

**DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST**

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS**

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

**Wednesday, 24 June 2015**

**MEETING HELD IN PUBLIC**

Commenced: 1:00 pm

Closed: 5:10 pm

*Prior to resumption, the Board met to conduct business in confidence where special reasons applied*

**PRESENT:**

Mark Todd	Chairman
Steve Trenchard	Chief Executive
Caroline Maley	Senior Independent Director
Maura Teager	Non-Executive Director
Jim Dixon	Non-Executive Director
Phil Harris	Non-Executive Director
Ifti Majid	Chief Operating Officer/Deputy Chief Executive
Claire Wright	Executive Director of Finance
Carolyn Green	Executive Director of Nursing and Patient Experience
Mark Powell	Director of Business Development and Marketing
Dr John Sykes	Executive Medical Director
Jayne Storey	Director of Transformation
Jenna Davies	Interim Director of Corporate & Legal Affairs

**IN ATTENDANCE:**

	Anna Shaw	Deputy Director of Communications
	Peter Charlton	General Manager IM&T
	Sue Turner	Executive Administrator and Minute Taker
For item DHCFT 2015/102	Sara Bains	Recovery Lead
For item DHCFT 2015/102	Helen Brockbank	OT, Amber Valley Community Older Adult Team
For item DHCFT 2015/102	Sue Phillip	Qualified Nurse
For item DHCFT 2015/102	Annie Cole	Nursing Assistant
For item DHCFT 2015/102	Zara Worthy	Staff Nurse
For item DHCFT 2015/102	Stephen Jones	Domestic Supervisor
For item DHCFT 2015/102	Pete Matkin	Charge Hand Porter

**VISITORS:**

Carole Riley	Derbyshire Voice Representative
John Morrissey	Council of Governors
Moira Kerr	Council of Governors
Michael Walsh	Council of Governors

**APOLOGIES:**

Graham Gillham	Director of Corporate and Legal Affairs
Tony Smith	Non-Executive Director

<p><b>DHCFT 2015/090</b></p>	<p><b><u>CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST</u></b></p> <p>The Chairman opened the meeting by welcoming all present. No declarations of interest were noted.</p>
<p><b>DHCFT 2015/091</b></p>	<p><b><u>VOLUNTEERING FOR TRAINING AND RESOURCE</u></b></p> <p>Robert introduced himself and explained some of his life history. He had travelled around the world as an ex-serviceman and returned to the area to care for his parents when they became ill and he supported them both to the end.</p> <p>Robert told the story about his wife who had been diagnosed with a brain tumour two and half years ago. Nothing could be done for her and he cared for her in their home for a period of 12 months. Robert found this hard as he had very little help until the final stage when a nursing team helped him to care for his wife. Although the nurses were there to help he and his wife found it difficult as they had many different nurses caring for her from the District Nursing team (non-Trust service).</p> <p>When Robert's wife died Robert spent seven weeks in a day care centre. He thought the mental health team carried out some tremendous work with him and helped build his confidence but this help stopped when he was discharged and he felt very isolated after he was sent home. The social network available to him outside of the Trust following a bereavement was non-existent.</p> <p>Eventually Robert was put in touch with the Community Psychiatric Nurse (CPN) who suggested he did volunteer work. Robert felt this was the best thing he could have done as it gave him a reason to go out and meet new people and it made him feel valued. Robert's volunteer work consists of helping to organise room bookings in the Research &amp; Development Centre and because of his background in IT he carries out computer support work and he also volunteers in a centre in Ilkeston.</p> <p>Carolyn Green felt Robert's story was very positive and gave the Board the opportunity to learn about volunteering and she felt it would be a good idea if Robert could help the Trust improve its services. Robert replied immediately that consistency and compassion were the most important things that could improve the services he received while caring for his wife. Having the same nurse in the community team would have helped enormously. He had the same CPN while he was being treated and this enabled him to build a relationship with the CPN who recommended he carried out volunteer work. Volunteering also gave Robert the opportunity to sign up to e-learning and this has provided him with additional qualifications.</p> <p>Carolyn Green thanked Robert for his comments. She acknowledged that the Board had listened to his story and would bear in mind the points he made and will strive to help people who are bereaved, especially as bereavement is a leading cause of depression and for people coming into the Trust's service to gain help. The Chairman added that he could see that volunteering was a very important part of Robert's life and it was good for the Trust to have people like him with real life experience providing such vital support. The Chairman thanked Robert for sharing his story and for his commitment and support as a volunteer within the Trust's service that is sincerely valued and appreciated.</p>

