

**DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST**

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS**

**Held in the Boardroom, Trust Headquarters, Bramble House, Kingsway, Derby,  
DE22 3LZ**

**On Wednesday, 1<sup>st</sup> September 2010**

**MEETING HELD IN PUBLIC**

Opened: 2.15 pm

Adjourned: 4.00 pm

<b><u>PRESENT:</u></b>	Alan Baines	Chairman
	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 Performance and IM&T
	Mick Martin	Non-Executive Director
	Mike Shewan	Chief Executive
	Tony Smith	Non-Executive Director
	John Sykes	Executive Medical Director
	Maura Teager	Non-Executive Director
	Tim Woods	Executive Director of Finance
	Graham Gillham	Director of Corporate and Legal Affairs
	Helen Issitt	Director of Workforce & Organisational Development
	Alison Baker	Executive Business Assistant (Minute Taker)

**IN ATTENDANCE:** One member of the public

**APOLOGIES:** Lesley Thompson Non-Executive Director

**DMHT 2010/88 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 2010/89 MINUTES OF MEETING OF THE TRUST BOARD HELD IN PUBLIC ON WEDNESDAY, 4<sup>th</sup> AUGUST 2010**

The minutes of the meeting held on 4<sup>th</sup> August 2010 were accepted and approved.

**DMHT 2010/90 MATTERS ARISING FROM THE MINUTES OF THE TRUST BOARD HELD IN PUBLIC ON WEDNESDAY 4<sup>th</sup> AUGUST 2010**

*09/128 Procurement Strategy*

In response to the Chairman, Kathryn Blackshaw advised that the production of the Procurement Strategy would be completed by the Head of Procurement, due to commence with the Trust on 1<sup>st</sup> October 2010, and would be presented to the Board on 3<sup>rd</sup> November 2010.

*2010/14 ii) Operational Performance*

Helen Issitt provided a verbal update on the outcome of the labour turnover and leaver analysis review. The review, undertaken by two Human Resources trainees, had shown that 14% of staff had left the Trust within the first 12 months, the reasons for which were inconclusive. Further work would be undertaken, particular in relation to the exit interview process, and a report would be provided to Trust Board.

*2010/70 Annual Plan 2010/11*

Kathryn Blackshaw and Tim Woods confirmed that the requested narrative and explanatory notes had been included and the action was complete.

*2010/73 Back to Basics – A Review of Nursing*

Paul Lumsdon advised that Mark Ridge, Head of Patient Experience, was compiling a list of service users to attend future Board meetings, aligned to the 'Ward to Board, Board to Ward' theme. Ifti Majid added that a further example of this was through the Quality Visits, attending by Executive and Non-Executive Directors. In response to the Chairman's concerns, Paul Lumsdon gave assurance that any service users who did not feel comfortable attending the Board meeting would be able to relay their experiences in a different forum.

*2010/83 (2010/76) Integrated Performance Report ii) Operational Performance (DNA 'Did Not Attend' Rates)*

John Sykes confirmed that the suggestion, raised by Maura Teager, had been incorporated into the patient survey, as requested. The survey was underway and the results would be provided to the Board once known.

*2010/85 Integrated Performance Report (DNAs 'Did Not Attend' Rates)*

John Sykes advised that individual consultants and clinics were being performance managed. The topic was also included on the agenda for Divisional Performance Review meetings. Instructions had also been issued for consultants to make telephone contact with any patients who had not attended their appointment. Joanne Carley, Consultant Psychiatrist, had been assigned to undertake a medical case management review, including the effectiveness of outpatient clinics.

A lengthy discussion took place amongst the Board, who were concerned by the unacceptable level of DNA rates and the lack of progress being made. Mick Martin asked whether confidence could be placed on the planned actions to deliver a 'step change' in performance. Ifti Majid said that it was important to understand why patients did not attend and overhaul the outpatient process with a performance management approach. In further response to Mick Martin, John Sykes advised that several pilots had been undertaken with service users being reminded of appointment times. These initiatives had not seen a marked improvement in DNA rates.

