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, 26th June 2013

MEETING HELD IN PUBLIC	
Opened: 1.05 pm	Closed: 3.47 pm

PRESENT:	Alan Baines	Chairman
	Graham Foster	Non-Executive Director
	Graham Gillham	Director of Corporate and Legal Affairs
	Paul Lumsdon	Chief Nurse/Executive Director of Nursing and Quality
	Ifti Majid	Chief Operating Officer/Deputy Chief Executive
	Mick Martin	Deputy Chairman/Senior Independent Director (left the meeting after item DHCFT 2013/75C)
	Tony Smith	Non-Executive Director
	John Sykes	Executive Medical Director
	Lesley Thompson	Non-Executive Director
	Maura Teager	Non-Executive Director
	Steve Trenchard	Chief Executive
	Claire Wright	Executive Director of Finance
IN ATTENDANCE:	Ali Baker	Personal Assistant to Chief Executive/Chairman (minutes)
	Cathy Cleary	Chief Executive for First Steps Derbyshire and Trust Governor for Derby City West (shadowing Maura Teager)
	Scott Lunn	Service/Clinical Lead, District Division
	Jon Scattergood	Service Line Manager (Older Peoples), Acute and Community Care Services Division
	Chris Wheway	Assistant Director, Urgent and Planned Care Division
	Two members of the public:	
	Mark McKeown, Derbyshire Voice Representative	
	Peter Aaser, Governor for Derby City East	
APOLOGIES:	Helen Marks	Director of Workforce & Organisational Development

DHCFT 2013/54	**CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST**
	Apologies were noted from Helen Marks, Director of Workforce & Organisational Development. Cathy Cleary, newly appointed Governor for Derby City West, was welcomed to the meeting, shadowing Maura Teager for the day.
	The Chairman explained the changes to the format of the meeting and that the Board was considering how to best compile the right level of statistics to track the Trust's productivity of mental health services in each service area. This would not be an easy task but the Board had settled on a group of measurements which would enable the Board to see the trends in efficiency, quality and utilisation of people and

	finances.
	There were no declarations of interest to be noted.
DHCFT 2013/55	**BOARD MEMBERS ACTIVITIES AND OBSERVATIONS** Each member of the Board provided a brief outline of their individual activities during the month, the key aspects of which are listed below: • NHS Confederation Conference in Liverpool – it had been disappointing to note that the Secretary of State had made no mention of mental health during his 45 minute speech. • Executive Director appraisal reviews and pre-appraisal process underway for Non-Executive Directors. • Launch of Finance & Performance Committee – a verbal update on which would be provided later in the meeting. • Hadhari Community Engagement Visit. • Retirement presentation for Colette Handsley, a lady who had spent nearly 40 years in the Trust's service. • Quality Visits – of particular note was feedback from the Quality Visit to the Finance Team who had presented leadership aspects instead of finance (a refreshing and forward thinking style); along with the Workforce & OD Team who had produced a video showing their contacts in the Trust using the framework of the London tube system. Another quality visit had been undertaken at Brooklands Recovery Team where the positive initiative facilitated by Brenda Rhule, Service Manager, was showcased, for practice to aid recovery using photography. This had culminated in a photography exhibition of material with patients and carers and an awards ceremony. The Quality Visit to Cubley Court Male Ward at Kingsway had involved the observation of patients, carers and staff during a lunchtime. A high level of staff engagement and motivation had been noted, demonstrating leadership and engagement embedding across the Trust's teams. • Graham Foster referred to a meeting he had attended with the Trust's internal auditors with regard to national standards for productivity measures. It was anticipated that ongoing benchmarking capacity would be identified to help measure the Trust's productivity and performance. • Feedback from another Quality Visit was in relation to Occupational Therapy and Recreational Activity at the Hartington Unit, where measures had been put in place to utilise a bank of volunteers to support out of hours cover for canteen facilities and recreational activities. • Another shining example of staff on lower grades in the organisation coming forward with new ideas was a case in the outreach service, where staff and service users were involved in a community care farm, giving people with mental health problems employment experience. Following on from this initiative had resulted in the person who runs the farm being able to offer sheltered housing to those stepping out from Trust services, giving optimism and hope to service users. • Attendance at East Midlands Leadership Academy Events had proved very powerful and emotive, especially the patients safety event in Lincoln with keynote speaker Julie Bailey (responsible for raising the concerns at Mid Staffordshire NHS Foundation Trust). A second event, on the topic of integrated care, had enabled partnership with other providers to be strengthened, including an informal Non-Executive Director 'buddying' arrangement. • A visit to First Steps had provided a superb opportunity for Maura Teager to discover the work underway with the young community under the leadership of Cathy Cleary (CEO for First Steps). • Mick Martin had undertaken a piece of work to gain assurance on how the

