

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, 5th May 2010

MEETING HELD IN PUBLIC

Opened: 2.09 pm

Adjourned: 3.25 pm

<u>PRESENT:</u>	Mick Martin	Non-Executive Director (Acting Chairman)
	Graham Foster	Non-Executive Director
	Paul Lumsdon	Executive Director of Nursing and Quality
	Ifti Majid	Executive Director of Operations
	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	Acting Director of Workforce & Organisational Development
	Alison Baker	Executive Business Assistant (Minute Taker)
<u>IN ATTENDANCE:</u>	Ash Bower	Head of Communications & Engagement
	Wendy Henson	Acting Head of Effectiveness
	Andrew Hare	Member of the public
	Tim Proctor	Member of the public
	Dave Waldram	Member of the public
<u>APOLOGIES:</u>	Alan Baines	Chairman
	Kathryn Blackshaw	Executive Director of Business Strategy

DMHT 2010/37 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.

DMHT 2010/38 MINUTES OF MEETING OF THE TRUST BOARD HELD IN PUBLIC ON WEDNESDAY, 7th APRIL 2010

The minutes of the meeting held on 7th April 2010 were accepted and approved.

DMHT 2010/39 MATTERS ARISING FROM MINUTES OF THE MEETING OF THE TRUST BOARD HELD IN PUBLIC ON 7th APRIL 2010 AND ACTIONS MATRIX

DMHT 2010/14 (2010/20) Integrated Performance Review ii) Operational Performance
Mike Shewan confirmed that Kathryn Blackshaw was overseeing the process and would confirm the date for the results to be presented to the Board.

DMHT 2010/23 Trust Response into the Robert Francis QC Inquiry Report into Mid Staffs NHS Foundation Trust

Mike Shewan advised that the key points related to the Quality Standards, scheduled to be agreed by the Board later in the agenda, would form the basis for the communication to staff. The Internal Communications Strategy would be drafted by Ash Bower, who would become full time in post from 1st June 2010.

**DMHT
2010/40**

CLINICAL AUDIT FRAMEWORK AND WORKPLAN 2010/11 – PAUL LUMSDON

Paul Lumsdon explained that his report outlined the structure and programme to develop the clinical audit. This would satisfy the Board's request for further assurance on the management of the Board Assurance Framework and the actions being taken to manage risk. Under the structure, all clinical audits would first require approval by the Quality Governance Committee. The structure allowed for an increase in audits to give the Board assurance of the framework being met.

Graham Foster, Chairman of Audit Committee, was pleased to see the significant progress that had been made to align the clinical audit process with the overall strategic objectives, a view echoed by Lesley Thompson. The programme addressed the points that had been raised by the Audit Committee and the structure outlined was thorough and robust. Graham Foster requested a six monthly report to the Audit Committee on the progress against the Clinical Audit Framework. Paul Lumsdon agreed with this reporting suggestion and confirmed that the Quality Governance Committee minutes and Integrated Governance Report would also provide an ongoing oversight for the Board.

Maura Teager suggested that the action plan should list the best practice achieved rather than state that no further action was required, and Paul Lumsdon agreed to incorporate the positive statements suggested.

Lesley Thompson asked why the DNA (Did Not Attend) audit had been scheduled for March 2011, given the high risk. Ifti Majid explained that a six month 'lead in' time had been agreed by the Board for the work on DNAs and cancelled clinics and Paul Lumsdon added that the audit would demonstrate the changes in practice once the improvements had been embedded. Progress updates would also be provided by John Sykes, as project sponsor. In response to Lesley Thompson, Paul Lumsdon outlined the process taken: all audits identified in association with the assurance framework were judged by the Quality Governance Committee, where the audit programme was agreed, with input from the clinical audit lead.

Maura Teager referred to the findings of the Mid Staffs report and the interface with Dementia and Learning Disabilities, and asked how the Trust intended to engage with the wider health community to use their expertise to improve services. Paul Lumsdon replied that the Trust was represented on the community wide forum and it was expected that a specialist nurse for confused patients would be funded from the legacy left to the Royal Derby Hospital.

Mike Shewan, as CEO Sponsor, provided an update on progress with the Dementia Care Regional Workstream. The project team had been established and was in the process of appointing a clinical lead, likely to be a consultant psychiatrist. A county wide Dementia Care Pathway was being led by the County PCT. However, PCT spending intentions were not clear and efficiencies were expected to be required. A further update would be provided once known.

