**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, 26 November 2014**

**MEETING HELD IN PUBLIC**

Commenced: 1:00 pm Closed: 5:00 pm

*Prior to resumption, the Board met to conduct business in confidence where special reasons applied*

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| **PRESENT:** | Mark Todd | Chairman |
| | Steve Trenchard | Chief Executive |
| | Caroline Maley | Non-Executive Director |
| | Maura Teager | Non-Executive Director |
| | Tony Smith | Non-Executive Director |
| | Jim Dixon | Non-Executive Director |
| | Phil Harris | Non-Executive Director |
| | Ifti Majid | Chief Operating Officer/Deputy Chief Executive |
| | Claire Wright | Executive Director of Finance |
| | Graham Gillham | Director of Corporate and Legal Affairs |
| | Carolyn Green | Executive Director of Nursing and Patient Experience |
| | Dr John Sykes | Executive Medical Director |
| | Jayne Storey | Director of Transformation |
| **IN ATTENDANCE:** | Anna Shaw | Deputy Director of Communications |
| | Sue Turner | Executive Administrator and Minute Taker |
| | Val Allen (Observer) | PA to Chairman and Chief Executive |
| For item DHCFT 2014/178 | Mr M | Service User and Volunteer |
| For item DHCFT 2014/178 | Mr A | Service User and Volunteer |
| For item DHCFT 2014/178 | Joanna Downing | Volunteer Manager/Social Inclusion OT Patient Experience Team |
| For item DHCFT 2014/189 | Lisa-Anne Mack | Interim Service Manager – Crisis Team |
| For item DHCFT 2014/189 | Collette Handsley | Clinical Lead – Crisis Team |
| For item DHCFT 2014/189 | Brijesh Kumar | Consultant Psychiatrist – Crisis Team |
| For item DHCFT 2014/189 | Kath Lane | General Manager – Planned Care |
| | **Visitors:** | |
| | Gay Evans | Richmond Aston-on-Trent |
| | John Morrissey | Council of Governors |
| | Allan Bannister | Derbyshire Voice Representative |
| **APOLOGIES:** | Nikki Rhodes | Derbyshire Voice |
| | Chris Swain | Derbyshire Voice |

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| **DHCFT 2014/177** | **CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST**<br><br>The Chairman opened the meeting by welcoming all present.<br><br>**Declarations of Interest:** No declarations were noted. |
| **DHCFT 2014/178** | **MY STORY – VOLUNTEERING**<br><br>The Board welcomed Mr M and Mr A and Joanna Downing, Volunteer Manager/Social Inclusion OT Patient Experience Team. Both gentlemen had benefited from carrying out volunteer work for the Trust whilst recovering from their illness and were invited to speak about their experience.<br><br>When diagnosed with schizotypal personality disorder Mr M was referred to the Early Intervention Service and received help in understanding his difficulties which increased his ability to cope. When the opportunity arose for him to volunteer he jumped at the chance to join the Trust because he felt the Trust was non-judgemental. Mr M explained that the benefits of volunteering were working in a friendly, open-minded atmosphere with professional people who took an interest in him and his work. Mr M was very proud to have been nominated for a Chairman's award at the Trust's annual Delivering Excellence Awards ceremony on 27 November.<br><br>Mr A started work as a volunteer in the Trust's Headquarters at Bramble House about eight months' ago. He explained that he had suffered from a psychotic disorder and his counsellor arranged for him to meet Anna Shaw, Deputy Director of Communications. He was soon assigned a desk in the communications office and worked using his photographic and graphic design skills to produce communications literature and also collated and documented art work within the Midlands area. Mr A felt that his work within the communications team had helped him gain confidence in himself both in the workplace and in his personal life.<br><br>Tony Smith asked if there was a networking group for volunteers to discuss common interests and encourage their personal development. Joanna Downing replied that she was in the early stages of setting up a network/developmental session.<br><br>When asked by Maura Teager if any celebration events had been planned, Steve Trenchard said this should be encouraged and that the Trust would like to develop and improve the volunteering scheme and Joanna Downing and Mr M and Mr A could play a part in influencing how this could be done.<br><br>When asked by the Chairman what their ambitions were beyond volunteering, Mr M replied that he would like to develop his skills and become a peer support worker as he felt his work and the experience he acquired whilst recovering from his illness would be helpful. Mr A added that he would continue working as a volunteer to help him get back into the workplace and he wanted to draw attention to the value of art being beneficial to people's recovery.<br><br>The Chairman and members of the Board thanked Mr M and Mr A for the valuable work they were providing and were pleased that their volunteer work had played a part in their recovery. |

