

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

Held in Conference Rooms A & B
Research and Development Centre, Kingsway, Derby DE22 3LZ

Wednesday 11 January 2017

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4:05pm

PRESENT:	Caroline Maley	Acting Trust Chair
	Margaret Gildea	Senior Independent Director
For Items DHCFT/2016/207 to 216	Maura Teager	Non-Executive Director
	Barry Mellor	Non-Executive Director
	Dr Anne Wright	Incoming Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Acting Chief Executive
	Claire Wright	Executive Director of Finance
	Carolyn Green	Executive Director of Nursing & Patient Experience
	Dr John Sykes	Executive Medical Director
	Mark Powell	Acting Chief Operating Officer
	Amanda Rawlings	Director of People & Organisational Effectiveness
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
IN ATTENDANCE:	Richard Eaton	Communications Manager
	Sue Turner	Board Secretary (Minutes)
For Item DHCFT/2016/213	Libby Runcie	Professional Lead, Commissioning Differently
For Item DHCFT/2016/218	Dr Chinwe Obinwa	Kedleston Low Secure Unit
For Item DHCFT/2016/218	Dr Alice Levee	Kedleston Low Secure Unit
For Item DHCFT/2016/218	Lisa Stone	Kedleston Low Secure Unit
For Item DHCFT/2016/218	Paul Willis	Kedleston Low Secure Unit
For Item DHCFT/2016/218	Rebecca Mace	Kedleston Low Secure Unit
For Item DHCFT/2016/218	Ruth Green	Kedleston Low Secure Unit
APOLOGIES:	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
	Lynn Wilmott-Shepherd	Interim Director of Strategic Development
VISITORS:	John Morrissey	Lead Governor, Public Governor, Amber Valley South
	Gillian Hough	Public Governor, Derby City East
	Mark McKeown	Derbyshire Mental Health Alliance

DHCFT 2017/001	<u>ACTING CHAIR'S WELCOME, OPENING REMARKS AND APOLOGIES</u> Caroline Maley, who was appointed to the role of Acting Trust Chair on 1 January, opened the meeting and welcomed everyone. She welcomed new Non-Executive Director, Dr Anne Wright to the Board and made the public aware that Anne Wright will replace Maura Teager when she completes her term at the end of March. In the meantime Anne Wright will work closely with Maura Teager during the handover period. Apologies were noted as above.
DHCFT 2017/001	<u>SERVICE RECEIVER STORY</u> Carolyn Green offered apologies to the Board for the absence of a service receiver story, and assured the Board that plans were in place for stories to be brought to the February and March meetings.

<p>DHCFT 2017/002</p>	<p><u>DECLARATIONS OF INTEREST</u></p> <p>The Declaration of Interests register was noted.</p>
<p>DHCFT 2017/003</p>	<p><u>MINUTES OF THE MEETING DATED 7 DECEMBER 2016</u></p> <p>The minutes of the previous meeting, held on 7 December 2016, were reviewed. The following amendment was requested:</p> <p>DCHFT2016/192 Interim Chairman’s Verbal Report – page 3 of the minutes: Ifti Majid’s confirmed position to be amended from Chief Operating Officer and corrected to Acting Chief Executive.</p>
<p>DHCFT 2017/004</p>	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted directly on the actions matrix.</p>
<p>DHCFT 2017/005</p>	<p><u>ACTING CHAIR’S VERBAL REPORT</u></p> <p>Having only been in post for eleven days, Caroline Maley commented that she could not provide an extensive update at this stage. She had attended the meeting of the Derbyshire Health and Wellbeing Board with Ifti Majid in Matlock last week and gave a brief outline of discussions.</p> <p>Discussions had focussed on the Sustainability Transformation Plan (STP) and it was clear there is a lot of anxiety around the challenging contracting round currently taking place and the need to establish what the STP means to essential services. This is a good opportunity for the Trust to be involved through its integration plans with DCHS and we will try and move this forward as much as we can. Much concern had been raised about the support needed for GPs who are under pressure. The support to be given to practices to allow them to thrive was also reported upon and the actions proposed now need to be made a reality. The Health and Wellbeing Board also talked about getting the best use out of public assets and looked at collaborative ways of utilising facilities. Caroline Maley was pleased to report that the Trust is engaged in this process.</p> <p>RESOLVED: The Board of Directors noted the Interim Chairman’s verbal report.</p>
<p>DHCFT 2017/006</p>	<p><u>ACTING CHIEF EXECUTIVE’S REPORT</u></p> <p>Ifti Majid, Acting Chief Executive, provided the Board of Directors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such as our commissioners and feedback from the Trust’s staff.</p> <p>Ifti Majid reminded the Board that at the October meeting the Board had heard how the Trust had been ‘commissioning differently’. He introduced Libby Runcie, the professional lead for Commissioning Differently, who gave a gratifying update on a young service user who had finally been discharged after spending eleven years in hospital. The Board heard how the team had reacted when plans for her discharge had collapsed over the Christmas period and how they had put into place safe contingency plans which resulted in this young lady flourishing. Her repatriation will now include living-in staff assisted housing and she is very much looking forward to her future. Members of the Board commended the lateral thinking of the team and recommended their action be a lesson learned for the future. This was also an example of a team feeling empowered to act in the best interests of people within their care.</p>