Graham Foster and Mick Martin asked when a plan would be developed that could deliver a marked improvement. John Sykes stated that an action plan was due to be submitted to the Executive Management Group on 9<sup>th</sup> September 2010 and the national target remained, to be achieved by the end of the financial year. Kathryn Blackshaw stressed that any reorganisation of outpatient clinics would take time and it was likely that a statutory three month consultation process would need to be undertaken with a notice period for the changes to be effected, should a decision be reached to discontinue outpatient clinics.

Graham Foster said that the two issues that required addressing were the quality of services provided and the resources wasted by non-attendance of service users. Mike Shewan stated that he was aware of a dialogue taking place amongst consultants, who were equally concerned about the DNA rates. The results of the Adult Care Pathway and Pathfinder Service had seen DNA rates reduce to zero and similar culture changes in outpatient clinics were required to achieve the same

**DMHT  
2010/90  
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success.

The Chairman drew the discussion to a close and requested a structured action plan to be presented to the October Board meeting. Paul Lumsdon suggested that the report should include the actions that had already been taken.

**RESOLVED:**

- **To receive a structured action plan at the October Board meeting, which will demonstrate the trajectory reduction in DNA rates to meet the target by the end of the financial year.**

**DMHT  
2010/91**

**BOARD STATEMENT AND BOARD MEMORANDUM ON QUALITY GOVERNANCE  
– PAUL LUMSDON**

Paul Lumsdon referred to the significant amount of time that had been spent preparing the Board Statement and Board Memorandum on Quality Governance at the Board Development Session on 18<sup>th</sup> August 2010. A reformatted version of the document was tabled, the content of which had not been changed, but presentational amendments were included.

Maura Teager asked for an indication of how rapid implementation of good practice could be demonstrated (page 12 - 4.2.2). Paul Lumsdon replied that the Trust had a 'Blue Light' system in place which enabled information to be sent to clinicians straight away, supported by 'Learning the Lessons' information. Ifti Majid added that, on completion of quality visits, feedback was immediately given to the Divisional General Manager for the area visited.

**RESOLVED:**

- **The Board approved the Board Statement and Board Memorandum on Quality Governance and agreed the evidence to be submitted.**
- **The Chairman signed the Board Statement.**

**DMHT  
2010/92**

**QUALITY OVERVIEW AND UPDATE – MICK MARTIN**

Following the detailed discussion that had taken place earlier in relation to DNA rates, and the previous sign-off of the Board Statement on Quality Governance, Mick Martin reminded the Board of the robust way in which the organisation systematically tested its change plans against quality criteria before, during and after the execution of any changes, ensuring that quality was underpinned throughout the transformational change process.

The Care Pathway work that was underway in the project office was making good progress in line with target trajectories and the Board were keen for visibility of the changes proposed to be brought forward. The 'Back to Basics – Review of Nursing' was also progressing well, and translated Board discussion into practical actions across the Trust.

Mick Martin referred to the Emergency Plan Preparedness item, due to be taken as the next Board agenda item. The action matrix demonstrated the importance placed by the team on the contribution towards Emergency Planning, together with the level of activity taking place.

The Quality and Governance review, undertaken by NHS East Midlands Internal Audit Service, due to be presented in the confidential session of the Board, highlighted twelve action points, 10 of which were 'green' and 2 of which were 'amber'. One of the outstanding areas was a "one year on review of quality", which would be provided to the October Board meeting. The second highlighted the need for a review of the

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integrated performance report and the information included within. This review had been undertaken by Paul Lumsdon, Ifti Majid, and Mick Martin, and the conclusions drawn were for a revised summary Integrated Performance Report, which would include project office, financial, and quality of services reporting, to be produced.

Mick Martin requested a high level log of consequential actions from quality visits to be provided to the Board. This would give a historical reference and demonstrate the changes made as a result of the quality visits. Paul Lumsdon confirmed all action points from quality visits were scrutinised and monitored through the Quality Governance Committee but the Board's request would be included in the future quarterly reports to the Board.

