

**DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST**

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

**Held in The Boardroom, Bramble House, Kingsway**

**On Wednesday 5<sup>th</sup> May 2009**

**MEETING HELD IN PUBLIC**

Opened: 2.10 pm

Adjourned: 3.36 pm

**PRESENT:**

Alan Baines	Chairman
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
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:**

Liz Stewart	Whitehead Mann LLP
John Lockett	Whitehead Mann LLP
Stephen Dixon	Head of Workforce & OD
Dave Waldram	Member of the public

**APOLOGIES:**

None

**DMHT  
09/45**

**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 provided an update on his activities since the previous Board meeting. He had continued with his site visits across the Trust and had recently attended at the St James and Bolsover premises. A productive Board Development session had taken place on 15<sup>th</sup> April 2009 and considerable progress had been made with the IBP. The Trust's External Auditors would be attending the next Board Development session on 20<sup>th</sup> May 2009 to discuss examples of governance in other Trusts and other non-NHS clients.*

*Meetings had taken place with Non-Executive Directors to discuss individual development plans and Executive Directors had also met with the Chairman with regard to objective setting following their individual performance reviews with the Chief Executive. The recruitment process for the vacant Non-Executive Director post had been progressing and the closing date for applications would be the end of the day. It was expected that the new appointee would not be able to commence in post until July, due to the lengthy Appointments Commission process.*

*The Chairman was pleased to report that the feedback meeting with KPMG had been positive with no issues raised. Positive meetings had also taken place with the leader of the Derby City Council to discuss the Trust's FT application and, on a separate occasion, the Chief Executive had joined the Chairman in London at a meeting with seven Members of Parliament to provide a brief on the direction of the Trust.*

*Recent attendance at an FT Network event on the FT preparation programme had reinforced knowledge on the Monitor process and Graham Gillham was currently arranging Non-Executive Director training on the workings of the Mental Health Act Committee. Positive feedback had been received from both Non-Executive and Executive Directors on the pairing sessions, which were working well.*

*The next Trust Board would take place at the Quality Hotel and Leisure Centre on 3<sup>rd</sup> June 2009 and an Extraordinary Board meeting was scheduled for 10<sup>th</sup> June 2009 at Trust Headquarters, convened for the purpose of adopting the annual accounts 2008/09 and financial statements.*

*Graham Gillham explained that following the last Board meeting, where the appointment of seven Mental Health Act Managers had been approved, a further two appointments required approval. Pauline Gregory and Vena Wesson had both attended the relevant training and the Board duly approved their appointment as Trust Mental Health Act Managers.*

**DMHT 09/46**      **MINUTES OF MEETING OF THE TRUST BOARD HELD IN PUBLIC ON WEDNESDAY 1<sup>st</sup> APRIL 2009**

The minutes of the meeting held on 1<sup>st</sup> April 2009 were accepted and approved.

**DMHT 09/47**      **MATTERS ARISING FROM MINUTES OF THE MEETING OF THE TRUST BOARD HELD IN PUBLIC ON 1<sup>st</sup> APRIL 2009 AND ACTIONS MATRIX**

*DMHT 09/24 and 09/14 Transforming Community Services*

The Chairman confirmed that the Board to Board meeting with the Derby City PCT had now been arranged. The Derbyshire County PCT were in the process of appointing a new Chairman and the Board to Board would therefore be arranged once the new Chairman was in post. Graham Foster questioned the date for the Board to Board with the Derby City PCT and the Chairman asked for clarification in time for the confidential session of the Board.

*DMHT 09/33 Corporate Strategic Objectives*

Mike Shewan advised that the meeting with Ifti Majid to discuss IM&T support packages had not yet taken place, due to conflicting diary commitments, but would be arranged shortly.

*DMHT 09/40 Infection Control Annual Report*

John Sykes stated that an update would be provided to the Board in due course.

**DMHT 09/48**      **REVIEW OF GOVERNANCE STRUCTURE**

Paul Lumsdon expressed his thanks to Lesley Thompson and Veronica Marsden for their previous input in the review of the governance structure six months earlier. The paper gave an outline of the principles previously set out and agreed by the Board and how progress had been made against the objectives agreed. The Board were pleased to note that all objectives had been achieved. The governance structure would continue to evolve over the next six months. Since the Board paper had been written, the report by the Audit Commission had been received and copies were available to Board members, if required. The Board were asked for their support to request the Audit Committee to instruct internal audit to review the structure and processes after one year of implementation (after October 2009).

Lesley Thompson expressed her pleasure at the rigorous process that had been undertaken and the significant focus on governance throughout the Trust.

