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, 30 September 2015

MEETING HELD IN PUBLIC

Commenced: 1:00 pm Closed: 4:10 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
	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
	Jayne Storey	Director of Transformation
	Jenna Davies	Interim Director of Corporate & Legal Affairs
IN ATTENDANCE:	Anna Shaw	Deputy Director of Communications
	Sue Turner	Executive Administrator and Minute Taker
For item DHCFT 2015/139	Sangeeta Bassi	Chief Pharmacist
For item DHCFT 2015/140	Peter Charlton	General Manager IM&T
VISITORS:	Carole Riley	Derbyshire Voice Representative
APOLOGIES:	Graham Gillham	Director of Corporate and Legal Affairs
	Tony Smith	Non-Executive Director
	Dr John Sykes	Executive Medical Director
	Carolyn Gilby	Acting Director of Operations

DHCFT 2015/128	**CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST** 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 and associated investigations.

DHCFT 2015/129	**SERVICE RECEIVER STORY** Service receiver visitors today were Norman and his partner and main carer Steven. Steven described how following the trauma of Norman losing his sight and diagnosis of cancer, Norman's mental health deteriorated. The Chesterfield Mental Health Team for Older Adults (CMHT) became involved in his care and throughout the journey Norman has taken, the team have supported both him and Steven. Steven was full of praise for the team, especially their main CPN in the CMHT, who had on many occasions promptly stepped in with the help they needed. He explained how he and the team had helped when Norman was admitted to hospital for an operation when he was diagnosed with cancer. The nursing staff in the acute trust did not understand the problems associated with Norman's sight loss. Being in the dark at night was distressing for Norman and the CMHT arranged for the lights to be left on at night. The CPN designed and placed a notice above Norman's bed to remind nursing staff as changes in staff had sometimes led to the lights being switched off. Unfortunately complications arose from Norman's surgery and his chances of survival were small. He recovered but his mental health had deteriorated. Steven knew that Norman needed to have visitors with him throughout the day and night and the CPN quickly arranged with the hospital for Norman to have visitors at any time. Norman's mental health deteriorated even further when he returned home and Steven gave up his job to care for Norman full time. The CMHT supported them both and gave Norman a "Boom Box". This is a device used for visually impaired people which plays audio files and also contains a radio. Norman's CPN recorded Norman's care plan and a relaxation therapy session to enable him to take control of his anxiety which worsens when Steven goes out of their home. Therefore the results are two-fold, supporting Norman to manage his symptoms and enabling Steven to have some time for respite. The "Boom Box" has been a great success and is very easy for Norman to use and Steven demonstrated to the Board how it allows Norman to play a relaxation breathing exercise whenever he feels anxious and listen to his care plan. Norman is veteran of the armed forces and receives weekly newspapers on a memory stick which he also plays on the "Boom Box". Members of the Board were pleased to note the care provided by the CMHT and the good progress and performance of our Trust staff and acknowledged their good work. The difficulties Norman had experienced while in an acute general hospital ward due to the lack of understanding from the staff was observed by the Board and members of the Board considered that Norman's and Steven's story could be anonymised and used for training staff in being psychologically aware of the additional specific sensitivities and nuances to care required with individuals with sight loss. The Chairman thanked Norman and Steven for sharing their very moving and personal story which would allow improvement and learning about how the NHS can work with a person's needs. **ACTION Ifti Majid to write to the named CPN to feedback on Norman and Steven's story and forward their compliment and extend the Board's thanks**

