

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, 3rd November 2010

MEETING HELD IN PUBLIC

Opened: 2.07 pm

Closed: 4.37 pm

<u>PRESENT:</u>		
	Alan Baines	Chairman
	Kathryn Blackshaw	Deputy Chief Executive/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
	Lesley Thompson	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)
<u>IN ATTENDANCE:</u>		
	Sarah-Anne Moore	KPMG Assessor
	RS	Service User (Item DMHT 2010/127)
	Sarah Males	Community Support Worker, High Peak CMHT (Item DMHT 2010/127)
	Karen Wheeler	Physical Health & Wellbeing Lead for Mental Health (Item DMHT 2010/127)
	Two members of the public	
<u>APOLOGIES:</u>		
	None	

**DMHT OPENING REMARKS
2010/119**

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 declarations of interest to be noted.

**DMHT MINUTES OF MEETING OF THE TRUST BOARD HELD IN PUBLIC ON
2010/120 WEDNESDAY, 6th OCTOBER 2010**

The minutes of the meeting held on 6th October 2010 were accepted and approved.

**DMHT MATTERS ARISING FROM THE MINUTES OF THE TRUST BOARD HELD IN
2010/121 PUBLIC ON WEDNESDAY, 6th OCTOBER 2010.**

2010/105 Review of Charitable Funds Unaudited Accounts 2009/10

Tim Woods confirmed that the breakdown of administration costs would be included in the final report to the Board in December.

DMHT *2010/108 Patient Survey: Report and Action Plan*
2010/121 Paul Lumsdon assured the Board that the amendments requested by Lesley Thompson would be incorporated into the five key priorities.
cont.

DMHT **EQUALITY & DIVERSITY – POWERPOINT INTERACTIVE SESSION – HARINDER DHALIWAL**
2010/122

An informative and interactive PowerPoint presentation was given by Harinder Dhaliwal, Head of Learning & Development, in relation to the understanding and development of the critical connections between inclusion, equality, diversity, human rights and core business. Due to insufficient time, the Equality Act 2010 and its implications, would be presented to a future Board meeting. The presentation given by Harinder Dhaliwal would be circulated to Board members, for information.

RESOLVED:

- To note the Equality Act 2010 briefing paper, which sets out the provisions and implications.
- To note the need to adopt a whole system inclusive approach and integrate Equality Impact Assessments (EIAs) into mainstream business.
- To consider applying to become an 'early adopter' and participate in the Department of Health Equality Delivery System (new equality performance framework for the NHS from April 2011) evaluation.
- To consider inclusion and equality implications with regard to future papers/proposals presented to the Board.
- To receive a further presentation on the Equality Act 2010 at a future meeting.

DMHT **QUALITY OVERVIEW AND UPDATE**
2010/123

Mick Martin gave his monthly quality overview and update to the Board. The topics focussed on were the Care Quality Benchmarking Report, development of the Integrated Performance Report, follow up of improvement plans and quality visits, and DNA (Did Not Attend) rate improvements.

Care Quality Commission Benchmarking Report - of the 12 criteria benchmarked against other mental health service providers, the Trust was in the top performing organisations in 8 areas. The benchmarked score for staff survey results highlighted the further work required to improve this area but, overall, the Trust had performed to an excellent standard. A further discussion would take place in relation to the results later in the meeting.

Integrated Performance Report - the Board would receive a revised report in January 2011. The report would need to demonstrate performance against the Trust's 'Never Events' and it was important to ensure that a robust approach was in place to ensure that 'Never Event's never occurred. Maura Teager said that the report should also include 'near misses', a view echoed by other Board members. Communication to staff was important to ensure that staff were not afraid to report 'Near Misses'. In agreement with Mick Martin, Mike Shewan added that the Board should be cautious when defining a 'Never Event'.

DNA Rates - the actions to address unsatisfactory DNA rates were underway. Mick Martin requested a trajectory to be provided to the Board in order to track the month on month improvement. This approach was important for all improvement plans to ensure the Board were kept updated with progress. Graham Foster asked whether the action on the confidential actions matrix for an end of year report on DNA performance was soon enough and Mick Martin replied that a trajectory was required.

