

DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

Held in the Robert Robinson Room, Derbyshire County PCT Headquarters, Scarsdale Hospital, Nightingale Close, Off Newbold Road, Chesterfield, Derbyshire, S41 7PF

On Wednesday, 4th August 2010

MEETING HELD IN PUBLIC

Opened: 2.00 pm

Adjourned: 2.51 pm

PRESENT:

Alan Baines	Chairman
Kathryn Blackshaw	Executive Director of Business Strategy
Graham Foster	Non-Executive Director
Paul Lumsdon	Executive Director of Nursing and Quality
Mick Martin	Non-Executive Director
Mike Shewan	Chief Executive
Tony Smith	Non-Executive Director
John Sykes	Executive Medical Director
Maura Teager	Non-Executive Director
Lesley Thompson	Non-Executive Director
Tim Woods	Executive Director of Finance
Graham Gillham	Director of Corporate and Legal Affairs
Alison Baker	Executive Business Assistant (Minute Taker)

IN ATTENDANCE: Two Members of the public

APOLOGIES:

Helen Issitt	Director of Workforce & Organisational Development
Ifti Majid	Executive Director of Performance and IM&T

DMHT 2010/81 **OPENING REMARKS**

Those present were advised that the meeting would be audio recorded for the purpose of accurately recording the minutes. The audio recording would be retained for a period of six months, after which time it would be destroyed.

There were no conflicts of interest to be noted.

DMHT 2010/82 **MINUTES OF MEETING OF THE TRUST BOARD HELD IN PUBLIC ON WEDNESDAY, 7th JULY 2010**

The minutes of the meeting held on 7th July 2010 were accepted and approved.

DMHT 2010/83 **MATTERS ARISING FROM THE MINUTES OF THE TRUST BOARD HELD IN PUBLIC ON WEDNESDAY 7th JULY 2010.**

2010/76 Integrated Performance Report ii) Operational Performance (DNA Rates)
John Sykes provided an update to the Board in relation to the steps being taken to address DNA rates. During the month Mark Ridge, Head of Patient Experience, was to undertake a survey of service users to ascertain the reason for non-attendance at appointments. Consultants had been instructed to also make contact personally or through the Care Programme Coordinator with any service users who do not attend for appointments in order for alternative arrangements to be made. This had been discussed at the Clinical Reference Group and, it was hoped, would be recorded as a

**DMHT
2010/83
cont.**

contact on the CareNotes system. In addition, the Consultant Caseload Management Project was due to commence, which included a capacity calculator, to understand how consultant caseloads were managed and to develop better efficiency. Enquiries had been made with other mental health trusts and the feedback appeared to be that traditional service methods would result in a higher DNA rate and transformational change was the way forward.

In response to Tony Smith, John Sykes advised that if telephone consultations were able to be recorded as an attendance, a reduction in DNA rates was expected in the next two months but if this element of recording was not approved, results would take at least six months, through longer terms transformational changes to the service.

Maura Teager suggested it would be helpful to understand whether a service user who had not attended a Trust clinic went on to pursue treatment through the primary care service instead. John Sykes agreed to incorporate this question into the survey.

**DMHT
2010/84**

QUALITY OVERVIEW AND UPDATE – MICK MARTIN

Mick Martin focussed his overview upon three themes: strategies and approach to quality; the inclusion of quality in the internal audit framework; and the strive for continuous improvement. The memorandum on quality was an important document and Board members were asked to spend time understanding the detail, which was a summary of the discussions that had been held over the past few months. A strong self assessment had been conducted against the quality framework and the Trust was in a good position in its approach.

The Trust had also requested a review by NHS East Midlands Internal Audit into Quality Governance in order to gain external assurance on how the organisation was performing against the quality framework.

The organisation's approach to investigating recent serious untoward incidents had been robust and the Board could be assured of the rigour and quality of the process followed.

The strive for continuous improvement could be demonstrated through the programme of quality visits, the 'back to basics' review of nursing, and the approach towards improving the care pathways. A strong focus was needed on care plans and associated risk assessments. The work underway to address outpatient DNAs was linked to the longer term review of outcomes for patients and providing a modern service that suited patients' needs.

Maura Teager said it was apparent from some quality visits that some teams did not have clear discharge processes in place. It was important that frontline staff were equipped with the correct toolkit in order to make the best decisions for patients. Kathryn Blackshaw said that historically General Practitioners were often reluctant to take patients back into general practice once discharged due to the perceived difficulties in re-referral. The pathfinder service and work on the adult care pathway would answer some of those concerns but it was important to ensure staff were skilled to return patients to general practice at the right time. Paul Lumsdon was pleased to see how the quality visits were bringing the quality agenda to life for the Board.

Mike Shewan asked whether the changes being made as a result of quality visits were recorded. Mick Martin replied that all the outputs from visits were fed directly into the Quality Governance Structure. Paul Lumsdon added that immediate outcomes were actioned straight away and captured in the reports that were posted on the Trust Intranet. Kathryn Blackshaw agreed with Mike Shewan that headline themes and any changes made as a result of visits should be summarised and Lesley Thompson suggested that areas of best practice should also be recorded and communicated to

**DMHT
2010/84
cont.**

teams. Paul Lumsdon confirmed he would include the information requested in the quarterly Quality Visit reports to Board.

