WEST LONDON MENTAL HEALTH NHS TRUST

OPERATIONS BOARD (the board) MEETING

Minutes Tuesday 5th October 2010 (draft)

Present:  
Mr Peter Cubbon, Chief Executive (Chair)
Mrs Ruth Lewis, Director of Organisation Development & Workforce
Mr Steve Trenchard, Director of Nursing and Patient Experience
Mrs Nicky Holdaway, Hounslow (incl Cassel Hospital) SDU Director
Dr Kevin Murray, High Secure Services SDU Clinical Director
Dr Nick Broughton, West London Forensic SDU Clinical Director
Mr Andy Weir, West London Forensic SDU Director
Ms Helen Mangan, H&F (incl Gender Identity) SDU Director
Dr Kevin Murray, High Secure Services SDU Clinical Director
Dr Jonathan Scott, Ealing SDU Clinical Director

In attendance:  
Miss Barbara Wood, Head of Estates & Facilities [items 2 and 3]
Dr Craig Ritchie, Research & Development Director [item 4]
Dr Kevin Healy, Clinical Lead Consultant -the Cassel hospital [item 5]
Mr Bryan Joseph, Head of Health & Safety [item 6]
Ms Maria Harrington, Associate Director Clinical Governance [item 12 &13]

Also present:  
Mr Alasdair Tudhope, Trainee NHS Graduate shadowing WLFS SDU Director
Miss Abby Fadina, Board Secretary (minutes)

1 APOLOGIES FOR ABSENCE
1.1 Mrs Barbara Byrne, Director of Finance & Information
Miss Leeanne McGee, Director of High Secure Services
Dr Alice Parshall, Hounslow (incl Cassel Hospital) SDU Clinical Director
Mr Nigel Leonard, Director of Planning & Corporate Affairs

1.2 Absent: Ms Bridget Ledbury, Ealing SDU Director

2 CARBON REDUCTION COMMITMENT – RISKS, COSTS AND OPPORTUNITIES
2.1 Miss Wood’s report provided the board with an overview of the Carbon Reduction Commitment (CRC) Energy Efficiency Scheme, and the Trust’s legal requirement to participate in it by buying carbon allowances based on energy use. The report outlined the costs, liabilities and risks to the Trust. Miss Wood informed the board that the Trust had registered for the Scheme by the required end date of September 2010

2.1.1 The report detailed that the Carbon Reduction Commitment, a carbon emissions trading scheme, started in April 2010. £138,000 revenue cost will be required to allow the Trust to purchase carbon allowances in April 2011. Some expenditure will be recovered by recycling payments paid in October 2011 demonstrated through the delivery of certain early action measures including automatic meter reading (AMR) and commitment to the Carbon Trust Standard and the continual drive to reduce energy consumption. In future years carbon allowance costs will increase significantly and so too the cost of CRC participation to the Trust. The overall cost of participation in the Scheme will be driven by the Trust’s energy consumption.

2.1.2 The board noted that from 2011/12 a league table will show performance of all CRC participants from private and public sector organisations and their efforts to reduce CO2
emissions. Position in the League Table will be determined by three performance metrics relating to on-going emission reduction, business growth and the early action measures/metrics.

2.1.3 Miss Wood informed the board that it was estimated that the Trust will require approximately 30 AMR meters (at £500 each plus installation and IT costs across the Trust) with a total cost of c£30,000.

2.1.4 The board noted that the Trust had successfully recruited Lucy Smith, Sustainable Development Manager who would be leading the sustainable agenda for the Trust, and Internal Audit will audit progress against CRC requirements in March 2011 to determine how well the Trust was doing against the Scheme requirements.

2.2 Mr Cubbon invited comments from members.

2.2.1 Mr Trenchard supported the initiatives highlighted in the report and suggested that the values relating to caring for the buildings and the environment be linked with the Trust’s values for caring for patients.

2.2.2 Miss Wood clarified that the sustainability agenda was much broader than just investing in energy savings opportunities such as the marketing of saving energy ensuring that everyone took personal responsibilities i.e. closing windows, turning off light switches and PCs when not in use, but extended to how staff deliver the services to the population we service and how we procure all our goods and services.

2.2.3 The board noted that as part of the design requirements of the Trust’s 2 large redevelopment projects – Broadmoor Hospital and St Bernard’s site, the business cases require the Trust to complete and achieve excellence against an energy assessment tool called BREAMM.

