

DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

**Held in the Dovedale Room, The Miraj Hotel and Leisure Club, Derby Road, Ashbourne,
Derbyshire, DE6 1XH**

On Wednesday, 7th April 2010

MEETING HELD IN PUBLIC

Opened: 2.06 pm

Adjourned: 4.10 pm

PRESENT:

Alan Baines	Chairman
Kathryn Blackshaw	Executive Director of Business Strategy
Paul Lumsdon	Executive Director of Nursing and Quality
Ifti Majid	Executive Director of Operations
Mick Martin	Non-Executive Director
Mike Shewan	Chief Executive
Tony Smith	Non-Executive Director
John Sykes	Executive Medical Director
Maura Teager	Non-Executive Director
Tim Woods	Executive Director of Finance
Helen Issitt	Acting Director of Workforce & Organisational Development
Keith Turner	Head of Estates and Facilities (for Item 2010/22)
Alison Baker	Executive Business Assistant (Minute Taker)

IN ATTENDANCE:

No members of the public or press were in attendance

APOLOGIES:

Graham Foster	Non-Executive Director
Graham Gillham	Director of Corporate and Legal Affairs
Lesley Thompson	Non-Executive Director

**DMHT
2010/18**

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.

A warm welcome was extended to the Maura Teager, Tony Smith, Helen Issitt, and Keith Turner and introductions were provided.

**DMHT
2010/19**

**MINUTES OF MEETING OF THE TRUST BOARD HELD IN PUBLIC ON
WEDNESDAY, 3rd MARCH 2010**

The minutes of the meeting held on 3rd March 2010 were accepted and approved with one minor amendment.

**DMHT 2010/17 RATIFIED QUALITY GOVERNANCE COMMITTEE MINUTES FROM
THE MEETING HELD ON 14TH JANUARY 2010, WITH ACTIONS MATRIX**

The second paragraph to read "...The Internal Audit report into the Trust's self assessment on the recommendations from the Mid Staffordshire NHS Foundation Trust review would be taken through both the Risk Management and Quality Governance Committees and the resulting action plan would be brought to the April Trust Board meeting..."

**DMHT
2010/20**

**MATTERS ARISING FROM MINUTES OF THE MEETING OF THE TRUST BOARD
HELD IN PUBLIC ON 3rd MARCH 2010 AND ACTIONS MATRIX**

DMHT 2010/04 Quality Strategy

Paul Lumsdon confirmed that the reference to the Efficiency Strategy and the links to the Quality Strategy had been included, as requested.

DMHT 2010/14 Integrated Performance Review ii) Operational Performance

Kathryn Blackshaw said that she would liaise with Helen Issitt outside the meeting to identify a suitable time for the Exit Interview report to be brought back to the Board.

Paul Lumsdon advised that the benchmarking regulatory performance data could not easily be presented in a “bubble format” for a twelve month period. An end of year Integrated Performance Report was due to be presented to the May Board meeting, which would include some trend data, but it was not possible to show this on a monthly basis.

DMHT 2010/17 Robert Francis Inquiry Report into Mid Staffs NHS Foundation Trust

All Board members had read the Robert Francis Inquiry Report into Mid Staffordshire NHS Foundation Trust and the item was on the Board agenda for later in the meeting.

DMHT 2010/13 Infection Prevention and Control Annual Report

Paul Lumsdon advised the Board that, following the March Infection Prevention and Control Annual Report, the figure for staff with completed infection control training had increased to 91%.

**DMHT
2010/21**

STRATEGIC OBJECTIVES 2009/10 – SIGN-OFF REPORT – MIKE SHEWAN

Mike Shewan referred to the matrix of 20 stretch objectives that had been formulated from the Trust’s 4 strategic objectives. These were in addition to the requirements of the NHS Operating Framework 2009/10.

The report showed substantial achievement against those during the year. Two ‘amber’ rated objectives remained, both of which were almost completed: Trust membership had reached just over 7,000 and the new Head of Communications and Engagement would be taking steps to maximise membership growth; and a new IPR framework had been developed, expected to be in place by the end of June 2010.

