

**SUMMARY OF ITEMS DISCUSSED AT A VIRTUAL**

**MEETING OF THE BOARD OF DIRECTORS**

**TUESDAY 3 NOVEMBER 2020**

Note: Draft minutes for ratification will be presented to the 13 January meeting.

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| **PRESENT** | Caroline Maley | Trust Chair |
|  | Richard Wright | Deputy Trust Chair and Non-Executive Director |
|  | Margaret Gildea | Senior Independent Director and Non-Executive Director |
|  | Geoff Lewins | Non-Executive Director |
|  | Dr Sheila Newport | Non-Executive Director |
|  | Dr Julia Tabreham | Non-Executive Director |
|  | Ashiedu Joel | Non-Executive Director |
|  | Ifti Majid | Chief Executive |
|  | Claire Wright | Deputy Chief Executive & Director of Finance  |
|  | Mark Powell | Chief Operating Officer |
|  | Dr John Sykes | Medical Director |
|  | Carolyn Green | Director of Nursing & Patient Experience |
|  | Gareth Harry | Director of Business Improvement & Transformation |
|  | Jaki Lowe | Director of People and Inclusion |
|  | Justine Fitzjohn | Trust Secretary |
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| **IN ATTENDANCE** | Anna Shaw | Deputy Director of Communications & Involvement |
| Sue Turner | Board Secretary |
| **For DHCFT2020/084** | Samantha Parr | Individual Placement and Support Manager |
| **For DHCFT2020/084** | Fiona Rushbrook | OT Lead and Professional Lead for Community Specialists |
| **For DHCFT2020/089** | Kirsty  | Equal Forum Member |
| **For DHCFT2020/101** | Clare Meredith | Equality, Diversity and Inclusion Advisor |
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| **OBSERVERS** | *Due to a technical failure of the live streamed broadcast observers could not be listed* |

**PATIENT STORY**

Samantha Parr, Individual Placement and Support Manager shared a story on behalf of a patient on their positive experience of the “Work Your Way” Individual Placement and Support (IPS) employment support service that helps people with severe mental health difficulties gain paid work.

**MINUTES AND MATTERS ARISING**

The draft minutes of the last meeting were approved and updates on the action matrix was noted, including that Non-Executive Director, Sheila Newport, had been appointed as the Trust’s Wellbeing Guardian.

**QUESTIONS FROM GOVERNORS OR MEMBERS OF THE PUBLIC**

**Question 1 - from a former Governor and service user.**

*Since some of the mental health professionals have been servicing the 24 hour helpline and some staff have been unable to work as they have been shielding, unwell with COVID-19 or caring for their children, there will have been considerably fewer professionals available to treat existing patients. To what extent has this impacted negatively on the mental health and wellbeing of existing patients? How has the trust measured impact and wellness? How does the Trust know how well or unwell patients are when there have been few face to face appointments?*

A response was given by Medical Director, John Sykes as follows:

* We have concentrated on maintaining essential services whilst reducing infection risk for patients and staff
* Parallel to this we have maintained contact with the most vulnerable patients in the community mostly virtually but also face to face where necessary
* The admission rate has remained fairly constant but length of stay has significantly decreased. We are assessing the readmission rate and patient satisfaction feedback.
* We have seen an increase in patients who are acutely ill with psychotic illnesses but audit showed that this was not due to lack of contact with our services. 50% of this group were unknown to the Trust previously. This reflects a national picture and seems to be some effect of the pandemic that we do not currently fully understand.
* We are now picking up on routine contact with patients and whilst undoubtedly many have suffered as a consequence of the pandemic restrictions there is also evidence of remarkable resilience.
* Infection control measures and the consequences for estates mean that we cannot offer patients the choice of face to face appointments based solely on preference. This is available, however, when there are compelling medical, psychological or social reasons for a physical face to face consultation. Long term increase in psychiatric morbidity as a result of the pandemic is predicted and we are working with commissioners to secure the necessary increase in capacity to respond to this.

