

**DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST**

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS**

**Held in The Boardroom, Bramble House, Trust Headquarters**

**On Wednesday 5<sup>th</sup> August 2009**

**MEETING HELD IN PUBLIC**

Opened: 2.05 pm

Adjourned: 3.12 pm

**PRESENT:**

Alan Baines	Chairman
Carole Appleby	Non-Executive Director
Alan Barclay	Non-Executive Director
Kathryn Blackshaw	Executive Director of Business Strategy
Mike Shewan	Chief Executive
John Sykes	Executive Medical Director
Tim Woods	Executive Director of Finance
Graham Gillham	Director of Corporate and Legal Affairs
Alison Baker	Executive Business Assistant (Minute Taker)

**IN ATTENDANCE:**

Ray Curry, Dave Waldram, and 3 other members of the public

**APOLOGIES:**

Graham Foster	Non-Executive Director
Paul Lumsdon	Executive Director of Nursing and Quality
Ifti Majid	Executive Director of Operations
Mick Martin	Non-Executive Director
Lesley Thompson	Non-Executive Director

**DMHT  
09/75**

**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.*

*Those present were reminded to turn off any mobile telephones, unless urgently required, due to their interference with the recording equipment.*

*The Chairman welcomed Carole Appleby to her first Trust Board meeting. Reference was made to the "Board to Board" meeting with the Derby City PCT, which had gone well, and it was noted that similar meetings would be held in future. The Chairman advised that he had chaired the interview panel for a Consultant Psychiatrist and was pleased to report that a suitable appointment had been made.*

*Other meetings reported by the Chairman included his attendance at the Appointments Commission, to mark the end of his first year in post and attendance at the Derby University Court, to receive the University's business plan. The 'summer fayre', hosted by the League of Friends, had been successful and well attended, and a meeting of the Derbyshire Chairs had taken place with a focus on the future funding challenges for the NHS. Finally, the Chairman and Chief Executive had had a very positive meeting with Ian Forrest (Chairman) and Derek Bray (Chief Executive) of Derbyshire County PCT, which would result in a full "Board to Board" meeting in the near future, similar to that held with Derby City PCT in July.*

DMHT  
09/76

**MINUTES OF MEETING OF THE TRUST BOARD HELD IN PUBLIC ON WEDNESDAY 1<sup>st</sup> JULY 2009**

The minutes of the meeting held on 1<sup>st</sup> July 2009 were accepted and approved with the following amendments:-

*DMHT 09/71 INTEGRATED PERFORMANCE REPORT INCORPORATING FINANCIAL PERFORMANCE AND CIP POSITION – MAY 2009 (MONTH 2)*

The sixth paragraph to read:- “Turning to the financial position, Tim Woods was pleased to report that a £270k surplus had been achieved in May, which covered the deficit that was made in **April** at month one.”

DMHT  
09/77

**MATTERS ARISING FROM MINUTES OF THE MEETING OF THE TRUST BOARD HELD IN PUBLIC ON 1<sup>st</sup> JULY 2009 AND ACTIONS MATRIX**

*DMHT 09/67 (09/60) IM&T Strategy*

Mike Shewan referred to the Trust’s previous agreement to be an early adopter of the Lorenzo care planning system, the national model for care planning. A number of ongoing problems had been encountered and the system was not currently in place in any Mental Health Trust. The Trust had expected to implement the first phase in September 2009 but had been alerted by CSC (Computer Sciences Corporation) that they were unable to commit to the current timetable and a delay of at least twelve months was expected. Following consultation with NHS East Midlands, the decision was taken by the Executive Management Group on 30<sup>th</sup> July to withdraw as an early adopter of Lorenzo, to allow for the ongoing problems to be resolved and to reduce the costs being expended. The Trust would remain committed to the adoption of the Lorenzo system in the long term, as its single integrated patient record, once it was proved to be fit for purpose. An internal core brief would be circulated to staff, fixed term project staff would be released, and a press release issued.

*DMHT 09/14 Transforming Community Services*

As already mentioned in the Chairman’s opening remarks, the “Board to Board” meeting with the Derbyshire County PCT would be arranged now the new Chairman was in post.