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| | **RESOLVED: To express thanks to Mr M and Mr A for sharing their story; to ask the Executive Directors to seek the necessary assurance regarding the current service.** |
| **DHCFT 2014/179** | **MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 29 OCTOBER 2014**<br><br>The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 29 October 2014, were accepted and approved, subject to an amendment to the following:<br><br>**DHCFT2014/162:** Last paragraph of this minute to include a reference to the conflict of interest with Caroline Maley's role as Chair of the Audit Committee (substitution of this entire minute shown below in italics).<br><br>***RAISING CONCERNS (WHISTLEBLOWING) POLICY***<br><br>*The policy provided for a designated Non-Executive Director role and, as this was not currently allocated, the Board proposed a nomination to this role. Caroline Maley offered herself for this position but as this would result in a conflict of interest with her role as Chair of the Audit Committee, Maura Teager offered herself and asked that the role be rotated after the completion of one year.*<br><br>***Action: Lee O'Bryan to liaise with Graham Gillham to action the suggested amendment regarding the language in paragraph 8.3.***<br><br>***RESOLVED: The Board nominated Maura Teager as designated Non-Executive Director for one year on an annual rotational basis, approved the revised policy and noted the arrangements for awareness raising and further training.***<br><br>**DHCFT2014/163 - People Strategy Update:** The word *"not"* to be inserted into the second sentence of the penultimate paragraph of minute to read "The report showed that short term sickness absence had increased slightly but this was ***not*** a cause for concern, being largely due to the spread of Gastrointestinal problems." |
| **DHCFT 2014/180** | **MATTERS ARISING**<br><br>**ACTION MATRIX**<br><br>The following updates were noted:<br><br>**DHCFT2014/80/ 2014/105: Deep Dive Report** (City Crisis and Recovery Team) – Confirmed deep dive took place at today's Board meeting.<br><br>**DHCFT2014/122:** Equality Delivery Statement – Audit of Board papers scheduled for January meeting.<br><br>**DHCFT2014/131: Quality and Safer Staffing Report –** Work was progressing through the 4Es (Engagement, Equalities, Experience and Enablement) Committee and a report would be provided at the February Board meeting.<br><br>**DHCFT2014/137: Integrated & Performance Summary Month 4** – a review of |

