

**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, 28<sup>th</sup> March 2012**

**MEETING HELD IN PUBLIC**

Opened: 2.00 pm Closed: 4.12 pm

**PRESENT:**

Alan Baines	Chairman
Kathryn Blackshaw	Deputy Chief Executive/Executive Director of Business Strategy
Graham Foster	Non-Executive Director
Paul Lumsdon	Executive Director of Nursing and Quality
Ifti Majid	Executive Director of Operations, Performance and IM&T
Mick Martin	Deputy Chairman/Senior Independent Director
Mike Shewan	Chief Executive
John Sykes	Executive Medical Director
Maura Teager	Non-Executive Director
Lesley Thompson	Non-Executive Director
Tim Woods	Executive Director of Finance

**IN ATTENDANCE**

Graham Gillham	Director of Corporate and Legal Affairs
Helen Marks	Director of Workforce & Organisational Development
Sarah Carter	Assistant Director of Business Strategy (for Item 2012/30)
Hayley Darn	Infection Control Nurse (for Item 2012/28)
Keith Turner	General Manager, Estates & Facilities (for Item 2012/31)
John Shelton and Timothy Proctor	(members of the public)
Alison Baker (minutes)	Personal Assistant to Chairman and Chief Executive/Office Manager

**APOLOGIES:** Tony Smith Non-Executive Director

<b>DHCFT 2012/23</b>	<b><u>OPENING REMARKS</u></b> The Chairman welcomed those present to the meeting. There were no interests to be declared.
<b>DHCFT 2012/24</b>	<b><u>MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 29<sup>TH</sup> FEBRUARY 2012</u></b> The minutes from the meeting of Derbyshire Healthcare NHS Foundation Trust, held on 29 <sup>th</sup> February 2012, were approved with one amendment:  <b><u>DHCFT 2012/19 QUALITY OVERVIEW AND UPDATE – MAURA TEAGER</u></b> To read “In the absence of Maura Teager, this item was deferred to the <i>March</i> meeting.”
<b>DHCFT 2012/25</b>	<b><u>MATTERS ARISING – ACTIONS MATRIX</u></b>  <b><u>DHCFT 2012/22 Integrated Performance &amp; Activity Summary</u></b> Kathryn Blackshaw confirmed that a press release about the Trust’s successful

	achievement against its regulatory key performance indicators would be released after the Board of Directors meeting.
<b>DHCFT 2012/26</b>	<p><b><u>CHIEF EXECUTIVE'S OVERVIEW AND UPDATE – MIKE SHEWAN/KATHRYN BLACKSHAW</u></b></p> <p>Kathryn Blackshaw provided an update to the Board of Directors regarding the following:</p> <ul style="list-style-type: none"> <li>➤ The Black and Minority Ethnic Women's Health and Well-being Conference on 16<sup>th</sup> March, which had received a positive response.</li> <li>➤ The visit to the Trust by Dr Ruth May, Chief Nursing Officer for NHS Midlands and East SHA, during which the liaison team and confused patient nursing team were showcased. Another date would be scheduled for a longer visit.</li> <li>➤ Feedback from consultant interviews, a paper on which would be presented to the April Board of Directors meeting.</li> <li>➤ The Values to Leadership event, at which Helen Bevan, Chief of Service Transformation at the NHS Institute for Innovation and Improvement, was a guest speaker.</li> <li>➤ The Strategy Executive Group on 15<sup>th</sup> March, future meetings of which would take place on a monthly basis.</li> <li>➤ The positive outcome of the Trust's contracting negotiations, which were due to be signed off shortly.</li> </ul>
<b>DHCFT 2012/27</b>	<p><b><u>QUALITY OVERVIEW AND UPDATE – MAURA TEAGER</u></b></p> <p>Maura Teager referred to the recent consultation exercise undertaken by Paul Lumsdon with Governors in relation to the Trust's Quality Account. The input received from the Governors demonstrated their strength and contribution to the quality agenda, especially in relation to "Releasing Time to Care", "Productive Ward" and "Compassion in Care". Governors were also engaging with the Quality Visits, from which positive feedback had been received.</p> <p>The Board of Directors were also informed that the recent appointment of Kate Majid as Head of Patient Experience and Service Delivery, had resulted in a fresh approach to patient experience, and was proving to be beneficial and supportive to Maura Teager's own role as Quality Champion. One current area of focus was the "15 steps challenge" from the NHS Institute for Innovation and Improvement, which looked at the impression given during the first 15 steps taken into any ward area.</p> <p>A review into the self-assessment of the Safeguarding Vulnerable Adults review had been undertaken earlier in the day. The feedback received was complimentary, with tangible evidence of progress demonstrated, together with a strong grasp of the safeguarding agenda by the Trust.</p> <p>Mike Shewan commented favourably on the inclusion of service users in the interview process for senior clinical appointments. The Board of Directors agreed this input was important and Helen Marks advised that, following a successful pilot into a values based assessment centre, service user representation during the recruitment process would be introduced for every appointment to the Trust.</p>
<b>DHCFT 2012/28</b>	<p><b><u>INFECTION PREVENTION AND CONTROL ANNUAL REPORT 2011/12 – PAUL LUMSDON/HAYLEY DARN</u></b></p> <p>Hayley Darn, Infection Control Nurse, presented the annual report for infection prevention and control for 2011/12, which had seen another successful year. The Audit Plan for 2012/13, including a repeat of the self-assessment infection control audit by all wards was also presented.</p>