*DMHT 09/36 Annual Agenda Schedule*

Although comments were still awaited on the “live” document, the Board reporting timetable would be removed from the Actions Matrix.

DMHT  
09/78

**QUESTION FROM MENTAL HEALTH ACTION GROUP ON BEHALF OF MENTAL HEALTH SERVICE USERS**

The Chairman stated that he had received a letter from the Mental Health Action Group raising concern with regard to the proposed changes in the Chaplaincy service, and asked Paul Lumsdon to update the Board on the current position.

Paul Lumsdon explained the historical background to the chaplaincy service, which had reduced in size over the years. It was important to ensure that the spirituality needs of all those using the service could be met and that the necessary resources were available. It was recognised that the proposed changes to the service were not consulted upon as widely as first thought with user groups, and, for this reason, the changes had been postponed until further consultation had been undertaken. A steering group had been formed to ensure the views of service users were fully taken into account in any changes to the service, and at least six places would be available on the group for user representatives. The Chairman added that he had written to the Mental Health Action Group with an invitation to meet with himself and the Chief

Executive to discuss their concerns further, but as yet had not received a response. John Sykes drew the Board's attention to an evidence based publication by the Royal College of Psychiatrists, which looked at the best way to provide service users with spirituality services, and the Chairman suggested input to the steering group from John, or one of his team, based on the evidence based approach.

Kathryn Blackshaw added that a letter had been received from the Trust's lead commissioner in relation to concerns raised by service users. In terms of the contractual obligations between the Trust and its commissioners, a suggestion had been made for a formal service specification for chaplaincy services to be drawn up.

In response to Alan Barclay, Paul Lumsdon confirmed that a timescale for change would be proposed once the steering group had held its initial two meetings.

Mike Shewan made reference to the presence of representatives of the Mental Health Action Group at the Board, and reiterated the Trust's commitment to working with service user representative groups. Although the level of sensitivity of the proposed changes had been underestimated, the changes to the service were not felt to be significant at the time the decision was made. He further raised concern about the letter from the Mental Health Action Group to the Chairman, dated 15<sup>th</sup> July 2009, which had referenced the Trust's "further lack of consultation" on significant changes to patient services, and emphasised that this comment was misleading. The Trust had always strived to ensure it had undertaken formal consultation on service change issues, when required to do so, but occasionally there had been differences of opinion about what constituted consultation, and what was simply communication.

**DMHT  
09/79**

#### **STATEMENT OF READINESS FOR THE PANDEMIC FLU – PAUL LUMSDON**

Paul Lumsdon presented his paper on the readiness of the organisation to deal with Pandemic Flu A/H1N1 (swine flu). Since the onset nationally, an emergency planning group had been formed, which met largely on a weekly basis, and included the significant departments in the Trust,

Trust staff had been surveyed to assess vulnerability and the outcome of the exercise had highlighted that approximately 44% of staff would be vulnerable. This figure compare favourably to other Trusts, whose rate was approximately 60%.

A process had been put in place to monitor patients with any likely symptoms although there were no cases of inpatients being affected at the present time. Eight service users in the community had been affected although none had any underlying conditions to cause concern. Data was also being collected on a daily basis on the level of sickness amongst staff and, although the Trust average was 10 staff at any one time, the current position was 14 staff absent from work through swine flu. Trigger points had been built into the action plan, for instance where 100 or more staff were affected, or a high number of staff in any one department were absent, and contingency plans had been drafted to address the potential for 20%, 30% and 50% sickness in any one department.

The Trust was connected to local and regional forums and weekly information was communicated to all staff.

The Board were assured by Paul Lumsdon that the plan in place had been pressure-tested and was robust. The number of days of absence of staff affected had been consistent with the national average of 3.5 days.

On behalf of the Board, the Chairman congratulated Paul Lumsdon and his team for the robust and well planned approach and requested a monthly update on the position.