	RESOLVED: The Board of Directors expressed thanks to Norman and Steven for sharing their story which allowed them to understand the difficulties they have faced and consider the innovative practice of the "Boom Box", unique solutions to personalised care planning and receive a compliment for our North Older Persons Service, and in particular a named CPN.
DHCFT 2015/130	**MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 29 JULY 2015** The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 29 July were accepted and approved.
DHCFT 2015/131	**MATTERS ARISING** The Board of Directors had received questions from Derbyshire Voice and a member of the public outside of the meeting relating to the removal of seclusion rooms in Trust wards, to request for the latest figures of patients having to go out of area for a psychiatric bed and the review of occupational therapy staff. Each of these questions was addressed in detail by Carolyn Green and a detailed narrative of these questions and answers is included as an appendix to the minutes. In response to the matter relating to seclusion rooms, Maura Teager added that as Chair of the Quality Committee, the committee's summary report represented what had been discussed and reported at the Quality Committee. The summary demonstrated the complexity of this situation as well as the physical care required when dealing with the effects of NPS drugs and the need for seclusion. This is not just for the safety of the person who requires seclusion but for the safety of the rest of the population on the ward. Representatives from Derbyshire Voice are members of the Quality Committee and the Seclusion Group and this offers them openness and transparency. There is also a national specification and 19 page document that will be submitted to the Seclusion Group and the Seclusion Group will be submitting a paper to the Quality Committee in November. With regard to the use of CCTV in seclusion rooms, it was explained that the use of CCTV recordings being detailed on patient records may be used for patient safety. Carolyn Green confirmed this decision is a recommendation but a detailed process is required and the decision is not made and is still open to advice from Trust Staff, exploration of this proposal within other Trusts and experts by experience feedback. The Board is sighted on the use of out of area beds and statistics are regularly reported to the Finance & Performance Committee. Regarding community mental health teams occupational therapy staff, this was reviewed in the Quality Committee in September. Skill mixing was taking place with nursing and extended the professional group and was an example of how we change the profile of our workforce group. **Actions Matrix:** All green completed items to be removed and all other updates were noted directly on the matrix.

DHCFT 2015/132	**CHAIRMAN'S REPORT** The Chairman's report summarised his meetings and visits during the month. The Board noted that further information had been received on the outcome of the recent employment tribunal (ET). The tribunal had reconsidered their decision relating to the discriminatory dismissal of a previous member of the Board. As an organisation the Trust will look at the legal process and move forward to the next steps. **RESOLVED: The Board received and noted the Chairman's report.**
DHCF 2015/133	**ACTING CHIEF EXECUTIVE'S REPORT** This report provided the Board of Directors with some of the key national policy changes and announcements over the last month. 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. The Board noted the Trust's key role working in support of colleagues employed in acute conditions and the impact on its services in preparation for the winter. Attention was drawn to the Public Sector Reform or Devolution Bid to Government known as D2N2. This was seen as having a positive impact on residents in Derbyshire and the Board welcomed the progress made on transformation and integration activity and the new models of commissioning Derbyshire CCGs are looking to pilot. Discussions took place on whether there was a need to reflect the impact of this project in the Board Assurance Framework (BAF). Carolyn Green commented that elements would be encompassed in our own analysis and a work plan will be set against all CQC feedback. **RESOLVED: The Board of Directors received and noted the Acting Chief Executive's Report.**
DHCFT 2015/134	**COMMITTEE SUMMARY REPORTS** The draft minutes of the recent meeting of the Audit Committee and the summary reports of meetings of the Quality Committee, Mental Health Act Committee and Safeguarding Committee were scrutinised and discussed and the Board felt informed of the main themes emerging within these committees. Maura Teager, Chair of the Quality Committee highlighted the lessons learnt from work completed by the Crisis Teams Resolution Services and the Board felt assured by the discussions held at the committee's September meeting. Discussions developed around the Raising Concerns at Work (Whistleblowing) Policy and Procedures. The Board recognised that the policy is to be revised in the light of new guidance and would be reviewed at the October meeting of the Audit Committee and at the Executive Leadership Team (ELT) meeting and a revised draft submitted to the Board at the October meeting. The Board also noted that in line with guidance from Monitor, the minutes of Board committees will be received for formal noting in future rather than the summary reports.