The Chairman commented that the decision to review the Integrated Performance Report demonstrated the Board's continued strive to ensure reports were kept

DMHT updated with fresh data and did not become static. Paul Lumsdon agreed to provide a draft outline of the new report to the December Board meeting, together with the usual report in its current form. The report was likely to include a briefer performance summary including quality, finance, activity, and programme assurance data in relation to service developments. A more detailed report would be provided to the confidential session of the Board. In response to Tony Smith, Paul Lumsdon confirmed that workforce data would be fully reported in the revised Integrated Performance Report. Helen Issitt added that the Workforce Strategy Group was undertaking a review of the Workforce Key Performance Indicators.

RESOLVED:

- To receive a report from the Medical Director to demonstrate the trajectory to reduce DNA rates.
- To receive a draft revised Integrated Performance Report to the December meeting for consideration.

DMHT BOARD ASSURANCE FRAMEWORK (BAF) – PAUL LUMSDON
2010/124

Following an introduction by the Chairman, Paul Lumsdon introduced the Board Assurance Framework 2010/11 and outlined the key themes. All risks were reviewed with Directors on a monthly basis and updated to reflect the current position. Updates were colour coded and included the top five risks for the Trust. It was encouraging to see the Audit Framework (including Clinical Audit) and Research Strategy Framework links in the BAF. The report would continue to be provided to the Audit Committee for detailed review, and then reported to the Trust Board the following month.

Graham Foster referred to the Audit Committee's focussed approach to ensure multiple sources of assurance were in place. The document reflected the activity undertaken by Rachel Kempster, Corporate Risk and Assurance Manager, and provided a high level of assurance to the Audit Committee and Trust Board.

Tony Smith drew the Board's attention to one of the top five risks: 'loss of reputation as a consequence of negative report within the public domain', and asked for assurance in relation to customer service training. Helen Issitt confirmed that the customer service training, which would include inclusion, was being reviewed with Harinder Dhaliwal as part of tier 3 management development.

Maura Teager turned to the first risk on the BAF and asked what steps were being taken to increase the level of attendance at General Practitioner (GP) Events. Kathryn Blackshaw acknowledged that the attendance at the event the previous evening had been disappointing. A discussion had taken place with consultants and agreement was reached for issues to be raised directly at clinical meetings to seek clinicians' views on the best way to engage GPs more effectively. In addition, meetings had also been arranged with GPs to discuss GP commissioning and service delivery.

RESOLVED:

- To agree to continue to support the Board Assurance Framework for 2010/2011.
- To agree the plan of action for update and review of the Board Assurance Framework.
- To receive a further update on the Board Assurance Framework in March 2011.

DMHT CARE QUALITY COMMISSION BENCHMARKING REPORT 2009/10 - PAUL
2010/125 LUMSDON

Paul Lumsdon presented his report, the results of which were mentioned earlier by Mick Martin during his Quality Update report. The key achievements were highlighted and the Board were pleased with the Trust's solid performance for 2009/10. Areas of particular interest included the Trust's achievement of maximum scores for the

DMHT indicators for People with Learning Disabilities and Child & Adolescent Mental Health Services (CAMHS). Plans were in place to address the areas which had not scored so well and the actions being taken were already seeing positive results.
2010/125 cont.

In response to Lesley Thompson, Paul Lumsdon confirmed that the Trust's ambition for the following year was to be in the top 20% for all indicators. A lengthy discussion ensued in relation to the staff survey results. Tony Smith commented on the importance of increasing staff job satisfaction scores and Helen Issitt responded that a significant amount of work was being done in this area. Staff engagement and partnership working had been strengthened and were starting to change staff perception. Tony Smith added that he was pleased to note from the Executive Management Group minutes that the 2011 programme of quality visits would be widened to include Human Resources and workforce issues. In further response to Lesley Thompson, Paul Lumsdon reinforced his belief that staff were dedicated to the Trust and placed high importance on the need to deliver a first class service to patients. Ifti Majid added that the feedback from QIPP (Quality, Innovation, Productivity and Prevention) Road Shows and the innovation ideas put forward had demonstrated the commitment from staff to embrace the quality agenda. Kathryn Blackshaw made the point that, from quality visits, the proportion of staff completing the staff survey were not always from high performing areas and a higher focus should be placed on educating staff on the importance of positive responses, in addition to the less positive comments. It was agreed that the Trust should look towards other metrics to measure staff satisfaction, aside from the staff survey results.

