

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, 6th October 2010

MEETING HELD IN PUBLIC

Opened: 2.00 pm

Adjourned: 3.25 pm

PRESENT:

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
Mike Shewan	Chief Executive
Tony Smith	Non-Executive Director
Maura Teager	Non-Executive Director
Lesley Thompson	Non-Executive Director
Tim Woods	Executive Director of Finance

IN ATTENDANCE:

Graham Gillham	Director of Corporate and Legal Affairs
Helen Issitt	Director of Workforce & Organisational Development
Alison Baker	Executive Business Assistant (Minute Taker)
Tania Sang	Monitor Assessor
Kate George	Monitor Assessor
Dave Russell	Patients Monies and Charitable Funds Manager Derbyshire Community Health Services (Item DMHT 2010/105)

APOLOGIES:

Mick Martin	Non-Executive Director
John Sykes	Executive Medical Director

DMHT 2010/102 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 Board congratulated Lesley Thompson on her re-appointment as a Non-Executive Director for another four year term. Governor applicants had been received for each constituency and election results would be published on 17th November 2010. Turning to conflicts of interest, Tim Woods advised that he had accepted an appointment as Non-Executive Director of NHS Elect.

DMHT 2010/103 MINUTES OF MEETING OF THE TRUST BOARD HELD IN PUBLIC ON WEDNESDAY, 1st SEPTEMBER 2010

The minutes of the meeting held on 1st September 2010 were accepted and approved with the following amendment:

DMHT 2010/94 AUDIT COMMITTEE ANNUAL REPORT 2009/10 AND SELF ASSESSMENT OF EFFECTIVENESS, TOGETHER WITH AUDIT COMMISSION ANNUAL AUDIT LETTER 2009/10 – GRAHAM FOSTER/GRAHAM GILLHAM

DMHT 2010/103 cont. i) AUDIT COMMITTEE ANNUAL REPORT 2009/2010 AND SELF ASSESSMENT OF EFFECTIVENESS

Third sentence of paragraph one to read “**Prior to** the change in membership” and fourth sentence to read “The Committee had **developed** a growing **confidence** in the Trust’s governance structure

DMHT 2010/104 MATTERS ARISING FROM THE MINUTES OF THE TRUST BOARD HELD IN PUBLIC ON WEDNESDAY, 1st SEPTEMBER 2010.

2010/94 i) *Audit Committee Annual Report*

Graham Gillham confirmed that the Audit Committee Annual Report had now been posted on the Trust website.

DMHT 2010/105 MEETING OF CORPORATE TRUSTEES – PRESENTATION OF 2009/10 CHARITABLE FUNDS UNAUDITED ACCOUNTS

Tim Woods introduced Dave Russell, Patients Monies and Charitable Funds Manager, Derbyshire Community Health Services. The Board of Trustees were presented with the 2009/10 unaudited accounts of Derbyshire Mental Health Services NHS Trust General Charity, prepared by Derbyshire County PCT. Following review and comment, the accounts would be audited and subsequently brought back before the Board of Trustees to be formally adopted.

Graham Foster expressed concern over the level of administration costs associated with the fund, comments which were echoed by Lesley Thompson and the Chairman. Dave Russell replied that, although the fund was relatively small, the same process for managing the accounts needed to be followed, and the resulting costs were apportioned on a fair basis. The Trustees agreed to review a breakdown of the associated costs further outside the meeting.

The Chairman requested that the retirement dates be checked to ensure their accuracy and it was noted that Graham Gillham’s title would be amended to “Director of Corporate and Legal Affairs”.

In response to the Chairman, Tim Woods advised that the changes proposed to PCTs by the Department of Health would mean that the preferred option for consideration was for the Derbyshire Mental Health Services NHS Trust to retain Trusteeship status until such time as Derbyshire Community Health Services was confirmed as a statutory body in its own right. Graham Gillham added that one of the difficulties in the process had been obtaining clarity from the Department of Health on the legal route for transferring funds from NHS Trusts to PCTs.

