

**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, 25 September 2013**

**MEETING HELD IN PUBLIC**

Opened: 1.05 pm

Adjourned: 3.45 pm

**PRESENT:**

Mick Martin	Acting Chairman
Paul Lumsdon	Chief Nurse/Executive Director of Nursing and Quality
Ifti Majid	Chief Operating Officer/Deputy Chief Executive
Tony Smith	Non-Executive Director
John Sykes	Executive Medical Director
Maura Teager	Non-Executive Director
Lesley Thompson	Non-Executive Director
Steve Trenchard	Chief Executive
Claire Wright	Executive Director of Finance
Graham Gillham	Director of Corporate and Legal Affairs

**IN ATTENDANCE**

Leida Roome	Board Secretariat (minutes)
Lucia Whitney	Consultant Psychiatrist (shadowing John Sykes)
Michael Dwyer	Service Line Manager
Alison Reynolds	Acting Service Line Manager
Gary Stokes	Head of Patient Experience and Service Delivery
Lisa Welbourn	Performance Manager
Vanessa Lane	Lead Nurse
N	Service Receiver (for item DHCFT - 2013/98)

**Members of the public:**

Barbara Jackson	Councillor City of Derby
Chris Swain	Derbyshire Voice Representative
Igor Zupnik	Governor Public Derby City East

**APOLOGIES:**

Helen Marks	Director of Workforce & Organisational Development
Mark McKeown	Derbyshire Voice Representative
Dave Waldram	

**DHCFT  
2013/98**

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

Mick Martin welcomed N and Vanessa Lane to the Board meeting. N thanked the Board for giving him the opportunity to tell his story and to illustrate this with some photos. He described his experiences of living with a learning disability and spoke of his passion to work with computers and being involved with the New Life Christian Centre. After a diagnosis of diabetes he joined the

	<p>Weight4Ward group. During the last 2 years he has played a large part in enabling this course to continue and move forward, assisted by Vanessa Lane, Lead Nurse. The group meet for a weekly weigh-in and then undertake a team activity. N has been asked to act as a “buddy” and to support new starters. He is happy to work as a volunteer for this and is not paid. The project was nominated for the National Nursing Times award, for the Learning Disabilities Section and N and Vanessa attended the ceremony. Although they did not win, the project was highly commended. Further links have also been made with the smoking cessation group and with suppliers such as the Co-op. N’s is an inspirational story and he is keen for the Trust to set up more groups.</p> <p>The Chairman thanked Martin for his excellent presentation and especially for being such a good role model and wished him luck with supporting the second group, which is due to start soon.</p>
DHCFT 2013/99	<p><b><u>CHAIRMAN’S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST</u></b></p> <p>The Chairman advised the meeting that Alan Baines has now left the Trust. Thanks were expressed to Alan Baines for the contribution made to the Trust during the last 5 ½ years. The Lead Governor and the Regulator have been advised and it was agreed that Mick Martin will be Acting Chairman until a replacement has been appointed.</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 Chairman wished Paul Lumsdon good luck with his new appointment at the Dorset Healthcare NHS Trust and thanked him for his services to the Trust.</p> <p><b>Apologies:</b> these were noted from Helen Marks, Director of Workforce and Organisational Development.</p> <p><b>Declarations of Interest:</b> There were no declarations of interest to be noted.</p>
DHCFT 2013/100	<p><b><u>MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 28<sup>th</sup> August 2013</u></b></p> <p>The minutes from the Board of Directors meeting, held on Wednesday, 28<sup>th</sup> August 2013, were approved with the following amendment:</p> <p><b><u>DHCFT 2013/89- Quality Update:</u></b> page 4 – first paragraph to be amended to read: <i>Maura Teager presented a verbal report of the Non Executives Engagement in the Quality Visit Programme.</i></p> <p>No other comments were made and the minutes were accepted and ratified as a true record with the above amendment.</p>
DHCFT 2013/101	<p><b><u>MATTERS ARISING – ACTIONS MATRIX</u></b></p> <p><b><u>DHCFT 2013/38:</u></b> audit on-going – verbal updates to be provided.</p> <p><b><u>DHCFT 2013/39:</u></b> agreed to defer this for the time being. Agenda item for next meeting.</p> <p><b><u>DHCFT 2013/78:</u></b> Staff have been trained – issue now green and to be archived.</p>
DHCFT 2013/102	<p><b><u>CHIEF EXECUTIVE’S OVERVIEW AND UPDATE – STEVE TRENCHARD</u></b></p> <p>Steve Trenchard presented his Chief Executive’s Report to the meeting. The following issues were highlighted:</p> <ul style="list-style-type: none"> <li>- <b>National context:</b> The Board was assured that the Trust is working closely with providers to ensure that changes nationally to regulation are implemented locally.</li> <li>- <b>Annual Members Meeting:</b> this meeting was held on the 10<sup>th</sup> September</li> </ul>