In response to Mick Martin, Ifti Majid explained that chart 8 reflected what was referred to by the Trust as part 2, Mental Health Minimum Data Set (MHMDS). The data was taken from quarters 1 and 2 from 2009 and did not reflect the Trust's current performance, which was at 87%. The Board were also updated in relation to the new innovation techniques that were being put in place.

RESOLVED:

- To note the solid performance in 2009/10.
- To look towards other metrics to measure staff satisfaction, aside from the Staff Survey.

DMHT **PATHFINDER PILOT - MEDICAL STAFF REVALIDATION - JOHN SYKES**
2010/126

John Sykes updated the Board on the Trust's progress as a pilot site for the national revalidation scheme, due to come into force in 2012. As an early adopter, the Trust was already measuring the key performance indicators that would be mandatory from the launch date in 2012. The Trust was on trajectory to meet all targets.

In response to Mick Martin, John Sykes advised that, during the five year revalidation cycle, consultants were required to submit an annual appraisal to the responsible officer (Medical Director) who would scrutinise the paperwork. The revalidation criteria had initially been set at a level that should be achievable for consultants, with a view to increasing the threshold at a later date.

In response to Tim Woods, John Sykes said that it was unlikely that the pilot would continue past March 2011.

RESOLVED:

- To note the content of the report and the assurances the new system will give Trusts regarding the fitness of medical staff to practice.

Due to time constraints, the 'Ward to Board' Service User Feedback item, due to be taken during the confidential session of the Board, was moved into the public session at the request of the Executive Director of Nursing and Quality.

**DMHT
2010/127**

WARD TO BOARD - SERVICE USER FEEDBACK - PAUL LUMSDON

RS, accompanied by Sarah Males, Community Support Worker, High Peak Community Mental Health Team (CMHT), and Karen Wheeler, Physical Health & Wellbeing Lead for Mental Health, attended the Board meeting to provide personal feedback. Karen Wheeler outlined the walking activities that had been instigated across the county as part of 'Get Moving Week'. Sarah Males added that walking initiatives had been running in the High Peak CMHT for some time and were beneficial in addressing social inclusion issues for service users. RS said that the walking group helped increase physical fitness and aided more restful sleep. In response to the Chairman, RS outlined the walking activities undertaken.

The Chairman noted the importance of such activities, highlighted during World Mental Health Day, and asked how long the walking group had been running. Sarah Males replied that the Trust had been undertaking partnership walking with the local council for approximately four years. In response to Lesley Thompson, Sarah Males advised that information regarding the walks was provided to the team care coordinators, together with advertisements in the Walks for Health Programme.

Karen Wheeler was pleased to report that NHS Derbyshire County had invested in walking coordinators across the county. Each area now had a walking coordinator who had approached the Trust to understand where the teams were and the activities in place to enable a joint approach. In response to Maura Teager, Karen Wheeler said that pets could accompany their owner on walks.

Paul Lumsdon asked RS to consider, outside the meeting, any additional issues he would like to bring to the attention of the Board. In response to the Chairman, Paul Lumsdon stated that other areas/regions had adopted similar walking groups to those already mentioned.

Mike Shewan asked what would happen over the winter months, with the bad weather restrictions. Sarah Males said that other activities could be explored, such as gym membership, but that walking in bad weather was not a sensible option. Mike Shewan asked for any further ideas to be put forward outside the meeting.

Ifti Majid asked RS whether, as a result of attending the walking group, there was less need to see the team at Corbar View. RS replied that no change had been noted at present but perhaps reliance on the team would reduce in the future.

The Chairman thanked RS, Sarah Males, and Karen Wheeler for their attendance at the Board and they left the meeting.

