/Sub. Misuse)	
	10	Meeting to take place to consider an appropriate response to Monitor regarding the Trust's FT application	Chief Executive / Chairman	
	11	Trust Secretary to amend Standing Orders following discussion and ensure effective implementation within the Trust.	Trust Secretary	
	12.3	Consider inclusion of new evidence section in Board Committee reports to assist in improving channels of clear evidence based decision making.	Trust Secretary	
	13.2	Discussion to take place regarding the correct forum for presenting the Service Experience Report Discussion to take place about how best to use the information reported within the Service Experience report and whether any required actions have been identified.	Trust Secretary / Director of Nursing, Social Care and Therapies Director of Nursing, Social Care and Therapies / MH Development Manager	
	14.3	Older People's Implementation Plan to be presented to the Board at its October meeting	Service Director (CAMHS, LD, OP)	October Board Report