Mick Martin asked how the Clinical Audit Framework underpinned the balance between self-audit and external audit. Paul Lumsdon replied that a large number of the audits would reflect the requirements of NICE guidance. Through Quality Assurance, the Trust selected the most suitable people to lead reviews of NICE

guidance, which would often lead to further audits. Some audits were identified by a clinician's own interest and it was often the case that self audits would be more stringent than external audits. Mick Martin stated that the audit activity to drive service improvements was clear but asked how these could be made more visible across the Trust. Paul Lumsdon said that Audit and Research Showcases were already in place and discussions were taking place with Corinne Gale, Research & Research Development Manager, to identify where the organisation had implemented research.

RESOLVED:

- **To use the Clinical Audit Framework to underline the importance of Audit Work.**
- **To strongly support the structure outlined.**
- **To endorse the Clinical Audit Framework and approve the Clinical Audit Programme for 2010/11.**

**DMHT
2010/41**

2010/11 CORPORATE OBJECTIVES

Mike Shewan referred to the Board Development Session on 21st April 2010, when the corporate strategic objectives were discussed at length. The 2009/10 objectives had been signed off at the Trust Board on 7th April 2010, and the 2010/11 four key strategic objectives were before the Board for formal approval and to agree a six monthly reporting timetable.

Lesley Thompson said that it would be helpful to demonstrate a measure of expected progress in twelve months time and Mike Shewan agreed to include a benchmark in the November report.

By way of further update, Mike Shewan confirmed that the list of 'Never Events' was being progressed by Paul Lumsdon through the Multi-Professional Council, and a set of 'Never Events' would be provided for ratification by the June Board. Five Key Quality Standards were also being drafted and would be circulated shortly.

Graham Foster provided feedback from staff he had spoken to the previous day, who had positively stated that several of the objectives had been formed following discussion at the Trust-wide Managers' Forum, and therefore staff felt engaged in the process. Mike Shewan added that further examples of staff contribution and engagement would be demonstrated through the planned review of the Performance Management Framework, and staff pledges in the NHS Constitution.

Mick Martin stressed the importance of strong links between communication from staff and how objectives were formed.

RESOLVED:

- **To approve the level one objectives, in order that the Chief Executive can agree key objectives with each Executive Director, and they in turn with their direct reports.**
- **To agree to receive updates on progress against the level one objectives on a six monthly basis.**

**DMHT
2010/42**

BOARD REPORTING TIMETABLE – GRAHAM GILLHAM

Graham Gillham presented the Board Reporting Timetable for 2010/11, aligned to the format of the Board agenda and invited comments. Paul Lumsdon advised that the Emergency Plan would now be provided to the Board in July. The Integrated Governance Report would be brought to the Board in July, October and January. Graham Foster confirmed that the Audit Committee Annual Report was expected at the September Board. Tim Woods asked for the lead responsible for the Estates Strategy to be changed from Ifiti Majid. Lastly, Paul Lumsdon stated that the Quality

Strategy had been reviewed in February and was not planned again until much later.

RESOLVED:

- **To approve the Board Reporting Timetable, subject to the amendments suggested.**
- **To continue to review the same on a quarterly basis.**

**DMHT
2010/43**

RESEARCH INTO PRACTICE UPDATE – JOHN SYKES

John Sykes presented his report on research into practice, as requested by the Board, and explained that the recruitment to national research studies would eventually inform NICE guidelines. Also highlighted was the interesting work being undertaken by the Diffusion Fellows and CLAHRC into applied research in clinical areas, e.g. Attention Deficit Disorder, Hyper-Activity Disorder, and Personality Disorder therapies. The Board were asked to agree for the report to be combined with the Research Governance report on a six monthly basis.

Lesley Thompson was pleased to see how the latest research had had a therapeutic benefit to patients.

Mike Shewan added that Professor Paul Gilbert had published two books, and Sara Jane Aris, Consultant Clinical Psychologist, had also published a book, both of which built upon the Trust's reputation.

RESOLVED:

- **To note the report on Research into Practice and receive further reports on a six monthly basis.**

**DMHT
2010/44**

QUALITY OVERVIEW AND UPDATE – MICK MARTIN

Mick Martin, as Quality Champion, provided an update on three areas of quality: the work on care pathways; the assurance on the impact of transformational programmes on service quality; and the work on complaints and user information to drive improvement in the Trust.

Making care pathways a core part of the way the Trust was managed had been a key priority. The Adult Care Pathway was now in place and the pathways for Older People and Learning Disability Services were also in progress, expected to be available from October 2010. In addition, the mapping of quality requirements and the specifics of resource allocation were underway to drive improvement and performance. For the Adult Care Pathway, eleven quality goals had also been drafted and clearly communicated to the staff running the pathway.

The review of complaints was underway and the importance of user data and input from recipients of service had been recognised. The topic had been discussed at the Non-Executive Director meeting prior to the Board. It was agreed that patient experience was essential in monitoring quality of service and improvements in care provision.

