

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, 7 September 2016

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4:50pm

PRESENT:	Richard Gregory Caroline Maley Maura Teager Margaret Gildea Julia Tabreham Ifti Majid Claire Wright Carolyn Green Dr John Sykes Carolyn Gilby Mark Powell Amanda Rawlings Samantha Harrison	Interim Chairman Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Acting Chief Executive Executive Director of Finance Director of Nursing & Patient Experience Executive Medical Director Acting Director of Operations Director of Strategic Development Interim Director of Workforce, Organisational Development and Culture Director of Corporate Affairs & Trust Secretary
IN ATTENDANCE:	Anna Shaw Sue Turner Libby Runcie Karen Billyeald	Deputy Director of Communications & Involvement Board Secretary and Minute Taker Professional Leader, Commissioning Differently Area Service Manager, Learning Disability Services
For item DHCFT 2016/1 For item DHCFT 2016/1		
APOLOGIES:	Jim Dixon	Deputy Chair and Non-Executive Director
VISITORS:	John Morrissey Gillian Hough Rosemary Farkas Mark McKeown Owen Fulton	Lead Governor Public Governor, Derby City East Public Governor, Surrounding Areas Derbyshire Mental Health Alliance Principal Employee Relations Manager

**DHCFT
2016/128**

INTERIM CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES

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

Richard Gregory was delighted to welcome and introduce the two new Non-Executive Directors, Margaret Gildea and Julia Tabreham. He also introduced Amanda Rawlings in her role as Interim Director of Workforce, Organisational Development and Culture. Whilst Amanda will retain her substantive role of Director of People and Organisational Effectiveness at Derbyshire Community Health Services NHS Foundation Trust (DCHS) she will provide interim support to the Trust in the light of our recent initiatives about working in greater collaboration with DCHS.

The Board noted the declaration of interest made by Amanda Rawlings in respect of her

	<p>association with DCHS. Richard Gregory confirmed he was content with her declared interest in view of the dual role she will be performing.</p>
DHCFT 2016/129	<p><u>MINUTES OF THE MEETING DATED 27 JULY 2016</u></p> <p>The minutes of the meeting held on 27 July were accepted and agreed.</p>
DHCFT 2016/130	<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>
DHCFT 2016/131	<p><u>CHAIRMAN'S VERBAL REPORT</u></p> <p>Richard Gregory updated the Board on a positive meeting he, Ifti Majid and Mark Powell recently had with NHS Improvement's (NHSI) enforcement team on the Governance Improvement Action Plan. Good progress continues to be made to deliver the plan and NHSI confirmed that the Trust had made good progress and they were satisfied with the underpinning process we have adopted which supports delivery of the planned actions.</p> <p>A great deal of the Board's time has recently been taken up with the Board of DCHS (Derbyshire Community Health Services Foundation Trust) exploring a range of options for potential future collaboration and Richard Gregory looked forward to the recommendations that would be contained in the Strategic Options Case (SOC) report that would be received by both Boards at the end of October, and then shared with staff and governors.</p> <p>As part of the development of this case an engagement event was held for key stakeholders on 31 August that was well attended by Board members, governors from Trusts, clinical leaders and representatives from other Derbyshire organisations which provided the opportunity for good strategic discussions and the chance to examine the different options. Richard Gregory made it clear that he and the Board recognised the impact and the destabilising nature that constant change within the NHS has on staff and stressed that he and the Board would make sure that every attempt to alleviate these impacts would be made.</p> <p>RESOLVED: The Board of Directors noted the Interim Chairman's verbal update.</p>
DHCFT 2016/132	<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. The report also updated the Board on feedback from external stakeholders such as commissioners and the Trust's staff.</p> <p>Ifti Majid drew attention to the fact that NHSI have put the 2017/18 and 2018/19 tariff out to consultation, within that is the guidance to move away from block contracts for Mental Health services and use either episodic or capitation methods or other local contractual agreements. He felt this remains a risk to the Trust if we want to contract in a different way within the system and he hoped the Trust would receive support from regulators with regard to the organisation's contract agreements.</p> <p>Ifti Majid felt it was important to recognise the pressure the Trust is under particularly in inpatient services. The last few months have seen an increased pressure on bed availability for adults with mental health problems. The impact of this is that patients presenting at Emergency Departments have had to wait longer for a bed whilst one was sourced. This has led to an increasing number of people waiting longer than 12 hours and this is not an acceptable experience for those individuals. Ifti Majid informed the</p>

