

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Wednesday, 2 November 2016

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4:45pm

PRESENT:

Richard Gregory	Interim Chairman
Caroline Maley	Senior Independent Director
Maura Teager	Non-Executive Director
Margaret Gildea	Non-Executive Director
Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
Ifti Majid	Acting Chief Executive

For items DHCFT 2016/169
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Claire Wright	Executive Director of Finance
Carolyn Green	Director of Nursing & Patient Experience
Dr John Sykes	Executive Medical Director
Mark Powell	Acting Chief Operating Officer
Amanda Rawlings	Director of People & Organisational Effectiveness
Samantha Harrison	Director of Corporate Affairs & Trust Secretary

IN ATTENDANCE:

Barry Mellor	Incoming Non-Executive Director
Richard Wright	Incoming Non-Executive Director
Lynn Wilmott-Shepherd	Acting Director of Strategic Development
Anna Shaw	Deputy Director of Communications & Involvement
Sue Turner	Board Secretary and Minute Taker
Karen Wheeler	Acting Divisional Lead Occupational Therapist
Andrew	Service Receiver
Bev Green	Service Improvement
David Hurn	Area Service Manager for Substance Misuse
Clem Nicholls	Lead Nurse, Substance Misuse
Rais Ahmed	Clinical Director, Neighbourhoods
Sarah Butt	Assistant Director Clinical Practice and Nursing
Peter Charlton	General Manager, Information Management
Anne Munnien	Clinical Lead, FSR Project
John Staley	FSR Programme Manager

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APOLOGIES:

Jim Dixon	Non-Executive Director
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VISITORS:

John Morrissey	Lead Governor
Gillian Gough	Public Governor, Erewash North
Ruth Greaves	Public Governor, Derbyshire Dales
Sarah Waite	Account Development Manager, Vodafone Limited

**DHCFT
2016/168**

INTERIM CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES

Interim Chairman, Richard Gregory, opened the meeting and welcomed everyone. Apologies were noted as above.

Richard Gregory was pleased to welcome and introduce the two incoming Non-Executive

Directors, Barry Mellor and Richard Wright. Lynn Wilmott-Shepherd was introduced in her role as Acting Director of Strategic Development. Karen Wheeler, Acting Divisional Lead Occupational Therapist who was shadowing Carolyn Green, Director of Nursing and Patient Experience was welcomed to the meeting.

**DHCFT
2016/169**

SERVICE RECEIVER STORY

Bev Green, introduced Service Line Manager for Substance Misuse, David Hurn and Lead Nurse, Clem Nichols, who accompanied service receiver Andrew who kindly agreed to speak to the Board about his recovery from heroin addiction through the charity, and one of the Trust's partners, Phoenix Futures which helps people overcome drug and alcohol problems.

Andrew tried many times to stop taking heroin and was only successful when he went into rehabilitation with Phoenix Futures in Sheffield after leaving prison. Andrew explained that since leaving rehab Andrew has remained involved with Phoenix Futures supporting other service users in their recovery. His work involves encouraging service users to become more involved in the services Phoenix Futures offers particularly through recreational activities, and sport, mainly boxercise as this was the activity that especially helped him in his recovery. Andrew is now a Phoenix Futures service user representative and encourages people to take part in physical exercise to keep them motivated and to feel good about themselves as he believes that improving your physical fitness improves your physical wellbeing.

The Board was interested to know if there was anything the Trust could do to help people like Andrew who have been in very challenging situations. Andrew replied that each individual has to be ready to face the process for overcoming their drug and alcohol problems. He felt connected to Phoenix Futures whilst he was in rehab and while he was there he was prescribed medication for people addicted to heroin. His criticism was that prescriptions were given out too easily and people are not supervised when they visit the pharmacist which may result in service users selling their prescribed medication.

Andrew was asked if he was treated with respect while he was in the Trust's care especially as there is a lot of stigma associated with mental health issues allied to recovery from substance misuse addiction. Andrew replied that he received respect once he had decided he wanted to recover from his heroin addiction.

