

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

**Held in Conference Rooms A&B
Research and Development Centre, Kingsway, Derby DE22 3LZ**

Wednesday 1 November 2017

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4.30pm

PRESENT:	<p>Caroline Maley Dr Julia Tabreham Margaret Gildea Barry Mellor Dr Anne Wright Richard Wright Ifti Majid Claire Wright Dr John Sykes Carolyn Green Mark Powell Amanda Rawlings Samantha Harrison Lynn Wilmott-Shepherd</p>	<p>Trust Chair Deputy Trust Chair and Non-Executive Director Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Finance & Deputy Chief Executive Medical Director Director of Nursing & Patient Experience Acting Chief Operating Officer Director of People & Organisational Effectiveness Director of Corporate Affairs & Trust Secretary Interim Director of Strategic Development</p>
IN ATTENDANCE:	<p>Anna Shaw Sue Turner For DHCFT 2017/1 Kayleigh Daltrey For DHCFT 2017/1 David Harrison For DHCFT 2017/1 Mohamed Sheilabi For DHCFT 2017/1 Jalak Chag For DHCFT 2017/1 Rebecca Abbott</p>	<p>Deputy Director of Communications & Involvement Board Secretary (minutes) Lead Dietitian and Service Manager Catering Manager Specialist Dietitian Dietitian Dietetic Assistant</p>
VISITORS:	<p>John Morrissey Carole Riley Sarah Bennett Russell McAusland Robert Foulkes Jacinta Litherland Natalie Gallagher</p>	<p>Lead Governor and Public Governor, Amber Valley South Deputy Lead Governor and Public Governor, Derby City East CQC Inspector, Mental Health Hospitals Team, Central West Senior Accounts Manager, Liaison Member of the public Sign language interpreter Sign language interpreter</p>

DHCFT 2017/151	<p><u>CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST</u></p> <p>Trust Chair, Caroline Maley, opened the meeting and welcomed everyone. No apologies for absence or declarations of interests were received.</p> <p>Following confirmation of Ifti Majid's post as Chief Executive Caroline Maley congratulated him on his substantive appointment and looked forward to working with him to take the Trust forward.</p> <p>Ifti Majid advised that a change was required to be made to his entry in the Register of Declarations of Interest. This would be updated and brought to the next meeting of the</p>
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	<p>Board.</p> <p>Caroline Maley advised that today's agenda had been revised to include a presentation to be made by Ifti Majid on the Sustainability and Transformation Partnership (STP).</p>
<p>DHCFT 2017/152</p>	<p><u>MINUTES OF THE MEETING DATED 27 SEPTEMBER 2017</u></p> <p>The minutes of the previous meeting, held on 27 September were agreed and accepted as an accurate record, subject to the first sentence of item Service Receiver Story DHCFT2017/133 being corrected to read that a chief nurse fellow was currently on a placement with the Trust.</p> <p>The second sentence of the Integrated Performance and Activity Report item DHCFT2017/138 would be amended to reflect that the Finance and Performance Committee is monitoring the Trust's financial risks.</p>
<p>DHCFT 2017/153</p>	<p><u>ACTIONS MATRIX AND MATTERS ARISING</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. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.</p>
<p>DHCFT 2017/0154</p>	<p><u>CHAIR'S VERBAL REPORT</u></p> <p>Caroline Maley attended several meetings last month that focussed on the sustainability of the Board. These included the recruitment and appointment of the substantive Chief Executive as well as a new Non-Executive Director (NED) and she was pleased that governors, service users and carers had been involved in the recruitment process for both these posts.</p> <p>Caroline had also progressed the Trust's involvement in NHS Improvement's 'NeXT Director Scheme' which is aimed at increasing the number of under-represented groups appointed to trust boards. As part of this scheme, Caroline was pleased to announce that a senior finance officer from Sherwood Forest Hospitals NHS Foundation Trust would be undertaking a six month placement within the Trust. This placement is designed to help people gain an insight into balancing a portfolio career and progress their ambitions to become a Non-Executive Director (NED). The placement holder would also be mentored by two experienced NEDs in order to learn about the role.</p> <p>Caroline had carried out appraisals for NEDs Julia Tabreham and Margaret Gildea, and discussed their objectives for next year. She was pleased to report that a well-run Board Development session was facilitated by NHS Providers on 11 October which enabled Board members to develop their thinking in order to ensure effective decision making.</p> <p>Caroline attended a meeting of the Mental Health Act Committee on 26 October and saw some significant improvements being made in the work the Committee is undertaking. She also attended a Schwartz round which gave her a good insight into the challenges staff face on the wards and the personal impact these challenges have on them. She also undertook quality visits to Chesterfield Central Neighbourhood team and Ward 34 and attended the Trust's Medical Advisory Committee whose members are consultant colleagues.</p> <p>Caroline was pleased to have been invited by two community psychiatric nurses in Derby City to talk about their passion for forensic work which gave valuable insight as to how the Trust can take forensic services forward.</p> <p>Much contact was made with governors in October through meetings of the Nominations and Remuneration Committee, Governance Committee and Council of Governors and regular discussions were held with the Lead Governor and Deputy Lead Governor.</p>

