

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 March 2013

MEETING HELD IN PUBLIC

Opened: 1.05 pm

Closed: 2.45 pm

PRESENT:

Alan Baines	Chairman
Graham Foster	Non-Executive Director
Paul Lumsdon	Chief Nurse/Executive Director of Nursing and Quality
Ifti Majid	Executive Director of Operations, Performance and IM&T
Mick Martin	Deputy Chairman/Senior Independent Director
John Sykes	Executive Medical Director
Maura Teager	Non-Executive Director
Lesley Thompson	Non-Executive Director (public session only)
Steve Trenchard	Chief Executive
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
Paul Bailey	Complex Case Manager, City Division
Martyn Coles	Complex Case Manager, District Division
Helen Crowson	Service Manager, Eating Disorder Service
Helen MacMahon	Service Line Manager, District Division
Sam Mortimer	Divisional Nurse, City Division
David Tucker	Service Line Manager, Older People Services, County

Two members of the public

APOLOGIES:

Tony Smith	Non-Executive Director
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**DHCFT
2013/19**

OPENING REMARKS

The Chairman welcomed those present to the meeting and referred to the work that had taken place following the publication of the Francis report. Local "listening events" had been held and members of the Board had attended various conferences and events to discuss the outcomes from the report with colleagues at a national level. A report from the Chief Executive and Chief Nurse would be provided early in the meeting in relation to this work.

A report on external assessment would also be presented during the meeting, following an inspection of the Trust by the Care Quality Commission.

There were no declarations of interest from Board members.

<p>DHCFT 2013/20</p>	<p><u>MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 27TH FEBRUARY 2013</u></p> <p>The minutes from the meeting of Derbyshire Healthcare NHS Foundation Trust, held on 27th February 2013, were approved with the following amendments:</p> <p><u>DHCFT 2013/09 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</p> <p><u>DHCFT 2013/11 QUESTION FROM A MEMBER OF THE PUBLIC</u></p> <p>Final sentence to be replaced to read “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 2013/21</p>	<p><u>MATTERS ARISING – ACTIONS MATRIX</u></p> <p>There were no actions from the previous meeting that required an update.</p>
<p>DHCFT 2013/22</p>	<p><u>UPDATE ON DEVELOPMENTS FOLLOWING THE ROBERT FRANCIS QC REPORT – PAUL LUMSDON/STEVE TRENCHARD</u></p> <p>Paul Lumsdon reiterated that the Board had long since made quality and safety its key priority and relayed a real life narrative from one of the cases at Mid Staffordshire NHS Foundation Trust. The Board of Directors agreed with Paul Lumsdon’s view that the Trust takes responsibility for people’s care and that errors made cannot be put right after the event – it was vital to get it right at the outset, but that when errors did occur, a transparent and open response was required.</p> <p>The Trust had undertaken a significant amount of preparatory work following the publication of the Mid Staffs report, including holding a series of listening events, externally with members of the public and internally with staff and governors. This process was approximately half way through and it was anticipated that the feedback and next steps at the end of this process would be concluded and presented to the Board of Directors in May. Many people attending the events had asked that this process continued in that senior managers should be readily available to listen to any concerns from front line workers and members of the public.</p> <p>The Government and Department of Health’s initial response to the Francis Report had been published with five key themes drawn together for action:</p> <ol style="list-style-type: none"> 1) Preventing Problems 2) Detecting Problems Quickly 3) Taking Action Promptly 4) Ensuring Robust Accountability 5) Ensuring Staff are Trained and Motivated <p>In relation to the last point, Paul Lumsdon expressed his disappointment that the Government had not been able to recommend a clear strategy for the registration of HCA’s (Healthcare Assistants). He stated that the Trust will work to ensure there are clear expectations of the standards expected from HCAs and for the Trust values to be instilled in each member of staff. Maura Teager praised the HCAs she had met at the Dementia event the previous week and said they were fully committed and enthusiastic to providing care to patients in a positive way.</p> <p>Mick Martin asked what further work could be undertaken with the Trust’s partner agencies and Ifti Majid assured the Board of Directors that the topic of the Francis report was being discussed in every meeting he was attending.</p>

