

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, 31st July 2013

MEETING HELD IN PUBLIC

Opened: 1.00 pm

Closed: 3.40 pm

PRESENT:

Alan Baines	Chairman
Graham Foster	Non-Executive Director
Graham Gillham	Director of Corporate and Legal Affairs
Mick Martin	Deputy Chairman/Senior Independent Director
Tony Smith	Non-Executive Director
John Sykes	Executive Medical Director
Maura Teager	Non-Executive Director
Steve Trenchard	Chief Executive
Claire Wright	Executive Director of Finance

IN ATTENDANCE:

Ali Baker	Personal Assistant to Chief Executive/Chairman (minutes)
Leida Roome	Board Secretariat (observing)
Carolyn Gilby	Assistant Director, Specialist Services
Lesley Lewis	Clinical Manager
Gary Stokes	Head of Quality Assurance
Phil Taylor	Service Line Manager
Lisa Welbourne	Performance Manager, District Division
Gill Baker	Clinical Team Leader (Item DHCFT 2013/69)
Victoria Sample	Senior Nurse (Item DHCFT 2013/69)
George (name changed for confidentiality reasons)	Service Receiver (Item DHCFT 2013/69)

Three members of the public:

Mark McKeown, Derbyshire Voice Representative
Graham Saxton, Derbyshire Voice Representative
Dave Waldram

APOLOGIES:

Paul Lumsdon	Chief Nurse/Executive Director of Nursing and Quality
Ifti Majid	Chief Operating Officer/Deputy Chief Executive
Helen Marks	Director of Workforce & Organisational Development
Lesley Thompson	Non-Executive Director

**DHCFT
2013/69**

**PATIENT STORY – A REFLECTION FROM GEORGE (NAME CHANGED TO
MAINTAIN CONFIDENTIALITY)**

George was welcomed to the meeting and shared his powerful story on how he had become a service receiver. Born with brain damage, George had suffered from a lack of understanding at school, which had led to difficulties growing up and through his adult life. At the age of 49, George was finally offered support by his general practitioner and referred to the Trust's Learning Disability Service. Since coming into

	<p>the service, George had made positive progress and put this down to the support from staff at the Trust and the companionship of his beloved dog. When asked what further support he would wish to see for himself and others, George cited 'contact' as his main need, due to feelings of loneliness and isolation. He described his fondness for chess and Gill Baker outlined some of the activities that were available for George to take part in and the further areas of developmental support.</p> <p>The Board of Directors thanked George for sharing his experiences so openly and wished him well in his recovery journey.</p>
<p>DHCFT 2013/70</p>	<p><u>CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST</u></p> <p>The Chairman addressed the members of the public and confirmed his intention to invite them to comment on their observations at the end of the meeting</p> <p>The Board of Directors congratulated Graham Foster on his recent appointment as Chairman of Kettering General Hospital NHS Foundation Trust. The contribution that Graham had made as the Chairman of the Audit Committee, together with his role as Non-Executive Director, had been excellent and it would be difficult to find a replacement with equal skills and experience. The Board wished Graham Foster every success in his new role. It was noted that Graham Foster would leave the Trust at the end of August to take up his new post from 1st September 2013.</p> <p>The Chairman referred to the recent Director appraisals undertaken by the Chief Executive, which included a 'grandparent' appraisal with himself. The next stage was for the Non-Executive Director and Chairman written appraisals which were currently underway and which would be provided to the Governors in September.</p> <p>Apologies were noted from Ifti Majid, Chief Operating Officer/Deputy Chief Executive; Lesley Thompson, Non-Executive Director; Paul Lumsdon, Chief Nurse/Executive Director of Nursing & Quality; and Helen Marks, Director of Workforce & Organisational Development.</p> <p>There were no declarations of interest to be noted.</p>
<p>DHCFT 2013/71</p>	<p><u>MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 26TH JUNE 2013</u></p> <p>The minutes from the Board of Directors meeting, held on Wednesday, 26th June 2013, were approved.</p>
<p>DHCFT 2013/72</p>	<p><u>MATTERS ARISING – ACTIONS MATRIX</u></p> <p><u>DHCFT 2013/41 – Workforce Dashboard</u> Graham Gillham confirmed that he would provide a report to the Board of Directors in August following his review of the number of cases of 'raising concerns/whistle blowing' including any lessons learned.</p> <p><u>DHCFT 2013/51 – Corporate Governance</u> Graham Gillham advised that arrangements were being made to trial the recording of the August Board meeting for sound and visual quality, and for the highlights to be published on the Trust website. It was expected that regular recording of meetings would thereafter be undertaken.</p> <p><u>DHCFT 2013/61 – Patient Experience Report</u> In the absence of Paul Lumsdon, Steve Trenchard reported that the data collection on the use of restraint had been reviewed and it seemed that the Trust's data had not been available for the national MIND study. Updated information was now available</p>