Maura Teager asked whether the requirement for “each member of staff to be informed about the Trust’s business model and their contribution to its success” had been aligned to the IPR process. Mike Shewan confirmed that personal objective setting to contribute to the Trust corporate objectives was a key part of the IPR process.

Kathryn Blackshaw added that the 2009/10 financial year had been largely performance focussed. Whilst significant work had been undertaken at Trust-wide Management Forum meetings, ongoing efforts would continue to educate every member of staff. Helen Issitt agreed that it was important to demonstrate the links from the Trust’s vision, through the Trust’s corporate strategic objectives, down to individual staff personal objectives.

RESOLVED:

- **To endorse the Strategic Objectives 2009/10 completion report and note the progress made throughout the year.**

**DMHT
2010/22**

ENVIRONMENTAL STRATEGY – TIM WOODS/KEITH TURNER

Tim Woods advised that Board that, with effect from 1st April 2010, he had taken lead Director responsibility for Estates and Facilities Management. Thanks were extended

to Ifti Majid, who had previously overseen this area of the service.

Keith Turner explained that the report was a starting point for how the organisation would minimise its effect on the environment. The reduction in the Trust's carbon footprint would save the Trust in Energy and Carbon Taxes, currently outlined at £12 per tonne. Although the Trust was small enough to fall below the level where charges would be made, it was likely that the Government would reduce the levels accordingly to capture the lower producing organisations, together with adding other "green" taxes, such as landfill tax and duty on fuel. The baseline target for the Trust had therefore been set at a lower level and early indications showed that the organisation was on trajectory to meet the required targets.

In response to Mick Martin, Keith Turner explained that it would be difficult to demonstrate the fuel costs associated with patients in the community visiting Trust sites. Data would need to be captured for each patient from their home postcode to one of the Trust sites. Ifti Majid said that the Estates Strategy linked into the Environmental Strategy and referred to the need to explore how services were located. Mike Shewan added that 75% of the services provided by the Trust were based in the community, which suggested that staff would cover a high mileage providing services to patients closer to home. He suggested that the lease car policy should include a ceiling on CO2 emissions for lease cars.

The Chairman asked whether the financial implications had been fed into the Trust's planning assumptions. Keith Turner replied that there were currently no cost implications to the Environmental Strategy as the Trust was below the current tax limit. Ifti Majid stated that the savings referred to in the Estates Strategy were populated in the LTFM and Kathryn Blackshaw added that the Procurement Strategy also included a reduction in costs.

In response to Paul Lumsdon, Keith Turner explained that the national target was for a 10% reduction in carbon footprint and the Trust had set an internal target of a 20% reduction. This would be made clearer in the Strategy document. Progress against the Environmental Strategy would be reported to EMG along with the Estates Strategy on a twice yearly basis.

RESOLVED:

- **To approve the Environmental Strategy.**
- **To accept the changing and complex nature of the subject.**
- **To acknowledge the work being proposed to meet the targets.**
- **To support the teams in the changes that will be required to reduce the Trust's carbon footprint, and make the organisation as environmentally friendly as possible.**

**DMHT
2010/23**

TRUST RESPONSE TO THE ROBERT FRANCIS QC INDEPENDENT INQUIRY INTO CARE PROVIDED BY MID STAFFORDSHIRE NHS FOUNDATION TRUST – TOGETHER WITH THE LETTER FROM EAST MIDLANDS SHA – MICK MARTIN

In response to the Chairman, Mick Martin outlined the key result areas for the Board: to underline the importance of giving full consideration to the Robert Francis QC Mid Staffordshire Inquiry Report, which contained essential learning opportunities for all parts of the NHS. The Board was required to consider the implications for the Trust in the light of the recommendations from the report and ensure the learning outcomes were driven forward into all parts of the organisation and the Quality Strategy.

The three areas for consideration were listed:

- 1) The meaning of some of the key implications, which could be communicated out across the Trust.

- 2) To underline the significant amount of work that had been undertaken in the Trust to harness the learning to create an activity plan, closely linked to the Quality Strategy.
- 3) To ensure that all Board members equally understood the mechanisms in place to assure quality.

The report had articulated the poor standards of basic care, the focus on input measures rather than outcomes, and the unwillingness to listen to complaints. Those features summed up whether a care organisation was listening to the recipients of care. The focus on professional standards was implicit in the report, together with the need for both internal and external transparency.