In terms of the financial position, Tim Woods confirmed that a member of the Finance team was in attendance at the weekly emergency planning meetings. Paul Lumsdon added that a significant breakout would affect bank and agency usage and targets such as the seven day follow up levels. In such an event, commissioners would be approached for funding support.

In response to Kathryn Blackshaw, Paul Lumsdon explained that the term “FluCon1” was a status level which ranged from 0 to 3 depending on the level of impact that a pandemic was having. It was also confirmed that in terms of the national requirement for engagement with trades unions, that the representative on the emergency planning group mentioned at 4.1.9 was a representative of all trades unions in the Trust.

Carole Appleby asked whether the stock levels of face masks was sufficient, in light of recent media reports of shortages. Paul Lumsdon responded that although initial shortages had been reported nationally, the Trust had adequate stocks of face masks, gloves and aprons.

**RESOLVED:**

- **To record the result of the assessment of statement of readiness for the public, patients and stakeholders to see.**
- **To agree to receive monthly updates on the position with the flu pandemic (swine flu).**

**DMHT  
09/80**

**RESEARCH & DEVELOPMENT STRATEGY 2009 – 2012 – JOHN SYKES**

The Chairman expressed his pleasure at opening the Research and Development Showcase in Bakewell earlier in the year and invited John Sykes to present the Research and Development Strategy 2009-2012.

John Sykes made reference to a letter that had been received from the Department of Health - Professor Dame Sally C Davies (Director General of Research and Development) and David Flory (Director General of NHS Finance, Performance and Operation). The letter highlighted the policy statements included in the NHS Constitution, NHS Operating Framework and Guidance for SHA’s regarding their Duty to Promote Innovation and confirmed that all providers of NHS care would need to complete their participation in research. The national ambition was to double the number of patients taking part in clinical trials and other well-designed research studies within five years and SHAs were expected to ensure that NHS Trusts worked with the National Institute for Health Research Comprehensive Clinical Research Network locally to contribute to the increase. In addition, rather than a Board member with responsibility for research, the Department of Health believed it would be more effective for Trusts to set goals for research within their organisation and report on their achievement at least annually to the Board and in their annual report.

John Sykes drew the Board’s attention to section 3.3 of the strategy and the five goals listed in the “Best Research for Best Health” strategy and also section 7, which would form the basis of the annual report.

In response to the Chairman, Paul Lumsdon confirmed that the annual spend for research and development was approximately £160k to £180k. The Chairman asked how the figure compared to other Trusts and Paul Lumsdon said that the work undertaken by Professor Gilbert had put the Trust in a favourable position in terms of progress, although further development was required. The safeguards in place to ensure that work undertaken by one Trust was not repeated elsewhere were explained by John Sykes who confirmed that national research was networked which provided a centralised control.

The Chairman suggested it would be helpful to demonstrate the improvements made to services from the work that had been completed and asked how success outcomes could be presented. Mike Shewan advised that a regular report was taken to the Governance Committee which detailed the progress made with agreed schemes and the key issue be how the research was applied. The Trust was very small in terms of its research operation when compared to teaching hospitals.

The Chairman requested a paper to be brought by John Sykes which listed the achievements and improvements made through research. Kathryn Blackshaw said that further work was needed to clearly demonstrate the links of the strategy to the four key strategic objectives. It was also important to draw out the activities that had commenced in an action plan to set out the timeframe for developments outlined in the strategy document. Kathryn Blackshaw reminded the Board that the organisation would have the opportunity to access the regional innovation fund and, given the focus on implementing quality and productivity through innovation, the research and development function in the organisation would be critical. A further discussion would be held with Professor Gilbert to raise the points made.

**RESOLVED:**

- **To approve the Research and Research Development Strategy.**
- **To support the themes outlines in the strategy for Derbyshire Mental Health Services NHS Trust.**
- **To receive a further report detailing the improvements made to services from the research and development work completed.**

**DMHT  
09/81**

**INTEGRATED GOVERNANCE REPORT – PAUL LUMSDON**

Paul Lumsdon tabled a revised Integrated Governance Report from the version included in the Board papers. Also tabled was a spreadsheet of the Risk Register and particular attention was given to the top five red risks. The intention was for the report to be developed as a more condensed document.

