

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, 28 August 2013****MEETING HELD IN PUBLIC**

Opened: 1.00 pm

Closed: 3.40 pm

PRESENT:

Alan Baines	Chairman
Graham Foster	Non-Executive Director
Graham Gillham	Director of Corporate and Legal Affairs
Ifti Majid	Chief Operating Officer/Deputy Chief Executive
Tony Smith	Non-Executive Director
Maura Teager	Non-Executive Director
Steve Trenchard	Chief Executive
Claire Wright	Executive Director of Finance

IN ATTENDANCE

Leida Roome	Board Secretariat (minutes)
Peter Sanderson	IT manager (for video)
Ashley Toon	Communications (for video)
David Hurn	Acting Service Line Manager } for item DHCFT/ Service Manager } 2013/93
Laura Mcara	
Martin Smith	Recovery Lead
Joan	(name changed for confidentiality reasons) – Service Receiver (item DHCFT - 2013/83)

Three members of the public:

Mark McKeown	Derbyshire Voice Representative
Chris Swain	Derbyshire Voice Representative
Dave Waldram	

APOLOGIES:

Paul Lumsdon	Chief Nurse/Executive Director of Nursing and Quality
Mick Martin	Deputy Chairman/Senior Independent Director
Helen Marks	Director of Workforce & Organisational Development
John Sykes	Executive Medical Director
Lesley Thompson	Non-Executive Director

**DHCFT
2013/83****PATIENT STORY – A REFLECTION FROM JOAN (NAME CHANGED TO
MAINTAIN CONFIDENTIALITY)**

Joan was welcomed to the meeting by Alan Baines. She shared her life story with the meeting. She has benefitted greatly from the service of the Recovery Team and a fantastic keyworker.

Joan had an abusive family background and spent a lot of time in children's homes and also in prison. In order to give something back and fill a void in her life, Joan has volunteered her services over the past 5 years. She is involved in the Recovery

	<p>Drop In at Hope Springs as well as in the Recovery Group, Foston Hall Prison, where she provides a formal peer support role. She also supports the Police in their police dog drug operations.</p> <p>When asked by the Board, Joan requested that concise information should be given about the side effects of Methadone. Martin Smith, Recovery Lead, confirmed that a bid is being put together in order to provide more information to G.P.'s etc. Instead of Methadone, Subutex is now available, which does not carry the same side effects. This medication is also safe for users, where children are likely to be present.</p> <p>Joan would like to see more keyworkers as well as a better, more inclusive Recovery model. She stated that "hope" is the key to Recovery. The Chairman thanked Joan for the work she has done and her presentation to the Board – she is an inspirational role model for all.</p>
<p>DHCFT 2013/84</p>	<p><u>CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST</u></p> <p>The Chairman addressed the members of the public and confirmed his intention to invite them to comment on their observations at the end of the meeting.</p> <p>The Chairman welcomed Karen Herriman, Deputy Director of Workforce and Organisational Development to the meeting.</p> <p>The Chairman, on behalf of the Board, thanked Graham Foster for his involvement as a Non-Executive Director and wished him luck with his appointment as Chairman of the Kettering General Hospital NHS Foundation Trust.</p> <p>The Chairman advised the meeting that Paul Lumsdon, Chief Nurse/Executive Director of Nursing and Quality will be leaving the Trust to take up a new position as Executive Director of Nursing in Dorset. The Chairman wished Paul Lumsdon good luck with his new appointment and, in his absence, thanked him for his services to the Trust.</p> <p><i>Apologies:</i> these were noted from Mick Martin, Non-Executive Director, Helen Marks, Director of Workforce and Organisation Development, Paul Lumsdon, Chief Nurse/Executive Director of Nursing and Quality, Lesley Thompson, Non-Executive Director and John Sykes, Medical Director.</p> <p><i>Declarations of Interest:</i> There were no declarations of interest to be noted.</p>
<p>DHCFT 2013/85</p>	<p><u>MINUTES OF THE MEETING OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, HELD ON 31st July 2013</u></p> <p>The minutes from the Board of Directors meeting, held on Wednesday, 31st July 2013, were approved with the following amendment:</p> <p><u>DHCFT 2013/79- Finance Directors Report:</u> In the second paragraph: The cash position was <i>marginally</i> above plan (instead of <i>significantly</i> above plan).</p>
<p>DHCFT 2013/86</p>	<p><u>MATTERS ARISING – ACTIONS MATRIX</u></p> <p><u>DHCFT 2013/38:</u> deferred to next meeting in the absence of Paul Lumsdon.</p> <p><u>DHCFT 2013/41:</u> Deep Dive Finance and Performance Committee completed. To be removed from Action Matrix.</p> <p><u>DHCFT 2013/41:</u> Workforce Dashboard. A workshop with Non-Executive Directors and staff participation will be externally facilitated end of September/early October. Recommendations will then be brought back to the Board meeting. Maura Teager</p>

