

**DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST**

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

**Held in the Boardroom, Hartington Unit, Chesterfield Royal Hospital, Calow, Chesterfield,  
Derbyshire. S44 5BL**

**On Wednesday, 26<sup>th</sup> September 2012**

**MEETING HELD IN PUBLIC**

Opened: 2.00 pm

Closed: 3.09 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

**IN ATTENDANCE:**

Alison Baker (minutes)	Personal Assistant to Chairman and Chief Executive/Office Manager
Graham Gillham	Director of Corporate and Legal Affairs
Kate Majid	Head of Patient Experience & Service Delivery
Sarah Butt	Service Line Manager, Acute Care North
Helen MacMahon	Service Line Manager, Child & Adolescent Mental Health Services

And 3 members of the public

**APOLOGIES:**

Helen Marks Director of Workforce & Organisational Development

**DHCFT  
2012/93**

**OPENING REMARKS**

The Chairman welcomed those present to the meeting and apologies were noted from Helen Marks.

On behalf of Graham Gillham, the Chairman asked the Board of Directors to approve the appointment of Kay St Clair as an Associate Hospitals Manager, to enable her to become a lay member of the Mental Health Act panels. Kay St Clair was already an experienced Mental Health Act panel member for another Trust and her appointment was approved by the Board of Directors.

There were no declarations of interest from Board members.

The Chairman referred to a question he had received from a member of the public, via an Involvement Worker for Derbyshire Voice. The question was in relation to a concern about long service awards for staff. Helen Marks, Director of Workforce and OD, had contacted Derbyshire Voice to arrange a meeting to discuss these concerns in more detail, but a date had not yet been scheduled. The Chairman stated that the Board of Directors had supported the proposal after a considerable amount of work had been undertaken by the Trust and therefore felt that the proposal had not been

	<p>“rapidly approved”. The proposal had been put forward following concerns expressed by staff that they were not formally recognised for long and loyal service. There was evidenced research of the close links between staff feeling motivated and valued and the direct impact on quality patient outcomes. Staff had not received any annual salary increases for the past two years and, although not a salary uplift, this one-off cost equated to 0.1% of revenue (£22k for future years). The Board of Directors recognised the importance of long and loyal service to the Trust and its patients, and had therefore approved the revised long service awards scheme to support this continued commitment.</p> <p>The Chairman requested a copy of the minutes be forwarded to Derbyshire Voice in response to the request made by a member of the public.</p>
<b>DHCFT 2012/94</b>	<p><b><u>MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 29<sup>TH</sup> AUGUST 2012</u></b></p> <p>The minutes from the meeting of Derbyshire Healthcare NHS Foundation Trust, held on 29<sup>th</sup> August 2012, were approved.</p>
<b>DHCFT 2012/95</b>	<p><b><u>MATTERS ARISING – ACTIONS MATRIX</u></b></p> <p><b><u>DHCFT 2012/86 COMMERCIAL AND BUSINESS DEVELOPMENT REPORT – THE NEW NHS PROVIDER LICENCE CONSULTATION</u></b></p> <p>Kathryn Blackshaw confirmed that Sarah Carter, Assistant Director of Business Strategy, was constructing the Board’s response to the consultation document, on behalf of Ifti Majid (as Director lead), in readiness for the submission deadline of 23<sup>rd</sup> October 2012.</p> <p>Kathryn Blackshaw agreed to remind Sarah Carter to circulate the details of the contract awarded to Virgin Care to the Board of Directors.</p> <p><b><u>DHCFT 2012/89 QUALITY GOVERNANCE REPORT</u></b></p> <p>Paul Lumsdon advised that the session on the Adult Safety Thermometer would be included on the agenda for the Board Development Session on 14<sup>th</sup> November 2012.</p>
<b>DHCFT 2012/96</b>	<p><b><u>CHIEF EXECUTIVE’S OVERVIEW AND UPDATE, INCLUDING EXECUTIVE LEADERSHIP TEAM FEEDBACK – KATHRYN BLACKSHAW</u></b></p> <p>Kathryn Blackshaw provided an update to the Board of Directors and highlighted the following key areas from her report:</p> <ul style="list-style-type: none"> <li>➤ The Annual Members Meeting on 12<sup>th</sup> September 2012, which had seen a significant number of visitors in attendance (over 270). This included a wide range of stakeholders and considerable positive feedback had been received from staff, stakeholders and members on a superb event.</li> <li>➤ The Clinical Excellence Awards Panel on 30<sup>th</sup> August 2012 provided a good opportunity for the organisation to witness first-hand the work that the consultant body is undertaking. The next edition of the staff newsletter would include a section on the work they were doing.</li> <li>➤ The Midlands &amp; East SHA Chairs &amp; CEOs meeting on 5<sup>th</sup> September 2012, which had focussed on the reorganisation of architecture in the NHS. There had also been reference made to the Sir Robert Francis report into Mid Staffordshire NHS Foundation Trust, which was not now expected to be issued until January 2013. Despite the delay in publication, there would be discussions across the local health community to prepare for the report’s publication.</li> <li>➤ The HSJ Efficiency Awards on 25<sup>th</sup> September 2012, at which a delegation from the Trust had been present. Unfortunately the organisation had not been successful in receiving an award but the Board recognised the tremendous achievement of being shortlisted and acknowledged the positive impact on improving face to face time with patients by clinicians and the</li> </ul>