	<p>Turning again to a local context, Ifti Majid talked about how he has noticed when visiting the wards that the level of acuity is quite noticeable in our services. It is clear that staff are worried about clinical pressures and have to work extremely hard to provide a good level of care and he was pleased to hear ideas from staff as to how we can improve our services. Staff are also concerned about changes that will arise from the STP and Ifti Majid urged people to talk to him and other members of the Board about their anxieties.</p> <p>Ifti Majid informed the Board that when he attended the East Midlands Leadership Academy Board he had spoken to the Chair of Nottinghamshire Healthcare Foundation Trust and was impressed with the fact that they included a staff innovation slot at the end of their board meetings. He wished to propose to the Board that that a staff story could be included in future agendas that could focus on what it is like to work in our Trust.</p> <p>The Board broadly supported this proposal as it would give staff exposure to the Board but thought it important that staff felt confident and be able to articulate sensitive issues. Ifti Majid thought it would be good to carry this out in a non-scripted way and it should be more about having a discussion with the Board and the timing and context of stories needs to be 'right' as well as managing the Board's and staff expectations. Amanda Rawlings pointed out that the People & Culture Committee receives staff stories each month and is working towards making staff feel comfortable relaying their stories. The Board heard that the team from Audrey House were attending the January People & Culture Committee meeting to talk about their recent experience moving from Vernon Street to the Kingsway site.</p> <p>Margaret Gildea agreed that staff stories should be about innovation but felt these discussions would be more appropriate if they were held with staff in a less formal setting during a Board Development Session. Carolyn Green was of the opinion that staff governors could play a part in thinking about how this could work.</p> <p>RESOLVED: The Board of Directors noted the Acting Chief Executive's update and agreed to further consider closing the Public Board sessions with a staff story.</p>
<p>DHCFT 2017/007</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)</u></p> <p>Mark Powell, Acting Chief Operating Officer, led the presentation of the integrated overview of performance as at the end of November 2016. The focus of the report was on workforce, finance, operational delivery and quality performance, all of which had been discussed in detail at various Board Committees over the last few weeks and is evidenced in the Board Committee Assurance Summary reports which are to be reviewed later during the meeting.</p> <p>The Board noted that the key theme for month 8, which also progressed into month 9, related to ongoing staffing pressures in many of the Trust services. Also noted was the continued lower level of occupancy on wards 1 and 2 which enabled both wards to support other areas of the Trust with staff, when it has been safe to do so and showed evidence of the continued work to relieve staffing pressures. The report also included developing plans to close either ward 1 or 2 to enable a more managed approach to redeploying staff into inpatient and community teams to alleviate staffing pressures.</p> <p>The Trust continues to deliver a good overall performance against many of its key indicators across November although the graphs in the report did highlight a number of challenged areas. Mark Powell was pleased to point out that good progress has been made with various actions relating to the Care Quality Commission (CQC) warning notice and he is expecting to meet with the CQC later this month to discuss the progress made.</p> <p>The Board noted that the forecast for agency expenditure has increased and the level for the final quarter of the year will cross the threshold to an agency Use of Resources score of 4. This means the overall year-end rating would be restricted to 3. Claire Wright informed the Board that she anticipates that the Trust will end the year having reached its</p>

control total surplus. She further mentioned that NHSI are requesting organisations to consider whether they are able to improve their final control total. She wished to make the Board aware that because the Trust is on target to deliver its control total she has taken the decision to adjust financial risk 4a from extreme to high on the Board Assurance Framework. In response to Caroline Maley's question as to how far the gap has closed as at month 9, Claire Wright explained she is hoping that by next month's Board meeting she will be able to report that the gap will have, in effect, closed.

