

DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

**Held at Buxton & High Peak Golf Club, Townend, Waterswallows Road, Buxton,
Derbyshire, SK17 7EN**

On Wednesday, 3rd February 2010

MEETING HELD IN PUBLIC

Opened: 2.15 pm

Adjourned: 3.05 pm

PRESENT:

Alan Baines	Chairman
Kathryn Blackshaw	Executive Director of Business Strategy
Graham Foster	Non-Executive Director
Paul Lumsdon	Executive Director of Nursing and Quality
Mick Martin	Non-Executive Director
Mike Shewan	Chief Executive
John Sykes	Executive Medical Director
Lesley Thompson	Non-Executive Director
Tim Woods	Executive Director of Finance
Graham Gillham	Director of Corporate and Legal Affairs
Alison Baker	Executive Business Assistant (Minute Taker)

IN ATTENDANCE:

Val Stacey	Member of the Public
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APOLOGIES:

Ifti Majid	Executive Director of Operations
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**DMHT
2010/01** **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.

Ifti Majid's apologies were noted. Mike Shewan advised that it was expected that Ifti Majid would be working via email from 8th February and back in the office from 15th February 2010. The Board extended their wishes to Ifti Majid for a speedy recovery.

**DMHT
2010/02** **MINUTES OF MEETING OF THE TRUST BOARD HELD IN PUBLIC ON
WEDNESDAY, 2nd DECEMBER 2009**

The minutes of the meeting held on 2nd December 2009 were accepted and approved with an additional point for clarification.

DMHT 09/128 Procurement Strategy 2009 - 2012

*“Graham Foster asked whether the organisation had sufficient professional procurement staff able to identify the level of savings required **as investment in such staff would often show returns in savings, which were a multiple of their cost.**”*

**DMHT
2010/03**

**MATTERS ARISING FROM MINUTES OF THE MEETING OF THE TRUST BOARD
HELD IN PUBLIC ON 2nd DECEMBER 2009 AND ACTIONS MATRIX**

DMHT 09/109 Non-Financial Position - Revalidation Pilot

John Sykes provided an update on the Revalidation Pilot and was pleased to report that the central funding budget had been confirmed at £250k, which would be used for the Revalidation Pilot work.

DMHT 09/127 IM&T Strategy

In Ifti Majid's absence, Graham Foster confirmed that data quality assurance was to be scheduled into the 2011/12 audit plan.

DMHT 09/133 Integrated Performance Report

Kathryn Blackshaw explained that the work undertaken by Nick Duncan, Interim Head of Public Relations and Marketing, was in relation to the development of service proposition. Sarah Carter had been requested to do a full review of peri-natal activity and the point raised by the Chair at the previous meeting had been in relation to the under-performance against contract of the peri-natal activity. This would be addressed in the Integrated Performance Report to be taken later in the meeting.

**DMHT
2010/04**

QUALITY STRATEGY – PAUL LUMSDON

Mick Martin, Quality Champion for the Trust, introduced the Quality Strategy and emphasized the Board's continued focus on ensuring that quality remained at the heart of the organisation. Following the discussions that had taken place at the Board Development Session on 20th January, the Quality Strategy had been designed to include five performance indicators:

- Ensuring required standards across all patient pathways.
- Investing in and acting on sub-standard performance.
- Driving a culture for active and continuous improvement.
- Identifying, sharing, and ensuring delivery of best practice.
- Identifying and managing risks to quality of care.

Additional work was ongoing within the patient care pathways to identify the 'must do's' for carers and ensure that when mapping out pathways, the quality strategy was 'super-imposed' across all areas of care.

The Chair asked how the Board would be advised of the "quality alert tool assessment" (1.9.2). Paul Lumsdon replied that any alerts noted at the Quality Governance Committee would be brought to the Board through the performance report.

Graham Foster referred to the recent discussions that had taken place with regard to the independent inquiry and asked whether checks on the Care Programme Approach, Care Plans and NICE Guidance aspects would be addressed during the Quality Review visits. Paul Lumsdon confirmed that these areas would be looked at by the Quality Reviews, as well as through the audit programme, complaints reporting, serious untoward incidents reporting and NICE monitoring by the Quality Governance Committee. In addition, the level two and three performance reviews would also provide a review function.

Mike Shewan echoed the Board's view of the importance of the quality agenda and emphasized that the quality standards in place required policing to ensure that all policies and procedures were being adhered to and any areas of non-compliance were addressed quickly. Graham Foster referred to the Registration Framework and the six component regulations outlined at 5.4.7, and suggested it would be helpful to

identify any initiatives that had already been taken to improve the management and engagement of staff with the quality agenda. Paul Lumsdon referred again to the level two and three performance reviews and the steps that were being taken to change the culture in the organisation.

