

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Wednesday 26 April 2017

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4:45pm

PRESENT:

Caroline Maley	Acting Trust Chair
Margaret Gildea	Senior Independent Director
Barry Mellor	Non-Executive Director
Dr Anne Wright	Non-Executive Director
Richard Wright	Non-Executive Director
Ifti Majid	Acting Chief Executive
Claire Wright	Executive Director of Finance and Deputy Chief Executive
Carolyn Green	Executive Director of Nursing & Patient Experience
Dr John Sykes	Executive Medical Director
Samantha Harrison	Director of Corporate Affairs & Trust Secretary
Mark Powell	Acting Chief Operating Officer
Amanda Rawlings	Director of People & Organisational Effectiveness
Lynn Wilmott-Shepherd	Interim Director of Strategic Development

IN ATTENDANCE:

Anna Shaw	Deputy Director of Communications & Involvement
Sue Turner	Board Secretary (Minutes)
Jill	Service Receiver Carer
Jenny	Service Receiver Carer
Julie Cooper	Senior Nurse, Radbourne Unit
Dr Beth Masterson	Junior Doctor
Acute Inpatients Team	

For item DHCFT 2017/053
For item DHCFT 2017/053
For item DHCFT 2017/053
For item DHCFT 2017/057
For item DHCFT 2017/063

APOLOGIES: Dr Julia Tabreham Deputy Trust Chair and Non-Executive Director

VISITORS:

John Morrissey	Lead Governor, Public Governor, Amber Valley South
Gillian Hough	Public Governor, Derby City East
Shelley Comery	Public Governor, Erewash North
Kevin Richards	Public Governor, South Derbyshire
Carole Riley	Public Governor, Derby City East
Melissa Castledine	Derbyshire Mental Health Alliance
Mark McKeown	Derbyshire Mental Health Alliance

DHCFT 2017/052	<u>ACTING CHAIR'S WELCOME, OPENING REMARKS AND APOLOGIES</u> Acting Trust Chair, Caroline Maley, opened the meeting and welcomed everyone. Apologies were noted from Julia Tabreham who was attending the NHSI Networking Event on Caroline Maley's behalf. Questions received from Julia Tabreham relating to the reports supporting today's agenda items would be addressed as the meeting progressed.
DHCFT	<u>SERVICE RECEIVER STORY</u>

<p>2017/053</p>	<p>Nicola Fletcher introduced Jill, her daughter Jenny and Julie Cooper, Senior Nurse from the Radbourne Unit. Jill told a very moving story as the mother of a son who had experienced drugs and homelessness. She described the difficulties she and her family had experienced in locating her son and in getting help for him when he became very ill.</p> <p>Jill's son was eventually sectioned and admitted to the Radbourne Unit on Ward 36 which was a very distressing time for her and the family. Jill spoke very positively about the way Julie Cooper and the team worked together showing them kindness and compassion and treating them with the utmost respect. Jill and her daughter were invited to go to a carers meeting run by the ward where they were given help and reassurance from people going through the same sort of problems with their own loved ones. They found it helpful having other people to talk to and it gave them hope. Jill finished her story by telling the Board that her son has continued to improve at Audrey House and she is continuing to be involved in helping him with his journey to recovery.</p> <p>Carolyn Green thanked Jill for sharing her story. She explained that the Trust was aware of the impact that caring has on parent and family carers and she was pleased that support from the carers group had helped. She assured Jill that the Board would work to make people aware of the carers group and the Trust would work with other agencies to make these support services more available. Carolyn Green explained that the Trust also recognised the need to involve the family in a patient's care and patients are encouraged to have the family involved. Work is also taking place with community groups to help people understand what happens when you have to stay in hospital.</p> <p>The Board thanked Jill and Jenny for bringing to life their experience which emphasised the importance of carer involvement and support which had enabled thought to be given to improving the information that is made available to carers and to publicise the work of the carers group that was of great value in this case.</p> <p>RESOLVED: The Board of Directors expressed thanks to Jill for sharing her experience and appreciated the opportunity to hear at first hand the service the Trust had provided.</p>
<p>DHCFT 2017/054</p>	<p><u>MINUTES OF THE MEETING DATED 1 MARCH 2017</u></p> <p>The minutes of the previous meeting, held on 1 March were agreed and accepted.</p>
<p>DHCFT 2017/055</p>	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted on the actions matrix.</p>
<p>DHCFT 2017/056</p>	<p><u>QUESTIONS FROM A PUBLIC GOVERNOR</u></p> <p>A question relating to the merger/acquisition with DCHS had been received from the public governor for Derbyshire Dales, Ruth Greaves asking if the Trust had an alternative plan to the merger by acquisition proposals.</p> <p>Ifti Majid responded that the Strategic Options Case (SOC) presented to governors in October set out the reasons behind improving clinical outcomes for residents of Derbyshire and clarified that if integration with DCHS proves unsustainable, the Trust is not under pressure to merge with any organisation and would continue as at present. The Trust already works in partnership with other organisations in Derbyshire for specialised services and if necessary will extend these partnerships to other organisations further.</p> <p>RESOLVED: The Board of Directors noted and responded to questions raised by the public governor for Derbyshire Dales.</p>

