

DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

**Held in The Robert Robinson Room, Derbyshire County PCT HQ, Scarsdale Hospital,
Chesterfield**

On Wednesday 2nd September 2009

MEETING HELD IN PUBLIC

Opened: 2.00 pm

Adjourned: 3.55 pm

<u>PRESENT:</u>	Alan Baines	Chairman
	Carole Appleby	Non-Executive Director
	Alan Barclay	Non-Executive Director
	Kathryn Blackshaw	Executive Director of Business Strategy
	Graham Foster	Non-Executive Director
	Paul Lumsdon	Executive Director of Nursing and Quality
	Ifti Majid	Executive Director of Operations
	Mick Martin	Non-Executive Director
	Mike Shewan	Chief Executive
	John Sykes	Executive Medical Director
	Tim Woods	Executive Director of Finance
	Graham Gillham	Director of Corporate and Legal Affairs
	Alison Baker	Executive Business Assistant (Minute Taker)

IN ATTENDANCE: None

APOLOGIES: Lesley Thompson Non-Executive Director

DMHT 09/86 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.

The Chairman spoke of the Board Development Session, which had taken place on 19th August, where the focus had been centered on corporate branding and organisational development. Since the session further meetings had taken place with Stephen Dixon and also Sheila Downey from Derby City Council.

The Annual Public Meeting on 23rd September would be taking place at Pride Park Stadium, Derby County Football Club. Kathryn Blackshaw gave a brief outline of the order of events for the day, which would include the launch of the Trust corporate branding. Mike Shewan confirmed that this year was the first time that the format for the day had been combined with celebrating success and all nominations for staff awards were being judged throughout the week. World Mental Health Day on 10th October would also be used to launch the anti stigma campaign more fully. In response to Alan Barclay, Kathryn Blackshaw agreed to explore the possibility of a cash/voucher prize for the employee of the year award.

DMHT
09/87

MINUTES OF MEETING OF THE TRUST BOARD HELD IN PUBLIC ON WEDNESDAY 5th AUGUST 2009

The minutes of the meeting held on 5th August 2009 were accepted and approved.

DMHT
09/88

MATTERS ARISING FROM MINUTES OF THE MEETING OF THE TRUST BOARD HELD IN PUBLIC ON 5th AUGUST 2009 AND ACTIONS MATRIX

DMHT 09/14 Transforming Community Services

The Chairman confirmed that he and Mike Shewan had met with the Chairman and Chief Executive of Derbyshire County PCT and the Board to Board meeting was in the process of being arranged.

DMHT 09/78 Chaplaincy Service

Paul Lumsdon reported that the steering group had been established with places for 3 service users and 3 carers included. Meeting dates had been scheduled through to November and a Spirituality Strategy had been drafted, the implementation of which would be taken forward by the Steering Group. Kathryn Blackshaw added that Ken Blanton had been quoted in a very positive article written by Kate Liptrot at the Derby Evening Telegraph.

DMHT 09/82 PEAT Results

Paul Lumsdon advised the Board that a communication had been drafted in relation to the PEAT results, which would be included in the next Core Brief.

DMHT
09/89

PANDEMIC FLU UPDATE – PAUL LUMSDON

Paul Lumsdon provided the Board with a verbal update on the position with the flu pandemic. The national picture appeared to show a reduction in cases with a 38% drop in flu like symptoms reported during the week. There were no patients affected and only one member of staff was absent from work. An upturn was likely in the Autumn, in line with the national expectation.

The Health Authority had requested a statement of readiness to be issued and had produced a template to be followed. Against the template, the Trust was 'green' in all but four areas, which were 'amber'. Paul Lumsdon was confident that the four 'amber' areas would be progressed to 'green' status by 20th September 2009. A copy of the Trust's assessment was available for Board members.

The flu vaccine would not be available for staff until October 2009. In response to the Chairman, Paul Lumsdon explained that, initially, staff in direct physical care with patients would receive the flu vaccine, followed by the remainder of Trust staff. Ifti Majid added that a different type of vaccine would be required for staff with underlying medical conditions. In those instances, staff would be directed to their General Practitioner for vaccination.

RESOLVED:

- **To delegate sign off of the Statement of Readiness to the Chief Executive for sending to the Health Authority.**

DMHT
09/90

TAKING IT ON TRUST – PAUL LUMSDON

Paul Lumsdon indicated that the national report and checklist from the Audit Commission had been welcomed. The results of the study had enabled the Trust to benchmark itself and conduct a self assessment. 'Taking it on Trust' would also form part of the review that would be undertaken by the Audit Commission once the Trust's

Governance arrangements had been in place for twelve months. The 'Taking it on Trust' report was available to the Board for information, along with benchmarking information from other Trusts.