<p>DHCFT 2013/23</p>	<p><u>CHIEF EXECUTIVE'S OVERVIEW AND UPDATE – STEVE TRENCHARD</u></p> <p>In his Chief Executive's report, Steve Trenchard reiterated the level of activity currently present in the NHS and its partner agencies in light of the Francis report. Members of the Francis Team had been present at national events, attended by the Chief Executive and the Chairman, and the speeches given had again reinforced the key messages. The issues summarised in the initial response report from the Government and Department of Health would take some time to work through with regard to regulations but the Board of Directors were advised that the key issue for the Trust was to continue to maintain a calm approach, ensuring staff, members of the public, patients and carers were listened to and felt assured by the steps being taken.</p> <p>A detailed report from the Care Quality Commission (CQC) was due to be presented at the Board meeting, together with the Trust's response submitted to the CQC.</p> <p>The demand for emergency services and 'winter pressures' was alluded to, the level of which was usually referred to to a lesser degree in mental health services than for acute services but it was important to remember 'parity of esteem' between mental and physical health. For example, demand for the Trust's own acute services remained high, being influenced by the economic downturn, demographics and rising care expectations.</p> <p>The Trust's strategy document continued to be consulted upon and had been well received thus far. Feedback from commissioners had been positive with praise received for the outward, community facing approach taken. A meeting with the Trust's consultant body had taken place the previous evening to present the draft strategy, feedback on which had been favourable.</p> <p>Maura Teager referred back to the earlier comments in relation to HCAs and provided feedback from her attendance at the Dementia showcase event the previous week. The Team of HCAs, led by Sam Mortimer, Divisional Nurse for the City Division, had provided a wonderful example of how they had engaged with patients at Cubley Court and this learning would be captured and rolled out to other areas.</p> <p>Mick Martin commended the Executive Team on the tone and the work undertaken thus far with regard to the Francis report and asked for an indication of the timeline for the workplan. Steve Trenchard referred to the timeline contained in the presentations to staff at listening events and added that the Executive Team were planning a session to take forward the actions from the Board Development Session earlier in the month. Regular reports would be issued to the Board of Directors and a paper would be presented in due course.</p> <p>Steve Trenchard advised that he was cycling the Coast to Coast route in three weeks time to raise funds for the Charity, Derbyshire Voice. A 'Just Giving' page had been set up and Board members were asked to pledge their support with sponsorship. Derbyshire Voice had also requested further support with accessing Board papers and this was agreed in principle.</p> <p>The Board were also advised that issues that had been raised by a member of the Council of Governors were being addressed and, as a result, a piece of work was underway to review the crisis and urgent care pathway.</p>
<p>DHCFT 2013/24</p>	<p><u>QUALITY OVERVIEW AND UPDATE – MAURA TEAGER</u></p> <p>Maura Teager introduced Paul Bailey and Martyn Coles, Complex Case Managers for the City and District Divisions. Maura explained she had been significantly impressed with the way in which Paul and Martyn had confidently acted and held providers to account and they both relayed some of their achievements and challenges to the Board of Directors. The Board heard examples of situations when patients would not be progressed to the next</p>

