

**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 27 July 2017

**MEETING HELD IN PUBLIC**

Commenced: 1pm

Closed: 4.20pm

<b>PRESENT:</b>	Caroline Maley Dr Julia Tabreham Margaret Gildea Barry Mellor Dr Anne Wright Richard Wright Ifti Majid Carolyn Green Samantha Harrison Mark Powell Lynn Wilmott-Shepherd Rachel Leyland Dr Mark Broadhurst Harinder Dhaliwal	Acting Trust Chair Deputy Trust Chair and Non-Executive Director Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Acting Chief Executive Director of Nursing & Patient Experience Director of Corporate Affairs & Trust Secretary Acting Chief Operating Officer Interim Director of Strategic Development Deputy Finance Director - deputising for Claire Wright Deputy Medical Director - deputising for Dr John Sykes Assistant Director for Engagement and Inclusion - deputising for Amanda Rawlings
<b>IN ATTENDANCE:</b>	Anna Shaw Sue Turner For DHCFT 2017/115 Aileen Knowles For DHCFT 2017/115 Nicola Fletcher For DHCFT 2017/123 Fiona White For DHCFT 2017/123 Sam Kelly For DHCFT 2017/123 Katie Evans For DHCFT 2017/123 Cath Dunning For DHCFT 2017/123 Dr Mathew Joseph	Deputy Director of Communications & Involvement Board Secretary (minutes) Moving & Handling Advisor/Falls Prevention Lead Acting Assistant Director of Clinical Professional Practice Area Service Manager Consultant Nurse Service Manager Senior Nurse Consultant Psychiatrist
<b>VISITORS:</b>	John Morrissey Carole Riley Kevin Richards	Lead Governor and Public Governor, Amber Valley South Deputy Lead Governor and Public Governor, Derby City East Public Governor, South Derbyshire
<b>APOLOGIES:</b>	Claire Wright Dr John Sykes Amanda Rawlings	Director of Finance & Deputy Chief Executive Medical Director Director of People & Organisational Effectiveness

<b>DHCFT 2017/114</b>	<p><b><u>ACTING CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST</u></b></p> <p>Acting Trust Chair, Caroline Maley, opened the meeting and welcomed everyone. No declarations of interests were received. Apologies for absence were received as noted above.</p>
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DHCFT  
2017/115

**SERVICE RECEIVER STORY**

Nicola Fletcher introduced Aileen Knowles, the Trust's Moving & Handling Advisor/Falls Prevention Lead who is also a carer for her elder sister. Aileen described how events in her sister's life had led to her experiencing high levels of anxiety. Her sister's children had grown older and did not need the same level of support which led to her being concerned about losing her identity as a mother. Her role at work had changed which made her anxious with regard to her financial security and also led to her developing a level of paranoia that made her believe everyone was looking at her and talking about her. As time went by Aileen's sister's level of paranoia increased. This was mainly caused by responsibilities involved in becoming a grandmother and the unexpected bereavement of their brother which was the catalyst for her increased paranoia.

Aileen eventually managed to persuade her sister to let her take her to see her GP who referred her sister to the Crisis Team. Aileen described the level of treatment offered by the Crisis Team as disappointing. Her sister was diagnosed as suffering from anxiety and she went on to describe how during a psychiatrist appointment the psychiatrist did not have her sister's notes in his possession which meant Aileen had to retell her sister's symptom history which was very upsetting for them both. The Board also heard of the distress that resulted from cancelled outpatient appointments.

Ifti Majid responded first by apologising to Aileen that the Trust had not supported her sister as well it could have done. He acknowledged that Aileen's story was connected with her employment by the Trust and that she is also a carer and he hoped this would help triangulate what works well within the system and what does not.

Julia Tabreham, Chair of Quality Committee, informed Aileen that carer representatives attend meetings of the Quality Committee and have helped to improve the quality of the services the Trust is delivering. She was concerned that people have reached tipping point when they come into contact with the Crisis Team and that services are not resourced sufficiently to deal with every situation and carers are let down at the crucial point. As a Board member Julia Tabreham gave her commitment to ensuring that people have the support they need when they need it.

