

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, 7th July 2010

MEETING HELD IN PUBLIC

Opened: 2.00 pm

Adjourned: 3.55 pm

<u>PRESENT:</u>	Mick Martin	Non-Executive Director (Acting 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
	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>	Steve Edgeley	Head of Patient Safety/Deputy Director of Nursing & Quality
	Dr Rais Ahmed	SPR – Speciality Registrar
	Two Members of the public	
<u>APOLOGIES:</u>	Alan Baines	Chairman

DMHT 2010/64 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 2010/65 MINUTES OF MEETING OF THE TRUST BOARD HELD IN PUBLIC ON
WEDNESDAY, 2ND JUNE 2010**

The minutes of the meeting held on 2nd June 2010 were accepted and approved.

**DMHT 2010/66 MINUTES OF MEETING OF THE TRUST BOARD HELD IN PUBLIC ON TUESDAY,
8TH JUNE 2010**

The minutes of the meeting held on 8th June 2010 were accepted and approved.

**DMHT
2010/67**

MATTERS ARISING FROM THE MINUTES OF THE TRUST BOARD HELD IN PUBLIC ON WEDNESDAY 2ND AND TUESDAY 8TH JUNE 2010.

2010/55 Quality Account

Paul Lumsdon reported that a list of amendments, together with an updated final version of the Quality Account was available for Board members.

**DMHT
2010/68**

QUALITY OVERVIEW AND UPDATE – MICK MARTIN

The Chairman referred to the recent Board Development Session, when the Board had concentrated on the various strands of the Quality requirements. One of the actions from the session was the further work required to translate the language used in Trust corporate documents, to ensure the final product was user friendly, people-focussed, and clearly demonstrated the organisation's goal.

Trust Values was another area focussed on and it was acknowledged that patient care, experience, and outcome were at the centre of the organisation's values. Whilst the framework for the approach to quality was firmly in place, the focus would need to move swiftly towards implementation of the robust frameworks.

The Trust had recently undertaken a number of serious untoward incidents reviews. It was important to recognise that, in the vast majority of cases, patients were receiving excellent services on a daily basis, but any learning points from investigations would always be identified and cascaded out to staff to further improve the quality of the service.

**DMHT
2010/69**

QUALITY VISITS – PAUL LUMSDON

Paul Lumsdon provided an update to the Board on progress with the quality visits programme. In line with the Quality Strategy, the data from level 1, 2, and 3 performance reviews was being assessed, with a focus on good practice, in addition to areas where further work was required. A significant number of quality visits had taken place with favourable feedback received from wards and teams. The visiting teams had usually comprised of Paul Lumsdon, Clare Grainger and a Non-Executive Director. However, all Executive and Non-Executive Directors had signed up to undertake future quality visits, which strongly demonstrated the 'Ward to Board' focus on quality. Future reports would be provided to the Board on a quarterly basis to ensure the information contained was useful and comparable.

The Chairman noted the strong commitment to quality visits and the assurance of governance and agreed for the Board to receive quarterly reports in future as part of the integrated performance report.

RESOLVED:

- **To note the early findings.**
- **To agree to receive updates quarterly as part of the integrated performance report.**

**DMHT
2010/70**

ANNUAL PLAN 2010/11 – KATHRYN BLACKSHAW

Kathryn Blackshaw presented the Annual Plan, the outline of which had been developed at the May Board Development Session. As an aspirant Foundation Trust, access to the Monitor templates was restricted so concentration had focussed on a narrative submission only. Plans were outlined to establish a more comprehensive approach to developing the annual plan going forward as an FT.

Lesley Thompson welcomed the document and suggested that reference to the 'people plan' should be included in the narrative. Kathryn Blackshaw agreed to

include the key priorities for people, which were referenced in the Corporate Strategic Objectives.

In response to the Chairman, Kathryn Blackshaw confirmed that the document would be made available to service users, stakeholders, and members of the public, and would be available on the Trust website. As part of the IBP dissemination, briefings would take place to ensure that staff in the business units, corporate, and clinical services, were updated on the organisation's objectives and priorities. Helen Issitt, Acting Director of Workforce and Organisational Development, had plans in place for engagement visits for staff.

Graham Foster asked whether the Annual Plan would require input from Governors. Kathryn Blackshaw replied that the view of the Council of Governors would be sought on shaping the annual plan for 2011/12. It was confirmed that work on the Annual Plan would commence in October 2010, with a formalised process. Graham Gillham added that, as a Foundation Trust, the Council of Governors would be required to formally approve the Annual Plan, as recommended by the Trust Board.