	<p>proactive work undertaken with the private sector.</p> <ul style="list-style-type: none"> <li>➤ Included at section 3 was a significant amount of documents and publications issued since the last Board meeting. It was important to remain focussed on the actions required.</li> </ul> <p>Mick Martin suggested it would be helpful to summarise the actions from Ward to Board sessions and maintain a log of these for future reference. Kathryn Blackshaw agreed to action this request.</p> <p>John Sykes referred to the significant work that was underway in the Research Team and the national benchmarking information, which placed the Trust among the top in the country in terms of patients recruited to research trials. The Board expressed its congratulations to the Research Unit for this achievement.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To receive and note the contents of the report.</b></li> </ul>
<p><b>DHCFT 2012/97</b></p>	<p><b><u>BUSINESS &amp; COMMERCIAL DEVELOPMENT REPORT – KATHRYN BLACKSHAW</u></b></p> <p>Kathryn Blackshaw provided a comprehensive update of the issues relating to business and commercial development from Sarah Carter’s report. These included the following:</p> <ul style="list-style-type: none"> <li>➤ The report, which, as agreed at the previous Board meeting, had been constructed in a slightly different way and included a market horizon scan on markets and commercial business development. The report still required further work, in particular to take account of the impact on the Trust.</li> <li>➤ For the second consecutive month the report referred to changes in the PFI arena with Trusts looking at alternative financing arrangements. Kathryn invited Claire Wright to update the Board on progress within DHCFT with discussions on its own PFI arrangements. Claire Wright explained that the Trust’s Head of Procurement was in discussion with the Private Finance Initiative partner to review the contractual framework with rigour and challenge.</li> <li>➤ The IAPT process was currently undergoing the Any Qualified Provider (AQP) accreditation process. Once accredited, this would present opportunities and open up the market to other competitors. This would also present risks to the Trust’s business and the Business Development Group would need to clearly identify how the Trust could mitigate the risks and maximise the opportunities.</li> </ul> <p>The Chairman emphasized the need for a clear direction on where the organisation was headed and how business lines would be built. Mick Martin added there was a considerable amount of activity underway in terms of the Trust’s strategy and market scans, but requested additional detail from the Business Development Group with regard to what success would look like.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To note the contents of the report.</b></li> <li>➤ <b>To support the activity contained within the report.</b></li> <li>➤ <b>To undertake the actions as required, with particular reference to the response to consultation.</b></li> </ul>
<p><b>DHCFT 2012/98</b></p>	<p><b><u>INTEGRATED PERFORMANCE REPORT – KEY PERFORMANCE INDICATORS COMPLIANCE – SEPTEMBER 2012 – IFTI MAJID/CLAIRE WRIGHT</u></b></p> <p>i) Ifti Majid presented the performance report for September 2012. Helen MacMahon, Service Line Manager, Child &amp; Adolescent Mental Health Services (CAMHS), and Sarah Butt, Service Line Manager, Acute Care North were introduced to the Board of Directors, as co-authors of the report.</p>

The Trust's strong Monitor performance continued with full compliance against all Monitor compliance indicators. There had been an increase in the number of cancelled clinics but this was due to unforeseen circumstances and did not indicate a trend. One of the largest general performance issues related to PBR (Payment by Results) clustering. Action had been taken by clinicians and teams and this was showing a step change, with the current figure at 86%, a significant improvement since the report had been written. The other area to note was in relation to discharge and outpatient letter writing. This was now starting to show an upward trend, albeit slow, with a combined drive by clinical services and the IT team to source a solution.