Mick Martin listed the five principles from the DH 2008: High Quality Care for All: Next Stage Review Final Report.

- 1) Creating a culture of caring.
- 2) Seeing zero harm as the target as well as patient safety.
- 3) Listening, responding and acting on what patients and the community were saying.
- 4) Supporting staff to become "excellent".
- 5) Giving responsibility, but holding to account as well, business and regulatory matters.

Turning to the activity plan prepared, the Board was asked to focus on the set of tools deployed by the Trust to ensure quality. Mick Martin explained that the Trust undertook a significant amount of self-assessment by practitioners. Audits and inspections were also carried out in a structured and organised way. The approach being taken in the Board report was to look for any instances of good and adverse practice that existed across the NHS and apply the learning outcomes and communication in the Trust. It was also important to review what the complaint and insight data had highlighted for inclusion in Trust plans. Mick Martin suggested that, in addition to the action plan that had been drafted, a Trust-wide communication should also be circulated to staff to underline the clear message.

The Chairman agreed that it was important to establish the lessons learned from the report and how they featured in the action plan and were evidenced as compliant. He requested thoughts from Board members with regard to how the message could be communicated to staff. Mike Shewan stated that information had been steadily communicated since the Mid Staffs NHS Foundation Trust failings had come to light but added that a special briefing should be circulated after the Board meeting based around the resolve of the Board and the key points for communication to the organisation. The patient survey contained direct feedback from customers, and gave a read across to the staff survey. The findings from the Mid Staffs Inquiry report would result in an increased pressure on the workforce. The Trust had received a number of inquiries/inquests/investigations where questions had been raised into the extent to which individual members of staff were following Trust policy. There was a need to reinforce Trust policies and procedures, which were designed to minimise risk and maximise patient safety. The message to staff needed to give a clear message on the Board's commitment to quality and the key points that made up that commitment. The new Head of Communications and Engagement had been appointed and discussions would be held with regard to an internal Communications Strategy.

Maura Teager asked whether a message could be incorporated into the Core Brief with regard to leadership in the care of patients suffering from Dementia. Mike Shewan advised that he was the Chief Executive Sponsor for Dementia, which was one of the regional workstreams on the QIPP (Quality, Innovation, Productivity and Prevention) agenda.

Kathryn Blackshaw said that themes would sometimes be noted through serious untoward incident reports. At a recent conference, it had been apparent that commissioners were taking a forward step with regard to “Never Events”: incidents that should “never happen”. A number of commissioners around the country were starting to establish their own “Never Events” and Kathryn Blackshaw suggested that the Trust should take positive action to put together its own set of “Never Events” and demonstrate a leadership approach.

John Sykes stated that one of the failings in Mid Staffs was the Board’s belief that they could not be wrong and it was important to sometimes take a step back and consider the possibility that a plan could be wrong or misplaced. The early warning system in the Trust had been put in place to provide a triangulation approach with clinicians and service users to identify any weaknesses. In addition, the safest way to deliver transformational change was with service user engagement and involvement at all stages.

Helen Issitt referred back to the Harold Shipman case and the wealth of anecdotal evidence which wasn’t identified until after the crimes had been discovered. An early warning system could have alerted the authorities sooner to the anecdotal evidence.

Paul Lumsdon emphasized the importance of patient stories coming to the Board, in addition to Board members carrying out their site visits. He drew the Board’s attention to the actions that contained an ‘Amber’ RAG rating in the action plan. One of these actions was in relation to the complaints procedure and Paul Lumsdon requested that Mick Martin, as Quality Champion, was involved in the review of the terms of reference of the Complaints Review, via the Quality Governance Committee, the results of which would be provided to the Board in June/July. The second action was with regard to the review of the nursing structure/clinical leadership and Paul Lumsdon requested support from Maura Teager to undertake the review.

