

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

**Held in Conference Rooms A & B, Research & Development Centre, Kingsway, Derby,
DE22 3LZ**

On Wednesday, 28 May 2014

MEETING HELD IN PUBLIC

Opened: 1.00 pm

Adjourned: 4.40 pm

PRESENT:

Mark Todd	Chairman (Chair)
Steve Trenchard	Chief Executive
Carolyn Green	Director of Nursing and Patient Experience
Ifti Majid	Chief Operating Officer/Deputy Chief Executive
Caroline Maley	Non-Executive Director
Lesley Thompson	Non-Executive Director, Senior Independent Director
Maura Teager	Non-Executive Director
Claire Wright	Executive Director of Finance
Graham Gillham	Director of Corporate and Legal Affairs
Anna Shaw	Deputy Director of Communications
Lucia Whitney	Consultant – Clinical Director (on behalf of Dr Sykes)

IN ATTENDANCE

for item 2014/067:

Miss Z B	Service User
Gary Stokes	Head of Patient Experience

For item 2014/080:

Collette Handsley	Lead Nurse / Derby City Crisis Team
Professor Reiner Heun	Consultant Psychiatrist City Community
Mark Holtom	Service Manager – Recovery Team City
Dr Brijesh Kumar	Consultant Psychiatrist – County Crisis Team
Julia Lowes	Service Line Manager - Assertive Outreach
Lisa Mack	Interim Service Manager Derby City Crisis Team

Governors:

Lew Hall	Lead Governor – Public Erewash North
John Morrissey	Governor – Public Amber Valley South
Leida Roome	Board Secretariat

Members of the Public

Mark McKeown	Derbyshire Voice Representative
Vicki Price	Member of the Public
Timothy Proctor	Member of the Public
Harjit Kooner	Quintiles
Chris Swain	Derbyshire Voice Representative
Dave Waldram	Member of the Public

APOLOGIES:

Lee O'Bryan	Interim Director of Workforce and Organisational
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Tony Smith
John Sykes

Development
Non-Executive Director
Executive Medical Director

<p>DHCFT 2014/066</p>	<p><u>CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST</u></p> <p>The Chairman opened the meeting by welcoming all present. A special welcome was extended to Mrs ZB, who attended to share her experience with the Board.</p> <p>The Chairman advised that a short refreshment break will be taken during the Public Meeting.</p> <p><i>Apologies:</i> The apologies are listed above.</p> <p><i>Declarations of Interest:</i> A declaration of interest with regard to Ripplez was made by Maura Teager, concerning item DHCFT/2014/067. No other declarations were noted.</p>
<p>DHCFT 2014/067</p>	<p><u>PATIENT STORY – MRS ZB</u></p> <p>Introducing ZB to the Board, Maura Teager congratulated her on her award as the Impetus Young Person of the Year, due to be celebrated soon in London.</p> <p>ZB said that since childhood she has had experience of mental health problems, both within her family and her own. She has two brothers with special needs and Social Services were involved with the whole family. From an early age ZB learnt not to trust health professionals. Her schooling finished at 13 years of age, as she was required to look after her brothers and sister. She felt that her GP did not take action to refer ZB to mental health services and her mental health problems were brushed off by health professionals.</p> <p>She was offered Cognitive Behavioural Therapy (CBT) but left the programme as the therapist strongly advised her to give up her involvement in Ripplez. She felt that this was of more value to her than the offered CBT. ZB now has two young children of her own, but her life had been impacted upon by the family problems as well as her own mental health problems.</p> <p>In response to the Chairman's question as to what would have made a difference to her relating to her treatment by health professionals, she said that the main thing would have been for the professionals to have time for her. It was very hard for her to ask for help and she found that people did not have time for her. In relation to her experience with the CBT Therapist, she was asked whether she felt that this professional understood her. ZB confirmed that she was of the opinion that the health professional understood her very well but that she did not want to give up her involvement in Ripplez.</p> <p>Maura Teager added that the Ripplez involvement for ZB took her further with a programme offered to her when she was pregnant. She now provides peer support and chairs the Young Parents Panel. She has moved on from a single young parent to a very successful young woman now, of which Maura Teager felt that she was very proud.</p> <p>In answer to a question from Lucia Whitney, ZB commented that she felt that health professionals were indeed not very good at listening and advised that during one of her appointments, the professional advised her that she was the third person that day who had quoted the same problem. For ZB mental health is the most</p>

important thing in the world.

Steve Trenchard commented that as an organisation we advocate recovery - where the service user is in control of all decisions- and asked what recovery meant for her.