	<p>2013 and thanks from the Board are extended to all who attended this meeting. Stall holders from departments across the Trust showcased their work prior to the meeting.</p> <ul style="list-style-type: none"> <li>- <b>The Board Development session</b> on Social Media was well received and there is a plan of Action for the new Communications Lead when she comes into post.</li> <li>- <b>The Derby City Health and Wellbeing Board</b> have agreed an approach to integration. This approach fits well with the Trust’s vision and strategy for patient centric care provision. Three key priorities have been identified: <ul style="list-style-type: none"> <li>1) older people (dementia)</li> <li>2) mental health and</li> <li>3) urgent care but on a broader view not only Accident and Emergency.</li> </ul> </li> </ul> <p>In relation to this John Sykes advised the Board that he had attended a meeting of the Derbyshire County Health and Wellbeing Board. Unfortunately they do not have an overall agreement on a strategy and there is no real alternative.</p> <ul style="list-style-type: none"> <li>- <b>Pennine Trust.</b> The Board was advised that we have agreed with Commissioners that 2 Consultants Psychiatrists will be employed by our Trust and not Pennine Care.</li> <li>- <b>Inpatient Beds.</b> The Trust remains committed to Community Centred Pathways with a minimum reliance on beds as possible. It is important that the dialogue with Commissioners on this is continued.</li> <li>- <b>Transformational Programme.</b> This project is now moving forward and support from NHS Elect has been sourced. External stakeholders are on the Transformational Board and the Lead Commissioner attended the last meeting. Governors will also be invited to become involved.</li> </ul>
<p><b>DHCFT 2013/103</b></p>	<p><b><u>QUALITY COMMITTEE MEETING UPDATE – MICK MARTIN</u></b></p> <p>Mick Martin updated the Board on the Quality Committee meeting and advised that the key themes are as follows:</p> <ol style="list-style-type: none"> <li>1. Obtaining continued assurance and understanding of the Serious Untoward Incidents.</li> <li>2. This also includes the working out of patterns, trends etc. At the moment no particular trend has been identified other than that there is an increase.</li> <li>3. The Quality Committee aims to extract the maximum of data and the Board is assured that all the information will continue to be collated and examined.</li> </ol>
<p><b>DHCFT 2013/104</b></p>	<p><b><u>DEEP DIVE “PATIENT EFFECTIVENESS” REPORT</u></b></p> <p>An introduction to the Deep Dive “Effectiveness Report” was given by Paul Lumsdon. Thanks were expressed to Kate Majid for her previous input. He then handed over to Gary Stokes to provide further details on the report.</p> <p>A pro-active review of a range of data has been used to inform and improve services and patients’ experiences of care.</p> <p>Key themes are:</p> <ul style="list-style-type: none"> <li>• Concerns, Complaints and Compliments. Of note is that 5 enquiries were made of a general nature, i.e. which services to access. The majority of complaints at the moment came from females but the Trust is not aware of any national data on this.</li> <li>• Floor walk on a Wednesday – 11 areas within the Trust have now been visited and comments have been good.</li> <li>• The Trusts Friends and Family Test – “the Golden Question” – this survey has now been extended to include the Perinatal Community Mental Health Team and Wards 1 and 2 at the London Road Community Hospital Site.</li> </ul> <p>The Customer Care Training programme is continuing but other training and support is also available. It was confirmed that staff react well to feedback but that peer and manager support is offered. The Trust actively promotes an open culture and strives</p>