	<p>step of their care pathway thus restricting their ability to move on and lead a normal life e.g. a patient being unable to go outside unescorted. Paul and Martyn were working to address these issues with the help of consultant input. The Board of Directors commended this approach, which demonstrated 'the patient at the centre of everything we do', and applauded Paul and Martyn for their hard work as ambassadors for the Trust to make step changes to improve patient care.</p>
<p>DHCFT 2013/25</p>	<p><u>CARE QUALITY COMMISSION (CQC) SCHEDULED VISIT REPORT – PAUL LUMSDON</u></p> <p>Paul Lumsdon presented his report following the unannounced scheduled visit to the Trust by the CQC for the financial year 2012/13. The panel fielded by the CQC were knowledgeable in the areas inspected with different combinations of inspectors used over the three days. Their decision to include inspections of community based services had been welcomed by the Trust, and given the visiting team as wide a scope of services as possible.</p> <p>The full report from the inspection was presented and, across the 11 teams visited, 3 had not reached the required standard in 2 areas. Although found to be minor in impact by the CQC, the Trust was disappointed not to have fully met the required standard. The approach taken had been a supportive one with all the teams inspected working together to bring those who had fallen short up to the required standard. An action plan had been produced and was submitted within the required deadline to the CQC. Considerable time had already been spent dissecting the report in detail by the Board of Directors at their Development Session earlier in the month. Lesley Thompson requested further assurance with regard to any issues of safety that had been highlighted by the visiting Team and this was provided by Paul Lumsdon.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To note the contents of the report and agree to receive a copy of the action plan.
<p>DHCFT 2013/26</p>	<p><u>ANNUAL REVIEW OF QUALITY GOVERNANCE 2013 – PAUL LUMSDON</u></p> <p>Paul Lumsdon presented the annual review of Quality Governance, which had been considered at length at the Board Development Session earlier in the month. The review, which had commenced in January 2013, assessed the structure of Quality Governance as a whole, the aims and accountabilities of the working groups, and ensuring the structure and processes were focussed on the Trust's future strategic objectives.</p> <p>Staff, patients and Governors had been consulted throughout the review and the structure had been found to work well. Additional areas had been suggested to further strengthen the structure and add rigour. In addition to the Board Development Session discussion, the outcome from the review had also been considered by the Executive Leadership Team, Quality Governance Committee, and the Council of Governors. The following suggestions were therefore proposed:</p> <ul style="list-style-type: none"> ➤ One overall Integrated Risk and Quality Governance Committee, to meet on a monthly basis, reporting to the Board of Directors. ➤ 3 Sub-Committees reporting to the Integrated Risk and Quality Governance Committee: Patient Safety Committee; Patient Experience Committee; and Effectiveness Committee. These 3 sub-committees would be co-chaired by a Head and Senior Clinical Lead. ➤ The new meeting structure to be implemented over a 3 month period, rather than the 6 month period included in the Board paper. ➤ Terms of Reference to be written and agreed as part of the implementation process.

	<p>The first report to the Board of Directors on the new structure would be in July 2013 and a monthly reporting schedule would be drawn up. In answer to Maura Teager, Paul Lumsdon stated it would be his intention for the Integrated Risk and Quality Governance Committee to be chaired by a Non-Executive Director. Steve Trenchard also requested consistent use of language when referring to Board level Committees and sub-Committees and requested Terms of Reference be produced for sign off by the Board of Directors, alongside the forward plan for the next meeting.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To agree the outcome from the annual review of Governance 2013. ➤ To approve the proposed structure as outlined. ➤ To receive the Terms of Reference for the new Quality Governance Structure, along with the Forward Plan, for approval.
<p>DHCFT 2013/27</p>	<p><u>INFECTION CONTROL ANNUAL REPORT 2012/13 – PAUL LUMSDON</u></p> <p>The Board of Directors were delighted to receive another positive annual report for Infection Control. Paul Lumsdon confirmed that there had been no cases of MRSA bacteraemia during the financial year and there had been a reduction in Clostridium Difficile cases to 2 reported (3 for the previous year). There had also been no ward closures as a result of the norovirus illness, a significant achievement when compared with the difficulties that had been faced by acute services. Training levels were reported to be approximately 87% and cleanliness and auditory scores were good. These results demonstrated the strong leadership by nurse consultant, Hayley Darn, and Paul Lumsdon recorded his thanks to Hayley for her hard work throughout the year.</p> <p>One area of disappointment was with regard to the percentage take up of the flu vaccination by staff. In response to Board members, Paul Lumsdon explained some of the reasons given by staff who had refused the vaccination and it was agreed that further work was required to educate staff about the benefits. Ifiti Majid added that staff receiving the vaccination via their general practitioner would not be captured in the statistics, and take up may therefore be higher than reported. In response to Lesley Thompson, Ifiti Majid acknowledged there had not been a corresponding increase in cases of flu amongst staff or patients, but emphasized the increased vulnerability and associated risks. Further efforts would be made to promote the benefits of vaccination, although it was acknowledged that the decision to take up the offer of vaccination was a personal choice for staff.</p> <p>Steve Trenchard praised the number of ‘excellent’ PEAT scores reported and John Sykes said the fact that the Trust had not been required to close wards during the norovirus illness period was a significant achievement.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To approve the annual report for infection prevention and control 2012/13. ➤ To agree the clinical audit programme for infection control 2013/14.
<p>DHCFT 2013/28</p>	<p><u>BOARD ASSURANCE FRAMEWORK 2012/13 – PAUL LUMSDON</u></p> <p>The Board Assurance Framework (BAF) for 2012/13 was presented to the Board of Directors to demonstrate how the Trust had identified and met its assurance needs, focussed on the delivery of its objectives and subsequent principal risks. The BAF would provide the central basis to support the Board of Directors’ disclosure requirements with regard to the Annual Governance Statement, which the Chief Executive, as Accountable Officer, would sign on behalf of the Board of Directors, as part of the statutory accounts and annual report.</p> <p>Paul Lumsdon confirmed that the BAF had been robustly reviewed by the Audit Committee and that Rachel Kempster, Corporate Risk and Assurance Manager, was already building</p>

next year's BAF, based on the Trust's new strategy document.