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| | the report front sheet and Terms of Reference would be formally reviewed at the Audit Committee and escalated to the January Board meeting.<br><br>**DHCFT2014/138: Issues arising from Board for inclusion or updated on BAF** - Board members were requested to send updates to Carolyn Green and it is anticipated that this matter will be closed in December.<br><br>**DHCFT2014/142: My Story –** Gap in assessment reported through the Quality Assurance Group and now complete.<br><br>**DHCFT2014/147: Safeguarding Children –** Report from Safeguarding Children's Board will be provided at the next meeting in January.<br><br>**DHCFT2014/149: Committee Reports** – Actions from internal audit, revised report front sheet and Terms of Reference and Scheme of Delegation will be brought to the January Audit Committee and then the January Board meeting.<br><br>**DHCFT2014/151: Health & Social Care Act: Fit & Proper Person Test –** Included in the draft Board Development Programme.<br><br>**DHCFT2014/152: Integrated Performance & Activity Report and Safer Staffing –** Employment checks were now concurrent with transformation and would be monitored through the Workforce team. Item closed.<br><br>**DHCFT2014/157: Patient's Story (Photography Project) -** Consideration to be given to the long periods of time waiting for service. Update report on gaps in provision to be provided to the Quality Committee and will be the subject of a separate deep dive.<br><br>**General:** Actions Matrix status column to be completed by Sue Turner with Executives. |
| **DHCFT 2014/181** | **CHAIRMAN'S REPORT**<br><br>The Chairman presented his report which summarised his meetings and visits during the month and provided a verbal update on the results of the governor vacancies that had been filled. He pointed out that there were still two vacancies outstanding, one in Erewash South and another in Derby City and elections for these posts would run in the new year.<br><br>Strong participation had taken place at all three transformation events that the Chairman attended which showed people had a desire for a good level of information which was understandable when encountering a change in culture. The Chairman wanted to congratulate the Transformation Team on their work carried out throughout the process and wished to impart that commissioners had commended the Trust on the way it was working towards transformation.<br><br>The Chairman's visit to Foston Hall highlighted the generic problem in the delay of transferring prisoners with severe mental health needs to an appropriate facility. Prisoners are an important part of the Trust's service users and approximately 20% of the prison community could be in need (outcome of a recent trial of triage, assessment process in the prison) of the Trust's care. Steve Trenchard informed the Board that he had been asked to lead a clinical network group to take on the task of improving this service and pointed out that 'in reach teams' would be required to help relocate prisoners. |

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| | **RESOLVED: The Board received and noted the Chairman's report.** |
| **DHCFT/2014/182** | **CHIEF EXECUTIVE REPORT**<br><br>The Chief Executive's report provided a context to the issues the Board was considering at the meeting and gave a brief résumé of work carried out during the month.<br><br>Steve Trenchard explained that he was asked to lodge the report from *21C* for the Board to note and to endorse the plans outlined in the Strategic Outline Case that set out the context, case for change and planned approach to the development of the 'Community Hubs' - places from which joined up out of hospital care would be delivered across North Derbyshire. The paper had been prepared by the North Derbyshire Unit of Planning 21st Century Board and would be presented at each of the commissioner and provider boards within that geographical area.<br><br>Claire Wright asked Steve Trenchard about the type of areas where the working knowledge of the raising concerns policy was less than the Trust would wish. In response Steve Trenchard confirmed the area and described actions taken in those areas to improve the working knowledge.<br><br>The Chairman asked Steve Trenchard to clarify the efforts contained in paragraph 2.7 relating to the Trust's involvement in the decision making around the transformational agenda. He replied that he and Dr John Sykes had been involved in a number of regular meetings to ensure doctors and Associated Clinical Directors (ACDs) were engaged in decision making rather than just a design of services. John Sykes had held further discussions outside of these meetings and it was clear that doctors wished to be more involved in decision making processes and the Trust should develop doctors' skills sets for them to achieve this.<br><br>The Chairman remarked that he was surprised that Learning Difficulties was referred to in such a limited context within the *21C* report and Steve Trenchard offered to feed this point back to the *21C* team.<br><br>**RESOLVED: The Board received and noted the Chief Executive's Report.** |
| **DHCFT 2014/183** | **UPDATE ON STRATEGY IMPLEMENTATION – QUARTER 2**<br><br>The strategy set out the Trust's plans for 2013 to 2016 the report reflected the current position across the organisation with regard to the Trust's achievement of the four strategic outcomes and pillars of delivery.<br><br>• The Trust was delivering high quality, safe and effective care in partnership with those who use services (SO1)<br><br>• The shape of the Trust's services makes sense to those who use and rely on them with easy access to increasing or reducing intensity support as required. The Trust's services link smoothly with each other and importantly with services provided by other organisations in and around Derbyshire (SO2) |