She was of the opinion that a person could never fully recover but that for her recovery meant that she would get up in the morning, have a good day and take care of her children, but that she takes one day at a time. ST asked if any mental health practitioner had ever asked her what recovery meant to her, and she replied that they had not.

Asked how she had accessed the offered therapy, ZB advised that she had self-referred to Trent Psychological Therapies Services (Trent PTS) – her G.P. was aware but only offered anti-depressants and sleeping tablets. ZB refused these as it would have meant that she would not have been able to take care of her children.

Mark Todd, on behalf of the Board, thanked ZB for her presentation – she was doing great things.

(ZB and Gary Stokes left the meeting).

Reflecting on the powerful story presented, Lew Hall commented that he had family experience of G.P.s not listening to patients. In response to the comment whether as a Trust we are doing enough to make G.P.s aware of the facilities that we offer, Carolyn Green advised that we do this again and again – the development of an e-learning programme and real time videos are now underway and will be circulated. There was a current proposal to support governors in a coherent approach to Patient Participation Groups. It was noted that, within the City Recovery Team, G.P. trainees receive training on recognising the symptoms of mental illness.

Maura Teager suggested engaging ZB as an expert by experience and Lucia Whitney offered to work with her on this.

Action: Graham Gillham to write to Gary Stokes - Lucia Whitney to be copied in.

DHCFT
2014/068

MINUTES OF THE BOARD MEETING, 30 APRIL 2014

The Minutes of the Board meeting, held on 30 April 2014, were approved with the following amendments:

DHCFT2014/055: Control of Infection Report – Lesley Thompson requested clarification on the effectiveness of the training.

DHCFT2014/056: Audit Committee report – Paragraphs 2 and 3 to read: - “An internal audit report was received on Financial systems, which remained overall at low risk, though basic controls were recurring in Shared Business Services. A detailed discussion took place on the internal audit report, on the Electronic Patient Record, and the Cost Improvement programme, which had provided significant assurance. The draft Head of Internal Audit report was received, which gave an opinion of “some risk to objectives”. This is a “level 2” opinion. Claire Wright confirmed that it is highly unusual to obtain a “level 1” opinion, which gives full assurance.

DHCFT2014/062: paragraph 2 – add: “Dr John Sykes to be listed as a member of the additional Quality panel”.

	<p><u>DHCFT2014/062:</u> To read: from a transactional programme to a transformational programme.</p>
<p>DHCFT 2014/069</p>	<p><u>MATTERS ARISING – ACTION MATRIX</u></p> <p>The following was noted:</p> <p><u>DHCFT/2014/035 (item e):</u> Number of students within Health Visiting Services: - Carolyn Green confirmed that she had written to raise the possibility of funding for the additional clinical placement officer.</p> <p><u>DHCFT/2014/047:</u> Root & Branch project: Carolyn Green had written – Action completed.</p> <p><u>DHCFT2014/50:</u> It was confirmed that the issue (NHS Choice) was now entered on the Board Assurance Framework. Action: completed.</p> <p><u>DHCFT2014/051:</u> Steve Trenchard confirmed that he had followed up the action and had written to Christine Cassell. Action: completed</p> <p><u>DHCFT2014/051:</u> Carolyn Green advised the Board that she is personally attending all Safeguarding Children’s Board meetings.</p>
<p>DHCFT 2014/070</p>	<p><u>CHAIRMAN’S REPORT</u></p> <p>This report was presented for information to the Board.</p> <p>In response to Steve Trenchard, who agreed that the Quality Visit Programme should change next season, Mark Todd confirmed that he had discussed this with Carolyn Green.</p> <p>An increasing number of governors were participating in these visits, which was welcomed.</p> <p>It was felt that the template was not always understood by the teams and perhaps a further explanation is required. Steve Trenchard mentioned that he had attended a conference in Liverpool where Jeremy Hunt, Secretary of State, delivered 2 key messages, i.e. a) high reporting system and we need to hear these comments and b) the Board sets the culture and we need to reinforce good practice.</p> <p>It was also noted that the visits offer an opportunity for communication. Good feedback is received and this needs to be maintained as a positive framework.</p> <p><u>RESOLVED:</u> The Board noted the Chairman’s report and the continuing discussion on the format of the Quality Visits.</p>
<p>DHCFT 2014/071</p>	<p><u>CHIEF EXECUTIVE’S REPORT</u></p> <p>Steve Trenchard asked for his report to be noted by the Board.</p> <ol style="list-style-type: none"> I. Claire Wright advised the Board that she had signed up as a champion for Two Sides of the Same Coin – the Finance Team know their business well and are looking to the future and have signed up as a Team. II. Lesley Thompson requested an update on the Local Health Economy senior planning meetings. Steve Trenchard replied that there are now two unit of planning (North and South) groups which we are actively involved in. A

Derbyshire Health and Overview and Scrutiny Committee meeting will take place on 6 June at which the Health and Wellbeing Boards and all CCGs and providers will attend (2.2).

