

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, 30th January 2013

MEETING HELD IN PUBLIC

Opened: 1.00 pm

Closed: 2.00 pm

PRESENT:

Alan Baines	Chairman
Graham Foster	Non-Executive Director
Paul Lumsdon	Chief Nurse/Executive Director of Nursing and Quality
Ifti Majid	Acting Chief Executive
Mick Martin	Deputy Chairman/Senior Independent Director
Tony Smith	Non-Executive Director
Maura Teager	Non-Executive Director
Lesley Thompson	Non-Executive Director
Claire Wright	Executive Director of Finance
Graham Gillham	Director of Corporate and Legal Affairs
Helen Marks	Director of Workforce & Organisational Development

IN ATTENDANCE:

Alison Baker (minutes)	Personal Assistant to Chairman and Chief Executive/Office Manager
Steve Trenchard	Chief Executive Designate
And 2 members of the public	

APOLOGIES:

John Sykes	Executive Medical Director
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DHCFT 2013/01	<p><u>OPENING REMARKS</u></p> <p>The Chairman welcomed those present to the meeting. There were no declarations of interest from Board members.</p> <p>The Chairman noted the retirement presentation that had taken place prior to the Board meeting for Mike Shewan, Chief Executive.</p>
DHCFT 2013/02	<p><u>MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 19TH DECEMBER 2012</u></p> <p>The minutes from the meeting of Derbyshire Healthcare NHS Foundation Trust, held on 19th December 2012, were approved with one amendment:</p> <p><u>DHCFT 2012/29 QUALITY OVERVIEW AND UPDATE</u></p> <p>Final sentence to read “The challenge for the Trust would be to ensure its governance processes reflected the highest scrutiny and it was noted that Paul Lumsdon had scheduled discussions with key stakeholders in early January in readiness for <i>the annual</i> review of the organisation’s governance structure.”</p>

<p>DHCFT 2013/03</p>	<p><u>MATTERS ARISING – ACTIONS MATRIX</u></p> <p><u>DCHFT 2011/13 DRAFT COMMUNICATIONS AND MARKETING STRATEGY</u> The Chairman suggested that the action be removed because the emerging overall Trust strategy would include the key elements of communications and marketing, and therefore a separate action was not required at this stage.</p> <p><u>DHCFT 2012/127 CHIEF EXECUTIVE'S OVERVIEW AND UPDATE</u> Ifti Majid confirmed that a letter had been sent to Derby City Council raising the Trust's concerns over the proposed funding cuts for Derbyshire Voice.</p>
<p>DHCFT 2013/04</p>	<p><u>CHIEF EXECUTIVE'S OVERVIEW AND UPDATE, INCLUDING EXECUTIVE LEADERSHIP TEAM FEEDBACK – IFTI MAJID</u></p> <p>Ifti Majid provided feedback from the Derby City Health and Wellbeing Board on 17th January 2013, where discussions had taken place between commissioners and providers. The Board were pleased to hear that support for the Trust's developing priorities was increasing and that mental health and wellbeing was likely to feature strongly in Derby City's priorities. Of particular note was the level of sign up to the dementia agenda and children's wellbeing services, together with a pledge of support for the Time to Change campaign. These positive points had all been noted and minuted at the meeting. There was also a discussion in relation to Southern Derbyshire Clinical Commissioning Group emerging priorities.</p> <p>Steve Trenchard was due to attend the Derbyshire Chief Executives' Away Day on 1st February, accompanied by Ifti Majid and John Sykes, when the Trust's emerging Strategy document would be outlined, along with the plans from other Trusts in the region.</p> <p>Paul Lumsdon confirmed Robert Francis QC had announced he would deliver his final report into Mid Staffordshire NHS Foundation Trust to the Secretary of State for Health on Tuesday, 5th February 2013. The report would then be published on 6th February 2013. Steve Trenchard added that the meeting of the Derbyshire Chief Executives on 1st February would include an open discussion in relation to the consistency of responses to the Robert Francis QC report across Derbyshire and any resulting key themes from the meeting would be highlighted to the Board of Directors.</p> <p>In response to Mick Martin, Steve Trenchard confirmed a written Chief Executive's report would be provided to the Board of Directors from next month onwards.</p> <p>Lesley Thompson asked whether the Board were aware of the North Derbyshire Clinical Commissioning Group event on 7th February and Ifti Majid confirmed that a senior team would be in attendance.</p> <p>Lastly Steve Trenchard advised he was due to be interviewed by Radio Derby on 4th February, which would provide another opportunity for the key messages from the Trust's vision and strategy to be announced and promoted.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To receive a written report from the Chief Executive for future meetings.
<p>DHCFT 2013/05</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY, INCLUDING MONTH 9 FINANCIAL HEADLINES – IFTI MAJID/CLAIRE WRIGHT</u></p> <p><u>i) Integrated Performance and Activity</u></p> <p>a) <u>Children's Specialist Services</u> Ifti Majid presented the Trust's performance against its key performance indicators</p>

