

## Board of Directors

### Part I

Meeting Minutes, 2.30pm – 5.30pm, Tuesday, 30<sup>th</sup> September 2008

<b>Present:</b>			
Dr Neil Brimblecombe Nurse Director	Mr Altaf Kara Non-Executive Director	Ms Trudy Klauber Dean of Postgraduate Education	Mr Matthew Lewin Non-Executive Director
Prof. Sir Andrew Likierman Deputy Chair; SID	Ms Louise Lyon Trust Clinical Director	Dr Matthew Patrick Chief Executive	Ms Emma Satyamurti Non-Executive Director
Mr Nicholas Selbie Trust Chair	Dr Rob Senior Medical Director	Mr Simon Young Finance Director	
<b>In Attendance:</b>			
Ms Louise Carney Trust Secretary (minutes)	Ms Julia Smith Director of Service Development & Strategy (items 10,13 & 20)	Mr Allan Archbald Head of Informatics (items 10 & 13)	Lou James Governor, Public: Camden
<b>Apologies:</b>			
Mr Richard Strang Non-Executive Director			

### Actions

AP	Item	Action to be taken	By
1	7	Mr Young to include analysis of departmental consultancy in his next report	SY
2	12	Project plan on Quality to return in January 2009	LL
3	12	More preliminary papers to come to the Board of Directors	All
4	13	Project plan on RIO to return to Board of Directors	JS

### Actions Agenda item

### Future Agendas

#### 1. Chair's opening remarks

Mr Selbie welcomed everyone to the meeting.

#### 2. Apologies for absence

As above.

#### 3. Minutes of the previous meeting

Approved.

#### 4. Matters arising

None.

#### 5. Chair's and Non-Executive Directors' Reports

##### *Mr Nicholas Selbie, Trust Chair*

Mr Selbie reported that there had been a constructive Board of Governors meeting on 11<sup>th</sup> September. Mr Strang had been appointed Deputy Chair and Senior Independent Director. Governors Cooper and Mackenzie were looking into the duality of the roles. One Non-Executive Director, Mr Martin Bostock had been appointed, but the appointments panel had been unable

make a second appointment. The recruitment process would start again, and there would be a NED vacancy as of November 2008. The Trust was informing Monitor of this issue. Governors had not approved all of the Constitutional changes, specifically regarding the age of membership and the issue of the Specialist Commissioning and Education Commissioning seats on the Board of Governors. The training and development sub-group had agreed to extend its membership and meet regularly.

**Mr Matthew Lewin, Non-Executive Director**

Mr Lewin had been holding media workshops on talking to journalists.

## **6. Chief Executive's Report**

Dr Patrick drew attention to the NHS Co-operation and Competition Panel, which would have an impact on the Trust's tendering processes, and has implications for the way the Trust works with Commissioners.

## **7. Finance & Performance Report**

Mr Young reported that there were still two senior posts to be filled – the Business Development Lead and the Deputy Director of Finance. There was a forecast shortfall on TCS and the Monroe Young Family Centre income. The Trust had paid some VAT arrears, and there was some additional depreciation, and top-up insurance, and the Trust was utilising its reserve to deal with this. The Trust expected to hit its £250k target. Consultancy has not improved as the Trust had hoped. The economic climate may have an impact on consultancy. A full review of TCS's position and plans for the future will be presented at the next meeting. Mr Young to include analysis of departmental consultancy in his next report.

*TCS Review*

AP1

Prof. Likierman queried why the Trust appeared ahead of Plan by October in Appendix C. This was mainly due to the expectation that the Trust will catch up on general debtors. Prof. Likierman noted that the Audit Committee was satisfied with the Trust's debt collection, which was going better.

Mr Selbie noted that it was very important for the Trust to be hitting its profit targets and to be seen as "on track".

## **8. Assurance Framework**

This item was discussed under Part II.

## **9. Student Feedback Report**

Ms Klauber noted that students were asked to give feedback mid-term. Feedback, including qualitative comments, are sent to each tutor, and discussed thoroughly at tutors' meetings and training committee. It was noted that rating of the quality of teaching had gone down very slightly since last year. Ms Klauber assured the Board that this was being investigated. Lou James, also a student, commended the practice of seeking feedback for each seminar.

