

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

Held in the Boardroom, Trust Headquarters, Bramble House, Kingsway, Derby, DE22 3LZ

On Wednesday, 28th November 2012

MEETING HELD IN PUBLIC

Opened: 2.00 pm

Closed: 3.04 pm

PRESENT:

Alan Baines	Chairman
Kathryn Blackshaw	Acting Chief Executive
Graham Foster	Non-Executive Director
Paul Lumsdon	Chief Nurse/Executive Director of Nursing and Quality
Ifti Majid	Executive Director of Operations, Performance and IM&T
Mick Martin	Deputy Chairman/Senior Independent Director
Tony Smith	Non-Executive Director
John Sykes	Executive Medical Director
Maura Teager	Non-Executive Director
Lesley Thompson	Non-Executive Director
Claire Wright	Acting Director of Finance
Graham Gillham	Director of Corporate and Legal Affairs
Helen Marks	Director of Workforce & Organisational Development

IN ATTENDANCE:

Alison Baker (minutes)	Personal Assistant to Chairman and Chief Executive/Office Manager
Sarah Carter	Assistant Director, Business Strategy
Harinder Dhaliwal	Assistant Director for Engagement (Item DHCFT 2012/121)
David Hurn	Service Line Manager, Substance Misuse
Phil Taylor	Service Line Manager, Adult Services, City

And 3 members of the public

APOLOGIES:

None

**DHCFT
2012/111**

OPENING REMARKS

The Chairman welcomed those present to the meeting. There were no declarations of interest from Board members.

The Chairman introduced two questions he had received from Derbyshire Voice and requested a response from Paul Lumsdon and Graham Gillham respectively. The first question was in relation to the foreword contained in the Quality Framework 2012-2015 in respect of listening to and making changes as a result of feedback on Trust services from service users. The question posed asked "which procedures and tools for measurement will the Trust have in place to ensure the feedback to all levels within the Trust from service receivers is listened to and that subsequently there are positive changes in practice as a result of the feedback received?" By way of response, Paul Lumsdon outlined the many steps being taken to capture feedback and implement changes through 'Real Time' feedback. This included:

- Completed patient survey results being fed back to the services with a

	<p>requirement to share results and themes with teams and service users.</p> <ul style="list-style-type: none"> ➤ Service improvements were being informed by the voices of patients and carers and advertised using “You said, We did” posters ➤ Innovations on survey collection were being trialled by the use of Ipad kiosks, codes which could be scanned into smart phones, and non-verbal signs where patients may have cognitive impairment and when traditional surveying may not be appropriate. <p>Paul Lumsdon added that he was also due to meet with Catherine Ingram, Chief Executive of Derbyshire Voice to discuss the matter in more detail.</p> <p>The second question related to the way in which Board meetings were split into “public” and “confidential” sessions and the rationale and criteria for deeming that certain discussions and information was not in the public’s interest to be discussed in open session. Graham Gillham explained that it was reasonably common practice for Foundation Trusts to have part of their meeting open to the public and to divide the agenda so that confidential information was dealt with in private session. Usually the confidential discussions may include contractual issues, strategic matters still under development and matters identifying individual patients or members of staff. It may also be timely to remind the public that it was not at Board of Directors’ meetings (whether public or not) where the Board was held to account, but rather at the Council of Governors meetings.</p>
<p>DHCFT 2012/112</p>	<p><u>MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 31ST OCTOBER 2012</u></p> <p>The minutes from the meeting of Derbyshire Healthcare NHS Foundation Trust, held on 31st October 2012, were approved.</p>
<p>DHCFT 2012/113</p>	<p><u>MATTERS ARISING – ACTIONS MATRIX</u></p> <p><u>DHCFT 2012/89 – QUALITY GOVERNANCE REPORT</u></p> <p>Paul Lumsdon advised that he would be seeing Mick Martin on a regular basis to discuss the Adult Safety Thermometer and that the action was therefore now complete.</p>
<p>DHCFT 2012/114</p>	<p><u>CHIEF EXECUTIVE’S OVERVIEW AND UPDATE, INCLUDING EXECUTIVE LEADERSHIP TEAM FEEDBACK – KATHRYN BLACKSHAW</u></p> <p>Having written the Chief Executive’s update report in the absence of Kathryn Blackshaw, Ifti Majid was invited to introduce the key themes from his report. These included:</p> <ul style="list-style-type: none"> ➤ The Trust’s Weigh4Ward Group, which had been highly commended in the learning disability category at the annual Nursing Times Awards in London. The team had been shortlisted from a long list nationally and the Board were delighted the Group had received such recognition. The Trust had been the only organisation to take the decision to include a service user representative on the group attending the awards ceremony, and this had been an extremely positive experience for the individual concerned. ➤ The Willis Commission on Nursing Education, an independent inquiry published in November 2012 into what excellent pre-registration nursing education in the UK should look like and how it should be delivered. Paul Lumsdon outlined the work underway in the Trust and referred to the Nursing Framework, the values recruitment programme, and the steps being taken to define the values for nursing across Derbyshire. The Trust had also been commended for its work with Nottingham University and the University of Derby in contributing to the development of the curriculum of the degree nursing course.

