

**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, 30<sup>th</sup> November 2011**

**MEETING HELD IN PUBLIC**

Opened: 2.08 pm Closed: 4.05 pm

**PRESENT:**

Alan Baines	Chairman
Kathryn Blackshaw	Deputy Chief Executive/Executive Director of Business Strategy
Graham Foster	Non-Executive Director
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
Graham Gillham	Director of Corporate and Legal Affairs
Helen Issitt	Director of Workforce & Organisational Development

**IN ATTENDANCE**

Peter Charlton	General Manager, Information Management & Technology (Item DHCFT 2011/90)
Keith Turner	General Manager, Estates & Facilities (Item DHCFT 2011/90)
Claire Wright	Deputy Director of Finance (Item DHCFT 2011/90)

(members of the public)  
Dave Waldram; Tim Proctor  
John Shelton, Derbyshire Voice; Lee Rudd, O2 Health; C Gardner, British Telecom

**APOLOGIES:** Paul Lumsdon Executive Director of Nursing and Quality

<b>DHCFT 2011/82</b>	<b><u>OPENING REMARKS</u></b> The Chairman welcomed those present to the meeting. There were no interests to be declared.
<b>DHCFT 2011/83</b>	<b><u>MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 26<sup>TH</sup> OCTOBER 2011</u></b> The minutes from the meeting of Derbyshire Healthcare NHS Foundation Trust, held on 26 <sup>th</sup> October 2011, were approved.
<b>DHCFT 2011/84</b>	<b><u>MATTERS ARISING – ACTIONS MATRIX</u></b> <u>DHCFT 2011/13 Communications and Marketing Strategy</u> Kathryn Blackshaw confirmed that the draft Communications and Marketing Strategy would be presented to the Board of Directors on 25 <sup>th</sup> January 2012.

	<p><u>2011/79 Annual Plan 2011/12</u> Kathryn Blackshaw advised that the action would be covered later in the meeting when the Annual Plan was scheduled to be discussed.</p>
<p><b>DHCFT 2011/85</b></p>	<p><b><u>CHIEF EXECUTIVE'S OVERVIEW AND UPDATE – MIKE SHEWAN</u></b></p> <p>Mike Shewan provided an update in relation to the impact of the industrial strike action on the Trust. The percentage of Trust staff taking strike action was at 6.1%. Business continuity and emergency plans had been activated and were well coordinated resulting in no problems in any inpatient areas. Staffside had worked well with management to minimise risk and disruption. The Board of Directors praised the work of the incident control room and were reassured by the steps taken to maintain service levels.</p> <p>Mike Shewan outlined the headlines from the NHS Operating Framework 2012/13, launched at the Chief Executives' Conference on 24<sup>th</sup> November 2011. These included quality of care for older people as a top priority, completing the transition to a new health system, building the capacity of clinical commissioning groups and establishing Health &amp; Wellbeing Boards. A final announcement regarding PCT allocations and tariff reductions would not be made until December.</p> <p>Turning to other points of interest:</p> <ul style="list-style-type: none"> <li>➤ Aspirant Foundation Trusts – SHAs had agreed timeline contracts with all aspirant Trusts for performance management purposes.</li> <li>➤ Contracting for 2012/13 - it was anticipated that contracts would be agreed for twelve months only, until such time as clinical commissioning groups were established. One of the new national goals would be the improvement of dementia diagnosis.</li> <li>➤ Pay announcement – after the current two year pay freeze, public sector salaries were not expected to increase above 1%.</li> </ul>
<p><b>DHCFT 2011/86</b></p>	<p><b><u>QUALITY OVERVIEW AND UPDATE – MICK MARTIN</u></b></p> <p>Mick Martin concentrated on the following topics for his monthly quality update:</p> <ul style="list-style-type: none"> <li>➤ Passing congratulations to Ifti Majid (gold command) for his handling of the industrial action and incident control room.</li> <li>➤ How the Trust was closely aligned to the national requirements for Quality. Looking back through the year, more time had been spent on quality items by the Board of Directors than on any other topic.</li> <li>➤ The requirement to improve the “patient voice” and form a “healthwatch”.</li> <li>➤ The need to enable a shift in language towards outcomes.</li> <li>➤ Review of quality strategy and subsequent follow-up meeting – highlighting the need to move quality governance onto the next phase. A good structure already in place with an increasing focus on basics and practicalities: challenge to harness the care culture at the frontline.</li> <li>➤ Encouraging feedback from discussions with Governors regarding their early impressions of the Trust.</li> <li>➤ To be the best, the Trust needs to be the opinion leader to shift the focus and influence commissioners. Kathryn Blackshaw provided an update on the mental health aspect of the joint strategic needs assessment, which the Trust had been asked to compile by NHS Derby City.</li> <li>➤ Positive feedback from Maura Teager on the Quality Strategy meeting with key members of staff and their commitment to the quality agenda.</li> </ul>