	ACTION: Revised draft of the Raising Concerns at Work (Whistleblowing) Policy and Procedures to be submitted to the Board at the October meeting. **ACTION: Committee minutes to be submitted to the Board in future.** **RESOLVED: The Board of Directors noted the contents of the Committee Summary Reports and the draft minutes of the Audit Committee.**
DHCFT 2015/135	**FINANCE DIRECTORS REPORT MONTH 5** This report provided the Board with an update on financial performance against the Trust's operational financial plan as at the end of August 2015. Claire Wright pointed out that this was the first report that reflected the new metrics published in the revised Risk Assessment Framework and showed the Trust had achieved a rating of 4 year to date and was forecast to achieve a 3 at the end of the year. The Board noted that temporary staffing was being closely monitored at ELT to ensure the Trust complied with the nursing agency threshold of 3% and that the Trust was not in breach of the non-mandatory ceiling that had been allocated by Monitor. Claire Wright assured the Board that capital expenditure was being closely monitored on an ongoing basis and she was confident the Trust would meet plan at the end of the year. Cost pressures were being managed and there was also an expectation that at end of the year CIP (Cost Improvement Programme) will be met. **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.**
DHCFT 2015/136	**COMMUNICATIONS AND MEMBERSHIP STRATEGIES** The Trust Board approved new communication and membership strategies in November 2014. This report provided an update on activity over the last ten months and outlined further areas of development for the team. Questions were raised about the dedicated managers' e-bulletin currently being developed and scheduled to go live in December. The Board welcomed this opportunity to offer CQC inspection reminders to staff and that it would also provide a high level overview of what is going on regionally. It was also apparent that communications was being used to campaign for engagement within the communities and this report gave a broad picture of what the Communications and Engagement Team is involved in. The Trust Chair thanked Anna Shaw and the Communications and Engagement Team for rearranging the Annual Members Meeting to take place on Trust premises and the Board recognised the work the team had undertaken fielding some difficult matters over the last few months. **RESOLVED: The Board of Directors Trust Board noted the content of the**

	report on Communications and Membership Strategies.
DHCFT 2015/137	**DEEP DIVE IN MANAGING SICKNESS AND ABSENTEEISM** Jayne Storey presented the report into the Trust's current Sickness Absence information that linked to other employee relations activity. The 'deep dive' covered: • A Trust wide overview of sickness absence • Detailed analysis of sickness absence by Staff Group and Work Area • Analysis of sickness absence by reason • Focus on 3 key areas within the Trust The report showed in the main a stable trajectory of HR metrics except that the sickness rate for the Trust had steadily increased during 2015/16. This increase is in line with the national trend for Mental Health and Learning Disabilities Trusts for the same period and showed the Trust has a higher rate than the national average increasing month by month and is now at a level over 5%. 30% of sickness is due to stress and anxiety and this causes a continued risk to temporary staffing spend. The Board discussed and noted the following from the report: • There were some very clear messages from front line staff who asked to be empowered to manage short term sickness and frequency with more vigour and discipline. • Some staff considered the *Firstcare* sickness reporting process as an unnecessary barrier between managers and staff and it was understood that this process would be reviewed further. • Hot spots do not always correspond with pressures in service. There are other parts of our service where sickness does not appear to be as prevalent. • Stress and anxiety cannot always be perceived as being work related. Stress related sickness has reduced this year from last and reflects feedback from the annual staff health check. • CAMHS sickness had significantly reduced by 40%. • The management of staff on long term sickness is to be looked at further. It was agreed that an action plan would be formulated and show actions to be taken. Specific actions will be formulated from the staff health check to address the working environment, staff health and wellbeing and agency spend as well as other key areas to address the risks on the Board Assurance Framework (BAF). The action plan would also be shared with Monitor. **ACTION: The results of the deep dive in sickness absence will be reported to the People Forum at the next meeting on 13 October. The Finance & Performance Committee will receive a report from the People Forum at its next meeting in November and an update report on the action plan and results from these actions will be provided to the Board at its meeting in November. Monitor to receive an update report by the end of October.**