<p>DHCFT 2017/057</p>	<p><u>ACTING CHAIR'S VERBAL REPORT</u></p> <p>Caroline Maley reported that during the last month she had attended meetings with other chairs of organisations and providers and with Clinical Commissioning Groups and she had also met with the Chair of Nottinghamshire Healthcare. The Joint Integration Programme Committee (JIPC) met on 8 March. This project is gathering momentum as the Trust and DCHS works towards consideration of the Outline Business Case OBC at the end of July.</p> <p>A significant amount of work has been carried out with the Council of Governors. Additional meetings have now been established to focus on issues related to the proposed process of the acquisition. The Governance Committee continues to deliver good work and the Governors Nominations & Remuneration Committee met last week and received the annual report of the Committee as well as the appraisal for Maura Teager, Non-Executive Director on her departure from the Trust. Regular meetings have also taken place with the Lead Governor as well as other governors.</p> <p>National meetings have also taken place which enabled Caroline Maley to understand the progress being made in the system of mental health. This was particularly evident during a meeting that focused on the effects that BREXIT will have on the mobility of staff.</p> <p>During March Caroline Maley and the Non-Executive Directors attended an excellent training session facilitated by the Trust's Mental Health Act Office that covered the Mental Health Act and the Mental Capacity Act. She also attended a meeting with hospital managers which gave her a good understanding of their work. Caroline Maley also attended an excellent Board development session on equality, diversity and inclusion.</p> <p>Caroline Maley also attended the NHS induction for chairs and chief executives which gave her an opportunity to talk about the challenges other trusts are facing around the recruitment of medical staff.</p> <p>Internal meetings involved carrying out Ifti Majid's appraisal which resulted in them having a very good discussion. Caroline Maley also worked with John Sykes to recruit consultants and she also attended the TMAC (Trust Medical Advice Committee) meeting.</p> <p>Reference was made to the Deloitte review of well led outcomes. The final report received from Deloitte LLP reflected significant progress in all areas within the Trust's scope. The Trust now meets the NHSI (NHS Improvement) benchmark associated with organisations rated as amber-green which places the Trust alongside other well performing trusts. The Trust will continue to keep on improving and thanks were made to all staff involved in this process.</p> <p>RESOLVED: The Board of Directors noted the Acting Chair's verbal report.</p>
<p>DHCFT 2017/057</p>	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p> <p>The Acting Chief Executive's report provided the Board of Directors with feedback and an update on developments occurring within the local Derbyshire health and social care community.</p> <p>Ifti Majid gave an overview of the key points contained in his report. He drew particular attention to the work that has taken place to enter into a jointly delivered People and Organisational Effectiveness function with DCHS. It is expected that the number of other HR organisations involved in this joint venture may grow over time and will evolve into a single HR function supporting a number of organisations. Amanda Rawlings explained that as part of the management of change process staff provided input into this structure and that this has enabled a full business case to be developed into the governance</p>

process. This business case was received by the Finance & Performance Committee and was referred to the Board as it is an important case for the future that will support staff as well as key leaders. This is a fully inclusive process and staff will be supported by trade union colleagues throughout and the process which is expected to be completed towards the end of September.