	<b>RESOLVED: The Board expressed thanks to Robert for sharing his story and for the ideas he had proposed.</b>
<b>DHCFT 2015/092</b>	<p><b><u>MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 27 MAY 2015</u></b></p> <p>The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 27 May were accepted and approved.</p>
<b>DHCFT 2015/093</b>	<p><b><u>MATTERS ARISING</u></b></p> <p><b>DHCFT 2015/068: County CAMHS Staff Levels and Capacity</b> - Jayne Storey and Maura Teager provided a verbal report of their visit to the County CAMHS team. Good two way conversations addressed concerns regarding staff levels, capacity and recruitment. The team's skill mix is being reviewed, together with the risks to retention and this is being looked at in the workforce profile. There are still concerns with waiting times but this is being met. All impacts of the Cost Improvement Programme (CIP) are seen as challenging and the team is looking at how they can deliver the service going forward. They also feel anxious about the effects of transformation. Maura Teager thought the combination of the Non-Executive Director and Executive was a good pairing and this became clear in their conversational approach to the visit and they took assurance from the systems they saw the team working with. It was evident that any gaps would be covered within the committee structure and working through business as usual. Jayne Storey and Maura Teager will provide a further update to the Board after their next visit to the team in September.</p> <p>Ifti Majid and Steve Trenchard proposed that members of the CAMHS team who attended last month's deep dive be asked to present their concerns further and the Chairman asked for this to be co-ordinated.</p> <p>The recruitment of CAMHS consultants was discussed and it was agreed that a Non-Executive Director would be invited to sit on the interview panel if the Chairman or Chief Executive were unavailable.</p> <p><b>ACTION: Further discussion to be arranged with the CAMHS team and the Board.</b></p> <p><b>ACTION: Substitute arrangements be implemented should either the Chair or Chief Executive be unavailable for consultant interviews.</b></p> <p><b>Actions Matrix:</b> All green completed items to be removed and all other updates were noted directly on the matrix.</p>
<b>DHCFT 2015/094</b>	<p><b><u>CHAIRMAN'S REPORT</u></b></p> <p>The Board noted the Chairman's report which summarised his meetings and visits during the month. The Chairman was particularly impressed during his quality visit to the CAMHS team in the City who had been facing difficulties with managing the number of individuals and families within resources but had scored well on safety issues. He felt this was due to the very clear leadership of the team and the strong integration of all team members including nurses and consultants.</p>

	<b>RESOLVED: The Board received and noted the Chairman's report.</b>
<b>DHCF 2015/095</b>	<p><b><u>CHIEF EXECUTIVE REPORT</u></b></p> <p>Steve Trenchard presented his regular monthly report which contained a number of papers that were included for information and also included a communication around plans for the Joined Up Care South Derbyshire vision that was included for the Board to note.</p> <p>He drew attention to the new approach of the Success Regime that had been brought in to work across the whole health and care system that would join leadership together to ascertain financial stability and autonomy. This will mean there will be a challenge between local CCGs and Derby Hospital's five year plan to show strengthening local leadership capacity and capability, with a particular focus on radical change and developing collaborative system leadership.</p> <p>The Chairman and Steve Trenchard referred to the report that the CQC (Care Quality Commission) had published that provided an overview of the experience of people receiving help, care and support during a mental health crisis. The main theme of the report looked at attitudes of staff especially around the Section 136 use in police cells. It had been suggested that the Trust built a specific 136 Section area for young people. Better access of the services after 5 o'clock and at weekends was seen as an issue and would be explored. The Chairman pointed out there were significant challenges to commissioners contained in the CQC's paper but he took assurance from the systems and the achievements the Trust has in place.</p> <p>The Board discussed who would champion the voice of mental health and whether the new ministers will carry on this work now that Norman Lamb is no longer a minister. It was hoped that the focus and drive towards parity will not start to wane and Steve Trenchard said he would share this thought with Simon Stevens as this is a real national cry for a continued focus on mental health.</p> <p>The Trust's refreshed strategy was attached to the Chief Executive's report and the Quarter 1 report to the Board will show measures that have been developed. The Board would receive a new strategy in June next year that would be produced in co-ordination with Monitor's business planning timetable. This prompted Caroline Maley to suggest that Jayne Storey produced an updated Board Development Schedule for discussion at the next Board meeting.</p> <p><b>ACTION: Jayne Storey to produce an updated version of the 2015/16 Board Development Schedule for the next Board meeting in July.</b></p> <p><b>RESOLVED: The Board of Directors received and noted the Chief Executive's Report.</b></p>
<b>DHCFT 2015/096</b>	<p><b><u>AUDIT COMMITTEE ANNUAL REPORT</u></b></p> <p>The Audit Committee is responsible for ensuring the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities in support of the organisation's objectives. This report explained the work of the Audit Committee during 2014/15 and was noted by the Board.</p>