Aileen was concerned that there are people who go through the same experience as her sister who do not have family resource to support them. From an employee point of view she feels very fortunate that her job gives her an insight into patient needs and that her mentor and business manager, Carolyn Green, Director of Patient Experience and Nursing, understands her situation and has allowed her the flexibility to care for her sister while carrying out her role.

Carolyn Green informed the Board that improving the culture and values of family and carers is one of the Trust's quality priorities. The service will be improved and will drive family and carer involvement and will join up services so that carers and their family only have to tell their story once. She would also make sure that the service focusses on carers' needs and the value carers bring as they have a wealth of information that can make providing care more effective

Caroline Maley concluded that the Board was committed to ensuring that the perspectives of carers and families will be more focussed upon during treatment. Today's review identified recommendations for engaging with carers regarding their needs and those who they care for. The Board was fully committed to ensuring that consultants are always in possession of patient notes so that patients do not have to repeat their medical history.

**RESOLVED: The Board of Directors expressed thanks to Aileen for sharing her story which gave a clearer insight into the service the Trust had provided**

DHCFT

**MINUTES OF THE MEETING DATED 28 JUNE 2017**

2017/116	<p>The minutes of the previous meeting, held on 28 June were agreed and accepted as an accurate record, subject to the first sentence of the ninth paragraph of the Integrated Performance Report, item DHCFT 2017/101 being corrected from <i>‘Julia Tabreham was concerned about adherence to CPA (Care Programme Approach) and the overwhelming pressure this placed on staff’</i> to read <i>‘Julia Tabreham was concerned, that due to overwhelming pressure on staff, there is a lack of adherence to the CPA (Care Programme Approach). The lack of completion of CPAs is a persistent feature in Serious Untoward Incident Reports’</i>.</p>
DHCFT 2017/117	<p><b><u>ACTIONS MATRIX AND MATTERS ARISING</u></b></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted on the actions matrix. All completed ‘green’ actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive leads.</p>
DHCFT 2017/0118	<p><b><u>ACTING CHAIR’S VERBAL REPORT</u></b></p> <p>Caroline Maley reported that she had attended the Health and Wellbeing Board on 29 June with Ifti Majid the detail of which is covered his Acting Chief Executive report.</p> <p>The Board held an effective Board Development day on 12 July that focussed on the Trust’s strategy. Caroline looked forward to attending further Board Development sessions that will focus on carrying on the good work developing the skills of Board.</p> <p>A meeting of the Council of Governors was held on 18 July and Caroline described the governors’ role in challenging the Board to ensure that the Trust delivers its strategy. She also took the opportunity to welcome new members of the Council of Governors Amran Ashraf and Cllrs Robin Turner and Linda Grooby.</p> <p>Caroline described the interesting meeting she attended with Ifti Majid at Lincolnshire Partnership NHS Foundation Trust. They both enjoyed discussing how Lincolnshire took their CQC Improvement Notice from ‘requires improvement’ to ‘good’ which led to them considering holding joint meetings and working together.</p> <p>Caroline talked about the day she spent at a Chairs Networking meeting where good discussions were held about trying to reduce the use of agency staff. An inspiring presentation was made by Sherwood Forest Foundation Trust which showed how they are managing urgent care and she was interested to see the changes they are making to develop their services.</p> <p>Last week Ifti Majid and Caroline Maley attended the first STP Board meeting and Caroline also carried out a quality visit to Pharmacy.</p> <p><b>RESOLVED: The Board of Directors noted the activities of the Acting Chair throughout the month of July.</b></p>
DHCFT 2017/119	<p><b><u>ACTING CHIEF EXECUTIVE’S REPORT</u></b></p> <p>The Acting Chief Executive’s report provided the Board of Directors with an update on developments occurring within the local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such commissioners and feedback from staff. The report was used to support strategic discussion on the delivery of the Trust strategy.</p> <p>Ifti Majid referred to the CQC’s (Care Quality Commission) publication called <i>‘Driving Improvement’</i>. He was pleased to see this report focused on cultural change and staff ownership of improvements and he urged Board members to familiarise themselves with</p>

this report in preparation for the CQC's forthcoming visit to ensure resources are focussed on the right areas and that the Quality Committee and Trust Management Team optimise the outcomes in key areas.