Amanda Rawlings also explained that integrating the teams of both organisations is separate to the integration work between the two Trusts and would have gone ahead regardless of that work. This is the future of the NHS working towards building a strong team for the future in Derbyshire. Amanda Rawlings told how HR team welcomed this opportunity. Margaret Gildea added that the Board can take assurance from this business case because it supports the HR function and will provide a larger and common talent pool that all stakeholders can benefit from.

Caroline Maley thanked Amanda Rawlings for her excellent summarisation of the business case. She recognised that governors would be very interested to know that this business case has been scrutinised by the Finance & Performance Committee and the People & Culture Committee. The Trust is following due process in terms of steps for change and this business case will be discussed further at the meeting of the Council of Governors on 2 May.

ROYAL COLLEGE OF PSYCHIATRISTS TRAINEE-LED REVIEW INTO MORALE AND TRAINING WITHIN PSYCHIATRY

The second part of this report included a report from the Royal College of Psychiatrists. Ifti Majid introduced Beth Masterson one of the Trust's CT3 Doctors who gave a presentation on the key points contained in the Royal College of Psychiatrists trainee-led review into morale and training within psychiatry.

The Board heard first-hand about the pressure that junior doctors work under and how they feel about the conditions they work in. The presentation set out the problems in recruiting to psychiatric training and Beth Masterson talked about the work of the focus groups that have taken place nationwide to establish what trainee doctors valued most about their work life and training. The presentation also provided an opportunity for the Board to acknowledge the importance of ensuring that the basic needs of trainees are met and for the Trust to become a good employer and educationalist as well as a more attractive employer for all staff.

The Board thanked Dr Masterson for making the Board aware of the importance of the Royal College of Psychiatrists report and the issues psychiatric trainees are experiencing and agreed to support all the core recommendations contained in the report.

Julia Tabreham's question relating to the Chief Executive's report, raised in her absence, related to how the Trust would measure the impact on estate closure on the people who are less mobile was responded to by Ifti Majid and Claire Wright who undertook to ensure that a written update on estate closure would be addressed within the next Estates Strategy report that will be brought to the Finance & Performance Committee.

RESOLVED: The Board of Directors noted the Acting Chief Executive's update and supported the recommendations contained in the report from the Royal College of Psychiatrists.

**DHCFT
2017/058**

INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)

Mark Powell, Acting Chief Operating Officer, opened discussions on the integrated overview of performance in workforce, finance, operational delivery and quality performance as at the end of March 2017. He drew attention to the challenge in achieving priority metric compliance by the end of the financial year around the collection of patient record data and explained that this is being worked through the Trust

Management Team meetings to see how we can best operate this metric.

The report identified a concern in the waiting time for Early Intervention in Psychosis referral to treatment. Mark Powell explained that a number of vacancies have resulted in a service capacity gap which will result in April and May being quite challenging until staff are recruited into post. This gap means that the 50% referral to treatment target has not been met and is unlikely to be met until June 2017 when new recruits start in post. In the meantime early intervention staff are being used flexibly from across the county to address these issues.

Claire Wright focussed on the outturn position for the financial year. She was pleased to report that the Trust has achieved its control total which was improved by £32k. As a result NHS Improvement (NHSI) have committed to make an incentive payment to organisations who delivered their 2016/17 control totals. This has resulted in a £906k payment that will be added to our control total during this financial year which will be used to benefit our patients.

Barry Mellor asked what assurance can be provided that the CIP (cost improvement plans) for this year will be a better plan to deliver. Mark Powell acknowledged that there is still a gap in the plan. A number of plans have been identified and internal discussions are taking place to invigorate a robust programme delivery approach that will be followed up along with any increasing risks associated with our CIP position through the Finance & Performance Committee.

Carolyn Green drew attention to bed occupancy and reported that the Trust was currently operating above the national target set by the Royal College of Practitioners. This may result in 12 hour A&E breaches and will affect people getting access to beds and work is taking place to mitigate this risk. Anne Wright asked whether the increase in bed occupancy levels was due to increasing demands or length of stay. Carolyn Green explained that length of stay has returned to average and has reduced compared to when the Trust was an outlier. The increase in bed occupancy is due to an increase in demand in the community. She assured the Board that staff make sure that patients are discharged appropriately and not too early.

Carolyn Green also referred to levels of restraint and seclusion and reported that for the first time there appears to be more restraint being applied to women and older adults, both men and women. She assured the Board that the Quality Committee is receiving a detailed breakdown of all cases in order to monitor these levels.

