

**Ratified Minutes**  
**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, 30 April 2014**

**MEETING HELD IN PUBLIC**

Opened: 1.00 pm

Adjourned: 4.15 pm

**PRESENT:**

Mark Todd	Chairman
Carolyn Green	Director of Nursing and Patient Experience
Steve Trenchard	Chief Executive
Ifti Majid	Chief Operating Officer/Deputy Chief Executive
Caroline Maley	Non-Executive Director
Lee O'Bryan	Interim Director of Workforce and Organisational Development
Tony Smith	Non-Executive Director
John Sykes	Executive Medical Director
Lesley Thompson	Non-Executive Director
Maura Teager	Non-Executive Director
Claire Wright	Executive Director of Finance
Graham Gillham	Director of Corporate and Legal Affairs
Anna Shaw	Deputy Director of Communications

**IN ATTENDANCE**

Mr T C	Service User ( <i>for item 2014/047</i> )
Ms D R	Service User ( <i>for item 2014/047</i> )
Kevin Fletcher	Acting Head of Estates and Facilities ( <i>for item 2014/061</i> )
Gary Stokes	Head of Patient Experience ( <i>for item 2014/047</i> )
Mark McKeown	Derbyshire Voice Representative
Vicki Price	Member of the Public
Timothy Proctor	Member of the Public
Chris Swain	Derbyshire Voice Representative
Leida Roome	Board Secretariat

**APOLOGIES:**

None received

**DHCFT 2014/  
046**

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

The Chairman opened the meeting by welcoming all present. A special welcome was extended to Mr T C and Ms D R, who attended the Board to share their experiences with the Board.

The Chairman advised that a short refreshment break will be taken at 2.30 pm,

	<p>which will enable the Board to deal with an urgent confidential matter.</p> <p><b>Apologies:</b> No apologies have been received.</p> <p><b>Declarations of Interest:</b> No declarations of interest were made.</p>
<p><b>DHCFT 2014/047</b></p>	<p><b><u>PATIENT STORY – MR TC AND MS DR – SERVICE USERS</u></b></p> <p>Mr T C provided an account to the Board of both his and D’s personal experience of living a diagnosis of bipolar disorder. . The experiences of Mr T C and Mrs D R of the Trust services had been varied, with the worst experience being given medication and subject to restraint. A leaflet explaining the Root &amp; Branch project had been circulated for information. The aim of the project is to create for people a close affinity with nature and feel better working outside. Hospital environments are alienating and actually make them feel worse, not better. They had plans to obtain a piece of woodland, which due to lack of funds is currently out of their reach. However, they did find an allotment 2 years ago, which they have developed with the help of other service users. All who attend find this beneficial to their mental wellbeing. A grant from Healthy Places enabled them to buy a container, which is vandal proof and allows shelter from inclement weather as well as providing a social meeting room.</p> <p>Attending the allotment offers them the benefit also of fresh produce, which can be made into soups and salads and encourages other service users to develop cooking skills. Both T and D find this project very helpful in managing their mental health and helping other people.</p> <p>Mr T C also plays in a band and through his appearances seeks to dispel mental health stigma and to publicise the allotment project. He expressed his view that people should have a choice of psychosocial interventions to support their recovery, including access to outdoor spaces to help remain calm. He requested the Board to discuss the provision of beer mats; these could be co-designed and linked to an art competition. Funding for travel expenses for service users who wish to attend the allotment, in Staveley (Chesterfield), would be helpful. An article has appeared in the Derbyshire Times and posters put up in local pubs.</p> <p>Ifti Majid commented:</p> <ol style="list-style-type: none"> <li>i. Day Services in the North of the county organise walking and gardening activities and he offered to put T and D in touch with them</li> <li>ii. He will look into linking areas such as the gardens in the Hartington Hub, which may benefit from T and D’s input.</li> <li>iii. Ifti queried whether contact had been made with the Peak Ranger Service and suggested that a co-project could be discussed or perhaps a small plot could be obtained through them. He will provide relevant contact details to T.</li> </ol> <p>The Board found the Root &amp; Branch Project a very exciting concept. Knowledge may have been lost on the benefit of working outside for people when outdoor space in hospital environment diminished. It was felt that an option for Crisis support was offered through this project.</p> <p>Mr T thanked the Board for their positive comments and praised D for attending the Board today despite it bringing back bad memories for her.</p> <p>Steve Trenchard formally apologised to Mr T C and Ms D R for their negative experiences and assured them that work is underway to change the way services within the hospital are provided. This was supported by Carolyn Green, who assured T and D that the Trust is committed to making changes and that she is</p>