In response to Kathryn Blackshaw’s suggestion for capturing visits by Board members to demonstrate the “you said, we did” message, Paul Lumsdon said that the schedule of Quality Visits included the visits made by Non-Executive Directors, all dates had been set and these would be circulated to each team base. Maura Teager referred to her earlier experience of reviewing patients’ safety schedules. One of the challenges put to teams was to ask them to identify what the next incident on the ward could potentially be and what steps could be put in place to mitigate the risk. This approach enabled staff to step back and look at the patient environment in a different way and prevent potential incidents from occurring.

In response to Mike Shewan, Kathryn Blackshaw agreed to circulate a paper from the Mid Cheshire Chief Executive to Board members, which described one carer’s experience.

In conclusion, the Chairman stated that the Board had reflected on the Mid Staffordshire NHS Foundation Trust Inquiry Report and revisited how it received assurance on quality and safety. The Board pledged again its commitment to maintaining a high level of quality and patient safety as the key fundamental priorities for the Trust.

The Board were pleased to note the conclusions reached by NHS East Midlands Internal Audit, who had undertaken an audit of the Trust’s response to the recommendations arising from the Healthcare Commission (now Care Quality Commission) investigations into Mid Staffordshire NHS Foundation Trust. The review resulted in significant assurance in respect of the process applied by the Trust to the gathering of evidence in support of its self assessment against recommendations made. East Midlands Internal Audit concluded: “*The exercise has confirmed that appropriate evidence exists to support the Trust’s self assessment of its position in*

respect of relevant recommendations in the Mid Staffordshire investigation report. In our opinion the Trust has been able to demonstrate that it has responded robustly to issues raised that have been of national public concern and this is an indication of its desire to ensure that the services it provides are of a high quality." [Audit Report February 2010].

A letter would be sent to Sir John Brigstocke, Chairman of NHS East Midlands, in response to his letter dated 12th March 2010, enclosing copies of the Board paper relating to the agenda item and the relevant minute of the discussion held at the Board on 7th April 2010.

RESOLVED:

- **To consider the implications of the report and contribute to the draft recommendations.**
- **To reflect on the Inquiry Report and revisit how the Board received assurance on quality and safety.**
- **To reconfirm the Trust's commitment to maintain a high level of quality and patient safety.**
- **To note the significant assurance on the Trust's response to date.**
- **To write formally, as requested, to NHS East Midlands.**

**DMHT
2010/24**

UPDATE ON THE INDEPENDENT INQUIRY INTO THE COLIN NORRIS INCIDENTS AT LEEDS TEACHING HOSPITALS NHS TRUST IN 2002 – PAUL LUMSDON

Paul Lumsdon presented the report and action plan into the Colin Norris Independent Inquiry. The 28 recommendations pertinent to Leeds Teaching Hospitals NHS Trust had formed the baseline for the Trust's own assessment. The results showed that most areas were rated "Green", with no "Red" and few "Amber" actions outstanding. The "Amber" actions would be monitored through the Quality Governance Committee. Copies of the summary report were available to Board members, if required.

Paul Lumsdon explained that the report had highlighted a lack of challenge to staff behaviour at Leeds. The Board were informed of the process undertaken at the Trust's Serious Untoward Incident Group where any concerns were highlighted and staff held to account. Maura Teager referred to informal conversations between a member of staff and their manager and asked whether such discussions were recorded on a single personal file. Helen Issitt agreed that cases of multiple personal files was not unusual in the NHS but that progress was underway to work towards a single personal file for each member of staff.

RESOLVED:

- **To consider the implications of the report and contribute to the draft action plan.**
- **To agree for the Quality Governance Committee to receive a progress report in six months time.**
- **To request that the Quality Governance Committee takes forward the action plan and ensures that all actions are implemented.**

**DMHT
2010/25**

AGE APPROPRIATE ENVIRONMENT DUTY: SECTION 131A MENTAL HEALTH ACT 1983 - CHAIRMAN

The Chairman referred to a letter he had received from Young Minds in relation to an Age Appropriate Environment Duty: Section 131A Mental Health Act 1983 Commencement Date 1st April 2010. The duty required that, "*when a child or young person under the age of 18 years was admitted to hospital for treatment for mental disorder, the ward environment was suitable for the age and individual needs of that child or young person*". In response to the Chairman, Paul Lumsdon confirmed that the Trust would not ordinarily admit any person under 18 years of age to its adult

service. In unavoidable, exceptional circumstances, the matter would be reported as an incident and commissioners would be contacted to expedite the patient's transfer to the most appropriate setting as soon as possible.