The paper included a focus on assurance in the context of patient safety, experience and clinical effectiveness and the top five risks had been reported to the Board for some time on a regular basis through the minutes of the Risk Management Committee. A Single Equality Scheme had now been put in place which would be presented to the Governance Committee in August.

The Chairman asked how the tabled version of the report differed from the earlier version included when the Board papers were sent out. Paul Lumsdon replied that the main difference was in relation to the Risk Register which had required amendment.

Alan Barclay made reference to 1.1 and the evaluation carried out by KPMG with regard to the number of sub committees in the governance structure. It was recognised that, although the revised governance structure had seen a reduction in the amount of sub committees, that the key performance indicators in place were robust and the level of quality was improving. Paul Lumsdon added that a benchmarking exercise had been conducted with other Trusts which demonstrated that the refined governance structure had a lower number of meetings or committees than other Foundation Trusts.

The Chairman stressed the importance to the Non-Executive Directors of understanding the Risk Register fully and the mitigations in place to manage the risks in the Trust.

Mike Shewan drew the Board's attention to risk 315 on page 7 with regard to the Lorenzo system and, in addition to his earlier comments, confirmed that an interim solution was agreed to fully rollout the CareNotes system, already in use in the

southern part of the organisation, to enable a single integrated patient record system to be in place until such time as Lorenzo was adopted. It was expected that the interim solution would enable risk 315 to be reduced from a red risk.

Alan Barclay highlighted that a number of actions did not include dates and suggested that the inclusion of timescales would add value. Paul Lumsdon advised that cross reference to the Risk Register would give more detailed information, which would include dates and timescales.

Kathryn Blackshaw asked for clarification in relation to the reported incidents in Chapter 3 at page 11. Paul Lumsdon confirmed that the figures quoted were the number of incidents reported prior to investigation.

Turning to risk 152 at Section 2.3 on page 9 Alan Barclay asked whether the implementation of the ASCRIBE system at the beginning of July had seen a positive impact on the support of medicines management. Paul Lumsdon responded that the question would be raised at the Risk Management Committee but that a longer period might be required to assess the impact.

**RESOLVED:**

- **To note the contents of the report.**
- **To agree the actions identified and to continue to receive a quarterly report to the Board.**

**DMHT  
09/82**

**PATIENT ENVIRONMENT ACTION TEAM (PEAT) RESULTS – PAUL LUMSDON**

Paul Lumsdon explained that the PEAT results were an annual verification of patient experience in relation to a range of patient services including cleanliness and food. The PEAT team consisted of service user representatives and staff. In addition, a Commissioning Manager for the County PCT was included on the team which had assessed the Hartington Unit. Any site could be selected to receive an independent validation by an external PEAT and, in 2009, both the Hartington and DRI sites had received external validation assessments.

Consistently good scores had been received for numerous years and the 2009 score was the best to date. From a total of 12 scores, the Trust received 9 scores of “excellent” and 3 scores of “good”. For privacy and dignity scores of “excellent” had been received for all four sites with the Hartington Unit improving from a score of “good” last year. The Board were also pleased to note that, as a result of work with the providers of the service level agreement, scores for the provision of food at the DRI and Radbourne Unit had improved from “good” to “excellent”.

Paul Lumsdon confirmed that the results would impact on the Trust’s Performance Rating and the Board expressed its thanks to Ifti Majid and his team and also the Facilities and Estates team for driving forward the improvements which had resulted in the positive scores. Paul Lumsdon agreed to draft a letter of thanks to the teams involved which the Chairman would sign. Carole Appleby asked whether the results had been communicated to staff and Mike Shewan responded that an item would be circulated to staff in the Core Brief.