## **10. Information Governance Report**

Dr Patrick noted that additional resources would be appointed to the

Information Governance post at a slightly higher level than previously suggested.

Dr Brimblecombe suggested that the issue of using NHS net e-mail be brought back to the Board of Directors in the future for discussion

Mr Archibald reported that the Trust was not as risk, although there was still some way to go with raising IG awareness. As a foundation trust, the Trust is not obliged to keep to the same reporting deadlines as other trusts, but was complying with these deadlines in order to assure itself. Dr Patrick highlighted that any data breaches would impact upon the Trust's reputation.

## **11. Committee Minutes**

Noted.

## **12. Quality, Patient Experiences & Outcomes**

Ms Lyon noted that this was a preliminary paper, which was to return to the Board of Directors in more detail on a quarterly basis.

Dr Patrick noted that quality was a critical issue for the organisation. Ms Lyon explained that quality and patient experience was of increasing importance on the NHS agenda. With regard to outcome monitoring, Dr Senior noted that the Trust needed to consider how to evidence the quality of its services. Ms Lyon, Dr Senior and Dr Sally Hodges, PPI and Communications Lead were working on the details of this project, and would gather together all the work that the Trust was already doing.

Dr Brimblecombe suggested engaging with commissioners to see what they want to measure us on.

Dr Patrick noted that the NHS Choices website had a facility whereby users could rate trusts. Mr Lewin queried how realistic it was to provide patients with real choice. Dr Brimblecombe explained that it would be informed choice, and that service users would be informed through printed information and suggested websites.

**AP2** Ms Lyon to return to Board of Directors with a project plan in January 2009 *Quality...*

**AP3** Dr Patrick noted the usefulness of the category of preliminary papers for early discussion. More preliminary papers to come to the Board of Directors

## **13. RIO**

It was noted that RIO was the main London Mental Health PAS system, and that most other London Mental Health Trusts and PCTs were using RIO. As many other London organisations were using RIO, the Trust is in a position to learn from the mistakes of others. Mr Lewin queried whether RIO would fit with NHS-wide systems. He was assured that RIO was indeed designed to do so.

The RIO team were impressed by the quality of BT and Connecting for Health. If goind ahead, in addition to direct project support the Trust would have 105 days of transformation support from BT.

Dr Senior noted that RIO had good scope for outcome monitoring, which was important to the Trust.

### **Costings**

The upfront costs of the project would be £300 - £400k, although this did not take account of the degree to which the project could be resourced internally. Further work needed to be done on costings. Funding would be through efficiency savings, but the project may have to be phased over two years.

### **Implementation**

Mr Lewin noted that the Trust had experienced problems in implementing Carenotes, and would probably experience problems with RIO. Ms Smith noted that the project will not always go smoothly. The Trust would also have to make a decision on the scale of implementation. It was agreed that the project must have the support of senior staff, and it would be key to get clinicians involved from an early stage. Ms Smith was keen for full clinical implementation, although it was noted that there would be mixed opinions on this.

### **Risks**

As RIO was a London-based system, problems would be presented if the Trust were to managed services outside of London. There may be some contractual problems of using RIO for non-London based patients.

It was noted that there would be fear over confidentiality issues, especially from the Portman Clinic.

The Trust must be careful not to underestimate what it will take to complete the project.

The Board queried whether RIO would be able to take on additional data sets, as the Trust would not want to have to buy individually, and was assured.

**AP4** The Board agreed to go forward with RIO. A project plan to return, *RIO* detailing scope, implementation, timing and costings

## **14. Board of Directors' Priorities**

Prof. Likierman suggested priorities could be broken down as follows:

- Requirements (9)
- Maintenance (4)
- Emphasis (4)
- Specifically related to year (2)

The Board should identify what areas should have specific emphasis this year, and what areas are time-specific. Those listed under emphasis would

move into a different category next year. Ms Satyamurti suggested that RIO be moved into the emphasis category next year.

The objectives were noted.

**15. Any other business**

None.

**16. Notice of future meetings.**

Noted.