	<p>Thanks were extended to Paul Lumsdon, Executive Director of Nursing and Quality, and Ifti Majid, Executive Director of Operations, Performance, and IM&amp;T, for their assistance in reaching a compliance rate of 87% for staff training in this area. Paul Lumsdon and Ifti Majid had also undertaken unannounced visits to selected wards to look at the extent to which standards were embedded at clinical level. Infection Control compliance was considered as part of this process and the quality of the evidence produced was praised. Infection Control had also been presented by some teams at their Quality visits as areas of good practice.</p> <p>In response to Mick Martin, Hayley Darn said that areas of the capital estates programme could be further improved and gave the example of en suite bathrooms, which worked well for infection prevention and control. Mick Martin requested areas for improvement be included in future reports.</p> <p>Turning to lessons learnt, Maura Teager referred to the Norovirus outbreak, which had affected an acute ward in January 2012. This outbreak had been managed well and prevented from spreading. Hayley Darn confirmed that swift recognition and management had been a key factor and that Trust staff had dealt with the outbreak well.</p> <p>In response to Kathryn Blackshaw, Hayley Darn said the Divisional Nurses were enthusiastic and committed. The introduction of Divisional Nurse rounds were a key part of the assurance process, with leadership at every level, including the “Don’t Walk Past It” campaign.</p> <p>Lesley Thompson picked up the improvements at the Hartington Unit, which had moved from “good” to “excellent” in two areas. Hayley Darn agreed the improvements were to be applauded but added that the state of the building had made it more difficult for staff. Progress was being made in this area through joint working with the Chesterfield Royal Hospital and the excellent work of our PEAT Teams.</p> <p>Paul Lumsdon praised the efforts of Hayley Darn, who was a highly visible presence in the Trust, despite its widespread premises and buildings. This praise was echoed by the Board of Directors.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To approve the annual report for infection prevention and control for 2011/12.</b></li> <li>➤ <b>To accept the audit plan for 2012/13.</b></li> </ul>
<p><b>DHCFT 2012/29</b></p>	<p><b><u>INTEGRATED QUALITY GOVERNANCE STRATEGY 2012 – 2015 – PAUL LUMSDON</u></b></p> <p>Paul Lumsdon presented the final Integrated Quality Governance Strategy for 2012 – 2015 (Draft 2), which had been produced following wide consultation and engagement with the Governor Working Group for Quality, the Board of Directors of the Trust, senior clinical staff, and heads of service. Mick Martin was pleased that the feedback from the Board of Directors had been included in the final version.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To read and approve the final version of the Integrated Quality Governance Strategy 2012 – 2015.</b></li> <li>➤ <b>To monitor the delivery of the Integrated Quality Governance Strategy through the regular Integrated Quality Governance reports and updates, as necessary.</b></li> </ul>

