

**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

**Wednesday, 30 July 2014**

**MEETING HELD IN PUBLIC**

Commenced: 1.00 pm  
Closed: 4:55 pm

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

<b><u>PRESENT:</u></b>	Mark Todd Steve Trenchard Caroline Maley Tony Smith Maura Teager Carolyn Gilby Carolyn Green Claire Wright Graham Gillham John Sykes Lee O'Bryan	Chairman Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Divisional Director (Deputising for COO) Director of Nursing and Patient Experience Executive Director of Finance Director of Corporate and Legal Affairs Executive Medical Director Interim Director of Workforce and Organisational Development
<b><u>IN ATTENDANCE:</u></b>	Sue Turner Anna Shaw Rachel Leyland Harinder Dhaliwal Kay Jones Gary Stokes Prof Paul Gilbert Dr Simon Thacker John Morrissey Igor Zupnik	Executive Administrator and Minute Taker Deputy Director of Communications Deputy Director of Finance Assistant Director Engagement & Inclusion Finance Manager Head of Patient Experience Research Manager Consultant Psychiatrist Liaison Council of Governors Council of Governors
For item DHCFT 2014/122		
For item DHCFT 2014/103		
For item DHCFT 2014/110		
For item DHCFT 2014/110		
	<b><u>Members of the Public:</u></b>	
For item DHCFT 2014/103	Mr and Mrs B and their son Mark McKeown Chris Swain	Service User and Family Derbyshire Voice Representative Derbyshire Voice Representative
<b><u>APOLOGIES:</u></b>	Ifti Majid Lesley Thompson	Chief Operating Officer/Deputy Chief Executive Senior Independent Director

**DHCFT  
2014/102**

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

The Chairman opened the meeting by welcoming all present. A special welcome was extended to Mr B and Mrs B who attended to share their experience with the Board.

***Apologies:*** The apologies are listed above.

***Declarations of Interest:***  
No declarations were noted.

<p><b>DHCFT 2014/103</b></p>	<p><b><u>PATIENT STORY – Mr B and Mrs B</u></b></p> <p>Maura Teager introduced Mr B and Mrs B to the Board.</p> <p>Mr B gave a moving and powerful account of their family’s experience of receiving care for their son who suffered with attention deficit hyperactivity disorder (ADHD). The family benefitted from the 123 Majic training which produced marvellous results. The family also embarked on a 10 week programme of RAPID training that gave them and their son the skills to understand and to deal with his condition through the different stages of his life. A major benefit of RAPID training was that the family met and talked to other parents with the same problems and experiences and this was extremely helpful to them. Their son has now completed his first year of secondary school and achieved average and above national grades and he is now able to deal with situations with peers and family members.</p> <p>In response to the Chairman asking what improvements could have been made to the service the family received, Mr B added that it would have made things much easier if nurses were able to prescribe. Mr B also thought 123 Majic Training had been invaluable but it is not really suitable for a 16 or 17 year old. A structured RAPID training programme should be readily available to equip teenagers with the tools and knowledge they need to cope with the different phases of their life as they mature. The best outcome of this process has been meeting and speaking to other children and families affected by ADHT.</p> <p>The Chairman, on behalf of the Board, thanked the family for their openness and bravery in giving an emotional account of their experience of receiving care and was delighted that their comments complimented our services.</p> <p><b>Action:</b> Carolyn Green would like to use this family’s story to help other cases and the family readily gave their permission.</p> <p><i>Mr B and Mrs B, their son and Gary Stokes left the meeting.</i></p>
<p><b>DHCFT 2014/104</b></p>	<p><b><u>MINUTES OF THE BOARD MEETING, 25 JUNE 2014</u></b></p> <p>The Minutes of the Board meeting, held on 25 June 2014, were approved with the following amendments:</p> <p>Caroline Maley to appear once in list of those present and Maura Teager listed as an apology and Rachel Leyland to be listed as an attendee.</p> <p><b><u>DHCFT2014/086: Minutes of the Board Meeting 28 May 2014</u></b>  DHCFT2014/071: I Chief Executive’s Report  To read “Claire Wright advised the Board that she had signed up as a champion for <b>Future Focused Finance ....</b>”</p> <p><b><u>DHCFT 2014/090 (a):</u></b> Date to be corrected to 2014 (third line).</p> <p><b><u>DHCFT 2014/092: Director’s Report Month 2</u></b>  Claire Wright circulated her redraft of this minute as below:</p> <p><i>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</i></p>