	RESOLVED: The Board of Directors acknowledged the Deep Dive Report and current position in relation to sickness absence and would provide continued support for preventative work around resilience
DHCFT 2015/138	**POSITION STATEMENT ON QUALITY** This report provided the Board with an update on the Trust's continuing work to improve the quality of its services in line with the Trust's Strategy, Quality Strategy and Framework and strategic objectives. The Safeguarding Children, Looked After Children and the Safeguarding Adults Annual Reports were formally noted by the Board. Discussions took place on how safeguarding papers should be noted bearing in mind they are both lengthy documents. The Board were assured by the scrutiny of the Safeguarding and Quality Committees' review of these reports and they were confirmed and accepted. It was recognised that both reports showed a level of focus, performance and commitment and the Board acknowledged the work carried out by the safeguarding teams. **RESOLVED: The Board of Directors noted the Quality Position Statement, together with the Safeguarding Children and the Safeguarding Adults Annual Reports.**
DHCFT 2015/139	**MEDICINE MANAGEMENT UPDATE** Carolyn Green provided a verbal update on Medicine Management. The Board noted that the outcomes from the deep dive carried out in July have been reviewed at ELT but there is a lack of required resources to carry this through at pace. Mark Powell has raised this as a concern and is discussing funding and support for medicine management with commissioners. The Board recognised the proposal in July's report for the required resources and that the financial plan for taking this forward is being progressed through ELT. **RESOLVED: The Board of Directors noted the verbal update on Medicine Management.**
DHCFT 2015/140	**INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING** This report presented by Peter Charlton 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. The Board thoroughly scrutinised the report and discussed current performance of safe staffing and gained greater assurance with problem areas including the rate of outpatients who did not attend and consultant cancellations. It was thought this is due to rescheduling of appointments rather than cancellations and is a matter that will be focussed on. New practices for issuing letters in PDF

	form was welcomed by the Board and it was noted that early intervention target rates should be explored through PCOG. **RESOLVED: The Board of Directors:** **1) Acknowledged the current performance of the Trust** **2) Noted the actions in place to ensure sustained performance**
DHCFT 2015/ 141	**FOR INFORMATION** **I. Board Development Programme:** Updated version of the programme would be reviewed at ELT. **II. Board Forward Plan:** Estates Design and Agile Working would be deferred from the October confidential session to November. **III. Board Assurance Framework:** Aspects were raised in the deep dive in Managing Sickness and Absenteeism and how they might impact the BAF to be considered. **IV. Future deep dives:** It was agreed that a deep dive into Suicide Prevention Improvement Plans would be the focus of the deep dive to be held at the next meeting in October. **V.** No comments were received from members of the public or observers **ACTION: Aspects raised in the deep dive in Managing Sickness and Absenteeism and how they might impact the BAF to be considered.**
DHCFT 2015/142	**CLOSE OF THE MEETING** The Chairman thanked all of those present for their attention and comments and closed the public meeting at 4:10 pm.

DATE OF NEXT MEETING

The meeting of the board in public session is scheduled to take place on Wednesday, 28 October, 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).

Appendix 1

Response to questions from Derbyshire Voice to the Derbyshire Healthcare NHS Foundation Trust Board

In 2013, a decision to work toward the removal of seclusion rooms in the Trust's wards.

In 2013 and 2014 concerns were raised by staff on the viability of this.

In 2014, a decision was made to hold and stop the removal of seclusion rooms, in all Trust wards.

This decision was reviewed by the quality committee with the Positive and Safe Working Group and Strategy Development. This changed in 2014; to. We will remove seclusion from open acute wards.

The Hartington unit and the Radbourne acute units had seclusion rooms removed. This objective was achieved.

The enhanced care ward at the Radbourne unit has a seclusion suite; it has two rooms, which are used as one high support area and are connected in the same space and area.

NHS England specification

The Kedleston unit low secure specification requires a seclusion room. It has two seclusion rooms on each of the low secure wards. These are seldom used.

DHCFT raised a question to the Board. We are still working towards reducing seclusion at this time; we hope one day that seclusion is ceased. Our commitment in 2014 was to remove seclusion from open acute wards.

The national specification for seclusion rooms has changed. All Mental health trust providers have to upgrade their facilities. This is a theme and pattern in many mental health CQC inspections, that older seclusion rooms do not meet the specification and require upgrade. Our seclusion room falls into this group. We have looked at options and our only real option is to build a building extension at the other side of the enhanced care ward, as the width and requirement for ensuite facilities cannot fit into the building width available in the current setting. The Quality Committee has been briefed on this issue.

The Quality committee were briefed in the incidents report of a serious incident where the investigation team have recommended the use of CCTV in the seclusion room. This is being explored, through the seclusion group, security and legal aspects of this recommendation. To explore this recommendation, the October seclusion group has an extended paper on the issue to debate. Service receiver groups were actively asked to give their views on the introduction of CCTV.