**RESOLVED:**

- **To support a revised summary Integrated Performance Report approach.**
- **To receive a high level log of consequential actions from quality visits for historical reference and demonstration of the changes made following quality visits.**

**DMHT  
2010/93**

**NHS EAST MIDLANDS EMERGENCY PREPAREDNESS RISK MATRIX – PAUL LUMSDON**

Paul Lumsdon presented the Risk Assurance Matrix, which required Board approval and submission to NHS East Midlands. The matrix had been presented and agreed at the Executive Management Group on 19<sup>th</sup> August 2010. The matrix covered the Trust's Emergency Plan, and had prompted a review of supporting policies (heat wave planning and winter pressures).

Mike Shewan added that the feedback from NHS East Midlands had been complimentary: that the Trust was the only one in the East Midlands to have fully undertaken the on-line assessment.

**RESOLVED:**

- **To approve the NHS East Midlands Risk Assurance Matrix, which was signed by the Chief Executive, and would be submitted to NHS East Midlands.**

**DMHT  
2010/94**

**AUDIT COMMITTEE ANNUAL REPORT 2009/10 AND SELF ASSESSMENT OF EFFECTIVENESS, TOGETHER WITH AUDIT COMMISSION ANNUAL AUDIT LETTER 2009/10 – GRAHAM FOSTER/GRAHAM GILLHAM**

**i) AUDIT COMMITTEE ANNUAL REPORT 2009/2010 AND SELF ASSESSMENT OF EFFECTIVENESS**

The report included in the Board papers was missing some pages and therefore a revised version had been tabled. Graham Foster confirmed that the report had been approved by the Audit Committee on 9<sup>th</sup> August 2010. Prior to the change in membership from Mick Martin to Tony Smith, the Committee's membership had remained stable throughout the year. The Committee had developed a growing confidence in the Trust's governance structure, reflected in the Quality and Governance Review undertaken by NHS East Midlands Internal Audit Service. The Committee's oversight of risk and governance in the Trust was also at a satisfactory level of embeddedness.

The audit programme had been completed on a timely basis, within budget, and the Board were pleased to learn that the Trust had only received one 'limited assurance' report during the year on (spreadsheet controls), which had been considered at length. A robust system was in place to ensure audit recommendations were actioned and the level of outstanding actions had significantly improved. The Committee had

**DMHT  
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seen a continuous improvement in the Board Assurance Framework, and included strategic alignment to the clinical audit framework.

A self assessment of the effectiveness of the Committee had been undertaken, and a forward looking element was aligned to 2010/11 focus on quality, data quality, and the effects of transformational change.

**RESOLVED:**

- **To note the report on the work of the Audit Committee, the self assessment of its effectiveness, and the assurances provided in relation to the draft Statement on Internal Control.**
- **To agree that the report is published on the Trust website.**
- **To adopt the Audit Committee Annual Report and Self Assessment.**

**ii) AUDIT COMMISSION ANNUAL AUDIT LETTER 2009/10**

Graham Foster presented the Annual External Audit Letter from the Audit Commission, the salient elements of which were recognised in the unqualified audit opinion of the 2009/10 annual accounts. The Trust had maintained the highest score of 'level 4' under the ALE (Auditors Local Evaluation) assessment for 'Value for Money and Use of Resources'. Two challenges for the organisation had been highlighted: ensuring an adequate response to the 'White Paper' and subsequent changes in budgets (a topic which had been discussed at length by the Board); and the management of the Charitable Trust (due to the abolition of PCTs by 2013). Graham Gillham added that he had Tim Woods were due to bring options to the October Board in relation to the transfer of Charitable Funds.

The Chairman queried the financial reporting score of '3' given by the Audit Commission, when the accounts had been submitted prior to the deadline and were free from material error. TW advised that, due to its final year, the ALE scores had been rolled forward. In response to Mick Martin, Graham Foster confirmed that the Trust's ALE score was '4' and the Monitor risk rating score was '3.6'.

**RESOLVED:**

- **To note the contents of the Audit Commission Annual Audit Letter 2009/10.**

**DMHT  
2010/95**

**SENIOR INDEPENDENT DIRECTOR ROLE & DEPUTY CHAIRMAN – GRAHAM GILLHAM/ALAN BAINES**

The Chairman explained the reasons for the appointment of a Senior Independent Director, recommended in the NHS Foundation Trust Code of Governance. The duties of the role were outlined and the Board supported the Chairman's recommendation to appoint Mick Martin as Senior Independent Director and Deputy Chairman.