Lesley Thompson requested further explanatory notes to be included in relation to the financial information (income and expenditure) and Tim Woods agreed to expand the narrative further.

RESOLVED:

- **To approve the annual plan for 2010/11 with the amendments requested.**

**DMHT
2010/71**

BOARD ASSURANCE FRAMEWORK 2010/11 – PAUL LUMSDON

Paul Lumdsdon explained that the Board Assurance Framework (BAF) included the organisation's strategic objectives, risks and mitigations in place, and was linked to the clinical audit programme. Graham Foster confirmed that the document had been reviewed in detail and approved by the Audit Committee. The document continued to develop and further work had been requested to populate the mitigations to some of the 'top five risks' in more detail. Lesley Thompson added that the Audit Committee had worked hard to fine tune the BAF and ensure it met the requirements for practical assurance.

In response to Maura Teager, Graham Foster confirmed that one of the suggestions from the Audit Committee for evidence of mitigations was the thorough review into the care pathways and the transformation of business impact on quality.

Mike Shewan emphasized the importance of fully understanding the BAF prior to engagement with Monitor and, in response to Lesley Thompson, Paul Lumdsdon confirmed that the amendments to the BAF, requested by the Audit Committee, would be included as part of the 'Briefing Pack' for Board members that was being put together by Jim Millns, FT Project Manager.

The Board praised the progress made with the BAF, which demonstrated the strong integration between audit, clinical audit, and financial risks.

RESOLVED:

- **To agree to support the Board Assurance Framework for 2010/11.**
- **To agree the plan of action for update and review of the Board Assurance Framework.**
- **To include an up to date version of the BAF in the FT Briefing Pack.**
- **To receive updates to the Board Assurance Framework in November 2010 and March 2011.**

EMERGENCY PLAN, INCLUDING HEATWAVE PLAN – PAUL LUMSDON

Paul Lumsdon presented the Trust's Emergency Plan. The current plan would be amended following guidance from the Local Health Authority, and comments and amendments were also requested from Board members. Any changes would be progressed through the Risk Management Committee.

Mike Shewan praised the work that had taken place to produce the emergency plan, which had developed significantly from the previous version. Paul Lumsdon added that the practical exercises had informed the plan following the pandemic flu in 2009 and 'Operation Casper'.

The Chairman stated that the Trust had a good track record for success in planning for emergency situations and the Board welcomed the progress made.

RESOLVED:

- **To note the contents of the report.**
- **To agree that any amendments to the Emergency Plan would be progressed through the Risk Management Committee.**
- **To receive annual updates via the Director responsible for Emergency Planning.**

BACK TO BASICS – A REVIEW OF NURSING – PAUL LUMSDON

Paul Lumsdon explained that the 'back to basics review of nursing' had been conducted through consultation with nurses and feedback from patients and carers via the Improving Patient Experience Group. The objective of the review was to re-examine leadership, the management of budgets and performance whilst improving quality of service. The identity, role, performance and impact of nursing within inpatient settings would be led by a Sister/Charge Nurse, reporting to Divisional Nurses. A Nursing Strategy would be developed to underpin the Multi-Professional Strategy and would be progressed by the Quality Governance Committee.

Maura Teager reinforced Paul Lumsdon's introduction and commended the work that had been undertaken by Steve Edgeley, Head of Patient Safety/Deputy Director of Nursing & Quality, and Sue Stocks, Senior Nurse Advisor for Patient Experience. Comments had been invited from commissioners and NHS East Midlands and the Trust was proud to be one of the first to undertake the review of nursing, which would redefine the competency framework for clinical staff.

Graham Foster said the review had produced a thorough action plan, driven by environmental factors, such as the Robert Francis Report and transformational care pathway review. The challenge for the organisation would be significant, given the national changes envisaged, and it was important to ensure robust management and communication. By way of response Maura Teager acknowledged the challenges faced but emphasized the importance of a step change approach with a strong leadership grasp.

Ifti Majid added that the changes posed would be complementary to the transformational change programme. Mike Shewan agreed and said that the review should not be regarded as a review of the nursing structure, but a review of nursing in the organisation and the 'back to basics' approach would give a sharp focus on the primary function of patient care.

Tony Smith pledged his support to the approach and asked whether the proposals for leadership and staff engagement would be integrated with the wider corporate leadership programme. Helen Issitt replied that the corporate leadership programme being outlined was the umbrella under which the other leadership programmes would

operate. The review would also encompass the future development of staff and equip the nursing workforce with the skills required to lead change.