	<p><b>RESOLVED:</b> The Board of Directors received and noted the Audit Committee Annual Report.</p>
<p><b>DHCFT 2015/097</b></p>	<p><b><u>COMMITTEE SUMMARY REPORTS</u></b></p> <p><b>I. <u>Audit Committee:</u></b> The draft minutes of the meeting of the Audit Committee held on 22 May were noted by the Board.</p> <p><b>II. <u>Quality Committee:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted that the limited assurance on overdue actions of the Serious Incident Annual Report will be improved once a further report is submitted to the Quality Committee at its next meeting in July.</li> <li>• A report on the impact of legal highs on the Trust’s services will be brought to the committee by Carolyn Green and will address some of the key service improvements that are needed to meet this changing patient need and profile</li> <li>• The Duty of Candour Policy was adopted by the Board on the recommendation of the Quality Committee.</li> </ul> <p><b>III. <u>Mental Health Act Committee:</u></b></p> <ul style="list-style-type: none"> <li>• John Sykes confirmed he had written to individual consultants setting out the approved and lawful process for recording capacity to consent. He also provided a brief update on actions taken for patients detained under Section 3 of the Mental Health Act and explained that further audits and spot checks have been planned.</li> <li>• The Board noted that a process to provide appropriate support to the Mental Health Act Committee had been discussed by the Chairman and Jenna Davies.</li> <li>• Feedback on gaps in assurance will be reported to the next meeting of the Board under matters arising by Tony Smith.</li> </ul> <p><b>ACTION:</b> Tony Smith to be advised on his return from holiday that he is to provide an update in gaps in assurance at the next Board meeting in July.</p> <p><b>RESOLVED:</b> The Board of Directors noted the contents of the Committee Summary Reports.</p>
<p><b>DHCFT 2015/098</b></p>	<p><b><u>MONITOR CORPORATE GOVERNANCE STATEMENTS</u></b></p> <p>This paper supported the requirement for the Board to submit Governance Statements four, five and six to Monitor by 30 June 2015 (statements one, two and three having been previously submitted in April and May).</p> <p>Caroline Maley was of the opinion Statement 4 was “too light” and asked for a further response to be made. It was agreed that Jenna Davies and the relevant executives will add further detail to all the points itemised in statement 4 to provide assurance that the Trust effectively implements the appropriate systems and / or processes and to confirm the mitigations for each statement.</p>