	<p>to continually improve this. Any issues are also discussed with staff in their 1:1 meetings. There is a shift towards a more reflective practice rather than defensive. Concerning the reported medication incidents, Pharmacy has reviewed their process and work is continuing on this. The Drugs and Medicines Committee will also discuss this at their meeting.</p>
<b>DHCFT 2013/105</b>	<p><b><u>ANNUAL PATIENT SURVEY REPORT 2013 AND CARE QUALITY COMMISSION REPORT</u></b></p> <p>The Annual Patient Survey Report 2013 and the accompanying Care Quality Commission report were presented to the Board. This is the Trust's best report to date. There are no indicators in the bottom 20 %. The Trust also achieved the highest score for privacy and dignity (9.5 out of 10) which was the highest score when compared to all 57 Trusts.</p> <p>Issues of note are:</p> <ul style="list-style-type: none"> <li>- <b><u>Health and Social Care Workers.</u></b> The Trust continues to strive for re-integration.</li> <li>- <b><u>Outpatients.</u></b> This area is currently being looked at and specific issues such as the Care Plan, terminology and understanding of letters are under review.</li> <li>- <b><u>Case load management.</u></b> The Trust has an on-going programme of caseload management</li> </ul> <p>The Trust continues to work towards improvement both in their Core Care Standards programme and in Service Design. The Chairman thanked Gary Stokes and Paul Lumsdon for 2 excellent papers.</p>
<b>DHCFT 2013/106</b>	<p><b><u>CARE QUALITY COMMISSION – UNANNOUNCED VISIT</u></b></p> <p>The Board was updated on the unannounced visit by the Care Quality Commission, which took place on the 11<sup>th</sup> September 2013. It was noted that all minor issues have now been resolved and that a positive letter had been received from the Care Quality Commission. The Board requested that staff and relevant teams be commended for their approach in solving these issues and obtaining such an excellent report.</p>
<b>DHCFT 2013/107</b>	<p><b><u>MENTAL HEALTH ACT COMMITTEE – ANNUAL REPORT 2012/2013</u></b></p> <p>The annual report 2012/2013 for the Mental Health Act Committee was presented to the Board. Thanks were expressed to Maura Teager, outgoing Chair of the Committee.</p> <p>4 new key objectives have been added for 2013/14 i.e.</p> <ol style="list-style-type: none"> <li>1. Bed availability. The interaction with commissioners is noted as the Associate Mental Health Practitioners have also raised this as a concern. The additional ward, which is being proposed at the Radbourne Unit, will provide an additional 5 beds.</li> <li>2. Associate Hospital Managers. The aim is to strengthen the important relationship with the Associate Hospital Managers through closer links with both the Board and the Committee.</li> <li>3. The Committee aims to strengthen the feedback from service users to the Committee.</li> <li>4. Assurance is to be gained that the Trust will implement the “least restriction principle” especially in relation to seclusion.</li> </ol> <p>With reference to point 4, the Board was informed that Bob Gardner, Nurse Consultant, had given a presentation to the Committee concerning the work that he is undertaking on seclusion. The Board was reminded that a national conference is due to take place on the 27<sup>th</sup> September at the Centre of Research and Development and that the focus of this will be on seclusion. It was again confirmed that the Trust's intention is to use “no control or restraint”.</p> <p>The value of the Mental Health Act Committee and other committees cannot be underestimated. Non-Executive Directors play an important role in these and aim to</p>

