

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

Held in the Boardroom, Trust Headquarters, Bramble House, Kingsway, Derby, DE22 3LZ

On Wednesday, 29th May 2013

MEETING HELD IN PUBLIC

Opened: 1.05 pm

Closed: 2.36 pm

PRESENT:

Alan Baines	Chairman
Graham Foster	Non-Executive Director
Ifti Majid	Chief Operating Officer/Deputy Chief Executive
Mick Martin	Deputy Chairman/Senior Independent Director
Tony Smith	Non-Executive Director
John Sykes	Executive Medical Director
Steve Trenchard	Chief Executive
Claire Wright	Executive Director of Finance
Helen Marks	Director of Workforce & Organisational Development

IN ATTENDANCE:

Ali Baker	Personal Assistant to Chief Executive/Chairman (minutes)
Tracey Holtom	Service Line Manager, City Division
Michelle Hague	Service Line Manager, County Division
Lisa Welbourne	Performance Manager, District Division

Five members of the public:

Mark McKeown, Derbyshire Voice Representative
Philip Pickard, Derbyshire Voice Representative
Tim Proctor, Member of the Public
John Shelton, Derbyshire Voice Representative
Dave Waldram, member of the public

APOLOGIES:

Paul Lumsdon	Chief Nurse/Executive Director of Nursing and Quality
Lesley Thompson	Non-Executive Director
Maura Teager	Non-Executive Director
Graham Gillham	Director of Corporate and Legal Affairs

**DHCFT
2013/43**

CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST

Apologies were noted from Paul Lumsdon, Chief Nurse/Executive Director of Nursing and Quality; Lesley Thompson, Non-Executive Director; Maura Teager, Non-Executive Director; and Graham Gillham, Director of Corporate and Legal Affairs. There were no declarations of interest to be noted.

The Board and members of the public were advised that from June 2013 onwards, meetings of the Board would be held in Conference Rooms A & B, Research & Development Centre, Kingsway.

**DHCFT
2013/44**

MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 24TH APRIL 2013

Accepted and approved subject to two corrections:

	<p><u>DHCFT 2013/38 YEAR END INTEGRATED QUALITY GOVERNANCE REPORT 2012/13 – PAUL LUMSDON</u> The year in the heading to be changed as shown above.</p> <p><u>DHCFT 2013/40 PEOPLE STRATEGY UPDATE – HELEN MARKS</u> Second sentence of second paragraph to read “It was felt <i>right</i> to defer further quarterly progress reports and bring a newly revised strategy to Board in September.”</p>
<p>DHCFT 2013/45</p>	<p><u>MATTERS ARISING – ACTIONS MATRIX</u></p> <p>A revised actions matrix had been tabled at the meeting.</p> <p><u>DHCFT 2013/39 – Centre for Research and Development Strategic Plan 2013-16</u> Steve Trenchard confirmed that promotion of the work of the Trust, both regionally and nationally, was well underway by the Executive Team. The action would therefore be marked complete.</p>
<p>DHCFT 2013/46</p>	<p><u>CHIEF EXECUTIVE’S OVERVIEW AND UPDATE – STEVE TRENCHARD</u></p> <p>a) In his monthly report Steve Trenchard referred to the organisation’s strategic direction document, which had been discussed and consulted upon via a number of forums, both internally and externally. Feedback had been very positive and further work was now required to identify the key result areas to demonstrate the achievement of the strategy elements throughout its journey – “how will we know when we’ve got there?”.</p> <p>b) Changes to the way in which the Care Quality Commission (CQC) intended to inspect services in the future had been communicated with a closer alignment to the previous CHAI (Commission for Healthcare Audit and Inspection) visits. These visits would seek to answer the questions of services ‘are they safe, effective, caring, well led and responsive to people’s needs?’ The proposals would also strengthen the protection of those people whose rights were restricted under the Mental Health Act. The proposed changes were welcomed by the Board. In response to a question by Mick Martin on Trust priorities, Steve Trenchard envisaged an increased focus on patient experience as a main theme by the CQC and specifically care plans and involvement in care. It was also anticipated that ‘compassion’ would receive increased scrutiny.</p> <p>c) The Board were reminded of the importance of a sustained focus on quality of services in light of the action taken by Monitor in the case of Dorset Healthcare University NHS FT. The revised Governance Structure, due to be considered later in the meeting, would strengthen the organisation’s governance processes and provide opportunity for robust challenge of the elements of quality, strategy and longer term financial viability of the Trust’s operations.</p> <p>d) It was disappointing to learn of a reduction of 3.6% in the resource allocation for the East Midlands Local Education Training Board. This would result in less available funding for workforce development. Helen Marks and John Sykes were raising their concerns about this issue to the National Commissioning Board. In response to Mick Martin, Helen Marks confirmed that an impact assessment had been carried out and agreed to provide a further financial impact analysis to the Board.</p> <p>e) The Board were delighted to congratulate Helen Marks and her team for their achievement in being nominated for four national awards from the HPM (Healthcare People Management Association).</p>

