

**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 25 May 2016

**MEETING HELD IN PUBLIC**

Commenced: 1pm

Closed: 4:40pm

<b>PRESENT:</b>	Richard Gregory Jim Dixon Caroline Maley Phil Harris Maura Teager Ifti Majid Claire Wright Carolyn Green Carolyn Gilby Dr John Sykes Mark Powell Samantha Harrison	Interim Chairman Deputy Chair and Non-Executive Director Senior Independent Director Non-Executive Director Non-Executive Director Acting Chief Executive Executive Director of Finance Director of Nursing & Patient Experience Acting Director of Operations Executive Medical Director Director of Business Development & Marketing Director of Corporate Affairs & Trust Secretary
<b>IN ATTENDANCE:</b>	Anna Shaw Sue Turner Hayley Darn Bev Green Sharon Trott Claire Biernacki Rais Ahmed Kath Lane Mark Broadhurst	Deputy Director of Communications and Involvement Board Secretary and Minute Taker Nurse Consultant Releasing Time to Care Lead (Service Improvement) Senior Nurse/PMVA Instructor General Manager, Neighbourhoods Consultant Psychiatrist and Associate Clinical Director Acting Deputy Director of Operations Consultant Psychiatrist and Associate Clinical Director
For item DHCFT 2016/070 For item DHCFT 2016/070 For item DHCFT 2016/007 For item DHCFT 2016/051 For item DHCFT 2016/062 For item DHCFT 2016/062		
<b>APOLOGIES:</b>	Jayne Storey	Director of Workforce OD & Culture
<b>VISITORS:</b>	John Morrissey Carole Riley Chris Fitzclark Pauline Gill Dr Mike Skelton Winston Samuels	Lead Governor Governor, Derby City East North Derbyshire Voluntary Action North Derbyshire Voluntary Action Consultant Psychiatrist Member of the public

<b>DHCFT 2016/069</b>	<b><u>INTERIM CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES</u></b>  The Interim Chairman, Richard Gregory, opened the meeting by welcoming all present.
<b>DHCFT 2016/070</b>	<b><u>SERVICE RECEIVER STORY</u></b>  Senior Nurse, Sharon Trott introduced Marilyn and Bill who kindly agreed to come to talk to the Board about their recent experience of care on Tansley Ward following Marilyn's recent admission to hospital on Section 2 of the Mental Health Act.

Marilyn was admitted to Tansley Ward in April. Her mental state had recently deteriorated at home where she was experiencing an acute manic episode.

Marilyn's GP made an urgent referral to the Pathfinder Service and she was admitted to Tansley Ward before her condition could be assessed. On admission to the ward Marilyn presented with symptoms of an acute manic episode. She posed a risk to herself and was unable to comprehend instructions given to her by the nursing team to manage her distress or maintain her safety. She was less agitated when supported by two nurses who were trying to develop a trusting and therapeutic relationship. Due to there not being any available female single rooms on either the ward or the unit, staff made the decision to temporarily close the female lounge and turned this over to Marilyn's care as a safe environment in which she was also able to eat and sleep. This also provided a low stimulus environment and allowed time and space for her family to visit while Marilyn's privacy and dignity was maintained. Gradually Marilyn's mental health improved and she was able to return to a dormitory and her support and observation levels were reduced.

Marilyn's husband Bill and her family were very supportive and played a large part in her care and treatment. They visited regularly and attended reviews. As her mental health started to improve Marilyn's sleep pattern improved however as her diet and fluid intake was still not satisfactory, she was prescribed supplements and was encouraged by the nursing team. Her husband Bill wanted to be part of this and after discussion with Liz Bates the team were able to facilitate time with Marilyn and Bill so they were both able to eat together on the ward. Bill requires a Gluten free diet this was ordered for him from the kitchens.

Marilyn appreciated having the privacy of the female lounge and having her immediate family around her which definitely helped her recovery. Carolyn Green was pleased that the staff had taken the decision to care for Marilyn in this way although this was a technical breach of the Trust's gender sensitive policy. If Tansley Ward was not a dormitory ward a single room could have been provided as this would have helped Marilyn to recover just as quickly. One of the common requests from patients is to have a single room, although some prefer the company that a dormitory provides. This is clearly a challenge to the Trust as not all wards or units have the footprint this would require.

Marilyn's recovery continued to progress and she began to take day leave with her family. She has now progressed sufficiently to take leave with her family and feels much better.

When asked by Ifti Majid how the ward manages the aspects of different stages of people's recovery, Sharon Trott replied that they make sure they are aware of people like Marilyn who might be distressed by some of the behaviour of other patients. They also look at the mix of admissions when they arrive on the ward and always try to calm the ward environment so as not to destabilise patients who are already recovering.

The Board recognised that it is sometimes necessary to break the rules to do the right thing and it is important to empower staff to make sensible and pragmatic decisions even when there is a risk associated with it.

