

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, 2nd June 2010

MEETING HELD IN PUBLIC

Opened: 2.05 pm

Adjourned: 3.10 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
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
Graham Gillham	Director of Corporate and Legal Affairs
Tika Khan	Acting Deputy Director of Finance (for Tim Woods)
Alison Baker	Executive Business Assistant (Minute Taker)

IN ATTENDANCE:

Ash Bower	Head of Communications & Engagement (item DMHT/2010/54)
Tim Proctor	Member of the public
Dave Waldram	Member of the public
Andrew Hare	Member of the public

APOLOGIES:

Helen Issitt	Acting Director of Workforce & Organisational Development
Lesley Thompson	Non-Executive Director
Tim Woods	Executive Director of Finance

**DMHT
2010/49**

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.

Tika Khan was welcomed to the Board meeting, attending in Tim Woods' absence.

The Board confirmed that no conflicts of interest required noting.

**DMHT
2010/50**

**MINUTES OF MEETING OF THE TRUST BOARD HELD IN PUBLIC ON
WEDNESDAY, 5th MAY 2010**

The minutes of the meeting held on 5th May 2010 were accepted and approved with one minor amendment.

*DMHT 2010/45 Integrated Performance Report Incorporating Financial Performance and CIP (Cost Improvement Programme) Position – March 2010 (Month 12)
i) Financial Performance*

Second paragraph to read “An operating surplus of £1,014m had been achieved, although the accounts would include a technical deficit as a result of the **revaluation** of assets

**DMHT
2010/51**

MATTERS ARISING FROM MINUTES OF THE MEETING OF THE TRUST BOARD HELD IN PUBLIC ON 5th MAY 2010 AND ACTIONS MATRIX

DMHT 2010/45 Integrated Performance Report Incorporating Financial Performance and CIP (Cost Improvement Programme) Position – March 2010 (Month 12)

i) Financial Performance

In response to the Chairman, Tika Khan confirmed that, during times of property rises, the Trust would need to be aware of increases in valuation and the resultant cost impacts of an increase in depreciation and the increased rate of return to the Department of Health.

DMHT 2010/14 (2010/20) Integrated Performance Review ii) Operational Performance

Kathryn Blackshaw advised that the HR trainees had drafted a paper, which would be provided to EMG at the end of June and would then be brought to the next Trust Board. Mike Shewan requested that the lead be changed to Helen Issitt.

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

Mike Shewan confirmed that Ash Bower, Head of Communications and Engagement, had commenced full time with the Trust from 1st June 2010 and was looking into drafting the Internal Communications Strategy. Kathryn Blackshaw added that Helen Issitt, Ash Bower and Nick Stocks, Staffside Representative, were undertaking a series of visits to engage with staff.

DMHT 2010/45 Integrated Performance Report ii) Operational Performance

Kathryn Blackshaw advised that the subject of Trust reporting targets would be included on the June Board Development Session agenda.

DMHT 2010/46 ii) Mental Health Act Committee Terms of Reference

Graham Gillham advised that the Mental Health Act Committee Annual Report would be reported to the Trust Board annually in September.

**DMHT
2010/52**

QUALITY OVERVIEW AND UPDATE – MICK MARTIN

Mick Martin provided his regular quality update, focussed this month on Never Events, the Quality Account, Quality Outcomes, and the status of the review of the complaints process.

Thanks were extended to Lesley Thompson, for her input into the Quality Account, which had been revised and would be discussed later in the agenda. It was important to continue to draw a distinction between the requirements of national initiatives and the constant feed through internal measures into the Quality Strategy refresh. It would be useful to diarise a further discussion at a Board Development Session, led by Paul Lumson.

The Quality Strategy was focussed on the delivery of patient safety and outcomes. Over the last few months, the Board had concentrated on the underpinning issues driving the safety agenda, pathways and experience. A high level of data was available with regard to indicative outcomes, such as the patient survey, but it was important to acknowledge the importance of ongoing care and support for service user, indicative data on which was more difficult to demonstrate. The Trust was striving to provide a platinum level of care to patients at the outset of need, whilst ensuring support to lead them to a point where they no longer required care and could be returned back into the community.

The Board had held lengthy discussions with regard to instances of high DNA levels, which could indicate that patients no longer felt they required the service offered, and the reasons for non-attendance therefore needed to be more fully understood.

Turning to the review of complaints handling, it was clear that the Trust had a robust complaint handling process and few complaints were received. The mechanism process was structured but it was important to ensure a complainant felt listened to and the underlying message being conveyed was not lost during the process. The information contained in the complaint needed to be extracted to identify where improvements could be made.

Mick Martin provided personal feedback from a recent visit to Chesterfield and the initiatives in place to help those who have experienced mental health problems to return to employment.

Mike Shewan said that the Trust continued to operate a national NHS complaints procedure, feedback on which had been positive in the past. It was important to ensure that any themes running through complaints were learnt from and processes put in place for improvements to be made. On a positive note, it was very rare for complaints to reach the stage where the Parliamentary and Health Service Ombudsman became involved.