Ifti Majid's report drew attention to the NHS Providers 'State of the Provider Sector'. He described how this key document detailed the current performance, challenges and opportunities this sector is facing which revealed that we are expecting to see significant increases in demand around core mental health services. Coupled with this is the pressure that many central services are under which Ifti Majid thought was a sad indictment of the austere environment the Trust is currently operating in. In response to Richard Wright's observation that that the STP recommends focussing on these priority areas, Ifti Majid replied that as there is not yet a clear plan for mental health and the STP this has exacerbated the need for us to have confidence in our plans to make efficiencies to ensure the STP plans are not to the detriment of mental health services and he undertook to continue to share this type of information with the Board.

Ifti Majid referred to the positive assurance received from the Fire and Rescue Services' response to the Grenfell Tower disaster and was pleased with the work undertaken with regard to in-patient health provision. It was noted that no Derbyshire properties contain the same cladding as Grenfell Tower. There are 28 buildings across Derbyshire with more than 6 floors and they have all been prioritised for assessment. In addition to this all schools, university buildings and adult education establishments are being assessed.

Ifti Majid's report made the Board aware of improvements made around CQC compliance and the confirmation that all breach requirements have been met. He was delighted to confirm that the Trust's rating has now returned to green which is the highest possible rating that can be achieved.

In July Ifti Majid had a meeting with the Trust's BME network to understand how to implement reverse mentoring and create the initial cohort of people to be mentored. He was pleased to report that the timeline for implementing this for the Board would be some time in the Autumn and he looked forward to this initiative helping to influence our culture.

Finally, Ifti referred to the programme closure report from the transaction with DCHS (Derbyshire Community Health Services NHS Foundation Trust). This report summarised the Trust's decision to withdraw from the transaction and also outlined the position for each of the work streams and set out the next steps towards taking the pathway areas forward through back office collaboration and the STP work streams.

Barry Mellor appreciated the effort that had gone into the closure report and reiterated that only about 20% of the Trust's services would have been improved by the merger by acquisition process and was concerned that this fact was not included in the report. Julia Tabreham agreed with Barry Mellor. She would have preferred the rationale for not proceeding with the acquisition to have been captured in the report especially as there were many stakeholders involved in the work that supported joint working with Derbyshire Community Health Services (DCHS). Ifti Majid explained that as this was the combined programme report it did not give the detail behind the Trust's decision for not going ahead with the acquisition. He assured the Board that joint executive groups are being set up which will enable the Trust to strategically move forward with the clinical benefits and build relationships for the future.

Caroline Maley responded that The Trust and DCHS had been asked by the STP Board to present at the next STP Board meeting on why transaction did not go ahead. She hoped that this would allow the Trust to make a measured response that the STP should have been involved in this decision making process while recognising that at the time the STP was not in full operation. She emphasised that the Board's energy is now focussed on working towards an Accountable Care System (ACS).

**RESOLVED: The Board of Directors noted the Acting Chief Executive's update**

**INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)**

The IPR provided the Trust Board with an integrated overview of performance as at the end of June 2017. The focus of the report is on workforce, finance, operational delivery and quality performance.

The Trust continued to perform well against many of its key indicators during June even though staffing levels remain a constant challenge both in the community and ward areas. Although staffing levels against planned standards remain a concern, the Board was assured that safe and effective operational management is in place to mitigate all risks and was pleased to note that nursing and quality staff are being deployed to support campus services over the summer period to maintain safety and to support staff until new staff commence in post.

The Board was also pleased to note that the number of outstanding actions following the CQC (Care Quality Commission) comprehensive review has reduced. Continued focused meetings are driving continual service improvement and will ensure learning is embedded. The number of outstanding actions following serious incident investigations has also reduced. A number of learning events have been scheduled over the summer period for children's, substance misuse and county wide services to address the improvement required in safeguarding training.