	<p>working with staff to achieve this.</p> <p>On behalf of the Board, Mark Todd, offered thanks to Mr T C and Ms D R for their honesty and openness and for bringing this exciting project to the attention of the Board.</p> <p><b><u>RESOLVED:</u></b> Ifti Majid and Carolyn Green to follow up the relevant actions in support of the Root &amp; Branch Project as discussed.</p>
<b>DHCFT 2014/048</b>	<p><b><u>MINUTES OF THE BOARD MEETING, 26 MARCH 2014</u></b></p> <p>The Minutes of the Board meeting, which took place on 26 March 2014, were approved with the following amendments:</p> <p><b><u>DHCFT 2014/042:</u></b> Key themes: indent 4 – to read: Cost Improvement Programme is on course for a 100 % delivery in the year 2013/14.</p> <p><b><u>DHCFT/2014/043:</u></b> Finance Director’s Report – paragraph 2: - “Monitor has requested that we increase the cash reserves, i.e. the headroom on liquidity rating”</p>
<b>DHCFT 2014/049</b>	<p><b><u>MATTERS ARISING – ACTION MATRIX</u></b></p> <p>The following was noted:</p> <p><b><u>DHCFT/2014/016:</u></b> John Sykes asked it to be noted that the Drugs and Therapeutic Committee had scrutinised the Clozapine guidelines; these are correct and action had been undertaken to ensure that these are followed.</p> <p><b><u>DHCFT/2014/035 (item e):</u></b> Number of students within Health Visiting Services. An action was noted for John Sykes and Carolyn Green to explore the possibility of obtaining funding for an additional clinical placement officer.</p> <p><b><u>DHCFT/2014/035 (item f):</u></b> It was noted that risk based assessments should be noted as an action due to threshold being raised by Social Services withdrawing from certain functions.</p> <p><b><u>DHCFT/2014/035 (item h):</u></b> It was noted that appraisals have been undertaken and that contact had been made with H.R. services,</p> <p><b><u>DHCFT/2014/039:</u></b> Local information had been collected on conditions related to the misuse of alcohol. Work is now underway and will be discussed within the Finance and Performance Committee.</p> <p><b><u>DHCFT/2014/042:</u></b> A template for the written report by chairs of the Audit, Quality Committee and Finance and Performance Committees is now available from the Board Secretariat.</p>
<b>DHCFT 2014/050</b>	<p><b><u>CHIEF EXECUTIVE’S REPORT</u></b></p> <p>Steve Trenchard presented his Report to the Board.</p> <p>Key themes are:</p> <p><b>a) National Context:</b></p> <p>NHS Choices Framework had been updated to reflect the extension of mental</p>

health patients' right to choice, an important step towards Parity of Esteem. Theoretically, this may lead to more referrals into the Trust. However, there is lack of commercial guidance nationally which is under development.

**Action:** In response to a query from Maura Teager Steve Trenchard replied that IAPT Services will be discussed with commissioners.

**b)**

Lee O'Bryan and Steve Trenchard attended a launch of a national report which featured the work of the Trust as a case study developed by the **Involvement Participations Association** and commissioned by NHS Employers. It was evident that the positive result from the Staff Survey indicated clearly that high levels of engagement can lead to better patient care, better relationships and fewer incidents. Further ideas such as 360 degree feedback, strengthening the work with Unions and transformational change will be explored. A link to the relevant document, where the Trust is noted for this work, will be circulated. [http://www.ipa-involve.com/resources/publications/meeting-the-challenge/?utm\\_source=Adestra&utm\\_medium=email&utm\\_term](http://www.ipa-involve.com/resources/publications/meeting-the-challenge/?utm_source=Adestra&utm_medium=email&utm_term)

The Board welcomed the Trust recognition and the positive news this signalled about the organisational culture and its approach to people development.

Lesley Thompson commented that choices being more on the agenda should be seen as good for the Trust.

**c)**

Tony Smith asked for the opening of ward 34 at the Radbourne Unit to be celebrated. In response to a comment from Tony Smith linked to the visit from the leads of the Strategic Clinical Network for mental health, Steve Trenchard confirmed that the focus of the senate is on dementia and neurodevelopmental disorders. However, links have been made and research areas are being explored including application for grants with the AHSN. It was noted that the work of the Trust in Self Harm and Dementia as well as Young Children and the IAPT Services was well regarded in our area.