As Chairman of the Audit Committee, Graham Foster confirmed that the Committee had been pleased with the level of assurance provided by the BAF, and that the majority of assurance actions had been taken and recorded accurately with no causes for concern to report. Lesley Thompson made a suggestion for the next financial year, for consideration to be given with regard to decision making in line with the Trust's values and how this could be incorporated and it was agreed that this was a challenge that should be put across to all the Trust's Committees and Groups.

The Chairman reiterated the importance of the BAF and requested additional time be allocated for the document in future Board meetings.

RESOLVED:

- To receive and support the final update on the Board Assurance Framework (BAF) for 2012/13.
- To agree that the Audit Committee will continue to receive a formal update on the BAF three times per year: June 2013; October 2013; and February 2014, and that the Board of Directors will continue to receive a formal update on the BAF in July 2013; November 2013; and March 2014.

**DHCFT
2013/29**

CORPORATE GOVERNANCE – REVIEW OF REGISTER OF DIRECTORS' INTERESTS – GRAHAM GILLHAM

Graham Gillham referred to the annual requirement for each Board member to make certain disclosures for the purposes of the annual accounts and annual report. Each Board member had signed a declaration in relation to: any interests, relevant and material, to their directorship of the Foundation Trust; compliance with the NHS Codes of Conduct and Accountability; the 'Nolan Seven Principles of Public Life'; and to confirm that there was no relevant audit information of which the Trust's auditors were unaware. The register was therefore recorded as follows:

NAME	INTEREST DISCLOSED (if any)	TYPE
Alan Baines	Non Executive Director - Critical Pharmaceuticals Ltd Chairman of CIPFA Business Limited Director of British Veterinary Association Trustee of Changing Faces Charity Chairman of Audit Committee, Changing Faces Charity Chairman – Empath (from 13/08/2012)	(a) (a) & (e) (a) (d) (d) (a)
Kathryn Blackshaw	Nil	
Graham Foster	Nil	
Graham Gillham	Nil	
Helen Marks	Nil	
Paul Lumsdon	Member - Mental Health and Learning Disability Nurse Directors and Leads Forum and Steering Group Visiting Fellow of University of Derby	(e) (e)

Ifti Majid	Nil	
Mick Martin	Director of Sophist Limited (private company) Data Advance Ltd	a) b)
Mike Shewan	Nil	
Anthony Smith	Panel Member for the Judicial Appointments Commission (from 26 th March 2012 to 31 st March 2015)	d)
John Sykes	Nil	
Maura Teager	Director - Limited Company "Maura Teager Consultancy Services Ltd". Derbys, Rutland and Leicestershire Air Ambulance (DRLAA) - volunteer capacity only. Non-Executive Director on the board of RIPPLEZ, Social Enterprise for the Family Nurse Partnership	(a) (d) (e)
Lesley Thompson	Director – Beyond Coaching and Consulting Ltd Director – Beyond Coaching and Consulting Ltd Director – Beyond Coaching and Consulting Ltd Associate Consultant – Penna PLC Associate Consultant – CMC ²	(a) (b) (c) (e) (e)
Steve Trenchard	Chair of ISPS (UK) – The International Society for Psychological & Social Approaches to Psychosis	d)
Tim Woods	Non-Executive Board member of NHS Elect.	(a)
Claire Wright	Nil	

- (a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those dormant companies).
- (b) Ownership of part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
- (c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.
- (d) A position of authority in a charity or voluntary organisation in the field of health and social care.
- (e) Any connection with a voluntary or other organisation contracting for NHS services.

