

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

**Held in Conference Training Rooms 1 & 2
Research and Development Centre, Kingsway, Derby DE22 3LZ**

Thursday, 30 June 2016

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4:40pm

PRESENT:	Richard Gregory Caroline Maley Phil Harris Maura Teager Ifti Majid Claire Wright Carolyn Green Carolyn Gilby Dr John Sykes Mark Powell Jayne Storey Samantha Harrison	Interim Chairman Senior Independent Director Non-Executive Director Non-Executive Director Acting Chief Executive Executive Director of Finance Director of Nursing & Patient Experience Acting Director of Operations Executive Medical Director Director of Business Development & Marketing Director of Workforce OD & Culture Director of Corporate Affairs & Trust Secretary
IN ATTENDANCE:	Richard Eaton Sue Turner Bev Green Louise Jenkins Jackie and Max Kath Lane Tim Slater Garry Southall Susan Spray	Communications Manager Board Secretary and Minute Taker Releasing Time to Care Lead (Service Improvement) Senior Nurse, The Lighthouse Service Receivers Acting Deputy Director of Operations General Manager Campus Principal Workforce & Organisational Development Manager Principal Workforce & Organisational Development Manager
	For item DHCFT 2016/0 For item DHCFT 2016/0 For item DHCFT 2016/0 For item DHCFT 2016/0 For item DHCFT 2016/0 For item DHCFT 2016/0 For item DHCFT 2016/0	
APOLOGIES:	Jim Dixon	Deputy Chair and Non-Executive Director
VISITORS:	John Morrissey Gillian Hough Aydin Sami	Lead Governor Public Governor, Derby City East Administrator, Ilkeston Community Hospital

DHCFT 2016/089	<u>INTERIM CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES</u> The Interim Chairman, Richard Gregory, opened the meeting by welcoming all present.
DHCFT 2016/090	<u>SERVICE RECEIVER STORY</u> Carolyn Green introduced Jackie and her son Max who were accompanied by Louise Jenkins, Senior Nurse at the Lighthouse. Jackie very kindly agreed to talk about her experience of the Lighthouse service and described day to day life caring for Max's complex health needs. Max is a pleasure to look after and has a beautiful smile, he was disabled at birth and has a rare form of epilepsy for which he is prescribed medication as

