

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, 29 July 2015

MEETING HELD IN PUBLIC

Commenced: 1:00 pm

Closed: 4:20 pm

Prior to resumption, the Board met to conduct business in confidence where special reasons applied

PRESENT:

Mark Todd	Chairman
Ifti Majid	Acting Chief Executive
Caroline Maley	Senior Independent Director
Maura Teager	Non-Executive Director
Tony Smith	Non-Executive Director
Jim Dixon	Non-Executive Director
Phil Harris	Non-Executive Director
Claire Wright	Executive Director of Finance
Carolyn Green	Executive Director of Nursing and Patient Experience
Mark Powell	Director of Business Development and Marketing
Dr John Sykes	Executive Medical Director
Jayne Storey	Director of Transformation
Jenna Davies	Interim Director of Corporate & Legal Affairs

Left meeting at 2pm and returned at 4pm

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IN ATTENDANCE:

Anna Shaw	Deputy Director of Communications
Sue Turner	Board Secretary and Minute Taker
Sangeeta Bassi	Chief Pharmacist
Peter Charlton	General Manager IM&T

For item DHCFT 2015/121

For item DHCFT 2015/124

VISITORS:

Carole Riley	Derbyshire Voice Representative
John Morrissey	Council of Governors

APOLOGIES:

Graham Gillham	Director of Corporate and Legal Affairs
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<p>DHCFT 2015/110</p>	<p><u>CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST</u></p> <p>The Chairman opened the meeting by welcoming all present. Declarations of interest were received from the Chairman, Ifti Majid, Caroline Maley, Maura Teager, Tony Smith, Jenna Davies and Jayne Storey with regard to the employment tribunal.</p>
<p>DHCFT 2015/111</p>	<p><u>SERVICE USER FEEDBACK – “YOUR SERVICE YOUR SAY”</u></p> <p>Claire Farnsworth, Recreation Co-ordinator at Chesterfield Royal and Hilary a volunteer support worker were invited to share their story with the Board.</p> <p>Claire informed the Board how her role in the supervision and training for volunteers had emerged. She explained that since the Trust had opened up volunteer membership to ex-service receivers, volunteer recreation support workers had enabled the service to expand from 5 to 7 services and had enabled the hub to open at weekends. The volunteer service had developed further and a job role was created. An interview process took place and Claire was pleased that Hilary accepted the role and started to help with the service.</p> <p>Hilary explained she is an ex paediatric nurse and had left the job she adored when she became ill. She had been an inpatient and also had community experience and is able to bring this knowledge to the team. She found the patient volunteer role very interesting and it has helped her own mental health and the support she has received from the hub enabled her to feel part of the team.</p> <p>The role Hilary plays has been very interesting to develop. She produces leaflets and manages an information board that she receives responses from. She works in fairly loose discussions with patients and passes on comments, complaints and suggestions. Some improvements have been made from suggestions from patients and the biggest feedback she has received is that patients say that if they tell Hilary about a problem she finds a solution as she is able to get answers to patients' queries quickly and helps them in ways they cannot help themselves. Hilary also explained that she receives supervision from Claire which is of great benefit to her and at the end of every session she and Claire review what they have gained. Hilary feels that the Trust supports her as a volunteer and she feels people trust her and she is part of the team.</p> <p>Maura Teager asked Hilary how it would have been if she had had someone like her to help with her problems when she was in hospital. Hilary felt this would have been of great benefit as there are some things that you cannot talk to staff about and she often helps get things moving more quickly for patients because she knows who to talk to get help. It is little things that make such a difference to patients.</p> <p>Jayne Storey asked Claire and Hilary if the board could help with any matters they could not resolve and Claire was very quick to ask for better outdoor space for patients. Outdoor space is used for OT practice and it would be good to have a safe outdoor space for patients who are non-smokers to use and enjoy. Claire added that going out into the fresh air and growing vegetables and fruit and taking it into the kitchen is very rewarding. The Chairman commented that outdoor space has to have a dual use and also be for smokers and an area for smoking in our environment is a difficult thing to approach. It was suggested</p>