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| | • People who use the Trust's services, the public, Trust staff and clinical commissioners believe that the Trust's models of service delivery are relevant to them and they have confidence that The Trust would deliver the optimum health and wellbeing outcomes. (SO3)<br><br>• Trust staff have high levels of ownership of the reviewed models of service delivery, all change would have been locally developed and delivered supported by strong organisational governance. The focus of the revised model of care would be service users and carers surrounded by responsive local teams with the autonomy to make decisions, innovate and respond dynamically to changing demands of local communities. (SO4)<br><br>The report showed the Trust's current position and the areas where progress was not on the original planned trajectory such as results of the annual patient survey report, the demand for acute mental health beds and progress against the PBR target.<br><br>The Chairman acknowledged that the Trust was falling short on the plan and asked how performance would catch up. Kate Majid replied that the Trust was performing at the same position as last year and then caught up. When asked by Maura Teager if there were any areas where the Trust was vulnerable Kate Majid replied that these were areas that were reliant on yearly targets, such as the patient survey results and would remain red until next year. She also wished to provide assurance to the Board that processes were in place to track performance and progress showed the organisation was moving in the right direction. She added that Carolyn Green's next update would include a balanced view of the physical care plan and would show how the organisation would achieve target. There would also be a CQUIN on physical healthcare.<br><br>Although results were slightly worse than last year, a significant improvement had been made since the survey was taken. It was noted that the Trust was performing better than the national average but was not yet in a position where it wanted to be because Trust staff believed that the holistic needs of patients was important to their wellbeing and the Board expressed the wish for the Trust to show demonstrative evidence of this.<br><br>Tony Smith asked if the level of results from the survey was likely to continue otherwise this matter would need to be carried through the Mental Health Act Committee and he asked how this was being managed. Ifti Majid replied that this was the driver for campus work and was a medium term issue until people could be supported at home, until then the surveys would focus essentially on inpatient service users.<br><br>**RESOLVED: The Board noted the content of the report and received assurance on progress to date.** |
| **DHCFT 2014/184** | **<u>PROPOSED INTEGRATED SERVICE DELIVERY MODEL</u>**<br><br>The Trust Board met in August and supported the progression of an integrated model of service delivery into a formal planning stage. This new way of working would bring together mental health and learning disability services (where offered) creating neighbourhood teams based in local communities rather than clinical specialties. |

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| | It was noted that there were risks associated to the delivery across all work streams and this was to be expected given the early stage of reporting and it was anticipated that as the programme matured further mitigations would be identified. The Board received assurance that these risks were being managed and recognised that the skills, behaviours and attitude of the Trust's workforce was the key to the success of the programme. Risks would be further reviewed and updated in the integrated service delivery board. Ifti Majid added that work carried out on the National Tariff Payment System had come the attention of Monitor who would visit the Trust next year and this was a great accolade to the work carried out by the group.<br><br>It was noted that a great deal of work had taken place on engagement involvement.<br><br>Jim Dixon asked if there was the right level of commitment throughout the organisation to support the programme. Kate Majid replied that this was a high level programme and the risks outlined in the report were programme level risks and within this programme individual grades had their own risks that were monitored.<br><br>Graham Gillham asked that the Board Forward Plan reflect the regularity of these reports and the next report would appear alongside the strategy update.<br><br>**ACTION: The Strategy Review/quarterly progress report due in March 2015 Q3 would now include the Transformation Board update.**<br><br>**ACTION: The integrated service delivery board to review the risk log associated with the programme.**<br><br>**RESOLVED: The Board of Directors considered the report and received assurance on progress to date.** |
| **DHCFT 2014/185** | **FINANCE DIRECTORS REPORT MONTH 7**<br><br>This paper provided the Trust Board with an update on the current financial performance against the operational financial plan, as previously submitted to Monitor, the Regulator of Foundation Trusts.<br><br>This report included key financial information as at the end of October 2014.<br><br>• In month 7, the Trust achieved an underlying surplus of £0.3m which was ahead of plan for the month by £0.1m. This had increased the year-to-date favourable variance to £2.3m better than plan. A predicted significant change in run-rate and additional expected expenditure for the remainder of the financial year means the Trust was forecasted to be £0.6m ahead of plan at the end of the financial year.<br><br>• The forecast year-end position had adversely changed this month by £0.7m, mainly due to the anticipated impact of updates to the Trust's Private Finance Initiative (PFI) model as well as expected changes in its Public Dividend Capital dividend payment. These figures were estimates at that point in time and were subject to change. The organisation had also changed some assumptions on service line performance. |