	<p>well as rescue medication. Max is also non-verbal, he has had a tracheotomy and is fed via gastrostomy, he also has brittle bones and uses a wheelchair.</p> <p>Max has had several operations and cannot do much for himself and is prescribed considerable medication that needs to be administered correctly. Jackie has three other children and since receiving support from the Lighthouse when Max was eight, Jackie and her family are now managing to live a fuller life and are far happier.</p> <p>Louise explained that the Lighthouse’s main priority is to keep Max safe and provide family respite. He has complex needs which are quite difficult to manage. To stabilise Max’s care Louise set up training sessions for all the staff to learn how to meet Max’s needs and this has provided Jackie and her family with comfort knowing that Max and other children like him can receive respite care which enables families to spend time together to function normally. Max is always happy at the Lighthouse and has access to sensory rooms and fun equipment.</p> <p>Carolyn Green asked Jackie what improvements in the support and care for Max she and her family could have received. Jackie wished Max could have accessed the Lighthouse at a much earlier age as caring for him has been very difficult. Staff at the Lighthouse know Max very well and Louise makes sure that any new staff are trained to care for his needs. Jackie suggested that photographs showing how Max likes to sleep or sit could be used as useful guidance to staff who care for children like Max. Carolyn Green pledged to supply the Lighthouse with a camera so photographs can be used to inform staff of not just Max’s needs, but those of other children in the Lighthouse’s care as a patient safety improvement under the Trust’s innovation network.</p> <p>The Board asked to know more about staff training for children with such complex needs. Louise described the enormous element of care involved looking after children like Max and stressed that the complex needs of these children is ever increasing. Tracheotomy and rhesus training is something that needs to be looked at to enable the right level of training to be continuous with the staff who join the Lighthouse team on an ongoing basis. Training has been concentrated on nursing staff and Louise has set up a system to ensure staff undergo training so they are compliant, but she has noticed there has been reluctance / as well as skills competence and the ability to retain this skill set from social care staff to take on training within their roles. Louise was keen for the training packages to be completed and ratified and Carolyn Green suggested that Louise be invited to attend the Physical Care Committee which would help and support her in her endeavours.</p> <p>The Board considered Jackie’s story to be truly inspirational and felt gratified to hear how Louise and the Lighthouse team cared for Max had responded to Jackie’s and her family’s needs.</p> <p>ACTION: Bev Green and Carolyn Green to arrange for a camera to be provided for use at the Lighthouse through the Trust innovation network.</p> <p>RESOLVED: The Board of Directors expressed thanks to Jackie for sharing her experience and appreciated the opportunity to hear at first hand the service the Trust had provided.</p>
<p>DHCFT 2016/091</p>	<p><u>MINUTES OF THE MEETING DATED 25 MAY 2016</u></p> <p>The minutes of the meeting held on 25 May were accepted and agreed subject to the list of attendees being amended to record apologies received by Jayne Storey.</p>
<p>DHCFT 2016/092</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 2016/093</p>	<p><u>CHAIRMAN'S VERBAL REPORT</u></p> <p>Richard Gregory updated the Board on progress made in Derbyshire on the Sustainability and Transformation Plan (STP) which involves the Trust heading towards a more integrated service which will improve quality of patient care across all providers including health and social care. He explained that because this is a national initiative and the Trust was being encouraged to move at pace, a special meeting of the Trust's Council of Governors and Derbyshire Community Health Services NHS Foundation Trust's (DCHS) Council of Governors will take place to update governors on the work that will bring together all local NHS providers, commissioners, local authorities and the voluntary sector, to develop a comprehensive and joined-up plan for the future.</p> <p>RESOLVED: The Board of Directors noted the Interim Chairman's verbal update.</p>
<p>DHCFT 2016/094</p>	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p> <p>Ifti Majid presented his report which provided the Board with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within the local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such as commissioners and the Trust's staff. The report was also used to support strategic discussion on the delivery of the Trust strategy.</p> <p>Ifti Majid informed the Board that the 21C Joined Up Care Public Consultation went live on 29 July the proposals of which were contained in the publication of the consultation document that was circulated at the meeting.</p> <p>Attention was drawn to the inaugural report of the NHS Workforce Race Equality Standard (WRES) that had been published by the NHS Equality and Diversity Council which he thought gave interesting reading. This is the first time WRES data has been published nationally and Ifti was pleased to report that the Trust is rated higher than the national average. He was also pleased to report that an update on the Trust's Equality and Diversity Workforce approach for 2016 - 17 would be presented to the Trust Board at the next meeting in July.</p> <p>Following the referendum last week, Ifti Majid made a public statement which acknowledged the contribution of staff from ethnic areas which was fully supported by the Board.</p> <p><i>"In common with other senior healthcare leaders, I want to take this opportunity to recognise the vital contribution made to the delivery of our services by staff who are not UK nationals.</i></p> <p><i>"Their skill, commitment and dedication are key to ensuring the ongoing quality of our services.</i></p> <p><i>"I am saddened by reports over the last week about the increase in abuse towards non-UK nationals following last week's referendum. I would like to make it absolutely clear that within our Trust we will not accept this sort of behaviour and I would urge all of our staff to use existing mechanisms to alert us to any such incidents.</i></p> <p><i>"As a Trust, I am confident that we can demonstrate our belief in tolerance and respect by valuing and supporting individuals regardless of their background or nationality."</i></p> <p>Ifti Majid reported that formal feedback following the CQC inspection visit at the beginning of June was still awaited and initial issues raised at the time are being dealt with immediately. Carolyn Green added that some high level areas were around quality</p>

priorities. Improvements have been made but there are still some areas that need to reach full 100% compliance. There is work to be carried out within the positive and safe risk reduction strategy to ensure our data is accurate and work is also being carried out on seclusion and segregation compliance as this had been raised as a concern by the CQC. At this point Richard Gregory took the opportunity to thank governors for contributing to the CQC inspection which had proved extremely valuable.

Ifti Majid's report also included the Listen, Learn and Lead matrix which set out the latest round of team visits by Directors.

RESOLVED: The Board of Directors noted the contents of the Acting Chief Executive's report

DHCFT 2016/095

INTEGRATED PERFORMANCE AND ACTIVITY REPORT

This report provided the Trust Board with an integrated overview of performance as at the end of May 2016 with regard to workforce, finance and operational delivery and quality performance.

Claire Wright pointed out key points emerging from the report relating to Finance. She explained how IAPT performance income had deteriorated which was mainly due to sickness and vacancy aspects. She also highlighted the work currently taking place to progress gaps in the Cost Improvement Programme (CIP) which will be assessed further in July.