In response to the Chairman, Paul Lumsdon confirmed that best practice and lessons learnt would be taken forward and case studies would also be reviewed at stakeholder events. Following completion of the self-assessment, no significant gaps had been identified in the current levels of assurance provided to the Board. Steps would be taken by Ifti Majid to ensure that actions to enable additional assurance on data quality would be implemented and completed by October 2009.

The Chairman asked what steps were being taken to reduce the delay in performance information outlined at item 23. Paul Lumsdon replied that information was mostly 'real time' with the exception of financial information which was reported one month in arrears. Paul agreed to amend the wording to reflect the position.

In response to Carole Appleby, Paul Lumsdon explained the communication methods included at item 34. Mike Shewan added that the Blue Light communication method had been externally commended by the Healthcare Commission.

Mick Martin asked for a discussion with regard to clinical assurance and the drive for improvement outlined in the 'Taking it on Trust' report. Paul Lumsdon acknowledged the discussion at the Audit Committee in relation to clinical audit and stated that a report had been written for discussion in the confidential session of the Board meeting with regard to the Quality Map. From the benchmark set by the 'Taking it on Trust' report, Paul Lumsdon stressed his confidence of the Trust's ability to meet the standards set. The need to improve would always be actively pursued and the 'Taking it on Trust' document gave a template to enable the Trust to drive forward quality, governance and risk management. The governance structure had been amended previously and would be reviewed on a six monthly basis, in addition to the review by External Audit and the Audit Committee. Mike Shewan made reference to the reviews undertaken by external bodies, such as the NHS Litigation Authority, which added to the assurance processes in place. The external reviews were thorough in terms of detailed evidence gathering to support the claims made by the Trust that the procedures were robust.

Alan Barclay suggested that the evidence column could better reflect the way that assurance was reached through the monitoring processes in place. Graham Gillham added that the document would form part of the Board Assurance Framework rather than a stand alone piece of work. After further discussion, Kathryn Blackshaw agreed to include clinical audit for a future Board Development Session. The Chairman requested further evidence to be included in relation to item 52 under self declaration, which Paul Lumsdon agreed to provide.

IM advised that the response under items 54 and 55 was inaccurate and that reports had been received by teams for the past four months. An additional point of accuracy was highlighted at item 67 in relation to IMR, which had been "live" for the past three weeks. Paul Lumsdon agreed to make the amendments raised.

RESOLVED:

- **To note the positive outcome of the self assessment and agree for a further review in six months.**
- **To request internal audit to review compliance with 'Taking it on Trust' as part of the audit of the Governance re-structuring post twelve month review.**
- **To include clinical audit within the Board Development Programme.**

DMHT
09/91

QUALITY ASSURANCE – PAUL LUMSDON

Paul Lumsdon explained the links to the 'Taking it on Trust' report and Mid Staffordshire FT review and how his paper outlined the sound systems in place to support the quality assurance process. The Board's attention was drawn to the 'Quality Map' at Appendix 1 and the level at which the Trust was currently placed. During October, five Mental Health Trusts planned to join together to develop early warning signs and cross-learning.

In response to Graham Foster, Mike Shewan explained that some areas could include a level of assurance in addition to early indicators of risk. The Board agreed that the decision to join with other Mental Health Trusts to review the investigation reports was encouraging. Mike Shewan added that the Chief Executives in the five Mental Health Trusts in the East Midlands had formed a network group for Directors of Nursing and Medical Directors. The group had been commissioned to look at benchmarking work around the number of different indicators that go beyond the suicide reduction target. The outcome of the benchmarking work would enable comparative information across the five organisations to be studied.

Mick Martin stated that the early warning indicator system outlined in the 'Quality Map' and the 'Taking it on Trust' report were very different and the Board's focus needed to be concentrated on the continuous drive for improvement. Ifti Majid suggested that it would be helpful to show how early warning indicators were picked up and progressed through the organisation.