Andrew also explained that whilst he was taking part in his recovery he became involved in an education programme called Intuitive Thinking Skills which helps people to progress with life skills while promoting abstinence. This scheme also provides people with the tools and knowledge to write CVs, attend interviews and gives people the confidence to demonstrate they are ready and have the right attitude for work. He hoped to progress with this and work with Phoenix Futures to develop intuitive thinking skills with children and young people.

When asked by Ifti Majid if the national drug strategy differentiated between maintenance, reduction and abstinence and whether this made it difficult for people using our services, David Hurn responded that people need to feel stabilised when they are in recovery. He thought that people need to understand that all the different aspects of recovery are inextricably linked. It is important to help people's ability to be challenged so they can use their intuitive thinking skills and the Trust's staff are trained in these skills. He agreed with Andrew that the physical activities that Phoenix Futures offer in gym facilities are good ideas that can be offered to service users. Phoenix Futures also have very good care workers and have people like Andrew working with them who have gone through the same experience.

Clem Nichols, lead nurse in substance misuse explained that he and his colleagues give people the intuitive thinking skills to deal with their recovery. Being in partnership with Pheonix Futures also means resources are there in the community such as boxercise

	<p>facilities.</p> <p>Carolyn Green informed the Board that Andrew had recently applied for a job in our organisation but had been unsuccessful because he has a criminal record. She believes policies need to reflect more flexibility to address these challenges and allow people who have had substance misuse problems and have a criminal record to work with us as they have real life experience and are in the best position to help us. It was agreed that the Trust would review its position regarding spent convictions to allow people to work in the Trust safely.</p> <p>Richard Gregory thanked Andrew for talking to the Board and sharing his insights into recovery and support issues and hoped he would continue to be well and find fulfilling opportunities in the future.</p> <p>ACTION: Jo Downing to be asked to work with HR to review the Trust’s approach regarding spent convictions to allow people to work in the Trust safely.</p> <p>RESOLVED: The Board of Directors expressed thanks to Andrew for sharing his experiences and appreciated the opportunity to hear his feedback first hand.</p>
<p>DHCFT 2016/170</p>	<p><u>DECLARATIONS OF INTEREST</u></p> <p>An additional declaration of interest was recorded in respect of Julia Tabreham who is assisting NICE (National Institute for Health and Care Excellence) to write training programmes for people providing lay advice to its Guideline Development Groups.</p>
<p>DHCFT 2016/171</p>	<p><u>MINUTES OF THE MEETING DATED 5 OCTOBER 2016</u></p> <p>The minutes of the meeting held on 5 October were accepted and agreed as an accurate record of the meeting subject to paragraph 3 of item DHCFT 2016/154 being amended to read that although there was no longer a requirement for the Trust to carry out emergency planning measures regarding staffing levels, challenges remain at the Hartington Unit and Radbourne Unit.</p>
<p>DHCFT 2016/172</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 directly on the actions matrix.</p>
<p>DHCFT 2016/173</p>	<p><u>INTERIM CHAIRMAN’S VERBAL REPORT</u></p> <p>Richard Gregory referred to the Care Quality Commission (CQC) inspection that took place in June and the subsequent warning notices and explained that an update on the organisation’s compliance ratings was shown in the Quality Position Statement under agenda item 9. Recruitment to reduce vacancy rates and the breach in agency spend has been an issue for some time now. The Trust is entering into a new era of inspection by NHS Improvement (NHSI) and there are significant process issues that need to be corrected regarding the Trust’s procurement of agency and locum staff and this will be monitored by the Finance and Performance Committee and Audit and Risk Committee.</p> <p>The proposed merger of the Trust with Derbyshire Community Health Services (DCHS) is referred to in the Chief Executive’s Report. Richard Gregory wished it to be recorded that these are very sensitive and emotionally charged times for the Trust. The Board is doing everything possible to ensure any anxieties are alleviated as much as possible for service receivers and staff and the Board will engage and communicate effectively with staff and will work closely with governors to work through the transaction.</p> <p>RESOLVED: The Board of Directors noted the Interim Chairman’s report.</p>