CCTV in seclusion rooms is not a recommendation in NG10.

The recommendation in NG10 is that seclusion rooms are a safer option to prolonged physical restraint over ten minutes. One of the compounding reasons for continued use of seclusion in enhanced care is the NG10 recommendation. The seclusion group has received information on seclusion and have had the emerging concerns of novel and new psychoactive substances (NPS). Being under the influence of NPS, and the use of physical restraint can increased risks to the respiratory system. If a person is under the influence of NPS seclusion rooms are a safer option than holding. This is an additional compounding reason for continued use of seclusion.

The NICE guideline NG10, was released at the end of June 2015, we are working through the recommendations and finding solutions. It is challenging but we continue to progress.

NG10 requires an immediate post incident debrief to be carried out for staff and service receivers in particular within 72 hours. This has been an area that the trust has not embedded and predates NG10 as a recommendation from the seclusion group work plan. Trust managers have been open and transparent throughout the life and work plan of the seclusion group that this is not happening routinely. It is offered and not accepted, it is sometimes not offered routinely. Senior nurses and SLM's have been invited to the seclusion group in October and going forward as a standing agenda item, to give further scrutiny to this issue.

In addition Carolyn Green wrote to all Directors of Nursing in England to ask ideas and solutions in implementing NG10. She received some responses, mainly no solutions. However, one Trust did respond to confirm what they had done. The Trust was honest that they had struggled and they had found a solution through using an independent advocate service, on a spot purchase arrangement. The advocate would see all individuals who had experienced a seclusion event and would ask them their view, record and write up their experience, feedback anonymously to the service on learning and advocate. The Trust has shared their checklist, service level agreement and has offered a visit to the service to see how it's working. We believe this solution is one our Trust would like to adopt and we are in negotiation with an advocacy service to explore whether this is viable. This proposal will be coming to the October seclusion group for discussion.

Our thanks go to Berkshire and SEAP

SEAP (support, empower, Advocate and Promote) Berkshire Advocacy Service for sharing their work

Appendix 1

Board questions raised by a member of the public in a letter to the Derbyshire Healthcare NHS Foundation Trust Board

Question 1

In 2013 a decision to work toward the removal of seclusion rooms, in Trust wards.

In 2013 and 2014 concerns were raised by staff on the viability of this.

In 2014 a decision was made to hold and stop the removal of seclusion rooms, in all of the Trust's wards.

This decision was reviewed by the Quality Committee with the Positive and Safe Working Group and Strategy Development. This changed in 2014 and we will remove seclusion from open acute wards.

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The Quality Committee was briefed in the Serious Incidents Report of a serious incident where the investigation team have recommended the use of CCTV in the seclusion room. This is being explored, through the seclusion group, security and legal aspects of this recommendation. To explore this recommendation, the October seclusion group has an extended paper on the issue to debate. Service receiver groups were actively asked to give their views on the introduction of CCTV.

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Question 2

CCTV is an option, it is a recommendation that we are debating, and no final decision has been made. The cost is not £250,000.

Question 3

What are the latest figures of patients having to go out of area to get a psychiatric bed?

We had made significant improvements and the Trust was managing within its own bed stock, this has had some small periods of being in out of area beds. In the last three months we had two people in July, one person in August and one person in September.

The flow for in-patient adult beds has improved of late with the out of area bed usage being considerably reduced during recent months. This is as a result of timely and appropriate referrals into transition beds. The purpose of transition beds is to provide focused step down care for a 12 week period for patients who no longer require an acute bed however do require supportive interventions before stepping directly into community care.

Question 4

As regards community mental health teams, what is being done to replace occupational therapy staff?

Replacement of OTs in Community service.

Within the Neighbourhood developments the financial envelope has been allocated on the basis of GP population and commissioner income per area.

As OT posts become available for recruitment they are reviewed in the same way as any other discipline and required OT banding reviewed for the area. The Lead OT is currently involved in reviewing all Neighbourhood OT posts and ensuring there is a plan in place to develop an equitable OT skill mix across Neighbourhoods and comparable banding across the areas

The OTs have been assigned lead partnership development roles within the plans