RESOLVED:

- **To note the high level of assurance demonstrated and the system and process in place for effectively managing risks.**

DMHT
09/92

INTEGRATED PERFORMANCE REPORT INCORPORATING FINANCIAL PERFORMANCE AND CIP POSITION – JULY 2009 (MONTH 4) – PAUL LUMSDON/TIM WOODS

Tim Woods explained the overall financial position and the Board were delighted to note that the organisation was above plan in terms of its net surplus position. The other good news was that performance against the CIP (Cost Improvement Plan) was also ahead of target. It was important to continue to closely monitor the position to ensure the positive trend continued. A key risk to the delivery of the financial targets was the potential for a significant increase in bank and agency staff use in the event of the pandemic flu outbreak, which was expected later in the year. Overspending in some areas had reduced and the business unit performance reviews allowed for an increased focus and challenge where slippage occurred.

In response to the Chairman, Tim Woods explained that the Strategic Health Authority reporting requirements stipulated that income must be shown as a negative figure and for expenditure to be shown as a positive figure. He agreed to ensure that the position was reported consistently throughout all reports.

Mick Martin asked what the degree of risk was to the achievement of the CIP target given the level of achievement against non-recurrent savings. Tim Woods replied that the CIP programme was set at 80% recurrent and 20% non-recurrent and the achievement to date was within the agreed parameters. The position with bank and agency use against planned vacancy holding was a sensitive balance which continued to be monitored closely. Turning to the table at the bottom of page four, the Chairman asked for an indication of the impact on revenue. Tim Woods explained the links to the cost and volume contract and the requirement to maintain the targets set.

The Chairman asked which staff were included in the 'Trust HQ Corporate' headcount. Ifti Majid explained that the figure quoted included Bramble House, Estates and Facilities staff, Information Technology and Information Management. The term 'Non-Clinical Facing' was suggested as an alternative heading to avoid confusion. Kathryn Blackshaw agreed to obtain a breakdown for the next report and Mike Shewan requested the trend analysis on a month by month basis, showing workforce numbers as a percentage of pay costs.

Paul Lumsdon presented the clinical position to the Board. Following the action plan, put in place for the Early Intervention Service, the level of performance had improved and the service was on target once more. Since the Board papers had been circulated, the level of IPR completion had improved to 84%. Further work was needed to implement the proposals to address the cancelled clinics and DNA rates, which remained a risk for the Trust. Sickness levels had increased, which had resulted in an increase in bank and agency usage.

Mick Martin asked what steps were being taken to address areas of bad performance, in particular, the continued level of cancelled outpatient clinics. Paul Lumsdon replied that an action plan had been formed and the key problems had been identified. An action group had been created with Associate Medical Directors taking the lead to drive the proposals forward. A requirement had been put in place for all medics to give six weeks notice for annual leave and the appointments process had also been changed whereby patients were given six weeks notice of a confirmed appointment date. This approach was expected to reduce the DNA rates and also aligned the organisation to other Trusts. Ifti Majid added that the key outcome was to improve the quality of service for patients and bring about a cultural alteration in addition to systematic and technical change. By the time the Trust Board next met, the revised protocol would have been released and the new system put in place. This would allow the medical staff to be performance managed against the targets identified.

In response to Kathryn Blackshaw, Ifti Majid explained that at the time the targets were set, the only acceptable reason for a cancelled clinic was short term sickness, which had been at 4%. The protocol was now more aligned to the acute service whereby stand-in consultants would be used to cover sickness instead of clinics being cancelled. It was further explained that to immediately change the system without a phased approach would affect the appointments already scheduled and worsen the rate of cancelled clinics further. With reference to Mick Martin's point about escalation with regard to areas of bad performance, Mike Shewan agreed that the levels of cancelled clinics were of concern and stated that he expected to see a month on month reduction.

The Chairman asked the Executive Team how they took the benchmark information on the performance dashboard forward to impact and influence management actions. Mike Shewan replied that differences in performance were investigated to ensure that the Trust was counting its performance data in the same way as the benchmark organisations. Ifti Majid gave an example of revised protocol for seven day follow up, which had resulted in a significant increase in performance up to nearly 100%. The process had been revised in light of benchmark information to bring the Trust in line with other Trusts. Kathryn Blackshaw added that business units were also challenged by the Executive Team during the performance reviews.

RESOLVED:

- **To note the contents of the report and agree to continue to receive further reports on a monthly basis.**
- **To receive a breakdown of corporate statistical information, including a month by month trend analysis of workforce numbers as a percentage of pay costs.**

- **To continue to monitor the levels of cancelled clinics and DNA rates.**

DMHT
09/93

AUDIT COMMITTEE ANNUAL REPORT – GRAHAM FOSTER

Graham Foster introduced the Audit Committee's annual report, which had been brought to the Board later than in previous years to enable all areas of the annual accounting process to be incorporated, and to reflect the findings of the Statement on Internal Control (SIC) and Head of Internal Audit Opinion (HOIA). The report was designed to give the Board assurance that the Audit Committee was looking at the financial and management controls in place and the Committee's work throughout the year. In terms of structure, the Committee had maintained three Non-Executive Directors and had continued to hold six meetings per year on a bi-monthly basis.