	<p><i>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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><b><u>RESOLVED:</u> The Board received the summary report and obtained assurance on the current financial performance.</b></p>
<p><b>DHCFT 2014/105</b></p>	<p><b><u>MATTERS ARISING – ACTION MATRIX</u></b></p> <p>The following was noted:</p> <p><b><u>DHCFT/2014:</u></b> Raising Concerns action is outcome of Confidential session and is to be removed (appear instead on Confidential Action Matrix).</p> <p><b><u>DHCFT/2014/035:</u></b> Health Visiting Services – Carolyn Green has no outcome yet on additional clinical placement offer – remains yellow.</p> <p><b><u>DHCFT2014/035:</u></b> Risk based assessment – closed.</p> <p><b><u>DHCFT2014/052:</u></b> Quality Report 2013/14 – item is on agenda of next Training Board and can be turned to green.</p> <p><b><u>DHCFT2014/054:</u></b> Quality Dashboard remains yellow.</p> <p><b><u>DHCFT2014/071:</u></b> Annual Members meeting – item closed</p> <p><b><u>DHCFT2014/073:</u></b> Complaints and Compliments Annual Report – Non-Executive Directors started to scrutinise files today, 30 July. Item to turn green.</p> <p><b><u>DHCFT2014/077:</u></b> Finance Director’s Report – was discussed at Finance &amp; Performance Committee meeting on 15 July. Item closed, turn green.</p> <p><b><u>DHCFT2014/078:</u></b> Strategy implementation – Steve Trenchard raised concerns about tender process. Conversations are ongoing, item remains yellow.</p> <p><b><u>DHCFT2014/080:</u></b> Deep Dive Report – Data on Quality Governance Assurance. This is being tracked with Crisis Team and report will be put through Quality Committee. Remains brown.</p> <p><b><u>DHCFT2014/080:</u></b> Deep Dive Report – further data on level of peer support and risk assessment – status to be checked with Ifti Majid on his return from holiday.</p> <p><b><u>DHCFT2014/080:</u></b> Deep Dive Report – further data on discontinuity of Alcohol Services - status to be checked with Ifti Majid on his return from holiday.</p> <p><b><u>DHCFT2014/080:</u></b> Deep Dive Report – further data on Payment by Result. Metrics and</p>

	<p>paper scrutinised by Finance &amp; Performance Committee. Item to turn green.</p> <p><b><u>DHCFT2014/080:</u></b> Integrated Performance Report – members of Older People’s Services provided a deep dive report to June Board meeting. Item closed.</p> <p><b><u>DHCFT2014/085:</u></b> Eating Disorders (“My Story”) – No progress can be made until we hear if the service user wishes to proceed. Steve Trenchard believes she does not want to proceed. Item to turn green.</p> <p><b><u>DHCFT2014/090:</u></b> Health and Safety – update report to Board in September - item to turn yellow from brown.</p> <p><b><u>DHCFT2014/089:</u></b> Grievances, bullying and harassment cases – item discussed during July Board Confidential session. Remove from action matrix.</p> <p><b><u>DHCFT2014/090:</u></b> Safer Staffing – item discussed during July Board Confidential session. Remove from action matrix.</p> <p><b><u>DHCFT:</u></b> Revalidation of Doctors – item discussed at July Public Board session. Item closed. Remove from action matrix.</p>
<p><b>DHCFT 2014/106</b></p>	<p><b><u>CHAIRMAN’S REPORT</u></b></p> <p>This report was presented for information to the Board. The Chairman, Mark Todd highlighted a number of meetings and appointments he had attended and that it is intended that two new Non-Executive Director roles be appointed and a provisional list of dates in August will be provided to complete the interviews for shortlisted candidates. The Board noted the Chairman’s report.</p>
<p><b>DHCFT 2014/107</b></p>	<p><b><u>CHIEF EXECUTIVE’S REPORT</u></b></p> <p>The Chief Executive, Steve Trenchard asked for his report to be noted by the Board and encouraged people to look at the link to a very useful website that reinforced the vision of the Trust. In the last month there has been a new national safety campaign and this matter will be an item on the agenda of the Quality Committee to ensure our commitment.</p> <p>More work is continuing in the north and south on Derbyshire’s Integrated Care System and we actively support integration but must decide if we collaborate or compete. We congratulate The Beeches Mother and Baby Unit which has been accredited and this is a great achievement.</p> <p>Mark Todd highlighted the belief that some GPs have a lack of knowledge of mental health services and Steve Trenchard added that we ought to build an understanding with GPs and service users and encourage them to spend time to learn about the services the Trust provides.</p> <p>The Board received and noted the Chief Executive’s Report.</p>
<p><b>DHCFT 2014/108</b></p>	<p><b><u>POSITION STATEMENT ON QUALITY</u></b></p> <p>The Chairman asked if there are any issues the Board wants to raise. Caroline Maley queried the benchmarking table (page 7). Carolyn Green replied to say this illustrates NHS Protect Safety Management standards.</p> <p>Steve Trenchard pointed out that the CQUIN indicators that are currently on target (page 5) is our best achievement to date.</p>