Amanda Rawlings was pleased to report that a slight improvement has been made in recruitment levels and in the uptake of staff appraisals. Results received for the first of the quarterly staff pulse checks has shown an improvement in participation. She felt encouraged by this trend and has shared these results with the Engagement Forum and the Executive Leadership Team (ELT).

Julia Tabreham's question, raised in her absence, related to the worrying upward trend for complaints within the Trust. She asked when the new complaints investigators were due to start work, what is the most worrying aspect of performance and how will their workload be prioritised? When can the Board expect to see an improvement in the position? Carolyn Green responded that these newly created posts will enable the team to improve the flow of mitigations and an improved performance is expected to be seen by September.

Ifti Majid referred to the ward staffing levels section of the report and asked how this information was being used to help fill rates and bed occupancy rates. Mark Powell responded that this information is used to understand fill rates and staff requirements for the coming weeks. This information was also seen as an indicator of potential safety issues and did not show the detail about the individuals working on shifts. This will be looked at further along with bed occupancy and length of stay to see if there is a link and will be captured as an enhanced narrative in the next month's report.

	<p>ACTION: Specific areas will be investigated where bed occupancy is high to establish any links and incorporated into an enhanced narrative in the next report.</p> <p>RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained a good level of assurance on current performance across the areas presented.</p>
<p>DHCFT 2017/059</p>	<p><u>QUALITY POSITION STATEMENT</u></p> <p>Carolyn Green provided the Board of Directors with an update on the organisation's continuing work to improve the quality of services that are provided in line with the Trust Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>Julia Tabreham's question, raised in her absence, referred to the retrospective case record reviews following the deaths of those with severe mental illness and learning disability and asked if the Trust has modelled the impact this will have on its resources and are there plans in place to achieve what is required? John Sykes advised that the report summarised the process involved and explained that although it is not necessary to review every death in detail the Trust is required to identify and scrutinise any deaths that are connected to our services. This work will be quite intensive because some of the review systems have not yet been developed. Work is taking place to quantify the impact on staff capacity for this work and work plan is being developed.</p> <p>In response to Anne Wright challenging the capacity issues, John Sykes explained that a mortality technician will carry out some of this work and that reviewing individual caseloads will be substantial piece of work over and above the normal SIRI (serious investigation) work. He assured the Board that the Quality Committee has oversight of the investigation work and any issues will be escalated to the Board.</p> <p>John Sykes also talked about safety planning and how the Trust was now using a bespoke safety planning approach developed by our own clinicians. Training has taken place in the use of this system and feedback from the training is enabling clinicians to drive this change and this is being monitored through the Quality Committee.</p> <p>Carolyn Green drew attention to the Care Quality Commission Comprehensive Inspection revisit results and was very pleased to report that the Trust's warning notice has been lifted and services have been positively re-graded.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received and noted the Quality Position Statement 2) Gained assurance in quality leadership strategy and engagement as shown in the report
<p>DHCFT 2017/063</p>	<p><u>DEEP DIVE – ACUTE INPATIENTS</u></p> <p>The Acute Inpatients team joined the meeting and provided the Board with an insight into some of the key achievements.</p> <p>The Board heard how the reinstatement of Schwartz rounds to support supervision in inpatient areas has been very beneficial especially in gaining peer support. Schwartz rounds will now be introduced in the Radbourne Unit and the Hartington Unit.</p> <p>A successful trip was made to Denmark to look at initiatives to develop a model on the safest way for staff to deal with conflict and aggression. This initiative is being implemented on both units and has been received very positively by both patients and staff and has helped to reduce their stresses and anxiety.</p> <p>A "getting to know you" folder has been introduced on each ward which has helped staff</p>