**Action:** NHS Choices Framework to be identified in the Board Assurance Framework as it proceeds.

**RESOLVED:** The Board thanked Steve Trenchard for his detailed report and received assurance.

DHCFT  
2014/051

### **SAFEGUARDING CHILDREN ANNUAL REPORT**

Carolyn Green presented the Safeguarding Children Annual Report. The key themes were:

- i. **Markers of Good Practice Assessment April 2013 to April 2014;** the Trust was fully compliant with the work in the area of safeguarding supervision and the "Think Family" campaign. Carolyn Green noted that due to emerging guidance there will be further work to do.
- ii. **Section 11 of the Children Act 2004:** the Trust is fully compliant with Section 11 to offer services for children.
- iii. **Training Compliance:** The Trust is fully compliant with the required national standard of group 2 for children safeguarding. Work is underway to move the organisation to full compliance of all staff directly involved in the care of children to the standard group three. However, due to poor access to multi agency training, the Trust has taken up training on this standard themselves. Partners are substantially further behind on this. Carolyn

Green raised this issue with the relevant agencies and is currently discussing with Directors of Nursing to make it a more manageable process. It was noted that the target for training is 85 % and the Trust is currently at 79 % so emphasis has been given to increase this figure.

- iv. **Safeguarding Supervision** – a programme under “Think Family” has identified key initiatives in Safeguarding supervision in the Trust. Safeguarding Named Nurses and Named Professionals continue to deliver high standards of supervision in support of practice.

Maura Teager commented that this report had been presented to the Quality Committee meeting where it was felt that the report was light on assurance. Carolyn Green advised that the same template was used by all organisations which report on this, however, she is working on a change to the model with the other organisations. She would also like to see a formal sign-off on any recommendations.

Referring to the structure chart in Safeguarding Children’s Team (page 4) Maura Teager pointed out that the Designated Nurse is paid for by commissioners and therefore influence could be exerted through this post. She also asked for the bullet point (page 5) concerning the Family Nurse Partnership and “leading strategic and service development on behalf of the organisation” to be deleted as this is not accurate, though there is a declared intent to do this.

Carolyn Green referred to the audit by the Care Quality Commission on 5 August 2013 after which a comprehensive joint action plan had been developed. She confirmed that the specific recommendations will be discussed in the Safeguarding Group and that further updates will be provided to the Board. Mark Todd also confirmed that the report from the Care Quality Commission covered much more than Safeguarding.

Lesley Thompson referred to the 100 % training compliance required for level three. In response, Carolyn Green confirmed that this is an intercollegiate target; however, our target with commissioners is 85 %. We are working towards increasing our current figure of 79 % and are aiming to be over 85 % and as close to the 100 % as possible.

Mark Todd referred to the embedding of “Think Family” as a practice wide issue and sought assurance that the prime duty towards children is enforced. Carolyn Green responded that she was progressing relationships with the Local Safeguarding Board.

Steve Trenchard will write to Christine Cassell regarding the regular Chief Executive meetings where sharing of issues should take place throughout the year. He will also include a note on why the multi-agency training issues, outlined before and in this report, have not been taken up.

The future plans, for 2014/15, were noted. It was requested that a routine quarterly report be submitted not only to the Quality Committee but also to the Board.

Carolyn Green was thanked for the detailed explanations and for tackling this subject so quickly in her short time at the Trust.

**RESOLVED:** The Board received the report and obtained limited assurance. Quarterly reports to be submitted to the Board and to be included in the Board Forward plan. Steve Trenchard and Carolyn Green to follow up on points made.

The draft Quality Report was presented to the Board prior to the final publication date of 30 June 2014.

Key themes are as follows:

- i. The draft report has been prepared in line with the National Health Service Quality Account regulations 2010. A series of statements have been included in part 2 of the report, the wording for which is prescribed within the regulations.
- ii. The draft report has been sent to service user groups, carers' forums, governors and third parties which include our lead commissioner Hardwick Clinical Commissioning Group. A form was made available to all to capture their views. Many comments have been received. The final version of the report will include our response to the feedback, and similarly it will also be used as part of our preparation for next year's report. Comments from third parties will be included in the final draft.
- iii. Audit of the indicators commenced late April and amendments arising from the auditors comments will be included in the final version.

The Board was requested to receive and comment on the first draft of the Quality Report 2013/14.