**RESOLVED:**

- **To note the significant improvements in the scores overall, in particular for the provision of food.**
- **To acknowledge the level of effort and commitment of the Estates and Facilities Department in ensuring a high quality environment throughout the Trust.**
- **To agree for the Patient Environment Action Group to continue to**

## monitor progress.

DMHT  
09/83

### INTEGRATED PERFORMANCE REPORT INCORPORATING FINANCIAL PERFORMANCE AND CIP POSITION – JUNE 2009 (MONTH 3) – PAUL LUMSDON/TIM WOODS

Paul Lumsdon drew out the positive messages for the Board from his paper: the Assertive Outreach caseload remained consistently above target; 99.8% of service users were followed up within seven days; 100% of service users were seen by crisis resolution prior to admission (crisis gatekeeping); IPR completion had increased to well above target and the latest position was 83% which was pleasing; and the initial impact of the action plan for the Early Intervention Service had resulted in an increase in newly confirmed cases to 20 for the June period. This had been a significant improvement to 6 cases in May and 3 in April.

Areas of risk were outlined: the number of crisis resolution home treatments undertaken had fallen below target by 17. There was a risk that the performance rating for the PCT would be affected, which could potentially have an impact on the reputation of the Trust. An action plan had been put in place with immediate effect. The rates of routine consultant outpatient appointment DNAs and cancellations were high. This posed a risk to the efficiency of the organisation and could have a negative impact on service user satisfaction. A task and finish group continued to target this area of performance. Rates of delayed transfers of care was below the Monitor target of 7.5%, but this was higher than the target being used by PCTs. The Business Units had been tasked to put action plans in place to reduce the delayed transfers of care beyond their current level.

Mike Shewan raised concern that outpatient cancelled clinics were still red after 3 months of reporting and requested that steps be taken quickly to improve the situation. John Sykes replied that the new electronic booking system, together with internal procedural changes, should improve the position dramatically. In response to Mike Shewan, Paul Lumsdon advised that the 4% target had been set internally, not by commissioners.

Turning to the financial position, Tim Woods advised that Income and Expenditure (I&E) made a small surplus in the month and the accumulative position was a surplus of £111k. Although the position was still slightly behind plan by £30k it was moving in the right direction. Tim made a correction to the EBITDA figure, the margin of which was 6.4% and 6.3%. The overall position was that the Trust was on target to achieve its operational surplus of £1m. The figures presented included a technical deficit due to revaluation taking place in-year of £5m, less £1m surplus would be £4m net planned outturn deficit.

The Board were pleased to note the year to date CIP position of £648k against a plan of £637k. This position included non-recurrent savings made through management of vacancies where appropriate.

Tim Woods made reference to the expenditure that had been incurred on the Lorenzo project and it was expected that the position would begin to improve through month 4 in light of the Trust's decision to delay the implementation of Lorenzo, as mentioned earlier.

The Trust had entered into a cost and volume arrangement with commissioners which was on target. In forecasting the outturn I&E position, an assumption had been made that the additional income would be earned in full.

It was reassuring to note that the risk relating to the double running costs of the PFI development had been capped.

In response to the Chairman, Tim Woods explained the capital expenditure position, which would be reprofiled in light of the Lorenzo position.

**RESOLVED:**

- **To note the contents of the report and continue to receive regular monthly updates.**

**DMHT  
09/84**

**RATIFIED RISK MANAGEMENT COMMITTEE MINUTES FROM THE MEETING HELD ON 11<sup>TH</sup> JUNE 2009, WITH ACTIONS MATRIX**

The ratified minutes from the Risk Management Committee meeting held on 11<sup>th</sup> June 2009 were received and noted by the Board.

Paul Lumsdon drew the Board's attention to the continued focus on the top five risks within the Risk Management Committee.

**DMHT  
09/85**

**RATIFIED GOVERNANCE COMMITTEE MINUTES FROM THE MEETING HELD ON 11<sup>TH</sup> JUNE 2009, WITH ACTIONS MATRIX**

The ratified minutes from the Governance Committee meeting held on 11<sup>th</sup> June 2009 were received and noted by the Board.

Paul Lumsdon explained that work was ongoing with the register of approved therapies and a completed register was expected in approximately two months time.

*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, 2<sup>nd</sup> September 2009 in the Robert Robinson Room, Scarsdale Hospital, Derbyshire County PCT Headquarters**