Staff attendance remains a significant challenge to the Trust with an annual sickness absence rate of 5.53%. In June the sickness absence rate for the month was 5.49% which is lower than the annual rate and 0.79% lower than in the same period last year (June 2016). Work continues on the recruitment action plan and shows how we plan to tackle each vacancy. This includes a number of incentives campaigns and open days being held across the UK as well as overseas recruitment for hard to fill posts.

From a financial perspective the Trust is slightly ahead of plan in surplus terms for the month by £5k and is ahead of plan by £22k year to date. The forecast is to achieve the control total at the end of the financial year but there are risks to achieving 4% CIP (Cost Improvement Programme) by the end of the year. Commissioner-driven QIPP (Quality, Innovation, Productivity and Prevention) disinvestment schemes that require £3.05m income and cost reduction are not yet agreed but are incorporated into the Mental Health STP (Sustainability Transformation Programme) work stream planning.

After hearing today's service receiver story Anne Wright was concerned about cancelled outpatient clinics and the number of patients not attending appointments. This resulted in the Board discussing at length how inpatient clinics are operating. Mark Broadhurst explained that this was caused by the national problem with recruiting doctors and psychiatrists. Added to this is the difficulty in replacing locums and this has resulted in cancelled appointments. The Board heard that the outpatient clinics are trialling using non-medical pre-subscribers to support outpatient clinics although it was understood that this method will not see a short term solution.

Despite these problems outpatient clinics are a very efficient way of providing effective care and it was noted that a number of positive comments are received from service users on the clinical approach being taken. The Board decided it would be wrong to change the traditional outpatient clinic model and committed the Quality Leadership Team, the Trust Management Team and Quality Committee to assess how to improve outpatient clinical practice to make sure the Trust operates the best quality outpatient clinics. Mark Broadhurst undertook to improve the outpatient experience by the end of the September and pledged to bring a report to the Board on 1 November quantifying what the problems are as well as setting out the solutions.

The Board also discussed outpatient appointment DNAs (Did not Attend). Barry Mellor informed the Board that the Finance & Performance Committee had discussed outpatient appointment DNAs as it noted that clinics had experienced 15% DNAs against a target of 7%. One of the main causes of DNA is the rescheduling of appointments. The

	<p>Committee talked about the method of text message reminders that alert patients of appointments and it was discovered that more DNAs occurred when text message alerts were made. DNA is very high in children’s services and work is taking place to drastically reduce DNAs by using resources more effectively.</p> <p>The Board discussed the format of the IPR as Julia Tabreham was concerned that the Executive Summary was becoming increasingly long and suggested that issues be reported on an exception only basis along with the resulting action. The Board considered this suggestion and agreed that the narrative descriptor plays an important part in linking the operational functions that gave an effective overall picture of performance.</p> <p>Julia Tabreham made a second point that she thought the STP contained many outliers such as the transfer of care relying on system partners and she asked if the STP would start to consider some of these worrying pathway issues. Ifiti Majid advised that there would be a strong mental health voice in the work streams and as individual projects develop it will be easier to understand further work. Lynn Willmott-Shepherd also assured the Board that she anticipated a high level of engagement from local authorities and other governing bodies would be involved in the STP relaunch event which will be a good case for developing relationships and working opportunities.</p> <p>Margaret Gildea brought discussions back to today’s service receiver carer story and asked the Board to consider how to improve the flow of information so that related information is always available to ensure consultants have accurate notes in front of them. Mark Powell assured her that clinicians and IT will work closely together to resolve the issues described today and will develop a set of patient measures that will be taken through the Quality Committee and the Finance &amp; Performance Committee by John Sykes and Mark Broadhurst. The solutions to this review will be then reported to the Board on 1 November.</p> <p>Caroline Maley concluded discussions and was assured that the data contained in the IPR is regularly reviewed at various performance management meetings and by the Executive Leadership Team as well as the Board Committees.</p> <p><b>ACTION: Quality Leadership Team, Trust Management Team and Quality Committee to assess how to change the practice of Outpatient Clinics to allow an Outpatient Model Report to be brought to the Board on 1 November setting out causes of cancellations and the solutions.</b></p> <p><b>ACTION: Report identifying patient measures through IT solutions developed with clinicians to be received by the Quality Committee and Finance &amp; Performance Committee prior to a report setting out the solutions is submitted to the Board on 29 November.</b></p> <p><b>RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained significant assurance on current performance across the areas presented with the exception of outpatient metrics which will be reported to the Board at the Board meeting to be held on 1 November 2017.</b></p>
<p><b>DHCFT 2017/121</b></p>	<p><b><u>QUALITY POSITION STATEMENT</u></b></p> <p>Carolyn Green provided the Board of Directors with an update on the organisation’s continuing work to improve the quality of services that are provided in line with the Trust Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>The Board noted the fire safety action that has been taken to ensure the safety of the Trust’s premises following the Grenfell Tower fire and was pleased to hear that fire evacuations are being increased to build up confidence in staff so they know how to respond.</p>