Mike Shewan was pleased to inform the Board that he had received an Internal Audit report into the Trust's self-assessment of the recommendations from the Care Quality Commission's review of Mid-Staffordshire NHS Trust and West London Mental Health Trust, on which a significant assurance opinion had been given. Graham Foster added that the report was due to be reviewed by the Audit Committee on 8th February 2010.

Lesley Thompson made reference to the 'Patient Experience' domains (3.0) and said that it was important to provide services with dignity and respect in addition to promoting them. Mike Shewan agreed that promotion and provision of services with dignity and respect needed to be embedded in the culture amongst staff. Paul Lumsdon agreed to amend the Quality Strategy to reflect Lesley Thompson's suggestion.

Lesley Thompson drew the Board's attention to 5.5.4, Quality Observatory, and asked where the Trust would currently be listed when benchmarked against other Trusts. Paul Lumsdon agreed to give further thought to how this could be demonstrated.

Tim Woods requested additional wording to be included (1.11) with regard to the inclusion of the Efficiency Strategy and how the Quality Strategy was aimed towards the delivery of efficiencies.

Kathryn Blackshaw updated the Board following the Quality Assurance Group and Quality Cabinet meetings that had taken place the previous week. At both meetings, the Quality Alerts had been singled out for comment. Feedback from commissioners on the Quality Strategy had been positive in relation to the level of detail and commitment from the Trust, along with the advanced progress made when compared to other Trusts.

In addition, the Board were updated on the steps being made to link public relations and positive news stories to the Quality agenda. Kathryn Blackshaw emphasized the need to ensure that the four quality pledges articulated in the NHS Constitution were kept as a strong focus both internally and externally. Lesley Thompson agreed that it would be useful to identify how the pledges translated across to training and development, organisational development and care pathways.

RESOLVED:

- **To approve the refreshed Quality Strategy 2009 – 2012 (subject to amendments requested).**

**DMHT
2010/05**

**COMPLIANCE WITH THE HEALTH AND SOCIAL CARE ACT 2008 –
REGISTRATION REQUIREMENTS REGULATIONS 2009 – PAUL LUMSDON**

Paul Lumsdon updated the Board on progress with preparations for registration with the Care Quality Commission, based on compliance with the Health and Social Care Act 2008. The Board were pleased to note that the Trust had declared full compliance with all registration requirements. It was noted that ongoing work would be required to continue to demonstrate full compliance and the Board would continue to receive regular updates within the Integrated Quality Governance report.

The Board's thanks were extended to Clare Grainger and Lorraine Bradshaw for their tenacious efforts to complete the required registration work.

In response to Mike Shewan, Paul Lumsdon assured the Board that the deadlines included on page three of his report had been completed.

Graham Foster asked for further clarification with regard to the suitability of staffing outlined in the table on page five. Paul Lumsdon replied that the assessment had been completed over a year ago and that there were no areas which would be a cause for concern.

RESOLVED:

- **To acknowledge the selection of the Chief Executive as Nominated Individual for Registration purposes.**
- **To note the legal implications around the process of Registration and ongoing Registration compliance.**
- **To note the Trust's actions to date, and future action planned to complete the Registration.**
- **To note the Trust's process for securing ongoing compliance.**
- **To acknowledge the consultation process regarding the establishment of fees for ongoing registration.**
- **To note the Board's responsibilities for ensuring ongoing compliance with Registration standards.**

DMHT
2010/06

INTEGRATED PERFORMANCE REPORT INCORPORATING FINANCIAL PERFORMANCE AND CIP POSITION – DECEMBER 2009 (MONTH 9) – PAUL LUMSDON/TIM WOODS

i) Financial Performance

Tim Woods gave an overview of the financial position at the end of month nine. Leaving aside a technical adjustment, the Trust had a surplus position of £890k, which was on target to meet the control target total of £1m by the end of the financial year. The overall risks were highlighted and the Board were pleased to note that the previous inaccuracies in forecasting by the business units had improved significantly. CIP delivery was ahead of target and the percentage delivery on recurrent schemes was increasing. The cost of the flu outbreak was minimal, although it was noted that the position could worsen in the future, were there to be another outbreak. The Monitor position at the end of month 9 showed the Trust with a risk rating of 3.8 with a forecast risk rating of 3.6.

In response to the Chairman, Tim Woods agreed to amend Diagram 1 to more accurately reflect the financial position when shown against the other performance areas.