	<p>get to know their patients and understand what they like such as taste in music, hobbies etc. This also helps with social inclusion on the wards and helps people feel they are listened to. Refurbishment of the de-escalation rooms on the Hartington Unit has also provided a quiet space for patients to spend their time.</p> <p>The implementation of the Broset Violence Checklist pilot on the Enhanced Care Ward has resulted in a reduction in violence on the ward and a reduction in people who have potential for violence and aggression. This is managed through a care plan for each patient and has been very effective.</p> <p>The team also talked about the challenges they face and how they are continually striving to improve both quality outcomes and patients experiences in services. Staffing levels and the reliance on bank and agency staff was a particular concern and the team are focussing on plans for future improvement in staff retention.</p> <p>Compliance with supervision and staff appraisals was one of the elements highlighted by the CQC. The Board heard a personal experience of supervision from one of the team and was pleased to hear how this experience supported their work and how it had also been motivating and invigorating.</p> <p>Resulting from the CQC visit last year the team was challenged to improve their seclusion pathway and rapid tranquilisation and they have now introduced a robust management process to manage seclusion. Work is taking place to improve the standard of reporting on the Mental Capacity Act and this is being monitored through the Mental Health Act Committee. Rapid tranquilisation is being managed more efficiently and patients are being monitored correctly.</p> <p>The Board observed how the team has managed resources effectively and have developed themselves as a joined up service working across both the Radbourne Unit and the Hartington Unit. The Board acknowledged that staff retention is an important part of success and assured the team that Amanda Rawlings and her team are working hard to fill vacancies.</p> <p>RESOLVED: The Board of Directors considered and noted the presentation made by the Acute Inpatient Team.</p>
<p>DHCFT 2017/060</p>	<p><u>EQUALITY DELIVERY SYSTEM2 (EDS2)</u></p> <p>This report, presented by Amanda Rawlings provided the Board with an update against the goals of the EDS2, including actions to date, equality objectives and associated work streams. The document also set out the next steps in terms of governance and assurance to deliver the Trust's EDS2 performance grading for 2017/18, including Board Assurance Framework 3d. The report also included in Appendix 1 an update against the equality objectives, including EDS2 actions embedded in the People Plan.</p> <p>A Board Development Session held on 12 April focused on Equality, Diversity and Inclusion which identified specific actions to improve the Trust's equality objectives. The Board acknowledged that EDS2 is part of the Trust's governance process and approved and noted the recommendations for EDS2 2016/17. The Board also noted the steps to progress outcomes of EDS2 Goal 4 Inclusive leadership and the proposal to present to the top six priority actions and SMART implementation plan at the Board meeting in May.</p> <p>ACTION: Top six priority actions and EDS2 SMART implementation plan to be received at the May 2017 Board meeting</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted progress on equality and more specifically the undertaking of our annual EDS2 16/17 goals 1 & 2 including upward RAG improvement. 2) Noted and approved EDS2 2016/17 external validation for goals 1 & 2 and

	<p>actions against the 9 outcomes (Appendix 3) and follow-up action to produce a 'You said, we did' report for publishing on website.</p> <p>3) EDS2 Goal 4 Inclusive leadership – noted steps to progress outcomes and proposal to present (Draft) Board top six priority actions and SMART implementation plan at the May 2017 Board meeting.</p> <p>4) Noted BAF 3d and controls (Equality Impact, data completion rates and engagement) to deliver EDS2 2017/18 implementation plan, including formal Board approval of EDS2 2017/18 plan on the 27 September, 2017 (as per nine step EDS2 process/ methodology).</p>
<p>DHCFT 2017/061</p>	<p><u>BOARD ASSURANCE SUMMARIES & ESCALATIONS</u></p> <p>Assurance summaries were received from the Board Committees that took place during February and March 2017. Committee Chairs summarised the escalations that had been raised and these were noted by the Board.</p> <p>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries and Escalations.</p>
<p>DHCFT 2017/062</p>	<p><u>MEASURING THE TRUST STRATEGY</u></p> <p>This report provided the Board with an update on year one of the Trust Strategy 2016/21 and an annual report will be received by the Board in April in the forthcoming years. The Integrated Performance Report is used for on-going monitoring of the strategy and the revised dashboard included in the report sets out the four strategic objectives and trajectory of the strategy over the next five years.</p> <p>Lynn Wilmott-Shepherd was pleased to report that as the Trust has achieved its financial control total the trajectory of the Trust Strategy 2016/21 is on track. A report will be submitted to the Finance & Performance Committee setting out the detail of the partnerships that will enhance service delivery and foster a system wide approach in line with the Sustainability and Transformation Plan.</p> <p>The Board accepted that the report was a useful snapshot of the progress that had been made during the past year and noted that an annual report on the five year Trust Strategy will be received at the April meeting in forthcoming years.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the achievements to date 2) Accepted that an annual update will be received at the April Board each year
<p>DHCFT 2017/064</p>	<p><u>BUSINESS PLAN 2017-18</u></p> <p>This report provided the Board with a consolidated summary of each division and the corporate directorate's business plan for year two of the five-year Trust Strategy.</p> <p>The Board was satisfied that the report covered the implications for clinical and corporate areas across the Trust and approved the Business Plan 2017/18. The business plan is driven by the Trust Strategy and NHSI and is in line with feedback received from Deloitte LLP and had previously been received by the Executive Leadership Team and it will be measured through the Trust Management Team. Quarterly progress reports on the business plan are to be submitted to the Board and captured in the forward plan.</p> <p>ACTION: Quarterly update reports on the Business Plan 2017 to be incorporated into the Board forward plan.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved the business plan for 2017-18 2) Agreed to receive quarterly updates on progress