	<p>Carolyn Green was pleased to report that work is continuing on closing down actions relating to the CQC action plans both from the major inspection and regular Mental Health Act visits. This work is closely monitored by the Quality Committee and there has been a significant improvement in the status of the 2016 comprehensive inspection actions. She assured the Board that she will continue to ensure that these recommendations and actions are fully delivered and embedded within the Trust's services.</p> <p>In response to Barry Mellor enquiring if a further CQC inspection is to be carried out, Carolyn Green responded that a site visit is planned for September. Preparation for the visit is being focussed through the Trust Management Team meetings where the CQC action plan and expectations is assessed against the Trust's performance. She also advised that the CQC will be observing the Trust's Board meetings and have made a request to meet governors.</p> <p>The report also provided an insight into the positive work of MASH (Multi Agency Safeguarding Hub) which operates co-location of health, Police and social care staff and enables sharing of safeguarding intelligence and planning which allows teams to have instant access to information instead of services taking weeks to share information.</p> <p>Reference was made to learning obtained from a service user story heard earlier this year from a gentleman who fed back to the Board that he was unclear on how to gain support from the Trust's advocacy service which was mainly due to a complexity of commissioning arrangements between Derby City and Derbyshire local authorities. The Board was pleased to hear that new advocacy posters have been redesigned to signpost service users and will be displayed throughout the Trust's services and that the Mental Health Alliance and expert by experience colleagues will review the information contained in the posters during ward visits and will report back their thoughts.</p> <p>As a result of discussions Caroline Maley concluded that the report provided the Board with significant assurance relating to patient safety but limited assurance was obtained around the completion of some of the CQC actions although it was understood that this work was still in progress.</p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li><b>1) Received and noted the Quality Position Statement</b></li> <li><b>2) Gained significant assurance with regard to safety</b></li> <li><b>3) Gained limited assured with regard to some CQC actions</b></li> </ol>
<p><b>DHCFT 2017/122</b></p>	<p><b><u>BOARD ASSURANCE SUMMARIES &amp; ESCALATIONS</u></b></p> <p>Assurance summaries were received from the meetings of the Quality Committee held on 15 June, Audit &amp; Risk Committee held on 11 July and the People &amp; Culture Committee held on 20 July 2017. Committee Chairs summarised the escalations that had been raised and these were noted by the Board as follows:</p> <p>Julia Tabreham, Chair of the Quality Committee informed the Board that good discussions had been held at the June meeting on the CQC pipeline of actions. The Committee received limited assurance with regard to Mental Capacity Act (MCA) compliance. Compliance checks on key elements are now being monitored on a monthly basis and are showing demonstrable improvement with regard to completion and quality of documentation. An MCA clinical skills paper on the Radbourne Unit is being prepared which shows that this targeted work is starting to produce dividends and thanks were made to the Finance &amp; Performance Committee for providing this investment in our staff.</p> <p>Ifti Majid referred to the Ligature Risk Reduction item and asked if work was taking place to reduce the safety risk. Carolyn Green assured him that she has every confidence that completion of the red rated risks will be completed now that budgets have been adjusted</p>