- III. We are aiming to achieve consistency with our future Forward Plan. The challenge is to release cash and/or redirect resources and activity from Acute Services into Community Services. Ifti Majid pointed out that we are already working to achieve this, i.e. the RAID (Rapid Assessment and Discharge Team) had led to reduced stays in Acute Services. There will also be changes in contracting due to the Payment by Result system. It was noted that some Trusts are further advanced with these processes but some others are behind. Steve Trenchard advised that an Executive Team meeting had been arranged to visit the Lincolnshire Partnership NHS Foundation Trust, which is already working with 4 defined groups.

Mark Todd commented that we are looking to work with commissioners to provide a model; however the design is complicated as there are many players in this. Clarity is required concerning the balance between competition and organisations in Derbyshire. Further updates will be given through the Chief Executive's report.

- IV. Steve Trenchard pointed out the Driving up Quality Code (2.4), to be overseen by the Quality Committee, and asked for the support of the whole Board for sign up to this. This was agreed.

- V. In relation to point 2.5 Lesley Thompson asked for assurance that values were live at the Listening events. Steve Trenchard responded that staff are fully consulted on changes which is very important. There are also opportunities to challenge the Executive Management; Ifti Majid cited an example of a meeting where he received assurances from the team and where the teams could reflect on the changes made.

- VI. Mark Todd asked the Board to join him in offering congratulations to Dr Gary Robinson who organised a conference on "Working Systemically with People with Learning Disabilities". Dr Robinson was the first Family Therapist to be appointed in the Trust 20 years ago (2.8).

The Annual Members Meeting date was proposed to be held on 25 September 2014; the theme for this will be Recovery (September is Recovery month) with a guest speaker. The meeting will take place late afternoon/early evening. Further details will be available at the June Board meeting (2.11).

RESOLVED:

1. The Board received the Chief Executive's Report and obtained assurance.
2. The Board supported the recommendation for the Trust to adopt the Driving up Quality code, to be overseen by the Quality Committee.
3. The Board offered their congratulations and thanks to Dr Gary Robinson.
4. The Board noted that details re Annual Members Meeting will be provided at the June Board.

DHCFT
2014/072

FINANCE, STRATEGY AND GOVERNANCE

I. Annual Report, Quality Report and Financial Statements 2013-14

Mark Todd advised the meeting that he had attended the Audit Committee earlier that day, where the Annual Accounts 2013-14 were presented. Caroline Maley,

Audit Chairman, confirmed that these had been rigorously scrutinised by the Audit Committee following audit in draft form on the 29 April and on the morning of the 28 May 2014. Actions had been noted at these meetings and these were incorporated into the final accounts. She was pleased to confirm the unqualified recommendation of the Audit Committee to Board to adopt the Audited Accounts 2013/14. A supporting paper from Claire Wright, Executive Director of Finance, was also presented.

It was noted that the External Auditor to the Trust, Grant Thornton, had complimented the Trust on the open and transparent way that all Teams had worked with them.

Caroline Maley therefore requested the Board to adopt the Annual Report, accompanying the Quality Report and the audited Financial Statements.

Claire Wright expressed how proud she was of the Finance Team and extended her thanks to them and all the other staff that had worked on this.

II. Annual Report 2013-14

Significant changes have been made to the format of the Annual Report to bring this in line with the revised Annual Reporting Manual from Monitor. It was noted that the Quality Report, which will be included in the Annual Report, had been seen and signed off by the Quality Committee.

The final version has been audited by Grant Thornton to the Audit Committee meeting on the 28 May for final sign off. The Trust is required to submit the Annual Report to Monitor by 30 May. It will then be laid before Parliament in June 2014, to enable parliamentary scrutiny. Therefore the report will not be published for the wider public until the Annual Members Meeting (25 September 2014).

In line with new requirements, the Strategic Report, which is contained within the Annual Report, is to be signed and dated by the Accounting Officer at this Board meeting.

The Board is requested to approve the Annual Report 2013-14 and to approve that that Accounting Officer signs and dates the Strategic Report.

Anna Shaw and her Team, Carolyn Green and Clare Grainger as well as other contributors were thanked for their work on this document.