	<p>that Bev Green might be interested to help and the Trust's Innovation fund could also be approached for help.</p> <p>John Sykes felt it was important to improve the engagement of male service receivers in different types of projects and was pleased to hear that male volunteers were starting to come through the recruitment process and bringing their interests with them.</p> <p>Ifti Majid was glad to hear that Hilary had clearly been accepted in her role and wondered how she could be incorporated into the wider clinical team. Hilary felt this would be difficult as she had been an inpatient recently. Claire felt Hilary's role was developing within the team and on the ward and that volunteer support work was becoming accepted as an established service with ward managers.</p> <p>The Chairman thanked Claire and Hilary for sharing their experience and for the valuable work they were engaged in that showed ways of connecting with the Trust's service receivers.</p> <p>RESOLVED: The Board expressed thanks to Claire and Hilary for sharing his story and for the ideas he had proposed.</p>
<p>DHCFT 2015/112</p>	<p><u>MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 24 JUNE 2015</u></p> <p>The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 24 June were accepted and approved subject to the removal of Mandy Meyrick, Staff Side Secretary on the attendance list.</p>
<p>DHCFT 2015/113</p>	<p><u>MATTERS ARISING</u></p> <p>John Morrissey, Public Governor for Amber Valley South, wished to raise a matter on behalf of Michael Walsh, Public Governor for Derby City West. Governors' observations had been captured in item DHCFT 2015/108 but Michael Walsh did not feel that his comments had been included. The Chairman suggested that a brief comment be drafted in consultation with Michael Walsh for inclusion within the minute item.</p> <p>Tony Smith, as Chair of the Mental Health Act Committee (MHAC), provided an update on gaps in assurance resulting from the last meeting of the committee. He informed the Board that the committee's annual report had been submitted to the Audit Committee. Partial gaps in assurance arising out of the 14 CQC Mental Health Act visits during the year related to care planning, consent to treatment and mental health capacity. These issues had already been triangulated and identified as high priority within the Quality Report to Board. Gaps in assurance also applied to several Mental Health Act clinical audit reports and these were being monitored by the MHAC. Training for the Associate Hospital Managers on the revised Mental Health Act Code of Practice had been delayed and were now planned for September/October.</p> <p><u>Actions Matrix:</u> All green completed items to be removed and all other updates were noted directly on the matrix.</p>
<p>DHCFT 2015/114</p>	<p><u>CHAIRMAN'S REPORT</u></p>

	<p>The Board noted the Chairman's report which summarised his meetings and visits during the month.</p> <p>The Board also noted that the letter from Monitor notifying the Trust of its decision to open a formal investigation into the Trust's compliance with its licence was attached to the Chairman's report. Slides that the Chairman had received from Monitor would also be circulated to members of the board.</p> <p>RESOLVED: The Board received and noted the Chairman's report.</p>
<p>DHCF 2015/115</p>	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p> <p>Ifti Majid's report informed the Board of some the key national policy changes or announcements over the last month that the Board needed to consider. The report also provided an update on work within the Derbyshire Health and Social Care Community as well as covering key issues internal to the Trust.</p> <p>The report referenced the Law Commission's consultation paper, Mental Capacity and Deprivation of Liberty Safeguards (DoLS) in England and Wales. Ifti Majid suggested that Tony Smith as Chair of the Mental Health Act Committee work with John Sykes, Executive Medical Director in order to provide feedback on the proposed new framework on behalf of the Trust.</p> <p>The report also emphasised the complexities within the health and social care system and the change programmes that were currently operating. Ifti Majid highlighted the levels of risk to programmes that were increasing and the pressures staff remained under responding to these demands.</p> <p>Thanks were extended to staff who had been involved in the recent visit by Lord Nigel Crisp. Ifti Majid highlighted the valued three key findings that arose from the Acute Adult Psychiatric Care Commission as they would contribute to the final report. A table showing the outcomes for the delivery of the Trust strategic outcomes was attached to the report and discussions took place on whether these targets could be quantitative rather than qualitative. It was agreed that the metrics would be further developed over the year and would next be discussed when the quarter 1 and 2 strategic update is provided.</p> <p>The board noted the importance of being sighted on the detail of the work streams in the health and social care change programmes and agreed this could be focussed on within the Board Development Programme.</p> <p>RESOLVED: The Board of Directors received and noted the Acting Chief Executive's Report.</p>
<p>DHCFT 2015/116</p>	<p><u>COMMITTEE SUMMARY REPORTS</u></p> <p>I. <u>Audit Committee:</u> Caroline Maley gave a verbal update on the performance of last week's meeting of the Audit Committee. The Board Assurance Framework (BAF) and level of risk in line with the employment tribunal findings was looked at. A deep dive session was carried out on the Transformation Risk and provided the committee with assurance. The Internal Audit plan is underway and some interesting papers were included for information about risks across the health sector. Revised Standing Financial Instructions were approved. The draft External Audit Letter was submitted to the committee and the final version is presented to the Board</p>