Richard Gregory thanked Marilyn and Bill for telling their story. He explained that the Board receives a lot of reports about the services it provides but nothing is as powerful as hearing stories first hand from service receivers. He and the Board were thankful to hear what Sharon Trott and the team did to respond to Marilyn's needs.

**RESOLVED: The Board of Directors expressed thanks to Marilyn and Bill for sharing their experience and appreciated the opportunity to hear at first hand the service the Trust had provided.**

2016/071	<p>The minutes of the meeting held on 27 April were accepted and agreed subject to the correction to item DHCFT2016/058 Monitor Compliance Return. The last sentence of the first paragraph would be amended to read <i>“The full content of the quarter 4 template had been sent to members of the Audit &amp; Risk Committee for review and was scrutinised in the usual quarterly telephone call between the Finance team and the Chair of the Audit &amp; Risk Committee.”</i></p>
DHCFT 2016/072	<p><b><u>MATTERS ARISING AND ACTIONS MATRIX</u></b></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted directly on the actions matrix.</p> <p><b>DCHFT 2016/005 Industrial Action:</b> John Sykes, Medical Director, informed the Board that although the BMA had urged junior doctors not to negotiate with the Trust, it was clear that the Trust had maintained good relations with junior doctors.</p>
DHCFT 2016/073	<p><b><u>CHAIRMAN’S VERBAL REPORT</u></b></p> <p>Richard Gregory updated the Board on developments during the last month.</p> <p>A second meeting would take place next week with NHS Improvement (NHSI) on the Governance Improvement Action Plan. The first meeting was successful and Richard Gregory and Ifti Majid are heading into next week’s meeting with confidence.</p> <p>The meeting of the Council of Governors is taking place on 1 June and Richard Gregory was looking forward to a better representation of governors due to the recent elections. New governors that have recently been elected will also take part in their induction on 31 May. Thanks were given to Jayne Davies and Shirley Houston of the Engagement Team for the development of the induction programme.</p> <p>Prior to the meeting of the Council of Governors on 1 June the Non-Executive Directors and governors will meet informally.</p> <p><b>RESOLVED: The Board of Directors noted the Interim Chairman’s verbal update.</b></p>
DHCFT 2016/074	<p><b><u>ACTING CHIEF EXECUTIVE’S REPORT</u></b></p> <p>Ifti Majid presented his report which provided the Board with 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 links contained in his report, the first of which was one published by the Local Government Association charting progress on the health devolution journey and the Derbyshire Joint Strategic Needs Assessment issued by Derbyshire County Council.</p> <p>Work on the Derbyshire Sustainability and Transformation Plan continues and Ifti Majid explained how this was driving forward person-centred planning. This is very much about supporting people to live at home or in a place they choose to call home and will also avoid high cost institutional care.</p> <p>Ifti Majid felt privileged to attend and speak at the Mental Health in the Faith Community conference arranged by the Trust’s Chaplaincy to support local faith leaders to understand more about the challenges of mental health, think about their role in recovery and social inclusion and particularly to think about the relationship between our new neighbourhoods and the established faith communities within them. The day was very</p>

well attended by different representatives from Derbyshire and was held with great enthusiasm, commitment and with a real sense of learning from each other.

This was the second time that Ifti Majid's report included the Listen, Learn and Lead matrix which set out the latest round of team visits by Directors. This exercise provides increased contact with the Directors and the teams and has helped staff feel able to raise concerns since its initiation in March. The matrix contains an action tracker and Ifti Majid hoped it illustrated some of the issues being raised and would help to resolve some of the issues staff are struggling with. The Board recognised Caroline Maley's concern that the action tracker was evolving into a list of issues and would consider a different approach to capturing actions in the future.

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

**DHCFT  
2016/075**

**INTEGRATED PERFORMANCE AND ACTIVITY REPORT**

This report provided the Trust Board with an integrated overview of performance as at the end of April 2016 with regard to workforce, finance and operational delivery and quality performance.

Carolyn Gilby described how the workforce, operational and finance functions had met to establish themes that were emerging from the data contained in the report. Overall medical staff sickness and staff vacancies had impacted on outpatient clinics and this had resulted in a breach in the ceiling of the NHSI spend on agency staff. The Board noted that there was not a specific reason identified for staff sickness but this, together with the level of vacancies, had affected staffing levels. Discussions were taking place in the Performance Overview Group to establish how to support staff and the People & Culture Committee would be addressing plans to improve the process for recruitment of additional staff.

Claire Wright highlighted the key messages emerging from the report relating to Finance. She explained that the performance for month one was better than planned but she was expecting the run-rate to change to achieve a control total surplus of £1.7m. She also described how the report showed some of the ranges of key assumptions and that one of the biggest challenges was around the Cost Improvement Programme (CIP). This was planned at £4.3m for the year but was now expected to achieve £3.3m and it would be a challenge to achieve this. Richard Gregory pointed out that challenges associated with the CIP had been the subject of discussion during the confidential session of the Board held earlier today. The other key challenge would be in mitigating other financial pressures which would be the subject of an extraordinary meeting of the Finance & Performance Committee on 23 June when a number of proposals will be addressed to provide assurance to the Board to complete the compliance statement for NHSI in July.