**DMHT
2010/128**

QUALITY GOVERNANCE SELF ASSESSMENT - PAUL LUMSDON

Paul Lumsdon reminded the Board that the self assessment against the Monitor Quality Governance Framework had been ongoing in the Trust for some time through the monthly quality discussions at the Board and Board Development Sessions. The report before the Board provided the revised self assessment, which showed that all areas were rated 'green'. The self assessment process would continue through the Quality Governance Committee at least twice yearly to ensure a continued drive towards further improvements.

RESOLVED:

- To agree for the self assessment to be reviewed following Monitor's assessment feedback.
- To request the continued oversight of the Quality Governance Self Assessment through the Quality Governance Committee.

Members of the Board were reminded of the requirement, at the current stage of the Trust's Foundation Trust application, to submit to Monitor a self-certification statement confirming the whole Board has confidence in the governance arrangements in each of the four areas specified in the statement. In addition, direct evidence was required in support of the statement.

Board members have previously received a presentation on the self-certification requirements (January 2010) and had participated in a Board Development workshop session (September 2010) at which Board members had tested the systems and processes in place to provide assurance. At this workshop Board members also determined the supporting evidence which is key to defining the Board's approach in each area.

The Chairman asked all Board members carefully to consider the draft statement, taking each area in turn. The schedule of supporting evidence was presented (also available at the meeting in manual hard copy format) for agreement.

Clinical Quality

The Board is satisfied that, to the best of its knowledge and using its own processes (supported by Care Quality Commission information and including any further metrics it chooses to adopt), its aspirant NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients;

The Board, to the best of its knowledge and using its own processes, is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

Processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

The narrative relating to clinical quality was considered, with the Board being mindful of the prior completion of the Quality Governance Board statement B13. At Mick Martin's suggestion, it was agreed that the paragraph headed "Quality Champion" should read "Championing Quality". The Board confirmed it was satisfied with the arrangements in the clinical quality area and that the prime evidence in support should comprise Care Quality Commission rating, quality strategy, quality visits (guidance and reports), the Quality Account, CQUIN integrated performance reports, CQC Mental Health Act annual statement, and Medical Practitioners - Registration and Revalidation requirements. The latter item had been discussed earlier in the meeting in direct response to the gap identified at the Board workshop session.

Service Performance

The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds), and commits to comply with all known targets going forwards.

The Board was satisfied that sufficient plans were in place with regard to service performance. Key evidence comprised the top five risks, risk register, Board Assurance Framework, integrated performance reports, infection prevention and control annual report, examples of challenges to quality statements and the involvement of commissioners in quality visits.

The Board confirmed it had confidence in the arrangements in place in this area.

Other Risk Management Processes

Issues and concerns raised by external audit and external assessment groups (including reports for NHS Litigation Authority assessments) have been addressed and resolved. Where any issues or concerns are outstanding, the Board is confident that there are appropriate action plans in place to address the issues in a timely manner;

All recommendations to the Board from the audit committee are implemented in a timely and robust manner and to the satisfaction of the body concerned;

The necessary planning performance management and risk management processes are in place to deliver the business plan;

A Statement of Internal Control (SIC) is in place, and the aspirant NHS foundation trust is compliant with the risk management and assurance framework requirements that support the SIC pursuant to most up to date guidance from HM Treasury (<http://www.hm.treasury.gov.uk>);

The Trust has achieved a minimum of Level 2 performance against the requirements of their Information Governance Statement of Compliance (IGSoC) in the Department of Health's Information Governance Toolkit;

All key risks to compliance with their authorisation have been identified and addressed.

The Board confirmed its confidence in the arrangements for other risk management processes and accepted the following evidence in support:-

- Annual audit letter
- Audit Committee recommendations
- Clinical audit programme
- Patient survey report
- Staff survey
- Statement of internal control
- Information governance toolkit
- Annual return

Board Roles Structures and Capacity

The Board maintains its Register of Interests, and can specifically confirm that there are no material conflicts of interest in the Board;

The Board is satisfied that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability;

The selection process and training programmes in place ensure that the non-executive directors have appropriate experience and skills;

The management team have the capability and experience necessary to deliver the business plan;

The management structure in place is adequate to deliver the business plan.