RESOLVED:

- **To receive, as Trustees, the unaudited accounts of the Derbyshire Mental Health Services NHS Trust General Charity.**
- **To hold a further discussion once the General Charity accounts had been audited with a view to formal adoption of the accounts by the Board of Trustees.**

DMHT 2010/106 QUALITY OVERVIEW AND UPDATE

In his absence, Mick Martin had provided a written quality update for the Board, the key points of which were highlighted by the Chairman. The importance of quality visits was reiterated and the Board noted the requirement to ensure that any opportunities to improve the quality of service to patients were recognised and responded to. Teams were given immediate and written feedback, the results of which were fed into the quality governance process. This ensured that action plans were progressed and a continued upward trajectory in quality improvement was effected. Paul Lumsdon

**DMHT
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cont.**

added that a higher focus was being placed on ensuring quality outcomes were measurable. Teams would soon be issued with guidance for the second year, within which would be a request for teams to put forward 2 – 3 areas of good practice, one of which was expected to be an identified learning point from the previous year. Mike Shewan stated that the concept of quality visits had been very well received at the Annual Staff Awards Ceremony with staff being recognised for their achievements.

Lesley Thompson asked how the impact assessment of quality visits would be reported to the Board. Paul Lumsdon replied that a 'Quality Visit' report would be provided on a quarterly basis, in addition to the regular reporting minutes from the Quality Governance Committee.

Kathryn Blackshaw said that Helen Issitt had taken an approach for staff engagement with a refreshed "you said, we did" message. This was working well to demonstrate that staff feedback was important and that actions were taken to address any issues highlighted. In response to Maura Teager, Kathryn Blackshaw and Paul Lumsdon agreed that it was important to ensure that staff were encouraged to put forward innovative ideas, but that the quality visit process needed to be kept as simple and straightforward as possible.

Kathryn Blackshaw informed the Board that, at a recent Quality Assurance Group, commissioners had registered their note of commendation in relation to the Trust's quality visit programme. Commissioners had been impressed with the process and the direct access afforded to them. The Trust was the first to undertake the quality visit approach and commissioners had praised the progress made during the first six months.

Returning to Mick Martin's report, the Chairman noted an amendment to the report - that 65 quality visits had been undertaken. Other points highlighted included the importance of care planning, appropriate documentation, and strong leadership development, together with the continued quality assurance process during the development of care pathways and service improvements.

**DMHT
2010/107**

QUALITY: ONE YEAR ON – PAUL LUMSDON

Paul Lumsdon presented his Quality: One Year On report, which was closely linked to the Quality Strategy. The Board were pleased to note that all CQUIN goals had been met and that an NHSLA score of Level 2 had also been achieved. The remaining key themes highlighted in the report were noted. Turning to the action plan for 2010/11, Paul Lumsdon explained that examples of the Monitor framework were incorporated into the workplan. Minor typographical errors were highlighted to the "Lead" column, and these would be amended outside the meeting.

The Board were delighted with the results achieved in 2009/10 and approved the work plan for year two.

RESOLVED:

- **To note the achievements to quality in 2009/10 (year one).**
- **To approve the work plan for 2010/11 (year two).**

**DMHT
2010/108**

PATIENT SURVEY: REPORT AND ACTION PLAN – PAUL LUMSDON

Paul Lumsdon explained that, due to the importance of the survey, the full report from the Care Quality Commission had been included in the Board papers. The report showed the Trust had performed well but also highlighted areas for improvement. Five key priority areas had been identified by the Executive Management Group to be included in the Patient Survey Action Plan, to be progressed through the Patient Survey Action Group, and overseen by the Improving the Patient Experience Committee (IPEC):

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cont.**

- 1) Being told about the side effects of medications.
- 2) Being given (or offered) a written copy of their care plan.
- 3) Understanding what is in their care plan.
- 4) Having a care review in the last 12 months to discuss their care plan.
- 5) Having the number of someone from the local NHS Mental Health Service who they could telephone out of office hours.

Paul Lumsdon stated that there was a triangulation between the Staff Survey and Patient Survey with the Care Quality Commission outcomes and these were being explored further with Helen Issitt, Director of Workforce and Organisational Development, to identify the best approach to resolve any issues highlighted.

Ifti Majid asked whether the reasons for the 'above average' scores for Care Coordinators could be identified and enquired whether the positive results were feeding into the review of the Care Programme Approach. Paul Lumsdon replied that the Physical Healthcare Review had been identified as an area for improvement the previous year. The focus on reinforcing the importance of thorough and accurate physical assessments had seen extremely positive results. Kathryn Blackshaw added that the contract agreement between the Trust and Derby Hospitals Foundation Trust was being tightened to ensure that the revised specifications around physical healthcare were adhered to.