	<p>In view of the Quality report coming to Board meeting on 27 August, Caroline Maley asked for the forward plan to be updated. Graham Gillham said this is done as part of our ongoing updates.</p> <p><b><u>Resolved:</u> The Board received and discussed the Quality Statement</b></p>
<p><b>DHCFT 2014/109</b></p>	<p><b><u>SUMMARY OF MEDICAL LOCUM USE 2013/14 AND A SUMMARY OF CURRENT CONSULTANT AND SPECIALITY DOCTOR VACANCIES</u></b></p> <p>Dr John Sykes asked that the report be accepted and approved and to consider the resource issues that have been highlighted.</p> <p>Locums supplied by an agency are the responsibility of the agency. The cost of an NHS locum is £120K and an agency locum is £192K per annum. Some retirements are expected and this could be a good source for providing NHS locums.</p> <p>Steve Trenchard asked from an assurance perspective how performance is linked with recruitment. John Sykes said every locum has a quality feedback performance assessment. Performance issues vary between minor and major communication issues and team working. Locums hold an appraisal record when they join and this is how it is controlled. Recent quality levels of agency locums is an area of concern and Mark Todd would like us to scrutinise the level of locum activity with our main focus on quality issues, especially as evidence suggests that the quality of agency locums is not as high as NHS locums. However, there is a quite high conversion rate of agency locums becoming NHS locums.</p> <p>In summary Mark Todd proposed that the issue of locums is to be monitored for future review.</p> <p><b><u>Resolved:</u> John Sykes to analyse the level of locum activity and prepare a report for future review, to be added to the forward plan.</b></p>
<p><b>DHCFT 2014/110</b></p>	<p><b><u>CENTRE FOR RESEARCH &amp; DEVELOPMENT STRATEGIC PLAN 2014-2017</u></b></p> <p>Dr John Sykes presented the paper on the revised Strategic Plan for the Centre for Research and Development and requested that the Board note the report, approve the revised plan and agree to receive progress reports on a six monthly basis. Professor Paul Gilbert and Dr Simon Thacker were invited to the meeting to contribute to these discussions.</p> <p>Claire Wright said she welcomed events being externally sourced but questions the 3 - 5 year fixed term contract and asked if from an HR context this is allowable. John Sykes thought it was allowable and Lee O'Bryan agreed to check the accuracy of this.</p> <p>Steve Trenchard noted in key themes, that this could be a performance contract, taking income based on a fixed term contract so it is open ended and will also derive income externally.</p> <p>Maura Teager commented favourably about the Trust seeking evidence for funds in the grants that will contribute towards infrastructure. John Sykes pointed out that this will be linked to grants and will provide income. Professor Paul Gilbert added that if you do not get grants you do not build an infrastructure. Overhead and management costs for NHS research are inauspicious; universities claim a 40% grant but 10% is an assumed grant for NHS.</p> <p>Mark Todd asked if there is an objective test for centres of excellence. Paul Gilbert replied that a research unit was set up in 1996 when the government gave money to institutions and we developed a high reputation for this unit. The key issue is to build the</p>