**DMHT
2010/129
cont.** The Board considered the supporting narrative and confirmed its confidence in the arrangements and, in particular, the capability and capacity of the senior team to deliver the Business plan. The supporting evidence comprised the Register of Directors Interests and Board Remuneration Committee minutes, model job descriptions, non-executive director appointment arrangements, Board development programme and organisational management structure.

RESOLVED:

- To authorise the Chairman, for and on behalf of the Board, to sign and submit the statement of self-certification to Monitor.
- To approve the submission of direct supporting evidence as presented and considered by the Board.
- To request the Chairman to send a covering letter with the statement confirming that the whole Trust Board has confidence in the arrangements that it has in place for each area specified in the self-certification statement.

**DMHT
2010/130** PROGRESS AGAINST STRATEGIC OBJECTIVES – MIKE SHEWAN

Mike Shewan presented his half year progress report to the Board against the range of actions agreed at the beginning of the year. The report was intended to give the Board confidence that in-year the Trust was taking forward each of the strategic objectives. The key themes were outlined and the Board were asked to note that the report showed no areas of 'red' performance, but a significant level of 'green' areas. The Board were updated in relation to the action plans to address the 'amber' areas highlighted and were assured that clear trajectories were in place to achieve all agreed objectives by the end of the year.

Graham Foster noted the significant progress made during a busy year. He asked for further assurance in relation to the actions take to meet objective 7: to develop and promote real time systems to collect outcome and experience measures to inform service improvements. Paul Lumsdon referred to the work that had been undertaken with the Improving the Patient Experience Group, together with the Divisional Forums for patients and carers, all of which was reported through to the Quality Governance Committee. This, together with the staff survey proactive work added to the 'real time systems' evidence and demonstrated that the views of patients, carers and staff were being recorded. Paul Lumsdon added that the quarterly Integrated Quality Governance report would further evidence performance and outcomes.

Kathryn Blackshaw referred to objective 27: to systematically involve service users in developing the Trust's response to service development opportunities. Input from service users in this area had previously been lacking but the process outlined by Paul Lumsdon would link through and also capture service users' views in relation to service delivery and development opportunities.

RESOLVED:

- To note the progress made towards the achievement of the agreed strategic corporate objectives 2010/11.
- To agree to receive a further update in April 2011.

**DMHT
2010/131** INTEGRATED PERFORMANCE REPORT INCORPORATING FINANCIAL PERFORMANCE AND CIP POSITION – SEPTEMBER 2010 (MONTH 6) – PAUL LUMSDON/TIM WOODS

i) Operational Performance

Paul Lumsdon introduced the operational performance data highlighted the key achievements. Individual Performance Review (IPR) completion had risen to 82%, which was a significant improvement, and sickness absence remained strong at under 4%. Performance against delayed transfers of care was pleasing and put the Trust in the top 20% when benchmarked against other mental health trusts.

DNA (Did Not Attend) rates had worsened slightly since the previous month. Paul Lumsdon echoed the point made earlier by Mick Martin, regarding the need for a trajectory report to demonstrate how DNA rates would be performance managed down on a monthly basis to meet the CQUIN target of 12.5% by the March 2011 Board meeting. Lesley Thompson asked for an update from John Sykes in relation to the progress being made to address unsatisfactory DNA rates. John Sykes informed the Board that the new system was to be introduced from Monday, 8th November 2010, and was expected to see an impact on DNA rates.

Mike Shewan added that full clinician support to reduce DNA rates had been lacking in some areas and the new system would have to be robustly performance managed with consultant colleagues. The Executive Management Group minutes, due to be considered later in the confidential session, demonstrated the extent to which the topic was being discussed outside the Board by the executive team. It was envisaged that, once the impact of the new booking system had been recognised, a downward trajectory could be mapped out on a month by month basis.

Ifti Majid also assured the Board that monthly individual clinician/consultant performance data was being produced, together with supporting evidence to reinforce the reasons for change. This would help to change the attitude of those more reluctant to adapt to new ways of working.

The Board noted that the Trust would continue to work towards lowering DNA rates beyond the 12.5% CQUIN target.