- ii) Turning to the deep dive service areas, firstly CAMHS, the key point to note was, although the initial dashboard showed some 'red' indicators, this represented a low number of patients and was not a cause for concern. Ifti Majid advised that CAMHS had gone through 2 key process - a successful transformational change process, which gave positive results, and were in the process of the implementation of the children's and young person's IAPT. The CAMHS service line, when triangulated with serious untoward incidents, was performing well.

Looking at the deep dive performance data for the Hartington Unit and North Acute Service, the key issues to note on the performance dashboard were that this was a high activity/high risk area and the dashboard demonstrated strong and sustained performance. Activity from this service line was high, but, despite an increased pressure on the number of available beds, it was coping well and potentially delivering an underspend, which was positive. Normally a higher level of incidents would be anticipated in this sector but it was encouraging to note no undue variance and a positive level for benchmarking.

In response to Graham Foster, Helen MacMahon explained the main differences between children's and young adults' services and the Board were delighted to learn that the Trust had received feedback that this was the highest performing IAPT so far in the country. The excellent infrastructures in place would be rolled out into other areas. In response to Kathryn Blackshaw, Ifti Majid outlined the steps being taken to positively promote this success story with commissioners. Meetings had been scheduled with the commissioners of children's services and the IAPT lead to discuss the benefits of the Trust's services to the health community. Lesley Thompson added that these success stories should be shared more widely with stakeholders, staff, service users/carers and the media. Ifti Majid confirmed that the Trust was part of various benchmarking clubs and was also part of a number of clinical networks. Lesley Thompson requested sight of this benchmarking information, where appropriate, in future Board reports.

In response to Paul Lumsdon, Helen MacMahon clarified the steps that were being taken to address the rise in referrals into the CAMHS service and advised that waiting times had reduced since the report had been written. Ifti Majid added that discussions had taken place the previous week with commissioners in relation to the increase in referrals but that the new working practices in place were working and demonstrated the importance of transformational change.

Mick Martin referred to the completion of CPA and asked whether there were concerns that this had not yet reached 100%. Ifti Majid replied that a less than 100% result was always concerning but the audit of CPA last year had identified some discrepancies. The Information Management & Technology (IM&T) Team had commenced regular audits to understand the differences and these were also reviewed at supervision sessions. Helen MacMahon added that the majority of children were not currently subject to CPA, but were subject to care plans. The rationale for this was being explored. Paul Lumsdon gave the Board assurance that the key requirement was for a care plan to be in place and for the individual and their family to be involved in the process. The audits by the IM&T