	<p>in the capital programme.</p> <p>Barry Mellor, Chair of the Audit &amp; Risk Committee informed the Board that a deep dive took place at the July meeting on BAF risk 1a Clinical Quality Safety Standards. Whilst limited assurance was received by the Committee it is clear that significant work is taking place and will be further driven by the Quality Leadership Teams to raise standards.</p> <p>Barry Mellor was pleased to report that significant assurance was received on implementation of the Trust's Raising Concerns policy.</p> <p>Limited Assurance was obtained on the outcome of Clinical Audit. The Committee could see that good processes are in place but further work is required on the completion of clinical audit objectives. As a result it was agreed that the Quality Committee would receive a report quantifying the full benefits of Clinical Audit.</p> <p>Margaret Gildea reported that the People &amp; Culture Committee held a very effective meeting in July. She proposed that this Committee could oversee the operational groups and intended to pursue this through the through the work of the Committee.</p> <p><b>ACTION: Quality Committee to receive a report quantifying the full benefits of Clinical Audit</b></p> <p><b>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries and Escalations</b></p>
<p><b>DHCFT 2017/123</b></p>	<p><b><u>DEEP DIVE – CRISIS AND HOME TREATMENT SERVICE</u></b></p> <p>The crisis in mental health provision is often in the news and reflects the great demands made on services. Today's service receiver story also covered the support delivered by the Crisis Team. Fiona White, Sam Kelly, Katie Evans, Cath Dunning, and Dr Mathew Joseph from the Crisis And Home Treatment Service joined the meeting and provided the Board with an insight into some of the key challenges and achievements experienced by the service team.</p> <p>Derbyshire's Crisis Resolution Home Treatment Teams are based around Derby, Chesterfield and High Peak. The service is for people aged 18 - 65 who experience a severe mental health illness who would otherwise be at risk of hospital admission. The team provides an assessment service, home treatment, least restrictive environment options and a comprehensive discharge process. There have been some serious incidents in the city and in the county and concern was expressed by the team due to the difficulties in dealing with large caseloads.</p> <p>Sam Kelly emphasised that the service's biggest achievement was successfully commissioning a review of Crisis Resolution Home Treatment Service, the recommendations of which have been commissioned by the Board to carry out this work. This review was undertaken by Sam Kelly based on patient and staff feedback and was benchmarked as having a good standard of practice for the team. This review identified that the teams were under a considerable amount of pressure working to recommended staffing models which resulted in a service that was compromising the health of patients. The Board noted that as a result of this review a full ownership approach has been taken and the team is fully engaged and working on a new clinical model and is engaging with carers to incorporate what they need from the crisis service. The team established that the majority of people's needs are being met through commissioning. However, there is a commissioning gap for people who are in acute distress who may feel they want to harm themselves and they have nowhere else to go. The Board heard how work going forward will be aligned with the STP to ensure there is a proper pathway.</p> <p>The team's other key achievements include continued work to improve links with GPs, campus services, social care and particularly the Police. The Crisis Team is also</p>