Mike Shewan added that the briefing referred to in the letter could be circulated if required.

**DMHT
2010/26**

TRUST RESPONSE TO MONITOR CONSULTATION ON AN UPDATE TO THE GUIDE FOR APPLICANTS – QUALITY GOVERNANCE – PAUL LUMSDON

Paul Lumsdon advised that, in light of proposals from Monitor to enhance their assessment of quality governance, the Trust's Quality Strategy had been refreshed, "Governance" had been changed to "Quality Governance", and Mick Martin had been appointed as the Trust's Quality Champion.

The Trust's response to the questions contained in the Quality Governance consultation document had been completed and reviewed by the Chairman and Chief Executive, prior to submission before the deadline of 6th April 2010.

Mick Martin said that he was delighted with the synergy between the Monitor guide and the Trust's Quality Strategy.

RESOLVED:

- **To note the submitted response.**

**DMHT
2010/27**

STAFF SURVEY PRESENTATION – HELEN ISSITT

Helen Issitt presented the findings from the seventh annual staff opinion survey, which was conducted between October and December. The findings were usually received in March, at which time information was provided to the Trust Board and to staff, and an action plan produced. The response rate to the 40 questions asked was 60% of staff. The results had been benchmarked against other Trusts and showed areas where the Trust had performed well, along with areas that required further work.

A comparison of results since 2003 was included and it was possible to pinpoint when external factors had resulted in changes in the organisation and the resulting impact on the survey results. In 2007, 27 questions had been asked with 40 in 2009, and therefore the resulting comparison could be misleading.

It was proposed that five corporate areas would be concentrated on rather than trying to make significant progress in all areas at once. These five areas were:

- good communication between senior managers and staff
- job satisfaction
- staff intention to leave jobs
- work pressure felt by staff
- staff able to contribute to improvements at work

Linkage had also been made to the Boorman report on health and wellbeing, which would lead to addressing staff sickness and productivity. Examples of the suggested key interventions were given and comments were invited. The Workforce and Organisational Development team would drive the agenda outlined but needed to be embraced Trust-wide to be effective.

John Sykes asked what proportion of time should be spent on team building by an individual team in a clinical setting. Helen Issitt replied that team building would be seen in a number of guises from team meetings to away days. Team building was a management tool, used to shape and build a team, and managers would need to

implement a range of teambuilding tools to work effectively. Tony Smith added that there was no generic description and each team would address team building in different ways. Staff engagement, cascaded from the top of the management structure down throughout teams was key to effective communication.

The Chairman asked whether, in addition to the five key areas already mentioned, “hot spots” had been identified. Helen Issitt confirmed that “hot spots” had been uncovered which required a longer term action plan, working with teams to enable sustainable results. Mike Shewan added that a further report would be provided to “drill down” further into the “hot spot” areas. Agreeing with Tony Smith, Mike Shewan said it would be helpful to review the trend over the past seven years to identify patterns, which could be a result of significant change programs, much of which had been resisted by staff groups affected.

In response to the Chairman, Helen Issitt agreed that staff across the NHS were often employed for their technical ability and qualifications but were not always trained to manage people. Mike Shewan added that further investment would be required in leadership development across the NHS.

Paul Lumsdon emphasized the importance of the links between the staff survey and patient survey, an area that would be focussed upon by the Care Quality Commission.

RESOLVED:

- **To note the results from the Staff Survey 2009.**
- **To support the key interventions outlined and the top five key themes.**
- **To receive further updates on progress.**

**DMHT
2010/28**

HEALTH & SAFETY ANNUAL REPORT 2009/10 – PAUL LUMSDON

Paul Lumsdon said that the training figures had seen an improvement but further work was required to achieve consistently acceptable levels. In particular, the management of falls has seen a marked improvement on previous years. Overall, the report was positive and the Board were pleased with the progress made.