	<p>Team would capture any shortfalls.</p> <p>iii) Lastly, turning to the issues with discharge and outpatient letter writing, Ifti Majid expressed frustration that faster progress was not being made. The Board were assured that, upon discharge, every patient received a discharge summary of information and facts, copied to their general practitioner. The delay was with regard to the typed copy information, largely completed by Junior Doctors. A number of initiatives had been put in place over the past two/three weeks and a step change was expected.</p> <p>iv) Sarah Butt gave a brief summary on the Hartington Unit performance. The quality impact assessment that had taken place was positive with only two actions outstanding from a total of 40. This was a result of proactive hard work by the team and this was congratulated by the Board. Helen MacMahon and Sarah Butt were thanked for their attendance and input.</p> <p>v) In terms of the Financial position, Claire Wright reported the headlines for Month 5. The healthy performance from last month continued so the Trust was currently above plan by £1m, due to the phasing in the annual plan of the CIP (cost improvement programme) and cumulative underspends. By the end of the year, this would reduce to £300k above plan. The organisation was currently operating within its Prudential Borrowing Limits (PBL) with a Financial Risk Rating (FRR) of '4'. A return to the planned FRR of 3 was expected by the year end. Mick Martin emphasized the importance of using appropriate language for the change in run rate demonstrated by the trajectory. Claire Wright acknowledged this point and assured the Board that the expected financial outturn was driven by planned assumptions. The trajectory and associated assumptions would be further explained in the closed session.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To acknowledge the current performance of the Trust.</b></li> <li>➤ <b>To note the actions in place to ensure sustained performance.</b></li> </ul>
<p><b>DHCFT 2012/99</b></p>	<p><b><u>QUALITY OVERVIEW AND UPDATE – MAURA TEAGER</u></b></p> <p>Maura Teager referred to the “Quality in the new health system – maintaining and improving quality from April 2013” – a publication from the National Quality Board. This consultative document referred to the fundamental changes to the Health &amp; Social Care Act 2012 and the relentless focus on quality, together with references to the failings of Mid Staffordshire NHS Foundation Trust and Winterbourne View. Despite the delay in the publication of the report by Sir Robert Francis, Maura Teager emphasized the need to stay focussed on the potential outcomes.</p> <p>The document was also a refresh of the 2010 report ‘Review of Quality in the New Health System’ in the NHS, and included a revised look at the quality systems across all agencies.</p> <p>The Board were clear on its responsibilities and noted the positive work underway by Kate Majid, Head of Patient Experience &amp; Service Delivery and Paul Lumsdon in relation to patient experience. It was important to remain focussed on driving forward patient experience and quality outcomes.</p>
<p><b>DHCFT 2012/100</b></p>	<p><b><u>EQUALITY DELIVERY SYSTEM (EDS) UPDATE REPORT – PAUL LUMSDON</u></b></p> <p>Paul Lumsdon presented the report on EDS, prepared by Harinder Dhaliwal, Assistant Director of Engagement. The Board noted that it was only Goal 4.3 at Appendix 1 that was currently undeveloped, with the remainder reporting as “developing”. The report highlighted the significant work that the Trust had embarked on in relation to the EDS agenda and the next steps required to achieve the stretch target. Agreement was required on the Trust’s aspirations to achieve the</p>

	<p>'Achieving' grade of the EDS by April 2014 and the 'Excelling' level by April 2015. The Board were advised that the action plan, which was being progressed by the 4Es Committee was about cultural change and would take time to realistically embed into everyday practices. Paul Lumsdon said that he felt the pace of the action plan was in line with what needed to be achieved.</p> <p>Maura Teager asked what work was underway with health community colleagues to identify any cross learning and support. Kathryn Blackshaw confirmed that equality leads across Derbyshire were meeting regularly to share good practice and learning.</p> <p>In response to Lesley Thompson, Paul Lumsdon advised that the self-assessment undertaken was comprehensive and the action plan was being robustly monitored by the 4Es Committee. It was agreed that this work needed to be integrated with the larger cultural shift and leadership work in the organisation.</p> <p>Tony Smith enquired how the staff customer care training was progressing. Kathryn Blackshaw reported that feedback from staff was very positive and that following an initial pilot programme a full roll out of training was now underway.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ To note the EDS self-assessment 'developing' rating and actions to address the 'undeveloped' inclusive leadership (outcome 4.3).</li> <li>➤ To support the Equality Objectives 2012-15 that have been devised in response to the EDS grading, the 6<sup>th</sup> April 2012 equality duty, and progress to date.</li> <li>➤ To discuss and agree the organisation's aspirations to achieve the 'Achieving' grade of the EDS by April 2014 and the 'Excelling' level by April 2015.</li> <li>➤ To support the EDS outcome-based approach and the need to undertake a 'review and refresh' of the Trust's EIAs by Accountable Officers in order to reflect changing demographics/census data and forthcoming Age Discrimination ban. This would be coordinated and quality assured through the 4Es and equality monitoring assurance group.</li> <li>➤ To note the training compliance figures and progress.</li> <li>➤ To agree to receive EDS and 4Es progress report and Draft Equality Delivery Framework 2012-15 for formal approval at a future meeting.</li> </ul>
<p><b>DHCFT 2012/101</b></p>	<p><b><u>2013 BOARD MEETING DATES – GRAHAM GILLHAM</u></b></p> <p>Graham Gillham highlighted the dates for the 2013 Board of Directors meetings, which were now published on the Trust's website.</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, 31<sup>st</sup> October 2012 at 2.00 pm**

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