

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, 27th February 2013

MEETING HELD IN PUBLIC

Opened: 1.05 pm

Closed: 2.40 pm

PRESENT:

Alan Baines Graham Foster Paul Lumsdon Ifti Majid Mick Martin Tony Smith John Sykes Maura Teager Lesley Thompson Steve Trenchard Claire Wright Graham Gillham Helen Marks	Chairman Non-Executive Director Chief Nurse/Executive Director of Nursing and Quality Executive Director of Operations, Performance and IM&T Deputy Chairman/Senior Independent Director Non-Executive Director Executive Medical Director Non-Executive Director Non-Executive Director Chief Executive Executive Director of Finance Director of Corporate and Legal Affairs Director of Workforce & Organisational Development
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IN ATTENDANCE:

Alison Baker (minutes) Suzie Mallet Sue Newbold Helen Todman Four members of public	Personal Assistant to Chairman and Chief Executive/Office Manager Records, Storage & Tracking Team Leader Team Manager for Amber Valley Management Trainee
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APOLOGIES:

None

DHCFT 2013/08	<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>
DHCFT 2013/09	<p><u>MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 30TH JANUARY 2013</u></p> <p>The minutes from the meeting of Derbyshire Healthcare NHS Foundation Trust, held on 30th January 2013, were approved with one amendment:</p> <p><u>DHCFT 2013/05 INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY, INCLUDING MONTH 9 FINANCIAL HEADLINES – IFTI MAJID/CLAIRE WRIGHT</u></p> <p>ii) Financial Overview (Month 9) First bullet point to read:</p> <ul style="list-style-type: none"> ➤ The Trust continued to operate within its <u>PBL</u> (Prudential Borrowing Limits).

<p>DHCFT 2013/10</p>	<p><u>MATTERS ARISING – ACTIONS MATRIX</u></p> <p><u>DHCFT 2013/07 Quality Dashboard</u> Paul Lumsdon confirmed that the next Quality Dashboard would include benchmarking information, as requested by the Board of Directors.</p>
<p>DHCFT 2013/11</p>	<p><u>QUESTION FROM A MEMBER OF THE PUBLIC</u></p> <p>The Chairman invited Paul Lumsdon to respond to a question received from Derbyshire Voice on 15th February 2013, in relation to how the Trust anticipated achieving its inpatient physical care target and the reason for the chosen safety target. Paul Lumsdon presented the following response:</p> <p>The trajectory for physical care had been deliberately set at a high rate by the Executive Team, reflecting the national drive to ensure the physical health of patients was of equal priority to their mental health. Commissioners had set a CQUIN (Commissioning for Quality and Innovation) indicator to improve the physical healthcare of patients and the Trust intended to work alongside General Practitioners to ensure that physical healthcare was checked. The question was based on a “yes” or “no” answer, together with other methods of measuring, such as audit work and the checking of care plans, rather than relying on patient perception alone.</p> <p>In relation to the patient safety target, the term “feeling safe” was based on a number of questions that contributed to patients feeling safe and was more about a patient’s perception. For example, media stories or the effects of medication could impact on a patient’s perception of feeling safe, rather than the environment they were in. A mentally unwell patient may also feel unsafe as a result of the nature of their particular illness and therefore this target was more difficult to improve. Paul Lumsdon emphasized the Board’s total commitment to ensuring that every patient using Trust services felt safe and underwent a physical health check.</p>
<p>DHCFT 2013/12</p>	<p><u>LETTER TO THE CHAIRMAN FROM THE SECRETARY OF STATE REGARDING ‘FOSTERING AN OPEN CULTURE’</u></p> <p>Following the publication of the report by Robert Francis into the events that occurred at Mid Staffordshire NHS Foundation Trust, the Chairman read a letter that had been received by all NHS Trusts and Foundation Trusts in England from the Rt Hon Jeremy Hunt MP, Secretary of State for Health, on 15th February 2013 in relation to the critical importance of fostering and sustaining an open culture in which concerns about care can be raised, investigated and acted upon.</p> <p>The Board of Directors wished it to be placed on record that, in line with The Public Disclosure Act 1998: Whistleblowing in the NHS, no contract of employment or agreements with the Trust had any reference to confidentiality clauses that would prevent an employee/ex-employee from speaking out about concerns they may need to raise in relation to patient care, now or at any point in the future.</p>
<p>DHCFT 2013/13</p>	<p><u>CHIEF EXECUTIVE’S OVERVIEW AND UPDATE, INCLUDING EXECUTIVE LEADERSHIP TEAM FEEDBACK – STEVE TRENCHARD</u></p> <p>Steve Trenchard provided a brief update, following his first few weeks in the Trust as Chief Executive. These points are outlined below:</p> <ul style="list-style-type: none"> ➤ In relation to the Trust’s initial response, following the publication of the report by Robert Francis into Mid Staffordshire NHS Foundation Trust, a number of programmes were already underway. Helen Marks added that one of the outcomes from the Francis report had been the recognition of the need for a change in culture across the NHS. Following his recent visit to the Trust,