<p>DHCFT 2017/065</p>	<p><u>ANNUAL REVIEW OF REGISTER OF INTERESTS</u></p> <p>This report provided the Trust Board with an account of directors' interests during 2016/17.</p> <p>The Board reviewed the register of interests and it was noted that Ifti Majid had also declared his wife, Kate Majid's role as Assistant Chief Commissioning Officer, NHS North Derbyshire Clinical Commissioning Group. Lynn Wilmott-Shepherd's substantive role as Director of Commissioning and Delivery for NHS Erewash Clinical Commissioning Group is also to be listed.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved and recorded the declarations of interest as disclosed and noted above. These will be recorded in the Register of Interests which is accessible to the public at the Trust Head Office and will be listed in the Trust's annual report and accounts for 2016/17. 2) Recorded that all directors have signed to confirm compliance with the NHS Codes of Conduct and Accountability and Nolan principles; no relevant audit matters have been declared.
<p>DHCFT 2017/065</p>	<p><u>ANNUAL REIVEW OF TRUST SEALINGS</u></p> <p>This report provided the Trust Board with an account of the authorised use of the Foundation Trust Seal during 2016-17.</p> <p>The Board noted the three entries made to the Register of Trust Sealings for 2016/17 as shown in the report.</p> <p>RESOLVED: The Board of Directors noted the authorised use of the Foundation Trust Seal during 2016-17.</p>
<p>DHCFT 2017/066</p>	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN (GIAP)</u></p> <p>Sam Harrison presented the Governance Improvement Action Plan (GIAP) report, providing the Board with an update on progress on delivery of the GIAP. She was pleased to report that all recommendations are now complete for Core areas 2, 5, 8, 9 and 10 and asked the Board to formally approve 14 'blue forms' to confirm that the recommendation within each form had been completed.</p> <p>Sam Harrison pointed out that the Board approved several GIAP recommendations at extraordinary Board meeting held in confidential session on 29 March and this report would be made available on the Trust's website.</p> <p>The Board scrutinised the blue forms and the following comments were noted:</p> <p>As the recommendations contained in HR3 and HR4 were aligned these two blue forms were reviewed together:</p> <p><i>HR3 - Undertake an exercise to update the model for HR. Utilising the model as a guide, expertise and best practice across the LHE, and beyond. As a priority the Trust should focus on establishing clear foundations, utilising key building blocks to create sustainability in the long term. HR4 - Define a new structure for HR and its related functions with a priority on operational efficiency and strategic impact taking into account the refreshed People Strategy and revised model for HR and related functions:</i> Amanda Rawlings assured the Board that the new shared service structure for the HR/Workforce team is now in place. The Board was satisfied with the detail that supported HR3 and HR4 and approved recommendations HR3 and HR4.</p>

Recommendations GLING1 and CORPG7 are also aligned and these two recommendations were considered together:

CLING1 - Refresh the role of Quality Leadership Teams to increase their effectiveness as core quality governance forums. CORPG7 - In light of the changing governance and accountability structures (such as neighbourhoods, campuses and QLTs) an accountability framework should be designed to fully engage staff in how these changes will affect ways of working, performance management structures and desired behaviours moving forward: The Board received assurance that a very detailed effectiveness review had been carried out by the Quality Committee and approved CLING1 and CORPG7

WOD5 - Consider a range of development interventions for the operational HR team to ensure employment law risks are mitigated: The Board obtained assurance that a series of training programmes has been undertaken across the HR directorate and the team has also received updates from a variety of legal sources. The Board approved WOD5 on the understanding that the blue form would be updated with narrative to reflect this work.