Mike Shewan added that Kathryn Blackshaw had been successfully appointed to the role of Deputy Chief Executive, following the interviews held in August. The Board congratulated Kathryn Blackshaw on her appointment.

**RESOLVED:**

- **To support the Chairman's recommendation to appoint Mick Martin as Senior Independent Director and Deputy Chairman.**
- **To note the appointment of Kathryn Blackshaw to Deputy Chief Executive.**

**WORKFORCE AND ORGANISATIONAL DEVELOPMENT (OD) PROGRESS  
REPORT – HELEN ISSITT**

Helen Issitt updated the Board on progress with the Workforce and OD agenda, particularly in reference to Section 8 of the IBP (Integrated Business Plan). The themes highlighted had been discussed at length previously at Board Development Sessions. The Trust's workforce and OD interventions were rooted in the nine dimensions of organisational health, which formed the OD framework.

A significant amount of work had been undertaken in relation to workforce planning and a comprehensive workforce plan would be in place within the next four weeks. This would include the translation of workforce information that had been captured through the transformational change projects, together with the rationale behind any workforce changes and any implications in relation to education, and training. Robust monitoring processes were also being established with regard to workforce and workforce mapping through a number of efficiencies.

The Leadership Strategy had been drafted and had been circulated for comment, with a view to finalisation by the end of September 2010. The Leadership Implementation Plan was tabled and demonstrated the operational translation of the strategy. Helen Issitt reminded the Board of the three tiers of the Leadership Framework: personal impact; corporate behaviour; and management development, together with the planned approach for each.

The Board were advised that an over-arching Health & Wellbeing Group had been formed to replace the Stress Management Group and Tackling Physical Activity in the Workplace Group. The Group was responsible for the implementation of the recommendations contained in the Boorman Report and the continued work undertaken by the Health and Safety Executive on stress-related illness.

Communication and Engagement had been highlighted as areas for improvement in the staff survey, and a significant amount of work had been undertaken in this area. A messaging facility had been set up on the intranet, enabling staff to raise issues and receive feedback, and a 'You Said – We Did' approach had been put in place to demonstrate the steps taken as a result of issues raised by staff.

Lastly, a Workforce Strategy Group was being put in place and draft terms of reference had been completed and circulated for comment. Mike Shewan referred to the discussion that had taken place at a recent Board Development Session in relation to the Leadership Board Champion. Maura Teager questioned the decision for two Board Champions to be appointed and it was agreed that the role would be fulfilled by Tony Smith. In light of recent discussions regarding the effective challenge of Non-Executive Directors when undertaking a Chairing role, it was agreed that Tony Smith, as Leadership Champion, would not chair the Workforce Strategy Group

**RESOLVED:**

- **To note the contents of the paper.**
- **To appoint Tony Smith as Board Champion for Leadership.**
- **To receive the Leadership Strategy to the November Board meeting.**

**PAYMENT BY RESULTS (PBR) PROGRESS REPORT – KATHRYN BLACKSHAW/  
CLAIRE WRIGHT**

Kathryn Blackshaw introduced Claire Wright, Deputy Director of Finance, who was welcomed to the Board meeting. Board members were advised that one of the conditions stipulated by NHS East Midlands, as part of the transition project, was to ensure that the Trust Board were fully apprised of PbR developments and had a working knowledge and understanding.

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Claire Wright focussed on the 'next steps' section of the report and confirmed that Helen Spencer had commenced in the role of Project Manager and the PbR Project PID had been formally registered with the Project Office. A further PID would be required for the East Midlands Development Centre (EMDC) as part of their quarterly feedback. The roll-out of training would be a key part of the programme and a discussion had taken place on 27<sup>th</sup> August 2010 on the best approach. Wendy Slater, CPA Co-ordinator, had agreed to include HoNOS PbR (Health of the Nation Outcome Scales for Payment by Results) in the training programme. The Information Standard Notice (ISN) was still awaited, receipt of which would lead to additional local system changes and data collection identification. HoNOS PbR capture of data continued to improve, currently limited to service users with CPA (Care Programme Approach). A large piece of work needed to be undertaken to look at costing to ensure a high level of understanding of the costs and inputs to each cluster