Maura Teager asked whether evidence existed to support the statement that DNA rates were a result of a patient deciding they no longer needed the service. John Sykes replied that a project had been suggested for follow-up contact with patients who had not attended, although this was not easy, due to patient confidentiality issues. Paul Lumsdon added that John Sykes was leading a review of the modes of access to services, which should include a focus on DNA rates. Mike Shewan said that consideration should be given to the type of service provided. Patients would sometimes not feel motivated to attend appointments and others would simply forget. The Trust did have the right to ask patients for the reason they had not attended appointments and this should be included in the review.

Paul Lumsdon advised that the review of complaints was being overseen by the Risk Management Committee, which would then be reported to the Board.

**DMHT
2010/53**

NEVER EVENTS – PAUL LUMSDON

Paul Lumsdon reported that a concise piece of work had been undertaken, following a high level of engagement at Trust Board, Board Development Session, Managers Forum, Multi-Professional Council, and with commissioners as part of the agreements for standard provider contracts for 2010/11. This piece of work had resulted in, not only the two nationally prescribed 'Never Event's, but also an additional two 'stretch Never Events, which had been internally set and would be closely monitored.

Kathryn Blackshaw asked for the wording to be refined at the top of page 4 where the first explanation of 'Never Event' was detailed.

In response to John Sykes, Paul Lumsdon explained that the second 'stretch Never Event' was aligned to the Kerr-Haslam report and the Register of Approved Therapies. A patient would not receive intervention from a member of staff who had not been trained to provide such care. Graham Foster suggested a form of words to capture the explanation better: "specified clinical interventions will always be undertaken by appropriately qualified staff". Paul Lumsdon agreed to amend the wording accordingly.

Graham Foster asked whether procedures were in place to monitor any 'near misses'.

Ifti Majid replied that breaches to seven day follow-up were already monitored and reported to the Board on a monthly basis. Any 'near misses' for patients would be reported via an incident report form. Paul Lumsdon stated that although the top three 'Never Events' were currently monitored with reporting arrangements in place, the fourth would be more difficult. Paul Lumsdon and John Sykes would ensure the monitoring arrangements were a priority for the Multi-Professional Council.

In response to the Chairman, Paul Lumsdon explained that, if approved by the Board, the Trust 'Never Events' would be cascaded to staff through the Quality Account, operational lines and the Multi-Professional Council. Mike Shewan asked how failure against the targets would impact on the Trust. Paul Lumsdon replied that the breach of seven day follow-up was already a CQUIN target and non-collapsible rails was already a national 'Never Event'. A breach of 'Never Events' would result in a fine. Kathryn Blackshaw said that the Trust had taken a proactive step to develop internal 'Never Events' early, in readiness for the likelihood of prescribed 'Never Events' from commissioners.

RESOLVED:

- **To discuss and agree the proposed never events.**
- **To agree to receive updates as part of the monthly integrated performance report and quality governance report.**

**DMHT
2010/54**

SPIRITUALITY STEERING GROUP UPDATE – PAUL LUMSDON

Paul Lumsdon provided an update to the Board with regard to the progress made against implementation of the Spirituality Strategy, previously presented in December 2009. The Trust Spirituality Steering Group, chaired by Mark Ridge, Head of Patient Experience, had responsibility for the development and oversight of the implementation of the strategy, and the workplan would be led by Andrew Hope in the Department of Pastoral and Spiritual Care.

RESOLVED:

- **To note the contents of the reviewed implementation plan and the progress made.**

**DMHT
2010/55**

QUALITY ACCOUNT 2009/10

Paul Lumsdon confirmed that comments from the Board had now been received. Since the Board report was written, positive feedback had also been received from commissioners. Mick Martin thanked Lesley Thompson for her input, which had resulted in a more user-friendly document. Patient comments had also been included from the patient survey and the document had a clearer articulation of the direction the Trust wanted to take. Thanks were extended to Ash Bower and Paul Lumsdon's team for their hard work in producing the document to strict deadlines for the publication date of 30th June 2010.

Minor amendments were suggested, which Paul Lumsdon agreed to make. In response to the Chairman, Ash Bower confirmed that the final publication would include pictures as well as text.

RESOLVED:

- **To approve the second draft of the Quality Account 2009/10, subject to the amendments suggested.**

**DMHT
2010/56**

RESEARCH FRAMEWORK AND PROGRAMME 2010/11 – PAUL LUMSDON

Paul Lumsdon explained that the Research Programme 2010/11 detailed the projects the Trust needed to undertake to provide internal assurance in support of the Board

Assurance Framework. The document outlined the process in place for research priorities, and how they were managed and monitored, together with the implementation procedure. At the point a research programme was identified for approval, the quality impact was assessed to ensure any potential consequences for patients.