The following comments were made:

- i. An informative and positive report
- ii. Patient experience – the audit tool referred to should be re-inforced as an aspect
- iii. Comments re Health Visitor Clinics in Derby City noted
- iv. Over 800 compliments were noted
- v. Tony Smith asked whether the Reflecting on the Patient Experience training could be triangulated with Customer Care and Patient Care – in response Steve Trenchard advised that this would be difficult to do as there are robust differences. Customer Care Services might not be provided anymore as the programme has finished. Carolyn Green confirmed that she will take this matter to the Training Board.
- vi. Maura Teager commented that the report was well received at the recent Quality Committee meeting.
- vii. The draft report is a good, first version with the positive messages to be reinforced.
- viii. The words “aim” and “will” are queried. Carolyn Green explained that when “aim” was used, we are currently not in receipt of funding for the relevant issues, where “will” is used, we have the budget. After discussion, it was suggested that the word “aspire” would be preferable.
- ix. Lesley Thompson queried whether concerns are monitored. Carolyn Green responded that this is currently not the case here but that a different report with details on these will be brought to the Patient Experience Group in May.
- x. In response to a query from Caroline Maley, Carolyn Green commented that the partner organisation for commissioners was the Hardwick Clinical Commissioning Group, which had requested more information on Children's Services to be included next year.
- xi. The re-admission rate of the end of 13/14 (7.86%) was queried by Mark Todd. The statistics for this will be checked, but Carolyn Green confirmed that the 14.77 % - 8.33 % in the same table is the lowest in the cohort.
- xii. Claire Wright noted that this is a good practical report. She advised that the annual report deadline is today and that auditors are awaiting this.
- xiii. Ifti Majid commented on the discharge letters and advised the Board that this is now an upward trend due to the implementation of the discharge

	<p>letters project.</p> <p>Carolyn Green was thanked for presenting the report and providing detailed explanations.</p> <p><b><u>RESOLVED:</u></b> The Board accepted the draft Quality Report (subject to data checks In xi above and endorsed this.</p>
<p><b>DHCFT 2014/053</b></p>	<p><b><u>QUALITY COMMITTEE SUMMARY</u></b></p> <p>The Quality Committee summary report was presented by Maura Teager.</p> <p>The following issues were brought to the attention of the Board:</p> <ul style="list-style-type: none"> <li>i. “Closing the Gap – Crisis Care Concordat” – Maura Teager confirmed that this is being addressed by Carolyn Green and the Governors, who have already provided valid views.</li> <li>ii. Limited attendance had been noted from Medical Staff at the Quality Committee – Carolyn Green offered to take this up with John Sykes.</li> <li>iii. The Summary template was well received by the Committee.</li> </ul> <p>Maura Teager was thanked for providing this summary.</p> <p><b><u>RESOLVED:</u></b> the Board noted the issues discussed at the Quality Committee and received assurance.</p> <p><i>(The Board adjourned at 2.30 to take a refreshment break and to discuss a confidential matter. The meeting resumed at 2.55 pm.)</i></p>
<p><b>DHCFT 2014/054</b></p>	<p><b><u>QUALITY DASHBOARD SUMMARY END OF YEAR REPORT 2013/2014</u></b></p> <p>The Quality Dashboard summary end of year report was presented for progress information to the Board of Directors.</p> <p>Key themes were:</p> <ul style="list-style-type: none"> <li>i. The progress of indicators where compared to the national average has been good with most trends demonstrating improvements.</li> <li>ii. Disappointment exists that not all ambitious internal trajectories have been met in all areas. To measure the progress the national average has been used over the 12 month period. Learning from this will inform the proposed review of all the indicators.</li> <li>iii. As part of the Quality Strategy the dashboard would be presented 6 monthly to the Trust Board. However, during the Executive Leadership Team meeting in January 2014, it was proposed that the content be reviewed to reflect the Trust’s strategy 2013-2016 and the newly emerging national agenda such as the Francis Report, Keogh and Berwick. At the time it was requested that the proposals for new dashboard and indicators be presented at a future meeting of the Trust Board.</li> <li>iv. Delay had been experienced in this process due to changes within the Directorate. However, it was noted that discussions had continued with service users, carers, governors, commissioners and staff to develop new indicators. Consultation will continue and drafts will be presented at key meetings, including the Patient Experience Committee, the Governors Working Group for Quality, the Quality Assurance Group, the Quality Committee and Clinical Cabinet.</li> </ul> <p>The Board are asked to receive the presented report and consider the proposal for reviewing the monitoring and reporting of the Quality Dashboard as recommended by the Executive Leadership Team and the Quality Committee.</p>