	Board of Directors interacted with the Council of Governors. The outcome of the work was positive with a high level of Executive Director and Non-Executive Director engagement demonstrated, together with a robust process for the Governor Working Groups.
	• The forward thinking approach to volunteer workers being taken by the Trust was already being developed with volunteers going into prisons to prepare individuals for when they leave. The knowledge harnessed by those with 'lived experience' of mental health problems was key with regard to shared learning. Further work was required to encourage a wider net of people with such experience to come forward.
	• Paul Lumsdon referred to the Ward 35 Quality Visit and the positive work being undertaken, along with his clinical work in the Crisis Service and Inreach Team in Chesterfield.
	John Sykes joined the meeting.
	• Ifti Majid focussed on how person centred thinking could lead to step changes and referred specifically to the approach being taken at Ward 2, London Road with the development of a pre-admission checklist, resulting in a personalised and well thought out welcome to the ward for individuals and their families/carers. Other steps, such as fitting a lining to the curtains in bedroom areas to reduce daylight and making improvements to sound proofing in corridors to improve the sleep levels for inpatients, had been welcomed by those affected.
	• Claire Wright had joined colleagues on other visits and conferences, already mentioned, and so focussed on her attendance at a recent Finance Directors event and a PWC East Midlands Finance Leaders Network, including briefings on Board level risk management, best practice, and an update on the Clinical Commissioning Group landscape.
	• Lesley Thompson referred to her attendance at the RAID conference, led by Martin Smith, Recovery Lead where the positive progress made by the Trust had been outlined. In addition, the Quality Visit to Bayheath House had provided an excellent example of how a high performing team had continued to strive for excellence through internal initiatives to improve patient experience.
	• John Sykes referred to the problem for patients who had been discharged from the service and the difficulties and delays to get back into the service in the event their condition deteriorates. In addition, reference was made to risk assessment and a national research study undertaken by Professor Louis Appleby into patients committing homicide crimes or suicide following discharge. The options identified in the report were being adapted with a view to implementation in the Trust.
	The Chairman thanked Board members for their contributions.
DHCFT 2013/56	**MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 29TH MAY 2013** The minutes from the Board of Directors meeting, held on Wednesday, 29th May 2013, were approved.
DHCFT 2013/57	**MATTERS ARISING – ACTIONS MATRIX** DHCFT 2013/50 - Strategic Direction 2013-2016 Graham Gillham confirmed that the revised Strategy document had been included in a prominent place on the Trust website.