Mike Shewan drew the Board's attention to the Governance structure on page 14 which illustrated the relationship between the Governance and Risk Committees and the Audit Committee. It was important to signify and articulate the relationship between the various committees. Lesley Thompson added that, during her conversations with KPMG, they had indicated the importance of demonstrating embeddedness and tracking through the various committees to give assurance. Graham Foster agreed to raise the issue at the Audit Committee and look at reviewing the internal audit plan to embrace the governance review.

**RESOLVED:**

- **To receive the 6 month review.**
- **To agree the proposed actions.**
- **To request the Audit Committee to ask internal audit to review the governance structure and processes after one year of implementation (after October 2009).**

**DMHT  
09/49**

**QUALITY STRATEGY**

Paul Lumsdon presented the draft Quality Strategy for agreement. The purpose of the Strategy was to provide the Board with an understanding of the activities taking place throughout the organisation and set out how the Trust would deliver the new challenging agenda on quality reporting. The three domains of quality had been reviewed, described in 'High Quality Care For All' (DH June 2008) and a key area to note is the focus on clinical engagement. A quarterly meeting to take a strategic view of quality was being explored between Associate Medical Directors and other members of the quality team.

The Quality Impact Assessment Form on page 25 was highlighted. It was proposed that the form would be completed to accompany all service developments at their inception to enable the impact on quality indicators to be assessed.

The Board were asked to consider the format and priorities, for the basis of reporting on quality, as part of the monthly integrated performance report.

The Chairman drew the Board's attention to the introduction on page 5 of the report and suggested that the areas of significant progress should be evidenced to demonstrate where improvements had been made. Alan Barclay agreed that the Trust's excellent qualification in terms of quality of care from the Healthcare Commission and the unconditional registration with CQC should be illustrated.

Alan Barclay asked what steps were being taken to ensure the process for the reporting of issues was robust, in light of comments from external stakeholders, and how trends were reported. Paul Lumsdon advised that compliments and complaints, together with the findings from any serious untoward incidents were reported through the Risk Management Committee, which in turn reported to the Trust Board on a quarterly basis. In addition to the reporting process, the Trust's Head of Patient Experience took responsibility for monitoring feedback from staff and patient surveys, carers and forums to capture all intelligence and trends.

Paul Lumsdon agreed to include a quality chapter within the Integrated Performance Report on a monthly basis. The Chairman suggested it would be useful for Board members to read the additional documents referenced in the Quality Strategy to enable a fuller understanding of the issues and national priorities.

In response to Lesley Thompson, Paul Lumsdon confirmed that the document highlighted the necessary steps to be taken in order to achieve a score of "excellent" in all areas of quality. Ifti Majid added that the document could be cross referenced to other documents, such as the performance report, to demonstrate the targets to be achieved, and suggested it would be helpful to include the targets within the document for clarity.

In response to Mick Martin, the Chairman agreed that it was important to demonstrate in the IBP the strong message that the Trust would not undertake any service development that would have a detrimental impact on quality. Kathryn Blackshaw stressed that, in addition to the Whistle Blowing Policy, all clinicians were professionally accountable with regard to raising issues of concern around quality and safety. Graham Foster added that quality impact assessments and CIPs had been discussed at the April Audit Committee and were being worked into the Internal Audit Plan for 2009/10 and that the Committee would be happy to extend the review to include service development.

Mike Shewan said that in view of the connections to Next Steps - High Quality Care For All, it would be useful to show diagrammatically the relationship within the health community for how High Quality Care For All had been progressed. There were also likely to be a high number of quality key performance indicators developed. Levels of benchmarking should be included to demonstrate Board assurance that the quality of Trust services was adequate and to highlight performance against peer organisations. Chapter 3 of the IBP stated that the Trust's aim was to ensure that performance was consistently in the top 25% when compared with other service providers.

**RESOLVED:**

- **To approve the Quality Strategy.**
- **To receive a monthly report on quality included within the Integrated Performance Report.**

**DMHT  
09/50**

**BRIEFING PAPER IN RELATION TO THE HEALTHCARE COMMISSION  
INVESTIGATION INTO MID STAFFORDSHIRE NHS FOUNDATION TRUST**

Paul Lumsdon explained that since the Board report had been written, two additional reports had been written, which were available to Board members if required. The first report focussed mainly on the Emergency Department but the second report concentrated on the governance arrangements. The reports would be taken to the Trust's Governance Committee for a detailed review and brought back to the Board if necessary.