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| | • The Trust's Continuity of Service Risk Rating (COSRR) was a 4 at the end of October on both metrics which is above the Trust's plan of 3. The Trust is forecast to achieve the plan of 3 at the end of the financial year.<br><br>• Cash continued to be above plan and again this month The Trust reported a net current asset position. This was a notable achievement and is ahead of the Trust's planned trajectory (and is allied to the level of surplus).<br><br>• Capital expenditure remains behind plan due to the phasing of the schemes but is forecast to achieve the full plan by the end of the financial year.<br><br>When asked by Steve Trenchard if the Board should be concerned about the PFI changes, Claire Wright responded by saying that this was not a concern as the total amount of cost of PFI was not changing it was about when the costs were being applied across the years. This was a technical accounting change which would address external audit issues for year end and the Board should be assured by this. In addition, Claire Wright wished to assure the Board that a detailed paper describing the technical changes to the PFI model would be presented to the January meeting of the Audit Committee.<br><br>Ifti Majid wished to assure the Board that the Finance & Performance Committee would focus on IAPT at its meeting in January and the change in leadership in that team would support the changes needed in this service.<br><br>**RESOLVED: The Board obtained assurance on the current financial performance in 2014/15.** |
| **DHCFT 2014/186** | **<u>FORMAL DELEGATION OF SIGN OFF FOR 2014-15 ACCOUNTS</u>**<br><br>The final audited Annual Report and Accounts was to be formally adopted by the Trust Board as part of the statutory process. It is common in the public sector for this authority to be formally delegated by the Trust Board to the Audit Committee. The Executive Director of Finance requested that the Trust Board delegate to the Audit Committee the authority to sign-off the 2014/15 Annual Report and Accounts.<br><br>The Executive Director of Finance had discussed this proposal with the Chairman, Chief Executive, the Chair of the Audit Committee and the External Auditors, all of whom were in agreement with the suggestion. At their meeting held on 9 October, the Audit Committee discussed and agreed the proposal and requested that it be brought to the November Trust Board.<br><br>**RESOLVED: The Chairman and the Directors of the Trust Board agreed:**<br><br>**1) To delegate the final sign-off of 2014/15 Annual Report and Accounts to the Audit Committee**<br>**2) To consider such delegation on an annual basis (to add to Board forward plan)**<br>**3) To incorporate the suggestions made by the External Auditors.** |
| **DHCFT 2014/187** | **<u>CAPITAL EXPENDITURE</u>** |