	<p>right infrastructure and develop skills that can be retained locally to complete work appropriate to us. It was also considered that R&amp;D can be utilised as a recruitment tool.</p> <p>Steve Trenchard asked Paul Gilbert and Simon Thacker for their vision of R&amp;D in 3 years' time. Simon Thacker replied that from a dementia point of view our ambitions are modest, we want better outcomes for patients and this will come through better collaboration with other research institutions. We are hoping to encourage 10% of dementia patients to help us with our research. Mass participation is vital and we would like to set up a hub where a large number of patients can have follow up treatment and research will be the engine for this.</p> <p>Paul Gilbert's vision is to have better quality treatment in dealing with people who have difficulties with traumatic memories. He said he would like to see the Trust taking a role in developing quality therapies and running a training centre and conferences. We are asking for £200k in investment and to work with transformational change.</p> <p>Carolyn Gilby said from an operations point of view we need to make sure we receive a return on our investment. There must be many staff that can perform research work we can access. The Trust needs to acknowledge how it supports and bears the cost of R&amp;D.</p> <p>The Board is invited to approve the strategy and Mark Todd would like to see progress reports showing an acknowledgement of our teams and the work generated in order to see what researchers are doing.</p> <p>Paul Gilbert asked if the Board is going to invest in researchers. Steve Trenchard said the view from ELT is that we should invest in posts in order for people to carry out research and evaluation work.</p> <p>Mark Todd summarised the discussions by stating that a process that maps out the financial elements of the Research and Development strategy is required and overseen by the ELT. Claire Wright and Kay Jones from Finance will brief Caroline Maley upon the risks and that funding is contained within the R&amp;D Strategic Plan.</p> <p><i>Professor Paul Gilbert and Dr Simon Thacker left the meeting after this item.</i></p> <p><b>Action:</b> Lee O'Bryan to check from an HR perspective the accuracy of the 3 - 5 year fixed term contract; Claire Wright's team to provide additional information to Caroline Maley on the financial assumptions.</p> <p><b>Resolved:</b> To approve the Centre for Research &amp; Development Strategic Plan, subject to further work on financial assumptions; to receive a progress report in 6 months.</p>
<p>DHCFT 2014/111</p>	<p><b><u>FINANCE DIRECTOR'S REPORT – MONTH 3</u></b></p> <p>This report covered the financial position as at the end of June 2014. Rachel Leyland drew the Board's attention to the good current position in the month and at the end of the quarter, although the forecast year-end position was not as good going forward for various reasons. There was no single key driver in the forecast. However, there were some positive indications assumed in relation to bank/agency and medical locum reductions. New to the finance report this month, a forecast range showed best case and worse case scenarios compared to the most likely forecast, which is in the middle of the range.</p> <p>Steve Trenchard asked if the finance team was satisfied that the level of bank and agency expenditure is being controlled. Rachel Leyland explained that there were levels of assumed reduction in the forecast as appointed staff take up posts.</p>

	<p>There was an over achievement of income mainly related to drug recharges and the extension of the Pharmacy contract, which was offset by additional expenditure. Tony Smith asked if the income from the contract reflected the costs. It was confirmed that the income was more than previously charged but now reflected the true costs of the service.</p> <p>Also included in the forecast were additional posts to mitigate the reductions in Derby City Council services and this was being discussed with Commissioners.</p> <p><b><u>Resolved:</u> The Board received the summary report and obtained assurance on the financial performance at month 3.</b></p>
<p><b>DHCFT 2014/112</b></p>	<p><b><u>PEOPLE STRATEGY UPDATE</u></b></p> <p>Lee O'Bryan provided a Q1 update following the April 2014 Strategy Update covering employee measures and Trust Transformation and requested the Board to note this update report. In terms of measurements there are plans for a proposal to be made by September. There is a staff survey due and we need to decide whether we follow up response rates.</p> <p>The report showed measured progress on rates of appraisals, staff engagement, sickness absence, patients care, ethnicity monitoring and declared disabilities. Although benchmark data is not yet available it was of particular note that 58% of staff would recommend their place of work to family and friends and Lee O'Bryan believes we should aspire for excellence in this area and he will also try to obtain the missing benchmarking data.</p> <p>Mark Todd questioned promoting the completion of the staff engagement survey as there was a low response rate last year. It was felt that reminders should be sent to reinforce the values of the engagement survey and use this as an opportunity to show positive effects of the survey from last year and a decision should be made on how this is to be communicated.</p> <p>The top reason for absence is sickness through anxiety and stress. We also need to be able to link absence with transformation. When someone is absent with a stress related condition we rely on Occupational Health support and a return to work plan that creates a conduit for discussion and management support for a safe return to work. Dorset Health Trust have a programme called "Hidden Talents" and Steve Trenchard would like to adopt this as part of our recovery programme to support people coming through change and it will show how compassionate we are to our colleagues.</p> <p><b><u>Action:</u> Lee O'Bryan and Anna Shaw</b> will issue reminders to staff to complete the engagement survey and decide how this is to be communicated to show positive effects of the survey from last year.</p> <p><b><u>Resolved:</u> To note progress made on the People Strategy.</b></p>
<p><b>DHCFT 2014/113</b></p>	<p><b><u>TRANSFORMATION BOARD – QUARTERLY REPORT</u></b></p> <p>John Sykes presented the quarterly Transformation Board Report that had previously been considered by the Transformational Change Board and requested the Board to note the content of the report and receive assurance on progress to date.</p> <p>Caroline Maley made an observation that this is major transformation programme and would like to know what progress has been made. She did not feel this is evident in the paper and she would also like the report to show the key milestones. John Sykes replied that engagement is very positive within the Trust and internal consultation and the Transformation Board meetings with local authorities and Derby City Council are system</p>

