

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**

Wednesday 24 February 2016

MEETING HELD IN PUBLIC	
Commenced: 1pm	Closed: 4.20pm

- PRESENT:**
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| Richard Gregory | Interim Chairman |
| Caroline Maley | Senior Independent Director |
| Maura Teager | Chair and Non-Executive Director |
| Jim Dixon | Non-Executive Director |
| Tony Smith | Non-Executive Director |
| Ifti Majid | Acting Chief Executive |
| Claire Wright | Executive Director of Finance |
| Carolyn Green | Director of Nursing and Patient Experience |
| Dr John Sykes | Executive Medical Director |
| Carolyn Gilby | Acting Director of Operations |
| Jayne Storey | Director of Workforce OD & Culture |
| Mark Powell | Director of Business Development & Marketing |
| Jenna Davies | Interim Director of Corporate & Legal Affairs |
- IN ATTENDANCE:**
- | | |
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| Anna Shaw | Deputy Director of Communications & Involvement |
| Sue Turner | Board Secretary and Minute Taker |
- APOLOGIES:**
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| Phil Harris | Non-Executive Director |
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DHCFT 2016/017	<u>INTERIM CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES</u> The Interim Chairman, Richard Gregory, opened the meeting by welcoming all present and declared there was no conflict of interest in today's agenda.
DHCFT 2016/018	<u>SERVICE RECEIVER STORY – PROFOUND AND MULTIPLE LEARNING DISABILITIES</u> Richard Gregory warmly welcomed Kim, her parents, Derek and Jean, and Sharon Wright, a carer from the home where Kim lives. He also welcomed Katie, her parents, Kay and Clive, and Tonia Simpson carer for Katie. Also in attendance was Debbi Cook, Highly Specialised Clinical Community Physiotherapist, Covering Head Nurse at the Hartington Unit, Kim West, Speech and Language Therapist and Bev Green, Service Improvement/Covering Head Nurse Hartington Unit. Kim is a lady in her 50s and has profound and multiple learning disabilities (PMLD) as a product of contracting meningitis as a baby. She left home at 21 and went to live in a social services hostel and moved when that closed to Wright Home Care. She still returns home to her parents every weekend who are very involved in her care. Katie is a young lady of 22, she has PMLD as a result of Rett Syndrome. She also left home aged 21 and went to live at Leigh House. Katie's parents are still very involved

in her care and visit often. Katie's story is similar to Kim's, just 30 years behind.

Debbi Cook, Highly Specialised Clinical Community Physiotherapist, referred to the services being run in Southern Derbyshire for people with PMLD. Both ladies have had multiple interventions by the Community Learning Disability Team, particularly Physiotherapy, Occupational Therapy, Nursing and Speech and Language. Many of these interventions have been on-going for a considerable length of time as their needs are so complex and ever changing. She explained that the numbers of people with PMLD are increasing because children are surviving with far greater issues than ever before and are starting to transition through to adult services. The service the Trust provides at the moment for people with complex needs is very good and helps people live healthier for longer in South Derbyshire. The team give a good service but the service needs to prepare for the wave of children brought through to the adult services with PMLD. Debbi Cook stressed the importance of bringing this to the Board's attention as well as commissioners and to realise how many people will be coming through the service in the future.

Richard Gregory asked how the Board could help on a day by day basis. Kim's parents, Jean and Derek felt they are in the prime position of being able to get help for Kim. Access to the team is very important to them and help has been made available for them. The care and comfort people with PMLD need is different for each person. Kim is happy living at Wright Care and with all the other people who live there who all support each other. Kim calls this her home and it gives Jean and Derek great pleasure that Kim wants to live there.