	<p>and Bob Gardner, Nurse Consultant, Psychiatric Liaison, had undertaken an audit over the last year. Another audit would be undertaken and mapped across. The Trust had announced at the Mad Pride event, hosted in support for Derbyshire Voice, that it would seek to become an organisation that did not use force or seclusion. The Trust had also been invited to join a ministerial round table discussion to share experience and contribute to the national launch. Mick Martin asked whether any more could be done to identify comparable data on seclusion. Steve Trenchard said that the Trust had had discussions with the MHA CQC lead and there was a lack of standardisation on data collection. Len Bowers, Professor of Psychiatric Nursing from City University, was lobbying the CQC to ensure the reportable metrics include the use of seclusion and restraint. The Trust was well involved in discussions and Steve Trenchard emphasized the need to pay close attention to the psychological and emotional wellbeing of staff and patient as any changes in practice came into effect.</p>
<p>DHCFT 2013/73</p>	<p><u>CHIEF EXECUTIVE'S OVERVIEW AND UPDATE – STEVE TRENCHARD</u></p> <p>Steve Trenchard referred to the national reviews (Camilla Cavendish Health Care Assistant (HCA) Review and the Keogh Review), commissioned following the Mid Staffordshire review. Maura Teager highlighted the tremendous work that Sue Stocks, Assistant Director Education, had been leading on in the Trust with HCAs, adding there appeared to be a growing confidence amongst HCAs in community teams, but less so amongst staff in inpatient areas.</p> <p>Steve Trenchard said that the Trust's approach to embedding values-led care into practice had been presented to Sir Keith Pearson from Health Education England, who had been particularly impressed with the concept of the Trust's 'chain of courtesy' phrase, reflecting the importance of each person's role in the patient experience. In light of the Mid Staffordshire report, Health Education England wanted to take forward the training of HCAs and the Trust was involved in discussions about a training package for HCAs with the University of Derby.</p> <p>Turning to the Sir Keith Keogh review into the care and treatment within 14 NHS Trusts in England, following high mortality rates, Paul Lumsdon and Clare Grainger had undertaken the Trust's self-assessment against the eight ambitions put forward in the report. The outcome of this self-assessment would be taken to the Quality Committee and would then be provided to the Board of Directors.</p> <p>In other news, a national funding gap of £30 billion had been publicised, resulting in a call for action to do things differently. The period of austerity would continue through 2015 and this would be a regular topic of conversation at the new Transformation Board, which had held its first meeting on 22nd July 2013. John Sykes was pleased with the level of representation at the meeting, in particular having the Director of Public Health for Derby City Council in attendance had resulted in a positive high level debate. Steve Trenchard referred to the membership event the previous evening, where the public had raised their concerns over the level of cuts across the NHS.</p> <p>Lastly, Steve Trenchard referred to the review of whistle blowing and lessons learnt, requested by the Board of Directors at a recent meeting. There were no obvious hotspots or trends coming through and the concerns raised were generally in relation to workplace issues and not patient care.</p> <p>Maura Teager referred to recent press articles following national NMC (Nursing & Midwifery Council) hearings and asked whether a reaction from staff had been noted. Carolyn Gilby replied that there had not been any feedback from staff in the Specialist Services Division. Steve Trenchard emphasized the importance of assurance with regard to staffing levels, an exercise already undertaken in inpatient</p>