Graham Foster referred to the increase in trade creditor days and Tim Woods explained that this was largely due to the change over to SBS and the new system.

It was agreed that any further detail would be discussed later during the confidential session.

ii) Operational Performance

Paul Lumsdon reported that there had been a significant reduction in the level of delayed discharges, as a result of action taken following the level two performance reviews. The percentage of seven day follow-up remained at 100% and the rates for crisis home treatment, crisis gatekeeping and early intervention remained on target.

Areas where performance was a cause for concern included outpatient DNA rates and cancelled appointments. Two level two performance reviews had been held and 'call-

backs' for those teams concerned were required to produce an action plan and trajectory to address the problem areas. It was noted that, since the report had been produced, an improvement had already been noted in cancelled outpatient appointments. In response to Mike Shewan, Paul Lumsdon explained that the CQUIN target was for an improvement in the patient experience, and the 4% target had been set internally.

The Board asked for further clarification why the targets for DNA rates and cancelled outpatient clinics continued to be difficult to achieve. Paul Lumsdon explained that, although the recent bad weather had resulted in unforeseen cancellations, he felt that further training was required to bring about a cultural change in the attitudes and behaviour of staff. Some appointments had been booked up to a year in advance, which had added to some of the difficulties. Authority to cancel clinics was now vested in Unit General Managers.

Mike Shewan asked for a report to be brought which identified individual consultant firm performance, and advised that the subject was receiving a high level of scrutiny at the Trust Medical Advisory Committee. He added that the medical teams were due to commence the job planning process and suggested that the targets should be included as personal objectives for consultants, against which they would be performance managed.

John Sykes expressed his frustration at the systematic problems in the north of the county, which had delayed the roll-out of Care Notes (a system that had worked well to reduce the cancellation problems in the south of the county). However, Mike Shewan suggested that, although there may be a North/South issue, individual consultant scrutiny would confirm this.

In response to Mick Martin, Paul Lumsdon advised that steps were in place to address the rates of DNA levels and a telephone call made to patients six weeks prior to the appointment would partially address the problem. Kathryn Blackshaw referred to a recent marketing conference she had attended and suggested it would be useful to understand better the profiling of DNAs and why a patient had not attended an outpatient appointment.

The Board requested that a report should be produced for the confidential session of the March Board which detailed the percentage of cancelled appointments, clinics and DNA rates by individual consultant.

Lastly, the Board were delighted to note that, in December 2009, the Trust was the best performing Trust in the sample, when benchmarked against other Trusts, for 100% achievement for seven day follow-up and crisis gatekeeping, and the lowest delayed discharge rate of 1.33%.

Kathryn Blackshaw advised that Sarah Carter had undertaken a preliminary overview of activity in the Mother and Baby Unit and, since 18th January 2010, all six beds had been fully occupied, which would start to increase accumulative occupancy levels. A mailshot was underway across the East Midlands to market the Trust's peri-natal service to PCTs.

RESOLVED:

- **To note the contents of the Integrated Performance Report and agree to continue to receive the report on a monthly basis.**
- **To receive a further detailed report to the confidential session of the March Board with regard to individual consultant data for cancelled appointments, cancelled clinics, and levels of DNA rates.**

**DMHT
2010/07** **DERBYSHIRE MENTAL HEALTH SERVICES TRUST GENERAL CHARITY –
APPROVAL OF ACCOUNTS AND ANNUAL REPORT 08/09 BY CORPORATE
TRUSTEES – TIM WOODS/GRAHAM GILLHAM**

Graham Gillham referred to the separate meeting of the Corporate Trustees that had been held on 19th January 2010, when the General Charity Accounts and Annual Report 2008/09 were approved and filed within the timescale of 31st January 2010.

**DMHT
2010/08** **RATIFIED RISK MANAGEMENT COMMITTEE MINUTES FROM THE MEETING
HELD ON 5TH NOVEMBER AND 10TH DECEMBER 2009, WITH ACTIONS MATRIX**

The ratified minutes from the Risk Management Committee meeting held on 5th November and 10th December 2009 were received and noted by the Board.

**DMHT
2010/09** **RATIFIED GOVERNANCE COMMITTEE MINUTES FROM THE MEETING HELD ON
5TH NOVEMBER AND 10TH DECEMBER 2009, WITH ACTIONS MATRIX**

The ratified minutes from the Governance Committee meeting held on 5th November and 10th December 2009 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, 3rd March 2010 – in the Boardroom, Trust Headquarters, Bramble House, Kingsway, Derby, DE22 3LZ