RESOLVED:

- **To approve and record the declarations of interest as disclosed. These will be recorded in the Register of Interests, which is accessible to the public at the Trust Head Office.**
- **To record that all Directors have signed as to compliance with the NHS Codes of Conduct and Accountability and Nolan principles; no relevant audit matters have been declared.**

Ifti Majid introduced Helen MacMahon, Service Line Manager (District Division), Helen Crowson, Service Manager (Eating Disorder Service) and David Tucker, Service Line Manager (Older People Services, County) who had kindly agreed to answer any questions in relation to the 'Deep Dive' reports.

i) The Board of Directors were provided with an overview of the regulatory performance from the dashboard and were pleased to note that the Trust continued to report "green" for its regulatory targets with Monitor. Ifti Majid expressed his intention to focus on the three 'Deep Dive' reports into Specialist Services Division – Eating Disorders; Perinatal; and the Acute and Community Care Services Division – Older Adult Community.

ii) Specialist Services Division – Eating Disorders

The Board of Directors were delighted with the performance from this service line and formally noted its commendation to Helen Crowson and her team. The impressive dashboard performance recorded 'green' across the board and indicated a very high performing team. By way of response, Helen Crowson explained that her team was proud of the work they had undertaken to implement the Trust's values. The leadership in the team was strong and despite challenges with regard to staff resources, quality and performance had been maintained. In response to Graham Foster, Helen Crowson advised that further investment was anticipated from commissioners into the service so that they may move towards a NICE compliant service, covering all the various eating disorders and increasing the BMI at which someone would be eligible for the service. Steve Trenchard reinforced the commendation from the Board and asked whether there were any lessons learnt that could be shared across to other teams in relation to outpatient letters. Helen Crowson commented that the team did not generate many outpatient letters but the admin support and team approach were the main reasons for the high performance. Claire Wright commented that it was nice for the Board to hear where savings achieved had been reinvested back into the service.

iii) Specialist Services Division - Perinatal

Helen MacMahon provided an oversight of the Beeches Inpatient and Mother and Baby Unit, together with the dedicated Community Mental Health Team. These made up the perinatal service part of the Specialist Services Division, providing assessment, care and treatment for women who were at risk of or experiencing serious mental illness either antenatally or postnatally. Performance for the team was again strong and the Board praised the team's achievements. Maura Teager added that she had witnessed, on more than one occasion over the years, high praise for the perinatal unit by members of the public.

iv) Acute and Community Care Services Division – Older Adult Community

David Tucker introduced the performance data for the Older People Community Service Line and it was noted that the service line continued to consistently achieve all Monitor targets. Again, another team with strong performance and positive feedback from patients and their families. Paul Lumsdon acknowledged there were areas that the team were taking steps to address, but praised the action being taken to move forward with innovation through the music and dementia question and answer sessions, demonstrating a modern innovative approach.

v) 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 February, and that the Trust was confident of achieving its overall financial plan.

RESOLVED:

- **To acknowledge the current performance of the Trust.**

	<p>➤ To note the actions in place to ensure sustained performance.</p>
DHCFT 2013/31	<p><u>INFORMATION GOVERNANCE 2012/13 QUARTER 3 RETURN – IFTI MAJID</u></p> <p>Ifti Majid explained that the Trust would be submitting its end of year information governance update on 29th March 2013 for compliance against the 2012/13 Version 10 Information Governance Toolkit. The current achievement level had reached 93% against the information governance target and the Trust was aiming for 94%, which would place the organisation in contention to be the number one Trust. This was a significant achievement, given that 4.8% of Trust staff were on sickness or maternity leave. The Trust’s auditors had confirmed that these staff could be excluded from the return data but Ifti Majid explained he had retained them in the reporting data to strive for the highest possible percentage for trained staff. Graham Foster confirmed that the Trust’s auditors were extremely satisfied with the level of assurance in this area and had indicated that they would undertake less assurance work next year due to the robustness of the process in place.</p> <p>Ifti Majid requested delegated authority from the Board of Directors to sign off the IG Toolkit V10, IGSOC, and publication.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> ➤ To note the progress being made towards the Information Governance Toolkit V10 2012/13. ➤ To acknowledge the significant amount of work that has to be undertaken to deliver the Information Governance Toolkit this year. ➤ To note that one Information Governance requirement (10-112) states that all staff (95%) are fully trained on IG awareness. Currently the organisation is 93% compliant. This is a significant undertaking for the Trust, especially given the increase in staff. ➤ To devolve delegated authority to Ifti Majid for IG Toolkit V10 signoff, IGSOC and publication.
	<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, 24th April 2013 at 1.00 pm
Boardroom, Trust Headquarters, Bramble House, Kingsway, Derby, DE22 3LZ