

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

On Wednesday, 28th September 2011

MEETING HELD IN PUBLIC

Opened: 2.00 pm Closed: 3.15 pm

PRESENT:

Alan Baines	Chairman
Kathryn Blackshaw	Deputy Chief Executive/Executive Director of Business Strategy
Graham Foster	Non-Executive Director
Paul Lumsdon	Executive Director of Nursing and Quality
Ifti Majid	Executive Director of Operations, Performance and IM&T
Mick Martin	Deputy Chairman/Senior Independent Director
Mike Shewan	Chief Executive
Tony Smith	Non-Executive Director
John Sykes	Executive Medical Director
Maura Teager	Non-Executive Director
Lesley Thompson	Non-Executive Director
Tim Woods	Executive Director of Finance

IN ATTENDANCE

Graham Gillham	Director of Corporate and Legal Affairs
Helen Issitt	Director of Workforce & Organisational Development

Dave Waldram and two other members of the public

APOLOGIES: None

DHCFT 2011/61	<u>OPENING REMARKS</u> The Chairman welcomed those present to the meeting. There were no interests to be declared.
DHCFT 2011/62	<u>MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 27TH JULY 2011</u> The minutes from the meeting of Derbyshire Healthcare NHS Foundation Trust, held on 27 th July 2011, were approved. There was no meeting of the Board during August.
DHCFT 2011/63	<u>MATTERS ARISING – ACTIONS MATRIX</u> <u>2011/53 Integrated Performance and Activity Summary</u> Ifti Majid confirmed that the case load data for Early Intervention Services was available for distribution.
DHCFT 2011/64	<u>QUALITY OVERVIEW AND UPDATE – MICK MARTIN</u> Commenting on the positive aspects of the information and performance data received during the summer from the Care Quality Commission, Mick Martin said

	<p>that the quality governance team was now focused on how services could be further improved by responding to patient survey findings and developing the use of benchmarking.</p> <p>Starting from the premise that the “best” Trusts may actually be better at promoting their services, but not necessarily providing better services, Mick Martin advocated a step change in promoting people’s perceptions of service provision.</p> <p>He also commented on the successful work taking place on defining the dementia healthcare pathway which had not only better defined the experience within the pathway, but also added clarity on the quality of service strands provided.</p>
<p>DHCFT 2011/65</p>	<p><u>QUALITY REPORT – PAUL LUMSDON</u></p> <p>Paul Lumsdon presented a report on the ongoing assessment and monitoring of the quality of services provided by the Foundation Trust, all the strands of which would culminate in the annual quality report at the end of the year. The Trust continued to meet its legal responsibilities for ensuring that the essential standards of quality and safety set by the Care Quality Commission were met. The Trust continued to be registered without conditions by the CQC. The visits to the Hartington Unit, Chesterfield in March and April found that all 16 essential standards were met. Early progress was made towards achieving the Commissioning for Quality and Innovation (CQIN) Agreements by March 2012.</p> <p>The quality visit programme had been reviewed for season three. Following extensive consultation, a revised format would be used from October/November 2011. Involvement with Governors was taking place through the Patient Experience and Quality Working Group, which was being consulted on the content of the revised Quality Strategy. Finally, the report contained a number of examples of instances where quality improvements had been made as a result of learning and sharing lessons from inspections and from other Trusts.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To note the ongoing assessment and monitoring of the quality of services.
<p>DHCFT 2011/66</p>	<p><u>BOARD ASSURANCE FRAMEWORK 2011/12 – PAUL LUMSDON</u></p> <p>The Board of Directors received the full Board Assurance Framework (BAF) 2011/12, which had been based on the key priorities and milestones agreed by the Board in May. The risk descriptions had been amended following the review of the top five risks undertaken by the Board in July. Graham Foster confirmed that the Audit Committee had recently reviewed the BAF and was satisfied that the points raised previously by the Board had been taken up.</p> <p>With regard to 4.1 – to develop the Trust’s business operating model to reflect the changing landscape of the NHS reforms and economic conditions, Graham Foster asked for the gaps in control and assurance to be more fully described to reflect the prevailing economic conditions in relation to future planning.</p> <p>The Chairman welcomed the changes to the Board Assurance Framework as a fluid working document.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To note and support the BAF for 2011/12;

	<p>➤ To agree the future review dates for the BAF: to Board in September and November 2011 and March 2012; and to Audit Committee in August and October 2011 and February 2012.</p>
DHCFT 2011/67	<p><u>COMMUNICATIONS AND MARKETING STRATEGY 2011 - 2014 – KATHRYN BLACKSHAW/ ASH BOWER</u></p> <p>Kathryn Blackshaw requested that in light of recent comments, especially with regard to marketing strategy, this item be deferred until further notice.</p>
DHCFT 2011/68	<p><u>INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T) STRATEGY 2009 – 2013 UPDATE – IFTI MAJID</u></p> <p>In his progress report on implementation of the IM&T Strategy, Ifti Majid announced significant progress continued to be made on all aspects. The Psychotherapy to Care Notes migration had been completed on time under budget, thus delivering a single platform to support the delivery of all adult mental health services. The Information Management department had implemented a new data warehouse supporting Connecting for Health’s pseudonymisation requirement. A new intranet and collaboration system, based on Sharepoint, had been implemented. 17 sites were now wi-fi enabled, for use by staff and service users. The Information Governance Toolkit return for 2010/11 delivered a ‘level 2’ assessment across all criteria. Overall, whilst good progress continued to be made on strategic projects, demand was growing significantly and extensive prioritisation would be required. Out of 28 key performance indicators (KPIs), 20 were reported as ‘green’, though the KPIs were due for updating.</p> <p>Looking ahead, key priorities were the integration of Children’s Services within the reporting infrastructure and the procurement and implementation of the electronic patient record.</p> <p>Discussion took place on the introduction of more mobile data devices for staff and in this regard Ifti Majid explained the current plan to launch agile working to all sites by April 2012.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To note the contents of the report ➤ To note that the next report will be based on a complete refresh of the IM&T Strategy.
DHCFT 2011/69	<p><u>PEOPLE STRATEGY – QUARTERLY UPDATE – HELEN ISSITT</u></p> <p>Helen Issitt presented the first quarterly update on the People Strategy, “Delivering Quality Through Our People”, which had been approved by the Board of Directors in April 2011. Since June, Directors and Service Line Managers had jointly held 29 listening events with teams and the first real-time staff questionnaire “Listening to You” had been launched during September. These initiatives would assist in improving staff work experience and ultimately therefore patients’ experience.</p> <p>Two cohorts had now completed the Tier 1 Leadership Programme. Whilst members of the cohorts had provided positive feedback on the experience at a closing workshop, a more comprehensive evaluation was to be conducted by internal audit in order to provide the Board of Directors with assurance of the impact of the Strategy.</p>