RESOLVED:

- **To approve the contents of the report.**
- **To agree to continue to receive updates on the report as part of the Integrated Quality Governance reporting process.**

**DMHT
2010/29**

QUALITY OVERVIEW AND UPDATE – MICK MARTIN

Mick Martin, as Quality Champion, would be invited each month to give an overview to the Board on Quality issues. Reference was made to the Board agenda and the effort and focus of the Board on quality topics. The motto for quality was to recognise that the Board’s focus on quality would be relentless.

The balance between measurement and assurance tools used to assess quality standards was key. This balance was changing in the year ahead and a stronger focus would be placed on increased inspection and audits to provide sharper evidence of the direction of travel. A second balancing act was with regard to assurance and improvement measures. The organisation had a proven record for providing assurance to the Board on quality but it was also important to ensure improvement measures were explored where possible. The organisation was approaching a time when the core business would change. The Board would be keen to remain updated on the impact of changes across the organisation and the projects being managed by the Project Office.

The Board would also need to be more focussed on the visible and robust articulations of care pathways and how they operated. Turning to the earlier discussion about “Never Events” and the recent Independent Inquiry, Mick Martin emphasized the need to define the “must do” elements of the Trust’s care pathways to prevent the “Never Events” from occurring.

In summary, the Trust had a solid base and would continue to evaluate the tools that would measure and provide assurance, with an increase in external assessment sought in 2009/10.

**DMHT
2010/30**

**SAFEGUARDING VULNERABLE ADULTS AND CHILDREN ANNUAL REPORT
2009/10 – PAUL LUMSDON**

Paul Lumsdon presented the Safeguarding Vulnerable Adults and Children Annual Report 2009/10, which demonstrated a high degree of confidence in the ‘Markers of Good Practice’, benchmarking evidence of which was included at Appendix 3. Further work was required to ensure reporting continued the upward trend for staff trained in Adult Protection. Paul Lumsdon praised the decision taken by the Trust to capture all staff for CRB (Criminal Records Bureau) checks, and said that it was likely that Trusts not adopting this approach would be found to have loopholes in their governance arrangements.

In response to Maura Teager, Paul Lumsdon confirmed that level one training was available to Board members as part of their induction.

Ifti Majid asked for clarification with regard to how the relationship with Local Authorities was progressing. Paul Lumsdon replied that further work was to be done to continue to improve the working relationship. Within the Trust’s governance arrangements, the Trust needed to take a firmer control on what was reported and the progress of actions. Additional work was required with Social Services in order for reporting to be at the required standard. Paul Lumsdon agreed to take Ifti Majid’s concerns back to Graham Gillham, as Safeguarding Vulnerable Adult Lead, and the Quality Governance Committee.

RESOLVED:

- **To note the contents of the report and the agreed actions.**

**DMHT
2010/31**

**INTEGRATED PERFORMANCE REPORT INCORPORATING FINANCIAL
PERFORMANCE AND CIP POSITION – FEBRUARY 2010 (MONTH 11) – PAUL
LUMSDON/TIM WOODS**

i) Financial Performance

Tim Woods outlined the financial position at the end of February. The income and expenditure position, before technical adjustments, was showing a £971k surplus, £29k short of the £1m surplus target for the year. The net deficit of £2.363m included the technical deficit, due to the impairment of assets. The Trust was on target to meet the required targets that had been agreed with NHS East Midlands. This financial position resulted in a Monitor Risk Rating of 3.8, rounded up to 4, and showed good financial performance.

The Cost Improvement Programme (CIP) position showed the achievement of £3.6m against a target of £2.7m. Although a proportion of savings were non-recurrent, the recurrent savings target had been exceeded. The capital position showed a higher capital spend in the latter part of the financial year and the report to the next Board meeting was expected to show that the capital target had also been met.

The Board were delighted with the progress made and the expected achievement of financial targets during a challenging period for the Trust.

ii) Operational Performance

Paul Lumsdon was pleased to confirm that the Trust was in a very positive position and on track to meet all six CQUIN targets agreed for 2009/10. The Local Delivery Plan showed that three of the four areas measured had scored a 'level 4', indicating they were meeting or surpassing the targets set at the beginning of the financial year.

Cancelled clinics and 'DNA (Did Not Attend)' rates were still not at the required level. The report for next month was expected to show that cancelled clinics reached 4.35%, 0.35% off target. The 'DNA' data was disappointing, reported at 19.89% with the report for next month expected to show 19.34%. A further discussion would be held in the confidential session with regard to action plans.