	DHCFT 2013/51 – Corporate Governance Graham Gillham advised that he had had some initial discussions with the communications team with regard to extending the use of social media in Board meetings. Suggestions were requested from Board members. DHCFT 2013/52 - ii) Performance and Activity Summary, including Month 1 Financial Headlines Ifti Majid confirmed that the action in relation to the inclusion of the nurses:patients ratio in the safe staffing table of data was complete.
DHCFT 2013/58	**CHIEF EXECUTIVE'S OVERVIEW AND UPDATE – STEVE TRENCHARD** Steve Trenchard referred to the Trust's desire to promote recovery at the point of entry into the service, with the clear expectation goal being for service users to recover from their illness. The Recovery Group had been revitalised and would be linked beneath the new Transformation Board. The previous week had seen the national use of restraint (particularly face down restraint) highlighted by MIND in relation to the death of patients from inappropriate use. As part of the Trust's approach to recover, Paul Lumsdon and Steve Trenchard had joined a Department of Health Working Group with regard to the issue. The Trust was already working to reduce the use of seclusion in inpatient areas, but wished to accelerate the programme. At the launch of Derbyshire Voice's "Mad Pride" week, Steve Trenchard would pledge his intention for the Trust to be categorised as "no force" Steve Trenchard provided insight into the introduction of the Government's Care Bill to reform the law relating to the care and support for adults and the law relating to support for carers.
DHCFT 2013/59	**QUALITY UPDATE** Maura Teager highlighted the issue with falls, which had been receiving local and national media attention. During a recent quality visit, an initiative taken by one of the teams had been proven to reduce the risk of falls and resulted in a patient returning home without the need for a zimmer frame. The Board agreed the importance of ensuring such good practice was shared amongst all the teams and discussed ways to create opportunities for staff to communicate positive performance with their peers. The second point was in relation to a comment from a member of the Council of Governors the previous day with regard to the reputation of the Care Quality Commission (CQC). It had been noted that the CQC were applying an increased rigour and scrutiny. Although better known amongst members of the public, it was felt that the connection with the CQC was largely related to the acute hospital sector and Mid Staffordshire NHS Foundation Trust. The Board of Directors reiterated their support for the CQC visits to the Trust and joint working approach to ensure quality was maintained.
DHCFT 2013/60	**QUALITY DASHBOARD – PAUL LUMSDON** Mick Martin provided feedback from the first meeting of the new Quality Committee, noting that the tremendous work from the former Risk Management and Quality Governance Committees had resulted in a solid platform from which to start the new Committee. The Committee's purpose was twofold: to make a difference for patients and also to ensure the Board of Directors received a high level of assurance that the quality requirements were being fully delivered. The majority of the meeting had been devoted to a detailed review of the patient experience work that had been undertaken. In terms of the assurance received, Mick Martin confirmed that it was

clear there was a strong evaluation in place of the available data and a recognition that there should be no shortage of information in relation to measuring patient experience. Efforts had been made to consider new sources of information and identify themes that could be used effectively with one such area identified as the use of volunteers and gaining their feedback.

Paul Lumsdon introduced his Quality Dashboard, which provided an update on the Trust's performance against the quality indicators, set out in the Quality Framework. Since the report had been written, one of the indicators had been removed so there were now 34 indicators, each having a baseline score, a target for the end of the life of the framework (March 2015), the current position and a score which was calculated using the trajectories set out in the framework for each financial year end covered by the framework.

In relation to the scores for quality indicators 10 and 11, Ifti Majid queried the mismatch of scores, given local intelligence in some areas. Paul Lumsdon pointed out that differences could be due to different surveys asking questions in different ways, and it was for the Quality Committee to pull all the information together and produce the scores for each.

In response to Tony Smith's query with regard to areas identified where there would be a greater stretch, Paul Lumsdon replied that it would be important to identify a filter for talking to patients about how they feel safe – a more detailed conversation was required to identify what safety means.

Lesley Thompson added that the report had received a thorough review at the Quality Committee and the first meeting had been robust and positive.

RESOLVED:
> **To evaluate the Quality Dashboard report and receive assurance on the quality of the Trust's services.**

DHCFT 2013/61	**PATIENT EXPERIENCE REPORT – PAUL LUMSDON** Paul Lumsdon introduced his second report demonstrating how the proactive review of a range of data had been used to inform and improve services and patients' experience of care. The report had also received a thorough review at the Quality Committee and questions were invited from Board members. Tony Smith referred to the missed opportunity detailed in the second paragraph on page 7 of the report. Ifti Majid acknowledged there were still areas for improvement and explained the roll out of the "you said, we did" initiative. Maura Teager suggested the 'Floor Walk' process should include out of hours services and Paul Lumsdon agreed to take this forward. The Chairman referred to a meeting with a representative from the Mental Health Action Group prior to the Board meeting, who had raised concerns over the frequency and treatment of patients in seclusion, together with the behaviour and attitude of staff. Paul Lumsdon explained the different rates of seclusion in certain parts of the Trust and the work that was underway to ensure patients and staff were safe. As mentioned earlier by Steve Trenchard, the Trust was committed to moving towards a 'no force' ethos but it would be necessary to work with patients and staff to achieve that. Steve Trenchard added that the concerns raised would be immediately investigated and a response would be provided to the Board, but added that although the Trust was aiming for 'no force', there would be occasions when restraint or