	<p>A “Coaching in Action” programme had been in place over the past five months. The programme was aimed at supporting managers in their ability to take a coaching style and approach on an individual and team basis as part of day to day practice. Three cohorts would attend the programme over the next six months.</p> <p>As part of the approach within the workforce plan to change the profile of the workforce, the Assistant Practitioner role was being developed. In partnership with the University of Derby a Foundation Degree Programme was being introduced for Assistant Practitioners. A new Stress Policy had been developed and was due to be launched during European Health and Safety week commencing 24th October 2011. The Trust had been selected to pilot a lifestyle behaviour change framework. The framework, developed through public health, was designed to assist patients to explore healthy living options by developing the skills and knowledge of staff. Audrey House and Morton Ward were selected to undertake the pilot.</p> <p><u>Staff Survey</u></p> <p>As a direct result of listening to the workforce, the Trust had adapted a different approach to the staff survey this year. A sample only of the workforce would be surveyed. This complied with the requirements and would still produce a viable sample.</p> <p>Tony Smith sought assurance that the evaluation of the Leadership Audit should contain auditable measures. In general discussion, members of the Board commented that a number of real-time initiatives were now available to give feedback on staff satisfaction rather than over-reliance on the annual staff survey.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To receive and note the update report on implementation of the People Strategy.
<p>DHCFT 2011/70</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY – AUGUST - IFTI MAJID/ TIM WOODS</u></p> <p>The performance dashboard, at month 5, was received showing all Monitor targets as ‘green’. The return of workplace induction checklist had exceeded target. Seven exception reports occurred, including three areas common to both Divisions: compulsory training, individual performance reviews, and consultant outpatient appointment “Did Not Attends”. The use of agency staff was continuing to fall. Each of the areas of exception each had a detailed action plan developed to improve performance.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To receive the Integrated Performance and Activity Report at month 5; ➤ To note the plans in place to ensure ongoing compliance with all existing targets and standards.
<p>DHCFT 2011/71</p>	<p><u>ANNUAL AUDIT LETTER TO DIRECTORS 2010/11 - TIM WOODS</u></p> <p>The Board received the Annual Audit Letter to Directors 2010/11, which had previously been presented by John Cornett, External Auditor, to the Audit Committee on 8th August 2011. It was also noted that John Cornett had given a presentation to the Council of Governors on 6th September 2011. The letter records a true and fair view for the two sets of accounts submitted for 2010/11 and issued an unqualified audit opinion with respect to the financial statements. Two recommendations were made arising from the audit work, which had been agreed by the Trust, and</p>

	<p>addressed within the Annual Plan.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To receive the Annual Audit Letter 2010/11; ➤ To note that the Annual Audit Letter as presented to the Audit Committee and to the Council of Governors; ➤ To accept the significant recommendations within the 2011/12 work plan.
DHCFT 2011/72	<p><u>AUDIT COMMITTEE ANNUAL REPORT 2010/11 – GRAHAM FOSTER</u></p> <p>Graham Foster, Chairman of Audit Committee, presented to the Board of Directors the Annual Report of the Audit Committee on its activities during 2010/11. He presented a strong process of self-assessment and assurance obtained through the Audit Letter and Head of Internal Audit Opinion. These both reflected good working relationships which built on the feedback from Monitor on the control environment within the Trust. General comments followed on the governance and committee structures. Paul Lumsdon commented that the Quality Governance and Risk Management Committees were respectively undergoing self-assessment. Mike Shewan expressed concern over the growing scope of the Committee in terms of the length and number of meetings. Graham Foster felt that the driver for the Committee's agenda was the encompassing of any area of strategic risk however discussions would be held at a strategic level and duplication avoided wherever possible.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To receive and note the Annual Report from the Audit Committee, which would be published on the Trust's website.
DHCFT 2011/73	<p><u>COMMUNITY PATIENT SURVEY REPORT 2011 – PAUL LUMSDON</u></p> <p>The Care Quality Commission Survey of People Who Use Community Mental Health Services 2011 was received for information. The Board of Directors had previously received the findings on 25th May 2011 and an action plan had been formulated.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To receive and note the Care Quality Commission survey report of People Who Use Community Mental Health Services.
	<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, 26th October 2011**

**Seminar Room, Hartington Unit, Chesterfield Royal Hospital, Calow, Chesterfield,
Derbyshire S44 5BL**