2.2.4 Miss Wood briefly explained that to support the sustainability agenda and support the 2 developments there is a need for the Trust to have site specific and Trust wide green travel plans. A paper will be submitted to the Operations Board in the near future for joint funding of a travel plan coordinator to support this important area of the planning process.

2.3 The board approved funding for £30,000 for the installation of Automatic Meter Reading by April 2011.

3 ASBESTOS AND LEGIONELLA
3.1 Miss Wood’s report provided an update on the Trust position in relation to the Chief Executive’s responsibilities for the management of Asbestos & Legionella; and an assessment of the Trust’s position regarding meeting the responsibilities.

3.2 Miss Wood stated independent assurance from the External Assurance Review report by Inventures indicated that the Trust was doing well against the outcomes of the health check process but there was still room for improvements. Miss Wood said that this meant ensuring staff are well trained and that they understand what the Trust is legally bound by.

3.3 In response to questions about past incidents in the Trust, Miss Wood said that there had been 2 situations with significant impact. One was an asbestos related incident in Trust Headquarters and the second related to a legionella outbreak in 2006 in the Tony Hillis Wing. Since then work had been undertaken to ensure systems and processes were in place to avoid similar reoccurrence.
3.3.1 Miss Wood tabled the Legionella, Water Hygiene and “Safe” Hot Water Procedure / action plan. Following the board’s discussion about the safe management of water systems and potential deg legs Miss Wood agreed to ensure that the Tony Hillis Wing (THW) was looked at more closely to give the board assurance that there is a system of flushing out the mains in any rooms which have changed their usage. Mr Cubbon requested a report specifically providing assurance on the operational management of legionella across the Trust to be presented to the Operations Board in November.

Action: Miss Wood

Miss Wood left the meeting

4 PROPOSED WLMHT RESEARCH AND DEVELOPMENT DEPARTMENT STRATEGY 2011 - 2016

4.1 Dr Ritchie’s paper outlined the key elements of the proposed Research & Development Strategy for 2011 – 2016. The aim of the Strategy is to develop WLMHT into a globally important clinical research centre for Mental Health by 2016.

4.1.1 The Strategy detailed the 12 work-streams to deliver the proposed aims of the Strategy; Dr Ritchie highlighted a number of these to the board including ‘Research as a Priority’, ‘Developing and Maintaining the Clinical Environment for Research’, ‘Developing and Maintaining the Necessary Research Infrastructure’ and ‘Ensuring continued growth’, which focused on developing nurse leadership in developing research ideas and delivering on studies.

4.2 Mr Cubbon invited comments from members.

4.2.1 Mr Cubbon expressed his support of the aims of the Strategy and its direction in terms of raising the profile of the Trust and for the Trust to be research active. In response to Ms Mangan’s question as to how far away the Trust was from the proposed aims within the Strategy, Dr Ritchie said that while WLMHT was well behind the IoP and SLAM at this stage, it should be possible within the 5 years covered by this strategy to close this gap.

4.2.2 Mr Trenchard informed the board of a proposed joint appointment with Buckinghamshire University of a professor in mental health nursing.

4.2.3 Mr Trenchard asked Dr Ritchie to also consider the inclusion of NICE Guidelines and the views of Allied Health Professionals and Service User in the research agenda.

4.2.4 Dr Ritchie acknowledged that the draft Strategy presented to the board lacked the detail relating to the financial implications. He described the self financing aspects of the Strategy, the model through the CLRN the surplus and the leverage on commercial trials; which all formed the research money coming in through the Trust. Dr Ritchie said that his report to the Trust Board in October 2010 would include the financial implications. Mr Cubbon asked that this also include data on how much medical time is allocated to R&D and information about the risks to success.

Action: Dr Ritchie

4.2.5 Dr Ritchie agreed to meet with Mrs Lewis and Mrs Byrne with regards to the workforce and financial elements within the Strategy.

Action: Dr Ritchie, Mrs Lewis, Mrs Byrne

4.3 The board agreed that the Strategy presented is developed further, as suggested above, before it is presented to the Board in October.

Dr Ritchie left the meeting
5 CASSEL SERVICE PROGRESS REPORT

5.1 In the absence of Lesley Day, Head of Service – Cassel, Dr Healy presented her report setting out the current financial position of the Cassel at month 5, and detailing the wider service developments that may contribute to increasing financial stability for Cassel clinical services.