	<p>Caroline also attended STP meetings in October and participated in an STP summit at the end of the month when she learnt from the experience of other STP leads in the country which really added value.</p> <p>RESOLVED: The Board of Directors noted the activities of the Trust Chair throughout the month of October</p>
<p>DHCFT 2017/155</p>	<p><u>CHIEF EXECUTIVE'S REPORT</u></p> <p>The Chief Executive's report provided the Board of Directors with an update on developments occurring within the local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such as commissioners and feedback from staff. The report was used to support strategic discussion on the delivery of the Trust strategy.</p> <p>Ifti Majid referred to the Race Disparity Audit that was released in October which reviewed how public services treat different ethnicities across the UK and spoke about how this is helping him understand the disparities that affect the Trust and its community services from a staff and service user perspective. He particularly focused on how leadership is represented in the NHS. In 2016 only 7% of very senior managers and 11% of senior managers were from an ethnic minority group. 93% of NHS board members in England are white. Ifti is currently only one of four foundation trust chief executives from a BME background in the country and he noted that this was very poor compared to the number of Board members that come from a BME background.</p> <p>Ifti drew attention to the introduction of the Trust's reverse mentoring scheme operating through the BME Network that will be launched this Friday which will demonstrate how far the Trust has come in understanding what it feels like to work within the organisation, what the opportunities are and what the disparities might be. He talked about how he had met with staff who were able to tell him what it feels like to work in the Trust. He was very proud to be able to have this dialogue with staff and was very gratified to hear that staff are saying that they have seen an improvement. He felt it was good to hear this directly from people rather than just through the Staff Survey or the Pulse Check and it gave him an opportunity to observe people's ability make positive improvements to the organisation. The importance of having a stable leadership to enable teams to perform at a high level was the message coming through and he was very pleased to receive this type of feedback.</p> <p>Ifti Majid's report also included the refreshed version of the Adult Autism Strategy that set out how commissioners are going to respond to the national requirements and the priority areas here in Derbyshire. The refreshed strategy was seen as an improvement on the previous version and Ifti was pleased to report that the Trust will have further opportunity to contribute to the Strategy through the Health and Wellbeing Boards and he invited Board members to provide him with their comments for inclusion in a further version of the Autism Strategy.</p> <p>Having discussed how the Trust could improve the environment and treatment pathways for people who are on the autism spectrum the Board supported the development of the Autism Strategy, although it was agreed that further clarity was required as to the Trust's statutory responsibilities in the provision of care. Ifti Majid proposed that he would draft a letter to commissioners with support from executive colleagues recommending that the Trust works with commissioners to ensure a partnership approach is taken in providing equitable outcomes for people with autism.</p> <p>The Board was concerned about the statutory requirements for the treatment of autism and proposed that risks relating to compliance are integrated in the Board Assurance Framework (BAF) under risk 1b.</p> <p>ACTION: Letter to be drafted to commissioners with support from executive</p>