	<p>Board that Carolyn Gilby and the clinical teams have been working closely with counterparts in acute trusts in order to improve this situation and with NHS England. It was noted that Carolyn Gilby would report on progress through the Quality Committee and he hoped this reporting structure would assure the Board that we are working to resolve this. Julia Tabreham commented that she felt the 12 hour wait within Emergency Departments was a key indicator of how the system is not working. As incoming Chair of the Quality Committee she proposed to ensure that some very robust analysis of these services would take place on behalf of patients, carers and families.</p> <p>It was recognised that people are anxious to learn the outcome of the CQC visit which took place in June. Ifti Majid assured the Board that work was still taking place completing factual accuracy checks on the reports that will be returned to the CQC. He wished to make it clear that there will be a period of time when the CQC will review these reports before the final comments can be released into the public domain.</p> <p>On a positive note Ifti Majid was pleased to say that during his visits with staff he had noticed that staff felt able to talk to him and members of the Board about their concerns and this was a significant improvement from how it had been in the past.</p> <p>Point 3 of the report talked about funding in the system and Julia Tabreham felt this would cause anxiety for service receivers and asked for assurance regarding the funding mechanisms going forward. In his response Ifti Majid said that the Trust's current transformation process has been running for three years and people who use our services were heavily involved in this process. Service user complaints and the quality impact on people is scrutinised by the Quality Committee to ascertain how we can improve our services. The next phase of the transformation plan will be to consult with the general public who use our services to help our services move forward. Carolyn Green added that we also consult with service user groups and they are helping with our work with care planning. Governors and organisations such as Healthwatch Derby and the Carers Association also contribute to the improvements we will make to our services.</p> <p>RESOLVED: The Board of Directors noted the contents of the Acting Chief Executive's report.</p>
<p>DHCFT 2016/133</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>The Board received the integrated overview of performance as at the end of July 2016 with regard to workforce, finance and operational delivery and quality performance.</p> <p>Claire Wright updated the Board on the financial aspect of the report and described the Trust's continuing trend of performing well against plan financially for the year to date. She was pleased to report that the organisation's current risk rating was sound and that the Trust was still in a position to meet the control total although risks remain, not least the CIP gap and run rate changes.</p> <p>Ifti Majid asked how NHSI would view the Trust's performance in achieving the control total whilst leaving some CIP (Cost Improvement Programme) unmet. Claire Wright replied that she had discussed this with them and it was her opinion that achieving our control total is NHSI's prime focus. Julia Tabreham asked whether services had stopped where developments weren't funded. Claire Wright explained the variance related to timing of contract negotiations compared to submitting the plan, which had been difficult this year and the plan showed the total picture that had been requested. In the analysis there are ongoing variances to both the income side of the plan and costs side of the plan which are equal opposites for the developments not funded. Mark Powell reiterated that the CIP programme is still a considerable challenge and plans are being developed to deliver this programme or close the gap in other ways. He wanted to make the Board aware that we are striving to close this gap and the Finance and Performance Committee monitors CIP performance to gain assurance that the control total will be achieved.</p>