<p>DHCFT 2016/174</p>	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p>
	<p>The Board received Ifti Majid's report which provided feedback on changes within the national health and social care sector as well as providing an update on developments occurring within the local Derbyshire health and social care community.</p> <p>Ifti Majid highlighted key points from his report:</p> <ol style="list-style-type: none"> 1. The CQC's State of Health and Adult Social Care in England 2015/16 was released during October. The report gave a detailed view of the trends, influences and pressures in care across England. Some of the key messages included that the CQC has recognised that sustained system-wide pressures coupled with staffing shortages have impacted on providers' ability to achieve the triple aim of maintaining quality, improving efficiency and driving ongoing improvement. Trusts rated 'requires improvement' find it the hardest to improve as they do not get the support those organisations in special measures get. Leadership and a focus on patient centred approaches seem to be the key in those 'requires improvement' trusts who do rapidly improve. These points were highlighted by Ifti Majid as they have some resonance for the Trust. 2. The Derbyshire STP (Sustainability Transformation Plan) footprint was submitted on 21 October. This is not the final plan and we are now awaiting clarification from NHS England as to when the Trust can commence local engagement and communications with stakeholders and the public. It is hoped that a document will be presented to the next public Board meeting that clarifies the direction of travel identified within the STP submissions. 3. The Strategic Options Case was presented to the confidential meeting of the Board of Directors on 27 October and the recommendations were discussed immediately afterwards with the Council of Governors. The Board's decision has been to continue to the next stage. Ifti Majid emphasised that he felt that this was the right decision to make on behalf of the Trust's service users, staff and stakeholders and governors will be kept informed regularly to enable them to consider the recommendation from the Board. <p>Julia Tabreham referred to the CQC report and sought additional information on the social care and clinical care pathways in Derbyshire. Ifti Majid assured her that some initiatives of the STP would involve placing healthcare support into social care homes and looking at other models that can be developed to have a similar output and be less susceptible to market changes.</p> <p>Ifti Majid attached the NHS Providers' BREXIT briefing for October as an appendix to his report and this was noted by the Board.</p> <p>At this point Ifti Majid left the meeting to attend a meeting with NHS Improvement.</p> <p>RESOLVED: The Board of Directors noted the contents of the Acting Chief Executive's report.</p>
<p>DHCFT 2016/175</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>The Board received the integrated overview of performance as at the end of September 2016 with regard to workforce, finance, operational delivery and quality performance and additional verbal updates were provided by Board Directors.</p> <p>Mark Powell, Acting Chief Operating Officer, gave Board members an overview of the process he has initiated to review performance of key areas to ensure that adequate mitigation plans are in place to enable the Trust to deliver against the expectations it has set itself, and to fully understand the reasons why performance, may at times, fall below</p>