RESOLVED:

The Board agreed to:

1. To adopt the Annual Report, Quality Report and the audited Financial statements 2013/14
2. To adopt the Trust's Annual Accounts 2013-14
3. To sign the Trust's Financial Statements 2013-14
4. To sign the Trust's Remuneration Report 2013-14
5. To sign the Statement of Chief Executive's Responsibilities as the Accounting Officer of the Trust
6. To sign the Directors Responsibilities
7. To sign the Certificate certifying the FT Consolidation Schedules (FTCs) for the Trust
8. To sign the Letter of Representation
9. To sign the Annual Governance Statement for 2013-14 (part of annual report)
10. To sign the Strategic Report (part of annual report)

A short refreshment break was taken at 2.10 pm, which allowed for the signing of the relevant certificates relating to the Annual Accounts, the Annual Report and the Strategic Report by the Executive Board and the Accounting Officer. The meeting resumed at 2.20 pm.

**DHCFT
2014/073**

QUALITY GOVERNANCE - ANNUAL REPORTS 2013-14

I. QUALITY REPORT 2013/14

The final draft of the Quality Report 2013-14 was presented to the Board for sign off taking account of the comments received from third parties. The report will be professionally produced and formatted prior to the publication date of 30 June 2014.

It was noted that during the Audit Committee meeting of 28 May 2014, a change was made to the figure for Early Intervention from 142.7 % to 121.2 %, within the report following comment from the External Auditor.

Carolyn Green and Clare Grainger and Team were thanked for the work done on this.

RESOLVED:

The Board received and approved the final draft of the Quality Report 2013-14 (subject to the correction identified).

II. PATIENT EXPERIENCE ANNUAL REPORT

The Annual Patient Experience Report 2013-2014 was presented to the Trust Board. The following comments were made:

- a) Compliments were quoted within the report but complaints should also be included. In response Carolyn Green replied that complaints might be patient identifiable but that this will be changed for inclusion in next year's report even if this requires some adjustment to key facts to enable anonymity
- b) With reference to volunteering, it was queried whether more volunteers could be taken on. Carolyn Green commented that we are currently at capacity and we are not able to take on any more volunteers. Mark Todd referred to a possible co-operation with ZB and also suggested the Trust find voluntary sector partners. CG will explore options but the timing of this will need to be balanced with other service priorities
- c) This is a good report with a positive and pro-active use of language.
- d) Comments made previously at committee meetings have been incorporated.
- e) Caroline Maley asked for the declaration to be published on the website.

The Board thanked Carolyn Green and her Team for the work done on this.

RESOLVED:

The Board received the Patient Experience Annual Report 2013-14 and obtained assurance.

The annual declaration on elimination of mixed sex wards and compliance with single sex accommodation were noted (prior to publication on the website).

III. COMPLAINTS/COMPLIMENTS ANNUAL REPORT 2013-14

The Complaints and Compliments Annual Report from 1 April 2013 to 31 March 2014 was presented to the Board.

The following comments were made:

- a) It was suggested by Steve Trenchard that the complaints files could be periodically reviewed by Non-Executive Directors. Mark Todd commented that the term “well founded” generally warrants a shared understanding.
- b) It was noted that we give a good service relating to complaints handling and this is benchmarked against a national level.
- c) A large number of compliments are received and these should be reviewed by the Board regularly.
- d) Early response from staff can prevent a complaint.
- e) Maura Teager commented on low complaints noted in the Health Visiting Services – this is due to an early response to concerns raised, which avoids the escalation into a complaint.
- f) Assurance is sought that complaints from mental health patients are not brushed aside and Steve Trenchard confirmed that this is not the case but that we are actively engaged.
- g) Concerns are dealt with by Teams on a daily basis.
- h) We also have “you said, we did” and action is undertaken accordingly.

ACTION:

Non-Executive Directors to regularly scrutinise complaints files to be captured as action on the matrix.

RESOLVED:

The Board noted the Annual Complaints and Compliments Report.

IV. SAFEGUARDING ADULTS ANNUAL REPORT 2013-14

The Board noted the Safeguarding Adults Annual Report 2013-14, as previously discussed at the Quality Committee. Mark Todd sought assurance that actions and priorities were discussed through the Quality Governance structure.

RESOLVED:

The Board received the Safeguarding Adults Annual Report 2013-14 and endorsed the actions to be completed and monitored through the Safeguarding Vulnerable Adults and Children Committee.

**DHCFT
2014/074**

STAFFING CAPACITY AND CAPABILITY

Carolyn Green presented a report on Staffing Capacity and Capability to the Board for information. A work plan on how the expectations set out in the “How to” guide on staffing published by the National Quality Board was included, setting out how these will be delivered over the next 12 months.