	<p>areas. The Trust would be looking to undertake a similar review of staffing levels in the community services and carry out a bi-annual signoff of staffing levels in all service areas. The Finance & Performance Committee were concentrating each month looking at specific service lines and work was planned through the Transformation Board.</p> <p>Tony Smith said that a shortage of beds had been an issue raised on recent quality visits and asked what steps were being taken to address this. Steve Trenchard advised that the Trust's objective was to secure additional funding from commissioners for beds. Discussions had been progressing well but that a final decision was still awaited.</p>
<p>DHCFT 2013/74</p>	<p><u>QUALITY COMMITTEE REPORT – MICK MARTIN</u></p> <p>Mick Martin provided feedback from the second meeting of the Quality Committee, which had focussed on three main themes:</p> <ol style="list-style-type: none"> 1) Focussing improvement on/increased levels of understanding of risk assessments and care planning – topics that are often seen during major reviews and ensuring no themes are emergency from serious untoward incidents. 2) Looking at care processes end to end, tying in with the work of the Transformation Board to map care pathways, along with the quality impact of the cost improvement programme (CIPs). The future would see efficiency and change programmes pushed even harder and it was vital to look at new ways of evaluating their impact. 3) Assurance, in particular following the Community Annual Patient Survey, along with reviewing the Board Assurance Framework (BAF) and how this informs the Trust's activities and the measure of the impact of mitigations.
<p>DHCFT 2013/75</p>	<p><u>QUALITY UPDATE – MAURA TEAGER</u></p> <p>Maura Teager referred to the programme for strengthening Non-Executive Director (NED) engagement, which was commencing. All the NEDs were already very active and committed, but the programme was angled at the triangulation to challenge and confirm. The Chairman would be accompanying Maura Teager on the first programme and both would provide a report back to the Board of Directors on their findings and any themes noted.</p> <p>The Board were faced with a question, challenged by a service user at Melbourne House during a recent quality visit, who had asked the question "what do you do for me?". Maura Teager posed the same question to Board members and the following responses were provided:</p> <ul style="list-style-type: none"> • Listening to their concerns about the health service and providing reassurance. • Asking them what they want from the service – engagement. • Taking action – listening and then taking action. • Leading by example – practising the Trust values and behaviours, 'walking the talk' and treating everyone with the same dignity and respect. • Making sure patients receive the best care, best quality, best environment, nice food, etc. • To have an impact and make things better, to keep them safe and give them the best route to a positive outcome. <p>Maura Teager said that listening had been a key part of the feedback that the patient</p>

	<p>had wanted from the Board and she agreed to take the responses back to the individual concerned.</p>
<p>DHCFT 2013/76</p>	<p><u>QUARTERLY PATIENT SAFETY REPORT – STEVE TRENCHARD</u></p> <p>In Paul Lumsdon's absence, Steve Trenchard presented the summary report of serious untoward incidents (SUIs), incident reporting, infection control, safety thermometer and health & safety. Reflecting on the earlier comments about patient safety data collection, Steve Trenchard confirmed that the quality impact assessment of metrics were reviewed by staff to ensure the correct metrics were being captured. One of the important questions that should be asked following a SUI was whether the correct actions had been put forward at the end of the action plan and ensuring lessons were learned where possible.</p> <p>Graham Foster was pleased with the level of analysis data and the thematic review of SUI investigations, which was helpful and should continue to be repeated as standard process. One area which could benefit from being simplified was on pages 4, 5 & 6 – where less detailed data would be helpful. A suggestion was for the different levels of medication errors to be grouped together to show any trend. Graham Gillham suggested that this way of reporting may be predicated by the coding system on Datix.</p> <p>Tony Smith requested further assurance with regard to the medication incidents shown on page 5 of the report. John Sykes said that the Trust always strived towards zero medication incidents and over the last twelve month period, he was aware of one case where a patient was exposed to potential harm, rather than actual harm. Tony Smith said it would be helpful to show benchmarking data to compare the Trust's level of medication incidents against the top five Trusts.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To obtain assurance from the Quarterly Patient Safety report.
<p>DHCFT 2013/77</p>	<p><u>BOARD ASSURANCE FRAMEWORK – STEVE TRENCHARD</u></p> <p>Steve Trenchard presented the Board Assurance Framework 2013/14 (BAF). The Chairman praised the comprehensive level of assurance contained in the report and emphasized the importance of stringent consideration by the Board. The document had been reviewed by the Quality Committee and has also been thoroughly considered by the Audit Committee.</p> <p>Graham Foster added that he had attended the Audit Committee of an Acute Trust, who were trying to resolve a number of issues around good governance arrangements for their BAF. They had been very impressed with the Trust's own BAF and the breadth of assurance on risks, which were strategic as well as objective. The strength of the process was further enhanced by the supporting conversations with Directors and the hard work by Rachel Kempster, Corporate Risk and Assurance Manager, to monitor and continually update the BAF.</p> <p>Tony Smith praised how the document had evolved to include 'the patient at the heart of everything we do'. Further work was required for assurance on 3e to mitigate the gap in control around Derbyshire County Council policy on social care integration.</p> <p>Mick Martin echoed the comments made by the Chairman and Graham Foster but urged for a further push to go beyond and consider the action that would be required in the event that the risks actually happened. Maura Teager requested the inclusion of the HCA Programme into the document. Steve Trenchard noted the misprint at risk 3b, which should be risk rated at level '15' and not '10'.</p>