One of the most significant challenges for the Trust was the need to manage, on an ongoing basis, the impact of cost improvement projects on the Trust's ability to maintain service quality for patients. Mick Martin outlined some of the tremendous work underway in the Programme Office and the strong partnership with the quality directorate which would ensure that projects were managed in a robust way. Assurance was gathered at each stage to ensure that quality was protected: as projects were initiated, a structured quality check was taking place; at the point before the project 'went live' a further structured impact assessment of the impact on quality was undertaken; and, after the project had 'gone live', three further checks were

carried out to ensure that the changes had seen the expected impact and had not had an impact on quality. This underlined the Trust's commitment to respond to economic challenges, whilst ensuring that service quality was paramount.

On 1st June 2010, training had been arranged for all Non-Executive Directors to be taken through the Programme Office methodology and operation in detail to understand fully the way the process was managed.

Mick Martin briefly mentioned the Quality Account, due to be discussed during the confidential session of the Board. He emphasized the importance of communicating progress on changes to service quality to patients, something recognised by Quality Practitioners in the Trust.

Mike Shewan added that a high level of engagement with clinicians and wider stakeholders had been undertaken to agree the service model prior to the commencement of the care pathway redesign work. Job planning with the consultant workforce had also played a significant part in redesigning service provision. As a result, the Trust now had a much improved situation where consultants were either responsible for inpatient care or community based care, rather than a combination of both. This approach made better use of resources and reduced the number of consultants on a ward, together with a reduction in the administrative burden. The consultant body had engaged and participated in a positive way prior to their sign up to the pathway model.

**DMHT
2010/45**

INTEGRATED PERFORMANCE REPORT INCORPORATING FINANCIAL PERFORMANCE AND CIP (COST IMPROVEMENT PROGRAMME) POSITION – MARCH 2010 (MONTH 12) – PAUL LUMSDON/TIM WOODS

i) Financial Performance

Tim Woods presented the 2009/10 end of year report and the unaudited figures that had been reported to the Strategic Health Authority and Department of Health. The Board were delighted to note that the Trust had once again met all its financial targets. The audit process had commenced and no problems were anticipated. A further report would be provided to the Audit Committee on 10th May, who would examine the accounts in more detail.

An operating surplus of £1,014m had been achieved, although the accounts would include a technical deficit as a result of the revaluation of assets, a situation faced by all NHS Trusts. This resulted in a positive Monitor Risk Rating of '3.6' for financial performance, which would be rounded up to '4' as a Foundation Trust.

The Board expressed its appreciation of the work of the Finance Team and the Trust for its well managed financial performance during a challenging year. Mike Shewan added that, in over ten years as Chief Executive, this was the first time 100% achievement of recurrent CIPs had been achieved.

ii) Operational Performance

Building on the solid financial performance, Paul Lumsdon outlined the achievements in operational performance at the end of the financial year. The Trust had continued to meet or exceed targets for CQUIN (Commissioning for Quality and Innovation), early interventions service, crisis home treatment service, assertive outreach caseload, and seven day follow up rates for patients on enhanced CPA.

Although the rate for cancelled outpatient clinics had almost reached 4%, further ongoing work would be required to continue to drive the level down. Significant discussion had taken place at the Board about DNA (Did Not Attend) rates and a target trajectory was now in place, based on the work that John Sykes was leading with other Trust clinical leads.

Performance reviews would continue to be monitored and teams would be required to produce robust action plans to address any areas of underperformance.

Graham Foster drew the Board's attention to the analysis of major and catastrophic incidents at chart 11, which appeared to show a 30% increase in incidents, and asked for a further explanation. Paul Lumsdon said that such incidents continued to be reviewed on a weekly basis at the SUI (Serious Untoward Incident) group and monthly by the Risk Management Committee. No specific trends had been identified and the levels were not of concern. Ifti Majid stated that there had been a change in the reporting of safeguarding alerts, now flagged as 'red' incidents, which could account for the increase. Mike Shewan said that the Trust had a sharp focus on such incidents but suggested that the data should be benchmarked against other Trusts. Paul Lumsdon confirmed that a programme for benchmarking was in place for later in the year, but agreed to look into the safeguarding data issue, highlighted by Ifti Majid. Mike Shewan added that, where targets had not been externally set, Directors had been asked to review how targets were agreed for the next Board meeting. Helen Issitt stated that, for workforce indicators, the organisation was showing an improvement on previous years, and there was an opportunity to review the workforce indicators and targets set.

Lesley Thompson asked for an explanation of the performance summary diagram on page 5, which appeared to show a worsening of performance. Tim Woods apologised that the coloured graph had not been updated to reflect the year end position. Lesley Thompson asked why all areas were not showing better performance, given the plans that had been put in place to achieve targets satisfactorily. Paul Lumsdon agreed to review the key to scoring with the Executive Team.