Lesley Thompson recognised the clear need for change and voiced her support for the project. In response, Paul Lumsdon agreed that a common theme identified was the need to increase the confidence of nurse leaders and practitioners and empower staff to deliver the high level care pathway for the patient. In addition, he suggested that the Board may wish to receive direct patient experience stories from service users.

In his summing up, the Chairman suggested that a further discussion should be held at a Board Development Session.

RESOLVED:

- **To accept the conclusions and recommendation of the report.**
- **To endorse the action plan for implementation.**

**DMHT
2010/74**

COMPLAINTS REVIEW – PAUL LUMSDON

By way of introduction, the Chairman stated that the Trust had a robust complaints handling process, which had been reviewed in light of the Robert Francis Mid Staffordshire inquiry report. The findings of the report had identified ways to strengthen the complaints process, including further training for staff, improved collection and reporting methods, and a review of those involved in the complaints process.

Paul Lumsdon added that a similar approach to that used when investigating serious untoward incidents would be adopted, with exception reporting where necessary.

The Board welcomed the review and praised the work undertaken by Mark Ridge, Head of Patient Experience.

RESOLVED:

- **To note the recommendations made as a result of the review.**
- **To approve the complaints procedure.**

**DMHT
2010/75**

**INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T) STRATEGY UPDATE
2009 – 2013 – IFTI MAJID**

Ifti Majid presented his report into the progress made against the key performance indicators and strategy targets contained within the IM&T Strategy 2009 – 2013. The largest IT project in the past five years had been completed on time and under budget (a single IT system for all mainstream mental health services) and the records management department had migrated the offsite storage service to an alternative provider, which had resulted in an approximate saving to the Trust of 50%. The IG Toolkit scores had improved to 87% and it was noted that it would not be possible to compare the return next year with the current scores, due to the significant changes that were included in version 8 of the Toolkit. The delivery of projects was being prioritised due to capacity and demand. The Board were updated on the projects planned for the next six months and comments were invited.

Graham Foster asked whether capacity constraints within IM&T would be detrimental to the delivery of transformational projects. Ifti Majid replied that the current prioritising process was working well to deliver the innovation tools to deliver transformation. Graham Foster requested further information from Executive Directors in relation to how wireless type solutions, mobile working and e-learning were being harnessed. Ifti Majid reported that the Trust was the only Mental Health Trust to implement dual core access wireless, where staff could access the IT network wirelessly in all main sites. In addition, service users and their relatives were also able to connect to the Trust's

wireless network. Tim Woods added that the Trust had also taken the lead in implementing e-learning for fraud awareness training and Kathryn Blackshaw said that the infrastructure requirements for new business opportunities were always considered. John Sykes stated that e-learning was undoubtedly a better way to deliver training but staff must remain disciplined and set the necessary time aside.

In response to Lesley Thompson, Ifti Majid emphasized the importance of a seamless process for the inputting of data by nurses and frontline staff. One example of this was the 'Digipen', used by clinical staff to transfer patient information directly onto the IT system. A performance dashboard was also being developed to improve reporting. Paul Lumsdon praised the use of the CareNotes system, and stated that the Board would need to consider the prioritisation of capital investment to roll CareNotes out to all areas of the Trust.

Mike Shewan referred to the current financial climate and the resulting limitation for increasing staff capacity. In agreement with Lesley Thompson, he commended the progress made by the IT team in the last 18 months, and said that IT innovations should be explored to reduce the flow of paper in the Trust, and the time spent producing paper copies of reports. In response to the Chairman, Ifti Majid confirmed that he had commissioned a piece of work to scope the cost of implementing the 'Care Planning' part of CareNotes. The software was already available but the costs of training and hardware would need to be defined.

In response to the Chairman, Ifti Majid drew the Board's attention to the financial breakdown at the rear of the report and confirmed that business cases were taken to the Capital Action Team whenever the need arose.

Referring to the point made by Mike Shewan, Lesley Thompson asked whether the Board meetings could become paperless. Ifti Majid agreed to explore the possibility further.

The Board praised the progress made and agreed to receive twice yearly reports.