In response to Lesley Thompson, Paul Lumsdon explained that one of the priority areas identified (being told about the side effects of medication) would also include the important areas of listening to patients and addressing their concerns. He agreed to amend the wording of this priority area to better reflect a 'listening' approach.

Graham Foster asked whether steps were being taken to monitor the outcome of the proactive steps being taken. Paul Lumsdon agreed that 'real time' feedback was important and that separate surveys were being undertaken based on questions from the patient survey. These were being progressed through IPEC and the first report was expected to be presented to the Quality Governance Committee later in the month. This in turn would feed into the next Integrated Quality Governance report to the Board and would demonstrate how action taken had resulted in direct improvements.

In response to the Chairman, Paul Lumsdon explained that the vehicle for feedback to patients would be through IPEC and the Patient Survey Action Group. In addition, ways to directly feedback to patients through the Communications Team were being explored and Ash Bower, Head of Communications and Engagement, had joined the Improving Patient Experience Committee membership to identify the available options.

RESOLVED:

- **To note the findings of the report.**
- **To agree to an action plan being compiled and progressed by the Patient Survey Action Group, overseen by the Improving the Patient Experience Committee.**

**DMHT
2010/109**

REPORT ON QUALITY VISITS – PAUL LUMSDON

Further to the Quality Update tabled earlier in the meeting, Paul Lumsdon added that the suggested theme for quality visits for 2011/12 was 'Patient Safety and Staff Safety'. In addition to clinical teams, the non-clinical teams would also be included in the programme of quality visits for 2011/12 and bespoke quality targets were being drafted for non-clinical areas. Mike Shewan stated that care must be taken to ensure that the concept of quality visits was maintained on the quality theme and didn't drift into performance management issues: that the chosen 'theme' for corporate areas may need to be refined e.g. to customer services. He added that informal feedback from staff in respect of quality visits had been extremely positive with staff welcoming

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the opportunity to engage with members of the Board.

Kathryn Blackshaw said that engagement with patients had taken place during some of the visits, but asked whether such engagement was expected to be formally included in all visits for 2010/11. Paul Lumsdon replied that the provision for patient engagement was in place for all visits but that it was important to maintain a level of discretion for teams on the appropriateness of such engagement on any given day.

Tony Smith welcomed the receipt of performance information prior to visits taking place, which helped highlight any particular areas that should be focussed on during the visits. Maura Teager praised the connection that had been made in the theme for 2011/12 between patient safety and staff safety, comments which were echoed by the Board.

RESOLVED:

- **To agree the 'common theme' of Patient Safety and Staff Safety for 2011/12.**
- **To agree for the Quality Governance Committee to receive quarterly updates on the actions from 2010 visits.**

**DMHT
2010/110**

INFORMATION GOVERNANCE TOOLKIT VERSION 8 – IFTI MAJID

Ifti Majid explained that the Information Governance Toolkit Version 8 report closed down the process that had been used for the previous series of Information Governance Toolkits. The Board were reminded that a highly satisfactory position of 87% compliance had been achieved for 2009/10. This benchmarked the Trust in the top 25% (9th for mental health trusts nationally) and represented a strong starting point for 2010/11, the compliance threshold for which was higher than for 2009/10. Due to the significant overhaul of the Information Governance Toolkit Version 8, a direct comparison to the 2009/10 submission would not be possible. An action plan and impact analysis had been drafted, progress against which would be reported at the end of March 2011.

Lesley Thompson praised the progress made in the last two years and commended the Trust on being placed 9th for compliance nationally amongst other mental health trusts.

RESOLVED:

- **To note the content of the report, the improvements planned and the management arrangements in place.**
- **To approve the improvement plan to achieve further compliance in Information Governance for 2010/11.**
- **To receive a progress report against the action plan at the March 2011 Board meeting.**

**DMHT
2010/111**

INTEGRATED QUALITY GOVERNANCE REPORT – PAUL LUMSDON

Paul Lumsdon presented the quarterly Integrated Quality Governance report to the Board and highlighted the key themes. Since the Board papers were produced, Wendy Henson, Acting Head of Effectiveness, had undertaken further work in relation to the clinical audit programme, and the number of unallocated audits, referred to on page 36 of the report, had reduced to seven. The Board were also pleased to note that no cases of MRSA (Methicillin Resistant Staphylococcus Aureus) or Clostridium Difficile had been identified during the year and that the compliance rate for clinical training completion had increased to 84%.