	<p>Dean Royles, Director of NHS Employers, had supported the Trust's approach to Values and Values Based Recruitment to change the culture in the organisation, and had used the social media site 'Twitter' to praise the Trust quoting his visit to "a brilliant team". Helen Marks had also been invited to meet with the HR Director for the NHS Commissioning Board, who were interested in the Trust's work on values.</p> <ul style="list-style-type: none"> ➤ Attendance with Paul Lumsdon and Maura Teager at a regional Francis meeting, including a presentation from one of the Mid Staffordshire NHS Foundation Trust investigators who had reviewed the stories of those involved. These powerful extracts from carers and relatives of those affected had been shared with the members of the 4Es (Equalities, Engagement, Experience and Enablement) Stakeholder Committee and also at the customer care training course for staff. A Board development session was to be held on 13th March 2013 to consider the Trust's response to the report and reflect on the findings of the Francis report. ➤ The publication of the CQC's third annual report on the monitoring of the implementation of the Mental Health Act (MHA) 1983. The report had noted a rise nationally in the number of people subject to the Act (Inpatients and Community Treatment Orders) and increased pressures on services. The CQC intended to keep these issues under review during their local visits and the Trust would take time to consider the report from the CQC to learn from any national trends and ensure practices in relation to the MHA reflect the highest standards. In response to comments from Board members, Ifti Majid explained that the increase in demand would need to be managed by new ways of working, treating people closer to their homes and working with partner organisations earlier in a patient's pathway to prevent the need for admission as an inpatient. ➤ The three day compliance inspection by the CQC from 29th to 31st January 2013, a verbal report on which would be provided later in the meeting by Paul Lumsdon. The Board of Directors were asked to note the exemplary leadership by Ifti Majid and his team who ensured an open and robust visit of services took place, together with the overall positive feedback received from the CQC inspectors in relation to the teams visited. ➤ The various induction meetings arranged for Steve Trenchard with a range of key partners and the willingness of the voluntary sector providers to work openly with the Trust to build stronger communities and support the population better. <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To note the Chief Executive's update.
<p>DHCFT 2013/14</p>	<p><u>EDUCATION STRATEGY – HELEN MARKS</u></p> <p>Helen Marks introduced the proposed Education Strategy – 'Creating the Future of Learning Together', which described how the Trust would move away from organisationally focused education to patient centred education. The vision for Education: "Strengthening the Patient Care Culture Through Value Based Education" was outlined, together with the four layers of the framework:</p> <ul style="list-style-type: none"> ➤ Compulsory Education ➤ Role Specific Education ➤ Patient Care Specific Education ➤ Enhanced Patient Experience Education <p>The vision was also supported by four strategic aims:</p> <ul style="list-style-type: none"> ➤ Patients first: a culture for customising education ➤ First rate and responsive education