	<p>leaders working with us on transformational change. There are checks on quality in our systems and this report signifies these.</p> <p>The Chairman said there is a potential risk of a lack of appetite for change. This was acknowledged as a risk and the Transformation Board is aware of this.</p> <p>The Chairman believes the report shows concerns about pace and capacity, and could show more on risks and mitigation and suggests putting a paper on the Transformation Plan to the Finance &amp; Performance Committee taking place on September. However, the Board recognised that earliest possible intelligence shows this plan is working and a fuller report is required at a future Board meeting.</p> <p>We also need to look at how we communicate transformation and Anna Shaw will circulate to Non-Executive Directors the communication on exploring a neighbourhood based approach to service delivery that went out to all staff earlier this week.</p> <p><b><u>Resolved:</u> To receive and note the report and obtained assurance on progress to date.</b></p>
<p><b>DHCFT 2014/114</b></p>	<p><b><u>REVIEW OF STANDING FINANCIAL INSTRUCTIONS</u></b></p> <p>Claire Wright took the Board through the Trust's Standing Financial Instructions (SFIs) that have been revised as part of the annual review cycle. These have been presented to the Audit Committee and have been ratified. The paper highlights the key changes to the SFIs that have occurred since they were reviewed by the Audit Committee and two more amendments have been made to the version presented to Board for final approval:</p> <ul style="list-style-type: none"> <li>• The reference to extra-contractual payments above £5k has been revised to state that <i>any</i> such payments will need to be approved by the Remuneration and Terms of Service Committee. (Section 10.4.5)</li> <li>• Protection of assets section has been updated to include reference to the recovery of financial losses due to theft or damage, and monitoring by ELT, following a review by NHS Protect. (Section 14.2.6)</li> </ul> <p>The Chairman noted that this paper does not cover work where we are submitting tenders. It was clarified that the Remuneration Committee is autonomous and does not report to the Board and Standing Orders and Scheme of Delegation still need to be reported to the Audit Committee.</p> <p><b><u>Resolved:</u> To approve the Standing Financial Instructions as revised.</b></p>
<p><b>DHCFT 2014/115</b></p>	<p><b><u>REPORT OF THE FINANCE &amp; PERFORMANCE COMMITTEE</u></b></p> <p>A summary of key issues discussed by the Finance &amp; Performance Committee held on 15 July.</p> <p><b><u>Resolved:</u> The report was accepted by the Trust Board along with the assurances and actions listed.</b></p>
<p><b>DHCFT 2014/116</b></p>	<p><b><u>REPORT OF THE AUDIT COMMITTEE</u></b></p> <p>A summary of key issues discussed by the Audit Committee held on 2 July</p> <p><b><u>Resolved:</u> The report was noted by the Trust Board along with the assurances and actions listed that were considered a credit to the Audit Committee.</b></p>
<p><b>DHCFT 2014/117</b></p>	<p><b><u>ANNUAL AUDIT LETTER</u></b></p>