	<p>expressed an interest in involvement in this.</p> <p><u>DHCFT 2013/61:</u> Steve Trenchard confirmed that he had had a meeting with Derbyshire Voice in order to fully understand their issues concerning seclusion. He is working with Derbyshire Voice to co-produce and articulate their concerns. Bob Gardner, Nurse Consultant, is currently undertaking a research project on seclusion and information will be brought back to the board.</p> <p>Ifti Majid informed the meeting that a Patient Experience Survey has been undertaken and that the results of this will be brought back to the next meeting.</p> <p><u>DHCFT 2013/78:</u> Monitoring and follow-up procedures relating to the employment of former service users are in place as per the information provided by Phil Taylor – Action complete.</p> <p><u>DHCFT 2013/78:</u> Digital dictation will come into force during October 2013.</p> <p><u>DHCFT 2013/81:</u> – the Audit Committee Annual Report 2012/13 has been published on the Website – Action complete.</p>
<p>DHCFT 2013/87</p>	<p><u>QUESTION FROM THE PUBLIC FOR THE BOARD</u></p> <p>The Chairman advised that the following question has been received for the Board: <i>Derbyshire Voice very much welcomes the more challenging questioning that is taking place at the public section of the Trust's board meetings. In this spirit we would like to pose the following question that has arisen from the June board meeting.</i></p> <p><i>Mr Martin asked the question "Do we believe that our approach (seclusion) in Radbourne is ok?" Mr Lumsdon replied "Nothing alarmingly wrong". What would the board consider to be alarmingly wrong and what steps are being taken to eradicate seclusion from the Radbourne Unit?</i></p> <p>In response Steve Trenchard advised the meeting that the Board would consider it “alarmingly wrong” if data were ignored, which is not the case. However, he pointed out that there are different levels in the Hartington Unit and the Radbourne Unit for seclusion. The Trust is committed to move away from seclusion, i.e. No Force – force free Trust. A journey with staff will be undertaken on this and the Trust is also planning to reduce the number of beds per ward. Maura Teager also provided further reassurance by advising that she had undertaken a ward visit to the Radbourne Unit, with Alan Baines, Chairman, where work is on-going to minimise seclusion.</p> <p>Mark McKeown, on behalf of Derbyshire Voice, thanked the Board for the good leadership shown and their full and detailed response.</p>
<p>DHCFT 2013/88</p>	<p><u>CHIEF EXECUTIVE’S OVERVIEW AND UPDATE – STEVE TRENCHARD</u></p> <p>Steve Trenchard presented his Chief Executive’s Report to the meeting. During this the following issues were highlighted:</p> <ul style="list-style-type: none"> - <u>Berwick report</u> –The relevant people within the NHS should be held to account. Clear warning signals were ignored. Steve Trenchard confirmed that within our Trust investigations are carried out in a compassionate manner and that staff are supported throughout. - <u>7 day follow up</u> – there are concerns about this – reasons for this are the lack of communication from out of area hospitals, the size of the case load, and the impact of the Social Services cuts on Teams. - <u>Changes to NHS Mandate:</u> it was confirmed that the Trust continues to