	<p>Amanda Rawlings drew attention to the Workforce section of the report and stressed that recruitment will be prioritised to ensure the Trust is positioned as an employer of choice. She pointed out that there are different generations of the workforce who want different things out of the workplace and this would be considered within the plans for retention. Another big area of focus will be staff appraisal completion. Amanda Rawlings would also be focussing on the reasons for the rise in sickness levels and would ensure that managers would take responsibility for managing sickness levels of their staff.</p> <p>Carolyn Green took the Board through the Quality aspect of the report. She drew attention to the issue of supervision and compliance and talked about the work taking place to review the Early Interventions in Psychosis Performance data alongside the Workforce and Organisational Development indicators. A key feature of integrated performance reporting is triangulation and identification of themes. This prompted a review of supervision rates for that service to see if this was contribution to a dip in quality service a provision and staff experience. She explained that supervision rates were low compared to the target of 90% and she is considering how this can be reported in the future and what other aspects of quality could demonstrate the performance of early interventions.</p> <p>When asked by Maura Teager how additional support could be provided to teams in distress, Carolyn Green answered that a patients and services review is being carried out to establish new ideas for team leadership. New models of group supervision are being brought in to bring supervision levels up and she hopes to report an improvement next month.</p> <p>Carolyn Gilby talked about the Operational perspective of the report and drew attention to the emergency planning procedures that reprioritise our work to provide a safe environment on campus. She reiterated that safety always comes first.</p> <p>Claire Wright was concerned as to how this report will change with regard to the CQC action plan. Carolyn Green said that she hopes to have a dashboard that will show progress with the CQC action plan ready for November report. This will form part of the quality dashboard and the report will develop areas of concern as well as areas of success.</p> <p>Ward staffing was raised by Ifti Majid. He asked what was being done to address night time staffing. Carolyn Gilby replied that the Operations Directorate are carrying out emergency planning but are struggling with the bank staff fill rate and work will take place with Amanda Rawlings to improve staffing rates and to look at how we can attract recruits.</p> <p>Maura Teager commented from the patient perspective that patients feel very vulnerable at night time especially in terms of their psychotic issues. She was pleased to hear that Carolyn Green will take management action to address this through internal control.</p> <p>The Board also discussed the clinical risks associated with work related stress, increased violence and aggression, lone working and workplace stress on the Radbourne Unit and the increased risk of fire identified on some inpatient ward associated with the smoking ban.</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 2016/134</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>She drew attention to the CCG's (Clinical Commissioning Group) and the Safeguarding Board chair's visit to the Trust when they explored our Safeguarding strategy and assurance and wished to thank Tina Ndili and Dr Joanne Kennedy for their diligent work in compiling extensive and detailed evidence during this exercise. She now looks forward to receiving a written report from the CCG and the Safeguarding Board's formal feedback on their visit.</p> <p>Changes are taking place in the clinical services groups. Carolyn Green referred to the retirement in September of Clare Grainger, Head of Quality, and thanked her for her longstanding commitment and contribution to the Trust. She explained that this post has been redesigned and recruitment to this position was supported through an assessment panel with staff, service receiver representatives and a carer's representative from North Derbyshire Carers Association. The panel was skilled and informed in its assessments thorough this approach and members were thanked for their insightful and extensive contributions. Derbyshire Mental Health Alliance gave positive feedback and thanked the Trust for the continued inclusive approach that was taken.</p> <p>Carolyn Green informed the Board that the Quality Visit Programme is well underway for 2016 and to date over 60 visits to clinical and non-clinical teams have been completed. She pointed out the importance of governors and the Board taking part in quality visits and she made it clear that these visits are not intended to provide assurance of clinical quality, they are Board to service area site visits, and allow staff to have discussions with Board members, commissioners and governors and present and showcase their services, ideas and innovations against the sections of the key lines of enquiries. Carolyn Green assured the Board that actions agreed during the visits would continue to be monitored and best practice examples would be recorded following moderation for teams to learn from. This feedback would also be shared with the Quality Leadership Teams to draw from the feedback, and enable staff to take management actions to support teams.</p> <p>Carolyn Green pointed out that some staff have expressed an interest in revisiting the Quality Visit model and a review will be completed after the end of this season. She urged all Board members to reflect upon the current model in the meantime and provide her with any views or recommendations they might have.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received the Quality Position Statement 2) Gained assurance on its content
<p>DHCFT 2016/135</p>	<p><u>BOARD COMMITTEE ESCALATIONS</u></p> <p>An assurance summary was received from the Quality Committee which identified key risks, assurance and decisions made.</p> <p>It was noted that assurance summaries had not been received from the Mental Health Act Committee or the Audit & Risk Committee and these would be received at the October meeting.</p> <p>The ratified minutes of the Quality Committee held in July were received for information only and no issues were raised.</p> <p>RESOLVED: The Board of Directors received the Board Committee escalations and ratified minutes of meetings held in June.</p>
<p>DHCFT 2016/136</p>	<p><u>EQUALITY DELIVERY SYSTEM EDS2 UPDATE</u></p> <p>Amanda Rawlings presented to the Board the four outcomes of the EDS2 and explained how the Trust is positioned against its objectives and offered guidance as to next steps in terms of governance.</p>