	<p>today. The Clinical Audit Plan has improved as has the engagement of the team putting together the plan. One area of concern was with regard to poor attendance at the Research & Development Governance Group and this would be pursued by the committee. The Mental Health Act Committee's annual report was noted by the committee.</p> <p>II. <u>Quality Committee:</u> The committee's summary report informed the board of the main themes emerging from the July meeting. This was a very detailed report and the board noted that the committee was concerned with the number of outstanding SI (Serious Incident) actions. It is believed that IT capability is causing a problem in closing down the actions and this was being addressed with individual users. There was also concern about the involvement of key staff within the Urgent and Planned Care Quality Leadership Team and this was brought to members' attention as a governance issue. Discussions took place as to whether the QLT had the required capacity. The board recognised that ownership of duties and actions is considerably difficult and it was agreed that the Quality Committee would support those involved in QLT activity.</p> <p>ACTION: The Quality Committee will provide support to those involved in the QLT activity.</p> <p>RESOLVED: The Board of Directors noted the contents of the Committee Summary Reports.</p>
<p>DHCFT 2015/117</p>	<p><u>ANNUAL AUDIT LETTER</u></p> <p>Claire Wright reported that the Annual Audit Letter to Directors summarised the key findings arising from the work that Grant Thornton, external auditors, carried out for the Trust for the year ended 31 March. This is a procedural matter and supported the Trust's annual accounts and had been received by the Audit Committee at its meeting on 21 July.</p> <p>RESOLVED: The Board of Directors received the Annual Audit Letter.</p>
<p>DHCFT 2015/118</p>	<p><u>GOVERNANCE FRAMEWORK</u></p> <p>It was noted that this item would be deferred to the next meeting of the Board in September.</p> <p>RESOLVED: The Board of Directors looked forward to receiving the Governance Framework at its next meeting in September.</p>
<p>DHCFT 2015/119</p>	<p><u>VERBAL WORKFORCE STRATEGY UPDATE</u></p> <p>Jayne Storey provided a verbal update on the Workforce Strategy and informed the board that staff invited to last month's health check wished to thank the members of the board for their support. She was pleased to report there was some momentum behind the health check that she would work through the People Forum and this will form part of her report to the Board at the September meeting. In order to provide the Board with assurance of progress of the Workforce Strategy she agreed to circulate a brief update to the Board outside of the meeting.</p>

	<p>ACTION: Jayne Storey to provide an interim report to the Board outside of the meeting prior to a full update to the Board in September.</p> <p>RESOLVED: The Board of Directors noted the verbal update on the Workforce Strategy.</p>
<p>DHCFT 2015/120</p>	<p><u>ANNUAL MEMBERS MEETING</u></p> <p>Anna Shaw informed the board that the Annual Members' Meeting (AMM) will take place on Wednesday 23 September 2015, in the Ashbourne Centre on the Kingsway site in Derby. Members of the board agreed they felt more comfortable that this year the event will take place on Trust premises, to reduce the level of expenditure associated with external venue hire.</p> <p>RESOLVED: The Board of Directors noted the arrangements for this year's Annual Members Meeting.</p>
<p>DHCFT 2015/121</p>	<p><u>MEDICINE MANAGEMENT</u></p> <p>Sangeeta Bassi, the Chief Pharmacist updated the Trust Board in relation to:</p> <ul style="list-style-type: none"> • Work that has been carried out by pharmacy trust-wide relating to medicines management over the last 4 months and clearly identified non-compliance with regulatory medicines management standards (e.g. CQC) thus highlighting areas of concern • Current status of the trust in relation to medicines management related training • Status of the trust in relation to medicines related incidents (Datix - April and May 2015) • Information on medicines related queries – out of hours • Information on pharmacy activity data (May 2015) • Actions taken to date or in progress – pharmacy and trust-wide • Proposed recommendations <p>The report identified a number of concerns and compared them with concerns within other mental health trusts. The report also highlighted areas of concern with medicine related training and mandatory training models. The Medicine IT system and website will make this more accessible and easier to access for people.</p> <p>The report also raised concerns about lack of pharmacy input and crisis teams in high risk areas and community teams in general as well as a lack of pharmacy in children's areas and CAMHS (Child and Adolescent Mental Health Services). There were also concerns around service user and carer support.</p> <p>The board noted that the Pharmacy Strategy was in place and actions taken to date by the Chief Pharmacist since taking up the post in March 2015 were detailed in the report.</p> <p>The report contained distinct proposed recommendations and included a number of next steps and improvement actions. The board noted that Sangeeta Bassi is working with Carolyn Green to ensure staff complied with standards that are being trialled and some standard practice notices were handed out at the meeting. Carolyn Green highlighted the process for a red and yellow card</p>

certification system for staff and explained how this was used as a warning system to help patient safety.