	<p>Caroline Maley reported that the Annual Audit Letter to Directors from the auditors had been received by the Audit Committee. There are no matters of any great concern and all items noted for action are being tracked. Of particular praise was our reputation for collaborating.</p> <p><b><u>Resolved:</u> To receive the Annual Audit Letter.</b></p>
<p><b>DHCFT 2014/118</b></p>	<p><b><u>REPORT OF THE QUALITY COMMITTEE</u></b></p> <p>A summary of the key issues discussed by the Quality Committee held on 10 July was noted by the Trust Board along with the assurances and actions listed. A presentation of the medical appraisal made by Dr Ed Komocki was a very useful presentation and provided good assurance to the Committee.</p> <p>A paper on Smoking Cessation was planned to be presented to the full Board meeting in August or September. The Chairman said this is a matter where there is service user concern. Smoking Cessation as detailed in the NICE guideline for Smoking will be managed at the Physical Care group with full oversight at the Quality Board Level Committee. The Board agreed that decisions on this matter should be left with the Quality Committee.</p> <p>Expenditure on defibrillators is an issue that will be escalated to the Finance &amp; Performance Committee.</p> <p><b><u>Resolved:</u> To note the current work of the Quality Committee.</b></p>
<p><b>DHCFT 2014/119</b></p>	<p><b><u>INFORMATION GOVERNANCE Q1 REPORT</u></b></p> <p>The Board considered our Information Governance an area of excellence that customarily improves as the year progresses. The process is part of the information management framework evidence and is brought to the Board for approval and is a key point of assurance.</p> <p><b><u>Resolved:</u></b></p> <ol style="list-style-type: none"> <li><b>1. The Board acknowledged the significant amount of work that needs to be undertaken by the team to deliver the Information Governance Toolkit this year.</b></li> <li><b>2. The Board noted that one Information Governance requirement (12-112) states that all staff (95%) are fully trained on IG awareness. We are currently at 93%.</b></li> <li><b>3. The Board noted our planned Information Governance attainment level of 96% and Satisfactory will maintain our position as the highest achieving Trust within the Mental Health and Community category subject to other Trusts' Submissions.</b></li> <li><b>4. The IG Management Framework and IGC Terms of Reference are ratified as "fit for purpose".</b></li> </ol>
<p><b>DHCFT 2014/120</b></p>	<p><b><u>INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY (month 3)</u></b></p> <p>Benchmarking data shows we are above other trusts and it was noted that it is very helpful to see bench marking against other trusts. The Chairman asked for the contextual content to be included in the key performance indicators report in future.</p> <p><b><u>City Crisis and Recovery Team Update</u></b></p>

	<p>Steve Trenchard requested that we log and formally raise that the needle exchange services had been reduced with key commissioners. We need to recognise the impact of many service cuts on health outcomes for our patients in our care and we will help to mitigate the impact where we can but cuts in crucial schemes such as needle exchange have a damaging effect on the most vulnerable people in our system.</p> <p>The Chairman noted that Derby City Crisis and Recovery Report paints a picture of uncertainty and Carolyn Gilby said recruitment has been stepped up to help and an appointment is being made. However, community nurses are very hard to recruit but in the meantime secondments are taking place to fill the gaps. The recruitment process can be a lengthy procedure, and Lee O'Bryan explained how process reviewed to streamline and ensure that checks were running concurrently rather than in a linear process and he confirmed the plans to accelerate the DBS procedure.</p> <p>Maura Teager asked about the length of waiting list time and Carolyn Gilby will provide information on this.</p> <p>Maura Teager asked if a particular age range is of concern for suicide or particular demographics and Carolyn Gilby agreed to report back to establish if there is a particular age range or pattern of vulnerability.</p> <p>In terms of assurance to this Board and for the service provided to this group of people in Derby City, the Board is assured staff are being recruited. It was confirmed that the Trust is working at financial risk due to excess pressures in the service due to capacity and demand. It is confirmed that the quality concerns stem from significant pressure from referrals; activity warrants the Trust overspending against plan to mitigate this quality risk. This is including taking risks that we might be recruiting beyond our establishment from our commissioned contract to run the services of Derby City above what our commissioners are funding the Trust for. It is proposed in the short to medium term that a new model of community mental health practice be devised. This quality concern has been raised with commissioners at contracting and quality assurance groups and at this time no formal response has been received on a jointly agreed solution to the immediate, or potentially larger risks in this area of capacity and demand. This is included as an area of risk on the Trust Board Assurance Framework.</p> <p>Steve Trenchard said one of the key issues is the expectation of our GP colleagues and we need to assist with capacity for GPs as this will help create better commitment and help to move people into a caring environment that is appropriate for their needs.</p> <p><b><u>Resolved:</u> To acknowledge current performance and note actions in place.</b></p>
<p><b>DHCFT 2014/121</b></p>	<p><b><u>SAFER STAFFING</u></b></p> <p>Carolyn Green presented the report to inform the Trust Board on safe staffing and required assurance on capacity and capability and requested that the Board accept the content of the report and the required actions identified.</p> <p>The risks within staffing were noted by Caroline Maley. Carolyn Green is the national lead on data sensitivity in mental health and is to work through a sensitivity model. It was noted that compared to a national bench mark we are doing quite well.</p> <p>Following discussion about themes and learning from data analysis, Steve Trenchard asked what time period we should work within before having confidence in early conclusions. Carolyn Green considers 6 months would be a reasonable amount of time to be able to explain issues on skill mix but it is too early to really make any firm decision as data is insufficient at this stage. The Board understood that a better understanding will be evident in 6 months' time.</p>