	<p>It was felt that this was a good, solid framework with good additional indicators. This had resulted from a full discussion at the recent Board Development Session.</p> <p>Carolyn Green confirmed that through the planned roll out of the Paris system further data such as the Patient Reported Experience Outcome Measures (PREM) will be available and Ifti Majid supported this statement.</p> <p>In summary Mark Todd noted:</p> <ul style="list-style-type: none"> <li>- Duplicates to be stripped out of the dashboard (to be reflected in paper to the Board next meeting)</li> <li>- New ward – occupation of beds has had a direct impact on quality. A dramatic shift had been seen and good improvements had been reported by service users.</li> <li>- Calm environment to be included as indicator.</li> </ul> <p><b>RESOLVED:</b> The Board received the report and noted the improvement actions in place An updated report to be presented at a future meeting – Carolyn Green/Ifti Majid</p>
<p><b>DHCFT 2014/ 055</b></p>	<p><b><u>CONTROL OF INFECTION REPORT</u></b></p> <p>The annual Control of Infection report was presented to the Board by Carolyn Green. She was pleased to report that it had been a good year with excellent outcomes.</p> <p>Bullet point heading 4.0 should be 2013/14 instead of 2012/13.</p> <p>Lesley Thompson requested clarification on the effectiveness of the training. Carolyn Green responded by confirming that the training sessions are effective – there is a potential risk of not being able to deliver training sessions due to the capacity of the Team.</p> <p>In response to a query from Maura Teager concerning the low uptake of influenza immunisation, Carolyn Green replied that awareness exists of this. However, we are unable to collect data on staff, who receive the flu jab through surgeries etc. so putting an “other” tick box on the form will be considered for next year. Raising the profile of the influenza programme will be looked at as protected staff also protect family and friends by being immunised. It was noted that Hayley Darn and her small Team were very visible and that capacity had increased.</p> <p>It was also felt that external providers should be held to account if problems arose in their areas. In relation to bullet point 4.8 (page 5) Carolyn Green confirmed that the results of the Patient Led Assessments of the Care Environment (PLACE) are currently embargoed so the definition of “strong performance” cannot be qualified at the moment.</p> <p>Carolyn Green was thanked for presenting this report and requested to extend the Board’s thanks to Hayley Darn and her Team for an excellent performance.</p> <p><b>RESOLVED:</b> The Board received the report and obtained assurance.</p>
<p><b>DHCFT 2014/056</b></p>	<p><b><u>AUDIT COMMITTEE REPORT – MEETING 2 APRIL 2014</u></b></p> <p>The brief summary for the Audit Committee was presented by Caroline Maley. The rolling programme for Clinical Audit 2013/14 was welcomed, which has a more strategic focus and linked projects to strategic outcomes. The Committee</p>



requested that links to the Board Assurance Framework and Risk Register are more clearly defined and regarded the clinical audit outcomes as a form of internal assurance.

The Committee also agreed the Counter Fraud Work Plan for 2014/15, which addresses counter fraud and anti-corruption risks. An internal audit report was received on Financial Systems, which remained overall at low risk though basic controls were recurring in Shared business Services. A detailed discussion took place on the internal audit report, on the Electronic Patient Record, and the Cost Improvement programme, which had provided significant assurance. The draft head of Internal Audit report was received, which gave an opinion of “some risk to objectives. This is a “level 2” opinion. Claire Wright confirmed that it is highly unusual to obtain a “level 1” opinion, which gives full assurance.

PriceWaterhouseCooper also presented their annual plan for 14/15 at the Audit Committee meeting. It was confirmed that a total of 150 days had been contracted with a contingency of 25 days and risk based topics agreed. However, during the meeting it was made clear that the Trust would prefer to stay within the 150 days.

Reports had also been received from the external auditor, Grant Thornton, on emerging issues. The Committee was of the opinion that good extra value had been provided by Grant Thornton.

The Board Assurance Framework for 2014/15 is currently being developed. Good work had been done and this is a key document for both the Audit Committee and the Executives. This document will now be presented at the Audit Committee three times per annum (prior to the Board) and had been included on the Audit Committee Forward Plan.

Considerable changes have been made to the Draft Annual Governance Statement and the document is deemed to have more content and a better format now.

Mark Todd reminded the meeting that amendments to the Board Assurance Framework need to be raised at the Executive Leadership meeting and linked to the relevant Committees.

Caroline Maley was thanked for her detailed report.

**RESOLVED:** The Board noted the report of the Audit Committee Chair and obtained assurance

**DHCFT  
2014/057**

**INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY – MONTH 12**

This report was presented by Ifti Majid, who advised that this was a single top-level report and that no “deep dive” was included, as requested by the Board. He confirmed that the dashboard next month will include figures for Children’s Services and Substance Misuse Services. Lee O’Bryan was due to meet with Ifti Majid to discuss the inclusion of Workforce figures.