Getting staffing levels right with the “right people, with the right skills, and in the right place at the right time” is at the forefront of high quality care.

The process will take place in 2 phases, as detailed in the appendices to the report. The part 2 report will come to the Board meeting in June with additional benchmarking and analysis.

Progress so far:

- E-rostering will be implemented in the summer of 2014.

- We have a live data system to upload staffing levels every shift – this is currently a paper version is in place but an interim electronic reporting process will be in place on 1 June 2014 until e-rostering is fully operational. This will then become live on our website and can be accessed by all to look at staffing for individual wards in real time.
- Values recruitment is in place.
- Compassion Training continues to be rolled out.
- Work with Healthcare Assistant has been completed resulting in commitments being set out for all staff in the Trust.
- Raising concerns has been reviewed through consultation with staff.
- Datix reporting process had been put in place in early 2013.
- Current acuity and dependency appraisal to determine staffing numbers is largely dependent on using the Telford Model. The Trust will be exploring a formula developed by West London University and approved by the Department of Health.

Carolyn Green confirmed that we have nursing vacancies currently but are working with flexible staff and bank staff to cover these; this will show some anomalies in our reporting in skill mix and use of staff. A Blue Light alert is being re-released imminently to alert staff if not enough staff are present, after which a Datix report will be made.

In response to a question by Mark Todd regarding apparent difficulties with staff concerning the e-rostering and the impact of this, Ifti Majid advised that this is a misunderstanding. Staff seem to think that e-rostering changes the terms of their employment but this was a communication issue, not associated with terms and conditions.

Steve Trenchard commented that we should not just focus on the numbers. No national mandate is currently in place but staff side representatives are likely to press for a 4:1 ratio. This does not have support of RCN and the evidence for 8:1 ratios is stronger for adult physical care. Nursing does not exist in an island and acuity, as well as other team members contributions to care needs to be considered.

Carolyn Green noted the following developments:

- Potential for pro-active recruitment on our vacancies and over recruitment to minimise peaks and troughs.
- Standing agenda item on the Trust Operational Management Meeting (TOMM).
- Meetings with Nurse Bank on increasing the workforce numbers competence, training and compassion for bank staff.
- National Benchmarks to be presented at Board meeting in June.

It was also noted that the Nurse Bank was very focused on the South and not the North. Carolyn Green has scheduled a meeting with the manager of the Nurse Bank and actions to correct this problem are in progress.

Carolyn Green was thanked for the comprehensive report.

RESOLVED:

The Board noted the report, the actions in progress and the future work plan with monitoring and reporting via the Executive Leadership Team.

<p>DHCFT 2014/075</p>	<p><u>QUALITY COMMITTEE MEETING REPORT</u></p> <p>A Quality Committee meeting summary report was presented to the Board by Maura Teager.</p> <p>The Board welcomed the report and noted the various actions. There were no issues of escalation to Board.</p> <p><u>RESOLVED:</u> The Board received the summary report and obtained assurance.</p>
<p>DHCFT 2014/076</p>	<p><u>REFERENCE COST SUBMISSION 2013/14</u></p> <p>In attendance for this item, Rachel Leyland presented the Reference Cost Submission Report 2013/14.</p> <p>It was noted that the guidance by the Department of Health relating to Reference Cost Submissions for 2013-14 requires that the Trust Board or other appropriate subcommittee is required to approve the costing processes that support the reference cost submission.</p> <p>The Trust took part in an external audit carried out by CAPITA in relation to their Data Assurance Framework. The 2012-13 reference cost submission and our 2013-14 cluster activity data were reviewed.</p> <p>Key areas highlighted in the draft report as being “good” included:</p> <ol style="list-style-type: none"> 1. Good process in place for producing reference costs return and accurately costing clusters 2. Good processes for reviewing and updating appointment and allocation of cost particularly for medic time and estate costs 3. Robust arrangements in place for data quality including activity and costing information and reference cost return itself. 4. Good level of clinical engagement including review of allocations and assumptions made in the costing process. 5. Robust senior sign off and a good level of Board engagement. <p>It was noted that the report referred to is draft and a final version is expected.</p> <p>The Board is requested to confirm that they consider that:</p> <ol style="list-style-type: none"> 1) Costs have been prepared with due regard to the principles and standards set out in Monitor’s Approved Costing Guidance. 2) Appropriate costing and information capture systems are in operation. 3) Costing teams are appropriately resourced to complete reference costs. 4) Procedures are in place such that the self-assessment quality check list will be completed at the time of the reference cost return. <p><u>RESOLVED:</u> The Board noted the above 4 key points and endorsed the actions.</p>
<p>DHCFT 2014/077</p>	<p><u>FINANCE DIRECTORS REPORT – MONTH 1</u></p> <p>The report for month 1 was presented by Claire Wright. It was noted that at month 1 report, it is too early to determine any trends.</p>