	<p>set thresholds. This work will inform how assurance is provided to Board members through the Integrated Performance report over the course of the coming months.</p> <p>The Board noted the joint effort of all staff teams and the work that is taking place to complete actions from the CQC inspection which has enabled an integrated approach to managing competing priorities across all service lines to focus on environmental, clinical, policy and organisational governance priorities.</p> <p>Amanda Rawlings, Director of People & Organisational Effectiveness, gave an update on staff vacancies. She was pleased to report that two posts have been approved for the Human Resources team which would improve efficiencies in the recruitment process. Work was also taking place to improve staff sickness rates. She also informed the Board that a piece of work has now commenced to improve the rate of non-medical staff appraisals. Staff will soon be targeted through a tracker system and will be urged to complete their appraisals with their line managers. It is hoped that this work will ensure an upward trend will be seen in the near future.</p> <p>Staff sickness rates were challenged by the Board. It was understood that one of the reasons for staff sickness is stress and anxiety and this correlates with staff shortages and the Board hoped that the work on recruitment will have a positive effect on staff sickness rates. Amanda Rawlings advised she is working on ways of improving staff sickness levels. Clear guidelines will be set up to enable line managers to manage sickness absence more efficiently.</p> <p>Director of Finance, Claire Wright reported that the half year financial position is ahead of plan. She pointed out that now the Strategic Options Case had been approved the transactional costs and the timing of the transaction will need to be assessed further and the Trust was anticipating costs to be in the region of £650k. This would be shared proportionately with the Trust assuming 40% of the costs, and DCHS assuming 60%.</p> <p>Claire Wright reminded the Board that NHSI's additional reporting requirements for agency expenditure will be discussed further at the Board Development session on 16 November. At that same session, the Board will also be discussing the new NHSI control total as part of the operational plan update. Progress with delivery of current and future year financial plans including agency expenditure will also be discussed in the Finance and Performance Committee at the end of November.</p> <p>Carolyn Green, Director of Nursing and Patient Experience, drew attention to the extended quality dashboard that was included in the report. The Board noted that this arose as request from the Quality Committee and thanks were given to Carolyn Green and Rachel Kempster for their work in producing this data. Carolyn Green was pleased to report a reduction in the duration of resolving outstanding actions from complaints at a local level. The Patient Experience Team are on track with their work but extra resource is sometimes required for complex cases. The Board recognised the challenges staff are facing when they are working on these investigations and understood that anything that is seen as a risk to patient safety is always prioritised.</p> <p>RESOLVED: The Board of Directors scrutinised the content of the report and obtained assurance on the current performance across the areas presented.</p>
<p>DHCFT 2016/176</p>	<p><u>POSITION STATEMENT ON QUALITY</u></p> <p>Carolyn Green delivered her report which provided the Board of Directors with an update on the continuing work to improve the quality of the organisation's services in line with the Trust's Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>Carolyn Green was pleased to report that 86 out of 156 actions resulting from the action plan developed from CQC visit have now been completed. She felt the amount of work that has been carried out since the inspection has been a significant achievement. A</p>

	<p>substantial increase in fire warden training, and safeguarding training has been seen and the Quality Committee will continue to receive reports on compliance.</p> <p>The Trust continues to brief clinical staff on the learning and expectations of clinical practice with regard to the Mental Capacity Act. Carolyn Green was pleased to report that there has been a significant improvement in compliance levels and it is hoped to reach 88% compliance level in the near future. The Board appreciated that the key to this result has been through engagement with staff to confirm the essential actions required by staff. This has been led by the Medical Director and is being reported to the Mental Health Act Committee. The Board was pleased to note the good progress of compliance and quality of service as well as an improvement in the professional code of practice.</p> <p>Mark Powell wished to point out to the Board the operational issues within the Kedleston Unit regarding fire evacuation. Carolyn Green assured the Board that she was working with the Fire Service to ensure the Trust's fire procedures are in line with CQC requirements.</p> <p>Carolyn Green reminded the Board that the CQC Quality Summit was due to take place next week and she would provide a briefing pack before the meeting so that Board members can be prepared in advance of this event.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received the Quality Position Statement 2) Received assurance on its content
<p>DHCFT 2016/177</p>	<p><u>BOARD COMMITTEE ESCALATIONS</u></p> <p>Assurance summaries were received from the meetings of the Quality Committee held on 13 October, Audit and Risk Committee held on 11 October and Safeguarding Committee held on 4 November which identified key risks, assurance and decisions made.</p> <p>The following points were noted:</p> <p>Quality Committee:</p> <ul style="list-style-type: none"> • The Equality Impact Assessment Policy is out of date and requires review and immediate attention and will be further progressed by the Quality Committee. • The Committee noted the death rate contained in the Serious Incident Report. Additional scrutiny will now take place due to limited confidence in NRLS (National Reporting and Learning System) data, plus the Trust now includes substance misuse deaths in the report. <p>Audit & Risk Committee:</p> <ul style="list-style-type: none"> • Control over agency spend matters raised by the Committee were addressed by the Board in the confidential session • Review of all GIAP actions to date to ensure they satisfy the original recommendations will form part of the wider GIAP report to the Board covered later in the agenda <p>Safeguarding Committee:</p> <ul style="list-style-type: none"> • Chief Executive support is required to prioritise PREVENT and CHANEL Gold Group for Complex Case Enquiries <p>Ratified minutes of the meeting of the Audit and Risk Committee held on 19 July, Quality</p>