	<p>colleagues regarding equitable treatment for people with autism</p> <p>ACTION: BAF risk 1b to be updated to include risks associated with autism treatment compliance</p> <p>RESOLVED: The Board of Directors noted the Chief Executive’s update</p>
<p>DHCFT 2017/156</p>	<p><u>STP UPDATE</u></p> <p>Ifti Majid presented an update on the Sustainability and Transformation Partnership (STP) that will work under the Joined Up Care Derbyshire business case. The presentation also served as a reminder about the original aim of the STP in improving health and wellbeing, quality and supporting improved effectiveness. It also set out how foundation trusts, local authorities for both Derby city and the county and GPs will treat long term conditions better and provide care in the right place, when people need it at the right time working together with social care.</p> <p>Ifti talked about how the STP is moving in partnership supporting the national direction to towards an Accountable Care System (ACS) which aims to manage the way people are living longer and being supportive in meeting people's general health and wellbeing. He explained how mental health clinical reference groups are devising mental health priorities to provide intensive support for people with dementia in local communities and are developing innovative and specific pathways for people with delirium. He also explained how rehabilitation and forensic work streams will be set up in the community for people who have forensic history. More help will also be provided for people who have complex needs such as learning disabilities and autism.</p> <p>The presentation outlined the need to talk to people in Derbyshire to establish different ideas. The STP has set up partnership working with Healthwatch Derby and Derbyshire and various stakeholder events have been held across the county that are designed to talk to people about the future of health and social care.</p> <p>Caroline Maley concluded that it was useful to receive the presentation that showed what the STP is trying to achieve and which also complements the Trust’s model of care. She was aware that there are some fundamental areas within the STP that still need to be understood and taken forward and she saw this as an opportunity for the Trust to be system leaders within the STP. The Board’s Committees will be involved in STP progress and she proposed that STP updates become regular agenda items at forthcoming meetings.</p> <p>RESOLVED: The Board of Directors noted the STP update presentation</p>
<p>DHCFT 2017/157</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)</u></p> <p>The IPR provided the Trust Board with an integrated overview of performance as at the end of September 2017 that focussed on workforce, finance, operational delivery and quality performance. The report showed that the Trust continues to perform well against many of its key indicators with improvement continuing across many services despite the pressure felt within inpatient and community services.</p> <p>This report included a further enhancement of the Quality Dashboard that identified trends over the past six months and the past two quarters. This month the executive summary focused on the main inter-relationships between current performance concerns along with actions and mitigations that the Executive team are taking forward.</p> <p>Acting Chief Operating Officer, Mark Powell, highlighted the key issues that remain a challenge within inpatient and community services and outlined the action plans that are in place to mitigate the challenges around inpatient staffing and recruitment. He talked about the Red2Green programme which has been designed to focus on the most efficient use of resource available to reduce length of stay which will impact positively on bed</p>

	<p>occupancy and the need for placing patients out of area.</p> <p>Mark drew attention to the programmes of work that have been designed to mitigate the risks outlined in the community services section of the report and assured the Board that challenges around agency spend are being managed on a day to day basis and are also addressed through the People & Culture Committee. He was pleased to report that recent decisions have had a positive effect on the recruitment pipeline as well as the overall recruitment position. He was especially pleased to report that work has taken place to appoint specific members of staff into positions that have previously been difficult to recruit to.</p> <p>From a financial perspective, Director of Finance and Deputy Chief Executive, Claire Wright reported that the financial effect of issues identified in the report remained the same as the previous month. The Trust is ahead of plan for the year to date by £1.1m and the forecast to achieve the control total at the end of the financial year remains in place. Since the start of the year the forecast for agency has been increasing and the Trust is now very close to achieving a rating of 4 in agency spend ceiling by the end of the year. She emphasised the need to stay within this range in order to meet the objective of being less than 50% above the agency ceiling rate by the end of this year.</p> <p>Claire reported that additional cost improvement action is required to achieve the 2017/18 control total financial plan, highlighting the associated risk that this year's non-recurrent CIP will create for 2018/19. She also alerted the Board to the risk that commissioner driven disinvestment schemes have not yet been agreed. Discussions are taking place with commissioners and the risks associated with QIPP (Quality, Innovation, Productivity and Prevention Programme) disinvestment are captured in the BAF.</p> <p>Director of Nursing and Patient Experience, Carolyn Green, said that although agency spend is difficult the Trust is integrating a skills competency system to ensure continuity of care and safer staffing. This is enabling staff to be developed so they can progress in their career rather than being moved around different service areas. In response to Deputy Trust Chair and NED, Julia Tabreham asking if there are specific areas relying on agency staff that might impact on quality demands, Claire Wright explained that although she was concerned that the Trust might breach the 50% ceiling on agency staff she assured her that quality of care priorities would always override the financial impact in decisions on engaging agency staff and financial impact would then have to be managed.</p> <p>Ifti Majid was pleased to observe that despite the pressure felt due to staff vacancies the Trust had maintained and exceeded breast feeding targets and recognised that this was the result of the tremendous work carried out by health visitors.</p> <p>RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained significant assurance on current performance across the areas presented.</p>
<p>DHCFT 2017/158</p>	<p><u>OUTPATIENT CLINICS</u></p> <p>This report provided the Board with an understanding of the importance of the outpatient clinic model of working and the challenges of the model as well as actions proposed to address these challenges.</p> <p>Outpatient clinics are an efficient means of providing care to patients in a way that is largely positively received by patients. The Board was mindful that concerns exist over the patient experience of the outpatient clinic due to appointment cancellations, and the efficiency of clinics due to failed attendance. The experience of patients attending appointments is not uniformly good and a recent concern was raised in a service receiver story heard earlier in the year about the accessibility of care records to all doctors providing clinic appointments. Medical Director, John Sykes, assured the Board that he is working with clinical reference groups to ensure that all staff are trained on the Paris electronic patient record system immediately they commence work with the Trust.</p>

