

**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, 24<sup>th</sup> April 2013**

**MEETING HELD IN PUBLIC**

Opened: 1.00 pm

Closed: 3.15 pm

**PRESENT:**

Alan Baines	Chairman
Graham Foster	Non-Executive Director
Paul Lumsdon	Chief Nurse/Executive Director of Nursing and Quality
Ifti Majid	Chief Operating Officer/Deputy Chief Executive
Mick Martin	Deputy Chairman/Senior Independent Director
Maura Teager	Non-Executive Director
Lesley Thompson	Non-Executive Director (public session only)
Steve Trenchard	Chief Executive
Claire Wright	Executive Director of Finance
Tony Smith	Non-Executive Director
Graham Gillham	Director of Corporate and Legal Affairs
Helen Marks	Director of Workforce & Organisational Development

**IN ATTENDANCE:**

Jane Elliott	Acting Service Line Manager (item 2013/42)
Jon Scattergood	Service Line Manager (item 2013/42)
Gill Baker	Clinical Team Leader (item 2013/42)

Four members of the public:  
Allan Bannister, Derbyshire Voice Representative  
Elaine Jackson, Derby Diverse Network  
Dave Waldram, member of the public  
Mark McKeown, Derbyshire Voice Representative

**APOLOGIES:**

John Sykes	Executive Medical Director
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**DHCFT  
2013/32**

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

Apologies were noted from John Sykes, Executive Medical Director and there were no declarations of interest to be noted.

The Chairman commented on the important work ahead for the Board in 2013/14, with the execution of the new strategy, launch of the Research and Development Centre and implications of the Francis Report. To support the Board, work was evolving on the establishment of two new committees, allowing more time at the Board for forward planning. Payment by Results, the Electronic Patient Record and Business Development would be major topics whilst the Board was aiming to be in closer reach for the public. The successful management of these initiatives would mean the Board moving closer to becoming the major healthcare organisation to which it aspires. During the year the Board would be asked to conduct critical skills analysis to ensure it is best equipped for the challenges ahead.

Several excellent candidates have recently stood for public seats on the Council of Governors. The successful candidates were congratulated on their election: Catherine Cleary, Derby City West and Peter Aaser, Derby City East. The interest shown by other candidates was being immediately harnessed as volunteer members

	to work with Governors and the Trust on membership development and other issues. Congratulations were also extended to Ifti Majid on his appointment as Chief Operating Office/Deputy Chief Executive.
<b>DHCFT 2013/33</b>	<p><b><u>MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 27<sup>TH</sup> MARCH 2013</u></b></p> <p>Accepted and approved subject to two corrections:</p> <p><u>DHCFT 2013/22 UPDATE ON DEVELOPMENTS FOLLOWING THE ROBERT FRANCIS QC REPORT</u> Paragraph 2 to read: The Trust had undertaken a significant amount of preparatory work <b>following</b> the publication of the Mid Staffs report .....</p> <p><u>DHCFT 2013/30 INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY, INCLUDING MONTH 11 FINANCIAL HEADLINES</u> Paragraph 3 to read: [in relation to outpatient letters] Helen Crowson <b>commented</b> that the team did not generate many outpatient letters.....</p>
<b>DHCFT 2013/34</b>	<p><b><u>MATTERS ARISING – ACTIONS MATRIX</u></b></p> <p>Nil to note.</p>
<b>DHCFT 2013/35</b>	<p><b><u>CHIEF EXECUTIVE’S OVERVIEW AND UPDATE – STEVE TRENCHARD</u></b></p> <p>a) In his monthly report Steve Trenchard drew to the attention of the Board the recently published report of the Royal College of Psychiatrists, ‘<i>Whole person care: from rhetoric to reality – Achieving parity between mental and physical health</i>’. This report drew attention to the significant and historical under investment in mental healthcare, particularly in Older Adults and Child and Adolescent Mental Health Services. Addressing the funding gap is likely, the report acknowledged, to be exacerbated in times of economic downturn. Steve Trenchard said that the Trusts Quality Committee would be reviewing the recommendations of the report to ensure the Trust is maximising good practice, whilst at the same time every opportunity will be taken locally to further influence the Derbyshire Healthcare system. A particular challenge would be the introduction of RAID into the community.</p> <p>The ensuing Board discussion focused on services for young people and recognised the need to work more innovatively by aligning services with life phases rather than to specific ages.</p> <p>b) Turning to other agenda items, Steve Trenchard reported that the major contracts with Commissioners had been signed off. Congratulations were due to the IM&amp;T Department for achieving the highest annual return of any Mental Health Trust in Information Governance. In general discussion, members of the Board remarked on the commitments being made by the Board, for example in relation to the Francis Listening Events, and other actions. It was agreed that all commitments and actions on the part of the Board should be logged in a single mechanism.</p>
<b>DHCFT 2013/36</b>	<p><b><u>QUALITY UPDATE – MAURA TEAGER</u></b></p> <p>In her monthly commentary Maura Teager referred to “<i>Patients First and Foremost</i>” which sets out what is critical for a compassionate culture. This pointed to the Board being at the helm with every team focused on the best possible patient care. Such Trust initiatives as “see it my way”, beyond nursing, the role of healthcare assistants and the increasing use of volunteers all lent support to our common values.</p> <p>Steve Trenchard commented that there was apparent from the Chief Nursing Officer’s remarks at the opening of the Research and Development Centre that the Trust should be adopting a higher national profile in citing examples of good practice</p>