	<ul style="list-style-type: none"> ➤ Technically competent, confident and capable people ➤ Professional leadership <p>In order to achieve these aims, the current Education Team would be redefined, relinquishing their responsibilities to deliver training. Compulsory and role specific training would become the responsibility of the operational services. The new Education department would become the commissioners of education and play a key role between research and practical application. They would also be responsible for ensuring that key conferences were organised to showcase the work of the Trust.</p> <p>Resources would need to be reviewed to ensure there was appropriate investment to support the successful implementation of the strategy and Claire Wright confirmed that financial resources were being considered as part of budget setting discussions. It was anticipated that the Education Team would take on its new role from 1st April 2013.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To agree the approach detailed in the Education Strategy. ➤ To support the review of resources and approve the Education Strategy, subject to adequate investment being identified.
<p>DHCFT 2013/15</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY, INCLUDING MONTH 10 FINANCIAL HEADLINES – IFTI MAJID/CLAIRE WRIGHT</u></p> <p>Ifti Majid introduced Sue Newbold, Team Manager for Amber Valley, who had kindly agreed to answer any questions in the absence of the Service Line Managers.</p> <p>i) The Board of Directors were provided with an overview of the regulatory performance from the dashboard and were pleased to note this remained strong. The Trust also continued to report “green” for its regulatory targets with Monitor. Areas noted included an increase in DNA (Did Not Attend) levels for outpatient appointments, largely a result of the adverse weather conditions during the reporting period. Senior clinicians had undertaken an audit of the causal factors and would be reviewing the DNA policy in light of their findings. Another point to note was the increased length of stay for patients transferred from hospital care to community care, the reasons for which were explained.</p> <p>Ifti Majid was delighted to inform the Board of Directors that the Trust would shortly become one of the few NHS organisations to be using the social media site ‘Twitter’ to ‘tweet’ the organisation’s performance scores on a daily basis, along with a ‘live’ URL link to the Trust’s performance dashboard on the website. This would enable patients and members of the public to see how the Trust was performing each day.</p> <p>The two ‘Deep Dive’ areas in the report were for Psychological Therapies and the Adult South Acute and Community Care Services Division.</p> <p>ii) For Psychological Therapies, it was noted that the small numbers of patients in cluster 7 would account for variances in CPA statistics. In terms of activity, Ifti Majid confirmed the reductions were largely due to a part-year change in the methodology with regard to IAPT (Improving Access to Psychological Therapies) services. Another point to note was that the Trust’s ‘Step 2’ IAPT performance was not as strong as expected and this was being addressed with the organisation with which the Trust sub-contracted to provide this service.</p> <p>The vacancy position was outlined and it was noted that further work was required in relation to new starters’ inductions, individual performance reviews. Steps had been put in place to resolve the reported issues.</p>

	<p>With regard to the low number of reported incidents, additional work was to be undertaken to understand the reasons for this given the wide range of the IAPT service.</p> <p>Graham Foster asked how prepared the Trust was for 1st April, given the issues reported with IAPT. Ifti Majid confirmed the Trust was well prepared with a new model which had been widely shared across Derbyshire with engagement from service users and general practitioners. The Trust had been well supported by voluntary sector organisations and govern ors and had also received approaches from general practitioners in relation to Psychological Therapies.</p> <p>iii) For the Adult South Community Care Services Division, Ifti Majid explained the arbitrary split between the North and South of the County in the Early Interventions Service. The rate of cancelled consultant outpatient appointments had been consistently low for the majority of the year but, due to consultant sickness in June, November and January, this had led to an increase.</p> <p>This service line also required further work to address some of the HR (Human Resources) dashboard indicators and systems and plans had been put in place to resolve these issues.</p> <p>Ifti Majid was pleased to report the efforts in the community team to fill vacant posts, along with the proactive approach by the team to 'Making Every Contact Count' with physical healthcare checks.</p> <p>In relation to the mixed results for Quality Visits, Ifti Majid explained that one of the capacity issues was due to the impact of Derbyshire County Council centralising their social care staff. The team had seen a reduction in capacity by over half but were reacting in a positive way to address the problems through new ways of working.</p> <p>Paul Lumsdon referred to the performance dashboard on page 8 of the report and was pleased to note the actions in relation to the CPA (Care Programme Approach) reviews (3.1.10) were being addressed. Ifti Majid was asked what additional steps could be taken to support this further and the Board of Directors were assured the reviews were taking place but the data was not always being entered on the system by clinicians. The move to PARIS would improve this problem with clinicians able to directly input the information.</p> <p>iv) The financial headlines were reported by Claire Wright and the Board were delighted to note that the Trust continued to operate within its Prudential Borrowing Limits, that a financial risk rating of '4' was reported for January, and that the Trust was confident of achieving its overall financial plan. The profile in the report had been revised to demonstrate the trajectory more easily.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To acknowledge the current performance of the Trust. ➤ To note the actions in place to ensure sustained performance.
<p>DHCFT 2013/16</p>	<p><u>QUALITY OVERVIEW AND UPDATE – MAURA TEAGER</u></p> <p>Maura Teager referred to the report into Mid Staffordshire NHS Foundation Trust by Robert Francis QC and read an extract from page 24 of the Executive Summary: <i>“It has been said before and must be said again; I do not for a moment believe that those in responsible positions in the Trust or elsewhere in the healthcare system went about their work knowing that by action or inaction they were contributing to or condoning the continuance of unsafe or poor care of patients. What is likely to be less comfortable for many of those in such posts at the time is the possibility, and</i></p>