	<p>Key themes are as follows:</p> <ul style="list-style-type: none"> • Month 1 is reporting an underlying surplus of £0.2m which is ahead of plan by £0.2m. We are forecasting to be ahead of plan at the end of the financial year by £0.8m, due to the uncommitted contingency. • Our Monitor risk rating (Continuity of Service Risk Rating) is a 4 in the first month of the financial year which is above our plan of 3. We are forecasting to achieve the plan of 3 at the end of the financial year. • This paper should be considered in relation to the Trust Strategy and specifically the financial performance pillar. Also, it should be considered in relation to the financial risks contained in the Board Assurance Framework. <p>The Board is reminded that we will be reporting ahead of plan every month, as there is a contingency, unless and until the contingency is allocated.</p> <p>Lesley Thompson suggested the provision of an 18 month rolling plan relating to income/expenditure. It was suggested to test this at the Finance and Performance Committee meeting.</p> <p>Carolyn Green advised that in relation to section 3 - Cost Improvement Programme - an action plan is in force to ensure that risk is managed safely and positively.</p> <p>Claire Wright was thanked for providing the report and relevant explanation.</p> <p><u>ACTION:</u> 18 month rolling programme suggestion to be discussed at the Finance and Performance Committee meeting.</p> <p><u>RESOLVED:</u> The Board noted the report and received assurance on the current financial performance in 2014/15.</p>
<p>DHCFT 2014/078</p>	<p><u>STRATEGY IMPLEMENTATION 2013-2016 – QUARTER 4 UPDATE</u></p> <p>Kate Majid presented the Quarter 4 update to the Board.</p> <p>The report reflects the current position across the organisation with regard to our achievement of the strategic outcomes & pillars of delivery. Our current position is; 27 are 'on plan' (green), 7 are 'ahead of plan' (blue) and 0 are 'behind plan' (red). This is an improved position on the previous quarter where 3 were 'behind plan'. The report also provides examples of evidence of progress.</p> <p>The following comments were made:</p> <ol style="list-style-type: none"> 1. Strategy is relevant for people and more involvement is welcomed - a meeting with the Governors has been organised for the 29 May. 2. External feedback has been good and lessons have been learnt. 3. Consultation on the Strategy took place rather quickly, and engagement on the Strategy should now be refreshed. 4. A co-ordinating thread now runs through the Strategy with a view to dovetail emerging strategies and G.P.co-ordination. 5. The Strategy aims to provide excellent healthcare to the population of Derbyshire, patient centred and wrapped around them. 6. A significant risk of delivery relating to Children's Services was noted. Ifti Majid advised that he will be attending an event next week where some clarity might be obtained as to which Children's Services are to be tendered. This is an unsettling situation for staff in that service and support is provided. It would be unhelpful to have further fragmentation of Children's

	<p>Services in Derbyshire and the Trust aims to work with commissioners to come to a more coherent strategy. Lucia Whitney confirmed that she will be attending the meeting next week with Ifti Majid.</p> <p>After discussion it was decided to send a letter, signed by Mark Todd and Steve Trenchard, to the commissioners setting out our concerns on behalf of the children that we look after.</p> <p>Mark Todd, on behalf of the Board, thanked Kate Majid for providing this report and particularly commented on the way the report was presented with pictures and inserts.</p> <p><u>ACTION:</u> Letter to be sent by Mark Todd and Steve Trenchard to commissioners.</p> <p><u>RESOLVED:</u> The Board noted the Quarter 4 update for the Strategy 2013-2016 and the progress made.</p>
<p>DHCFT 2014/079</p>	<p><u>FINANCE AND PERFORMANCE COMMITTEE SUMMARY REPORT</u></p> <p>Mark Todd chaired the meeting on 20 May 2014 on behalf of Lesley Thompson and provided the Board with a summary report.</p> <p>As there were a number of apologies, he asked that the relevant members of the Finance and Performance Committee make every effort to attend, particularly as the meetings are now on a bi-monthly basis.</p> <p>During the meeting the Strategic Plan and the Bridging Report were discussed as well as Contract Compliance Report and the Programme Assurance Board report. The Cost Improvement Programme was also discussed.</p> <p>Maura Teager was thanked for her attendance to this meeting at short notice.</p> <p><u>RESOLVED:</u> The Board noted the summary report and received assurance.</p>
<p>DHCFT 2014/080</p>	<p><u>OPERATIONAL PERFORMANCE REVIEW</u></p> <p><u>I. Deep Dive Report Derby City Crisis Team, Recovery Team City and Pathfinder.</u></p> <p>Ifti Majid asked the Board to note the Deep Dive Report for Crisis Team and introduced members of the Teams:</p> <ul style="list-style-type: none"> • Colette Handsley – Lead Nurse, Derby City Crisis Team • Lisa Mack – Interim Service Manager, Derby City Crisis Team (since 1 April 2014) • Dr Brijesh Kumar - Consultant Psychiatrist – County Crisis Team (representing Dr Selvamani Melchizadeck- Consultant Psychiatrist for Derby City Crisis Team) • Mark Holtom – Service Manager – Recovery Team City • Julia Lowes - Service Manager – Assertive Outreach • Professor Reiner Heun – Consultant Psychiatrist, City Community <p>Mark Holtom and Julia Lowes advised the Board of the following:</p> <ul style="list-style-type: none"> • The Recovery Team City, which includes Pathfinder and Assertive