	<p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To receive and support this initial version of the BAF for 2013/14. ➤ To agree that the Quality Committee will receive a formal update on the BAF three times per year: Oct 2013; Feb 2014; and June 2014 and that the Board will continue to receive a formal update on the BAF in the following month: Nov 2013; Mar 2014; and Jul 2014. The Audit Committee will continue to review the BAF once per year at the beginning of the annual process i.e. June 2014.
<p>DHCFT 2013/78</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY – CAROLYN GILBY</u></p> <ul style="list-style-type: none"> i) The Integrated Performance and Activity report was presented by Carolyn Gilby in Ifti Majid’s absence. Maura Teager asked whether local targets were set for the crisis home treatments in the Schedule 4 Contract. Carolyn Gilby replied that agreements were reached with commissioners and specific targets were being worked up. In response to Mick Martin, Carolyn Gilby confirmed that training on digital dictation had commenced that week, which should result in a marked improvement in the completion rates for discharge and outpatient letters, with all medical secretaries being trained. Mick Martin requested a date for completion. Steve Trenchard asked whether the Assertive Outreach DNA (Did Not Attend) target rate was realistic. Carolyn Gilby explained that by nature this traditionally represented a hard to reach group of people but that every effort should be made to ensure this section of patients were seen. ii) Turning to the first ‘Deep Dive’, Phil Taylor, Service Line Manager for the Derby City Recovery Team, presented the review of the Urgent and Planned Care Services Division – Planned Care City. Also as Head of Service for the Local Authority at the Derby City Council, Phil Taylor was able to extend his knowledge to provide an overview of the issues and difficulties in the Council and the problems and risks resulting from the various cuts in services. On a positive note, some innovative developments were underway with recovery clinics being rolled out, which should ease the clinic pressures and clinicians caseloads. Maura Teager asked whether the higher use of bank and agency staff was a causal factor in the number of complaints listed. Phil Taylor replied that the theme of complaints was largely around consistency. Another positive piece of work was outlined with a scheme that enabled service users to find employment through the Recovery Team. The Chairman asked whether the Trust continued to monitor the progress of such individuals once employed and Phil Taylor agreed to obtain further information in this regard. iii) Turning to the other ‘Deep Dive’ review, Lisa Welbourne, Performance Manager, District Division and Lesley Lewis, Clinical Manager, presented the overview report into Specialist Services Division – Children’s Services on behalf of Jane Elliott, General Manager. Three sections of the report were highlighted: <ul style="list-style-type: none"> 1) Activity Reports – this was the first time that the activity data had been presented for Children’s Services and further work was required with the Team to standardise the system across the service line to ensure accuracy on a month by month basis. 2) Complaints and Incidents – the majority of service interventions were conducted in a person’s home and therefore the number of complaints and incidents was very low, performance which was praised by the Board. 3) Cost Improvement Programme (CIP) – the previous year the Children’s CIP had delivered non-recurrently but this year the CIP was being delivered in a

	<p>different way with more transformational projects to deliver savings, and the trial pilot for one such project was outlined.</p> <p>Mick Martin asked when 18/19 year olds would migrate over to adult services. Lisa Welbourne replied that new service specifications were coming in which stretched the age limits and Lesley Lewis added that the Developing Well Boards were exploring this in detail. It was agreed that it would be useful to include paediatricians on the programme for a future Board Development Session, together with the family of a service user at a Patient Story session in the Board.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To acknowledge the current performance of the Trust. ➤ To note the actions in place to ensure sustained performance.
<p>DHCFT 2013/79</p>	<p><u>FINANCE DIRECTORS REPORT – MONTH 3 – CLAIRE WRIGHT</u></p> <p>Claire Wright reported that the Trust’s year to date financial position was slightly ahead of plan with a surplus of £0.4million. The organisation continued to forecast the achievement of all key risk ratings and targets at year end.</p> <p>The Earnings Before Interest, Tax, Depreciation and Amortisation (EBITDA) and net surplus year to date were favourable compared to the plan. The Financial Risk Rating (FRR) was equated to “3”, in line with plan, and the Continuity of Service Risk Rating (CoSRR) was also equated to “3”, in line with plan. The Cost Improvement Programme (CIP) was in line with the plan and forecast to achieve 100% of plan at the end of the financial year. The cash position was marginally above plan and the Capital expenditure was slightly behind plan to date but expected to deliver the full programme by the year end. The risk ratings and risk table had been included in the report, with explanatory narrative included for each chart.</p> <p>The Board were informed of the outcome following the review of the organisation’s Annual Plan submission by its regulator (Monitor). The Trust’s risk mitigations were satisfactory and a second stage review was not required.</p> <p>There were no specific points raised and the Board were pleased with the progress made.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To note the current and forecast financial position. ➤ To note the risks to achieving planned surplus, as described in the risk table.
<p>DHCFT 2013/80</p>	<p><u>REPORT FROM THE FINANCE & PERFORMANCE COMMITTEE - CHAIRMAN</u></p> <p>The Chairman provided feedback from the Finance & Performance Committee, held on 23rd July 2013.</p> <p>The first piece of work agreed was for a monthly review of the work actioned by the Executive Team to impact on the individual service line deficits. The basis on which overhead expenditures were apportioned across services had been reviewed and by tracking movements in the respective percentages, it was possible to monitor the effectiveness of individual action plans.</p> <p>The meeting had examined in depth a range of measures designed to enable a conclusion to be reached on productivity in Planned Care North. An increase in team activity had been noted, along with an improvement in waiting times. These achievements had not had a negative impact on quality and the Committee had concluded that productivity was increasing.</p>