	<p>developing at a multi-disciplinary model and now includes occupational therapy and social work and a pharmacy link within the team.</p> <p>The team talked about their key challenges and emphasised how a lack of resource was having an impact on the service. The Board was aware that this has been raised with commissioners and NHS England and that the team has implemented and rolled out crisis review recommendations until staffing levels improve.</p> <p>The Board was told of the Crisis Team's plans for future improvements, particularly in delivering all recommendations from the recent review. Ongoing recruitment to improve staffing levels was at the forefront of their plan. Succession planning will continue due to the interim and acting posts being in place and work was taking place to ensure these posts are filled in the future. The team has also developed a patient and carer feedback system that will inform future developments within the service.</p> <p>The Board was extremely appreciative of the efforts the Crisis Team is taking. Ifti Majid referred to the problem with inpatient beds and capacity in neighbourhoods and wondered if the problem could be improved with people working in a more integrated way resulting in a broader flow of services. Sam Kelly replied that the team had implemented clinical assessments to assess those who need home care. The average case load has reduced considerably and is much more manageable but this had not had a great impact on availability of beds. The problem arises when the team become involved in a patient's care too late. It is important that the Crisis Team should not be seen as a panacea for keeping people out of hospital. Integration with community services would help this and the team is looking to see what they can learn nationally about this.</p> <p>Barry Mellor asked if the team was hopeful of filling all its staff vacancies. It is hoped that this can be achieved from the current recruitment drive. Lynn Wilmott-Shepherd added that the Trust has been commissioned for these staff. Commissioners are working well with the Trust and we are trying to receive funding from the Better Care Fund and are also looking at cases for next year's contracting round. Carolyn Green reiterated that recommendations from the crisis review were accepted by commissioners. There are actions underway to provide investment back into the Crisis Team and work is taking place with commissioners to understand how investment can be improved in order to implement the new modelling.</p> <p>Caroline Maley concluded that this was a very helpful deep dive into the Crisis and Home Treatment Service and whilst it was pleasing to hear about how morale is beginning to improve clearly there are pressures linked to capacity, flow and cohort that must be resolved to make a clinically led change.</p> <p><b>RESOLVED: The Board of Directors considered and noted the presentation made by the Crisis And Home Treatment Service team</b></p>
<p><b>DHCFT 2017/124</b></p>	<p><b><u>BUSINESS PLAN 2017-18 MONITORING</u></b></p> <p>Lynn Willmott-Shepherd's report provided the Board with an update on the performance management process of the Business Plan for 2017/18.</p> <p>The Board noted that for the first time in 2017/18 clinical divisions and corporate directorates have developed a plan on a page and was assured that the plan is being performance managed. The report also set out the process for next year along with the intention to submit the final plan to the Board in March ahead of the new financial year.</p> <p>Caroline Maley was pleased to see that the plan is focussed on a simple process that will measure performance and looked forward to receiving quarterly update reports in the future.</p> <p><b>RESOLVED: The Board of Directors:</b></p>

	<p>1) Noted the content of the Business Plan 2017 – 18</p> <p>2) Agreed to the proposal that performance and progress will be reported quarterly to the Board</p>
<p>DHCFT 2017/125</p>	<p><b><u>BOARD ASSURANCE FRAMEWORK (BAF) 2017/18 SECOND ISSUE</u></b></p> <p>This report presented by Sam Harrison detailed the second issue of the BAF for 2017/18.</p> <p>Attention was drawn to the movement of new risks that were incorporated in the 2017/18 first issue received by the Board in April and the proposal that three of the risks are to be closed due to the decision to not proceed to merger with DCHS (risks 2b and 4c) and the Trust being informed that it is now compliant with all licence undertakings (risk 3c). A new risk BAF Risk 3e has been included in the BAF at the request of the Remuneration &amp; Appointments Committee in relation to any potential instability of the Board.</p> <p>Sam Harrison outlined the process for undertaking ‘Deep Dives’ for all risks. She informed the Board that it had been agreed that the Audit &amp; Risk Committee will conduct Deep Dives carrying a current rating of extreme and also risks for which it is the Responsible Committee. All other Deep Dives will be undertaken by the identified Responsible Committee for each risk.</p> <p>Julia Tabreham raised an escalation from the Quality Committee with regard to BAF Risk 1c <i>Failure to fully comply with the statutory requirements of the Mental Health Act Code of Practice and the Mental Capacity Act</i> and asked for assurance from the Medical Director that this risk is included in the assurance model. In response, Ifti Majid proposed that this matter is addressed outside of the Board meeting with the Medical Director.</p> <p>The Board understood that the programme outlined in the report is based on the current risk rating at Q2 2017/18 and will be subject to change. The Board was assured by the Deep Dive programme of work to be undertaken by the Board Committees and agreed to the closure of three of the risks and to the addition of new risk BAF Risk 3e outlined above.</p> <p><b>ACTION: Escalation from the Quality Committee relating to the to BAF Risk 1c <i>Failure to fully comply with the statutory requirements of the Mental Health Act Code of Practice and the Mental Capacity Act</i> to be raised with the Medical Director and considered in the re-assessment of this risk</b></p> <p><b>RESOLVED: The Board of Directors agreed and approved the second issue of the BAF for 2017/18, including the closure of three of the risks on the BAF and the addition of one.</b></p>
<p>DHCFT 2017/126</p>	<p><b><u>WORKFORCE RACE EQUALITY STANDARD (WRES) 2017/18 SUBMISSION</u></b></p> <p>Harinder Dhaliwal presented her report which updated the Board on the Trust’s annual Workforce Race Equality Standard submission and included the Board statement for consideration and sign off.</p> <p>The Board noted how WRES indicators will be monitored and the current progress against those indicators and how they will be used to track progress and the steps being taken to close the gaps.</p> <p>Harinder Dhaliwal referred to the data analysis on ethnicity and banding which indicated under-representation and a proportionately lower number of BME staff in the relevant bands. The Board was mindful that this was the baseline for this year and that future reports should show an improvement in the diversity of the Trust’s workforce. It was proposed that positive action should be taken to empower the BME network through training to allow more opportunities to become available for BME staff. As a result of this discussion the Board requested that Amanda Rawlings works with HR colleagues to</p>