Although the staff survey data had shown the Trust as one of the best performing for IPR completion, the completion rate had hit a plateau of 72%, the final year end figure would be reported next month. Sickness absence rates remained below target.

Overall all, performance was positive but some areas required a continued focus.

RESOLVED:

- **To note the contents of the report.**
- **To agree to continue to receive the report on a monthly basis.**
- **To hold a further discussion in the confidential session.**

**DMHT
2010/32**

2010/11 FINANCIAL PLAN – TIM WOODS

Tim Woods presented the 2010/11 Financial Plan, and the opening position for income and expenditure and capital, for agreement by the Board. The plan shown outlined that all targets for 2010/11 would be met, with a £1.1m surplus, in line with the breakeven duty as an NHS Trust and to achieve a Monitor Risk Rating of '4'.

Further technical adjustments would be required with regard to assets in relation to impairments as a result of the work carried out on the retained estate. The planned capital spend of £3.4m was in line with the Capital Resource Limit (CRL).

Key risks to achievement of the above targets were the achievement of the CIP. Regular progress updates would be reported to the Board through the Project Assurance Office. To provide additional assurance, the Trust had a target of £3.5m but, for budget setting purposes, a target of £4m had been set. This flexibility was especially important when assessing the impact of CIP schemes on quality,

The Board's attention was drawn to the appendices at the back of the paper and the figures explained. The Chairman asked whether the planned surplus of £1.1m excluded any potential contract adjustment with PCTs from 2009/10. Tim Woods replied that contract adjustments with the PCT would be part of the Trust's income and were included in the total income figure of £109m.

Kathryn Blackshaw referred to the CQUIN monies of £1.5m and emphasized the importance of being able to articulate to commissioners how the money had been used. Tim Woods agreed to review the wording.

RESOLVED:

- **To approve the 2010/11 Financial Plan including income and expenditure, statement of financial position, cashflow and capital plans.**
- **To receive regular reports throughout the year to monitor financial**

performance against the plan.

DMHT
2010/33

INFORMATION GOVERNANCE TOOLKIT – ANNUAL SUBMISSION – IFTI MAJID

Ifti Majid referred to the previous report to the Board that had outlined the stretch targets set for Information Governance. Linked to Mid Staffs, the Information Governance Toolkit was important because one of the domains of clinical assurance was to report strongly and lead on Information Governance. The Trust's scores for all domains was 87% - an achievement of 'green' RAG rating for all domains. The Board were delighted to learn that Information Security had reached 100%, which was an outstanding achievement. The Operating Framework and SHA strict requirements were all met and the Board congratulated Ifti Majid and his team for the significant progress made. Mike Shewan referred to the position from three years previously, when Information Governance had been an area of concern. The degree of improvement was astonishing and testament to the amount of work carried out.

RESOLVED:

- **To note the contents of the report and the achievement of all Operating Framework and SHA requirements.**
- **To acknowledge the significant progress that had been made in improving the Trust's compliance with the Information Governance Framework.**

DMHT
2010/34

RATIFIED MENTAL HEALTH ACT COMMITTEE MINUTES FROM THE MEETING HELD ON 9TH DECEMBER 2009, WITH ACTIONS MATRIX

The ratified minutes from the Mental Health Act Committee meeting held on 9th December 2009, were received and noted by the Board.

DMHT
2010/35

RATIFIED RISK MANAGEMENT COMMITTEE MINUTES FROM THE MEETING HELD ON 11TH FEBRUARY 2010, WITH ACTIONS MATRIX

The ratified minutes from the Risk Management Committee meeting, held on 11th February 2010, were received and noted by the Board.

The Chairman raised a point from Lesley Thompson with regard to R10/21 and the report into complaints and compliments and the potential impact on quality. Paul Lumsdon replied that the variations were small and not of significance. The cascading of information in relation to compliments received was to be reviewed, along with actions from complaints.

DMHT
2010/36

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

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

The Chair 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, 5th May 2010 – at Trust Headquarters, Bramble House, Kingsway, Derby, DE22 3LZ