The report identified a number of suggestions for the smooth running of clinics from administrative, to clinician and care pathway related factors and also contained an action plan to improve clinic performance. The Board understood the challenges faced in providing clinics in the current climate of recruitment difficulties in both medical and nursing staff and acknowledged that this is a national problem that is hard to control.

The Board discussed the main issues affecting the efficiency of outpatient clinics. Outpatient clinics often receive patients that do not fit within other areas. This is a national problem and it was noted that the action plan contained in the report set out a number of solutions that are being sought to improve the quality of outpatient services. These included a range of options to suit individual needs and the different geographic areas within Derbyshire and associated community resources.

The Board was also conscious of significant challenges in treating people with personality disorders. There is currently no dedicated local pathway or effective treatment which means patients are sent out of area for treatment. The report recommended that help can be offered locally and that personality disorder pathways will be developed. The Board was pleased to hear that commissioners are being urged to consider the development of personality disorder and forensic pathways within the community setting to improve patient interventions and reduce blocks within clinics as part of contracting rounds and STP developments.

The Board agreed that the current outpatient model needs to be redesigned and recommended that this is completed at pace. It is necessary to ensure that existing resources meet the needs of the service and that patient safety is maintained. It was clear from discussions that front line staff have good ideas how to improve the outpatient service and the Board supported the need to develop and empower staff within inpatient services to do things differently in order to overcome internal difficulties and improve clinic performance.

RESOLVED: The Board of Directors:

- 1) Noted the importance of outpatient clinics as an efficient means of providing care to our patients in a way that is largely positively received by patients**
- 2) Noted the challenges faced in providing clinics in the current climate of recruitment difficulties of both medical and nursing staff and increasing demand on services**
- 3) Noted the actions being taken to improve the position**
- 4) Reviewed and agreed to the proposed action plan to improve the patient experience of outpatient clinics through improved clinic performance.**

**DHCFT
2017/160**

DEEP DIVE – NUTRITIONAL CARE ACROSS MENTAL HEALTH INPATIENT SERVICES

Lead Dietitian and Service Manager Kayleigh Daltrey and Catering Manager, David Harrison joined the meeting with Dietitians Mohamed Sheilabi, Jalak Chag and Rebecca Abbott and provided the Board with an insight into the provision of nutritional care across inpatient services. The Board heard how the subject of this deep dive arose from an inspiring quality visit undertaken by Claire Wright which ties in closely with quality priorities particularly physical healthcare priorities and patient-centred care.

The Board heard how close cross team working between the dietician team and the catering team had made immense progress in improving nutritional care for inpatients and was interested to learn about the analysis that went into menu preparation. The Board was particularly interested to hear that the dietician team meets with service users on the ward to assess dietary requirements with people who have a range of different nutritional care needs.