Graham Foster asked for further clarification with regard to the increase in "major" or "catastrophic" incidents at graph 15 on page vi. Paul Lumsdon advised that similar increases had been recorded in previous years. He had reviewed the reports and concluded that the increase was largely due to "natural deaths" in the Older Peoples' Service. Following a 'Blue Light' communication to all staff, reporting now included patient deaths that occurred, for example, whilst a patient was being treated in a community hospital. These were formerly not included and could also account for the rise.

Lesley Thompson asked for an explanation in relation to chart 2, and the over-delivery of 953 new crisis home treatments against the Local Delivery Plan target of 866. Paul Lumsdon explained that the performance was being monitored but he was not aware of any waiting time or case load management problems. Ifti Majid agreed with Paul Lumsdon and added that, since the service reconfiguration into Acute Care and Community Care, activity levels in the crisis team had been impacted. Seasonal variations had also been noted by clinicians with a higher numbers of referrals received during the summer months.

ii) Financial Performance

Tim Woods outlined the financial performance and confirmed that the Trust was forecasting to achieve all financial targets by the end of the financial year. The year to date position showed the achievement of a £330k surplus, marginally ahead of plan. Capital expenditure showed that just under £1.4m had been spent, which was 78% against planned expenditure. An adjustment was awaited from NHS East Midlands in relation to the Capital Resource Limit, expected due to the transfer of core houses.

The Trust had a healthy cash position of £4.5m, slightly ahead of plan, due to some payments received earlier than anticipated. CIP achievement was at £1.7m, demonstrating good performance. All metrics resulted in a current risk rating of 3.4 rising to 3.8, rounded up to 4 by the end of the year.

RESOLVED:

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

**DMHT
2010/132** **CONSULTATION ON PROPOSAL TO EXTEND NEVER EVENTS - PAUL LUMSDON**

Following the discussion held earlier in the meeting, Paul Lumsdon presented the consultation document on the proposal to extend 'Never Events'. Consultation had been undertaken with professional groups, the Risk Management Committee, together with named individuals, for comment.

Paul Lumsdon said that he expected that 'Never Events' would start to have an increasing focus nationally, with fines imposed for negative reporting.

Graham Foster noted the different categories that had been assigned and asked whether any analysis work had commenced. Paul Lumsdon replied that a programme of risk assessments was already in place which would assess, for example, the condition of windows in inpatient areas.

Maura Teager said that she had found it difficult to understand some of the terminology, but would feed comments back via the consultation process to Paul Lumsdon.

**DMHT
2010/133** **RATIFIED AUDIT COMMITTEE MINUTES FROM THE MEETING HELD ON 8TH JUNE 2010, TOGETHER WITH THE ACTIONS MATRIX - GRAHAM FOSTER**

The ratified Audit Committee minutes from the meeting held on 8th June 2010, were received for information, together with the actions matrix.

**DMHT
2010/134** **RATIFIED RISK MANAGEMENT COMMITTEE MINUTES FROM THE MEETING HELD ON 9TH SEPTEMBER 2010, TOGETHER WITH ACTIONS MATRIX – PAUL LUMSDON**

The ratified Risk Management Committee minutes from the meeting held on 9th September 2010, were received for information, together with the actions matrix.

Paul Lumsdon drew the Board's attention to minute reference R10/116 and confirmed he had written to the Care Quality Commission and indicated, following the meeting, that the Committee was satisfied that all points had been addressed.

**DMHT
2010/135** **RATIFIED QUALITY GOVERNANCE COMMITTEE MINUTES FROM THE MEETING HELD ON 9TH SEPTEMBER 2010, TOGETHER WITH ACTIONS MATRIX – PAUL LUMSDON**

The ratified Quality Governance Committee minutes from the meeting held on 9th September 2010, were received for information, together with the actions matrix.

The Chairman reminded members of the public that the next meeting on 1st December 2010 would commence at the earlier time of 10.00 am. In addition, from 2011, Board meetings would move to the last Wednesday of the month. 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 December 2010 – at 10.00 am in the Boardroom, Trust Headquarters, Bramble House, Kingsway, Derby, DE22 3LZ