	<p><i>sometimes the likelihood, that whatever they believed at the time, they were not being sufficiently sensitive to signs of which they were aware with regard to their implications for patient safety and the delivery of fundamental standards of care.”¹</i></p> <p>Maura Teager asked the Board of Directors to reflect on the extract and consider whether they could be confident they were leading an organisation that was sensitive to what was happening internally across the service. Staff in the NHS were undergoing increased scrutiny from many different angles and it was important to ensure they were supported to ‘strive’ for the best and not just to ‘survive’. Paul Lumsdon agreed with the points made by Maura Teager and confirmed that the Trust’s response to the report had been constructed by listening to communities and staff. The Chairman noted that the vast majority of reports to the Board of Directors demonstrated performance was at the required level to meet or exceed targets. This however left no room for complacency and it was vital to keep striving to learn from others and continue to make improvements</p> <p>John Sykes voiced his view that the clinicians and managers in Mid Staffordshire NHS Foundation Trust had lost sight of the correct attitudes, values and behaviours. Maura Teager added that the staff had become desensitized to what was happening and had been driven by the wrong motivational factors. Lesley Thompson asked how staff could be supported and prevented from becoming desensitized in this way and Helen Marks replied that educational tools, such as the patient story and real time feedback data, with staff undertaking values based assessments, would support the process.</p> <p>Lastly Steve Trenchard said that his observation as a newcomer to the Trust was that he had been given assurance from the tone of the organisation with senior leaders talking openly about the findings at Mid Staffordshire NHS Foundation Trust. The culture in the Trust would help to guide the decision making process with staff embracing the Trust Values at all levels in the organisation.</p>
<p>DHCFT 2013/17</p>	<p><u>CARE QUALITY COMMISSION SCHEDULED VISIT – PAUL LUMSDON</u></p> <p>Paul Lumsdon confirmed the draft report from the Care Quality Commission had been received for corrections prior to publication. The Assessment Team from the CQC had measured five standards and added ‘partnership working’ as a sixth standard. Overall the results were very positive but a couple of areas still required further work, in particular care planning. Staff had presented very well throughout the process and made a significant effort to be open. The CQC Team had been credible and thorough and gave a good level of feedback to the teams they visited. In the past CQC visits had focussed on core services but the Team also included community services, which demonstrated the positive step forward to look at all areas of care being offered.</p>
<p>DHCFT 2013/18</p>	<p><u>TRUST RESPONSE TO THE PUBLICATION OF THE ROBERT FRANCIS QC REPORT INTO MID STAFFORDSHIRE NHS FOUNDATION TRUST – PAUL LUMSDON</u></p> <p>Further to the earlier discussion under the Quality Update item, Paul Lumsdon presented his paper outlining the planned approach and action plans as a result of the publication of the final report by Robert Francis QC into Mid Staffordshire NHS Foundation Trust. Following the publication of the report on 6th February 2013, the Chief Executive had immediately issued a letter to all staff setting out the Trust’s response to the report. Members of the Board of Directors and staff began to read the report and reflect on the findings. A discussion board was set up on the Trust’s</p>

¹ The Mid Staffordshire NHS Foundation Trust Public Inquiry Chaired by Robert Francis QC – Executive Summary
Paragraph 71, page 24

	<p>Connect intranet site for staff to post their comments. In the following weeks a 'Francis Response Steering Group' was formed, constituted of patients, carers, a governor and staff, which agreed that a number of 'listening events' should be hosted across the County. The purpose of these events was to provide opportunities for patients, carers, members of the public, staff, governors, stakeholders and partners to contribute their thinking and for the Trust to listen and talk to the people of Derbyshire.</p> <p>The four phased approach was outlined: to plan and consider the findings, to listen and engage (up until March), to feedback and report, and to agree the actions and report to the Board.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To agree the phased response to implementation of the Sir Robert Francis QC recommendations.
	<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 March 2013 at 1.00 pm

Boardroom, Trust Headquarters, Bramble House, Kingsway, Derby, DE22 3LZ