	<p><b>ACTION:</b> Jenna Davies to work with the executives and provide further detail to Statement 4.</p> <p><b>RESOLVED:</b> The Board of Directors:</p> <p>1) Confirmed the following governance statements:</p> <p><b>Statement 4:</b> For the Corporate Governance Statement that it is appropriate to select confirmed for each statement and that the risks and mitigations for each statement are correct</p> <p><b>Statement 5:</b> This statement is not applicable because we are neither:</p> <ul style="list-style-type: none"> <li>• part of a major Joint Venture or Academic Health Science Centre (AHSC); or</li> <li>• considering entering into either a major Joint Venture or an AHSC.</li> </ul> <p><b>Statement 6:</b> The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.</p> <p>2) Noted that the statements will need to be appropriately published in accordance with general condition G6, paragraph 4: “The Licensee shall publish each certificate submitted for the purpose of this Condition within one month of its submission to Monitor in such manner as is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it.”</p>
<p><b>DHCFT 2015/099</b></p>	<p><b><u>REVALIDATION OF DOCTORS</u></b></p> <p>Revalidation is a process by which doctors in the UK have their licence to practise reviewed. Unless there is an acceptable reason every doctor must have an annual appraisal within the specified time window. The Trust Board oversees compliance and is required to submit a statement of compliance to NHS England by 30 September 2015.</p> <p>Maura Teager asked if there were learning opportunities that can be transferred to the revalidation of nurses. John Sykes replied that he and Ed Komocki were working with Carolyn Green to share good practice.</p> <p>The Chairman questioned to what extent issues were reviewed throughout the year and how these were fed into the appraisal process. In response John Sykes explained that legal issues regarding compliance with the Mental Health Act were built into the appraisal system and comments arising from the patient survey will also be incorporated into the appraisal process in the future.</p> <p>Claire Wright noted the high number of locums and requested that “high-cost off-payroll” HMRC requirements be considered as part of the recruitment and appraisal process for appropriate medical staff. John Sykes agreed and it was noted that this would form part of an internal audit for the current year.</p> <p>Steve Trenchard queried the quality scores as he thought they were low. He asked if training was going to take place to improve on this process as he could</p>

	<p>not see if there is enough reflective practice to help doctors improve. John Sykes explained that he considered that reflective practice was weak and this would be developed over the next 12 months and the Board recognised that more work was required. It was acknowledged that appraisals are about personal development and the personal development plan is at the heart of the Trust's well led framework.</p> <p>John Sykes will discuss the issues raised by the Board with the appraisal lead, Ed Komocki and will update the Quality Committee on the number and ratio of appraisers and doctors. John Sykes would also feedback discussions into TMAC (Trust Medical Advisory Committee). It was agreed that in future the report will not contain quite so much example material, it is key performance detail that is required.</p> <p>The Board approved the statement of compliance that confirmed the Trust as a Designated Body in compliance with the regulation and this was duly signed by the Chairman.</p> <p><b>ACTION: John Sykes to provide a further report to the Quality Committee.</b></p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li>1) <b>Accepted this report noting it will be shared alongside the Annual Organisational Statement of Compliance with the higher level responsible officer at NHS England.</b></li> <li>2) <b>Noted that an appraisal lead has been appointed following consideration of resource issues and last year's annual report.</b></li> <li>3) <b>Approved the statement of compliance confirming that the Trust as a Designated Body is in compliance with the regulations.</b></li> </ol>
<p><b>DHCFT 2015/100</b></p>	<p><b><u>POSITION STATEMENT ON QUALITY</u></b></p> <p>The Position Statement on Quality provided the Trust Board of Directors with an update on continuing work to improve the quality of services the organisation provides in line with the Trust Strategy, Quality Strategy and Framework and its strategic objectives.</p> <p>Carolyn Green drew the Board's attention to the key findings in suicide and self-harm in the specific REGARDS group in particular those people who are lesbian, gay and bisexual men and the potential higher risk to self-harm and suicide of those significant groups and the research being carried out that will be used in the design of DHCFT education.</p> <p>The safer staffing indicators and response to the NHS England letter was also highlighted by Carolyn Green and the Board noted that the actions required were being monitored by the Quality Committee and the Trust's approach to an in-patient service skill mix review.</p> <p>The Board noted the Care Quality Intelligent Monitoring Report had a sustained rating of Level 4 which is the lowest risk rating by the CQC and that this was scrutinised by the Quality Committee.</p> <p><b>RESOLVED: The Board of Directors:</b></p>