<p><b>DHCFT 2011/87</b></p>	<p><b><u>DIGNITY AND NUTRITION FOR OLDER PEOPLE – REPORT BY THE CARE QUALITY COMMISSION – IFTI MAJID (ON BEHALF OF PAUL LUMSDON)</u></b></p> <p>Ifti Majid presented the report by the Care Quality Commission (CQC) into dignity and nutrition (core care standards 1 and 5) for older people, following their unannounced visits to NHS sites.</p> <p>The Trust would continue with its internal programme of unannounced visits, led by Paul Lumsdon and Ifti Majid. These visits mirrored the criteria used by the CQC, and were often deliberately more stringent with core care standards reviewed and action plans put in place, where required. The action plans required completion and sign-off within a three month period. Throughout the programme of internal unannounced visits, no areas had been found which would have been non-compliant, had they been subject to a visit by the CQC.</p> <p>Ifti Majid also outlined the joint work underway with Derbyshire County Council and the Nutrition Steering Group, a group focussed on actions, communication and screening. The Trust was keen to progress this important work and was involved in developing the action plan.</p> <p>Maura Teager spoke positively of the Trust’s protected mealtime policy and emphasized the importance of demonstrating best practice.</p> <p>In response to Tony Smith, Ifti Majid agreed that staff empowerment was a key part of changing the culture and attitudes of staff. Lesley Thompson was keen to understand the triangulation through to patient feedback. Ifti Majid referred to the complaints and compliment log, which was reported to the Quality Governance Committee. Kathryn Blackshaw also highlighted the data gathering undertaken by Derbyshire Voice, who conducted their own visits to patient areas.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To note the report and the programme of Care Standards visits.</b></li> </ul>
<p><b>DHCFT 2011/88</b></p>	<p><b><u>BUSINESS STRATEGY UPDATE – KATHRYN BLACKSHAW</u></b></p> <p>The Board were delighted to note that the Trust had been successful in its tender bids for Derby City Substance Misuse services. Work was underway with commissioners to mobilise the implementation of the service. The outcome of the tenders submitted for Derbyshire County Substance Misuse services was not expected until mid to late December. Kathryn Blackshaw registered her personal thanks to the substance misuse team for the tremendous effort and hard work demonstrated by the staff involved in putting the bids together.</p> <p>Turning to other updates, four key areas for focus had been identified: substance misuse; forensics and rehab; dementia; and children’s services. Work was underway with NHS Elect to help develop the potential for the forensics and rehab service.</p> <p>Meetings had been taking place with the clinical commissioning groups, a mental health lead had been identified, and priority areas were becoming clearer.</p> <p>An update was provided in relation to the national shortage of health visitors. An implementation plan had been produced and funding shortfalls were being addressed with Southern Derbyshire Clinical Commissioning Group and the cluster.</p>