	<ul style="list-style-type: none"> ➤ The publication of the first mandate to the NHS Commissioning Board by the Department of Health, structured around the domains of the NHS outcomes framework and already evident in this year’s contracting negotiations. Ifti Majid urged the Board of Directors to look at the mandate in full to understand the likely impact on the organisation. ➤ The dedicated funding being provided by the Department of Health to create care environments for people with Dementia – In response to Graham Foster, Paul Lumsdon confirmed that Chris Wheway, Assistant Director for the Acute and Community Care Services Division, was assessing the Trust’s environments to ensure any opportunities were explored fully. A Dementia Workshop was also being scheduled for March 2013 to look at next steps. ➤ The national shortage of Health Visitors – Ifti Majid was pleased to report that the Trust was doing well with recruitment and had almost reached its required level of 54 in post. ➤ The announcement that the Department of Health had become the first Department in Whitehall to sign up to the “Time to Change” campaign to combat stigma in relation to mental health. Kathryn Blackshaw reminded the Board of Directors that Derbyshire had been the first healthcare economy across the country to obtain support for and sign up from all its organisations to the “Time to Change” campaign. The campaign was to undergo a refresh with involvement from Local Authorities. <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To receive and note the contents of the report.
<p>DHCFT 2012/115</p>	<p><u>PEOPLE STRATEGY UPDATE – HELEN MARKS</u></p> <p>Lesley Thompson provided an introduction to the People Strategy update report, the purpose of which was to outline the progress made, the journey taken, and the current position, moving from transactional to strategic in relation to the way in which the Trust developed its staff. The next step would be longer term to embed these values and build a workforce that was proud to be ambassadors of the Trust and who took ownership for the continual improvement of services to deliver high quality care to patients.</p> <p>Helen Marks referred to the engagement of staff that was currently underway through the annual staff opinion survey, the response rate from which had reached 46%. Staff were being encouraged to submit their completed survey forms.</p> <p>The Board of Directors were pleased to note that a ‘Springboard’ women’s leadership programme had been commissioned, with 32 staff included on the first cohort, taken from a spectrum of staff at all levels and professions in the organisation.</p> <p>A handbook had also been developed for the nursing workforce, outlining a career pathway for all registered nurses, assistant practitioners and nursing assistants. The handbook had been developed and led by the Assistant Director of Professional and Practice Development in partnership with Divisional Nurses to establish a robust career framework on which to build the future of nursing.</p> <p>Helen Marks was also delighted to draw the Board’s attention to the efforts of the Estates and Facilities Team, who had seen 38 members of its staff receive their formal qualification in leadership and training. This superb achievement demonstrated how leaders were being shaped in every level on the organisation. The Board extended its commendation to Keith Turner, Head of Estates and Facilities, for his leadership in enabling this level of development within his directorate.</p>