Outreach, had seen a 20 % increase in referrals from 9 to 115. This has led to an increase in case loads and it was a challenge to maintain the flow. Staff are consequently stressed but are coping.

- Recovery Clinics have been developed as well as medication clinics, which now have seen an increase from 60 to 199 service users.
- However, the number of staff had only increased by a part time staff member.
- From April 2014 Social Workers were now managed by Derby City Council and their focus was on the personalisation budgets. Between 160 and 170 cases have therefore come back to the Recovery Team. There are also 34 complex, high risk cases on Assertive Outreach.
- Specialist Alcohol Services had also been absorbed.
- The capacity issue is of great concern.

Reasons for the increase of referrals:

1. New G.P.s have started within the City as some of the older G.P.s have now retired.
2. Increase in population (increase of 60,000).
3. 6 to 7 % increase in referrals relating to University students, linked to an increase in the student population.
4. Refugees and immigrants who have experienced traumatic events.
5. Financial issues such as bedroom tax and unemployment also add to stress levels and increased referrals.
6. Difficulties are experienced in discharging service users to Primary Care – this also seems to be related to the fact that they are aware of benefit changes if they leave our services.
7. A multifaceted approach is required, i.e. shared care as well as managing the expectations of people when they come into our services.

A weekly meeting is attended at IAPT Services to discuss referrals. In a way, it is deemed that we are a victim of our own success, i.e. G.P's are aware that they can refer into our services and that our waiting lists are not long.

Professor Reiner Heun also supported the view that more referrals are now being received through IAPT Services – the perception by G.P.s is that everyone will be seen quickly by the Pathfinder Team. Inappropriate referrals such as for people with ADHD, ASD, Aspergers and Eating Disorders are also made as we are seen as the experts.

Lesley Thompson commented that patients are also more discerning, more intelligent and wish to explore the root cause of their problems and referred to Ms ZB.

Lew Hall advised the Board that when he attended an event at the University, a couple of students approached him who had mental health problems and were not aware of how they could be referred – he provided them with the right information. It was suggested to feed this back to Dr Paula Crick, from Derby University, who is a partner governor.

The suggestion was also made to contact Derby University in order to explore whether they would wish to commission services from us.

In response to a query from Lesley Thompson, it was confirmed that the Partnership Participation Team had identified some changes and tweaked the processes accordingly. Ifti Majid commented that this is not a sustainable situation; action needs to be taken in order to alleviate pressures. Demands are also experienced from other services, such as the Department of Justice, for which no

payment is received. Having a coherent pathway is seen as vital and Ifti Majid confirmed that a piece of work will be undertaken on Personality Disorders and Trauma pathways to see what these look like.

Referring to the Crisis Team, Dr Brijesh Kumar, who has been in post for the past 1 ½ year there, listed the following issues:

- Constant change of Service Manager
- No full time Clinical Team leads in place
- Constant changes of Crisis Team Staff, i.e. no continuity
- Lack of consistent leadership
- Lack of governance
- Different processes for City and County Crisis team, which were merged but processes not amended
- Support required for administrative processes
- Internal challenges within the Team relating to staff attitudes
- No proper processes for the last 2/3 years now
- Increased referrals – some of which are inappropriate and just need signposting but still have to be dealt with by the Crisis Team, which can lead to abusive language reports
- Social Workers have now left which has further increased the workload
- Team does not feel supported due to the many and frequent changes
- Staff are hardworking but as a consultant Dr Kumar does not feel that he is making any difference due to the ongoing problems and changes
- Overwhelming for all staff in Crisis Team

Lisa Mack advised the Board that she had been working since 1 April 2014 as Interim Service Manager in the Crisis Team; she was previously based in the North Crisis Team and finds the problems within the Crisis Team overwhelming. She is looking at implementing some systems as used in the North and an Action Plan had been developed with support from Kate Majid and Chris Wheway. Some staff are now getting on board and are open to change. Carolyn Green offered her support on this.