**Question 2 - from one of the Trust’s Governors:**

*How many COVID-19 waves is the NHS planning for?*

The response was given by Chief Executive, Ifti Majid, as follows:

The Trust is planning for two waves of COVID-19 related activity throughout the winter period into spring and is anticipating that this will be complicated by winter pressures and respiratory illnesses during the winter period.

**Question 3 - from one of the Trust’s Governors:**

75% of suicides in Mental Hospitals are by hanging. Why are ligature points not removed either when the hospital is initially designed/built or as a consequence of quality visits?

The response was given by Director of Nursing and Patient Experience, Carolyn Green:

* Losing a member of the Trust’s community in an inpatient setting by ligature is a very distressing event for everyone involved and the loss of life to the family is incredibly painful.
* All of the Trust’s service facilities undergo extensive ligature assessments.
* New anti-ligature equipment is released every year and investment programmes to find new ways to reduce the risk continually look for new ways to reduce the risks and adopt new research practices and ideas. This work is never done.
* Unfortunately acute mental distress is increasing and more home treatment options are offered. The people in our hospital settings are often actively suicidal and constantly looking for ways to end their life.
* The Trust is constantly investing in new ways to eradicate the risk and has removed a large number of ligature risk points. However, people are also discovering and using non-fixed ligatures.
* The Trust continues to invest in this area and in psychological approaches to reach people who have lost hope and have great impulsivity.
* The Trust strongly recommends both physical investment in its estate but also in psychological response to help people choose life. This is part of the suicide reduction strategy, trauma informed practice and use of significant staffing levels on the wards to invest in the therapeutic feeling as well as the fabric of our wards.

**CHAIR’S UPDATE**

Caroline Maley’s report provided the Board with reflections on her activity in terms of her role as Trust Chair since the previous Board meeting held on 1 September and outlined virtual engagement with colleagues during the ongoing pandemic.

**CHIEF EXECUTIVE’S REPORT**

Ifti Majid’s report provided the Board with feedback on changes within the national health and social care sector, and an update on developments occurring within the local Derbyshire health and social care community.as influenced by the NHS response to the pandemic. The report also included the findings from the Care Quality Commission’s (CQC) inspection of the Hartington Unit, which highlighted the improvements and good practice as well as the on-going challenges.

Ifti talked about the Equal Forum that was set up to support change through engagement with people who use the Trust’s services as well as carers. Joining Ifti for this item was Kirsty, a member of the Equal Forum who had been invited to hear the Board discuss concerns raised by the Forum about their connection with the Trust.

Of particular mention was the dedication that Trust colleagues have displayed in the face of a significantly challenging working environment especially now that more staff are absent from work with COVID related complications due to significantly increasing transmission rates in Derby and Derbyshire.

The updated Trust Strategy was approved by the Board.

**INTEGRATED PERFORMANCE AND ACTIVITY REPORT**

This report updated the Board of Directors on the Trust’s performance at the end of September 2020. The report focussed on key finance, performance and workforce measures and was written prior to the current advanced COVID-19 period. The Executive Leads for operations, finance, quality and workforce drew attention to the key themes.

**FLU/COVID-19 VACCINATION PROGRAMME**

The Board received an update on the progress and delivery of the Trust’s comprehensive flu vaccination programme. The report also served to assure the Board of the Trust’s engagement and contribution to national and regional plans to prepare for a COVID-19 vaccination programme.

**ANNUAL REVALIDATION OF DOCTORS**

John Sykes, Medical Director, gave a verbal update, informing the Board that he had explored the issue of inclusion with the Medical Staff Committee and Trust Medical Advisory Committee and a series of Microsoft Teams consultations was being planned and this would include the issue of continuing professional development.

**LEARNING FROM DEATHS MORTALITY REPORT**

The ‘National Guidance on Learning from Deaths’ requires each Trust to collect and publish specified information on a quarterly basis. The Board received the report covering June to August 2020. The mortality group has recently strengthened the process for screening new deaths. Sheila Newport as Non-Executive Lead for Mortality agreed that the report provided assurance on the thoroughness of the Trust’s data and the process of learning from deaths. The Board noted that in order to support the NHS to further improve patient safety, the Trust is preparing for the introduction of a new Patient Safety Incident Response Framework (PSIRF).