	<p>Lastly, following the outcome of the listening events, the revised “Protection Policy” and “Sickness Absence Policy” were outlined.</p> <p>In response to Tony Smith, Helen Marks advised that one of the key strategic objectives for the next two to three years would be thinking differently in relation to education and the development of a strong coaching culture across the organisation.</p> <p>Maura Teager made positive reference to the nursing career handbook and suggested the Foundation Concepts Descriptions on page ten could be further strengthened.</p> <p>The Board commended Helen Marks for her work and formally noted and adopted the People Strategy Update.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To note the contents of the report and adopt the People Strategy update.
<p>DHCFT 2012/116</p>	<p><u>WORKFORCE DASHBOARD – HELEN MARKS</u></p> <p>Helen Marks introduced her report on the Workforce Dashboard, which was built upon three core themes: metrics in relation to actions for the implementation of the People Strategy; workforce key performance indicators; and workforce standards.</p> <p>The key themes were outlined and updates provided in relation to current sickness levels, compulsory training completion rates, and the use of bank and agency staff. Lesley Thompson acknowledged that, although the dashboard showed a number of “red” indicators, this was a reflection of the considerable programme of work underway, which would take time to progress. The RAG (Red, Amber, Green) ratings were therefore as expected.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To note the contents of the report. ➤ To agree to reward those members of staff with zero sickness absence over the past twelve months with an additional day annual leave.
<p>DHCFT 2012/117</p>	<p><u>INTEGRATED PERFORMANCE & ACTIVITY SUMMARY, INCLUDING MONTH 7 FINANCIAL HEADLINES – IFTI MAJID/CLAIRE WRIGHT</u></p> <p>Ifti Majid presented the performance and activity report for Month 7 and praised the considerable effort from the Divisions in order to maintain “green” RAG ratings.</p> <p>The two “deep dive” reports for this month were concentrated on Substance Misuse and the City Community Care service lines and, co-authors of the report, David Hurn, Service Line Manager for Substance Misuse and Phil Taylor, Service Line Manager for Adult Services – City, were welcomed to the meeting.</p> <p>The “red” RAG ratings, shown on the dashboard at page 8 of the report, represented very small numbers within the Criminal Justice Liaison and Prison Inreach teams only. The type of work carried out by the teams often resulted in an unwillingness by clients to share information during assessments, leading to missing information. However, this mis-recording issue on CareNotes was being addressed and performance was improving.</p> <p>Ifti Majid drew the Board of Director’s attention to the reporting of TOPS targets (Treatment Outcome Profile). Due to a transfer of services from Addaction, and missing electronic data that had not transferred across, this had resulted in the reporting to the NTA (National Treatment Agency) that not all had a Start TOP</p>

	<p>completed. Commissioners had accepted the reason for this and had paid all PbR (Payment by Results) monies relating to these measures. Exception reports were being produced on a weekly basis and discussions were taking place between managers and staff to resolve the issue.</p> <p>Maura Teager asked whether people accessing services were a reflection of the BME (Black and Minority Ethnic) population in terms of numbers. Phil Taylor replied that those accessing services were a mixture of ethnicity, as expected, and that this was also the case in terms of staff working within the teams.</p> <p>In response to Mick Martin, Sarah Carter outlined the work underway with general practitioners, and reported the positive feedback received in respect of the pathfinder service.</p> <p>Turning to the financial overview, Claire Wright reported there were no exceptions to note. The Trust continued to operate within its prudential borrowing limits; continued to report a financial risk rating (FRR) of “4”; and was confident of achieving its overall financial plan, including an outturn underlying surplus of £1.4m.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To acknowledge the current performance of the Trust. ➤ To note the actions in place to ensure sustained performance.
<p>DHCFT 2012/118</p>	<p><u>INFORMATION GOVERNANCE 2012/13 UPDATE – IFTI MAJID</u></p> <p>Ifti Majid provided an update on the Trust’s progress towards compliance against the 2012/13 Version 10 Information Governance (IG) Toolkit. All relevant (45) standards were progressing to achieve a minimum ‘level 2’ or above, producing a score of 94% compliance, and an overall rating of “Satisfactory” for compliance with the IG Toolkit Version 10.</p> <p>The Board of Directors were delighted to note that the Trust would be rated as the top performing mental health and community trust in the country in terms of compliance against the Toolkit and Ifti Majid and his team were thanked for their hard work to reach this level of achievement.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To note the progress being made towards the Information Governance Toolkit V10 2012/13. ➤ To acknowledge the significant amount of work that has to be undertaken to deliver the Information Governance Toolkit for 2012/13. ➤ To note that one Information Governance requirement (10-112) states that all staff (95%) are fully trained on IG awareness. Currently the organisation is 90.8% compliant. This is a significant undertaking for the Trust, especially given the increase in staff. ➤ To formally review the attached Information Governance Management Framework and sign off as still “Fit for Purpose” as a Level 3 requirement.
<p>DHCFT 2012/119</p>	<p><u>QUALITY OVERVIEW AND UPDATE – MAURA TEAGER</u></p> <p>Maura Teager provided a brief update on Quality matters, which included the following:</p> <ul style="list-style-type: none"> ➤ The launch of the CQC (Care Quality Commission) ‘State of Care’ report 2012 to Parliament. The report examined all care sectors for the first time and explored why some care services were failing to meet CQC standards. It was pleasing that many of the issues raised in the report could be cross referenced within Board papers, demonstrating these important issues were