	<p>It was noted that EDS2 is critical to the Trust's working and Amanda Rawlings thanked Owen Fulton for his work carried out on EDS2 over the last few weeks.</p> <p>Amanda Rawlings explained that her priority would be to ensure the Board was sighted on the 18 outcomes against which NHS organisations assess and grade themselves. It was acknowledged that presently, the Trust does not have a comprehensive plan to deliver on its EDS2 work streams. This has impacted certain groups adversely both from a patient and employee point of view and it was noted that non-compliance with EDS2 will be included in the Trust Board Assurance Framework. Amanda Rawlings assured the Board that excelling in this work would be linked into the Trust's governance framework and she described how the People and Culture Committee and the Quality Committee would monitor EDS2 as we move towards. The People and Culture Committee would be the lead committee and would ensure the Trust is compliant with EDS2 and the Quality Committee will measure the patient outcomes.</p> <p>The Board approved the report but recognised it would be necessary to have the required resource in place to deliver this plan and agreed that resource and capacity would be addressed through the Executive Leadership Team (ELT).</p> <p>ACTION: Non-compliance with EDS2 to be included in the Board Assurance Framework</p> <p>ACTION: ELT to address the Trust's resource to deliver EDS2.</p> <p>RESOLVED: The Board of Directors</p> <ol style="list-style-type: none"> 1. Endorsed the establishment of the Equalities Forum 2. Noted progress on the EDS2 goals 1, 2, 3 and 4 including actions to date for implementation 3. Agreed that the risk is to be included in the Trust BAF regarding non-compliance with EDS2
<p>DHCFT 2016/137</p>	<p><u>DEEP DIVE – LEARNING DISABILITIES – COMMISSIONING DIFFERENTLY</u></p> <p>Libby Runcie, Professional Leader, Commissioning Differently and Karen Billyeald, Area Service Manager, Learning Disability (LD) Services attended the meeting and advised the Board as to how the Commissioning Differently for Learning Disabilities programme was driving to change practices 'to do things differently' following the recommendations contained in the Winterbourne Review, which set out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging.</p> <p>The Board noted that within the LD team there are only two specially employed managers, Karen Billyeald and Debbie Hargreaves, other clinical leaders take on management responsibilities. Recruitment is a problem across the service and work is taking place to recruit to teams to enable patients to be treated at home rather than being admitted to hospital. Recruitment of band 4 nurses has been of a high quality but it has been very difficult to recruit qualified nurses and it is also difficult to recruit to speech and language therapy posts.</p> <p>Maura Teager asked if you assumed the right to be creative with recruitment what organisational development action did you take? Karen Billyeald explained that a skill mix review was undertaken across the service line and every vacancy was skill mixed. Recruitment was looked at from all angles as advertising on NHS Jobs does not always attract people with the right skills. She had also liaised and researched how other trusts manage recruitment and she also used social media to attract staff.</p> <p>Amanda Rawlings spoke about training and asked how anyone new was inducted into the service and hoped this could be a programme that DCHS and the Trust can work together on. Offering the right training opportunities and leadership programmes will</p>