	seclusion would need to be used for a patient's own safety. Paul Lumsdon agreed to speak to the representative from the Mental Health Action Group who had raised the concerns and provide a response to the Board. **RESOLVED:** ➢ **To evaluate the Patient Experience Report and receive assurance.** ➢ **To receive a report back on the outcome of the investigation into the concerns raised by the Mental Health Action Group in relation to the use of seclusion.**
DHCFT 2013/62	**BIRMINGHAM SAFEGUARDING CHILDREN'S BOARD – SERIOUS CASE REVIEW – CASE NO: 2011/12 – 02 – PAUL LUMSDON** Paul Lumsdon presented his report, which outlined the learning and actions required by the Trust as a result if the serious case review commissioned by Birmingham Safeguarding Children's Board into the case of DC, Case no: 2011/12 – 02. Numerous agencies had been involved in the aftermath of the tragic case and the Board expressed its sympathies to those concerned. The background to the case was summarised and Paul Lumsdon outlined the Trust's involvement, which was limited to one intervention during the short time the individual concerned was in Derby. The Board of Directors noted the outcome from the report and the actions completed against the recommendations within the Serious Case Review. **RESOLVED:** ➢ **To accept the content, recommendations and agreed actions of the report.**
DHCFT 2013/63	**INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY – IFTI MAJID** Ifti Majid introduced John Scattergood, Service Line Manager (Older Peoples), Acute and Community Care Services Division, who presented the data collated in respect of Adult Acute South Service Line. The key points to note were in relation to the impact of the use of out of area beds with patients sometimes seen in Derby and then being required to be admitted to Chesterfield. The team were working hard to address this issue and an action plan was in place to manage demand as the unit continued to be very active. Targets and action plans were also in place to address the overspend. Ifti Majid added that the service area had received 400 compliments, which was extremely positive. Scott Lunn, Service/Clinical Lead, District Division then presented the performance of the CAMHS Specialist Service Division and highlighted the key points. An explanation of the discharge criteria was provided for Maura Teager and Lisa Welbourne explained how the activity target was generated with further information provided from Ifti Majid. Chris Wheway explained the work that was underway to improve the rate of outpatient letters to General Practitioners. In other Trusts, digital dictation had failed to have a positive impact on the levels and it was clear that working practices needed to change. A number of IT tools and letter templates were being explored and these actions would be implemented by the Admin Lead. **RESOLVED:** ➢ **To acknowledge the current performance of the Trust.** ➢ **To note the actions in place to ensure sustained performance.**

DHCFT 2013/64	<u>**FINANCE DIRECTORS REPORT – MONTH 2 – CLAIRE WRIGHT**</u>
	
	Claire Wright was pleased to confirm that the Trust's financial performance was more or less in line with the planned trajectory.
	
	The Earnings Before Interest, Tax, Depreciation and Amortisation (EBITDA) and net surplus year to date were favourable compared to the plan. The Financial Risk Rating (FRR) was equated to "3", in line with plan, and the Continuity of Service Risk Rating (CoSRR) was also equated to "3", in line with plan. The Cost Improvement Programme (CIP) was in line with the plan and forecast to achieve 100% of plan at the end of the financial year. The cash position was significantly above plan by £3.9m, which was a timing issue due to one of the Trust's commissioners paying the Trust in advance. The Capital expenditure was behind plan at present but expected to deliver the full programme by the year end. The risk ratings and risk table had been included in the report, with explanatory narrative included for each chart.
	
	There were no specific points raised and the Board were pleased with the progress made.
	
