

# **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, 25 June 2014**

### **MEETING HELD IN PUBLIC**

Resumed: 1.00 pm

Adjourned: 4.55 pm

*Prior to resumption, the board had met to conduct business in confidence where special reasons applied.*

#### **PRESENT:**

Mark Todd	Chairman (Chair)
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
Claire Wright	Executive Director of Finance
Graham Gillham	Director of Corporate and Legal Affairs
Anna Shaw	Deputy Director of Communications
Dr John Sykes	Medical Director
Tony Smith	Non-Executive Director

#### **IN ATTENDANCE**

Rachel Leyland <i>for item 2014/085:</i>	Deputy Director of Finance
Miss KH	Service User
Gary Stokes	Head of Patient Experience
<i>for item 2014/090:</i>	
Clare Grainger	Head of Quality & Performance
Carrina Gaunt	Health and Safety Manager
<i>For item 2014/096:</i>	
Sarah Butt	General Manager
Dr Mark Whittingham	Consultant Psychiatrist
Lisa Stone	Acting Service Line Manager (Older Peoples)
Bev Smith	Senior Nurse
Annah Swinscoe-Daniels	Minute Taker

#### **Members of the Public**

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

#### **APOLOGIES:**

Lee O'Bryan	Interim Director of Workforce and Organisational Development
Maura Teager	Non-Executive Director

Steve Trenchard

Chief Executive

**DHCFT  
2014/084**

**CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF  
INTEREST**

The Chairman opened the meeting by welcoming all present. A special welcome

	<p>was extended to Ms KH, who attended to share her experience with the Board.</p> <p><b>Apologies:</b> The apologies are listed above.</p> <p><b>Declarations of Interest:</b> No declarations were noted.</p>
DHCFT 2014/085	<p><b>PATIENT STORY – Ms KH</b></p> <p>Carolyn Green introduced KH to the Board.</p> <p>KH recounted her experience as a service user suffering from anorexia nervosa since the age of 37. Due to her illness she will shortly be leaving her employment. She described how her symptoms had escalated from when she first became unwell in 2008 and the impact this had had on her feelings and social relationships.</p> <p>At times she felt both embarrassed and ashamed of her mental illness. She was grateful for her best friend who insisted on taking her for an appointment with her GP to acknowledge the illness so that specialised treatment could be given to her. KH was referred to the Eating Disorder Services in 2012 and could not praise them enough for their support.</p> <p>Continuing her story, KH described the forms of therapy, tasks and challenges set for her, and the specialist help given by her psychiatrist and the dietitian who gave her a formalised meal plan to follow which eventually saw her weight rise steadily. KH attended CBT, homework was set and challenges made. There was also telephone support and her initial appointment was thorough. It was decided to participate in DBT sessions September 2013, meeting once a week which KH found helpful. KH commended the staff involved including the secretaries. Only minor problems were encountered in occasionally rearranging appointments.</p> <p>In response to the Chairman's question as to what would have made a difference, relating to her treatment by health professionals, KH said that the main thing would have been to have had an earlier appointment with the dietitian. She added that perhaps the Trust could offer similar support to those sufferers with bulimia.</p> <p>Carolyn Green emphasised the sentiment of the whole Board that KH should feel no shame in talking about her experience and asked if there were any aspects she wished to share further. KH responded that stigma at work from colleagues had been sometimes difficult, and even when attending her GP surgery (though her own GP was supportive), perhaps screen pop ups or other means could be used to educate people more about the illness.</p> <p>KH truly believed that her friend saved her life. The meeting concurred that often people often supporting others in times of crises are key to recovery.</p> <p>KH said she had been involved with "First Steps" though not for some time, but would certainly re-visit them.</p> <p>Asked by Dr John Sykes about family support KH said this had been difficult in the early stages but was now supportive.</p> <p>Mark Todd emphasised that awareness-raising within the community is key and that employers should be cognisant of such organisations such as 'First Steps'. He was also pleased to hear that KH's experience of our services was so promising. Ifti Majid advised that the messages regarding bulimia are slowly being conveyed to the relevant commissioning bodies. Carolyn Green has meetings established in early July on this topic and will report back to the board once they have taken</p>