	<p>Committee on 8 September, People and Culture Committee on 20 September and Safeguarding Committee held on 15 April were included for information.</p> <p>RESOLVED: The Board of Directors received the Board Committee escalations.</p>
<p>DHCFT 2016/178</p>	<p><u>SAFEGUARDING CHILDREN ANNUAL REPORT</u></p> <p>This annual report summarised the year 2016 to 2017 and included the Safeguarding Children’s Board Strategic plans.</p> <p>The Board obtained assurance with the strong performance of the Safeguarding Children’s service especially in areas associated with child exploitation and approved the report and its recommendations.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the Safeguarding Children Annual Report and received assurance on the Trust’s annual activity and agreed that the Trust’s Safeguarding Committee would lead and set the future direction for Safeguarding Children in the Trust. 2) Approved this Annual report and its recommendations.
<p>DHCFT 2016/179</p>	<p><u>EMERGENCY PREPAREDNESS, RESILIENCE, RESPONSE (EPPR) ANNUAL REPORT</u></p> <p>The Board received Mark Powell’s report on the Trust’s emergency preparedness structure to meet the requirements of the Civil Contingencies Act 2004 (CCA 2004) and NHS Commissioning Board, Emergency Preparedness Framework 2015.</p> <p>The report outlined a single framework for dealing with major incidents and business continuity issues and evaluated the Trust’s level of compliance as ‘Partial compliance’. However, since writing the report Mark Powell had received a letter from commissioners indicating that the Trust’s evaluation had been incorporated within last year’s rating and not this year’s and this now indicates that the Trust is ‘not compliant’.</p> <p>The Board was disappointed to hear that despite the work carried out this was not enough for the Trust to reach the required level of compliance. Mark Powell informed the Board that as there is not enough resource to deliver our obligations he was working with DCHS to assess a business impact analysis, put in place robust continuity plans, as well as a training programme for major incidents to improve the Trust’s position.</p> <p>The Board noted the organisation’s lack of appropriate expertise to ensure there is a formal EPPR process in place and agreed that this issue would be included in the BAF (Board Assurance Framework). In response, Mark Powell undertook to establish new criteria for EPPR and will ensure that a monthly update on the EPPR action plan is received by the Quality Committee. The Board also noted Mark Powell’s intentions to provide the Board with assurance that a plan is in place to ensure the Trust delivers its obligations and improves its level of compliance.</p> <p>ACTION: Monthly updates on the EPPR action plan to be received by the Quality Committee.</p> <p>ACTION: Lack of expertise to deliver EPPR requirements to be included in the BAF</p> <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1) Reviewed the update provided in this annual report 2) Received the Trust’s self-assessment and subsequent outcome of ‘non-compliance’ 3) Agreed that the Quality Committee would receive monthly progress reports on EPPR compliance and the EPPR action plan