Claire Wright informed the public and visitors to the meeting that the Board had agreed during its confidential session this morning to accept NHSI's offer of £0.83m sustainability and transformation funding. This would create a £2.5m surplus control total in place of the currently agreed £1.7m surplus.

Carolyn Gilby highlighted key points relating to operational functions and was pleased to point out that the Trust was fully compliant with NHSI targets. Discussion took place on whether there was more demand for early intervention work and it was agreed that this would be raised with commissioners. Carolyn Gilby added that new NICE guidance is being adhered to which the Trust has not measured against before and this was being reviewed with commissioners within the terms of new monitoring within contract management.

It was noted that Workforce KPIs were looking more favourable although sickness absence remains a concern. Specific action has been taken in this area and staff have been asked if they would like to work extra hours. Jayne Storey pointed out that a recent report from BUPA showed that 60% of stress issues reported by staff were home related issues, not work related. Stress management training for managers has been offered and is being actively encouraged. Meetings had also taken place with First Care who manage the Trust's absence system to help develop best practice and learning and there is some really proactive information in this area. Caroline Maley was concerned about the level of vacancies and it was pointed out that the majority of vacancies had arisen due to staff moving to other areas of the organisation rather than from staff leaving the Trust.

Carolyn Green provided a brief overview of quality issues and explained that quality measures were currently being developed further with redesign of clinical record keeping. She was also working with the Quality Leadership Teams to improve standards of compliance on areas such as seclusion and segregation. Specific work will also take place to improve monitoring of seclusion and segregation recording rates which will be cross referenced against DATIX incidents through the Mental Health Act Committee. Some of the Trust's feedback with regard to the recording of segregation was related to when the Radbourne unit was closed to admissions and the 136 suite was closed due to an incident involving a very dangerous service user. This was a particularly difficult issue

	<p>which had been escalated to NHS England as a near miss incident.</p> <p>The Board felt some valuable points were raised while discussing the integrated report which drew attention to areas of risk and vulnerability to staff and patients and Ifti Majid asked for thanks to be extended to individual teams for achieving such positive results.</p> <p>RESOLVED: The Board of Directors scrutinised the content of the report and obtained assurance on the current performance across the areas presented.</p>
<p>DHCFT 2016/096</p>	<p><u>TRUST COMPLIANCE – ACCESSIBLE INFORMATION STANDARD</u></p> <p>Carolyn Gilby provided an update on the Trust’s compliance with the Accessible Information Standard.</p> <p>Members of the Board considered that the report contained a broad range of information and was assured that the Trust would be fully compliant with the Accessible Information Standard by the end of July.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Acknowledged progress made with the Accessible Information Standard implementation plan 2) Acknowledged full implementation compliance in advance of 31 July 2016
<p>DHCFT 2016/097</p>	<p><u>POSITION STATEMENT ON QUALITY</u></p> <p>Carolyn Green presented her report which provided the Board of Directors with an update on the Trust’s continuing work to improve the quality of services it provides in line with the Trust’s Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>The Board noted that the position statement set out:</p> <ol style="list-style-type: none"> 1. Caring through the Trust’s work with carers in carer’s week 2. Responsiveness of our services through the Blue Light system 3. Safe services which includes some work which has commenced on seclusion, Mental Capacity Act and physical health checks 4. Well-led: The CQC visit inspection week and next steps 5. Effectiveness of our Learning Disabilities (LD) Strategic Health Facilitation in winning funding from NHS England and Patient activation bid key aspects of the Trust’s Quality priorities in Physical Healthcare and Personalised care. <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received the Quality Position Statement 2) Gained assurance on its content
<p>DHCFT 2016/098</p>	<p><u>REVALIDATION OF DOCTORS</u></p> <p>John Sykes presented the framework of quality assurance which provided the Board with assurance that doctors working in the Trust are fit to practise.</p> <p>The number of doctors who were suspended/excluded from practice was queried by Richard Gregory and John Sykes agreed to provide Richard Gregory with corrected data outside of the meeting. This corrected data would allow the Designated Body Statement of Compliance with the Medical Profession to be drafted to form a letter for signature by Richard Gregory for submission to NHS East Midlands.</p> <p>ACTION: John Sykes to provide Richard Gregory with corrected data regarding suspended/excluded doctors</p> <p>RESOLVED: The Board of Directors</p>