	<p>The first three pieces of work combined with the benchmark data now available from the work commissioned from Deloitte was expected to provide a set of tools which the Executive Team could use to improve the efficient use of resource and operational surplus. Finally, the current commercial opportunities had been examined and discussed in detail.</p>
<p>DHCFT 2013/81</p>	<p><u>AUDIT COMMITTEE ANNUAL REPORT 2012/13 – GRAHAM FOSTER</u></p> <p>Graham Foster presented the annual report from the Audit Committee for 2012/13. The Board were pleased to note that the internal audit plan for the year had been completed on time and within budget by PWC. The Committee had been very satisfied with the programme during the year and there was a relatively low number of areas highlighted as 'of moderate concern' from audits undertaken. The change in internal and external auditors had yielded a saving on audit fees and the strong depth of coverage and knowledge from the new auditors had been extremely positive. The level of benchmarking data available from PWC was also especially pleasing.</p> <p>The Board's attention was drawn to the Committee's support to the change in the Trust's governance structure and the migration of the BAF to the Quality Committee, together with the review of quarterly financial and governance returns, which were then routinely provided to the Board of Directors (in future these would be considered by the Finance & Performance Committee). These changes had freed up time in the Audit Committee and allowed Committee members to address other areas of assurance over a whole range of trust activities. There was however a lot of activity which the Committee would not be able to test from an auditing perspective in the near future and as a result there were some gaps in audit coverage that would need to be filled by the Committee.</p> <p>In response to Steve Trenchard's question about clinical audit, Graham Foster confirmed that there was a six monthly review programme of clinical audit and Rubina Reza, Research & Clinical Audit Manager, was due to attend the Committee in October. Tony Smith added that Rubina had also presented the alignment between the BAF and the clinical audit programme.</p> <p>The Board of Directors reiterated its thanks to Graham Foster for another positive year for the Audit Committee.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To note the report on the work of the Audit Committee and the assurances provided in relation to the Annual Governance Statement. ➤ To agree that the report is published on the Trust website and that key elements of the report are included alongside the Trust Annual Report for 2012/13.
<p>DHCFT 2013/82</p>	<p><u>CHAIRMAN'S CLOSING REMARKS</u></p> <p>The Chairman requested observations from members of the public on how the Board meeting had been conducted. The following positive points were noted:</p> <ul style="list-style-type: none"> • Giving consideration to the BAF with regard to the steps that would be taken in the event that the risks were realised and the worst happened. • Open and transparent Board. • Layout of the room preferred to previous arrangements. • Whistleblowing and gossip communications piece – with a book due to be published. • Appreciative of the opportunity to speak to the senior managers of the Trust. • Desire to review the Board papers in more detail to support learning –

available on Trust website.

The Chairman, under the Foundation Trust's Constitution, that members of the press or public, withdraw for the Board to conduct its remaining business in confidence, as special reasons apply. On this occasion the special reason applies to information which is likely to reveal the identities of an individual or commercial bodies.

Date and time of next meeting

Date of next scheduled meeting

Wednesday, 28th August 2013 at 1.00 pm

**Conference Rooms A & B, Research & Development Centre, Kingsway, Derby,
DE22 3LZ**