	<p>make comparisons and benchmark the Trust's performance against other organisations.</p> <p>Caroline Maley confirmed that the Board had considered the WRES 2017/18 submission template and approved the draft statement of commitment. The report also included targeted recommendations for where action is to be taken which was noted by the Board.</p> <p><b>ACTION: Trust's performance on ethnicity and banding to be benchmarked against other trusts</b></p> <p><b>ACTION: Update on WRES 2017 action plan to be received by the Board at the next meeting in September</b></p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li>1) Approved the WRES 2017/18 submission/reporting template and findings, including the Board statement prior to submission to the NHS England national WRES team by 1 August, 2017 and sharing with Hardwick CCG and external website (in line with WRES technical guidance).</li> <li>2) Noted the link to the Board Equality Action Plan priority 2: Board developing engaging and inclusive leadership key performance indicators to drive culture change, address under-representation, potential barriers and continuous improvement in equality performance and benchmarking.</li> <li>3) Noted the equality impact, neighbourhood/service inclusion profiles and equality performance: Board to seek assurance that workforce reflects the local neighbourhood population, fair employment and that we are leveraging the talents/assets and community knowledge of our workforce.</li> <li>4) Noted that the WRES 2017 action plan demonstrates the Trust's intention in closing the differences between the treatment and experience of white and BME staff and will be refined in partnership with BME Staff Network. This will be tabled at the Equalities Forum and key committees as part of reporting schedule, including an update to the Board at the meeting to be held on 27 September.</li> </ol>
<b>DHCFT 2017/127</b>	<p><b><u>ANY OTHER BUSINESS</u></b></p> <p>Ifiti Majid informed the Board that two difficult questions had been put to him during the Annual Members Meeting around outpatient appointments. He was of the opinion that the work being undertaken by Mark Broadhurst and John Sykes will address this and will provide assurance that these were isolated incidents.</p>
<b>DHCFT 2017/128</b>	<p><b><u>REPORT FROM THE CONFIDENTIAL COUNCIL OF GOVERNORS MEETING</u></b></p> <p>This report was provided for information and was noted by the Board.</p> <p><b>RESOLVED: The Board of Directors noted the report from the Confidential Council of Governors meeting held on 6 June 2017.</b></p>
<b>DHCFT 2017/129</b>	<p><b><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u></b></p> <p>A detailed review of the BAF took place during the BAF agenda item. It was agreed that no further changes are required to be updated or included in the BAF.</p>
<b>DHCFT 2017/130</b>	<p><b><u>2017/18 BOARD FORWARD PLAN</u></b></p> <p>The forward plan was noted by the Board.</p>
<b>DHCFT 2017/131</b>	<p><b><u>MEETING EFFECTIVENESS</u></b></p> <p>The Board agreed that a good mix of strategic discussions took place especially around</p>

	the workings of the STP. Mark Powell's suggestion that the Board reverts to summarising the IPR so that key issues are discussed by individual directors on performance, finance, and people was agreed.
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The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 27 September 2017.

**The location will be Conference Rooms A&B  
Research and Development Centre, Kingsway, Derby DE22 3LZ**