The Chairman praised the contents of the report and comments from the Board were requested. In response to Tony Smith, Paul Lumsdon confirmed that complaints received were cross referenced in the patient and staff survey results. Customer care training was reviewed to ensure that any areas of concern were highlighted. An

**DMHT
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amendment to page 42 of the report under 10.3 was noted: with Tony Smith acting as Board Level Champion only, not Chair of the Inclusion and Equalities Committee.

In response to Maura Teager, Helen Issitt explained that the duties undertaken by Junior Doctors were being reviewed, together with the skills mix. Maura Teager emphasized the opportunity that existed to develop nurse-led services and Ifti Majid said that the links were already fed through into the transformational redesign service where there were many opportunities to use the workforce differently to maintain quality and deliver efficiency savings.

Mike Shewan referred to the multi-agency conference, hosted by the Trust on 29th September 2010, attended by 9 – 10 agencies. Radio Derby had run the proceedings and a local actress took part in a drama presentation, the feedback on which had been superb. Good in-roads were being developed into the equality and diversity agenda and reflected the proactive work being undertaken by Harinder Dhaliwal, Head of Learning and Development.

Lesley Thompson drew the Board's attention to the top 5 concerns that were reported on page 21 and asked how the Executive Team were addressing the attitudes of staff, which appeared to have worsened in quarter 2. Paul Lumsdon replied that the customer care training had been reviewed in certain areas, but that efforts would continue to improve customer service. Mike Shewan added that the level of complaints needed to be balanced against the number of compliments received.

RESOLVED:

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

**DMHT
2010/112**

HALF YEARLY CAPITAL PROGRAMME REPORT – TIM WOODS

In his half yearly report, Tim Woods explained that the Board already received a summary report as part of the monthly financial reporting papers but the half yearly report was more detailed, including a full list of capital schemes and their performance during the year. The Board were pleased to note that both capital expenditure and the capital programme were on target with no exceptions to report.

RESOLVED:

- **To receive the report and note the details of the capital programme and capital financial planning assumptions for the first half year 2010/11.**

**DMHT
2010/113**

LEADERSHIP STRATEGY – HELEN ISSITT

The Board were delighted to receive the Trust's Leadership Strategy and a lengthy discussion took place on the content of the document. Helen Issitt explained that leadership was one of the core dimensions of the Trust's OD (Organisational Development) Framework. The Trust already had many examples of good leadership, demonstrated at the Staff Annual Awards Ceremony the previous week, and also through programmes such as Leading an Empowered Organisation (LEO) and the Releasing Time to Care – NHS Institute of Innovation Productive series, together with the transformation of the Adult Care Pathway. The Strategy aimed to build on the existing foundations and enable leadership behaviours and good practice to become fully embedded across the Trust. The three core elements were outlined, together with the supporting framework.

Graham Foster pledged his support, skills, and experience towards mentorship for staff, an offer echoed by other Board members. The Chairman asked how the Board would measure progress on a regular basis and Helen Issitt replied that progress against the implementation plan would be reported quarterly to the Board.

**DMHT
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Maura Teager drew the Board's attention to page 14 with regard to the talent pool and succession planning. During recent quality visits, Maura Teager had noted that some of the senior posts within teams were on an 'acting up' arrangement and it was pleasing that this had been acknowledged and would be addressed through the implementation of the Leadership Strategy.

Tony Smith welcomed the progress made since the discussion at the Board Development Session a few months earlier, and extended his thanks to Helen Issitt and her team for the robust approach. The 'in-house' delivery of the strategy would further strengthen ownership and be reflected in the implementation costs. The Kirkpatrick evaluation tool would provide effective cause and effect measurement and the outcomes would be eagerly anticipated. Lesley Thompson added her support to the Strategy document and echoed the comments already made by her Non-Executive colleagues.

Also in support, Paul Lumsdon reiterated the importance of effective leadership as the Trust moved through the transformational change process. Mike Shewan added that a direct correlation was noted on the quality visits between high performing teams and high performing leadership. Staff were being briefed in relation to the changes taking place across the NHS through regular themed road shows and it was important to maintain the throughput of information. Kathryn Blackshaw supported the comments made by Mike Shewan, in particular in relation to the themed workshops for staff.