	<p>increase their input. The Associate Hospital Managers were duly reappointed for a further year and thereby indemnified for their work on behalf of the Non-Executive Directors.</p> <p>The Board thanked the Mental Health Act Committee and accepted the report.</p>
<p><b>DHCFT 2013/108</b></p>	<p><b><u>FINANCE AND PERFORMANCE COMMITTEE- VERBAL UPDATE</u></b></p> <p>A verbal update was given by Claire Wright to the Board regarding the Finance and Performance Committee.</p> <p>Assurances were received that our regulatory financial commitments to Monitor are in order. The Board also received confirmation that the Trust is executing its strategy on costs and service lines. The Cost Improvement Programme is progressing.</p> <p>The Chairman thanked Claire Wright for this update.</p>
<p><b>DHCFT 2013/109</b></p>	<p><b><u>INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY – MONTH 5 – IFTI MAJID</u></b></p> <p><b>1) Eating Disorder Services – Service Line Overview</b></p> <p>Alison Reynolds, Acting Service Manager, presented the Service Line Overview for the Eating Disorder Services and provided the meeting with a progress update on the action plan.</p> <p>Eating Disorder Services covers the whole of the county and has close links with First Steps. A further extension of service with Children’s Services is also planned. The criteria for referral, i.e. the BMI figures, are under review at the moment, which may lead to increased patient numbers.</p> <p>All issues on the Action Plan have now been completed. The Service has a good profile and a case was quoted where a service user had purposely looked for Eating Disorder Services and moved into this area to make use of the Trust services. The model is still being developed and further investment and discussion with Commissioners is foreseen.</p> <p><b>2) Perinatal Services – The Beeches – Service Line Overview</b></p> <p>Alison also presented the Service Line Overview relating to The Beeches, Mother and Baby Unit, situated at the Radbourne Unit. The whole unit is compassion focused and has an inspirational leader in Cheryl Stricka. Of note is the initiative to provide Compassion Boxes. Patients are able to decorate this box personally and fill it with items which are a comfort in time of distress, such as a baby sock, a photograph or something personal to them.</p> <p>Staff are being recruited to provide a new pilot perinatal community service in the North. Commissioners are keen to increase the level of service in the North and Joe Wileman will be the Project Manager to oversee this.</p> <p><b>3) Planned Care South - Service Line Overview</b></p> <p>Michael Dwyer, Service Line Manager South, presented the Service Line Overview for Planned Care South and updated the meeting on progress. The area covered by the Team is quite large and performance generally has been impacted by the consultant vacancy, the resulting locum cover as well as long term sickness of Service Managers. Lesley Thompson questioned the impact on patient care and Michael Dwyer confirmed that this has been effectively managed. Activity levels have increased but unfortunately recording has decreased. Action has been undertaken by getting staff to act up. A new consultant is also now in post, which will further alleviate the situation.</p>

	The Chairman thanked both managers for their informative reports and their honest replies to queries.
<b>DHCFT 2013/110</b>	<p><b><u>FINANCE DIRECTORS REPORT – MONTH 5 – CLAIRE WRIGHT</u></b></p> <p>Claire Wright informed the meeting that the Trust's year to date financial position is favourable. However, it continues to be a challenging year and actions are undertaken to stay on plan. The Monitor rating continues to be 3 and green. The Chairman thanked Claire Wright for the presentation. No further questions were raised.</p>
<b>DHCFT 2013/111</b>	<p><b><u>CHAIRMAN'S CLOSING REMARKS</u></b></p> <p>The Chairman requested observations from members of the public on how the Board meeting had been conducted. The following points were noted:</p> <ol style="list-style-type: none"> <li>1. Treatment as a human being and fostering a relationship with a consultant are important issues for patient care but expert medical care is also vital.</li> <li>2. Services are now 100 % better than when first accessed by this service user. The Board is thanked for their input and is noted to be working well.</li> <li>3. More integration of services is required.</li> <li>4. Transparency is now evident within the Trust. The NHS is part of our lives and we need to make this visual.</li> <li>5. Good development was noted.</li> </ol> <p>The Chairman, under the Foundation Trust's Constitution, asked 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.</p>

**Date and time of next meeting**

**Date of next scheduled meeting**

**Wednesday, 30 October 2013 at 1.00 pm**

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

***If you are unable to attend this meeting, please advise your apologies to Leida Roome, so that these can be noted for the minutes.***