	already in place.
<b>DHCFT 2013/37</b>	<p><b><u>DRAFT QUALITY REPORT 2012/13 – PAUL LUMSDON</u></b></p> <p>The draft one of the quality report was presented by Paul Lumsdon. This draft had been sent out to third parties for comment and these comments together with responses would be included in the second draft. This was on course for submission to the auditor prior to final publication on the 30<sup>th</sup> June 2013.</p> <p>Paul Lumsdon explained that the content of the quality report this year was more extensive due to the volume of mandatory statements required. The goals for improving quality during 2013/14 were set out against the main indicators of patient experience, effectiveness and patient safety. At Mick Martin’s instigation, discussion took place on whether measurements of compassion could be reflected in the goals. It was felt on balance that compassion should constantly flow through all aspects of quality rather than being separately measurable, however the patient effectiveness agenda should seek assurance that compassion is embedded.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To receive and note the first draft quality report 2012/13 and progress towards the completion of the final draft.</b></li> </ul>
<b>DHCFT 2013/38</b>	<p><b><u>YEAR END INTEGRATED QUALITY GOVERNANCE REPORT 2012/13 – PAUL LUMSDON</u></b></p> <p>Introducing the full year integrated quality governance report Paul Lumsdon explained that this report, the last in the present format, represented a summary of the reports already fully discussed within the Committee. The report was structured under three strands of quality and incorporated an expansion in real time feedback which had been obtained online, face to face and through surveys. Another key area of progress was the strengthening of care planning, with the latest audit figures looking encouraging. The integrated report also provided the Board with assurance of compliance with key outcomes used by the Care Quality Commission: respecting and involving people who use services, consent, care and welfare of people who use services, mandatory medicines, complaints and records.</p> <p>Graham Foster commented on the section on complaints as being too process-driven, rather than on outcomes and learning. It was agreed that learning from complaints should be more public facing and Steve Trenchard suggested that the website should be used more for feedback on improvements made in response to complaints. Steve Trenchard added that in future the Trust would be contacting complainants regarding their experience with the process and conversation with the lead investigator would be arranged before the sign off of the final response.</p> <p>The Trust participated in the Oxford Community Treatment Evaluation Trial (OCTET), which had questioned the rate of re-admission from compulsory supervision, compared with authorised leave under the Mental Health Act. This was a topical issue which it was agreed to be referred to the Mental Health Act Committee for further discussion.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To receive and note the contents of the full year’s summary integrated quality governance report.</b></li> </ul>
<b>DHCFT 2013/39</b>	<p><b><u>CENTRE FOR RESEARCH AND DEVELOPMENT STRATEGIC PLAN 2013-16 – PAUL LUMSDON</u></b></p> <p>Further to the formal approval and support given by the Board to the establishment of the Research and Development Centre in October 2012, Paul Lumsdon presented</p>