He asked the Board to articulate any risks and how Deep Dives should be reported upon in the future.

Key themes on the report were:

- I. Compliance with the Trust’s performance indicators is being actively monitored and corrective actions are put in place where appropriate.
- II. Specific Key Performance Indicators (KPIs) commentary for exceptions and downward trends is included in this month’s report.

Of note were the following:

- I. One admission of a patient under 18 to an adult inpatient facility
- II. Consultant outpatient appointment “did not attend”s show an increase in December and these are being actively monitored – these do not include the Paediatric Services
- III. Discharge letters project is ahead of trajectory
- IV. Discharges are increasing slightly and this is being investigated
- V. Patients on CPA are reflected across the whole organisation, i.e. all the consultant’s caseloads, and show a decline – Ifti Majid commented that as patients become stable, they are discharged back to G.P.s. Carolyn Green also advised that service users on enhanced CPA are approx. 10 % - it was decided to qualify the numbers which will show any pattern.
- VI. Downward trend on CPA in settled accommodation – it was confirmed that this related to data capture – the figures are also affected by changes in Local Authority, for example housing.
- VII. CPA service users who work as paid volunteers are not reported upon.

Board members discussed where the focus of attention should be and it was decided that Deep Dive informal reports would be requested from the following:

- Pathfinder and Recovery Services relating to decentralisation of services
- Access to Crisis Teams (City South) (the Crisis Team North to be invited as well to participate) (Service Line Managers, Associate Clinical Directors and Lead Nurses to be invited).

The Board was mindful of the current workload pressure on Teams but requested that thinking and concerns could be shared – information on data is readily available through the IT Team. Triangulation between the Service Manager, Lead Nurse and Assistant Clinical Director is suggested.

**RESOLVED:** The Board received the report on current performance and gained assurance from the actions identified to ensure sustained performance.

DHCFT  
2014/058

**INFORMATION GOVERNANCE REPORT**

The Information Governance Report – Quarter 4 – was presented to the Board.

Ifti Majid asked for the following to be noted, in view of the Annual Information Governance Return:

1. All relevant (45) standards have been achieved at a minimum level of 2 or above producing a score of 96 % compliance (95 % is the requirement).
2. The Trust had achieved an overall rating of “Satisfactory” for compliance with the Information Governance Toolkit version 11.
3. The Trust is the highest achieving Trust within the Mental Health and Community category in the country

The Board thanked Ifti Majid for this excellent report, acknowledged the significant amount of work undertaken and asked for their thanks to be extended to the Team involved.

**RESOLVED:** The Board received the report and obtained assurance.

<p><b>DHCFT 2014/059</b></p>	<p><b><u>GOVERNANCE</u></b></p> <p>Graham Gillham presented the following reports to the Board:</p> <p><b>i. <u>Senior Independent Director</u></b></p> <p>The Council of Governors had endorsed the appointment of Lesley Thompson as Senior Independent Director as well as her appointment as Deputy Chair for the remainder of her term of office. The Board extended congratulations to Lesley Thompson and formally approved her appointment. Monitor had been advised of her appointment as Senior Independent Director.</p> <p><b><u>RESOLVED:</u></b> Appointment of Lesley Thompson as Senior Independent Director/Deputy Chair approved by the Board</p> <p><b>ii. <u>Trust Sealings</u></b></p> <p>In accordance with the Standing Orders of the Board of Directors the Foundation Trust Seal is affixed to legal transactions, including deeds, transfers and letting of contracts over £100,000. The Register of Trust Sealings was provided.</p> <p>It was noted that figures under £100,000 are included which relate to the value of legal transactions.</p> <p><b><u>RESOLVED:</u></b> The Board noted the authorised use of the Foundation Trust Seal during 2013-14.</p> <p><b>ii. <u>Annual Review of Register of Interests</u></b></p> <p>Graham advised the meeting that it is a requirement that the Chairman, Board members and Board-level Directors, who regularly attend the Board, should declare any conflict of interest that may arise in the course of conducting NHS business. Board members are asked annually to declare any business or other outside interests.</p> <p>All concerned have now confirmed their interests in writing, which are recorded on the Register of Interest. The Board is asked to approve and record the declarations of interest as disclosed. The Board is also asked to record that all Directors have signed for compliance with the NHS Codes of Conduct and Accountability and Nolan principles. No relevant audit matters have been declared.</p> <p><b><u>RESOLVED:</u></b> The Board approved and recorded the declarations of interest The Board noted the signature of compliance of directors relating to the NHS codes of Conduct and Accountability and Nolan principles</p>
<p><b>DHCFT 2014/060</b></p>	<p><b><u>PEOPLE STRATEGY UPDATE</u></b></p> <p>Lee O'Bryan presented the update for the People Strategy, "Delivering Quality Through Our People".</p> <p>There were 4 key themes i.e.:</p> <ol style="list-style-type: none"> <li>1) Engaging our people</li> <li>2) Educating and developing of our people</li> <li>3) Maximising the potential of our people</li> <li>4) Working Environment of our people</li> </ol>