Amanda Rawlings outlined the work undertaken to fill vacancies and hopes to soon see the benefits of measures being taken to recruit to medical and clinical posts. Ifti Majid asked what safer staffing protocols are in place for moving staff from a stable workforce to help in other areas. Mark Powell responded that he and the operations team have given thought to the challenges of redeploying staff. Quality protocols are currently being developed to move Wards 1 and 2 to a single ward to enable them to become self-sufficient. Maura Teager asked if there is a willing cohort of staff prepared to work in different areas and it would seem that some staff view this as a positive route to develop their skills and experience.

Discussion took place regarding the vulnerability of staff and patients during night shifts and adjusting shifts to compensate for this. Carolyn Green informed the Board that she has tried to introduce twilight shifts but this has not been attractive to staff on the wards although it has worked well with the Crisis Team. Twilight shifts, flexible working, skill mixing and making rosters more attractive is being discussed by the Quality Committee which will be reported to the Board through the Assurance Summary reports and Quality Committee minutes.

Mark Powell drew attention to the targets from the NHS Improvement Single Oversight Framework, which was a new addition to the report this month and asked the Board to consider any further additions that it would like contained in the report in future or issues that need to be included in the staffing framework. He undertook to circulate the Single Oversight Framework model to the Board outside of the meeting. Claire Wright welcomed this addition to the report; she thought it would be good to cover explicit issues that need to be included in compliance returns to NHSI.

It was noted that the early warning system and DTOC (Delayed Transfer of Care) and target for DTOC has significantly reduced since the beginning of December down from 7.5% to less than 1%. Mark Powell informed the Board he intends to start mapping risks and mitigations relating to DTOC through some of the Board Committees and will endeavour to include this data in the report due to be received at the April meeting.

The Board considered the content and style of the report and discussed all aspects of the IPR metrics and process of reporting and agreed that this month's executive summary was particularly effective. Caroline Maley thought the quality section had too many indicators and delegated the Quality Committee to oversee quality priorities and CQUINS. Carolyn Green and Mark Powell agreed to look at this outside of the meeting and agreed to take on board the suggestions made. He will ensure future reports contain enhanced data that will allow Board members to see the results and be assured of the decisions taken on a day to day basis.

ACTION: Mark Powell will circulate a draft of changes made to the IPR to Board members for comment in advance of April, this will include KPIs taken from the single oversight framework.

ACTION: Quality Committee delegated to oversee quality priorities and CQUINS.

RESOLVED: The Board of Directors

- 1) Considered the content of the paper and level of assurance on current performance across the areas presented.**
- 2) Discussed amendments to the Integrated Performance Report to align it more**

	<p>clearly to the Single Oversight Framework and high risk areas contained in the Board Assurance Framework.</p>
<p>DHCFT 2017/008</p>	<p><u>POSITION STATEMENT ON QUALITY</u></p> <p>Carolyn Green presented the statement to provide the Board of Directors with an update on the organisation’s continuing work to improve the quality of services provided in line with the Trust’s Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>The report set out:</p> <ol style="list-style-type: none"> 1. Care Quality Commission (CQC) report, family liaison, access to psychological therapies and suicide prevention. Influencing the system and monitoring 2. Quality leadership engagement 3. Quality visits and methodology 4. Quality leadership teams and CQUIN (Commissioning for Quality Innovation) developments and leadership and engagement strategy 5. Action planning <p>The report covered the principles of family liaison service and duty of candour Carolyn Green assured the Board that this is regularly worked on through the Quality Committee. It was disappointing to note that the Derbyshire completed public health suicide rate has risen and that this is a significant rise, it was noted that the area had a below average performance and this is now rising and is a strategic concern for the community. (see attached papers for full details of percentage and rate in detail) . Ifti Majid asked John Sykes if he was aware of any profiles that have caused any increase in suicide and it would appear that academic evidence shows this is associated with the economic climate and is linked to austerity. Work related stress in sub-groups was also considered to be a possible contributory factor and John Sykes suggested that a deep dive in could be scheduled in the near future. The Board felt this would help the Health and Wellbeing Boards and Public Health be re-briefed and the Trust has a role in supporting the community and championing suicide prevention and recommended that a suicide prevention brief be prepared for the Board in the February meeting.</p> <p>Barry Mellor asked about the inspection by the CQC to the Kedleston Unit. Carolyn Green reported that teams were well prepared and the CQC thought they were making headway against requirements and evidence of this could be seen in the deep dive taking place later in the meeting. It was noted that until a report is received all feedback is high level feedback.</p> <p>Transfer and transitions were highlighted specifically by Carolyn Green as a CQUIN which may be a difficult aspect to achieve, this was specifically from CAMHS to adult mental health services and transition in Children’s service is an area that needs to be improved. The Board noted that brainstorming sessions are taking place which will be progressed through the Quality Leadership Teams in their CQUIN improvement plan led by Deputy Director of Nursing and Quality Governance Darryl Thompson.</p> <p>ACTION: Suicide Prevention Brief to be submitted to the February Board meeting.</p> <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1. Received and noted the Quality Position Statement 2. Gained assurance and information on the content of the statement.
<p>DHCFT 2017/009</p>	<p><u>BOARD ASSURANCE SUMMARIES & ESCALATIONS</u></p> <p>Assurance summaries were received from the Audit & Risk Committee held on 13 December and the Quality Committee on 15 December 2016. The following points were noted:</p>