Discussions took place on basic standards of nursing. Areas of concern contained in the report worried Maura Teager and she welcomed the accelerated the action plan. She expressed the need to understand the context of staff feeling tired working extra shifts and making errors. She felt compassion should be shown to staff but excuses should not be made for tiredness. John Sykes agreed that it was important to efficiently manage work within shifts so that staff did not develop fatigue. There was a need to work smarter and Carolyn Green would work with staff to enable this.

The Board noted that the action plan would be implemented as a joint plan as follows:

- a. To design a work plan on all aspects of this report in conjunction with nurse managers, clinical directors, and other relevant healthcare staff / senior managers. A significant element of the audit and findings are culture and diligence in clinical practice. Although the pharmacy team are feeding back to clinical teams, this is not resulting in sustained improvements in clinical practice.
- b. The Chief Pharmacist and Chief Nurse have agreed a trial of warning light process / safety certificates, where staff are issued with a named notice stating that they are making errors and to assist them to see the risks associated with their practice. This is the driving equivalent of a safety notice without points on your licence, however eventually safety notices do lead to accountable practice but not part of a capability or misconduct process. It is to raise issues of reflective practice and safe practice, where verbal feedback has not had an impact. This would be in line with reflective practice and staff being asked to give a reflective account of practice improvement they have taken. This is in line with patient safety and quality improvement methodology such as step forward from the patient safety checklist.
- c. A new issues log will also be developed as issues are established to enable a running log of improvement issues to be noted with associated service improvements.

These actions will then be fed back to the Medicines Safety Group and escalated to the Quality Committee for an overview of the work plan.

Tony Smith wished to commend Sangeeta Bassi's work, especially as it was only a few months' ago that she submitted the Pharmacy Strategy to the Quality Committee and he asked how the Trust could address the importance required. In response Sangeeta Bassi replied that increasing engagement within the Trust on medicine management meant this could be turned round in a few months.

Ifti Majid pointed out this was the first time the Board had received a comprehensive report on medicine management and confidence in the actions and the mechanism in monitoring this process is what the board needed to take notice of. It was accepted that the board has more work to do to understand what the recommendations mean and the detail behind these recommendations. The next piece of work should focus on this and how it will impact the Trust and where the Trust should prioritise its limited resources. Ifti Majid urged for the

	<p>next report to be contained within the Pharmacy Strategy and submitted to Quality Committee.</p> <p>The Chairman suggested that ELT arrange for the report to be dealt with by a special operational group. A report on a consolidated view and recommendation of pharmacist posts should go to the Quality Committee and an update report brought to the September board meeting to provide assurance that resource issues and the basis of the action plans are taking place.</p> <p>Sangeeta Bassi thanked the board for being supportive and reiterated that she and Carolyn Green would provide an update report to the board in September.</p> <p>The Chairman congratulated Sangeeta Bassi on a very informative and effective examination of the Trust's pharmacy practice.</p> <p>ACTION: Quality Committee to receive a consolidated view and recommendation of pharmacists posts be incorporated in the next meeting of the Quality Committee and an update report will be brought to the September Board to provide assurance that resource issues the action plans are being implemented.</p> <p>RESOLVED: The Board of Directors noted the concerns raised in this report in relation to medicines management, the work carried out to date in this area and the Trust-wide recommendations proposed going forward</p>
<p>DHCFT 2015/122</p>	<p><u>POSITION STATEMENT ON QUALITY</u></p> <p>This report provided the board with an update on the continuing work to improve the quality of the Trust's services in line with the Trust's Strategy, Quality Strategy and Framework and Strategic Objectives.</p> <p>Carolyn Green pointed out that the report had been written against the CQC enquiry and she highlighted the key points within the report where CQC learning had been received.</p> <p>It was agreed that the People Forum will look at alternative ways of dealing with mandatory training and current performance will be looked at by Jayne Storey and will be part of the next People Forum. Staff health check will look at preceptorship admission and this will be managed within the People Forum.</p> <p>Carolyn Green agreed to consider how to include the different services linked to good practice examples contained within the report. This would also include the transition from children's to adult mental health care to ensure we learn from what is important within our services.</p> <p>The Board noted that a good practice compendium is being worked on by Carolyn Green and this will feature in her report in future.</p> <p>ACTION: Jayne Storey to raise current performance of training at the People Forum, together with the staff health check and preceptorship admission.</p> <p>RESOLVED: The Board of Directors is requested to:</p> <p>1) Noted the quality position statement and attached dashboard and</p>