	RESOLVED:
	   ➣ **To note the financial and forecast position.**
	   ➣ **To note the risks to achieving planned surplus, as described in the risk table.**

DHCFT 2013/65	<u>**ESTATE DESIGN AND AGILE WORKING UPDATE – CLAIRE WRIGHT**</u> Claire Wright presented an update to the Board on the Trust's estate design and rationalisation programme, which had been progressing well alongside the organisation's sustainability agenda, along with an update on the Trust's agile working project, a key enabler for transformational change in general and for estate design specifically. In response to Steve Trenchard and an issue raised by the Council of Governors with regard to St Mary's Gate, Chesterfield, Claire Wright agreed to look into the concerns raised and feed back to the Governors on this issue. Graham Foster referred to the agile working report and the degree to which it was possible to separate the enabling types of projects with their goals – in particular when considering what the workforce of the future would look like. By way of response Claire Wright highlighted how the independent workstreams that list the component parts worked alongside the estate design and rationalisation programme. It was recognised there would be a financial impact, not least on EPR (Electronic Patient Record) and it was therefore all mapped out as part of the capital programme. Peter Charlton, General Manager for IM&T, was prioritising the IM&T expenditure once approved. There was a separate project board set up and had received due consideration at the Agile Working Project Board and Asset Programme Management Board. Ifti Majid urged caution in accelerating the programme, which needed to be closely aligned to transformational change and delivered in line with the Trust's strategy. It was important to map out the three year strategy for each of the pathways, delivered by the clinical strategy. **RESOLVED:** ➣ **To acknowledge the progress being made.**

DHCFT 2013/66	**REPORTS FROM QUALITY COMMITTEE AND FINANCE & PERFORMANCE COMMITTEE** Quality Committee Mick Martin had provided his update earlier at DHCFT 2013/60. Finance & Performance Committee The Chairman referred to the earlier discussions in the meeting and also to the financial overview from Claire Wright. One of the greatest challenges was working through performance to turn some of the Trust's deficits into surpluses. The organisation's commercial opportunities were being developed and further updates would be provided at each Board meeting. The organisation was reviewing each service area to assess economic performance and identify ways to improve the return on each activity and increase the surplus position at the end of the year for reinvestment in services. Whilst accepting there were currently limited opportunities for growth in the challenging times within the NHS economy, the Board were closely monitoring new business opportunities to identify any work that would fit with the Trust's service capability and where a positive outcome would be achieved for patients, with positive financial return.
DHCFT 2013/67	**CHANGES TO TRUST REGISTRATION WITH THE CARE QUALITY COMMMISSION (CQC) – PAUL LUMSDON** Paul Lumsdon explained how the Trust's registration with the CQC was previously based on four sites. The advantage of this was that it kept the costs low but the disadvantage was that this presented a significant risk to the organisation. In the event of an enforcement action e.g. for the "Trust HQ" location, this would potentially jeopardise all services provided under that regulated activity site. The registration process had now changed and was based on turnover, which gave the Trust the freedom to review how it registered its services with the CQC. Gary Stokes, Head of Quality Assurance, had undertaken a robust exercise to understand the new legislation and pull together a range of options for consideration by the Executive Leadership Team (ELT). The report before the Board had already been presented to the ELT, who had approved Option 4, to cancel the current registration for all 'regulated activity' against Trust HQ registered site, and apply as 'an existing provider' to add to regulated activity in using a care pathway approach. This would see the development of 12 registered sites, shown in Appendix one of the report. **RESOLVED:** ➢ **To note the decision of the Executive Leadership Team to approve the recommended Option Four (Appendix One).** ➢ **To note the agreed immediate action to commence to amend the Trust's regulated activity with the CQC.** ➢ **To note that, following final consultation with Divisions, that all information in Appendix One is uploaded to the Trust intranet and website with a heading of "Trust CQC Registration", along with a link to the CQC website.** ➢ **To receive at a future meeting the outcome from the review of locations 6 monthly to ensure information is updated and that CQC registration is reviewed annually.**

DHCFT 2013/68	**CHAIRMAN'S CLOSING REMARKS**
	The Chairman requested observations from members of the public on how the Board meeting had been conducted. The response was positive with members of the public feeling more included in the meeting and pleased by the level of challenging questions being posed by Board members. The new format and layout of the room was welcomed. The attending members of staff were also pleased with the way in which the meeting had been run with positive messages to be cascaded back into teams.
	The Chairman, under the Foundation Trust's Constitution, 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.

Date and time of next meeting

Date of next scheduled meeting
Wednesday, 31st July 2013 at 1.00 pm
Conference Rooms A & B, Research & Development Centre, Kingsway, Derby, DE22 3LZ