The wide ranging programme of substantial change through the Partnership and Pathway Teams is likely to impact staff from mid/late 2014/15. However, the Board was assured that there will be provision of honest and respectful Human Resources Department support for any individuals who may be directly impacted by change. A supportive culture open to change was in place, which will be reflected in Trust's Board Assurance Framework.

An additional key theme had been added in the form of "brilliant at the basics" – this would ensure that basic people policies and practices are understood by both Human Resources professionals and also middle managers and leaders – principles contained with the Francis, Keogh and Berwick Reports would be adhered to and that basics are in place to assure the Trust Board Assurance Framework. Up skilling of line managers in core skills and safe staffing would also be progressed.

Of note in the update were:

- I. Annual sickness absence is at 4.57 %, the lowest in 5 years
- II. Establishment of an Employee Committee chaired by the Chief Executive and support by the Non-Executive Directors
- III. The Trust programme of leadership development was shortlisted as one of six finalists in the Annual Training Journal awards, and Ruth Greaves, Governor for Derbyshire Dales, attended the awards meeting.
- IV. A new approach to appraisals was launched in 2013, with an integrated assessment of performance and a Values Based assessment. 70 % of existing staff have now had some form of values based assessment and feedback was that this was helpful to them.
- V. The Trust was mentioned in a National Study of Practice and the report for this will be circulated for information.

Further comments were made as follows:

- I. Pleased to see that the strategy was flexed, not completely new
- II. Leadership forms to be improved
- III. Brilliant at the basics was deemed to be a good call
- IV. Suggestion to undertake an internal Human Resources Survey
- V. Maximisation of the potential of new appraisal programme as well as used to develop and support staff – this will be discussed in the new Employment Committee
- VI. The response to the National Survey was excellent but the response rate was lower.
- VII. Values Based Assessment reflected that people numbers are very low and therefore a rethink was needed on the challenge outcomes.

Lee O'Bryan was thanked for the excellent work done on updating the strategy and was asked to cascade the Board's thanks to the Human Resources Department for their good work.

**RESOLVED:** The Board welcomed the updated People strategy and supported the actions in progress

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**ESTATES STRATEGY AND AGILE WORKING UPDATE**

Claire Wright presented the report on the Estates Strategy and Agile Working Update and noted that the Estates Team won both the Team of the Year as well as a platinum award. She then introduced Kevin Fletcher, Acting Head of Estates and Facilities, who presented the Board with an update.

	<p>Key themes were:</p> <ol style="list-style-type: none"> <li>I. Significant progress on all strands of the Strategy had been made – however, there remains much to do in support of, and informed by, the Transformational Change Programme.</li> <li>II. Excellent progress had been made with innovations in information to support decision making in asset planning.</li> <li>III. Agile working concept was progressing well. The flagship agile working resource centre, Dale Bank View in Swadlincote, provided learning opportunities.</li> <li>IV. Speed of expansion ahead of the Electronic Patient Record rollout had been limited due to availability of funding for additional mobile devices.</li> <li>V. Optimising the use of technology had advanced the programme.</li> </ol> <p>It was noted that the update related directly to the Trust Strategy. Mark Todd thanked Kevin Fletcher for providing the update and noted that a large amount of work had been done, i.e. moves of teams in a safe environment. He commented that, though areas such as Estates do not receive a lot of attention, they perform a very important function.</p> <p>The following comments were made:</p> <ol style="list-style-type: none"> <li>I. Good information contained within the report</li> <li>II. Human Resources – appraisals were very good and carried out on time. Kevin advised that there is a good relationship between appraiser and appraisee and that both are fully engaged with the process</li> <li>III. Apprentices were managed well within the team</li> <li>IV. Liz Bates, Hotel Services Manager, engages well with her staff, who are the “hidden army”.</li> <li>V. Training had been undertaken within the team and staff engaged well on this</li> <li>VI. Consistent leadership skills – to be cascaded to other departments</li> <li>VII. YouTube video of the “Snow Team” worth watching</li> <li>VIII. A post project evaluation was undertaken after every project and staff were constantly engaging with their customers throughout the Trust as well as with external stakeholders</li> </ol> <p>In summary, Mark Todd congratulated the Estates Team, led by Kevin Fletcher and overseen by Claire Wright, on an excellent performance. He asked for the thanks of the Board to be extended to the whole of the Team.</p> <p><b>RESOLVED:</b> The Board received the report and noted the excellent progress made.</p>
<p><b>DHCFT 2014/062</b></p>	<p><b><u>FINANCE DIRECTORS REPORT – MONTH 12</u></b></p> <p>Claire Wright presented the report for Month 12. She asked the Board’s attention for the following key themes:</p> <ul style="list-style-type: none"> <li>• The final year-end financial position at 31<sup>st</sup> March is an underlying surplus of £ 1.87 million, which is ahead of plan by £ 0.6 million.</li> <li>• The Monitor risk rating (Continuity of Service Risk Rating), remained at 3 as planned, with the individual liquidity metric improving to a 3 against a plan of 2 due to improved cash levels.</li> <li>• Capital Expenditure achieved full plan at the end of the financial year, following the re-allocation of underspending schemes in order to fund urgent in year bids.</li> <li>• The report should be considered in relation to the Trust Strategy and</li> </ul>