5.1.1 The board noted a point of clarity from Mrs Byrne, made on her behalf by Mrs Lewis. This related to point 3.4 of the report. In 2009/10 the £188k deficit excluded the £400k support in the overall Trust position. The re-pricing of beds if successful, i.e. 32 occupancy on average, would eliminate the subsidy.

5.2 Dr Healy highlighted the in year problems:

- experienced and expensive staff group
- an ESPD service that combines 2 treatment services they are breaking even and making a small surplus
- a families service which needs 21 beds to break even but is currently running at 13.45 bed occupancy
- no mechanism for funding families as the Local Authority face budget cuts and there are likely to be further financial pressures if the national funding is not successful.

5.3 The report detailed the opportunities for the Cassel to gain a more financially secure future. Dr Healy highlighted the initiative to develop treatment services for families and adult patients – to consider the emerging service ESPD as 2 services. Dr Healy said that the work skills base was transferable and that there would be enough beds that can be recreated (2 / 3 bedded rooms up to 19 beds). Dr Healy clarified that this would mean 3 services broken down into 2 for Personality Disorder (Adults 18+ and Younger People) and 1 Families Service.

5.3.1 Mr Cubbon stated that there still remained a significant in year financial pressure which need to be addressed and shared his concerns that without national funding the the service would still face severe funding problems. Given the reduced bed occupancy Mr Cubbon suggested the redeployment of staff at the Cassel into other parts of the organisation; particularly if there were no other options for cutting the costs.

5.3.2 It was agreed that immediate steps would be taken to increase occupancy in the ESPD Service. A review of staffing will also take place which may lead to redeployment of staff.

5.4 Mr Cubbon asked SDU Leads to discuss the possibilities of boosting the ESPD particularly regarding cases in other boroughs and for the Cassel to look at redeployment options.

Action: Mrs Holdaway, SDU Leads, Mrs Lewis

Dr Healy left the meeting

6 RISK MANAGEMENT, INCORPORATING THE ASSURANCE FRAMEWORK AND THE RISK REGISTER

6.1 Mr Joseph’s report presented the level 2 risk register and informed on proposed risk management developments.

6.1.1 The board concluded that Risk Number 4417 relating to medicine storage (Risk Rating-15) would not be escalated to the level 1 register.
6.2 The board agreed the following:
- each Service Delivery Unit (SDU) and major corporate service which has so far not yet populated its level 2 risk register, does so by the end of October 2010
  
  Action: All

- each SDU and corporate service, at least monthly, has consideration of their ‘risk register’ on their SDU/corporate service senior management team meeting agenda. At that meeting, the senior management team should agree which of their level 3 risks should be escalated to their level 2 risk register or remain at level 3.
  
  Action: All

- to receive similar (risk scorecard) updates at each of its monthly meeting.
  
  Action: Mr Leonard, Mr Joseph

7 MINUTES OF THE LAST MEETING
7.1 Subject to minor textual amendments the minutes of the meeting held on the 7th September 2010 were agreed as a correct record.

8 MATTERS ARISING
As detailed in the Action Schedule.

12 CQC REGISTRATION UPDATE
Mr Cubbon welcomed Ms Harrington to present the CQC Registration update.

12.1 CQC Registration Compliance. The Operations board received the paper detailing the Trust’s current CQC Registration Status which summarised the current Trust position as at end September 2010. Ms Harrington informed the board that as at the end of September 2010 the Trust will have passed all conditions set; however there remained a need for processes to be put in place in each SDUs regarding the audit of care plans. Mr Trenchard briefed the board on the development of the pilot local care plan audit. With regards to mandatory training, Ms Harrington informed the board that Broadmoor hospital was now compliant and it the remaining SDUs were expected to hit their targets, with the exception of Ealing SDU which would not be compliant till March 2011.

12.2 CQC Quality and Risk Profile (QRP) for WLMHT / September 2010: Ms Harrington informed the board that the CQC on the 23rd September 2010 published the Quality & Risk Profiles (QRPs). This could be viewed electronically (250+ pages) and would be accessible to be viewed by the Trust and its commissioner via a secure website.