	<p>engage with Commissioners to discuss Mental Health Services. It was felt that local authorities should also come to the table in order to encourage integration.</p> <ul style="list-style-type: none"> - <u>Waiting list 18 months:</u> It was confirmed that this issue had now been added back onto the Risk Register so that controls are in place. - <u>Data collection:</u> the correct and relevant quality of data collection is an issue not only for the NHS but also for the Board. As the Trust moves closer to Payment by Result (PbR) the challenge is to get the right sort of information, which will allow us to move on. <p>The report was followed by a PowerPoint Presentation: “Improving Lives, Strengthening Communities, Getting Better Together by Steve Trenchard., The presentation is available on the Trust website. The meeting found this presentation very interesting and informative.</p>
<p>DHCFT 2013/89</p>	<p><u>QUALITY UPDATE – MAURA TEAGER</u></p> <p>Maura Teager presented a verbal report of the Non Executives Engagement in the Quality Visit Programme.</p> <p>The following 3 issues were specifically highlighted:</p> <ol style="list-style-type: none"> 1) The impact of the Cost Improvement Programme on services. In some areas this has led to internal integration/disintegration. 2) Skilled workforce has found new ways of expanding their skill sets within the Teams, i.e. innovation, new ways of working with technology etc. 3) Empowerment of staff/Autonomy of Teams. This has led to staff spotting gaps and taking positive actions to reduce them. <p>However there is concern about the impact of the Cost Improvement Programme, the austerity period and the cuts within Social Services. Continued partnership working with external stakeholders is vital as sometimes the Trust suffers unintended consequences as the result of actions of other organisations. Awareness exists of this for our Transformational Programme. Members of the Teams visited are to be given the opportunity to attend the Board meetings and also to feed into the Transformational Change Programme so that innovative ways of working can be incorporated.</p> <p>The Chairman thanked Maura Teager for an excellent summary.</p>
<p>DHCFT 2013/90</p>	<p><u>QUALITY COMMITTEE REPORT – MAURA TEAGER</u></p> <p>Maura Teager presented this report on behalf of Mick Martin, Chair of the Quality Committee. The Quality Committee spent part of their last meeting discussing the Keogh Report and the 8 Ambitions within this. The Trust can already evidence real progress on some of the Ambitions. Co-operation amongst stakeholders is very important as crossover pathways are currently not tackled. It was suggested that the Trust should be involved in national discussions i.e. leading the debate re Mental Health. The Trust will be joining with the Chesterfield Royal Trust in order to have a Keogh type visit.</p> <p>The Chairman thanked Maura Teager for the report.</p>
<p>DHCFT 2013/91</p>	<p><u>QUALITY VISIT PROGRAMME – SEASON 4 – IFTI MAJID</u></p> <p>The following key items were discussed:</p> <ul style="list-style-type: none"> - Season 4 has been very successful with outstanding results - Platinum Team Awards have increased

	<ul style="list-style-type: none"> - Increased feedback, involvement and use of activities - Commissioners were present during some of the visits and positive feedback was received from them. - <p>The Trust is now looking forward to Season 5 and will be using the theme of “how Teams contribute to the Trust Vision”.</p> <p>The Chairman lauded the success of the Teams. Information gained from successful Teams will be valuable in order to set up a Workforce Peer network and Workforce Peer Leadership and link these to a cohort of staff to train and help improve others. It was queried whether the Trust can continue to support further Teams moneywise. Confirmation was given that this is not the case – however Teams have pride in their work first of all and the prize came second.</p> <p>There is now the opportunity as well to incorporate this into our Workforce and Organisational Development Programme.</p> <p>Teams, which have not performed well, will be supported by coaching and training. It was also recognised that some Teams have suffered from cutbacks in partnership organisations, which have affected their performance.</p>
<p>DHCFT 2013/92</p>	<p><u>DEEP DIVE “EFFECTIVENESS REPORT”- IFTI MAJID</u></p> <p>An introduction to the Deep Dive “Effectiveness Report” was given by Ifti Majid. This is a quarterly report on the effectiveness and compliance to National Standards relating to safeguarding vulnerable adults and children. Multi Agency Public Protection Arrangements (MAPPA), Prevent, Approved Therapies Register work within the Clinical Cabinet, NICE Guidelines and Clinical Audit. The progress on the above is listed within the paper.</p>
<p>DHCFT 2013/93</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY – MONTH 4 – IFTI MAJID</u></p> <p>1) <i>Planned Care North Service Line Overview</i></p> <p>Laura Mcara, Service Manager, presented the Service Line Overview for Planned Care North and provided the meeting with a progress update on the action plan. Themes discussed were:</p> <p><i>Dashboard Assertive Outreach</i> With a view to the locally agreed target commissioners have agreed to look again at the Did not Attend (DNA) figures.</p> <p><i>28 Day Admission</i> Data for this is not reported on the Dashboard – Audits have taken place though and there is no above average increase.</p> <p><i>Quality Visits.</i> The Team have had 2 Quality Visits, which both generated good reports.</p> <p><i>Positive Practice Awards:</i> The Killamarsh and North Chesterfield Team have been nominated for the Positive Practice award for their innovative approach in providing a co-produced service.</p> <p>Societal pressures are playing a part in that area as well, such as changes in benefits, unemployment and Social Services cutbacks. However, the relationships with GP’s are good and the Team continues to work on furthering the contacts with them. The meeting felt that the narrative provided was detailed and helpful.</p> <p>2) <i>Substance Misuse Service Line Overview</i></p> <p>David Hurn, Acting Service Line Manager, presented the Service Line Overview for Substance Misuse and updated the meeting on progress. The Derby City consortium is provided by the Trust in partnership with Phoenix. In the County the Trust works with Phoenix and SPODA. The Specialist Community Alcohol Misuse Services (SCAMS), as well as Breakout and the Hospital Alcohol Liaison Team (HALT) also work with Substance Misuse Services.</p>