Graham Foster praised the structure and approach of the framework, but suggested that outcomes should be publicised more strongly to identify where changes were being made as a result of the work undertaken.

RESOLVED:

- **To endorse the Research Framework and approve the Research Programme for 2010/11.**

**DMHT
2010/57**

INTEGRATED PERFORMANCE REPORT INCORPORATING FINANCIAL PERFORMANCE AND CIP (COST IMPROVEMENT PROGRAMME) POSITION – APRIL 2010 (MONTH 1) – PAUL LUMSDON/TIKA KHAN (FOR TIM WOODS)

i) Financial Performance

Tika Khan confirmed that the Audit Commission had completed their work on the draft 2009/10 annual accounts and no material adjustments had been identified. The final accounts would be presented to the Audit Committee and the subsequent Extraordinary Trust Board on 8th June 2010. The Board gave delegated approval for Kathryn Blackshaw to sign the financial statements as nominated deputy in the Chief Executive's absence. John Sykes and Mick Martin gave their apologies to the Extraordinary Board Meeting.

Turning to the financial position for month 1, Tika Khan reported that a £61k surplus had been achieved, with the Trust on target to achieve the £1.1m surplus at year end. The Trust risk rating was currently 3.1, due to cash in the bank at the end of the month. Graham Foster asked whether the cash in the bank was due to tax creditors and Tika Khan agreed to confirm the reason.

ii) Operational Performance

Paul Lumsdon confirmed that the 18 CQUIN indicators had been agreed and would be discussed in detail at the Board Development Session.

The Board were pleased to note the key achievements and the continued focus on the improvements achieved in 2009/10 for consultant outpatient appointment cancellations. Paul Lumsdon reported that, since the report had been written, the target for MHMDS (Mental Health Minimum Data Set) had been exceeded at 99.2%.

An update on quality visits was provided and Graham Foster reiterated how useful the visits were for Non-Executive Directors. He added that it was important to be involved in testing out the quality data and understand the parameters that the various units were operating to. Paul Lumsdon said that the feedback from staff had been that the visits were uplifting and the teams appreciated the visits.

The Chairman raised a comment made by Lesley Thompson in relation to the plan in place to achieve the IPR (Individual Performance Review) completion target. Mike Shewan replied that the IPR completion data was being reviewed by the Executive Management Group on a monthly basis through the Workforce Balanced Scorecard and the importance of the IPR process had been reinforced through the management structure, with staff ultimately being held to account for non-completion. In response to Graham Foster, Mike Shewan advised that the proposed new format for IPRs was found to be too complex from those who had taken part in the pilot exercise. Helen Issitt was therefore looking at the format again.

RESOLVED:

- To note the contents of the report.
- To agree to continue to receive the report on a monthly basis.
- To continue the dialogue started at the Board Development Session on all quality indicators, including CQUIN, the commissioning framework, Care Quality Commission, regulation requirements, compliance framework and quality assurance.

**DMHT
2010/58** **RATIFIED AUDIT COMMITTEE MINUTES FROM THE MEETING HELD ON 8TH
FEBRUARY 2010, WITH ACTIONS MATRIX**

The ratified minutes from the Audit Committee meeting, held on 8th February 2010, were received and noted by the Board.

Graham Foster confirmed that the Audit Committee intended to review a combined bi-annual report of waivers and tenders, together with a wider assessment of the Hospitality and Sponsorship Register, which would add robustness to the process applied.

**DMHT
2010/59** **RATIFIED RISK MANAGEMENT COMMITTEE MINUTES FROM THE MEETING
HELD ON 8TH APRIL 2010, WITH ACTIONS MATRIX**

The ratified minutes from the Risk Management Committee meeting, held on 8th April 2010, were received and noted by the Board.

Paul Lumsdon asked the Board to note the top five risks, as discussed at the Board Development Session, which had been amended in light of comments received. The changes had been incorporated into the Trust Risk Register and included in the IBP.

**DMHT
2010/60** **RATIFIED QUALITY GOVERNANCE COMMITTEE MINUTES FROM THE MEETING
HELD ON 8TH APRIL 2010, WITH ACTIONS MATRIX**

The ratified minutes from the Quality Governance Committee meeting, held on 8th April 2010, were received and noted by the Board.

Tony Smith asked whether the compliance rate for Equality and Diversity E-learning should be a cause for concern. Paul Lumsdon said that the completion rate was lower than expected. The Learning and Development team were reviewing compulsory training to make it as flexible for staff as possible. E-Learning was beneficial to staff, who were able to set time aside where policy to complete training in segments. Mike Shewan added that an Equality and Diversity Steering Group had been established with multi-representation from external stakeholders. The Group would feed into the Quality Governance Committee and reports were expected which outlined how the Trust could make better progress in relation to the Equality and Diversity agenda. A quarterly report to the Executive Management Group was requested.

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, 7th July 2010 – at Trust Headquarters, Bramble House, Kingsway,
Derby, DE22 3LZ**