<p>DHCFT 2016/180</p>	<p><u>DEEP DIVE – FULL SERVICE RECORD</u></p> <p>The Board received the Deep Dive report and presentation which gave an overview of the Full Single Patient Record Project (FSR). The report also showed examples of functionality that the system provides and examples of compliance reports based on information recorded in the system. The report also set out the role of the Clinical Reference Group in shaping future developments and highlighted the advantages identified by clinical representatives.</p> <p>Board members noted the difficulties staff were experiencing in using the FSR system that were impacting progress in the inpatient areas. These challenges included difficulties in allocating time to release staff for PARIS training, as well as Bank staff not having undertaken training. It was also clear that some staff do not feel comfortable working with technology. Other issues were not having sufficient laptop devices to access the system and not having a Project Support Officer in post to support the project.</p> <p>Caroline Maley accepted that full compliance with FSR was a difficult challenge as she had observed during quality visits that some teams were still using paper records. She also noticed there was a lack of access to laptops and teams were finding it difficult to adapt to using technology and was urged to inform people during quality visits that if they feel they did not have access to the technology they must ask for the equipment they needed.</p> <p>The Board recognised the importance of implementing electronic recording and moving towards an electronic process and the work that has taken place to engage staff in this procedure. It was also understood that the FSR team had looked at different solutions that would work with clinicians off-line but this had not been progressed further as the team considered that should the collaboration with DCHS progress there may be a need to work to a different system, System One.</p> <p>The Board considered this to be a very insightful Deep Dive and acknowledged that the Trust will continue to focus on implementing the PARIS system to ensure the benefits of the FSR system are delivered.</p> <p>RESOLVED: The Board of Directors received the Deep Dive report of the Full Single Patient Record Project and recognised the work which has been completed towards delivery of a Full Service Record.</p>
<p>DHCFT 2016/181</p>	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN</u></p> <p>The Board received the Governance Improvement Action Plan (GIAP) report which gave an update on the progress of delivering the GIAP. The report also provided an overview of performance against all 53 recommendations, set against each respective core area.</p> <p>Mark Powell drew attention to the GIAP Blue Completion Form which related to GIAP task Core 9 – Fit and Proper Persons - which had already been approved by the Remuneration & Appointments Committee. The form enabled the Board to obtain assurance that implementation of the fit and proper person test policy will be part of ongoing work within the Trust and allowed the Board to confirm it was satisfied that this task was complete.</p> <p>It was noted that the accountability framework had been received during the Board's confidential meeting and it was agreed that Core 7 and Core 9 could progress to the status of being on track.</p> <p>The Board reviewed the areas rated as 'off track' and with 'some issues' contained in the report. These comments were noted as follows and would be captured in the GIAP:</p> <ol style="list-style-type: none"> 1. Core 6 (Roles and Responsibilities of Board members) was discussed by the

	<p>Remuneration & Appointments Committee. The Board agreed this action will remain off track as there is further work to be done with regard to the finalisation of succession planning.</p> <ol style="list-style-type: none"> 2. Core 7 WOD3 (HR and OD): It was considered that sufficient work has taken place within the HR function to assure the Board that this action is now on track. 3. Core 7 WOD6 (HR and OD): It was agreed that due to monthly pulse checks taking place this action is now on track. 4. Core 10 (CQC2): The Board agreed that although work to fill vacancies has been extremely proactive this action will be monitored further by the People & Culture Committee and the action will remain off track. 5. Core 2 (People & Culture): It was considered that the exercise to revise the Trust values would be refreshed as a result of work taking place with DCHS. This action remains rated as still having issues to resolve. 6. Core 3 (Clinical Governance): This action remains rated as still having issues to resolve and will be brought back to the Quality Committee. 7. Core 7 (HR and OD): It was agreed that the adherence to the grievance, disciplinary, whistleblowing policies and current backlog of cases would be further reviewed by the People & Culture Committee. In addition to this the Audit & Risk Committee will commission a further update of this action in 6 months' time once new policies and training have had the chance to be embedded within the organisation. Assurance can then be given to the Board regarding effectiveness of this action. It was agreed that this action was now rated as on track. <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1) Noted the progress made against GIAP 2) Discussed the areas rated as 'off track' and 'some issues', seeking assurance where necessary on the mitigation provided 3) Approved the blue completion form for Core 9 – Fit and Proper Persons 4) Agreed at the end of the Public Board meeting whether any further changes are required to the GIAP following presentation of papers, outcomes of item specific discussions and/or other assurances provided throughout the meeting
<p>DHCFT 2016/182</p>	<p>Board Assurance Framework</p> <p>This report details the third issue of the BAF for 2016/17 and was presented to the Audit & Risk Committee on 11 October.</p> <p>Sam Harrison drew the Board's attention to the three additional risks that have been added to the BAF this quarter which were noted as follows:</p> <ol style="list-style-type: none"> 1b) The Trust is not compliant with equality legislation. There is therefore a risk that the Trust does not operate inclusivity and may be unable to deliver equity of outcomes for staff and service users. (Currently assessed as high risk.) 1c) Risk to delivery of safe, effective and person centred care due to the Trust being unable to source sufficient permanent and temporary clinical staff. (Currently assessed as high risk.) 3c) There is a risk that turnover of Board members could adversely affect delivery of the organisational strategy due to loss of specialist organisational knowledge, capacity and stability. (Currently assessed as moderate risk.)