	<p>Audit & Risk Committee</p> <p>Caroline Maley chaired the meeting on 13 December and had raised concern that internal audit findings were not –prioritised and actioned appropriately and asked that internal auditors give priority to this in future reports to the Committee. The Section 132 Patient Rights audit focussed on issues raised by the CQC and was referred to the Mental Health Act Committee to ensure compliance is followed through and the Executive Leadership Team will monitor the actions put in place.</p> <p>Quality Committee</p> <p>It was noted that no escalations were made to the Board or other Board Committees. Sustained headway is being made on the CQC action plan which the Quality Committee leading and was a very positive result from the meeting.</p> <p>Ratified minutes of the meetings of Quality Committee held on 10 November and the Audit & Risk Committee on 11 October 2016 were included for information.</p> <p>Maura Teager left the meeting at this point (2.45pm).</p> <p>RESOLVED: The Board of Directors received the Board Committee Assurance Summaries and Escalations.</p>
<p>DHCFT 2017/010</p>	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN (GIAP)</u></p> <p>Sam Harrison presented the GIAP report which provided Board members with an update on progress on the delivery of the GIAP.</p> <p>The report reaffirmed the oversight committee for core areas of the GIAP and highlighted the lead director for each.</p> <p>Sam Harrison pointed out that at their meeting on 19 December ELT had reviewed a report which highlighted the pipeline of planned completion of blue action forms for all GIAP recommendations. This resulted in eleven blue forms being presented to the Board for completion. Two recommendations were noted to be ‘Off Track’ and mitigations and further information provided was discussed and noted. Three items remain with some issues and detail of actions being taken to work towards completion were noted. This was seen as a significant step towards completion of the GIAP and Sam Harrison proposed to bring the report to the Board next month to show the completion timeline.</p> <p>The blue completion forms were reviewed in turn and presented by their relevant Lead Director. Details of action taken, evidence supporting the action and plans to ensure that work was embedded in the organisation as business as usual was noted. Board members noted these details and received assurance that these forms had been scrutinised and challenged by their respective oversight Board Committees. Sam Harrison raised that in order for effective monitoring of recommendations to take place, relevant items would be added to the forward plan and where relevant the Terms of Reference of the People & Culture Committee.</p> <p>Attention as drawn to the amber rated WOD7 and the Board was pleased to note that a paper will be brought to the January meeting of the People & Culture Committee that will close off this recommendation.</p> <p>The Board reviewed the blue completion forms and was pleased to close off a significant amount of actions and was satisfied that this process is improving the way the Trust operates.</p> <p>ACTION: Monitoring and reporting to form part of forward planning for the People and Culture Committee and will be incorporated into the Committee’s annual work</p>

	<p>plan for 2017/18</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the progress made against addressing GIAP recommendations 2) Discussed the areas rated as ‘off track’ and ‘some issues’, and obtained assurance on the mitigation provided 3) Formally approved the 11 blue forms as presented and confirmed that these are now complete namely: <ul style="list-style-type: none"> • HR1 • HR2 • HR5 • PC1 • PC6 • CorpG2 • CorpG9 • CorpG10 • CorpG12 • CorpG13 • CQC1 4) Agreed at the end of the Public Board meeting whether any further changes are required to the GIAP following presentation of papers, outcomes of item specific discussions and/or other assurances provided throughout the meeting.
<p>DHCFT 2017/011</p>	<p><u>DEEP DIVE – KEDLESTON UNIT</u></p> <p>Dr Chinwe Obinwa, Dr Alice Levee, Lisa Stone, Paul Willis, Rebecca Mace and Ruth Green joined the meeting to present a deep dive into the Kedleston Low Secure Unit.</p> <p>The service is based on the Kingsway site and cares for males over the age of 18 and provides assessment, treatment and rehabilitation of patients with severe mental illness who have committed an offence or present a risk of aggression or violence to others. The Board heard how the Kedleston Unit embraces a recovery-focused approach with patients providing a high standard of treatment and care and aims to provide a therapeutic but homely environment where patients thrive and take greater ownership of their journey towards recovery.</p> <p>A key challenge for the team was receiving the disappointing CQC Rating of ‘Inadequate’ in June 2016 when the CQC raised concern with areas including capacity to consent, individualised care planning, HCR-20 risk assessment document completion as well as the physical environment of the unit. The Board heard how the unit was re-inspected in December by the CQC and received positive feedback when staff were praised with the improvements that had been put in place around person-centred care planning and saw that capacity assessments were now present. Extensive refurbishment of the unit is now of a good quality and plans are in place for further improvement. Improved communication is now taking place with NHS England.</p> <p>The CQC also criticised the unit for not fully complying with the Mental Capacity Act. The Board heard how the service constantly assesses patients’ capacity and this is now captured in the Electronic Patient Record system. The team wished to point out to the Board that the CQC inspection in June took place at a time when the unit was transitioning from paper records to the EPR system. The system was new to them and meant they were perceived not to have been capturing this detail as well as they could have been. The team has also had to face the challenge of not having a stable management team in place and issues have been felt around staffing and the service has suffered from limited resources in occupational therapy and psychology and there is no team social worker.</p>