	<p>place.</p> <p><b>Action:</b> Carolyn Green to advise at next meeting.</p> <p>Mark Todd, on behalf of the Board, thanked KH for her presentation and emphasised how moved the meeting had been by her words.</p> <p>(KH and Gary Stokes left the meeting).</p>
<b>DHCFT 2014/086</b>	<p><b>MINUTES OF THE BOARD MEETING, 28 MAY 2014</b></p> <p>The Minutes of the Board meeting, held on 28 May 2014, were approved with the following amendments:</p> <p>Rachel Leyland to be added to the list of attendees for the meeting.</p> <p><b>DHCFT2014/070:</b> Chairman's Report – Steve Trenchard made amendment to the conferences he had recently attended.</p> <p><b>DHCFT2014/071:</b> III Chief Executive's Report to read “<i>to our future Forward Plan</i>”.</p> <p><b>DHCFT2014/071:</b> VI Chief Executive's Report - to read “Working Systemically.”</p> <p><b>DHCFT2014/071:</b> Claire Wright signed up to “Future Focused Finance” and not “Two sides of the same coin”.</p> <p><b>DHCFT2014/080:</b> <i>The Board wished to express thanks to Lisa Mack for her efforts in the Crisis Team where she had been working since 1 April 2014.</i> It was also requested that Ifti Majid review the issues listed to ensure compliance.</p>
<b>DHCFT 2014/087</b>	<p><b>MATTERS ARISING – ACTION MATRIX</b></p> <p>The following was noted:</p> <p><b>DHCFT/2014/035:</b> Number of students within Health Visiting Services: - Carolyn Green confirmed that she has a meeting now scheduled in July 2014.</p> <p><b>DHCFT/2014/035:</b> Risk based assessment - written – Action completed by Carolyn Green.</p> <p><b>DHCFT2014/55:</b> Quality Dashboard - It was confirmed that this will be revised. Action: Carolyn Green to re-submit to the Board in October 2014.</p> <p><b>DHCFT2014/073:</b> Complaints and Compliments – Requires establishing with Non-Executive Directors.</p> <p><b>DHCFT2014/077:</b> Finance Director's Report – 18 month comparators to be discussed.</p> <p><b>DHCFT2014/078:</b> Strategy Implementation – Steve Trenchard in talks with commissioners to await co-production stage of tender process regarding children's services.</p> <p><b>DHCFT2014/080:</b> Deep Dive Report – Maura Teager to update, Ifti Majid to set team meetings with further details being taken to the F &amp; P meeting rather than the Board meeting.</p>

DHCFT 2014/088	<p><b><u>CHAIRMAN'S REPORT</u></b></p> <p>This report was presented for information to the Board. Mark Todd highlighted the importance of engagement with the voluntary sector. There are places where this is taking place and other areas where it is not. A more coherent view of potential partnership with the sector is needed, working with our commissioners.</p> <p>Reference to Beckside Care Farm was made where outdoor therapies for people from Derby City were provided. There are parts of Derbyshire where people access these opportunities and other areas where that doesn't happen. Steve Trenchard mentioned the services where there is great activity particularly drugs and Alzheimers.</p> <p>The Board noted the Chairman's report and the continuing discussion on the format of the Quality Visits.</p>
DHCFT 2014/089	<p><b><u>CHIEF EXECUTIVE'S REPORT</u></b></p> <p>Steve Trenchard asked for his report to be noted by the Board and referenced safeguarding, business plans and safe staffing.</p> <p>The Board received and noted the Chief Executive's Report.</p> <ul style="list-style-type: none"> <li>i. Derbyshire Voice said they welcomed the NHS initiative and would wish assurance that this is being actioned. The board stated its commitment to implement the recommendations.</li> <li>ii. Carolyn Green advised that a first draft of training and intervention with commissioners will be prepared for the Board to be signed off with recommendations.</li> </ul> <p>Graham Gillham reported upon the Raising Concerns at Work policy relating to whistleblowing. The policy is extensive and we are compliant. We need to ensure there is sufficient knowledge of the measures and safeguards in place on a continual basis. Awareness needs to be on a higher level and differentials between what is classed as whistleblowing and a grievance need to be clearly understood. Graham Gillham is to work on this. The Board is sighted on the work that is being launched and the relevant safeguards. Mark Todd said that we should co-ordinate other policies to avoid, where possible, grievances appearing as whistleblowing. A deep dive will be scheduled for a future meeting of the Board for aspects of our handling of grievances and whistleblowing.</p>
DHCFT 2014/090	<p>(a) <b><u>Health And Safety Annual Report 2013-2014</u></b></p> <ul style="list-style-type: none"> <li>i. Carolyn Green introduced Carrina Gaunt and thanked her for her hard work thus far. We have seen massive improvements, with a wealth of training. During 2013/2014 the Trust declared compliance with Fire, Health and Safety, and Manual Handling. Percentages are quite high for training but noted that we need to increase the percentage for fire training which currently stands at 80% and moving and handling (78.5%) which need improvement. There has been one fire reported. To declare compliance means that our buildings are 100% safe and this is the first time within 10 years, the Trust has been able to state this. The implications of RIDDOR reporting were explained and discussed.</li> <li>ii. Attention was drawn to the Health and Safety Annual Report 2013/2014 (table 7.4) to show the percentage of each division that have completed a risk assessment. Debate ensued on how many health and safety results</li> </ul>

were outstanding and the need for a systematic audit trail.