Following his attendance at the Risk Management Committee, Alan Barclay assured the Board that the Trust had undertaken an excellent piece of work, the result of which demonstrated that a good correlation existed between the serious untoward incidents reported and those incidents recorded. It was suggested, in light of the Mid Staffs report, that the Audit Committee should test Trust processes by conducting a review of the work undertaken at the Risk Management Committee to ensure the measures in place were satisfactory. Paul Lumsdon urged the Audit Committee to use the recommendations set out in the latest Mid Staffs report as a template when conducting the review.

In response to Alan Barclay, Kathryn Blackshaw suggested it would be helpful for Mark Ridge to look at any general research that had been undertaken with regard to complaints and to review the process for feedback. Ifti Majid said that a process was in place whereby service users completed a questionnaire at the beginning of their experience with the Trust, during their experience, and at the point of discharge. Feedback could be either anonymous or direct feedback and boxes were in place in all areas for feedback questionnaires. Mike Shewan added that the Values Exchange

Weblink would build on the steps being taken and would give the Trust the opportunity to ask more thematic questions. Ifti Majid explained that action taken in direct response to feedback received was also publicised in ward areas.

**RESOLVED:**

- **To note the content and agree the actions within the report.**
- **To request the Audit Committee to undertake a review of the work carried out by the Risk Management Committee to ensure satisfactory measures were in place.**

**DMHT  
09/51**

**DISASTER RECOVERY/BUSINESS CONTINUITY UPDATE**

Ifti Majid explained the differences between disaster recovery (the process for reinstalling/reinstating the Trust's technical infrastructure in the event of a failure) and business continuity (the systems put in place to ensure the business could continue whilst the disaster was underway).

During the Trust's previous FT application, the due diligence review highlighted a lack of robust disaster recovery plans at all levels, although basic business continuity plans existed. Ifti Majid was pleased to advise the Board that assurance had been received from the Trust's infrastructure suppliers that disaster recovery plans were now in place for the 13 core services operated throughout the organisation. In order to provide further assurance, DHIS (Derbyshire Health Informatics Service) had engaged the services of a national company to undertake national systems testing, the outcome of which would be known by the next Board meeting.

Graham Foster asked for assurance around the risk to the finance systems in light of the impending transfer to SBS. Ifti Majid replied that external contracts stipulated disaster recovery terms within them, and were now similar to an SLA.

Turning to business continuity, Ifti Majid explained the benefits of each team having their own business continuity plan and advised that by the end of May, all teams would have individual team plans in place, at which point they would be tested. Three "table top" exercises had been conducted thus far, which gave a level of assurance around the plans in place and areas for improvement.

In response to the Chairman, Ifti Majid confirmed that the paper detailed disaster recovery and business continuity plans for IM&T. Paul Lumsdon confirmed that a desk top exercise was underway with regard to pandemic flu with weekly monitoring. Ifti Majid added that the existence of a plan was part of the assurance process, but further assurance would be gained by testing out the mechanisms.

Mick Martin stated that he had attended a useful discussion with Ifti Majid and Paul Lumsdon with regard to disaster recovery and business continuity and assured the Board that the plans in place were excellent.

The Board requested sight of the outcomes from the desk top exercises for the July Board meeting. Alan Barclay asked for details on the single points of failure and the communications plan for the June meeting.

Kathryn Blackshaw added that it was important to understand whether the organisation had sufficient capacity when faced with an emergency situation, including back fill for those staff taken away from their usual duties to deal with the emergency. Assurance was also given that the Trust's communications plan was in place for such emergencies and it was kept updated.

**RESOLVED:**

- **To note the presence of disaster recovery plans for all major Trust**

systems.

- To note the steps planned to produce the higher level business continuity plans.
- To maintain support for the work plan.
- To review the organisation's Emergency Plan at the June Trust Board.
- To receive sight of the outcomes from the "desk top" exercises at the July Board meeting.

DMHT  
09/52

## **INTEGRATED PERFORMANCE REPORT INCORPORATING FINANCIAL PERFORMANCE – MARCH 2009 (MONTH 12)**

The Chairman introduced the public discussion on the Integrated Performance Report and reminded those present of the opportunity to raise further issues within the confidential session of the Board.

Paul Lumsdon confirmed that the Trust had met all its key financial duties for the 2008/09 financial year. Other areas to note included the achievement of the annual Local Delivery Plan targets for early intervention, crisis home treatment and assertive outreach, together with the achievement of annual regulatory performance targets for delayed discharges, seven day follow-up and crisis gate-keeping. Community Mental Health Teams were also meeting the targets for new and follow-up appointments. Areas of risk related to individual performance review (IPR) completion, return to work interview completion and any issues that could be identified when the annual accounts were audited, although no issues were anticipated.