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| | The Board was asked to consider its preferred approach to setting the level of capital expenditure for 2015-16. The report described two options for the Trust Board to consider in relation to setting the level of the capital expenditure plan for 2015-16.<br><br>• One option was to limit the capital expenditure levels to that of depreciation. This was in line with the financial strategy of retaining and improving cash surpluses in order to increase the Trust's financial resilience. This was the recommended option.<br><br>• The second option was to fund a capital plan above depreciation to allow for an *increased* value for potential neighbourhood and campus transformational changes.<br><br>There were some unknown factors at this stage:<br><br>• The 2015-16 planned depreciation value was subject to confirmation following conclusion of the estate revaluation exercise in preparation for 2014-15 annual accounts.<br><br>• In addition, the campus transformation planning was not yet concluded.<br><br>• Submission timescales were not yet confirmed.<br><br>The Board was asked for its *preference on approach* and understood that it would still be able to approve the final confirmed capital and revenue expenditure plans as part of the full forward plan/Annual Planning Review (APR) submissions.<br><br>As the Board would not be meeting in December, Claire Wright proposed that authority to sign-off the submission be delegated to the Executive Leadership Team in late December allowing for as much time as possible to finalise the plans. The Chairman agreed this was the correct approach to take at this point and that if necessary the planned submission could be adjusted, depending on the circumstances.<br><br>**RESOLVED: The Trust Board considered the options presented in the paper and confirmed agreement to the recommended option and furthermore to delegate the final pre-submission authority to the Executive Leadership Team for sign-off of the plan in December 2014 before submission to Monitor in January 2015 (submission timeframes subject to confirmation at this point).** |
| **DHCFT 2014/188** | **<u>COMMUNICATIONS STRATEGY AND MEMBERSHIP STRATEGY (2014-17)</u>**<br><br>Anna Shaw presented the new Communications Strategy and Membership Strategy to the Board. Both documents had been shaped by feedback from a variety of groups, as had the accompanying Social Media Policy and Media Handling Policy. The two strategies had been written to support each other and reinforce key messages to the Trust's audiences. An updated engagement and patient experience strategy would follow in the new year, and again support the overarching approach outlined in the communications and membership strategies. |

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| | Referring to the Communications Strategy, Anna Shaw explained that the overarching strategy would be underpinned by a series of communication plans, which would outline detailed plans for specific programmes of work. Tony Smith commended the use of qualitative objectives but suggested that additional quantitative objectives be included, perhaps aligned with the questions outlined in the staff survey. Maura Teager suggested the messages should be strengthened to reflect wider changes taking place across the health economy and also to strengthen the reference to why effective communication processes are important.<br><br>The Membership Strategy outlined the team's plans to focus on engaging with and developing an active membership, by using and interpreting data to know more about the FT membership. Whilst the Trust would continue to recruit new members, this would not be the team's primary focus over the forthcoming three years. Maura Teager asked that the strategy reflected the initial work with children and young people prior to the development of a children and young person's council in year 2.<br><br>The Chairman suggested a reference to sharing best practice across the patch with other FTs to scope potential ways of working together/consistency of message about county-wide work and to further reference annual targets for membership growth.<br><br>The two strategies and associated policies were approved, subject to the amendments outlined above.<br><br>**RESOLVED: The Board of Directors approved the Communications Strategy and Membership Strategy, for implementation across the Trust, and ratified the Social Media Policy and Media Handling Policy.** |
| **DHCFT 2014/189** | **QUALITY COMMITTEE REPORT**<br><br>Maura Teager, Chair of the Quality Committee, wished to escalate the matter of the Clinical Audit to the Trust Board as the Committee had obtained limited assurance on the completion rate of projects and agreed that quarterly update reports would be submitted to the Quality Committee in future. Caroline Maley added that PWC had also received sight of the Clinical Audit through the Audit Committee and the internal audit exercise.<br><br>The Incidents Report and Update on Medication management was another matter that required further assurance and it was noted that the Quality Committee would receive a further update report at its meeting in February.<br><br>**RESOLVED: The Board noted the contents of the Quality Committee Summary Report and was assured by its activities.** |
| **DHCFT 2014/190** | **MENTAL HEAL ACT COMMITTEE ANNUAL REPORT 2014**<br><br>Tony Smith, Chairman of the Mental Health Act Committee, presented to the Board the report on the scope of the committee's activities within its terms of reference during the year. The business of the committee is conducted in support of the Trust's statutory duties under the Mental Health Act, Mental Capacity Act and associated guidance. The committee met on five occasions during 2013/14 and Non-Executive Director attendance included Graham Foster, Maura Teager and Tony Smith (Chair from May 2013). |