	<p>Work is continuing on restructuring of services and the transformation following consultation. The Service is completing the work on the BOMIC Information System Manager with the IT Department in order to enable the provision of BOMIC data and to replicate the Commissioner dashboards to be available to all managers. It may be however that the BOMIC system is replaced by System One, which is an active project. Commissioners are providing support and help with housing.</p> <p>The Chairman thanked both managers for their informative reports.</p>
DHCFT 2013/94	<p><u>FINANCE DIRECTORS REPORT – MONTH 4 – CLAIRE WRIGHT</u></p> <p>Claire Wright informed the meeting that the Trust's year to date financial position is an underlying surplus of £ 0.45 M. The forecast is for the outturn position to be ahead of our planned surplus. However, it continues to be a challenging year. Monitor has issued a letter with a confirmed risk rating of 3 and green.</p> <p>The Chairman thanked Claire Wright for the presentation. No further questions were raised.</p>
DHCFT 2013/95	<p><u>INFORMATION GOVERNANCE REPORT – IFTI MAJID</u></p> <p>The Information Governance update 2013/2014 was presented to the meeting. Key themes are:</p> <ol style="list-style-type: none"> 1) All 45 standards are in plan to achieve a minimum level of 2 or above, which is producing a score of 96 % compliance (this is an increase from 95 % in 2012/13). 2) The above will achieve an overall rating of "Satisfactory" for compliance with the Information Governance Toolkit. 3) Serious Incidents Requiring Investigation (SIRI) reporting is mandatory through the Toolkit from June 2013. 4) The Information Governance Management Framework 2013-2016 and the revised Information Governance Committee Terms of Reference are contained within the Report. <p>The Board are requested to note the progress made at Quarter 1, the significant amount of work undertaken and to approve the Information Governance Framework 2012-13 and the Revised Information Governance Committee Terms of Reference. The Board is also asked to note that the Organisation is currently 86.9 % compliant with training on Information Governance Awareness, which is a significant undertaking bearing in mind the increase in staff. The Board of Directors accepted and approved the report.</p>
DHCFT 2013/96	<p><u>FOR INFORMATION: ANNUAL MEMBERS MEETING – GRAHAM GILLHAM</u></p> <p>Information concerning the Annual Members meeting, which is due to take place on Tuesday 10 September, 2013, has been provided in the Board Meeting Information Pack.</p> <p>As an integral part of the meeting, there will also be market stalls provided for members, which will be open from 11.00 am. The Board is asked to note this.</p>
DHCFT 2013/97	<p><u>CHAIRMAN'S CLOSING REMARKS</u></p> <p>The Chairman requested observations from members of the public on how the Board meeting had been conducted. The following points were noted:</p> <ul style="list-style-type: none"> • The Trust to consider further links/partnerships for the Centre of Research and Development to other organisations. Steve Trenchard will be meeting with the member of the public to discuss this in detail. • Mentoring of non-podium groups by Platinum Leads is deemed to be a good suggestion. • Double Platinum and Diamond awards suggested. • A member of the Public advised the Board that this was the first time of attendance for her and that she has found the meeting very informative and

open.

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.

Date and time of next meeting

Date of next scheduled meeting

Wednesday, 25th September 2013 at 1.00 pm

**Conference Rooms A & B, Research & Development Centre, Kingsway, Derby,
DE22 3LZ**

***If you are unable to attend this meeting, please advise your apologies to Leida
Roome, so that these can be noted for the minutes.***