	<p>the first strategic plan for the centre. This had been developed to provide a high level direction for the centre upon the commencement of its operation in April 2013. The accountability of the Research and Development Centre would be provided through the R&amp;D Centre Board overseeing each centre of excellence and reporting to the Trust Quality Committee.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To receive and approve the Centre for Research and Developments strategic plan 2013-16.</b></li> </ul>
<p><b>DHCFT 2013/40</b></p>	<p><b><u>PEOPLE STRATEGY UPDATE – HELEN MARKS</u></b></p> <p>Helen Marks presented the progress report on the People Strategy first approved by the Board in April 2011. The report highlighted the key themes where significant progress had been made: engaging our people, in which the staff survey results had been positive, and the leadership community engagement programme. Maximising the potential in our people had been developed with the introduction of a new Personal Achievement and Development Review (PADR). Other initiatives included the introduction of values based recruitment, development of consultant leadership, coaching skills and “walking in your shoes” programme.</p> <p>Helen Marks concluded that the Trust had moved significantly forward in its workforce agenda over the three year period of both the leadership strategy and people strategy. It was felt right therefore to defer further quarterly progress reports and bring a newly revised strategy to Board in September.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To receive and note the update on the People Strategy and to defer further progress reports and support a review of the People and Leadership Strategies.</b></li> </ul>
<p><b>DHCFT 2013/41</b></p>	<p><b><u>WORKFORCE DASHBOARD – HELEN MARKS</u></b></p> <p>The workforce key performance indicator score card for January to March 2013 was received. In her introduction Helen Marks pointed out a decrease in sickness absence over the quarter with the annual rate running at 4.6%. An increase in the completion rates of compulsory training was noted. The dip in the quarter for the completion of individual performance reviews would be adjusted to take account of the launch of the new appraisal scheme from April 2013.</p> <p>Items noted included the head count trajectory, which reflected the appointment of 30 new Consultants and the government target for health visitors. The Chairman commented on the need to understand the trend in productivity beneath the workforce indicators. It was suggested that this would be a further topic for exploration by the Finance &amp; Performance Committee, in terms of the effectiveness over the past three years and looking forward. Interest was shown in the raising concerns cases and further details of these would be brought back to Board.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To note the Workforce KPIs Scorecard report.</b></li> </ul>
<p><b>DHCFT 2013/42</b></p>	<p><b><u>INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY, INCLUDING MONTH 12 FINANCIAL HEADLINES – IFTI MAJID/CLAIRE WRIGHT</u></b></p> <ul style="list-style-type: none"> <li>i) Ifti Majid introduced Jane Elliott, Gill Baker and Jon Scattergood to assist with the presentation of these reports which included the ‘Deep Dive’ Report into two specific service lines: Specialist Services – Learning Disabilities and Acute and Community Care – Older Adult Inpatients.</li> </ul>

	<p>The Trust received the year-end report on performance against key performance indicators. The year-end dashboard showed positive performance against the main indicators, with the vast majority meeting or exceeding target. Areas that required focus were Payment by Results (PbR), clustering compliance, and timeliness of discharge letter production. These indicators featured in the exception report to Board, however significant steps had been made to improve performance across the year.</p> <p>Two specific services were subject to 'deep dive' analysis in this report: first, Learning Disabilities for which Jane Elliott, Acting Service Line Manager, attended. It was noted that safeguarding was well embedded in Learning Disabilities with two dedicated leads for safeguarding and 'closing the loop' reports produced each month. The cost improvement programme presented a challenge for the year ahead and it was intended that this would be met by a transformational project looking at developing streamlined care pathways. Good practice in physical healthcare had been exemplified by the increase in the number of annual checks through the work of the Strategic Health Facilitation Team in collaboration with local GPs. The team was encouraged by the Board to promulgate its good practice across the organisation through the media communications team.</p> <p>Next, Older Adults Inpatients: Jon Scattergood attended to present an illustrated overview of the service line. He described a change in skill mix for Physiotherapy in line with models used in neighbouring Trusts – a transition now completed which had reduced waiting lists in the community from 20 to 14 weeks. Sickness absence had been significant in certain areas partly due to chronic and long standing health issues. These were being addressed supportively. The majority of compliments received were focused on three areas only, suggesting inconsistency in recording compliments. Future actions included further completion of an action plan following a review at Cubley Court and training delivered by Stirling University in the management of challenging behaviour in dementia.</p> <p>ii) Claire Wright presented a report demonstrating the Trust was operating within its prudential borrowing limits at the end of March with the financial risk rating at year end of '3'. Capital expenditure was ahead of plan by £63k and overall the Trust had achieved its financial plans including an out turn underlying surplus at £1.5 million – an overachievement against plan of £0.3 million.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To acknowledge the current performance of the Trust against key performance indicators.</b></li> <li>➤ <b>To acknowledge the year-end financial out turn and achievement.</b></li> <li>➤ <b>To note the actions in place to ensure sustained performance in the areas of exception.</b></li> </ul>
	<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, 29<sup>th</sup> May 2013 at 1.00 pm  
Boardroom, Trust Headquarters, Bramble House, Kingsway, Derby, DE22 3LZ**