<p>DHCFT 2013/47</p>	<p><u>QUALITY UPDATE</u></p> <p>In the absence of Maura Teager, this item was deferred to the next meeting.</p>
<p>DHCFT 2013/48</p>	<p><u>MENTAL HEALTH PAYMENT BY RESULTS (PBR) REPORT – IFTI MAJID</u></p> <p>Ifti Majid presented the Trust’s compliance with national policy and guidance in relation to mental health PbR and asked the Board to consider the risks and opportunities in relation to the delivery of the organisation’s strategic outcomes.</p> <p>There was to be a higher focus on evidence based PbR with clinician appointed outcome measures and patient appointed outcome measures. The Trust was already well ahead in terms of adopting these practices, being recognised in the Midlands and East as having harnessed the best approach to joint working with commissioners. The Trust was also ahead of other Trusts in relation to PbR clustering with circa 80% confirmed, compared to a national average of 60% – 70% but further work was still required.</p> <p>Graham Foster was pleased to note the analysis of risks in relation to the project and emphasized the importance of the continued development of service line reporting and reference costs. By way of further comment he asked whether patients would be categorised differently and if the changes would drive certain types of service delivery. John Sykes replied that the development of services, NICE guidelines and outcomes of care/training would help to shape service delivery and the clusters would be set up to complement patient care.</p> <p>Mick Martin praised how far advanced the Trust was and congratulated Ifti Majid and his Team for the progress made. Further clarification was sought with regard to the likely timescales for settlement of the local and national tariffs. Ifti Majid advised that the local tariff was likely to be settled by February/March 2014 but the national tariff would be longer term.</p> <p>Overall, the Board of Directors were pleased that the Trust was in such a strong position and agreed to be kept informed of further developments. Ifti Majid was congratulated for his leadership in this area.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To receive and note the contents of the report. ➤ To discuss and clarify any potential risk to the delivery of the Trust’s strategic outcomes from a move towards PbR.
<p>DHCFT 2013/49</p>	<p><u>TRUST RESPONSE TO THE PUBLICATION OF THE MID STAFFORDSHIRE NHS FOUNDATION TRUST INQUIRY BY ROBERT FRANCIS QC – STEVE TRENCHARD</u></p> <p>Steve Trenchard referred to the series of internal and external listening events and alluded to the discussion that had taken place at the previous Board meeting in relation to some of the issues that had been highlighted at those events. The Board’s attention was drawn to the slides (starting on page 4) which showed the feedback received, the assurances in place, and the further steps that needed to be taken. The Board agreed the process was ongoing, rather than a one-off piece of work, and was aligned with the Trust’s service improvements and desire to demonstrate openness, transparency and candour.</p> <p>In response to Tony Smith about early lessons learnt, Steve Trenchard confirmed that the style and tone of the Trust’s response had been revised in light of the direct feedback from listening events. Going forward, the listening events would be revisited to review how things had changed as a result of the Francis report.</p>