WOD6 - Consider mechanisms to regularly seek feedback from the HR function on the extent to which the candour, openness, honesty, transparency and challenge to poor performance are the norm, e.g. through monthly pulse checks: The results of the first monthly pulse checks have been received. Following the challenge that took place at the March meeting of the People & Culture Committee the blue form has been updated to reflect how staff feedback from the HR function can be captured. The Board agreed that this recommendation was now complete.

M2 - The Governance Improvement Action Plan will be updated to reflect material matters arising from the HR investigation: It was acknowledged that this recommendation formed the development of the GIAP and was signed off by the Board in April 2016 and it was agreed that this recommendation was now complete.

M4 - The Trust will implement programme management and governance arrangements to ensure the delivery of the Governance Action Plan: The governance and delivery framework was agreed in April 2016. The Board was satisfied that this has been effectively followed throughout 2016/17 with reporting regularly to oversight Board Committees, the Board, Council of Governors and regulators and approved recommendation M4.

M5 - The Trust will provide regular reports to Monitor: The Board accepted that reports have been provided to NHSI (previously known as Monitor) as part of regular performance review meetings and approved recommendation M5.

M6 - The Licensee will, by 18 March 2016 or such other date as agreed with Monitor, develop and submit to Monitor a timetable for making permanent appointments to all director roles which are currently vacant and/or filled on an interim basis. It will, by a date to be agreed with Monitor, revise that timetable in response to any comments made on it by Monitor: The Remuneration and Appointments Committee agreed the timetable for recruitment of all Board level posts outlined and these were recruited to successfully. The Board agreed closure of this recommendation at its April 2016 meeting and accepted that this recommendation was now complete.

RR1 – Implement proposals to improve succession planning at Board level, including ensuring that Governors are adequately engaged in this process. Alongside this, develop processes for succession planning for Senior Leader positions. This was discussed at the Remuneration and Appointments Committee and it was agreed that this recommendation would be include reference to governors in their role in succession planning for Non-Executive Directors. The Board was satisfied that

there was a process in place to develop succession planning requirements and approved recommendation RR1.

RR2 - Agree a programme of Board development work which includes a mix of internal and externally facilitated sessions, is clearly aligned to the combined governance action plan. CQC 3 - The trust should ensure that all Board members and the council of governors undertake a robust development plan: The Remuneration & Appointments Committee confirmed receipt of a report outlining the completed development programme for 2016/17 and agreed at the February 2017 meeting that the development of this programme for 2017/18 is to be taken forward as business as usual. The Board was satisfied that recommendation RR2 is now complete.

RR3 - Complete the full process of 360 feedback for all Board Members and utilise the outcome to set clear objectives in relation to portfolio areas (for Executive Directors) as well as in relation to the role of the corporate director and contribution to the Board: The Board was assured that that appraisals for outgoing Non-Executive Director, Maura Teager and outgoing Interim Chairman, Richard Gregory had been presented to governors through the Nominations and Remunerations Committee. The Board was satisfied that work on 360 degree appraisals has been implemented and this has helped progress personal and team development and it was agreed that this recommendation RR3 is now complete.

RR5 - The Trust should ensure that training passports for directors reflect development required for their corporate roles: Mandatory training will be overseen by the Executive Leadership Team and Caroline Maley will regularly review training and development with Non-Executive Directors. The Board was agreed that recommendation RR5 is now complete.

The Board understood that two recommendations remain outstanding, M1 and M3, which are subject to external assurance and these will be submitted to the next meeting in May for completion. The focus will now shift to embedding and monitoring the work undertaken.