**Action:** Carolyn Green to return to the Board in 3 months' time with an updated analysis on progress in completed actions.

iii. (Health and Safety Annual Report 2013/2014, 10.1 Ligature Risk Reduction Policy – New Policy August 2013) Carrina Gaunt advised that the ligature risk reduction had been effectively carried out and is being populated within DATIX. Risk assessments were drilled down, eventually being taken through the H & S Committee to the Quality Committee.

(b) **Position Statement on Quality June 2013**

i. Carolyn Green confirmed from the supporting paper that the Trust has sound quality governance arrangements in place which are regularly reviewed. The plan is to champion nursing across the Trust and permission is sought to approve and adopt the plan. Mark Todd queried exactly what the Board's obligations were. Steve Trenchard confirmed that the plans will assist with C.Q.C. reviews and link in with overall Board assurance. The key themes encompass:- Strategy, Capabilities and Culture, Processes and Structures, Measurement and establishing early foundations for Earned Autonomy. The content of the overall report was commended for the manner in which it was written and presented. It was anticipated that in time the paper would be modified for other professions within the Trust as it could be amended to incorporate a variety of specialised positions. Dr John Sykes was keen that Doctors could also be included. Carolyn Green welcomed the opportunity to extend the approach to medical staff.

(c) **Safer Staffing – Update**

i. Carolyn Green reported on the staffing capacity and capability, to ensure the right people with the right skillsets are in the right placements. A referenced paper from the RCN on safer staffing outlined nursing research and outcome studies mainly in the acute areas. Safer staffing means greater welfare for patients within the mental health sector. Within the Trust, our staffing ratios within the majority of wards have balanced levels of staff to patient ratios and a tabled document clearly illustrated this where green is highlighted as being the "safe" colour. Ratio fluctuations of 1:4 Amber and 1:8 Green were discussed and how these ratios impact and the relevant action taken. Both ratios are currently acceptable. The meeting discussed whether the lower figures were down to higher demand within wards/patients. Mark Todd asked about the numbers of Bank/Agency staff used. It was confirmed that Trust staff are used as far as possible. Agency recruitment in the north needs to be looked at as the current list had a southern bias. Claire Wright asked if dates could be included for ease of reference on the charts. Mark Todd asked about the high bank figures on some wards and asked that these were monitored for links to quality. The report was commended for its clarity of reporting.

**Action:** Carolyn Green to prepare a full report including analysis of the use of bank and agency staff. Agency arrangements for the north to be reviewed.

(d) **Board Assurance Framework (BAF)**

ii Carolyn Green gave an overview of BAF, referencing 2.3 where principal risks were outlined, a key lead given, key controls and assurances

	<p>monitored, outlining the positive assurances, gaps in control and assurance. The differences between gaps in assurance and gaps in control was discussed and further clarity sought. Steve Trenchard suggested that a small number of risks highlighted are about finance and not quality. It was suggested and agreed that the Quality Committee need to meet to discuss consistency of terms used and ensure consistency across the document. The definitions may need amendment with a deep dive/drill down being made.</p> <p><b>Action:</b> Carolyn Green/Ifti Majid to meet to discuss.</p>
<b>DHCFT 2014/091</b>	<p><b><u>APPRAISAL AND REVALIDATION OF DOCTORS</u></b></p> <p>Dr John Sykes referenced his report to be approved and confirmed that the Trust as a designated body is compliant with the regulations. Doctors in the UK have their licence to practice renewed every 5 years which the Trust oversees. The only time the GMC will investigate any anomaly is if there have been any specific issues. The responsible officer has to show he is active in the points to satisfy the body. The importance of the appraisal/revalidation process was stressed. Mark Todd asked how the Trust compares to others in a similar field, how many Doctors were affected and assurance that we are compliant. Dr John Sykes advised that any issues are dealt with via HR and national clinical advisory services. If the severity is any higher, then the GMC would become involved. Mark Todd asked about Locum Doctors and it was confirmed that there had historically been difficulties in filling the vacancies. Locums are qualified with full certification, and receive an induction from the Trust, so they receive an insight and educated about the Trust culture. Mark Todd asked about the stream of Locums through the Radbourne Unit and it was confirmed that working within that Unit seems to be quite tough, but work is on-going to make improvements. Steve Trenchard emphasised the importance of having a robust, strong team that encourages stability and reduces anxiety.</p> <p>The Medical Appraisal Policy and Procedure which is to be submitted to the Quality Committee was presented, along with the organisational process and reporting pathways. The next key steps are to show that areas are being demonstrated and developed and that sufficient training is being made. Dr John Sykes confirmed that a development plan is in place that addresses any identified weaknesses or gaps in compliance with the regulations. It was agreed that the percentage number, currently 56%, of quality improvement activity being compliant with GMC, needs to increase.</p> <p>Appendix D, page 9 - the number of Doctors with concerns about their practice in the last 12 months equated to 7 which was deemed to be quite high. Mark Todd enquired about the total of 4 Doctors requiring remediation, re-skilling, re-training or rehabilitation and what this actually represented. Mark Todd also added that the number of 36 Locums brought in through a locum agency was quite high. This led to discussion regarding better husbandry with locum usage and it was suggested that a paper be brought forward on how the Trust seek Locums and manage any difficulties. Steve Trenchard added that he is looking at a "floating full-timer" to cover sickness, maternity, leave, etc.</p> <p><b>Action:</b> Dr John Sykes to produce a paper.</p> <p>Mark Todd commended Dr John Sykes on the data furnished. Thanks were given to Dr Ed Komocki who had been greatly involved in its production.</p> <p><b><u>RESOLVED:</u></b> The Board received the report and obtained assurance.</p>