Tony Smith asked how the forward programme of quality visits was planned. Paul Lumsdon confirmed that the visits would continue on an annual basis. It was envisaged that one person from the previous visit would be included on the return visit as a 'briefing person' to provide continuity and assess the changes that had been put in place since the previous visit.

**DMHT
2010/85**

INTEGRATED PERFORMANCE REPORT, INCORPORATING FINANCIAL PERFORMANCE AND CIP POSITION – JUNE 2010 (MONTH 3) – PAUL LUMSDON/TIM WOODS

i) Operational Performance

Paul Lumsdon was pleased to report that the Trust continued to perform well operationally with the continued reduction in the level of cancelled outpatient appointments. Although DNA (Did Not Attend) rates remained at an unacceptable level, action plans were in place to address the issues. John Sykes was requested to provide a trajectory for improvement.

IPR (Individual Performance Review) completion rates were disappointing and had been escalated at the recent Level 2 Performance Review. Assurance had been received from Divisional General Managers that an improvement would be seen by the end of quarter two.

The Chairman asked for further information with regard to the use of bank and agency staff. Kathryn Blackshaw advised that the higher than usual rates were due to issues in the Older Peoples Service on Cubley and Tissington Wards, together with the Learning Disabilities Service, as a result of the campus closure programme, which was a consequence of national policy.

A discussion took place in relation to the IPR completion rates. The IPR process appeared to be laborious for staff, who perceive the process to be too lengthy. Graham Foster suggested that the management of properly directed one to one meetings could easily be adapted as an IPR. Tony Smith said that an element of self-assessment should be adopted, with individuals assessing their own performance and learning needs. The target being reported was considered unrealistic for the beginning of the financial year, due to many IPRs being undertaken during the second part of the year. John Sykes provided an update in relation to the approach taken by medics as part of the Revalidation Pilot Project. In response to Mick Martin, Paul Lumsdon confirmed that an annual IPR formed part of the CNST (Clinical Negligence Scheme for Trusts) requirements and the Trust was one of the top performing in the country for IPR completion for the previous year.

Turning to other areas of performance, Graham Foster asked for further information with regard to graph OST15, major and catastrophic incidents. Paul Lumsdon explained that no trend had been identified and all major and catastrophic incidents were subject to an Initial Service Management Review, which were then assessed by the SUI Review Group to analyse whether the need for further investigation was required.

ii) Financial Performance

Tim Woods presented the financial overview for the first quarter of the year. The Board were pleased to note that steady progress continued to be made and that the surplus of £96k was slightly ahead of the planned position. Efforts continued to reach the Monitor financial risk rating of '4', currently at '3.4'. The cost improvement

**DMHT
2010/85
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programme was largely on target and, although £9k below the planned target, was a significant improvement from the month 2 position. The Programme Assurance Office had validated the schemes, which were largely recurrent CIP schemes, and the Trust was forecasting to meet all financial targets, and the plan approved by the Board, by the year end. In relation to the financial risks, the overheads of decommissioned services were being closely managed by the PCT and the Trust to mitigate the risk. The potential year end underperformance in activity, which could result in a loss of income in the Community Mental Health Teams, had been addressed, and would continue to be monitored on 'cost per case income'. The Board were assured that the risks to achievement of financial targets were being managed.

Lesley Thompson asked how the under/over performance activity risk was being managed. Tim Woods explained that some areas were on a block contract and therefore unaffected. Other areas were advised of the under/over performance and an action plan was put in place to align them back to where they should be. Lesley Thompson queried the County PICU activity, which showed -67.4%. Tim Woods confirmed that the position was a planned change and not unexpected. In addition, Mother & Baby activity was showing an increase to 31.5% for commissioned activity.

RESOLVED:

- **To note the contents of the report and the progress made.**
- **To continue to receive the report on a monthly basis.**
- **To receive a planned trajectory for the reduction in DNA rates.**

**DMHT
2010/86**

RATIFIED RISK MANAGEMENT COMMITTEE MINUTES FROM THE MEETING HELD ON 10TH JUNE 2010, TOGETHER WITH THE ACTIONS MATRIX AND REVISED TERMS OF REFERENCE – PAUL LUMSDON

The ratified Risk Management Committee minutes from the meeting held on 10th June 2010, were received for information, together with the actions matrix, and revised Terms of Reference.

**DMHT
2010/87**

RATIFIED QUALITY GOVERNANCE COMMITTEE MINUTES FROM THE MEETING HELD ON 10TH JUNE 2010, TOGETHER WITH ACTIONS MATRIX – TIM WOODS

The ratified Quality Governance Committee minutes from the meeting held on 10th June 2010, were received for information, together with the actions matrix.

Lesley Thompson was pleased to see that the quality of the minutes had improved.

The Chairman thanked those present and requested, in accordance with the Trust's Standing Orders, that representatives of the press and members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, the publicity on which would be prejudicial to the public interest. A five minute adjournment was therefore called.

Date and time of the next meeting

Date of the next scheduled meeting

Wednesday, 1st September 2010 – in the Boardroom, Trust Headquarters, Bramble House, Kingsway, Derby, DE22 3LZ