Kay and Clive talked about their daughter Katie who was at school and college until she was 19 and has been living in an independent home for 18 months. They feel the care and service they receive from Debbi Cook and the Learning Disabilities (LD) team is outstanding. They described how having access to the specialised team and access to the hospital without having to go through their GP means a lot to them. They praised the work of the specialists who work together with the expert team who teach the staff how to look after Katie and this is a great comfort to them. Having the level of knowledge that people are concerned about Katie and know how to look after her is so important to them and they would not have moved Katie to this home if they had not had the certainty that Katie would have had the support of the Trust's service team.

Debbi Cook and the service team raised with the Board that people with PMLD do not have a voice. Debbi Cook further explained how over the coming years there would be further pressure on the service and the Trust should act now to enable capacity.

Richard Gregory and the Board acknowledged that the care described by Katie's and Kim's parents does not exist in various parts of the country or within the NHS. Richard Gregory specifically highlighted one of the messages he was taking away was understanding the needs of carers but also a better transition is required from paediatric into adult services.

Board members were reminded that the Learning Disabilities Showcase event is taking place on 22 March and it is hoped commissioners will attend this event so they can see for themselves what the service is providing and understand what needs to be provided for the future. Ifti Majid assured the team that he was working with commissioners so they can recognise that improvements to this service can't wait. Carolyn Green was closely involved with the Learning Disabilities Showcase event and would be inviting national leaders to attend.

The Board gave thanks to Debbi Cook and the team who provide a very valued service. The Board considered this to be an area of opportunity and strategic change which would be considered within the overall Trust strategy driven forward through the national programme.

	RESOLVED: The Board of Directors expressed thanks to Katie and Kim and their families and carers for attending today's meeting and sharing their humbling and heartfelt story.
DHCFT 2016/019	<p><u>MINUTES OF THE MEETING DATED 27 JANUARY 2016</u></p> <p>The minutes of the meeting, dated 27 January were accepted and agreed subject to the amendment to minute item DHCFT 2016/011 Remuneration Committee Terms of Reference point V1 "Standing Financial Instructions to state that any contractual payments should be the responsibility of the committee" to be substituted with "<i>Standing Financial Instructions to state that any extra contractual payments should be the responsibility of the committee</i>".</p>
DHCFT 2016/020	<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>
DHCFT 2016/021	<p><u>CHAIRMAN'S VERBAL REPORT</u></p> <p>The Interim Chairman, Richard Gregory, was pleased to announce that John Morrissey had been elected as lead governor for the Trust. Elections for vacant governor posts were on track and he was looking forward to having a fully constituted Council of Governors and working with Governors to improve the relationship between Board and Council.</p> <p>Richard Gregory informed the Board that he had taken the decision to resign from the Sheffield Children's Hospital Board to spend more time with the Trust until the end of his nine month term.</p> <p>Richard Gregory informed the Board that a meeting of the Remuneration Committee had taken place before the board meeting and the following had been discussed:</p> <ol style="list-style-type: none"> i. Tony Smith would be standing down as a Non-Executive Director (NED) at the end of March. Richard Gregory commended Tony Smith's HR and OD skills which have been particularly valuable to the Remuneration Committee and will also be missed in the newly formed People and Culture Committee. ii. It was agreed that the Governors Nominations Committee would receive the recommendation for the immediate replacement of a NED on the departure of Tony Smith and to identify a suitable replacement for Maura Teager who will be ending her term in 13 months' time. The Nominations Committee would also be recommended to fill this position in six months' time with a NED with strong clinical skills to enable a smooth hand over. iii. The Remuneration Committee ratified the appointment of Samantha Harrison as the Director of Corporate and Legal Affairs and Trust Secretary. Richard Gregory thanked Jenna Davies for the outstanding job she had carried out in the interim and commended her particular skill sets and approach to the role. <p>RESOLVED: The Board of Directors noted the Interim Chairman's verbal update.</p>
<i>Richard Gregory temporarily left the meeting to conduct a telephone call with Monitor. The meeting was chaired in his absence by the Deputy Chair, Maura Teager.</i>	
DHCFT 2016/022	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p> <p>Ifti Majid's report focused on two key national reports issued in the last week. He provided the Board of Directors with a brief summary of the documents and noted that</p>