	<ol style="list-style-type: none"> 1) Considered the report 2) Scrutinise the contents 3) Sought additional assurance regarding the number of doctors suspected/excluded from practice that would be dealt without outside of the meeting.
<p>DHCFT 2016/099</p>	<p><u>COMPLIANCE RETURN – GOVERNANCE STATEMENTS 4, 5 AND 6 INCLUDING DELEGATED AUTHORITY</u></p> <p>Sam Harrison presented her paper which supported the requirement for the Board to submit Governance Statements four, five and six to NHS Improvement (NHSI) by 30 June (statements one, two and three were previously submitted in May).</p> <p>Members of the Board confirmed their agreement with Statement 6: <i>“The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.”</i>. This enabled Sam Harrison to return Statement 6 to NHSI by 5pm in line with requirements and would also be uploaded onto the Trust’s website.</p> <p>Due to the notified changes in the phasing of the submission of compliance returns to NHSI for 2016/17 which no longer fit with the Trust’s governance arrangements, the Board approved delegated authority to the Chair of the Audit and Risk Committee, and the Chair of the Finance and Performance Committee for the sign off of future submissions. Once submitted, these will be circulated to the Board for information at the next Public Trust Board meeting.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Gave agreement for Governance Statement 6 to be returned to NHSI by 5pm, 30 June 2016 2) Approved delegated authority to the Chair of the Audit and Risk Committee and Chair of the Finance and Performance Committee for the sign off of compliance returns.
<p>DHCFT 2016/100</p>	<p><u>BOARD COMMITTEE ESCALATIONS</u></p> <p>Short assurance summaries were received from committee chairs which identified key risks, successes and decisions made. Each summary was scrutinised and escalations were noted. The ratified minutes of meetings held in May were received for information and no issues were raised.</p> <p>RESOLVED: The Board of Directors received the Board Committee escalations and ratified minutes of meetings held in May.</p>
<p>DHCFT 2016/101</p>	<p><u>DEEP DIVE – VACANCIES, SICKNESS AND RECRUITMENT</u></p> <p>A “deep dive” into the Trust’s Sickness Absence information and links to other employee relations activity was presented to the Board in September 2015 and was subsequently updated and presented to the Finance & Performance Committee in January 2016.</p> <p>Kath Lane, Acting Deputy Director of Operations, presented today’s “deep dive” which was generated in response to the Board’s request for a further deep dive into the number of vacancies, sickness levels, and recruitment undertaken within the Trust. The report highlighted the 20 teams on the KPI Hot Spot Triangulation within the Workforce Dashboard for May 2016, and a focus on the top 6 teams within the Trust on the Board Dashboard for May 2016. This approach involved joint analysis between Workforce and Organisational Development functions together with Operational Management to develop action plans against the KPIs. The trajectory for recruitment in the updated Operational Recruitment Plan previously presented to the People and Culture Committee was also</p>

taken into account.

Kath Lane, Tim Slater, Garry Southall and Susan Team Spray from both the Operational and Workforce functions attended the meeting and drew attention to the action plan that had been formulated to stabilise the situation. They described the work taking place to establish how this model was functioning and how an analysis was being carried out to see how deep routed issues impacted on staff attendance. It was clear that sickness absence is symptom of what is happening within the teams. This has influenced the model and this evidence will be used to inform current and future ways of working.

High levels of stress have been experienced in the Enhanced Care Ward (ECW) due to significant incidents that have occurred over the last six months. The impact these incidents have had on ECW cannot be under estimated and stronger working relationships are being developed across port folios in order to deliver a more integrated approach to bring together combined objectives to achieve secure care plans. At this point the team took the opportunity to thank John Sykes and the Board for their support in seeing them through the difficult times they experienced in the case of a particular patient.

It was understood that the main reason for absence is due to stress. It was pointed out that 60% of stress related absence is due to stress in people's home life and is not work related. Analysis of case load sizes did not show correlation with stress levels. The Workforce team has been working very closely with managers to provide them with coaching so they are aware of the health and attendance policy to encourage people back into the workplace. In addition to this, stress management courses are being run throughout the county and managers are being encouraged to attend. Evidence now shows that managers are feeling more confident to tackle issues at an earlier stage.

The report also showed that absence is linked with high levels of activity. Enormous strides are being made to recruit more staff but staff retention is the real challenge, although vacancies in neighbourhood posts were showing an improvement. Targets were highlighted in the report and the Board was interested to know how challenging these targets would be. It was acknowledged that there would be always be seasonal variances in sickness absence; statistics show when these will be spiked and work would take place to pre-empt this as much as possible. Richard Gregory stressed the importance of setting aspirational targets that can be achieved the need to be confident in the plans and processes. He also added that the People & Culture Committee recently agreed these targets should be revised and a benchmarking exercise is taking place and will be submitted to the People & Culture Committee in September to show what has been achieved.