	<ol style="list-style-type: none"> <li>1) <b>Noted the quality position statement including the intelligent monitoring report, and the annual report on complaints, concerns and compliments.</b></li> <li>2) <b>Scrutinised the current position and work plan.</b></li> </ol>
<p><b>DHCFT 2015/101</b></p>	<p><b><u>RESEARCH &amp; DEVELOPMENT CENTRE UPDATE</u></b></p> <p>The purpose of the report was to provide the Board of Directors with an update on the activity of the Trust's Research &amp; Development (R&amp;D) Centre.</p> <p>This report highlighted the main areas of activity in research relating to National Research participation and local areas of focus in Compassion, Dementia and Self-harm and Suicide Prevention. The report also included updates on the other aspects of the R&amp;D centre: the Library and Knowledge Service and Clinical Audit.</p> <p>The Board noted that the Trust's performance in delivering national clinical research continued to be strong.</p> <p>The Board had received some assurance that the R&amp;D Centre is providing a quality impact on services. However, in order to compare the Trust with comparable organisations, more benchmarking data is needed. Carolyn Green was heartened to see so many research opportunities developing and was impressed with the research profile and stressed that this needed to be linked back to the Quality Leadership Teams to improve service level.</p> <p>It was noted that the next report would focus more on benchmarking and links to education detail and training. The contribution of R&amp;D to deliver the Trust's Strategy would be emphasised.</p> <p><b>RESOLVED: The Board of Directors</b></p> <ol style="list-style-type: none"> <li>1) <b>Noted the content of the report.</b></li> <li>2) <b>Received assurance from the activity report that research and development is making a positive impact on the quality of the Trust's services.</b></li> </ol>
<p><b>DHCFT 2015/102</b></p>	<p><b><u>STAFF HEALTH CHECK</u></b></p> <p>In response to the Trust's Staff Health Check the Trust received a community, clinical and ward response as well as a response from the domestic function and porters. Representatives from these areas were invited to attend the Board meeting and gave an overview of working across the whole organisation.</p> <p>Staff highlighted to the Board some of the day to day issues they were facing:</p> <ul style="list-style-type: none"> <li>• Management of wards - one manager running three teams including the day centre.</li> <li>• There is no stability of staff, there is always a rapid changeover and patients cannot build up a relationship with bank nurses.</li> </ul>

- Domestic staff can only carry out their work well if the ward is led and managed well and this depends on particular staff being present on the wards.
- Nurses want to learn from a positive role model but don't feel there is anyone on the ward who can do this. Newly qualified nurses are working together instead due to lower numbers of experienced staff and some experienced staff had entrenched styles of nursing that younger nurses do not want to learn from.
- A few, more experienced nursing / support staff have a very pessimistic attitude to making a difference to patients' recovery. This discourages the young new staff who want to make a difference.
- There is a primary fear of what is going to happen in the transformation programme. There is a significant amount of fear about losing jobs.
- Staff have issues with stress and sickness and they are fearful that vacancies will not be replaced.
- Pressure in community teams is high, they are starting work early and working through lunch breaks and staying late and working at weekends.
- Staffing levels are not keeping up with the demands of expanding GP areas.
- Staff bullying attributed to the pressures of carrying out the job because people feel threatened within their role and because they are finding it hard to pay their bills.
- So many cuts have been made staff cannot manage any more.
- Band 6 staff are expected to carry out leadership roles. Staff feel they are fire-fighting and do not have time to carry out their job properly.

Carolyn Green thanked the teams for their valuable work and for coming to the meeting to discuss their issues. She explained that a new way of working using skill mixing would be put in place. She was keen to stress that some of the practices described today have no part to play in the Trust and this would be changed. She urged teams to seek out any bureaucratic issues that are stopping staff from working well.

Ifti Majid was keen to state that there would be no reduction in band 7 managers in the neighbourhood. The plan would be to skill mix and expand social recovery and ensure people have the skill sets that are required. Leadership problems would be tackled and the Board would work with staff to make improvements. Members of the Board took the issues raised very seriously and pledged to work with staff and put new and improved ways of working in place.

The Chairman thanked the teams for setting out the importance of nursing and their expectation that it should be carried out to the highest possible standard and he asked the executive leads to provide a report to the Board that would address specific actions to address the issues that were raised.