	<p>The Board considered the updated BAF and reflected on the challenges the organisation is focussing on and agreed that emergency planning will be added to the BAF. In addition to this, Claire Wright felt that back office collaboration and business continuity should be included as an additional risk to reflect how support functions will be affected by the collaboration with DCHS.</p> <p>ACTION: BAF to be updated to capture emergency planning (EPPR) and back office collaboration/business continuity</p> <p>RESOLVED: The Board of Directors approved this third issue of the BAF for 2016/17</p>
<p>DHCFT 2016/183</p>	<p><u>MEASURING THE TRUST STRATEGY</u></p> <p>The Trust Strategy 2016-21 was approved by the Board in May 2016. Since that time work has been ongoing to commence the implementation of the strategy in line with the system-wide Sustainability and Transformation Plan (STP). Lynn Willmott-Shepherd's report presented the Board with a method for providing assurance that the strategy is delivering the required outcomes and performance targets.</p> <p>Lynn Willmott-Shepherd explained that the Board already receives a monthly integrated performance report which enables regular monitoring of the strategy. She proposed that on an annual basis a dashboard would be presented to provide high level assurance of how the Trust is performing against its strategic objectives.</p> <p>The Board noted that the dashboard in Appendix A gave an overall picture of how the Trust is progressing and that the dashboard will be adjusted to capture changed trajectories for each measure for the five year period. The Board also noted that the Strategic Objectives set out in Appendix B will provide assurance on a monthly basis that the strategy is being delivered.</p> <p>The Board discussed the need to demonstrate that the progress of the strategy is being satisfactorily measured and agreed that this approach and a success criteria would be discussed further by the Executive Leadership Team (ELT).</p> <p>ACTION: The agreed approach for measuring the progress of the strategy and success criteria will be reviewed by ELT.</p> <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1) Noted the suggested performance measures for the Trust strategy and provided feedback 2) Approved the use of the integrated performance report for on-going monitoring of the strategy
<p>DHCFT 2016/184</p>	<p><u>BOARD FORWARD PLAN</u></p> <p>The forward plan was noted and would be updated in line with today's discussions.</p> <p>RESOLVED: The Board of Directors noted the forward plan for 2016/17</p>
<p>DHCFT 2016/185</p>	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></p> <p>The following risks will be added to the BAF:</p> <ul style="list-style-type: none"> • Lack of appropriate expertise to ensure the Trust's emergency preparedness structure meets EPPR requirements i.e. the requirements of the Civil Contingencies Act 2004 (CCA 2004) and NHS Commissioning Board, Emergency Preparedness Framework 2015

	<ul style="list-style-type: none"> • Business continuity will be included as an additional risk to reflect how support functions will be affected by the collaboration with DCHS <p>All matters relating the GIAP were recorded in item DHCFT 2016/181 above.</p>
<p>DHCFT 2016/186</p>	<p><u>BOARD PERFORMANCE AND CONTENT OF MEETING</u></p> <p>The meeting was well chaired but ran over time as there were so many items to discuss.</p> <p>Richard Gregory introduced Sarah Waite to the Board who had observed the meeting as the Trust's account manager from Vodafone. She explained that Vodafone was working closely with the Trust and DCHS to establish a solution for improved productivity and invited members of the Board to attend the Vodafone customer event entitled Transitioning to the Modern Workplace.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 7 December 2016.</p> <p style="text-align: center;">The location is Conference Rooms A and B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	