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| | The report contained more extensive information than previous years and covered the trend over the past three years and included new initiatives such as the Service Level Agreements offered to three trusts: Royal Derby Hospital NHS Foundation Trust, Chesterfield Royal Hospital NHS Foundation Trust and Derbyshire Community Healthcare Services NHS Trust. The next report would be presented to the Board in June next year and this will be incorporated into the Board Forward Plan.<br><br>Non-Executive Directors were invited to attend the Mental Health Act Committee meetings to gain an insight into the delegation of duties to Associate Hospital Managers as this was a role previously held by Non-Executive Directors. It was also noted that the discharge of duties would be escalated through the Mental Health Act Committee.<br><br>In response to Claire Wright, Tony Smith agreed that evaluation of the impact of the street triage initiative on the use of sections would be included in the objectives.<br><br>In response to Ifti Majid, Tony Smith and John Sykes agreed that the committee would review the difference between Section 136 use and under 18s being admitted to acute units to understand the reasons behind the difference between the north and south.<br><br>The Chairman remarked that the Board took particular assurance from the level of activity outlined in the report.<br><br>**RESOLVED: The Board of Directors accepted the MHA committee report and also recognised the contribution of Associate Hospital Managers on behalf of Non-Executive Directors throughout the year.** |
| **DHCFT 2014/189** | **<u>CRISIS TEAMS – ACTION PLAN UPDATE</u>**<br><br>The Trust's Board received a previous deep dive review of performance earlier in the year. Following that meeting some reflections were considered about the feedback from the team and a review of the crisis team work was undertaken. The team have evidence nationally from the Confidential Enquiry into Suicides that crisis teams were under significant pressure and were a key section of the pathway to be increasingly exposed to a higher rate of suicide. Just as the A&E service is often presented as the area of pressure, the crisis team was considered to be the equivalent pressurised service within Mental Health.<br><br>Lisa-Anne Mack, Collette Handsley, Brijesh Kumare and Kath Lane attended the meeting to update the Board on the current position within the crisis team and reported that although the team felt more settled, the work was still challenging especially as a number of staff had been absent because of long term sickness and due to the ever increasing patient demand they did not always feel they had adequate capacity to react with rapid responses.<br><br>Since the quality assurance deep dive review in July, the team had taken positive steps forward and had worked with colleagues in the north to look at services to establish where to make improvements. The team recognised that GPs needed to categorise patients who were at risk of suicide and were looking at ways to help GPs navigate the crisis service to help them with their decision making. As part of this plan the crisis team were working on a set of |

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| | competencies and skills for crisis nurses. It was recognised that they held a unique set of skills and training staff to meet the current patient needs would require a change to the skill mix to invest in band 5 nurses to train them and increase the capacity of skilled practitioners to meet the needs of the service.<br><br>The team discussed stress levels, staff sickness as outlined in the deep dive performance information and the real challenges of working in a high risk, pressured environment.<br><br>When asked by Steve Trenchard what top three major improvements the crisis team thought would get the service to the required level, the team replied:<br><br>1. A centralised assessment service.<br><br>2. To have a fidelity model similar to the historical Crisis model Policy Implementation Guides for Derbyshire – having a first contact person.<br><br>3. Staff to be happier and to feel less stressed and to get back to a centralised way of working within a defined fidelity model. This was discussed in the context of the crisis team being thought of as the Mental Health's Accident and Emergency service and it was presented and argued that the crisis service was akin to the clinical activity barometer of the Trust. Where other services were under pressure this would be seen as an additional pressure in the crisis service.<br><br>Steve Trenchard thanked the crisis team for providing an update to the Board and added that the Board felt assured by the team's key messages and leadership and would support the crisis team to work through its action plan.<br><br>The Chairman thanked the crisis team for their hard work and considered the Trust to be indebted to the service the team provided.<br><br>**RESOLVED: The Board of Directors acknowledged the performance of the Crisis Resolution Service and gave the Crisis team the opportunity to feed back on their experience.**<br><br>**The Crisis Team provided the Board with assurance on action, delivered feedback and offered the Board the opportunity to challenge and support the Executive and Clinical team on areas to improve.** |
| **DHCFT 2014/189** | **INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING**<br><br>Ifti Majid presented his report which defined the Trust's performance against its Key Performance Indicators (KPIs) plus any actions that were in place to ensure performance was maintained and added that the report would be recirculated once information contained on page 3 was corrected.<br><br>Specific areas of focus within the report were:<br><br>• Outpatient DNAs (Did Not Attend) continued to under-perform against the target<br>• Letter production had been impacted due to the implementation of PARIS<br>• Health Visitors - performing well against targets |