	<p><b>ACTION: Executive Leads to provide a report to the Board detailing specific actions to address staff issues.</b></p> <p><b>RESOLVED: The Board of Directors acknowledged the issues raised by members of staff relating to the Trust’s Staff Health Check.</b></p>
<p><b>DHCFT 2015/103</b></p>	<p><b><u>FINANCE DIRECTORS REPORT MONTH 2</u></b></p> <p>This paper provided the Trust Board with an update on the current financial performance against the Trust’s operational financial plan as at the end of May 2015.</p> <p>Claire Wright informed the Board that although the Trust was in a satisfactory year to date position the draft forecast position had deteriorated and actions had been taken to mitigate the deterioration. She also clarified that she was waiting to be notified of the outcome of proposed key changes to the Risk Assessment Framework by Monitor that would impact on risk ratings, as noted in the paper. The Board considered this to be a very thorough report and it was noted that the Executive Leadership Team had separately discussed and agreed management action to address these pressures and that the reported forecast assumes the success of these actions in order to continue to safely deliver the Trust’s services.</p> <p><b>RESOLVED: The Board of Directors considered the content of the paper and considered their level of assurance on the current and forecast financial performance for 2015/16.</b></p>
<p><b>DHCFT 2015/104</b></p>	<p><b><u>IM&amp;T STRATEGY UPDATE</u></b></p> <p>This report provided the Board with a view of the updated Information Management, Technology and Records Strategy 2015-2020. The document reviewed the strategic drivers and defined the themes that need to be addressed to underpin the Trust’s Strategy.</p> <p>Peter Charlton presented this report and acknowledged that as technology moves at such a rapid pace it would be naïve to put a strategy in place for five years without an agreement to review the strategy annually. He strived to give the Board an understanding of the current position, the national and system imperatives linked to IT development and how the IM&amp;T strategy would support delivery of both the Trust and health community strategy.</p> <p>Jim Dixon asked as Chair of the Finance &amp; Performance Committee if he could spend time with Peter Charlton in order to understand some of these issues.</p> <p>The Chairman pointed out he would like to receive more detail of the longer term view on how the Trust intends to deliver care using technology in the future and asked that a more “visioned” perspective in the IMT Strategy update be brought to the Board every six months.</p> <p><b>ACTION: Forward Plan to be amended to reflect six monthly reporting of the IM&amp;T Strategy Update</b></p> <p><b>RESOLVED: The Board of Directors:</b></p>

	<ol style="list-style-type: none"> <li>1) <b>Acknowledged the Information Management, Technology and Records Strategy 2015-20</b></li> <li>2) <b>Clarified that updates be provided to the Board at six monthly intervals.</b></li> </ol>
<p><b>DHCFT 2015/105</b></p>	<p><b><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING</u></b></p> <p>This report defined the Trust's performance against its Key Performance Indicators plus any actions in place to ensure performance is maintained. Compliance with the Trust's performance indicators is being actively monitored and corrective actions are put in place where appropriate. Areas covered in this report include, the Main Performance Indicators, Health Visitors, IAPT and Ward Safer Staffing.</p> <p>Ifti Majid noted that this report was almost identical to last month's but there had been a higher percentage of overdue patient letters. This had been reviewed at PCOG (Performance and Contract Operational Group) and it transpired that although letters had been prepared in time, they had not been signed off. A specific training process is now taking place to address this to train staff to be more comfortable using the electronic sign off process and delegation process within it.</p> <p>Ifti Majid brought to the Board's attention that the Kedleston Unit were currently the highest safer staffing risk area and he was astonished that over a three month period they had maintained safer staffing levels. Steve Trenchard wished to highlight this as an example of good practice within the unit.</p> <p><b>RESOLVED: The Board of Directors is requested to:</b></p> <ol style="list-style-type: none"> <li>1) <b>Acknowledged the current performance of the Trust</b></li> <li>2) <b>Noted the actions in place to ensure sustained performance</b></li> </ol>