	<p>attract people and would help when competing with other organisations.</p> <p>Libby Runcie offered assurance to the Board that the LD team was working hard to support victims of historical abuse who had been detained at Aston Hall and was working with individuals and sharing their medical records. Carolyn Green thanked Karen Billyeald for her sterling work in making safeguarding personal and going beyond the call of duty.</p> <p>Examples of collaborative working with partners to allow personalisation of support for individuals, preventing inappropriate or reoccurring hospital admissions were given. The Board was made aware of how the Commissioning Differently programme works to purchase homes for people in need so they can be cared for in their homes. Libby Runcie talked with enthusiasm about the care they were providing for a particularly difficult LD case. This person had been institutionalised in the private sector in appalling conditions for most of their life and was now being helped to lead a happier life living in a bungalow that had been funded by the Commissioning Differently programme rather than in a hospital.</p> <p>The Board was struck by the enthusiasm and drive of the team in describing the care they have put in place for this particular individual which they used as an example of Commissioning Differently. Some people with learning difficulties are caught up in criminal justice system because this is the only place they feel safe. There is a lack of appropriate treatment which is a national issue.</p> <p>The Board considered action to be taken and heard through Carolyn Green that the case described above by Libby Runcie would be taken to Safeguarding Adults Board as a case study to the sub groups to explore the risks for Derbyshire patients. The CAMHS team will also write a report on Commissioning Differently and examples and concerns will be monitored through the Trust's Safeguarding Committee.</p> <p>The Board thanked Libby and Karen for their informative item on Commissioning Differently and was grateful for their commitment to challenging the practices they are driving to change. Carolyn Green informed the Board that challenges around waiting time, caseloads, capacity, recruitment and dealing with people with an autism diagnosis that were also reported in the deep dive but not explored in detail would be addressed within the new sub group for performance and Performance Outcomes Group .</p> <p>RESOLVED: The Board of Directors received the deep dive into Learning Disabilities and Commissioning Differently</p>
<p>DHCFT 2016/138</p>	<p><u>STRATEGY IMPLEMENTATION UPDATE</u></p> <p>The Board approved the Trust Strategy 2016-21 in May of this year. At that time a brief outline of the strategy implementation process was presented. This latest report appraised the Board of the progress and provided assurance against the agreed timeframes.</p> <p>Risks associated with delivery of the strategy were highlighted by Mark Powell and are listed below:</p> <ul style="list-style-type: none"> • System wide planning – the draft STP (Sustainability and Transformation Plan) was submitted on 30 June and the strategy implementation process was based on this submission. Clarification was sought in early August following a meeting that Chief Officers attended with Senior NHS officers in late July. Whilst there is a slight reframing of work, this is not significant and will actually make it easier for internal processes. The system-wide planning represents a risk to our process although we are mitigating it by ensuring close alignment to the 'Engine Room' (the central team driving the process) and the Commissioner Leads. The risk is medium.

	<ul style="list-style-type: none"> • Clinical and senior management involvement – whilst there is good clinical and management involvement the timing and the importance of the CQC inspection and subsequent report will mean that staff have competing priorities. Teams are trying to balance requirements although this will undoubtedly remain a high risk to delivery. • Medical leadership – the need for Associate Clinical Directors (ACDs) and other senior consultants to lead the process is a cultural change and is proving challenging. However, key senior managers are working closely with the Medical Director and ACD's to ensure that there are appropriate levels of involvement. Managers continue to provide support which helps alleviate the time commitment, which still remains considerable. This remains a high risk. <p>Mark Powell pointed out that the report intended to provide assurance to the Board that the process is progressing according to plan and aligned with the STP and that more action would take place over the next few weeks which will be feature in the next report.</p> <p>The Board noted that where we have suitable structures in place, such as Dementia Board, CAMHS Transformation Group, projects are being integrated into their core business to reduce complexity and demand on staff time. There are also some key risks that need to be reflected on in the Board Assurance Framework (BAF). Capacity generally is a real issue and it was noted that risks to the transformation programme and strategy implementation have been captured in the BAF.</p> <p>The next stage for the process is 'Gateway 2' on 16 and 23 September, where proposals will be discussed with a panel consisting of Directors, a representative from the Non-Executive Directors, a staff and public governor representative, Senior Managers and Commissioners.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1. Noted the contents of this report 2. Received assurance that the strategy implementation process is progressing and that appropriate measures are in place to ensure that it is in-line with the system wide STP process
<p>DHCFT 2016/139</p>	<p><u>REPORT FROM COUNCIL OF GOVERNORS MEETINGS HELD ON 12 AND 21 JULY</u></p> <p>The Council of Governors met on 12 July for an extraordinary confidential meeting and also on 21 July for a scheduled public meeting. The report provided a summary of issues discussed and was noted by the Trust Board.</p> <p>RESOLVED: The Board of Directors noted the summary report from the Council of Governors.</p>
<p>DHCFT 2016/140</p>	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN (GIAP)</u></p> <p>Mark Powell delivered his report which provided Board members with an update on progress on the delivery of the GIAP, including the identification of tasks and recommendations that are off track. The report also provided assurance on the delivery and risk mitigation received from Board Committees and lead Directors and enabled constructive challenge to establish whether sufficient evidence has been provided for completed actions and to decide whether tasks and recommendations can be closed and archived.</p> <p>The Board noted the need to amend the way in which the GIAP is reported to provide the Board and its Committees with a greater emphasis on specific, difficult to deliver tasks and also to place much greater focus on how actions are being embedded across the organisation. Mark Powell pointed out the responsibility for developing an organisational accountability framework sits with the Executive Leadership Team which will allow wider</p>