(KPIs) and passed on apologies from Julia Lowes, Service Line Manager for the Acute and Community Care Services Division and Jane Elliott, Head of Child & Family Health Services, who had planned to attend the meeting.

The performance dashboard continued to demonstrate the Trust's strong position for compliance against Monitor targets in 2012/13. Areas of exception or special interest included patient clustering. Ifti Majid advised that action plans had been implemented by both Divisions which were improving clustering compliance and work continued with the Head of PBR (Payment by Results) to provide support and guidance with the clustering process.

Another area highlighted was in relation to discharge and outpatient letters. Work was ongoing to improve the current difficulties and it was expected that digital dictation (already piloted successfully) would improve performance considerably. The Board were assured that the process for all discharged patients included a discharge summary faxed immediately to the patient's general practitioner, and therefore there were no quality or safety issues or concerns.

The first of this month's "deep dive" areas was in the Specialist Children's Services line. Interestingly, Ifti Majid pointed out the excellent discharge and outpatient letters performance for Children's Services, due to the strong EPR (electronic patient record) links with primary care. This demonstrated the importance of EPR. In addition, completion levels for IPR (Individual Performance Review) were also high within Children's Services, suggesting staff in this area had worked hard to embrace the culture of driving forward leadership in the organisation. Low numbers of complaints and strong quality visit results added to the positive overall picture. However, the Board of Directors were urged to note the service line reporting (SLR) data for Children's Services, which showed the increased apportionment of overheads, resulting in a significant impact on SLR for this service line. Ifti Majid reminded the Board of Directors that a number of changes in commissioning arrangements was likely for this group of staff. At a recent meeting with commissioners the importance of Children's services, a core part of the Trust's delivery plans and wellbeing agenda, had been reiterated.

Maura Teager asked for further information with regard to activity expectations and an analysis of staffing levels for Children's Services. Ifti Majid explained the difficulty of national data collection for this service area but added that, in areas of strong data, it was possible to see trends over the past 2.5 years, and the emerging patterns flowing through and the Trust was showing strong activity levels.

In further response to Maura Teager and Lesley Thompson, Paul Lumsdon outlined the various strands of how feedback from service users was gathered and how these were likely to be included in the CQUIN (Commissioning for Quality and Innovation) payment framework for 2013/14.

Mick Martin asked for an indication of when the Trust would anticipate the position with discharge and outpatient letters to be at an acceptable level. Ifti Majid advised that a pivotal action was required from the Clinical Reference Group of CCGs (Clinical Commissioning Groups) whereby general practitioners could accept electronic letters. A bid was currently being progressed and, by the end of Quarter 1, a significant step change was expected. The Trust was fully prepared for this new way of working once agreed by the relevant parties involved.

b) Adult North Community Care

Turning to the Adult North Community Care service line, performance was similar to the main dashboard for the Trust with all Monitor targets consistently achieved. Issues in relation to IPR and induction attendance were being addressed with action plans in place. A number of untoward incidents had been noted in the last 9 months,

demonstrating a good reporting culture. A large proportion of these were graded minor or insignificant and the remainder were in the process of being appropriately investigated. The service alterations, required due to the retraction of services by Derbyshire County Council, had impacted on the Recovery Teams. This had resulted in a high level of caseload change but had been robustly managed with the least possible impact on service users.