	<p>John Sykes referred to a piece of work that was underway in the Derbyshire Health Community in relation to care of the frail, elderly patient. A series of meetings had already been held and the Medical Directors of Derbyshire were due to meet the following week to review the approach.</p> <p>The Integrated Care Models were gathering momentum and the NHS Futures Forum had published interim advice on integrated care.</p> <p>In light of the contract negotiations, notification had been received from the PCT regarding the three areas they wished to take forward for the coming year, one of which was IAPT (Improving Access to Psychological Therapies). An AQP (Any Quality Provider) list would be produced and it was important to ensure the Trust was featured on this list.</p>
<p><b>DHCFT 2011/89</b></p>	<p><b><u>INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY (NOVEMBER 2011) – IFTI MAJID/TIM WOODS</u></b></p> <p>Ifti Majid highlighted the key themes from the integrated performance and activity summary and explained how the clustering score linked to PBR (Payment by Results) had reduced. This was due to new guidance which had changed the way that data was reported. An action plan was in place to correct the issue.</p> <p>Benchmarking data for “7 day follow up” showed the Trust performing slightly higher than the national average, which was pleasing. In other areas of benchmarking, a comparison had been undertaken to gauge the Trust’s levels of compliance against the 15 KLOE (Key Lines of Enquiry) when compared with other organisations. The Trust performed the highest for 13 out of 15 KLOE and fully above the national average in all areas.</p> <p>In response to Lesley Thompson, Helen Issitt provided an update in relation to sickness absence levels and the support packages in place for those staff absent through stress. A piece of work was underway to ensure there were no trends in this area. Maura Teager reiterated the importance of categorisation with not all stress-related absence attributable to work-place stress. Helen Issitt gave assurance that plans were in place for individual discussions with staff liaison officers and Ifti Majid added the statistics were monitored on a monthly basis.</p> <p>Tim Woods outlined the positive financial position, slightly ahead of plan with a £506k surplus reported. The overall risk rating was as forecast at “3” and the Trust was forecasting to meet all financial targets by the end of the financial year. The Board of Directors were pleased with the overall position but acknowledged the need to continue to robustly manage the tight financial margins to ensure targets were met.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To note performance to date.</b></li> </ul>
<p><b>DHCFT 2011/90</b></p>	<p><b><u>HALF YEAR CAPITAL REPORT 2011/12 – TIM WOODS</u></b></p> <p>The Chairman welcomed Claire Wright, Peter Charlton, and Keith Turner to the meeting. Claire Wright began by presenting the financial data to the end of September 2011. The Board of Directors noted the position was as planned and that the forecast year end position was to meet all financial targets.</p> <p>Peter Charlton gave a comprehensive summary of the Information Management &amp; Technology projects throughout the year, including the computer replacement</p>

	<p>programme, data warehouse, electronic patient record implementation, and 'Sharepoint'. Further explanatory information regarding prioritisation and profiling of schemes was provided at the request of Mick Martin, Graham Foster, and Lesley Thompson.</p> <p>Finally, Keith Turner provided an overview of the achievements in the Estates and Facilities team, including the Temple House scheme, Radbourne Unit kitchen service, windows and vinyl flooring replacement programme, and replacement of low wattage light fittings.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ To receive the progress report.</li> <li>➤ To note the good progress made and acknowledge any year-to-date variances were due to timing issues, rather than project issues, and that no material variances were expected for year-end.</li> </ul>
<p><b>DHCFT 2011/91</b></p>	<p><b><u>CONFIRMATION OF VENUES FOR 2012 BOARD OF DIRECTOR MEETINGS</u></b></p> <p>Graham Gillham presented the list of Board meeting dates for 2012 now the venues had been agreed, with all but one meeting being held at Trust Headquarters. A further amendment was however required, due to the tight timetable for the submission of financial accounts. The Board of Directors therefore agreed to hold the May meeting on Monday, 28<sup>th</sup> May instead of Wednesday, 30<sup>th</sup> May 2012.</p> <p>The revised dates would be reproduced and published on the Trust 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, 25<sup>th</sup> January 2012**

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