The principle areas of review were highlighted, along with the work carried out by the Trust's Internal Auditors. The Committee had become the primary body to oversee the Board Assurance Framework in light of the revised Governance structure and Internal Audit would be commissioned to carry out a review of the governance arrangements in place.

In an effort to streamline the Committee business, audit reports were now reviewed on an exception basis, when less than full or significant assurance had been awarded. The Committee was working with Penny Gee from the Counter Fraud Management Service to strive for a level three assessment for counter fraud and additional proactive work had been commissioned to work towards this achievement. The three key objectives agreed with the Committee were highlighted and progress was well underway to the achievement of those objectives.

Mick Martin suggested his inclusion in the table on page one, which Graham Foster agreed to incorporate. In response to Alan Barclay, Graham Foster agreed to have a further discussion with the Chairman in relation to the attendance of a Non-Executive Director at the Risk Management and Governance Committees and the reporting link to the Audit Committee.

RESOLVED:

- **To note the report and the assurances provided in relation to the draft Statement on Internal Control.**
- **To adopt the report and agree, subject to the amendment referred to above, to its publication on the Trust website and that key elements of the report are included in the Trust Annual Report for 2008/09.**

DMHT
09/94

REGULATORY REQUIREMENTS FOR PERFORMANCE UPDATE – PAUL LUMSDON

Paul Lumsdon advised the Board of the proposed changes to the Annual Health Check Process for 2009/10. The body of the report had broken down the changes to the Auditors' Local Evaluation (ALE) process, the Care Quality Commission Assessment, and the Annual Health Check Timetable. Each area would either be reported through to the Audit Committee or Governance Committee.

A key theme for the Board to note was the new requirement to register with the Care Quality Commission in January 2010. This had previously been limited to infection control, but would now cover a set of quality standards. The workload implications of the new requirements would need to be assessed, together with the processes for sign-off of collated information prior to submission.

Graham Foster said that the reporting demands were significant. Once the Trust was a Foundation Trust, there would be a greater degree of flexibility which would enable the opportunity to review the quantity of information produced. Tim Woods advised

that a Foundation Trust was required to complete a list of information and anything outside the list would no longer be necessary. Kathryn Blackshaw added that the new Mental Health Contract would require the production of information and that New Ways of Working would be part of the Trust's ambition to drive improvement. Ifiti Majid said that efficient ways of producing information would be explored so that one report would serve a number of reporting requirements.

RESOLVED:

- **To note the changes identified in the report.**

**DMHT
09/95**

RATIFIED AUDIT COMMITTEE MINUTES FROM THE MEETING HELD ON 10TH JUNE 2009, WITH ACTIONS MATRIX

The ratified minutes from the Audit Committee meeting held on 10th June 2009 were received and noted by the Board.

The Chairman drew the Board's attention to the action matrix and AUD604 – Risk Training for the Board. Kathryn Blackshaw confirmed that the topic had been included in the Board Development Session for November.

**DMHT
09/96**

RATIFIED RISK MANAGEMENT COMMITTEE MINUTES FROM THE MEETING HELD ON 8TH JULY 2009, WITH ACTIONS MATRIX

The ratified minutes from the Risk Management Committee meeting held on 8th July 2009 were received and noted by the Board.

Paul Lumsdon referred to Mike Shewan's earlier comments about the regional group and the proposals for benchmarking, which were mentioned to at the bottom of page one.

**DMHT
09/97**

RATIFIED GOVERNANCE COMMITTEE MINUTES FROM THE MEETING HELD ON 8TH JULY 2009, WITH ACTIONS MATRIX

The ratified minutes from the Governance Committee meeting held on 8th July 2009 were received and noted by the Board.

The Board's attention was drawn to the NICE Guidelines, progress against which was progressing well.

**DMHT
09/98**

LAUNCH OF MULTI-PROFESSIONAL CARE STRATEGY – PAUL LUMSDON

The launch of Multi-Professional Care Strategy, previously taken in the confidential session of the August Board meeting, was provided to the public session of the Board, for information.

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, 7th October 2009 in the Boardroom, Trust Headquarters, Bramble House