Graham Foster asked for an explanation for the over-performance shown on the activity dashboard for Chesterfield Central Adult Recovery and Killamarsh and North Chesterfield Adult Recovery. Ifti Majid explained that this was a result of the retraction of teams of social workers, together with a number of redesigns of services, where some teams had moved. It was expected that these issues would be resolved by the PbR (Payment by Results) scheme. Graham Gillham queried a possibly correlation between SUIs and the teams highlighted but Paul Lumsdon stated that a review of the incidents had not indicated any direct connection.

ii) Financial Overview (Month 9)

Claire Wright was pleased to report the following financial achievements at the end of Quarter 3:

- The Trust continued to operate within its PBL (Prudential Borrowing Limits).
- The Trust had a financial risk rating (FRR) of “4”.
- There were no exceptions to note in relation to the key metrics driving the FRR.
- The forecast position for the capital expenditure programme was expected to be delivered fully by the year end.
- The Trust was confident of achieving its overall financial plan, including an outturn underlying surplus of £1.3m (an overachievement against plan of £0.1m).

A further explanation was provided in relation to the cash position in the final table and the Board of Directors were assured that this was a result of the surplus position and capital underspend to date and there were no underlying cause for concern.

RESOLVED:

- **To acknowledge the current performance of the Trust.**
- **To note the actions in place to ensure sustained performance.**

**DHCFT
2013/06**

QUALITY OVERVIEW AND UPDATE – MAURA TEAGER

Maura Teager outlined her involvement in the planning and facilitation of a workshop on 29th January 2013 in relation to the current provision of Eating Disorder Services. The event was attended by service users, clinicians and providers, including Health, Local Authority and Voluntary, as well as local commissioners from Clinical Commissioning Groups.

It had included powerful stories from three service users and their different experiences of care received from diagnosis through to the present day. Maura Teager praised the session, put together by Jim Millns, Head of Contracting and Stacy Woodward, Contracts Officer, and said the attending commissioners had acknowledged the importance of early intervention and, more specifically, the importance of understanding the care pathways from the patient’s perspective in order to deliver the quality and safety of care that they need. New investment was anticipated in this vital area, and the Board of Directors agreed it had a key role to play in helping to influence and shape services with stakeholders and commissioners. It was also acknowledged that further work was required to develop and promote the Trust’s services through the internet.

<p>DHCFT 2013/07</p>	<p><u>QUALITY DASHBOARD – PAUL LUMSDON</u></p> <p>Paul Lumsdon presented his Quality Dashboard report, outlining the progress made against the Quality Framework Indicators, ratified by the Board of Directors in October 2012. The trajectories for each indicator had been based on the achievements of those Trusts perceived to be in the top five for their quality of services, and thus provided a benchmark on the Trust's own level of performance. The four strands of quality measured were Patient Safety; Patient Experience; Effectiveness; and Staff Experience. The top five Trusts, indicators and trajectories would be re-examined as part of the annual Quality Governance Review and the suggested reporting arrangements were for the Quality Governance Committee to receive the dashboard quarterly prior to the report being presented to the Board of Directors. Paul Lumsdon suggested that for each quarter a detailed section would be chosen and expanded to complement the Quality Governance report. The first report showed good progress had been made with three out of four strands of quality on track, with Effectiveness exceeding the trajectories at the end of the financial year for 2012/13.</p> <p>The Chairman requested that data be presented by exception with reports concentrating on those areas that were not performing as expected.</p> <p>In response to Mick Martin, Paul Lumsdon referred to earlier Board discussions when the targets had been discussed and agreed and suggested the wording of the indicators could be revised to avoid misinterpretation. It was agreed that the indicators would be clarified, together with the source of the metrics.</p> <p>Steve Trenchard praised the report and suggested it could be further enhanced with an appendix to show the comparison with other Trusts' data, similar to that used to report staff and patient survey benchmarked results.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To request further work to clarify the indicators used and the source of the metrics. ➤ To include an appendix to demonstrate the Trust's performance when benchmarked against other organisations in future reports. ➤ To agree for quarterly exception reports to be presented to the Board of Directors.
	<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, 27th February 2013 at 1.00 pm
Boardroom, Trust Headquarters, Bramble House, Kingsway, Derby, DE22 3LZ**