The team was particularly proud of embracing innovative ways of working and had developed a healthy cooking education and skills group for service users working

	<p>alongside the Occupational Therapists identifying the importance of nutrition in mental healthcare.</p> <p>The Board heard that the team’s most significant challenge is around recruitment in terms of supply and demand of qualified staff. Working in mental healthcare is one of the least popular dietician areas to work in and is classed as a specialist area. Kayleigh Daltrey described how she was working with the University of Nottingham and establishing a placement scheme for student dieticians which she hoped would improve capacity.</p> <p>The Board acknowledged the difficulties in recruiting dieticians to the Trust. Director of People and Organisational Effectiveness, Amanda Rawlings undertook to support Kayleigh in developing a study case to demonstrate what can attract student dieticians to work in mental health.</p> <p>Catering Manager, David Harrison talked about how he works closely with procurement developing healthier and more sustainable menus. He and the dieticians have managed to reduce 58 recipes in fat, sugar and salt and these recipes are now far healthier and more fruit and fibre is being introduced into menus.</p> <p>The team were keen to talk about the future vision for dietetics and catering to continue to work collaboratively to provide high standards of nutritional care and meet service users’ needs.</p> <p>Barry Mellor had observed that there is no professional lead for dieticians within the Trust and asked how this could make a difference. Kaleigh said that having a specific lead professional for dietetics could improve nutrition in challenging areas such as the substance misuse and learning disabilities services and could ensure that a dietitian could be part of the wider services.</p> <p>The Board understood the importance of integrating the role of the dietitian in improving the physical healthcare of service users and thanked the Dietetics and Catering teams for the innovative work they are carrying out in enhancing nutritional care and improving the physical health of people with mental health problems.</p> <p>RESOLVED: The Board of Directors considered and noted the presentation made by the Nutritional Care and Catering teams and expressed support for the plans for future improvement outlined above.</p>
<p>DHCFT 2017/158</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>The theme of this position statement was concerned with partnerships and how the Trust operates with partners to equalise the demand on services which is critical to future sustainability. Carolyn Green drew attention to the early help pathway and how the Trust is working with multi-agency teams within social care and school nursing to provide direct and targeted psychological therapy to improve the access to psychological therapy for health conditions and psychological distress being experienced by children and young people to reduce demand in young people coming into CAMHS (Child and Adolescent Mental Health Services). She explained that this is now part of the national agenda and will help integration with school nursing.</p> <p>Carolyn referred to the ‘#iwill’ campaign and indicated that the children’s services teams had requested that the Board supports this social action initiative. This is a UK wide campaign that aims to make social action part of life for as many ten to twenty year olds as possible by the year 2020. Through collaboration and partnership, this campaign is promoting the benefits of youth social action and is working to embed it in the journey of young people and create fresh opportunities for participation. Between 20 and 24</p>