	<p>Since the CQC visit took place in June person-centred planning has improved. This takes place through quality discussions with patients and documents the priorities of each individual. The team pride themselves on keeping patients safe throughout their rehabilitation so they can move on with their lives.</p> <p>The Board was told how HCR-20 assessments are taking place to look at the health aspects of individuals. This is now a priority that is embedded into the ethos of the team and the process follows the person through their rehabilitation progress.</p> <p>The team described the associated difficulties experienced as a stand-alone unit. The team has to transfer to the community some patients who have committed quite serious offences and explained how it is difficult to bring in staff to work in this low secure unit. Trained staff need to be on hand at all times due to the unstable nature of some of the patients who sometimes may need to be restrained.</p> <p>Ifti Majid asked the team how the Board could support them more. The team responded that they constantly face challenges within the local government structure and local forensic services and Board support in this area would be helpful.</p> <p>Amanda Rawlings offered support with recruitment and heard that lack of staffing was no longer an issue but the unit would benefit from a dedicated social worker. Having a dedicated social worker who is familiar with each case would help patients to be discharged quicker.</p> <p>Carolyn Green invited the team to go with her to see how the Quality Leadership Teams (QLT) are working as some of the things the team described are being progressed through the QLTs and it would help to be able to share intelligence.</p> <p>The Board appreciated hearing about the improvements the team have made as well as areas they want to improve and acknowledged the clinical challenges they are facing. Caroline Maley congratulated the team on their achievements and thanked them for sharing with the Board the great work they are carrying out.</p> <p>RESOLVED: The Board of Directors received and noted the deep dive into the Kedleston Low Secure Unit</p>
<p>DHCFT 2017/012</p>	<p><u>REPORT FROM COUNCIL OF GOVERNORS MEETING HELD ON 14 DECEMBER 2016</u></p> <p>Sam Harrison presented the report which provided a summary of issues discussed for noting by the Board.</p> <p>At the Council of Governors held in private session on 14 December, governors discussed arrangements and recommendations from the Nominations & Remuneration Committee regarding the appointment of the Acting Trust Chair.</p> <p>The Council of Governors also convened in public session on 14 December. Items addressed included the outcome of the ballot to appoint Caroline Maley as Acting Trust Chair. Lead governor and deputy governor arrangements were also discussed which involved extended terms of office for two public governors as well as the current Lead Governor's role.</p> <p>RESOLVED: The Board of Directors noted the summary report from the Council of Governors</p>
<p>DHCFT 2017/013</p>	<p><u>ANY OTHER BUSINESS</u></p> <p>No items were discussed.</p>

<p>DHCFT 2017/014</p>	<p><u>2016/17 BOARD FORWARD PLAN</u></p> <p>The forward plan will be carried forward to next year. Board Effectiveness survey is due to be carried out in February.</p> <p>RESOLVED: The Board of Directors noted the forward plan for 2016/17.</p>
<p>DHCFT 2017/015</p>	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></p> <p>Financial risk 4a from extreme to high on the Board Assurance Framework and is noted in item DHCFT 2016/214 above.</p> <p>RESOLVED: The Board of Directors agreed to the adjustment of Financial Risk 4a.</p>
<p>DHCFT 2017/016</p>	<p><u>MEETING EFFECTIVENESS</u></p> <p>The Board agreed the meeting had been effective. Mark Powell proposed to work with teams so they understand the assurances the Board is seeking during deep dive items.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 1 February 2017.</p> <p style="text-align: center;">The location is Conference Rooms A and B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	