	<p>trends.</p> <p>2) Gave direction and further scrutiny on the current position, work plan in order to provide Board level assurance</p>
DHCFT 2015/123	<p><u>FINANCE DIRECTORS REPORT MONTH 3</u></p> <p>This paper provided the Trust Board with an update on the current financial performance against the Trust's operational financial plan as at the end of June 2015.</p> <p>Claire Wright informed the Board that a great deal of scrutiny had taken place on the Quarter 1 position during the review call with the chair of the Audit Committee and Rachel Leyland also presented the detailed month 3 position to the Finance & Performance Committee on 14 July.</p> <p>Discussions took place on the possible opportunities for income relating to parliamentary discussions and whether commissioners would be releasing resources to areas we provide services.</p> <p>RESOLVED: The Board of Directors considered the content of the paper and considered their level of assurance on the current and forecast financial performance for 2015/16.</p>
DHCFT 2015/124	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING</u></p> <p>This 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 Indicators, Health Visitors, IAPT and Ward Safer Staffing.</p> <p>Peter Charlton presented the report and the main themes were highlighted as follows:</p> <ul style="list-style-type: none"> • The Trust continues to be compliant with most Monitor regulatory indicators • The recording of Payment by Result Clusters and Health of the Nation Outcome Scores 12 month reviews continue to be challenging however there has been an improvement this month. • The rate of outpatients who did not attend is still causing concern • Health Visitor performance remains strong and IAPT recovery rates remain above target • The Trust continues to have qualified staffing vacancies that impact on staffing fill rates, Perinatal, Enhanced Care, Ward 1, Ward 34 and Ward 35 are most adversely effected • This report includes a 6 month review of staffing levels by ward <p>It was pointed out that the Trust's monthly target was watched by Monitor and was currently at 95.45%. The target was missed in month 3 by 1% and more work is being carried out on this pathway.</p> <p>A six-monthly review had been included in the paper that showed trends at ward level. The board welcomed this information and thought it was very useful and it</p>

	<p>was easy to see where wards were struggling to maintain their position.</p> <p>The Chairman wished to highlight the good work carried out by the Information Management Team that introduced a new logic which has now linked all un-linked referrals. This represented a 4.9% reduction in 'patients not clustered' between 15 June and 6 July. This meant that the exceptions on reports should be 'genuine' and will be more reflective of the work clinicians are undertaking (or not undertaking) and it will be easier to target the right people.</p> <p>Tony Smith pointed out the continuous high vacancy levels and wanted to know to what extent this was an ongoing problem or whether it improving. In response, Ifti Majid said this is an ongoing problem but we are still recruiting but staff need to re-engaged to support new people.</p> <p>RESOLVED: The Board of Directors is requested to:</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 2015/125</p>	<p><u>FOR INFORMATION</u></p> <p>I. Board Forward Plan: No new comments were added.</p> <p>II. Board Assurance Framework: Tightened aspects in medicine management and the gap in the medicine improvement plan will be included in the BAF. The ET investigation and Monitor letter will change the rating level and media coverage and will mean a higher rating and will affect how the risk is described in the BAF. This is a new BAF risk that was flagged at the Audit Committee and at ELT.</p> <p>III. Future deep dives: Future deep dives would focus on areas supporting CQC preparation and would include:</p> <ul style="list-style-type: none"> • Waiting lists and access • Suicide prevention improvement plans • Managing sickness absence, hot spots and actions • Estates environmental conditions and risks • You said – We did: learning from feedback <p>It was agreed that a deep dive into managing sickness and absenteeism would be the focus of the deep dive to be held at the next meeting in September.</p>
<p>DHCFT 2015/126</p>	<p><u>ANY OTHER BUSINESS</u></p> <p>It was agreed that due to holiday commitments, the August Board Development Day will be cancelled and a clearer definition of the Board Development Programme will be made available by Jayne Storey at the next meeting of the Board in September.</p> <p>ACTION: Jayne Storey to provide a clearer definition of the Board Development Programme at the next meeting of the Board in September</p>
<p>DHCFT 2015/127</p>	<p><u>CLOSE OF THE MEETING</u></p> <p>The Chairman thanked all of those present for their attention and comments and</p>

	closed the public meeting at 4:20 pm.
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DATE OF NEXT MEETING

There will be no meeting in August. The meeting of the board in public session is scheduled to take place on Wednesday, 30 September, 2015 at 1.00 pm. in Conference Rooms A & B, R&D Centre, Kingsway Site, Derby, DE22 3LZ (confidential session to commence earlier at 10.30 am).