	<p>November #iwill campaign partners will be involved in a wide range of activities highlighting how youth social action is helping build communities in all parts of the UK and to showcase the cross-sector, cross-party support that the #iwill movement has generated since launching four years ago.</p> <p>The Board gained significant assurance from the Quality Position Statement with regard to patient safety and pledged its support to the #iwill campaign. The Board noted the continued traction of CQC actions and was assured that these were being monitored by the Quality Committee and Mental Health Act Committee and thanked both Committees for their sustained support in following these actions through to completion.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received and noted the Quality Position Statement 2) Gained significant assurance with regard to safety 3) Gained significant assurance with regard to the completion of CQC actions 4) Gained significant assurance on the Trust's arrangements for learning from deaths
<p>DHCFT 2017/159</p>	<p><u>BOARD ASSURANCE SUMMARIES & ESCALATIONS</u></p> <p>Assurance summaries were received from the meetings of the Safeguarding Committee held on 7 September, Audit and Risk Committee held on 3 October and Quality Committee held on 12 October. Committee Chairs summarised the escalations that had been raised and these were noted by the Board as follows:</p> <p>Safeguarding Committee: No additional comments were raised with regard to the Safeguarding Committee meeting held on 7 September.</p> <p>Audit & Risk Committee: Committee Chair, Barry Mellor outlined how a deep dive into BAF risk 2a System Change was conducted at the October meeting. He explained that this risk is rated as extreme and many of the mitigations are outside of the Trust's direct influence which is a challenge as a sovereign Board alongside system responsibilities. He was concerned that responsible executives have to balance the requirements of this organisation and the STP and suggested that Executive Directors consider the potential to expand the current BAF risk or create a new BAF risk addressing the Trust's sovereignty/STP issue.</p> <p>The Committee received significant assurance on progress being made with the Corporate Governance Framework and recommended the Corporate Governance Framework for ratification at today's Board meeting. Barry Mellor looked forward to the Executive team sharing their thoughts on how people can be supported to produce more effective reports and expected this to take place within the broader committee structure development work.</p> <p>Quality Committee: Committee Chair, Julia Tabreham explained that discussions held within the Committee mainly relate to the extreme pressure being felt within community health provision. She was pleased to report that the Committee's meetings are becoming more effective and strategically focussed and that reports are becoming more succinct.</p> <p>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries and Escalations</p>
<p>DHCFT 2017/161</p>	<p><u>BOARD ASSURANCE FRAMEWORK(BAF)</u></p> <p>This report detailed the third issue of the BAF for 2017/18. Director of Corporate Affairs and Trust Secretary, Sam Harrison informed the Board that the Audit and Risk Committee on 3 October 2017 scrutinised and challenged the risk ratings and recommended that the Board approve this third issue, but had proposed that Executive Directors consider the potential to expand the current BAF risk or create a new BAF risk to address sovereignty/STP issues associated with risk 2a (inability to deliver system</p>

	<p>wide change) during the next round of updates of the BAF cycle (issue 4 of the BAF).</p> <p>It was clarified that Deep Dives for risks rated as extreme are reported to the Audit and Risk Committee and other BAF risks are reported within the respective Board Committees. The Board noted that the report now showed the BAF ratings for Q1 and Q2 which identified the adjustment in ratings throughout the year. Sam Harrison assured the Board that challenge takes place through the Executive Leadership Team to determine the risk ratings and undertook to include a narrative within the BAF to reflect the rationale in support of the risk ratings.</p> <p>ACTION: BAF to include narrative to support the rationale of risk ratings</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Agreed and approved this third issue of the BAF for 2017/18 2) Obtained significant assurance that the paper provides the process of the review, scrutiny and update of the BAF in seeking to identify and mitigate risks to achieving the Trust’s strategic objectives
<p>DHCFT 2017/162</p>	<p><u>CORPORATE GOVERNANCE FRAMEWORK REFRESH 2017</u></p> <p>Sam Harrison presented the updated and refreshed Corporate Governance Framework to the Board for approval.</p> <p>The Trust’s Corporate Governance Framework was developed and approved in July 2016 as part of the Governance Improvement Action Plan and as good governance practice. The framework has now been reviewed in line with the agreement for annual refresh and a range of amendments have been made. The framework and changes were reviewed by the Audit and Risk Committee at the meeting on 3 October and subject to the addition of detail relating to the membership of the Trust Management Team, which has now been added, the Committee recommended that the framework be submitted to the Board for approval.</p> <p>The Board was satisfied that the framework was scrutinised by the Audit and Risk Committee in October and in acknowledging the importance of the document approved the Corporate Governance Framework.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved the Corporate Governance Framework including: <ul style="list-style-type: none"> • Board roles and responsibilities • Structures and processes for Escalation • Scheme of Delegation and decisions reserved for the Board 2) Confirmed agreement with the updated Terms of Reference with regards to the addition of standardised paragraphs 3) Agreed the update to the Standing Financial Instructions to align procedure relating to use of the Seal 4) Recommended the implementation of the Corporate Governance Framework to be implemented throughout the Trust 5) Noted the review of the Board Committee structure as part of year-end review arrangements to be undertaken in March/April 2018
<p>DHCFT 2017/163</p>	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN SIX MONTH UPDATE</u></p> <p>Sam Harrison presented the Board with an update report on the embeddedness of actions undertaken as part of the Trust’s Governance Improvement Action Plan (GIAP).</p> <p>It was clarified that all actions within the Governance Improvement Action Plan were completed and signed off by the Trust Board in May 2017. A key focus of the GIAP was to ensure ongoing implementation of the actions and embeddedness in business as usual for the Trust. The Board undertook to be assured through a six month update outlining evidence and updates on further work relating to actions that fall under the remit</p>