Richard Gregory asked how the Board could support the teams. Tim Slater wished for the Board authorise the process to speed up the development of the electronic recruitment system which is currently being developed within IM&T. It was recognised that a strong business partner model is required (the HR and Operations model needs enhancement) and the capacity/resource within the Workforce Team needs to improve all and all these issues will be progressed through the People & Culture Committee.

The Board was pleased to see Operations and Workforce functions working together to face the challenges they have been presented with. The Board supported promoting different ways of thinking and creating an open minded staff culture and asked to be kept informed so progress can be measured.

RESOLVED: The Board of Directors:

- 1) Acknowledged the report and noted the progress that is taking place to recruit staff and support areas with staffing challenges.**
- 2) Acknowledged the work taking place to consider those areas that trigger more than one KPI on the Workforce Dashboard, and following analysis by Operational Management and the Workforce & OD Department be assured that**

	<p>appropriate support and assistance are provided to those teams.</p> <p>3) Considered incorporating data / KPIs against teams that demonstrate excellence in order to encourage the sharing of best practice and supporting other teams who may require assistance</p>
DHCFT 2016/102	<p><u>REPORT FROM COUNCIL OF GOVERNORS MEETING</u></p> <p>Sam Harrison presented her report which updated the Board on discussions held at the Council of Governors meeting held on 1 June.</p> <p>The Board noted the issues discussed with governors during the meeting.</p> <p>RESOLVED: The Board of Directors noted the discussions at the Council of Governors meeting held on 1 June 2016</p>
DHCFT 2016/103	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN</u></p> <p>Mark Powell presented his report which provided Board members with an update on progress of all tasks within the GIAP, including the identification of tasks that are off track, including those that the Board has responsibility for oversight.</p> <p>Members of the Board recognised that the main focus of attention during the last four weeks had been on tasks with a delivery deadline up to, and including the end of June. It was understood there had been limited opportunity to look beyond this in any great detail due to significant resource being directed towards the Trust's recent CQQ inspection. In addition, due to the timing of the Board Committee meetings only the People and Culture Committee had met to discuss and receive assurance on the tasks that they have oversight for on behalf of the Board, the outcome of which was indicated in the 'comments on progress' and in the updated RAG ratings sections in the GIAP. This resulted in issues being mainly to do with actions around the People Plan, Engagement and Corporate Governance.</p> <p>Mark Powell explained that to progress these issues he, Jayne Storey and members of the HR team would build emphasis behind individual issues that need to be improved as quickly as possible and he was confident that significant progress would be seen to have been made on specific tasks by the July meeting of the People & Culture Committee.</p> <p>Mark Powell also informed the Board on progress made on the development of KPIs and associated assurance mechanisms which were areas that NHSI had asked the Trust to focus on and to consider as part of the GIAP. These areas will be discussed and finalised at the Board Development Session on 13 July and will be submitted to the July Board for approval.</p> <p>Members of the Board understood that whilst the HR resource plan was fully recruited to, the HR team had been further challenged by a number of other requests on their time during June which had resulted in reduced capacity to focus on the GIAP. However, following further discussion, Board members were satisfied that corrective action was being taken to address the development of specific tasks and actions and looked forward to receiving evidence that significant progress has been made with the GIAP at the July Board meeting.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Reviewed the content of the full GIAP 2) Discussed the recommendations rated as 'off track' or 'some issues' and was assured by the mitigation provided from the responsible Director, individual Directors or Committee Chairs.
DHCFT 2016/104	<p><u>BOARD FORWARD PLAN</u></p>

	<p>The forward plan was noted and would be updated in line with today's discussions.</p> <p>RESOLVED: The Board of Directors noted the forward plan for 2016/17</p>
DHCFT 2016/105	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></p> <p>The BAF would be influenced by information received on the Sustainability and Transformation Plan and would be linked to the BAF submission to be received at the July Board.</p>
DHCFT 2016/106	<p><u>BOARD PERFORMANCE AND CONTENT OF MEETING</u></p> <p>The Board felt that good discussions were held during the meeting. It was reiterated that any questions applicable to the agenda and at the Chair's discretion should be received by the Board Secretary up to 48 hours prior to the meeting for a response to be provided by the Board at each meeting.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 27 July 2016.</p> <p style="text-align: center;">The location is Conference Rooms A and B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	