<p><b>DHCFT 2012/30</b></p>	<p><b><u>BUSINESS &amp; COMMERCIAL DEVELOPMENT REPORT – KATHRYN BLACKSHAW/SARAH CARTER</u></b></p> <p>Sarah Carter, Assistant Director of Business Strategy, presented the monthly Business and Commercial Development report to the Board of Directors. The report highlighted the commercial and business development activities that were taking place across the Trust.</p> <p>The most dominant area of activity at the present time was the process for AQP (Any Qualified Provider), which was to be launched at the beginning of April for IAPT (Improving Access to Psychological Therapies) Services. The timeline for IAPT would take the Trust up to April 2013 and would open up its services to direct competition. A lengthy discussion took place with regard to a commercial marketing response and the resource input required.</p> <p>The Board considered the suggestion from several Non-Executive Directors that a step change was required on our Trust's approach to business development. The necessity of harnessing of commercial capability to develop a clear set of goals, strategies and plans based on the need to grow the income of our Trust was fully agreed. The Board of Directors directed that this will now be developed into a set of options and proposals that will be presented to the Board to enable clear decisions and outcomes to be determined for this area. It was accepted that this work will specifically include market analysis of core and non-core business opportunities, their quantification and options to consider to create capable resources in order to deliver them.</p> <p>In response to Mick Martin, Kathryn Blackshaw referred to the full market assessment, including threats and opportunities to service areas, presented to the Business Development Group the previous week. The new annual plan timeframe would commence in July and work had commenced on the PBR (Payment by Results) clustering data, and on future scenario planning for the Board Development Session on 11<sup>th</sup> April 2012. The Chairman reiterated the need to develop the internal building blocks into external action and requested the action be included in the Board of Directors Actions Matrix. Mike Shewan added that the market intelligence needed to be strengthened. It was also noted that the Substance Misuse contracts were due to be “live” from 1<sup>st</sup> April 2012.</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 develop the internal building blocks into external action in order to sell the Trust’s services.</b></li> </ul>
<p><b>DHCFT 2012/31</b></p>	<p><b><u>ESTATES FRAMEWORK 2012 – 2015 – TIM WOODS/KEITH TURNER</u></b></p> <p>Keith Turner, General Manager for Estates and Facilities, introduced the Estates Framework for 2012 – 2015, which highlighted the Trust’s aim to deliver services from the best possible premises, close to patients. The geographical area in Derbyshire County and Derby City had been reviewed and the Board of Directors was asked to approve the continuation of the work already started to develop relationships with providers for small groups in order to ensure patients were seen at the heart of where they lived.</p> <p>Paul Lumsdon praised the kitchen refurbishment at the Radbourne Unit, enabling higher quality food to be produced for patients at less cost. This, together with the reduction in energy usage, carbon emissions, and the generation of a small amount of electricity on site, demonstrated excellent progress. The initiative to remove plastic bags from inpatient areas had also been embraced by the Estates and</p>