<p><b>DHCFT 2015/106</b></p>	<p><b><u>FOR INFORMATION</u></b></p> <p><b>I. Board Forward Plan</b></p> <ul style="list-style-type: none"> <li>• IMT Strategy will be scheduled 6 monthly</li> <li>• R&amp;D Strategy will be scheduled 6 monthly</li> <li>• Safeguarding Children and Adults report will be submitted to and signed off by the Safeguarding Committee in August</li> </ul> <p><b>II. Board Assurance Framework:</b> Risks and actions resulting from the Staff Health Check have already been added to the BAF</p> <p><b>IV. Discussion on future deep dives:</b> It was noted that the Audit Committee regularly conducted deep dives on high rated risks and a deep dive of the Transformation risk would be conducted at its next meeting on 21 July. Other Board committees would be encouraged to conduct their own deep dives. It was agreed that the Sangeeta Bassi would be invited to the next meeting of the Board to conduct a deep dive in Medicine Management.</p> <p>Maura Teager suggested that a pairing of a Non-Executive Director and Executive be made to follow up the front line issues discussed in today's Staff Health Check and this could be followed up by a deep dive at the Finance &amp; Performance Committee.</p> <p><b>ACTION: Detailed list of Deep Dives will be produced by the executive team</b></p>
<p><b>DHCFT 2015/107</b></p>	<p><b><u>ANY OTHER BUSINESS</u></b></p> <p>Jenna Davies informed the Board that prior to today's meeting, a meeting of the Remunerations Committee took place to consider the committee's terms of reference and provide justification of salary paid to very senior managers in the Trust. The Board noted that the minutes of the Remunerations Committee meeting would not reported to the Board of Directors in public session.</p> <p><b>RESOLVED: The Board of Directors noted the subjects discussed at the Remunerations Committee.</b></p>
<p><b>DHCFT 2015/108</b></p>	<p><b><u>COMMENTS FROM OBSERVERS ON BOARD PERFORMANCE AND CONTENT OF MEETING</u></b></p> <p>The Chairman invited the governors, John Morrissey, Michael Walsh and Moira Kerr to comment on their observation of proceedings:</p> <p>John Morrissey informed the Board that governors had been surprised that no reference had been made to a recent employment tribunal (ET) during today's meeting and that this matter had not been mentioned or recorded in the minutes of previous meetings of the Board. He complained that as the Council of Governors was supposed to hold the Board to account, it had not been able to do so in respect of the ET because the matter had not been discussed in public by the Board. Governors also asked to receive a copy of the judgement of the ET.</p> <p>In response the Chairman informed the governors that the Trust had received</p>

the draft judgement only the day before. This judgement still remained subject to legal process and exchange between the Trust's representatives and the claimant's representatives. The Board had agreed to consider the judgement and an action plan would be produced to address the issues that the ET had raised.

Michael Walsh pointed out that he had been aware that the ET was forthcoming and he communicated this to governors. He and the governors felt that the Board should have formally informed them of the impending ET involving the previous Chairman and member of the Board.

The Chairman explained that individuals affected by this ET have issues of their own which the Board needed to address in private and there will not be a public process relating to anything associated with individuals named in this employment tribunal judgement. The Trust has a duty to keep this process in confidence and this had been the guiding principle in this matter especially once legal process was underway. Michael Walsh replied that he understood this.

John Morrissey reminded the Board that throughout the ET process governors should have been holding the Non-Executive Directors to account. With the Chairman's support a governor led committee was being formed that would ask for confidential documents to show how executives had been held to account by the Board.

Moira Kerr asked that the draft judgement that the Trust received the day before be circulated to the governors. Jenna Davies explained that as soon as the judgment becomes a public document it will be shared with governors. She further informed governors that the draft judgement received by the Trust was an operational document and not an approved public document. She and Jayne Storey were the only members of the Board who had seen the judgement at this point in time. The Chairman confirmed he had not yet read the document.

Moira Kerr read from the legislative process she had in front of her and reiterated that she wanted all governors to receive a copy of the judgement that the Trust received yesterday so they could establish if any pleas had been made, what was in the document originally, what the evidence base was, and any action that the Board might take and whether this would be in the best interests of the Trust in order to hold the Trust to account. She felt that she and the other governors present at the meeting should be told what was in the document.

Steve Trenchard declared his conflict of interest and agreed that this matter sat within the realm of the Trust's Board and he left the meeting to attend a prior engagement.

The Chairman confirmed that the final judgement document would be the document shared with governors. Governors would also be informed of any changes the Board proposed to make, depending on the matter. Governors would also be informed if the Trust chooses to appeal.

The Chairman concluded that a process for the governors to consider this matter further had now been established. He hoped that it would both consider past actions taken and learning for the future.

**RESOLVED: The Board of Directors noted the observations made by the**

	<b>governors.</b>
<b>DHCFT 2015/109</b>	<p><b><u>CLOSE OF THE MEETING</u></b></p> <p>The Chairman thanked all of those present for their attention and comments and closed the public meeting at 5:10 pm.</p>
	<p><b><u>DATE OF NEXT MEETING</u></b></p> <p>The next meeting of the Board in public session is scheduled take place on Wednesday, 29 July 2015 at 1.00 pm. in Conference Rooms A &amp; B, R&amp;D Centre, Kingsway Site, Derby, DE22 3LZ (confidential session to commence earlier at 10.30 am).</p>