12.2.1 Ms Harrington explained how the QRPs is interpreted:

- QRP starts with ‘dials’ which show the CQCs estimates about the Trust’s risk of non compliance.
- Dials are referred to as Outcome Risk Estimates.
- The dials are for each section / grouping of regulations (as per the CQC Registration page of the Board Integrated Performance Report).
- There are then dials for each Regulation.
- The colour of the dial changes as the risk estimate of non compliance increases.
- The result for each dial is based on a range of data sources and the Trust's score / performance. The main data sources being the MH Act Commission visit reports and PEAT scores.

12.2.2 Ms Harrington informed the board that the data collection period would be from January 2011 – March 2011; however work needed to commence now to ensure compliance. Mr Cubbon asked Mr Trenchard and Ms Harrington to develop appropriate ‘quick win’ actions for the SDUs relating to Commission visits and PEAT.

  Action: Mr Trenchard, Ms Harrington
12.2.3 Dr Broughton informed the Operations board that Geraldine Strathdee, TITLE???, had been invited to attend the Executive Directors meeting on the 10th November to talk about the Quality & Risk Profile. Mr Cubbon suggested extending the membership of the 10th November ED meeting to include members of the Operations board.

Action: Dr Broughton

13 INTEGRATED PERFORMANCE REPORT MONTH 5, AUGUST 2010

13.1 The Operations board received and noted the IPR Report received by the Trust Board in September 2010.

13.1.1 Mr Cubbon highlighted the major concerns for the Board; this included mandatory training and the red rating for CPA – enhance patients with no 6 month review (running at 16% and which the Trust has stated would not be over 10%). The Board have requested further information about the quality indicators and detail from the SDUs about why this is still a problem.

13.1.2 On behalf of Mrs Byrne, Mrs Lewis highlighted the Trust financial position - which is significantly off plan. Any invest to Save bids will need to have very short payback periods to gain approval.

13.1.3 Mrs Holdaway said that the PMVA PSTS training issues were still unresolved and she requested a bespoke half day training session for Hounslow SDU. Mr Trenchard agreed to investigate the issues relating to the PSTS training.

Action: Mr Trenchard

13.2 Mr Cubbon said that an hour of the September Board meeting had been taken up reviewing the IPR; there was a need to review the information provided to ensure it remained a high level assurance document for the Board with the detailed review happening at the Finance and Performance Committee. Mr Cubbon asked members to review the information currently provided and suggest areas where changes could be made.

Action: All

9 NEW SERVICE FRAMEWORK – EALING SDU

9.1 The board did not discuss this paper as it was deemed to have been superseded by the new Clinical Service unit model agreed following the consultation.

10 TEMPORARY NURSING STAFF PROCUREMENT REVIEW

10.1 Mrs Lewis presented her paper detailing the proposed methodology for the use of agency nursing staff using the London Procurement Programme (LPP) framework.

10.2 The board received the paper and agreed the following:

- The Trust adopts the proposal and the review group, along with a representative from Forensic Services, to meet regularly to monitor and review agency usage, costs and performance along with compliance by Trust staff with the proposal.

- The review group to review and revise the protocols for agency usage

- That the appropriate SLA’s for each body should be drawn up by the Head of Procurement and signed by the Trust

11 AGENCIES RESPONSES TO SAFEGUARDING REVIEW

11.1 The board received and noted the papers from Ms Ledbury relating to the formal response to the safeguarding profile and combined action plan.
11.2 The responses have been received by the Safeguarding Performance and Quality Sub Group.

SMT MEETING MINUTES FROM THE SDUS:-

14 H & F SDU SMT meeting – 31.08.10 Operational notes (draft)
The SMT Meeting notes were received and noted by the board.

15 H & F SDU SMT meeting – 31.08.10 Clinical notes (draft)
The SMT Meeting notes were received and noted by the board.

16 Hounslow SDU SMT meeting – 28.07.10 (approved)
The SMT Meeting notes were received and noted by the board.

WLFS SMT meeting
None received

High Secure Services SDU SMT meeting
None received

Ealing SDU SMT meeting
None received

17 Chairman’s Report to September 2010 Board meeting
Contents agreed

18 Integrated Governance Chart
Noted

19 DATE OF NEXT MEETING
Tuesday 2nd November 2010
0900hrs – 1100hrs: CELF meeting (venue to be announced)
1100hrs – 1300hrs: Operations board meeting, Boardroom, THQ.