**GUARDIAN OF SAFE WORKING REPORT**

The report from the Trust’s Guardian of Safe Working (GOSW) provided data about the number of junior doctors in training in the Trust, full transition to the 2016 junior doctor contract and any issues arising therefrom. It was presented by John Sykes on behalf of Dr Saxena, the Trust’s GOSW.

**QUALITY AND SAFEGUARDING COMMITTEE ASSURANCE**

The Board approved the following three annual reports that had previously been scrutinised and accepted by the Quality and Safeguarding Committee:

* Safeguarding Children and Adults at Risk Annual Report
* Derby City Children in Care Annual Report
* Infection Control Annual Report

**QUALITY REPORT / QUALITY ACCOUNT FOR 2019/20**

The Board received a progress update on the Quality Report / Quality Account for 2019/20 that is currently out for consultation following a revised timetable due to COVID-19. In order to meet the revised timetable to finalise quality accounts, delegated authority was granted to the Quality and Safeguarding Committee to approve the final version for publication on 15 December 2020.

**MONTH 7-12 2020/21 FINANCIAL PLAN**

The report outlined the financial plan for month 7-12 which was in line with the system financial plan. This plan was submitted on 5 October with an aggregate deficit or ‘gap’ of £43m. Individual organisational plans were submitted on 22 October in line with that system plan. In response to regulator feedback, the system finance lead also submitted a letter outlining the system’s current work around some potential mitigations for the £43m gap, which at the time of writing total £25m.

**STRATEGIC IMPLICATIONS OF THE OUTCOMES OF THE 2019-20 WORKFORCE RACE EQUALITY STANDARD (WRES) AND WORKFORCE DISABILITY EQUALITY STANDARD (WDES)**

The report updated the Board on progress made with the 2019-20 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). The Board discussed the progress made so far and agreed there is still a lot to build on to enable resources to be aligned with the strategic change. A review of the Inclusion Strategy was supported and part of this would be to develop the Trust’s approach to inclusive leadership and embed Cultural Intelligence throughout the organisation. It was also agreed to develop a new People Strategy.

**BOARD ASSURANCE FRAMEWORK - ISSUE 3**

The Board approved the third issue of the BAF for 2020/21. Due to the impact of COVID-19 earlier this year and in line with the national directive for a governance ‘light’ approach across organisations Issues 1 and 2 of the BAF for 2020/21 focused on the risks faced by the organisation in response to the pandemic. Issue 3 has now been developed in line with the broader revised objectives which support delivery of the Trust Strategy, and in line with the recovery and restoration phase for NHS services. Seven risks have been identified in relation achievement of the three strategic objectives of Great Care; Great Place to Work; and Best Use of Money.

**BOARD COMMITTEE ASSURANCE SUMMARIES**

The Board Committee Assurance Summaries demonstrated the work of committees over the last two months and acknowledged that they clearly represented the different priorities that will be taken forward in future meetings.

**IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK (BAF)**

Additional for inclusion within the BAF were as follows:

* The Executive Leadership Team will look at the WRES and the WDES action regarding cultural competence, protected characteristics and outcomes plans and agree how mitigations can be included in the next iteration of the BAF.
* BAF Risk 1a will include risks associated with waiting times for Autistic Spectrum Disorder (ASD) service and will articulate that the long term plan does not meet the needs of people with ASD.

**REGISTER OF TRUST SEALINGS**

The report detailing the authorised use of the Trust Seal since November 2019 was noted for information and provided full assurance that this has been undertaken in accordance with the Standing Financial Instructions and Standing Orders of the Board of Directors.

**SUMMARY REPORT FROM THE COUNCIL OF GOVERNORS MEETING HELD 1 SEPTEMBER 2020**

The summary from the September meeting of the Council of Governors was noted for information.

The next meeting to be held in public session will take place at 10.30am on Wednesday 13 January 2021. Owing to the current coronavirus pandemic this meeting will be held digitally and will be live streamed via MS Live Events. Full details will be available of the Trust’s web-site <https://www.derbyshirehealthcareft.nhs.uk/get-involved/board-meetings>