	<p>debate on any further adaptations and this will be agreed and implemented by the end of October.</p> <p>Mark Powell referred to the Blue Action Form and explained how this had been designed to provide final assurance to the Board that each core area within the GIAP has been concluded.. He pointed out that the Board should receive 53 blue forms over a period of time and this will ensure the Board has assurance of each completed action and the Board meeting agenda will be structured accordingly to capture each completed action.</p> <p>The Board recognised that the GIAP is now far more focused on assurance of completion of actions. All areas that are off track will be monitored through the Board Committees and the accountability framework will be addressed at ELT and implemented by the end of October. The Board was satisfied with the evidence contained in the report that actions have been evaluated which constituted good governance.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the progress made against GIAP 2) Reviewed the content of this paper and KPIs 3) Discussed the areas rated as ‘off track’ and ‘some issues’ 4) Approved the revised reporting process and templates for each Core area and blue completion forms
<p>DHCFT 2016/141</p>	<p><u>AUDIT & RISK COMMITTEE - GOVERNANCE IMPROVEMENT ACTION PLAN</u></p> <p>At the Audit and Risk Committee meeting on the 19 July, members of the Committee were not assured on the progress of the GIAP actions which Audit and Risk Committee has oversight.</p> <p>The Board noted the detail contained in the report and was assured by the evidence of progress against each of the actions for which the Committee has oversight. Caroline Maley, as Chair of the Audit and Risk Committee was satisfied with the progress detailed in the report but said her only concern was that the Audit and Risk Committee would not be meeting until 11 October and then again in December.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received the report and noted the update of the actions. 2) Noted and agreed that ClinG3 (2), CorpG4 (1) and CorpG (12) are complete.
<p>DHCFT 2016/142</p>	<p><u>TRUST COMPLIANCE – ACCESSIBLE INFORMATION STANDARD AND INFORMATION GOVERNANCE REPORT</u></p> <p>This report presented by Carolyn Gilby provided the Board with an update on the Trust’s compliance with the Accessible Information Standard since the previous update was update reported to the Board in June.</p> <p>The Board noted the key actions that had been completed.</p> <p>Carolyn Green challenged how the audit plan and compliance checks would be evidenced to show this was in place. Carolyn Gilby explained that this is very important area of our work which is evidenced through the Information Governance Committee. This Committee has a comprehensive programme for continuous review and improvement and the Information Governance Committee reports to the Quality Committee every six months. Examples of completed audits and the work plan are included in the report and an annual report is received by the Board and this will be reflected in the Board’s forward plan.</p> <p>ACTION: Timing for the Annual Report on Information Governance to be captured in the forward plan.</p> <p>RESOLVED: The Board of Directors:</p>

	<p>1) Acknowledged full implementation and Trust compliance with the Accessible Information Standard</p> <p>2) Acknowledged post implementation monitoring and audit.</p>
DHCFT 2016/143	<p><u>ANY OTHER BUSINESS</u></p> <p>Carolyn Gilby's Retirement: Richard Gregory reminded the Board that this would be Carolyn Gilby's last attendance at Board. He thanked her for her tremendous contribution to the Trust throughout her career and wished her well in her retirement.</p> <p>Security and Safety: Carolyn Green asked for input from a Non-Executive Director as Lead Security NED to look at standards of security and safety. Sam Harrison and Richard Gregory agreed to discuss this outside of the meeting with Non-Executive Directors as part of a wider portfolio review. Sam Harrison added that NED portfolios will be considered and discussed at the quarterly NEDs meetings and she would circulate a paper to the Board outlining current arrangements</p> <p>ACTION: Sam Harrison to circulate paper on NED portfolios to the Board of Directors.</p>
DHCFT 2016/144	<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>
DHCFT 2016/145	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></p> <ul style="list-style-type: none"> • Trust's non-compliance with EDS2 will be included as a risk in the BAF. • The capacity of Non-Executive Directors and Executive Directors will be reflected in the BAF. • Risks associated with delivery of the Trust' Strategy as identified in Strategy Implementation Update
DHCFT 2016/146	<p><u>BOARD PERFORMANCE AND CONTENT OF MEETING</u></p> <p>The Board felt that today's deep dive into Learning Disabilities was a remarkable account of the worthwhile work carried out through the Commissioning Differently programme. The Integrated Performance Report stimulated good discussion</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 5 October 2016.</p> <p style="text-align: center;">The location is Conference Rooms A and B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	