	<p>these reports would be used to inform strategic discussions within the Board meeting.</p> <p>The report also provided an update on key issues internal to the Trust and focused on the implementation of the forward view of how providers will be supported to deliver the five year forward view.</p> <p>Ifti Majid highlighted the work of the Mental Health Taskforce commissioned to look into the condition of current mental healthcare in the UK. The Taskforce recognised that extra investment of £1billion is required into the system over the next five years.</p> <p>Ifti Majid informed the Board of his intention to publish each month reports focussing on feedback from visits made by the executive directors. Maura Teager took the opportunity to request that NEDs' activities also be included in the report which would allow them to provide feedback about what they have learned. Tony Smith also welcomed this initiative in terms of promoting staff engagement.</p> <p>RESOLVED: The Board of Directors noted the contents of the Acting Chief Executive's report</p>
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Richard Gregory re-joined the meeting and resumed the Chair.

<p>DHCFT 2016/023</p>	<p><u>POSITION STATEMENT ON QUALITY</u></p> <p>Carolyn Green's report provided the Board with an update on the 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>Carolyn Green pointed out key areas of the report that highlighted how the Trust's risk management system works on a Board assurance level. She was pleased to report that the Electronic Patient Record (EPR) system roll out was progressing which will allow the Dashboard to be put in place and this was a very significant area that has moved forward.</p> <p>Difficulties with NPS (psychoactive substances ((legal highs) are a growing problem in Derby and Carolyn Green commended the work carried out by clinicians when dealing with the aftermath from people who have used these substances. Maura Teager, Chair of the Quality Committee reinforced the impact of the growth of NPS use. She was concerned whether patients feel safe in our services and the positive work that is compromised by increased admissions and length of stay of patients who have been admitted under the influence of these substances who clearly need support and care. She informed the Board she intends to invite the Director of Public Health to the Radbourne Unit to see at first hand the effects of NPS use. The Trust has an excellent substance misuse service and some excellent staff but we need to consider our future workforce and the development of dual purpose diagnosing skills.</p> <p>Richard Gregory asked to be involved in the quality visit programme. He was pleased that the schedule of planning dates for quality visits is being shared with governors so they can understand how important their involvement is. Tony Smith remarked that he had taken part in a number of quality visits and found governor attendance very irregular. He felt some visits had been light on clinical input and whilst he recognised the impact on capacity of the teams, the purpose of the visit was to engage with the team and feed back to the Board. Carolyn Green agreed to revisit the mix of the teams who undertake the quality visits so they are more balanced in specific areas.</p> <p>ACTION: Quality visit teams to be reviewed and balanced in specific areas.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the Quality Position Statement Dashboard and trends. 2) Scrutinised the current position
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<p>DHCFT 2016/024</p>	<p><u>CQC SAFEGUARDING REPORT AND ACTION PLAN</u></p> <p>The CQC action plan was received by the Board which provided assurance to ensure that the recommendations are being met adequately to timescale or to show progress on the recommendations.</p> <p>The Board also recognised this issue had been escalated to the Board from the minutes of the meeting of the Safeguarding Committee held on 22 January. The Board felt the action plan contained too many inconsistencies and agreed that the Safeguarding Committee would continue to monitor progress and would receive a revised version of the action plan at its next meeting in April.</p> <p>Although he recognised the monitoring group of the action plan is the Safeguarding Committee, Mark Powell could not triangulate the gaps contained in the action plan with the corresponding minute item from the meeting of the Safeguarding Committee. Carolyn Green assured Mark Powell that actions were progressing and the action plan template could be adapted to provide better assurance that that activities were being progressed and she would address this with the CQC. It was agreed that the Board would receive further versions of the CQC Action Plan on an exception only basis.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Monitored the progress of the CQC Action Plan to ensure compliance. 2) Received partial assurance that the action plan is being developed within the set timescales and evidence and/or a progress report is completed 3) Received the CQC report and was partially assured of on-going actions and improvements being made and requested the Safeguarding Committee to lead all future monitoring of this external audit and assurance of the implementation of the learning and recommendations. 4) Requested the submission of further reports on an exception only basis.
<p>DHCFT 2016/025</p>	<p><u>STAFF SURVEY RESULTS</u></p> <p>The report on the NHS National Staff Survey Results 2015 provided the Board with a high level overview.</p> <p>Jayne Storey informed the Board that the results would be shared with the Council of Governors at their next meeting in March and the Joint Negotiating Committee. The Board agreed that the results showed that staff were unsatisfied but were generally happy with the service they are providing. The survey results would help inform the new organisational development plan. Proactive work will be undertaken to explore the results further and the detail will be shared with the People and Culture Committee. Staff pulse checks will take place through the organisation more frequently to track progress of interventions.</p> <p>RESOLVED: The Board of Directors received the high level annual national staff survey results and agreed the monitoring and tracking of the action plan would take place through the People and Culture Committee.</p>
<p>DHCFT 2016/026</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>The report defined the Trust's performance against its Key Performance Indicators plus any actions in place to ensure performance is maintained. Compliance with the Trust's performance indicators is being actively monitored and corrective actions are put in place where appropriate. Areas covered in this report include, the Main Performance</p>