The Chairman questioned why the data on table 2 at the bottom of page 3 was incomplete. Ifi Majid replied that the formatting of the system needed to be changed and updated in order to enable the information to be gathered.

Mike Shewan referred to the business objectives on page 8. Seventeen corporate objectives had been set by the predecessor Board over a year ago. A mid year report was carried out prior to 50% of the current Board being in post. It had not been felt appropriate to provide a lengthy end of year report to the current Board on the corporate objectives due to their relation to a different Board. The summary report presented demonstrated that at the end of the 2008/09 financial year, all the objectives were delivered and a number of challenges, listed in the report, would be carried over to the 2009/10 financial year. The strategic objectives for 2009/10 were agreed by the Trust Board in April 2009 and would be used in the performance appraisal of the Chief Executive and Directors.

Returning to the summary narrative at the bottom of page 5, the Chairman requested an explanation of the financial implications in the event that activity was above or below the contracted volumes. Tim Woods explained that in terms of the 2008/09 financial year services were provided on a block contract basis so there were no financial implications. In terms of the 2009/10 year there would be some contractual implications if the Trust under-performed or over-performed.

Tim Woods further explained that, as a result of costs identified with the PFI project, the surplus position was likely to reduce to £930k, which would be reported to the Audit Committee. The revised surplus figure was still within the tolerance control target set by the Strategic Health Authority. The Board was pleased to note the achievement of the faster closure deadline and the draft accounts were submitted to the Department of Health on 22<sup>nd</sup> April 2009. The draft accounts would be taken to the Audit Committee on 11<sup>th</sup> May 2009 and the audit of the accounts would also commence during the same week.

The Trust was reporting a capital cost absorption outturn of 4.2% which marginally exceeded the target upper limit of 4%, the cause was due to late guidance from the

Department of Health which required the application of indexation on fixed assets.

In terms of the cost improvement programme for the year, the revised target was £4million. The Trust achieved 88% of the target and the shortfall of £0.5million was in line with the requirement not to exceed the overall £1million control total.

The capital expenditure position was pleasing with a 96% achievement of the target due to active management of the capital programme.

The Board expressed its thanks to the Finance team for the achievements made during a challenging year.

#### **RESOLVED**

- **To receive the financial report for the year ending 31<sup>st</sup> March 2009.**
- **To take account of the comments highlighted in the report and note the successful achievement of Trust financial duties.**
- **To acknowledge the position shown in the report and note that a fuller review of the 2008/09 financial performance would be produced with the annual accounts.**

**DMHT  
09/53**

#### **RATIFIED RISK MANAGEMENT COMMITTEE MINUTES FROM THE MEETING HELD ON 12<sup>TH</sup> MARCH 2009, WITH ACTIONS MATRIX**

The ratified minutes from the Risk Management Committee meeting held on 12<sup>th</sup> March 2009 were received and noted by the Board.

Paul Lumsdon drew the Board's attention to the monitoring of complaints within the Risk Management Committee on page 3 of the minutes.

Lesley Thompson asked whether the changes to the top four red risks referred to on page 2 had been reflected in the IBP and Paul Lumsdon confirmed the IBP had been updated.

**DMHT  
09/54**

#### **RATIFIED GOVERNANCE COMMITTEE MINUTES FROM THE MEETING HELD ON 12<sup>TH</sup> FEBRUARY 2009, WITH ACTIONS MATRIX**

The ratified minutes from the Governance Committee held on 12<sup>th</sup> February 2009 were received and noted by the Board.

Paul Lumsdon advised the Board that, in relation to the Kerr-Haslam Action Plan, he had subsequently met with John Sykes and all outstanding actions had been completed. Efforts were being made to complete a register of approved therapies for the treatment of patients.

The Chairman highlighted the number of apologies that had been received for both the Risk Management and Governance Committees and asked whether the attendance of deputies would be appropriate. Graham Gillham replied that deputies could attend in place of core members and Mike Shewan added that the Executive Team had recently discussed deputy attendance.

**DMHT  
09/55**

#### **ANNUAL STAFF SURVEY 2008 RESULTS**

Paul Lumsdon explained that the annual staff survey results had previously been reviewed by the Board within the confidential session, and were now provided to the public session 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**

**Wednesday, 3<sup>rd</sup> June 2009 commencing at 2:00pm at the Quality Hotel and Leisure Centre, Derby Road, Ashbourne, Derby, DE6 1XH**