An interview date had been set for yesterday to interview 6 Band 5 nurses for the Crisis Team but no one turned up and no apologies were received.

It was suggested that we could look at contacting firms such as Rolls Royce to see if there is any scope for education/training on recognising symptoms of mental health and commissioned services.

Mark Todd thanked all those attending for their comments but requested to see further data on the following:

- Quality governance assurance (to be followed up by the Quality Committee)
- Level of peer support and risk assessment
- Actions and consequences to be clarified, i.e. discontinuity of Alcohol Services
- Stronger data information (to be obtained through Payment by Result figures/clustering. Metrics to be scrutinised by the Finance and Performance Committee)

Mark Todd especially thanked Dr Kumar for staying on, despite the difficulties encountered. Kate Majid confirmed that work is already ongoing with G.P.s to expand their understanding of our services. The Board wishes to express thanks to Lisa Mack for her efforts in the Crisis Team where she had been working since 1st April 2014. It was also requested that Ifti Majid review the issues listed to ensure

	<p>compliance.</p> <p><u>ACTION:</u> Action to be undertaken on the points above, which are to be listed separately on the action matrix.</p> <p><u>RESOLVED:</u> The Board noted the information contained in the report and the details provided by the attendees but only obtained partial assurance.</p> <p>II. <u>Integrated Performance and Activity Summary</u></p> <p>Ifti Majid presented the report to the Board and advised that the discharge letters project is now at 80 % which is a substantive increase from the previous figure.</p> <p>He asked the Board to take note of the information contained within the report.</p> <p>Concerning the next Deep Dive report and specific risks the Board was concerned about it was suggested to request Older People’s Services to attend the next Board meeting.</p> <p><u>ACTION:</u> Ifti Majid to invite relevant Team members for Older People’s Services and to provide a Deep Dive for these services to the June Board.</p> <p><u>RESOLVED:</u> The Board noted the information contained in the Integrated Performance and Activity summary and received assurance.</p>
<p>DHCFT 2014/081</p>	<p><u>IDENTIFICATION OF ISSUES ARISING FROM THE MEETING FOR INCLUSION IN THE BOARD ASSURANCE FRAMEWORK.</u></p> <p>The following were noted:</p> <ul style="list-style-type: none"> - Training issue re Safeguarding is on the Risk Register – to be included also on Board Assurance Framework. - Governance arrangements re Crisis and Recovery Teams to be added and to be discussed within the Trust Operational Management Meeting (TOMM). For quality issues these are to be taken to a future meeting of the Quality Committee. - Leadership – impact of acting-up and interim-roles.
<p>DHCFT 2014/082</p>	<p><u>OBSERVATIONS OF THOSE IN ATTENDANCE TO THE MEETING</u></p> <p>The Chairman invited those present at the meeting to provide comments to the meeting. The following was raised:</p> <ul style="list-style-type: none"> • Organisations that can produce documents as presented within the Board at this meeting should be congratulated. • It was confirmed that press representatives are invited to the Board meeting. • It was felt enlightening that items are raised within this meeting, which have gone wrong – this is followed with interest. • Grateful that Team members were invited to share their views, they felt listened to and understood and felt that action was being taken. • Problems with accessing Mental Health services – this was taken up by voluntary organisation and person is now receiving support. • Improvement is required within the Crisis Team but not to lose heart on this.

	<ul style="list-style-type: none"> • Abbreviations should not be used within the Board meeting. • RAG rating – clarification of term required (red, amber and green). • Volunteering and involvement are different things and the distinction between the 2 should be made clear. Carolyn Green commented that we currently only have volunteers but that involvement issues will be looked at. <p>The Chairman thanked all for their comments.</p>
<p>DHCFT 2014/083</p>	<p>CLOSE OF THE MEETING</p> <p><i>The Chairman, under the Foundation Trust’s Constitution, asked that members of the press or public withdraw for the Board to conduct its remaining business in confidence, as special reasons apply. On this occasion the special reason applies to information which is likely to reveal the identities of an individual or commercial bodies.</i></p> <p>The Chairman thanked all those present for their attention and closed the public meeting.</p>