	<p>Indicators, Health Visitors, IAPT and Ward Safer Staffing.</p> <p>The Board was pleased to note the achievement of outpatient letters responded to within 10 days and that ward safer staffing had significantly improved.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Acknowledged the current performance of the Trust 2) Noted the actions in place to ensure sustained performance
<p>DHCFT 2016/027</p>	<p><u>FINANCE DIRCTORS REPORT MONTH 10</u></p> <p>Claire Wright's paper provided the Board with an update on financial performance against the Trust's operational financial plan as at the end of January 2016.</p> <p>This month's report included a new summary dashboard which shows actual and forecast performance including trends to compare to previous months performances. This will be the style of reports for the future and Claire Wright asked members of the Board to provide her with feedback on the content and style so the report can evolve and be more user-friendly.</p> <p>The Board noted that all financial measures are better than plan with the following exceptions:</p> <ul style="list-style-type: none"> • Capital expenditure is currently £1.0m behind plan year to date and is forecast to be less than plan at the end of the financial year by £0.2m. This is due to the reprioritisation of schemes during the year and revised start dates. • In month the qualified agency nursing expenditure was above the ceiling of 3% at 3.7% for the month of January but this was a significant improvement on the earlier months of the financial year. <p>RESOLVED: The Board of Directors considered the content of the paper and felt assured on the current and forecast financial performance for 2015/16.</p>
<p>DHCFT 2016/028</p>	<p><u>GOVERNANCE FRAMEWORK AND ACTION PLAN</u></p> <p>The Governance Framework and Action Plan will be reformulated in line with recommendations made by Deloitte and the CQC and submitted to the Board at the March meeting.</p> <p>RESOLVED: The Board of Directors noted that the Governance Framework and Action Plan will be resubmitted to the March meeting.</p>
<p>DHCFT 2016/029</p>	<p><u>BOARD COMMITTEE ESCALATIONS</u></p> <p>Committee chairs escalated to the Board matters of interest and note from the meetings held this month.</p> <p>Quality Committee: E-learning buy-in of the safety planning CQUIN and the risks involved in the roll out of e-learning to all clinical staff before the end of the March was escalated to the Board by Maura Teager, Chair of the Quality Committee. She also highlighted the need for NICE Guidance accountability with Clinical Reference Groups to be phased in with the Quality Leadership Teams. She was pleased to report that suicide prevention work is being carried out and that the Trust had been positively benchmarked against the national average. Maura Teager also explained the process behind tracking outstanding actions in Serious Incidence investigations and how delivering outstanding actions was being driven down.</p> <p>Audit Committee: Caroline Maley, Chair of the Audit Committee informed the Board</p>