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| | • IAPT had fallen below 50% but the service often fluctuated<br>• IPR position had improved but was not yet meeting the target<br><br>Ifti Majid advised the Board that 3 lines on the performance report had been 'greyed' out whilst an investigation into the cause of differences in data were understood. The lines impacted were:<br><br>• Crisis Gatekeeping<br>• 18 week RTT<br>• Care co-ordination review in the last year<br><br>The Board would have the opportunity to appraise the outcome of the investigation at the next meeting.<br><br>Ifti Majid provided a brief update on the PARIS roll out and was delighted to report that the system went live successfully on time and no quality issues were raised. Problems had been experienced with outpatient letters arising from staff learning how to use the DICTATE-IT system and since 19 November, all GP letters had been sent out within agreed standards. This was a major IT roll out and he wished to congratulate the team for this achievement. It was recognised that it would be a while before the true benefits of the PARIS system could be established and this would be reported on in due course.<br><br>In response to Claire Wright's question as to whether commissioners had been apprised of the success with letters, Ifti Majid confirmed that evidence of this was being shared.<br><br>In addition, in response to Claire Wright, Ifti Majid confirmed that the Board Assurance Framework risk scores for the EPR project would be reviewed at the next update in light of the success of the roll out programme.<br><br>The Board wished to record its congratulations to the support teams for their great effort in the implementation of the PARIS system. A report on lessons learnt from the second roll out would follow.<br><br>In relation to safer staffing, the Chairman asked for assurance on the recruitment of mental health nurses. It was understood that it was a difficult area for recruitment and that this was a national issue. Carolyn Green replied that Trust wide north and south advertisements had been written, together with a social media approach to recruitment and she was hopeful that vacancies would be filled.<br><br>**ACTION: Ifti Majid to provide the Board with a lessons learnt from the second roll out of the PARIS system together with an update on the benefits achieved.**<br><br>**Action: Ifti Majid to report to the next meeting on apparent data differences.**<br><br>**RESOLVED: The Board acknowledged the current performance of the Trust and noted the actions in place to ensure sustained performance.** |

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| **DHCFT 2014/190** | **FOR INFORMATION**<br><br>**i) Board Forward Plan**<br><br>The Forward Plan reflected that no meeting would be held in December and Claire Wright confirmed that the regular monthly financial report would be circulated to the members of the Board.<br><br>**ii) Identification of any issues arising from the meeting for inclusion or updating of the Board Assurance Framework**<br><br>The Board Assurance Framework was discussed in detail at the Audit Committee on 9 October and the Board agreed not to make any additions or alterations to the BAF at this stage.<br><br>**iii) Comments from Public and Staff on Board Performance and Content**<br><br>No comments were received from observers. The Chief Executive commented that there was a good level of challenge at the meeting particularly between the Executive members. |
| **DHCFT 2014/175** | **CLOSE OF THE MEETING**<br><br>The Chairman thanked all of those present for their attention and comments and closed the public meeting at 4:50 pm. |
| **DHCFT 2014/176** | **DATE OF NEXT MEETING**<br><br>Given that there would be no meeting in December the next meeting of the Board in public session is scheduled take place on Wednesday, 28 January 2015 at 1.00 pm. in Conference Rooms A & B, R&D Centre, Kingsway Site, Derby, DE22 3LZ (confidential session to commence earlier at 10.30 am). |