RESOLVED:

- **To note the contents of the report.**
- **To support the implementation of the leadership strategy.**
- **To receive a quarterly update on progress against the Leadership Strategy Implementation Plan.**

**DMHT
2010/114**

INTEGRATED PERFORMANCE REPORT INCORPORATING FINANCIAL PERFORMANCE AND CIP POSITION – AUGUST 2010 (MONTH 5) – PAUL LUMSDON/TIM WOODS

i) Operational Performance

Paul Lumsdon introduced the operational performance data and advised the Board that most of the key areas were performing well. Turning to the lesser performing areas, it was noted that a report was due to be discussed later in the confidential session with regard to DNA (Did Not Attend) rates. Since the report had been written, the latest figures for IPR completion showed that the position had improved to 81% which was a marked improvement from the previous month. This demonstrated the strong management grip in place and it was expected that the upward trajectory would continue to a position of over 90% for the next Board meeting.

ii) Financial Performance

Tim Woods outlined the financial performance and confirmed that the year to date income and expenditure position, excluding technical adjustments, showed a £257k surplus. Financial performance was slightly ahead of the planned position and showed forecast achievement of the year to date target of £1.1million surplus. The Trust had seen a healthy cash position for the month of £4.9m, although this was expected to drop for the next month, due to the payment of the public dividend capital. CIP performance was above target for recurrent savings and slightly below target for non-recurrent savings, resulting in an overall £1.4m saving year to date against a total target of £1.2m. This resulted in an overall Monitor risk rating of 3.4, expected to rise to 3.8 by the year end. In response to Lesley Thompson, Tim Woods confirmed that the expected drop in cash position was in line with the Trust's LTFM (Long Term Financial Model).

DMHT 2010/114 cont. **RESOLVED:**

- To note the contents of the report and the positive achievement of planned targets.
- To continue to receive the Integrated Performance Report on a monthly basis.

DMHT 2010/115 **RATIFIED RISK MANAGEMENT COMMITTEE MINUTES FROM THE MEETING HELD ON 12TH AUGUST 2010, TOGETHER WITH THE ACTIONS MATRIX – PAUL LUMSDON**

The ratified Risk Management Committee minutes from the meeting held on 12th August 2010, were received for information, together with the actions matrix.

DMHT 2010/116 **RATIFIED QUALITY GOVERNANCE COMMITTEE MINUTES FROM THE MEETING HELD ON 12TH AUGUST 2010, TOGETHER WITH ACTIONS MATRIX – PAUL LUMSDON**

The ratified Quality Governance Committee minutes from the meeting held on 12th August 2010, were received for information, together with the actions matrix.

DMHT 2010/117 **RATIFIED MENTAL HEALTH ACT COMMITTEE MINUTES FROM THE MEETING HELD ON 8TH JUNE 2010, TOGETHER WITH ACTIONS MATRIX – LESLEY THOMPSON**

The ratified Mental Health Act Committee minutes from the meeting held on 8th June 2010, were received for information, together with the actions matrix. Lesley Thompson confirmed that the meeting had incorporated the wider brief of Deprivation of Liberty and Human Rights. The Committee had been attended by the Jeff Cohen, Area Commissioner for the Mental Health Act Commission (now part of the Care Quality Commission), who had given a presentation of the past twelve months visits. This had involved 14 ward visits and 32 patient interviews. The report was generally positive with some recommendations made, which were being progressed through the Quality Governance Committee, and reviewed by the Committee on a quarterly basis. Future meetings would see an increased focus on trend and comparative data reporting. In response to the Chairman, Lesley Thompson confirmed that the Committee was functioning well. Revised dates had been circulated to allow the Medical Director to attend regularly, encouraging a higher strategic focus. In response to the Chief Executive, Lesley Thompson confirmed that the revised terms of reference had been provided to the Board.

DMHT 2010/118 **SIX LIVES REPORT – PAUL LUMSDON**

Paul Lumsdon advised that the Six Lives Report, previously provided to the confidential session of the September Board meeting, had been included for 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

Date of the next scheduled meeting

Wednesday, 3rd November 2010 – in the Boardroom, Trust Headquarters, Bramble House, Kingsway, Derby, DE22 3LZ