RESOLVED:

- **To note the contents of the report.**
- **To continue to receive updates on progress against the IM&T Strategy twice yearly.**

DMHT
2010/76

INTEGRATED PERFORMANCE REPORT, INCORPORATING FINANCIAL PERFORMANCE AND CIP POSITION – MAY 2010 (MONTH 2) – PAUL LUMSDON/TIM WOODS

i) Financial Performance

Tim Woods was pleased to report that, at the end of May, the Trust had made a surplus of £268k, which was £15k above plan. The risks were highlighted on page three of the report and noted by the Board. In summary terms, the position resulted in a Monitor risk rating of '3.2', forecast to be '4' by the year end. In response to Lesley Thompson, Tim Woods stated that a Monitor risk rating of '3' was 'good', '4' was 'very good' and '5' was 'excellent'. Referring to a comment raised by Graham Foster at the previous Board meeting, Tim Woods confirmed that Tax and National Insurance payments were made monthly in arrears.

ii) Operational Performance

Paul Lumsdon was delighted to inform the Board that the level of cancelled clinics had fallen below 4%. Issues remained with DNA (Did Not Attend) rates and IPR completion. In the last quarter of 2009/10, a high level of IPRs were completed and a more balanced approach was required for the current year. Divisional General Managers and Helen Issitt, were taking steps to address the issue.

In response to Lesley Thompson, John Sykes confirmed that he had reviewed the previous Trust initiatives to reduce DNA rates through the pilot project undertaken at the Hartington Unit. The initiatives had not seen fruitful results and further work was required to address the non-attendance levels. Kathryn Blackshaw referred to a recent QIPP event, which had seen a level of discussion with regard to outpatient clinics and DNA rates. John Sykes would be briefed on the suggestions and action plans from the event to assist with the review.

In response to the Board's frustration at the lack of progress, John Sykes confirmed that the project lead was now back at work and would be progressing the review as part of the Medical Case Management Project.

RESOLVED:

- To note the contents of the report and the progress made.
- To continue to receive the report on a monthly basis.

**DMHT
2010/77**

RATIFIED MENTAL HEALTH ACT COMMITTEE MINUTES FROM THE MEETING HELD ON 17TH MARCH 2010, TOGETHER WITH ACTIONS MATRIX AND THE MENTAL HEALTH ACT COMMISSION ANNUAL STATEMENT – LESLEY THOMPSON

The ratified Mental Health Act Committee minutes from the meeting held on 17th March 2010, were received for information, together with the actions matrix. Also received was the Mental Health Act Commission Annual Statement, dated December 2009.

Lesley Thompson referred to the attendance of the Care Quality Commission (CQC) Area Commissioner at the June Mental Health Act Committee meeting. The CQC Annual Report had been positive but had highlighted a pressure in the acute admissions in the Radbourne Unit. The Committee's annual report would be provided to the September Trust Board.

In response to Paul Lumsdon, Graham Foster explained that the reference to ethics (bottom of page three of the minutes) was in relation to the Mental Health Act. Graham Gillham explained that the Committee Terms of Reference had since been amended.

**DMHT
2010/78**

RATIFIED AUDIT COMMITTEE MINUTES FROM THE MEETING HELD ON 10TH MAY 2010, TOGETHER WITH ACTIONS MATRIX – GRAHAM FOSTER

The ratified Audit Committee minutes from the meeting held on 10th May 2010, were received for information, together with the actions matrix.

Graham Foster reminded the Board that one of the purposes of the May meeting had been to receive the draft 2009/10 annual accounts, which had been adopted by the Board at the June meeting.

**DMHT
2010/79**

RATIFIED RISK MANAGEMENT COMMITTEE MINUTES FROM THE MEETING HELD ON 13TH MAY 2010, TOGETHER WITH ACTIONS MATRIX – PAUL LUMSDON

The ratified Risk Management Committee minutes from the meeting held on 13th May 2010, were received for information, together with the actions matrix.

Paul Lumsdon reported that the NHSLA action plan assessment had been received. There were areas identified for improvement and the NHSLA would make a return visit in September to look at six areas. Feedback would be provided at the end of the visit,

which would be reported to the Board.

**DMHT
2010/80**

**RATIFIED QUALITY GOVERNANCE COMMITTEE MINUTES FROM THE MEETING
HELD ON 13TH MAY 2010, TOGETHER WITH ACTIONS MATRIX – JOHN SYKES**

The ratified Quality Governance Committee minutes from the meeting held on 13th May 2010, were received for information, together with the actions matrix.

QGC10/070 Audit Results

Tim Woods stated that the minute reference of 7% was misleading and that the audit results were based on a sample of files. This clarification was 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, 4th August 2010 – in the Committee Room, Derbyshire County PCT
Headquarters, Scarsdale, Nightingale Close, Off Newbold Road, Chesterfield,
Derbyshire, S41 7PF**