In response to Mike Shewan, Claire Wright explained that local arrangements would need to be in place before a national tariff was produced. On a positive note the EMDC would work with the Trust to understand the differences between pathways and ensure consistency where possible. Ifti Majid added that the transformational change programme was being done in clusters, which put the Trust ahead in terms of progress with the pathway redesign. Mick Martin said it would be helpful to understand the size and scale of implications, together with the risks and opportunities. Tim Woods replied that local pricing work needed to be carried out in order for those implications, risks, and opportunities to be identified.

Graham Foster asked how service users with dual diagnosis issues would be affected by single service clusters. Ifti Majid responded that one of the benefits of HoNOS was that it was an outcome-based tool, capable of recognising the clear links that existed. In response to Paul Lumsdon, Kathryn Blackshaw stated that, as the project progressed, the project group would be reviewed to ensure that the risks log was managed effectively.

**RESOLVED:**

- To receive the briefing paper on PbR progress.
- To acknowledge the current position.
- To support the next steps.

**DMHT  
2010/98**

**INTEGRATED PERFORMANCE REPORT INCORPORATING FINANCIAL PERFORMANCE AND CIP POSITION – JULY 2010 (MONTH 4) – PAUL LUMSDON/TIM WOODS**

**i) Operational Performance**

Following the lengthy discussion about DNA rates earlier in the meeting, Paul Lumsdon advised the Board that the areas of good performance continued. The report showed a slight improvement in IPR completion but this upward trend needed to be maintained. The Trust's performance for the 09/10 and the current year had been solid and, although there was an issue with DNA rates, overall the performance was strong.

The Chairman asked when bank usage would improve. Paul Lumsdon replied that a review of staffing levels in some areas was required with a stronger operational grip. IM added that, where bank usage was covering a vacant established post on a 'cost matching cost' basis, the Transformational Change Programme was affecting the bank and agency usage target, due to the holding of vacancies. The Board agreed that this was not a current concern, as financial penalties were not being incurred.

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**ii) Financial Performance**

Tim Woods was pleased to report that the surplus at the end of month 4 had risen from £96k to £175k. The CIP position was ahead of target and the financial targets were forecast to be met by the end of the financial year. The current Monitor risk rating was '3.4' which would rise to '3.8' by the year end. The Board were advised of a presentational error for the I&E (income and expenditure) surplus margin, which should be read as 0.49%.

In response to the Chairman, Tim Woods explained that 90% of the year to date plan for capital expenditure had been delivered.

In response to Mike Shewan's questions about trends in the pay bill, Tim Woods replied that the position showed an underspend with the percentage continuing on a downward trajectory.

**RESOLVED:**

- **To note the contents of the report.**
- **To agree to continue to receive the report on a monthly basis.**

**DMHT  
2010/99**

**BOARD REPORTING TIMETABLE – GRAHAM GILLHAM**

The Board noted the contents of the Board Reporting Timetable, provided on a quarterly basis. Comments would be taken outside the meeting.

**DMHT  
2010/100**

**RATIFIED RISK MANAGEMENT COMMITTEE MINUTES FROM THE MEETING HELD ON 8<sup>TH</sup> JULY 2010, TOGETHER WITH THE ACTIONS MATRIX – PAUL LUMSDON**

The ratified Risk Management Committee minutes from the meeting held on 8<sup>th</sup> July 2010, were received for information, together with the actions matrix.

**DMHT  
2010/101**

**RATIFIED QUALITY GOVERNANCE COMMITTEE MINUTES FROM THE MEETING HELD ON 8<sup>TH</sup> JULY 2010, TOGETHER WITH ACTIONS MATRIX – JOHN SYKES**

The ratified Quality Governance Committee minutes from the meeting held on 8<sup>th</sup> July 2010, were received for information, together with the actions matrix.

*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, 6<sup>th</sup> October 2010 – in the Boardroom, Trust Headquarters, Bramble House, Kingsway, Derby, DE22 3LZ**