<b>DHCFT 2014/092</b>	<p><b><u>FINANCE DIRECTOR'S REPORT (month 2)</u></b></p> <p>Claire Wright reported on the financial position as at the end of May 2014. The Trust is forecasting to end the year £444k better than plan, which is a result of some underlying pressures being offset by the general contingency reserve. We are forecasting to achieve our planned Continuity of Service Risk Rating of 3 at year-end. With regard to the accumulation of surplus as the year progresses; each month generates a surplus, with the exception of month 12 when an in-month deficit is created, largely by dividend payments and provisions for pensions. Claire Wright also advised the Board that Performance and Contracts Overview Group had undertaken a deep dive into run rates to add further assurance on forecast assumptions.</p> <p>At this relatively early stage in the year we are reporting a surplus of £0.3m which is ahead of plan by £0.2m. In response to Caroline Maley, Claire Wright explained the current cash position further; the cash balance was under plan at month-end because of timing issues e.g. Local Authority commissioners paying to a different timetable compared to CCG commissioners. We are on plan to hit our quarter-end cash target. Capital expenditure is on plan and is forecast to remain on plan.</p> <p>There were no specific governance, legal or equality issues to note. Claire Wright also advised that some variances will exist throughout the year; this is because the financial plan had had to be fixed before contracts were finalised. As a result, some new developments were not included in the plan.</p> <p><b><u>RESOLVED:</u></b> The Board received the summary report and obtained assurance on the current financial performance.</p>
<b>DHCFT 2014/093</b>	<p><b><u>AUDIT COMMITTEE ANNUAL REPORT 2013-2014</u></b></p> <p>Graham Gillham/Caroline Maley produced the Annual Report of the Audit Committee summarising how its responsibilities had been discharged throughout the period. The committee have met on six occasions during 2013/2014. The principal areas of review were highlighted, along with objectives of the committee moving forward.</p> <p>Mark Todd asked if the handling of SUIs and related action plan could be incorporated in this remit. Discussion took place on counter fraud and relevant work plans.</p> <p><b><u>RESOLVED:</u></b> The Board received the Audit Committee and Annual Report and obtained assurance.</p>
<b>DHCFT 2014/094</b>	<p><b><u>FINANCE AND PERFORMANCE COMMITTEE SUMMARY – 11 JUNE 2014</u></b></p> <p>A summary of key issues discussed by the Finance &amp; Performance Committee was. The Trust Board noted assurances and actions listed. Steve Trenchard applauded the quality of the summary.</p>
<b>DHCFT 2014/095</b>	<p><b><u>MENTAL HEALTH ACT COMMITTEE SUMMARY – 30 MAY 2014</u></b></p> <p>Carolyn Green confirmed that this was a fair and accurate summary of issues discussed. The Trust Board received the report, noting assurances and actions listed.</p>
<b>DHCFT 2014/096</b>	<p><b><u>OPERATIONAL PERFORMANCE REVIEW</u></b>  <b><u>THEMED DEEP DIVE: OLDER PEOPLE'S SERVICES</u></b></p> <p>Ifti Majid asked the Board to note the Deep Dive Report into Older People's</p>