	<p>that a deep dive of risk 2c regulatory compliance took place at the meeting which she felt was a positive start to the Board Assurance Framework for next year. This was the last of the deep dives for this year and she intended these to be scheduled earlier in the year in future. She was pleased to report that initial work with accounting policies showed an improvement in trends, although the year end timetable is very challenging.</p> <p>Safeguarding Committee: Maura Teager, Chair of the Safeguarding Committee was pleased to report that the committee shared the Safeguarding Children and Safeguarding Adults Strategy vision. She commended the work of Tina Ndili and Tracey Holtom in formulating the strategies and looked forward to working towards an alignment of both the children and adults strategies in the future.</p> <p>Finance & Performance Committee: Jim Dixon, Chair of the committee explained that minutes of the Finance & Performance Committee are not received at the Public Board session as they are confidential. The committee covers a variety of important management policy and issues regarding the Trust's finances and budgeting cycle. The committee also monitors commercial and contractual issues. Jim Dixon explained that Monitor had introduced a ceiling on the Trust's budget that can be spent on bank and agency staff. The target is 3% and the Trust was currently operating at 3.7% above that target. He explained this was not considered a breach but was a managed override put in place to increase the reliance on agency staff in the interests of patient safety. The 3.7% override of the Trust's ceiling is also contained within the Finance Director's report. The Finance & Performance Committee will monitor the action plan to reduce the balance of agency staff and the Board will monitor the impact and risks for keeping within the 3% ceiling.</p> <p>People & Culture Committee. The committee held its first meeting on 17 February when the terms of reference and governance action plan was addressed as well as other work streams. The committee received the Community Engagement Strategy and discussed governance and people issues.</p> <p>RESOLVED: The Board of Directors noted the contents of the ratified minutes of the Audit Committee, Quality Committee and the draft Mental Health Act Committee minutes.</p>
<p>DHCFT 2016/030</p>	<p><u>FUTURE RELATIONSHIP BETWEEN THE TRUST'S BOARD AND COUNCIL OF GOVERNORS</u></p> <p>Richard Gregory was delighted to inform the Board that John Morrissey had been elected as lead governor of the Council of Governors. Richard Gregory acknowledged the importance of the relationship between the Chair and Lead Governor is crucial and he intends to meet with John Morrissey on a regular basis. Elections for vacant governor posts were on track and he was looking forward to having a fully constituted Council of Governors. John Morrissey was glad to hear that Richard Gregory intended to work with the governors on an improved relationship that will enable governors to carry out their work in holding Non-Executive Directors to account.</p> <p>RESOLVED: The Board of Directors noted the appointment of the lead governor.</p>
<p>DHCFT 2016/031</p>	<p><u>BOARD FORWARD PLAN</u></p> <p>The forward plan was included for information and reference purposes.</p> <p>The Board of Directors received the forward plan for information.</p>
<p>DHCFT 2016/032</p>	<p><u>ANY OTHER BUSINESS</u></p> <p>Richard Gregory updated the Board on his discussions with Monitor regarding the Section 106 enforcement notice. Monitor expressed confidence in Richard Gregory's</p>

	<p>appointment as Interim Chairman and his role in leading the development and implementation of the governance action plan. Monitor will work closely with the Trust to support the changes being made and the March Board Development session will be used to develop and sign off the governance action plan.</p>
<p>DHCFT 2016/033</p>	<p><u>BOARD PERFORMANCE AND CONTENT OF MEETING</u></p> <p>It was agreed that in future questions from the public applicable to the agenda and at the Interim Chairman's discretion can be received up to 48 hours in advance of meetings and would receive a response from the Board. This will be communicated in the notice of the meeting by the Interim Director of Corporate and Legal Affairs.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 30 March 2016.</p> <p style="text-align: center;">The location is Conference Rooms A&B Research & Development Centre, Kingsway, Derby DE22 3LZ</p>	