	<p>Graham Foster pledged his support to the way in which the organisation had approached the action to be taken in the aftermath of the publication of the Francis report, responding in a measured and appropriate way. He expressed reservation with regard to the statements the paper requested the Board to make in relation to “accepting the recommendations in the Francis Report”, being mindful that many of the 290 recommendations were not directly transferrable or applicable to the Trust. It was therefore agreed to amend the wording and ensure that the Board’s resolve was appropriate and actionable.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To accept those recommendations relevant to Derbyshire Healthcare NHS Foundation Trust. ➤ To agree to receive an annual update on the progress made against the agreed action plan.
<p>DHCFT 2013/50</p>	<p><u>STRATEGIC DIRECTION – 2013-2016 – IMPROVING LIVES, STRENGTHENING COMMUNITIES, GETTING BETTER TOGETHER – STEVE TRENCHARD</u></p> <p>Steve Trenchard presented the final draft of the organisation’s strategy for approval by the Board of Directors, including an addendum of amendments to be incorporated in the final version, each of which was reviewed and agreed. The document had been shared at a number of events, internally and externally, and feedback had been very positive.</p> <p>The Board praised the level and depth of consultation throughout and approved the strategy document.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To consider the responses received through the stakeholder engagement plan and approve the final Strategic Direction, Improving Lives, Strengthening Communities, Getting Better Together, for publication.
<p>DHCFT 2013/51</p>	<p><u>GOVERNANCE: CORPORATE GOVERNANCE – REVIEW OF COMMITTEE STRUCTURE & QUALITY GOVERNANCE REVIEW – ALAN BAINES</u></p> <p>In the absence of Graham Gillham, the Chairman presented the review of corporate governance, including the revised Board Committee structure and new Board meeting arrangements. The changes to the way in which the Board operates would enable a more practical way forward, and provide a more open and transparent organisation. Steve Trenchard added that the organisation also intended to broaden its use of social media to ‘bring the Board to the working lives of our people’ and record meetings in the future.</p> <p>The membership and proposed terms of reference for each Committee were approved.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To approve the establishment and implementation of the Quality Committee and Finance & Performance Committee. ➤ To approve the nomination of Non-Executive Directors for the Committee: Quality Committee: Mick Martin (Chairman), Maura Teager, Lesley Thompson, Tony Smith Finance & Performance Committee: Alan Baines (Chairman), Mick Martin, Graham Foster ➤ To approve the revised arrangements for the conduct of Board meetings and look to broaden the use of social media to ‘bring the

	Board to life’.
DHCFT 2013/52	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY, INCLUDING MONTH 1 FINANCIAL HEADLINES – IFTI MAJID/CLAIRE WRIGHT</u></p> <p>i) Ifti Majid introduced Tracey Holtom, Michelle Hague and Lisa Welbourne to the Board, attending to present the Deep Dive reports into specific service areas. The Trust level report was reviewed and Ifti Majid highlighted the key themes, which included the admittance of a 17 year old to an inpatient unit, albeit for one day. The Board were assured that all safeguards were in place during the period of admission.</p> <p>ii) Safe Staffing Report – Ifti Majid explained that a programme of work had commenced prior to the publication of the report into Mid Staffordshire NHS Foundation Trust. In summary, the report presented the results of declarations by managers in service areas when asked “do you have the funded establishment in your areas to deliver care?”. The answer to this question had been positive with the caveat that where there were areas with high levels of acuity or sickness, processes were in place to increase staffing levels as required. The difficulties in the community services team were noted, felt largely due to economies of scale and the increase in demand, exacerbated by changes put in place by the local council. The issue had been escalated to Director level at Derby City Council and steps had been taken to minimise the impact on service users. In response to Mick Martin, Ifti Majid advised that outpatient letter targets remained a challenge but that Chris Wheway, Assistant Director for the Urgent & Planned Care Division and Gayle Jackson, Clinical Director would attend the Board meeting at the end of the first quarter to provide a fuller update in relation to this issue. Turning to the detail in the Safe Staffing Table of information, Steve Trenchard requested the ratio of nurses working on the ward : patients to be included. In response to Graham Foster, Ifti Majid explained that the safe staffing report represented ‘actual establishment’ and the deep dive reports looked more individually at a particular service area. Further clarification was also provided in relation to the steps being taken to address the problems with community services.</p> <p>iii) The first Deep Dive into Forensics and Rehabilitation was presented by Tracey Holtom. One of the past issues for Melbourne House and the Kedleston Unit had been under-occupancy but both service areas had been fully occupied for some time now and the teams were continually looking at ways to ensure the flow through of patients to minimise the risk of empty beds. The work undertaken by Melbourne House was coming to fruition with some patients seeing a marked improvement in their mental health. The Kedleston Unit was back ‘in profit’ and patients had been able to receive treatment closer to home.</p> <p>Turning to Cherry Tree Close, Tracey Holtom referred to the visit from the Care Quality Commission and the issues they had raised. An action plan had been put in place and the team had worked hard to address the CQC’s concerns. A Mental Health Act audit of the nursing notes had been requested by the team to ensure the robust processes had been fully embedded to provide additional assurance. Ifti Majid added that himself and Paul Lumsdon had visited the team at Cherry Tree and the change in culture was notable with none of the issues raised by the CQC being evident now. The Board commended the entire team at Cherry Tree Close for the action taken to ensure a positive outcome.</p> <p>The prison in-reach service had been affected by activity issues but further investigation had found this to be due to a data lag and the service was in fact over-achieving on its activity levels. Further work was underway to fully understand the issues.</p>