	<p>Inpatient Services and introduced members of the Teams:</p> <ul style="list-style-type: none"> <li>• Dr Mark Whittingham – Consultant Psychiatrist</li> <li>• Lisa Stone – Acting Service Line manager (Older People)</li> <li>• Bev Smith – Senior Nurse</li> <li>• There are 3 wards at Kingsway, 2 wards at London Road and 2 day hospitals. The team work tirelessly to focus on the 5 wards. There are both ward and hospital managers. There have been increased numbers of incidents involving violence and aggression which has meant the necessity to engage VAN 5 and VAN 6 Nurses.</li> <li>• Some after work courses have been held to encourage Nurses to fully utilise their skillsets. Some Nurses were reluctant to attend initially, but now enjoy going and ensuring positive results are met.</li> <li>• Experiences were relayed concerning some of the mixed wards, incidents concerning some patients relating to particular conditions.</li> </ul> <p>Steve Trenchard shared a model from Kingston Trust where members of the Board spend one day per month on a ward directly assisting at dinner or lunch. This provides a better view of ward culture and has encouraged staff to be more open about things and know that the Trust is listening.</p> <p>Mark Todd asked the speakers if they could advise upon any issues they had noticed in particular. Carolyn Green added that one key aim is to move staff around and second to different areas. Mark Todd emphasised the importance of new starters to the Trust and that at time of induction there is an encouragement to meet again with senior members of staff to advise upon their time since the initial induction, yet not many took advantage of this and it would be great to encourage this. The option of returning back earlier than the 3 month period should be considered.</p> <p>The length of time that frail, elderly patients stay on organic wards has reduced. Some nurses have had quite traumatic experiences with some patients that have bordered on violence and adequate preventative measures have been explored and are in situ to safeguard them in addition to maintaining the highest possible standard of care to the service user. Carolyn Green advised the meeting that a role model has been created, audits are in place (twice monthly in Cubley, due to increased concerns). Dr John Sykes asked if gender mix and same sex brought about other issues. Mark Todd pointed out the relatively high sickness and bank usage in Cubley and Carolyn Green is exploring this. The main reason for higher bank usage is where a patient may require 1-1 care, which is more apparent on organic wards. Mark Todd applauded the staff for their continued efforts. The data provided was extensive and consideration may be made to include this more regularly, not just for audit purposes. Mark Whittingham said that he would like the Trust to develop delirium services further.</p> <p><b><u>RESOLVED:</u></b> To note the deep dive report and points raised in discussions on older adults teams.</p>
DHCFT 2014/097	<p><b><u>INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY – MONTH 2</u></b></p> <p>It was considered of greater benefit if the statistical data on children's services could be electronically recorded. Caroline Maley asked about the status of GP letters and Ifti Majid confirmed the Trust are up to about 78% from the starting point of 40%.</p> <p><b><u>RESOLVED:</u></b> To receive the integrated performance report and note actions in place.</p>

<b>DHCFT 2014/098</b>	<b><u>ANNUAL MEMBERS MEETING – THURSDAY 25 SEPTEMBER 2014</u></b>  It was noted that the meeting will be held on the above date at the Derby Conference Centre, London Road, Derby, DE24 8UX. Roger Black has been confirmed as the guest speaker. The Governors have been instrumental in suggesting arrangements for the meetings.
<b>DHCFT 2014/099</b>	<b><u>TERMS OF REFERENCE FOR EXECUTIVE LEADERSHIP TEAM</u></b>  The Board received this for information and confirmed that the organisation of the team lay clearly within the Chief Executive's authority.
<b>DHCFT 2014/100</b>	<b><u>OBSERVATIONS OF THOSE IN ATTENDANCE TO THE MEETING</u></b>  The Chairman invited those present at the meeting to provide comments to the meeting. The following was raised: <ul style="list-style-type: none"> <li>• Formal thanks were given for the way in which the Board packs had been assembled, for the way in which the Board conducted the meetings, listened and actually actioned items which has changed for the better over time. The quality of questions has improved. It was noted that meetings were longer.</li> <li>• Thanks were given for the way in which the Public are now given a voice at such meetings and are heard.</li> <li>• Deep Dive/Workforce issues/HR/Grievances – all of these comments need to be confirmed, also to discuss what represents a minimum deep dive.</li> <li>• It is key that we re-visit any issues where any concerns have been raised.</li> <li>• Some concerns were expressed about the manner in which the Police still handle those with learning disability or mental health problems as well as people who are elderly or have dementia.</li> </ul>
<b>DHCFT 2014/101</b>	<b><u>CLOSE OF THE MEETING</u></b>  The Chairman thanked all those present for their attention and comments closing the public meeting.