RESOLVED: The Board of Directors:

- 1) **Noted the progress made against addressing GIAP recommendations**
- 2) **Formally approved the 14 blue forms as presented and confirmed that they provided assurance of completion, namely:**
 - HR3
 - HR4
 - CLING1
 - CORPG7
 - WOD5
 - WOD6
 - M2
 - M4
 - M5
 - M6
 - RR1
 - RR2
 - RR3
 - RR5
- 3) **Agreed at the end of the Board meeting that no further changes are required to the GIAP following presentation of papers, outcomes of item specific discussions and/or other assurances provided throughout the meeting**

DHCFT
2017/067

REPORT FROM COUNCIL OF GOVERNORS MEETING

Sam Harrison presented the report which provided a summary of issues discussed at the meeting of the Council of Governors held on 7 March 2017. The Board noted the report

	<p>and was assured on the breadth of key topics presented to and discussed by the Council of Governors.</p> <p>RESOLVED: The Board of Directors noted the report from the Council of Governors meeting held on 7 March 2017.</p>
<p>DHCFT 2017/068</p>	<p><u>CLOSURE OF BOARD ASSURANCE FRAMEWORK 2016/17 AND ISSUE OF BOARD ASSURANCE FRAMEOWRK 2017/18</u></p> <p>Sam Harrison presented this report detailing the final issue of the Board Assurance Framework (BAF) for 2016/17 and the first issue of the 2017/18 BAF.</p> <p>The Board acknowledged that the BAF was very carefully scrutinised by the Audit & Risk Committee in March. The BAF was also reviewed by ELT and amendments arising from both these meetings have been incorporated into the final version of the BAF for 2016/17. Since Issue 4 of the BAF for 2016/17 was reviewed by the Board in February 2017, the risk rating of three risks has been further reduced.</p> <ul style="list-style-type: none"> • Risk 1e) ‘Lack of compliance with the Civil Contingencies Act as a category 2 responder. Risk identified through 2016/17 EPRR Assurance Process’ has reduced from high to moderate due to mitigation in place and CCG formal notification of compliance • Risk 3b) ‘Risk of a loss of confidence by staff in the leadership of the organisation at all levels’ has reduced from high to moderate due to stability in senior leadership team and increased confidence of regulators, and • Risk 4a) ‘Failure to deliver short term and long term financial plans could adversely affect the financial viability and sustainability of the organisation’ has reduced from high to moderate due to confidence in year-end financial forecast. <p>As a result at year-end, five risks remain graded as high risk and five as moderate risk to the achievement of the Trust’s strategic objectives.</p> <p>The report also included the first issue of the BAF for 2017/18. Following feedback from Board Committees and KPMG this version of the BAF has been amended in terms of format and content. The risks in this first issue 2017/18 have been scrutinised by the Executive Leadership Team and Audit and Risk Committee. As a result further changes have been made and are reflected in the BAF as presented.</p> <p>Carolyn Green questioned whether risk 3b ‘<i>There is a risk to staff engagement and wellbeing by the Trust not having supportive and engaging leaders</i>’ correctly articulated the risk of lack of capacity within leadership. Amanda Rawlings responded that good quality leadership staff will support the change process. This risk was concerned with working towards ensuring consistency of good leadership across the whole of the Trust.</p> <p>Julia Tabreham’s final question, raised in her absence, referred to the risk of cyber-attack on the Trust. This was acknowledged to be an ill-understood risk and she asked if any development had been made on any further analysis into this risk. This will be the subject of a Board Development session. Mark Powell will brief the Finance & Performance Committee on the arrangements that are in place and any issues will be escalated to the Board.</p> <p>The Board approved the final version of the BAF for 2016/17. The content and format of the first issue of the BAF for 2017/18 was also approved and it was noted that deep dives of BAF risks will take place at various Board Committees and Audit & Risk Committee.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved the final issue of the BAF for 2016/17 2) Approved the content of this first issue of the BAF for 2017/18, including the revised format and additional fields

	3) Approved ongoing reporting and monitoring arrangements as outlined
DHCFT 2017/069	<p><u>2017/18 BOARD FORWARD PLAN</u></p> <p>The forward plan was noted by the Board.</p> <p>RESOLVED: The Board of Directors noted the forward plan for 2017/18.</p>
DHCFT 2017/070	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></p> <p>It was agreed that no further changes are required to the GIAP or to be updated or included in the BAF or the GIAP.</p>
DHCFT 2017/071	<p><u>MEETING EFFECTIVENESS</u></p> <p>A lot of issues have been closed at today's meeting. Caroline Maley asked that the May agenda be formulated so it is more manageable so that time can be used to enable more challenge.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 24 May 2017.</p> <p style="text-align: center;">The location will be Conference Rooms A&B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	