	<p>already being considered and addressed by the Trust. Further work was required to ensure all aspects were covered.</p> <ul style="list-style-type: none"> ➤ The establishment of the Platinum Network by Paul Lumsdon to extend leadership capacity and capability, to further innovation, and address workforce/training. Team had met to discuss ways to share cross learning and had received a positive response from staff.
<p>DHCFT 2012/120</p>	<p><u>INTEGRATED QUALITY GOVERNANCE REPORT – PAUL LUMSDON</u></p> <p>Paul Lumsdon introduced his report on the overall quality of services through the three strands of safety, patient experience and effectiveness. In addition, the deep dive report related to ‘patient experience’ detailing the surveys which had been conducted from February to November 2012, and their outcomes. The key themes were outlined and the emphasized growth in research was noted. The Board of Directors were advised that the Research and Development Centre would be opened on 17th April 2013 by Jane Cummings, Chief Nursing Officer for the NHS Commissioning Board.</p> <p>The Integrated Quality Governance Report had already been received by the Risk Management and Quality Governance Committees, and there were no further questions or comments from Board members.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To agree the format and content of the report. ➤ To agree for the Risk Management and Quality Governance Committees to continue to receive the detailed assurance report.
<p>DHCFT 2012/121</p>	<p><u>ENGAGEMENT AND PATIENT EXPERIENCE FRAMEWORK UPDATE – HARINDER DHALIWAL</u></p> <p>An update report on the Engagement and Patient Experience Framework, ratified by the Board of Directors in May 2012, was provided by Harinder Dhaliwal, Assistant Director of Engagement. Board members continued to be fully involved through community engagement visits and the Non-Executive Directors had received an update on dignity, engagement and patient experience at their pre-meeting, prior to the Board meeting.</p> <p>Harinder Dhaliwal was thanked for all her hard work and the significant progress being made to ensure improvements are sustained and continue to grow.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To note progress against the KPIs across the three strands of community engagement, patient experience, and workforce engagement. ➤ To note the introduction of the 4Es Performance Dashboard and exception reporting to the Quality Governance Committee, as agreed on 8th November 2012.
<p>DHCFT 2012/122</p>	<p><u>BOARD ASSURANCE FRAMEWORK 2012 – 2013 – PAUL LUMSDON</u></p> <p>Paul Lumsdon presented the Board Assurance Framework (BAF) for 2012/13 to the Board of Directors. The document had been thoroughly reviewed by the Risk Management Committee, Executive Leadership Team, and Audit Committee. Graham Foster was pleased to report that the Trust’s auditors were talking to other Trusts in relation to demonstrating the BAF as an example of good practice. Meetings had also taken place with the Audit Committee Chairmen of other Trusts to share good practice and support.</p>

DHCFT 2012/123	<p><u>ANY OTHER BUSINESS</u></p> <p>Following the reported allegations made against Jimmy Saville, Paul Lumsdon advised that a letter had been sent to all Chairmen and Chief Executives in relation to the requirements needed for volunteer workers. The Board of Directors were assured that the Trust maintained a central register of volunteers and that the necessary procedures were in place to meet the requirements of the letter.</p>
	<p><i>The Chairman 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.</i></p>

Date and time of next meeting

Date of next scheduled meeting

Wednesday, 19th December 2012 at 2.00 pm

Boardroom, Trust Headquarters, Bramble House, Kingsway, Derby, DE22 3LZ