Mick Martin said that it would be helpful to understand how the small percentages used in the regulatory performance summary would impact on patient care (e.g. discharge rates). Mike Shewan added that it would be useful to include a numeric value in addition to a percentage, which Paul Lumsdon agreed to provide.

Mick Martin also questioned the twelve month average reported for outpatient appointments. Paul Lumsdon agreed to check the data and confirm the position at the next Board meeting.

RESOLVED:

- **To note the tremendous achievement of all financial targets for the year 2009/10, together with the significant achievement of operational performance targets.**
- **To continue to receive monthly performance reports.**

**DMHT
2010/46**

**STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS REVIEW,
INCLUDING MENTAL HEALTH ACT COMMITTEE TERMS OF REFERENCE AND
CORPORATE GOVERNANCE: DECLARATION OF INTERESTS – GRAHAM
GILLHAM**

Graham Gillham presented several corporate governance issues for approval by the Board.

i) Standing Orders, Incorporating Standing Financial Instructions and Scheme of Delegation

The Standing Orders, incorporating the Standing Financial Instructions and Scheme of Delegation, were subject to annual review to ensure their fitness for purpose. The Audit Committee had been involved in the review, along with the Executive Management Group. In particular, the procedures for tendering and the

process for waiving Standing Orders had been strengthened and the Audit Committee would be receiving a six monthly report to monitor the waiving of the tendering procedure. The full document had been made available to Board members and could be provided to members of the public if required. The document would also be published on the Trust intranet and website as part of the publication scheme.

ii) Mental Health Act Committee Terms of Reference

The Mental Health Act Committee terms of reference had also been revised, following a review of the Committee membership and remit by Lesley Thompson, Committee Chairman. Lesley Thompson explained that the review of the Committee's effectiveness had resulted in the inclusion of the Committee's oversight for Deprivation of Liberty legislation and Human Rights issues. She also suggested that the Committee's name change to "Mental Health Legislation Committee". Mike Shewan urged that advice be sought with regard to the Committee change of name due to the status of Hospital Managers under the Mental Health Act. Graham Gillham agreed to make the necessary enquiries and added that the main requirement for the Committee was to monitor compliance with the Mental Health Act Code of Practice. In further response to Mike Shewan, Lesley Thompson confirmed that the Committee membership would include three Non-Executive Directors including the Committee Chairman.

Paul Lumsdon asked whether the structure for reporting to Board had been considered. Lesley Thompson replied that the meeting minutes would continue to be brought to the Board, along with an annual report of the Committee's work throughout the year. Paul Lumsdon suggested that the reporting arrangements be included in the terms of reference. In addition, he asked whether Equality and Diversity had been considered and how the use of the Mental Health Act and Seclusion related to the Trust's population of the service and the community, together with key performance indicators and monitoring tools. Graham Gillham agreed to make the suggested amendments.

Graham Foster referred to his involvement in the review and explained that the enhanced relationship with Associate Hospital Managers for Non-Executive Directors was an important feature, and one which he looked forward to being involved in. Lesley Thompson added that Non-Executive Directors were not currently personally hearing appeals, but that Associate Hospital Managers had been trained to fulfil the role, with direct access to the Committee Chairman and Director of Corporate and Legal Affairs, if required. Mike Shewan asked whether consideration had been given to the Associate Hospital Managers once the Trust became a Foundation Trust. Graham Gillham confirmed that a move to FT status would not result in any changes being required.

iii) Declaration of Director Interests

Graham Gillham explained that the Register of Director Interest was made public each year in conjunction with the preparation of the Trust's Annual Accounts to ensure that all Directors' interests were correctly recorded in the accounts for the year completed. The Board were informed that the leaving dates for Alan Barclay and Carole Appleby required completion and would be incorporated. Maura Teager and Tony Smith had also declared their interests on joining the Trust, which would appear in the accounts for 2010/11. Lesley Thompson advised that her declaration required further amendment and Graham Gillham agreed to clarify these outside the meeting.

Paul Lumsdon drew the Board's attention to the top five risks, refreshed at each Committee meeting, and the inclusion of Transformational Change at the top of the list.

**DMHT
2010/48**

RATIFIED QUALITY GOVERNANCE COMMITTEE MINUTES FROM THE MEETING HELD ON 11TH MARCH 2010, WITH ACTIONS MATRIX

The ratified minutes from the Quality Governance Committee meeting, held on 11th March 2010, were received and noted by the Board.

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, 2nd June 2010 – at Trust Headquarters, Bramble House, Kingsway,
Derby, DE22 3LZ**