	<p>specifically the financial performance pillar. It should also be considered in relation to the financial risks contained in the Board Assurance Framework.</p> <ul style="list-style-type: none"> <li>• There are no governance exceptions to note</li> <li>• The report is consistent with the Quarter 4 in-year monitoring return to Monitor, as required as part of the conditions of our Provider Licence.</li> <li>• The report is also consistent with the draft Annual Accounts for 2013/14, which have already been considered by the Audit Committee on the 29 April 2014.</li> </ul> <p>It was also noted that the Cost Improvement Programme of £ 4.4 million, including £ 1.1 million non-recurrently, had been fully delivery at year end. The Cost Improvement Programme for 2014/15 had already been secured ahead of the financial year. An additional Quality panel, which consisted of Carolyn Green, Maura Teager, Tony Smith and Dr John Sykes, had scrutinised the plan for this programme and a number of small changes were made. However, overall the panel supported the programme and thanks were extended to the Finance Team for their preparedness for the panel meeting. It was noted that the Board would give support to patient safety, which should not be compromised, but that quality might be affected. However, knowing what the impact might be and how this can be mitigated remains to be seen.</p> <p>Ifti Majid pointed out to the meeting that as a Board we cannot expect to go direct from the transactional programme to a transformation programme but that a period of adjustment time must be expected.</p> <p>It was suggested to start the Cost Improvement Programme in the autumn this year for 2015/16 but to link this firmly to the Transformational Change Programme. Risks should be noted and brought to the Board for discussion and agreement.</p> <p>On behalf of the Board, Mark Todd congratulated Claire Wright and her Team on an excellent, professional performance and asked for these thanks to be shared with the Team.</p> <p><b><u>RESOLVED:</u></b> The Board noted the report and received excellent assurance.</p>
<p><b>DHCFT 2014/063</b></p>	<p><b><u>FOR INFORMATION:</u></b></p> <p>i. <b><u>Annual Board Forward Plan</u></b></p> <p>The Board Forward Plan was presented to the meeting for information.</p>
<p><b>DHCFT 2014/064</b></p>	<p><b><u>OBSERVATIONS OF THOSE IN ATTENDANCE TO THE MEETING</u></b></p> <p>The Chairman invited those present at the meeting to provide comments to the meeting. The following was raised:</p> <ul style="list-style-type: none"> <li>- The opportunity to attend a Board meeting was appreciated</li> <li>- Supportive environment and healthy challenges were raised</li> <li>- Trust staff to attend Board meetings (it was confirmed that this is actively encouraged by directors, non-executive directors, governors and managers within the Trust)</li> <li>- Presentation from Mr T C and Ms D R was much appreciated and Ward to Board presentations are very valuable</li> <li>- Open and honest meeting</li> <li>- Good meeting, had been attending since 2004</li> <li>- Attendee from the Spiritual Wellness Group and will remind the group concerning the Board meetings</li> <li>- Entertaining meeting overall – much enjoyed</li> <li>- Items were identified for the Board Assurance Framework during the</li> </ul>

	<p>meeting</p> <p>The Chairman thanked all for their comments.</p>
<p><b>DHCFT 2014/065</b></p>	<p><b>CLOSE OF THE MEETING</b></p> <p><i>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.</i></p> <p>The Chairman thanked all those present for their attention and closed the public meeting.</p>