	<p>of the Board and its Committees. Sam Harrison gave an overview of how each Board Committee scrutinised all recommendations falling within their remit and had agreed the RAG ratings.</p> <p>The Board reviewed the summarised position of the progress made against the recommendations assigned to the Board Committees and was satisfied that they have now been embedded through the action taken to address GIAP recommendations and agreed the RAG ratings as proposed. In order to be further assured of the implementation of the agreed actions, particularly those noted to require further evidence of embeddedness (that is currently designated as amber) the Board agreed that a further and final review will be undertaken in March 2018.</p> <p>ACTION: Further review of the GIAP is to take place in March 2018 and is to be captured in the forward plan</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received assurance from the evidence as outlined and assurance from Board Committees on the embeddedness of actions taken to address GIAP recommendations 2) Considered and agreed the RAG ratings as proposed 3) Agreed that a further review will be undertaken in March 2018 to confirm sustained implementation of actions to address GIAP recommendations and full implementation of those actions currently outlined as amber.
<p>DHCFT 2017/164</p>	<p><u>IMPLEMENTATION OF RECOMMENDATIONS FROM DELOITTE PHASE 2 REPORT</u></p> <p>Sam Harrison presented an update on progress with the implementation of recommendations arising from the Deloitte (Phase 2) external review undertaken during April 2017.</p> <p>In March/April 2017 Deloitte LLP undertook an external assurance exercise to review governance arrangements within the Trust. The review focussed in particular on the extent of progress against the recommendations set out in their initial report dated 22 February 2016, which in turn were incorporated into the Governance Improvement Action Plan. The review focussed on three specific areas, namely human resources and culture, governance and Board effectiveness. Seventeen recommendations were outlined within the final report, which were accepted when the report was presented to the Trust Board in May. It had been agreed that an update against the recommendations would be presented to the Board in six months' time.</p> <p>Sam Harrison described how the Well Led Review was a mechanism which enabled the Trust to review its governance arrangements and identify potential areas of development as part of continuous improvement.</p> <p>The Board confirmed that it had gained assurance from the evidence shown in the report that actions arising from the Deloitte (Phase 2) external review had been progressed. Areas requiring additional evidence or action are already identified within business as usual and ongoing embeddedness review of the GIAP.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received assurance on the process used to identify and agree progress with the actions arising from the Deloitte Phase 2 review 2) Noted the overlap with GIAP actions that are also being monitored for embeddedness within the organisation as 'business as usual' 3) Agreed that a further review of progress will be undertaken by the Executive Team in December 2017/January 2018, to align with the review of embeddedness of GIAP actions and receipt of the Deloitte phase 3 external review report
<p>DHCFT</p>	<p><u>ANY OTHER BUSINESS</u></p>

2017/165	<p>Carolyn Green informed the Board that the Trust had been awarded a two star Triangle of Care award, for the work it has carried out with carers. She was proud to say that the Trust has now joined a very small number of mental health trusts who have achieved this validation.</p> <p>The Board recognised that the amount of work and commitment to the Triangle of Care throughout the organisation was evident and extended thanks to the project team and carers who contributed to this achievement.</p>
DHCFT 2017/166	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u></p> <p>It was agreed that as a result of today's discussions autism compliance will be integrated into BAF risk 1b.</p>
DHCFT 2017/167	<p><u>2017/18 BOARD FORWARD PLAN</u></p> <p>The forward plan was noted by the Board and would be updated in line with today's discussions.</p>
DHCFT 2017/168	<p><u>MEETING EFFECTIVENESS</u></p> <p>The Board considered that strategic discussions were evident throughout the meeting and that the STP update presentation was very relevant to the Trust's strategy.</p>
DHCFT 2017/169	<p><u>REPORT FROM THE CONFIDENTIAL COUNCIL OF GOVERNORS MEETING</u></p> <p>This report was provided for information and was noted by the Board.</p> <p>RESOLVED: The Board of Directors noted the report from the Confidential Council of Governors meeting held on 26 September 2017.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 29 November 2017.</p> <p style="text-align: center;">The location will be Conference Rooms A&B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	