	<p><b><u>Resolved:</u> To note the current awareness as to safer staffing requirements.</b></p>
<p><b>DHCFT 2014/122</b></p>	<p><b><u>EQUALITY DELIVERY STATEMENT – INTERIM STATEMENT</u></b></p> <p>Harinder Dhaliwal presented an update on the interim equality performance and legal compliance covering the Equality Delivery System (EDS2), the equality objectives for publication on the Trust website for 2014 and the 4Es (Equality, Engagement, Experience and Enablement) Stakeholder Alliance newsletter and top priorities.</p> <p>Maura Teager asked how we can encourage children and young people to take part. The appendix shows children’s services is included and contains examples of a focus in this area. Harinder Dhaliwal also made the recommendation that children’s services be looked at next year.</p> <p>It is the aim of EDS for it to be an enabler to show how we can move our rating up in the groups and we are credited amongst the sector leaders. We can also improve areas around designing services for high risk groups to make a difference. The Board is assured about the work and progress achieved through our Trust committees and Harinder Dhaliwal suggested an audit on Board papers is carried out.</p> <p>Goal 4 Inclusive Leadership is the key issue for our Board. The Trust has a high rating which is largely because of Board leadership. .</p> <p>Steve Trenchard said community engagement should have Board level sponsorship. We must utilise the assets of our organisation and establish our people as ambassadors within the communities they live and work in.</p> <p><b><u>Action:</u> Harinder Dhaliwal</b> will set up a group to audit the Board papers and asked for this to be contained within a timeframe of January 2014.</p> <p><b><u>Resolved:</u></b></p> <ol style="list-style-type: none"> <li><b>1. The Board Noted EDS2 interim grading and progress against Equality Objectives 2012-15.</b></li> <li><b>2. The Board noted and discussed the schedule for independent REGARDS audit of board papers as outlined in EDS2 Goal 4: Inclusive leadership outcome 4.2: <i>Papers that come to the Board and other major committees identify equality related impacts including risks and say how these risks are to be managed.</i></b></li> <li><b>3. The Board considered the presentation of a full EDS2 report to the Board following the workforce engagement event and supports the board paper REGARDS audit at a future Board meeting.</b></li> </ol>
<p><b>DHCFT 2014/123</b></p>	<p><b><u>FOR INFORMATION</u></b></p> <ol style="list-style-type: none"> <li><b>I. <u>Board Forward Plan</u></b> Revisions will be noted at the next Board meeting in August.</li> <li><b>II. <u>Terms of Reference for Executive Leadership Team</u></b> This item was removed from the agenda as it was an administrative error.</li> <li><b>III. <u>Identification of any issues arising from the meeting for inclusion or updating of the Board Assurance Framework</u></b> Caroline Maley raised the issue of Crisis Teams. Steve Trenchard thinks we can</li> </ol>

	<p>demonstrate we have concerns and are acting appropriately. Carolyn Green acknowledged they are referred to on the risk register and are not at a level to be escalated to the BAF.</p> <p>Steve Trenchard said through the Board we would consider future deep dives and it was suggested that learning disabilities would be a good subject. Lee O'Bryan is concerned that deep dives can be a strain on resources especially during the holiday period and when there is a short time between Board for adequate preparation</p> <p>Steve Trenchard proposed that the Board have a longer discussion on competition and future tenders in the Confidential session in August.</p> <p>Suggestions for a deep dive in September will be considered in August.</p> <p><b><u>IV. Comments from Public and Staff on Board Performance and Content</u></b></p> <p>The <b>Chairman</b> invited those present at the meeting to provide comments to the meeting. The following was raised:</p> <p>Needle Exchange Programme.</p>
<p><b>DHCFT 2014/124</b></p>	<p><b><u>CLOSE OF THE MEETING</u></b></p> <p>The Chairman thanked all those present for their attention and comments closing the public meeting.</p>