	<p>Facilities Team and Paul Lumsdon expressed his thanks for the support received.</p> <p>In the context of the “15 steps challenge”, Tim Woods advised that it was already existing policy to dispose of the poorer accommodation and sites and this would continue. Ifti Majid added that, from the Choose and Book research undertaken, patients often prioritised issues such as parking, bus routes, and quick appointments, over the aesthetics of a building.</p> <p>In response to Lesley Thompson, who praised the Estates and Facilities Team in terms of motivation and progress since the previous year, Keith Turner confirmed that conversations to look at alternative ways of working were taking place constantly in response to the changes in the organisation.</p> <p>Finally, Mike Shewan suggested that the Strategy document would benefit from the inclusion of additional strategic information to take account of changes taking place beyond the bounds of Derbyshire.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To note the contents of the report and endorse the direction of travel.</b></li> <li>➤ <b>To continue to receive progress reports, as necessary.</b></li> <li>➤ <b>To endorse the Estates Strategy Framework 2012 – 2015.</b></li> </ul>
<p><b>DHCFT 2012/32</b></p>	<p><b><u>INTEGRATED PERFORMANCE &amp; ACTIVITY REPORT – MARCH 2012 – IFTI MAJID/TIM WOODS</u></b></p> <p>Ifti Majid presented another month of strong performance against all Monitor targets, which were reported as “green”. CPA (Care Programme Approach) in employment had reached a three month high of 12.15% (4.15% above target), and PBR (Payment by Results) clustering had remained static at 82.55%.</p> <p>Ifti Majid expressed his disappointment in relation to meeting the targets for the core KPIs (Key Performance Indicators). The reason was due to paper systems which led to an inaccurate reporting picture. The Team recognised the position needed to be rectified and continued to strive towards a solution.</p> <p>Benchmarking data for compulsory training had been included. It was difficult to conduct direct comparisons, due to an uncertainty in the criteria used by other organisations. A lengthy discussion took place regarding the reasons for dips in compulsory training compliance by staff. Mike Shewan suggested that a review of the escalation level criteria (RAG ratings) would be sensible to reduce the level of discussion at Board level.</p> <p>Turning to Financial performance, Tim Woods was delighted to report the Trust’s month 11 position was at just over £1m surplus (£200k above plan). By the end of March, the position was expected to be at £1.5m surplus (£600k above plan). The main reason for this was due to a significant VAT reclaim, together with significant progress in one of the Divisions, which had taken positive steps to remedy their forecast overspend.</p> <p>The Board of Directors echoed the views of Lesley Thompson, who emphasized the importance of how the message was communicated to staff, service users, and members. The Team was praised for the positive outcome reached during a challenging year.</p> <p>Also noted was the Q3 2011/12 monitoring of Foundation Trusts analysis and Executive Summary from Monitor, included at the back of the report, which confirmed Monitor’s current ratings for the Trust as “3” for Financial Risk Rating, and “Green” for Governance Risk Rating.</p>

	<p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ To note the performance to date.</li> <li>➤ To review the RAG (Red, Amber, Green) ratings in relation to performance and activity before escalation to the Board of Directors.</li> <li>➤ To consider how the Trust's financial position would be communicated to staff, service users, and members.</li> </ul>
DHCFT 2012/33	<p><b><u>INFORMATION GOVERNANCE ANNUAL RETURN 2011/12 – IFTI MAJID</u></b></p> <p>Ifti Majid presented the results of the Trust's self-assessment of compliance against the 2011/12 Version 9 Information Governance Toolkit. All relevant (45) standards had been achieved at a minimum "level 2" or above, producing a score of 82% compliance. KLOE (Key Lines of Enquiry) had reached "Level 3" and Information Governance training levels had reached 97.7%. The Trust's internal Auditors, PWC, had reviewed 11 of the standards and agreed with the scores reported.</p> <p>The report demonstrated the significant efforts of Ifti Majid and his Team to meet the challenging criteria and the results achieved showed another good news story for the Trust.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>➤ To authorise submission of the Trust's Information Governance return for 2011/12.</li> <li>➤ To authorise submission of the associated IG Assurance Statement.</li> <li>➤ To acknowledge the significant amount of work undertaken by the Team to deliver the Information Governance Toolkit this year.</li> </ul> <p>To note that one Information Governance requirement (9-112) states that all staff (95%) are full training on IG awareness. Agreement has been made with the Internal Auditors on the definition of "all available staff". Plans are in place to ensure the Trust exceeds this target and the requirement has been rated at "level 2" on that basis.</p>
DHCFT 2012/34	<p><b><u>BOARD ASSURANCE FRAMEWORK 2011/12 – FOR INFORMATION – PAUL LUMSDON</u></b></p> <p>Paul Lumsdon introduced the Trust's Board Assurance Framework for 2011/12, included for information. Graham Foster confirmed he had met with the Trust's Internal Auditors, PWC, who had reviewed the document and reported the same was another example of the Trust knowing what it was doing in terms of assurance and showed good performance.</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> April 2012 at 2.00 pm**

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