	<p>In response to Ifti Majid, Lisa Welbourne explained the work she had been involved in with regard to a shared pathway CQUIN (Commissioning for Quality and Innovation) – an outcome based care plan which followed a patient through their stay in service. This involved the patient bringing their pack with them and working through it with staff to develop it further to ensure they were clear about what they needed to achieve to move on. Lisa gave credit to Phil Evans, Kedleston Low Secure Unit Manager, and his team for their efforts to progress this further to a stage where the CQUIN had been met, a tremendous achievement.</p> <p>iv) The second Deep Dive into the Urgent and Planned Care Services Division – Adult Acute North was presented by Michelle Hague. Being relatively new in post, Michelle praised the work carried out by her predecessor in ensuring positive performance had been maintained. The Board were keen to hear about the formula used to ensure consultant letters were sent out within five working days, given the difficulties experienced in other service areas with regard to this metric. The system in place worked well from the induction of junior doctors to the back up plan in place for the medical secretaries to mitigate delays.</p> <p>Another area of positive performance was in relation to the work on the Hartington Unit and the use of Section 136. The Unit had been visited by an inspector from the HM prison service who had been impressed with the forensic services work being carried out. In addition, the blepholders had been working closely with the police service, spending time with police officers and allowing police staff to spend time at the Unit. This approach had been commended as an area of exemplary practice countrywide.</p> <p>Michelle outlined the work that was currently underway in relation to ‘the golden question’ and ensuring that live feedback was linked through to the ‘volunteer patient’ at The Hub.</p> <p>Other points to note were the recent high levels of activity, which had resulted in daily situation reports on bed management and a higher use of bank and agency staff due to the increase. Ifti Majid commented that the acute activity on beds was a national problem currently and every effort was being made to minimise the risk of patients being placed ‘out of area’.</p> <p>The Board thanked Tracey Holtom, Lisa Welbourne, and Michelle Hague for their thorough presentations.</p> <p>v) Claire Wright presented the financial overview for month 1 with no exceptions to note. The capital expenditure was slightly behind plan to date but was expected to deliver its full programme by year end. There were no questions from Board members.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To acknowledge the current performance of the Trust against key performance indicators. ➤ To note the actions in place to ensure sustained performance.
<p>DHCFT 2013/53</p>	<p><u>ADOPTION OF AUDITED ANNUAL ACCOUNTS 2012/13, INCLUDING ANNUAL GOVERNANCE STATEMENT, ANNUAL REPORT 2012/13, INCORPORATING QUALITY ACCOUNT 2012/13, AND LETTER OF REPRESENTATION – CLAIRE WRIGHT</u></p> <p>Claire Wright expressed her praise for the Finance Team, who had again performed to a high standard during the annual accounts process. The Trust’s new Auditors had been highly complimentary of the Finance staff and the quality of the working</p>

	<p>papers. The accounts, virtually unchanged from the draft version, had been thoroughly reviewed by the Audit Committee prior to the Board meeting. Graham Foster echoed Claire Wright's praise for the Finance Team and was pleased to report that the Audit Committee had received a high level of assurance on the thoroughness of the audit process. As a consequence, the Audit Committee had approved the Annual Accounts 2012/13, including the Annual Governance Statement, the Annual Report 2012/13, incorporating the Quality Account 2012/13 and Letter of Representation for adoption and signature by the Board of Directors.</p> <p>The Board of Directors were delighted with the outcome of the Annual Accounts process for 2012/13 and commended Claire Wright and the Finance Team for their hard work.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To adopt the Trust's Annual Accounts for 2012/13, including the Annual Governance Statement 2012/13. ➤ To sign the Trust's Financial Statements 2012/13. ➤ To sign the Trust's Remuneration Report 2012/13. ➤ To sign the Statement of the Chief Executive's Responsibilities as the Accounting Officer of the Trust. ➤ To sign the Statement of Directors Responsibilities. ➤ To sign the Certificate certifying the FT Consolidation Schedules (FTCs) for the Trust. ➤ To sign the Letter of Representation. ➤ To approve the Annual Report 2012/13 incorporating Quality Account 2012/13. <p>The relevant documents were signed during the meeting by the Chairman and Chief Executive.</p>
	<p><i>The Chairman requested, in accordance with the Trust's Standing Orders, that representatives of the press and members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, the publicity on which would be prejudicial to the public interest. A five minute adjournment was therefore called.</i></p>

Date and time of next meeting

Date of next scheduled meeting
Wednesday, 26th June 2013 at 1.00 pm
Conference Rooms A & B, Research & Development Centre, Kingsway, Derby,
DE22 3LZ