Ifti Majid considered the report showed strong and sustained performance around operational KPIs. Although there are issues around staffing levels within the workforce he considered that staff appraisals would improve morale and performance overall.

Mark Powell observed that the Board's Committees should take oversight of the different aspects of the dashboard to ensure plans were in place to deliver the targets. It was understood that most of the red targets related to quality targets that were introduced in April. Carolyn Green drew attention to the metrics contained in the quality overview (flu jab uptake, Think Family training, safety plan training and the number of learning disability or autism cases within a CTR before admission) to assure the Board that there is a positive and safe strategy in place and all CQUINS have an improvement plan which is monitored by the Quality Committee.

The Board was pleased to note that safer staffing levels at the Hartington Unit and Radbourne Unit were being addressed and that recruitment was improving, and that both

	<p>these units have a low level of bank and agency staff. It was also noted that ongoing work was taking place with universities to recruit graduate nurses.</p> <p>Caroline Maley was pleased to see that the dashboard showed an improvement in the output of patient letters. She made a request that the workforce dashboard be spread across three pages rather than one. She considered that an awareness of high operational risks was good to see in the quality section and she asked that these be linked with the BAF (Board Assurance Framework) risks. Carolyn Green responded that all risks had been included in the Clinical Risk Register and a narrative would be included in future reports to indicate this. It was also agreed that the dashboard would indicate when these risk ratings would return to normal status. She also intended including a new addition in the quality and operational section of the report that would record supervision requirements.</p> <p><b>RESOLVED: The Board of Directors scrutinised the content of the report and obtained assurance on the current performance across the areas presented.</b></p>
<p><b>DHCFT 2016/076</b></p>	<p><b><u>POSITION STATEMENT ON QUALITY</u></b></p> <p>Carolyn Green presented her report which provided the Board of Directors with an update on the Trust's continuing work to improve the quality of services it provides in line with the Trust's Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>The Board noted that the position statement set out:</p> <ol style="list-style-type: none"> <li>1. Safety through the infection control report</li> <li>2. Caring through the Trust's work in community partnerships to promote Mental Health awareness</li> <li>3. Responsiveness of services Trust-wide including the review of complaints and compliments findings and the CAMHS national benchmark. Details of how the Trust discharges the duty of candour were also noted.</li> <li>4. Full achievement of all Trust CQUIN's and the clinical strategy to apply for a Department of Health bidding round for a licence to provide patient activation measurement scales.</li> <li>5. Care Quality Commission visit preparations for the planned inspection in June and progress on Quality visits.</li> </ol> <p>Carolyn Green drew attention to the responsiveness of services section of the report and assured the Board that serious untoward incidents were robustly reviewed and monitored by the Quality Committee and further assurance could be obtained through the benchmarking data contained in the report.</p> <p>It was noted that the report provided specific assurance on the Trust's Duty of Candour. Maura Teager also pointed out the work recently undertaken by John Sykes to support areas under particular pressure.</p> <p>Richard Gregory asked how many complaints had been found in favour of the service receiver. Carolyn Green explained that this was not included in the Quality Position Statement but was reviewed at the last meeting of the Quality Committee. The main theme arising from complaints continued to be obtaining access to our services and therapies, particularly in paediatric care.</p> <p>The Board considered the report provided a good level of assurance, in particular the Infection Control Report.</p>

	<p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li>1) Received the Quality Position Statement and noted that the Infection Control Annual report was presented in line with the Health Act practice requirements.</li> <li>2) Gained assurance and was informed by the content.</li> </ol>
<p><b>DHCFT 2016/077</b></p>	<p><b><u>BOARD COMMITTEE ESCALATIONS</u></b></p> <p>Short assurance summaries were received from Committee chairs which identified key risks, successes and decisions made.</p> <p>Each summary was scrutinised and escalations were noted, although it was agreed that some escalations were purely to draw the Board's attention to particular issues.</p> <p>Ifiti Majid drew attention to the escalation from the Mental Health Act Committee that the Emergency Department at Chesterfield Royal Hospital was not considered to be a place of safety. It was understood that this was a long standing issue and was not peculiar to Chesterfield. This matter would be progressed by John Sykes through the Crisis Care Concordat.</p> <p>Limited assurance was received by the People &amp; Culture Committee concerning the timeframe around actions contained in the Governance Improvement Action Plan (GIAP) especially around the compliance of policies. Solutions would be revisited when the GIAP is scrutinised line by line at the next meeting of the Committee in June and assurance is to be provided to the Board that policies are being adhered to.</p> <p>Limited assurance was also obtained on the People Plan and it was noted that this would be addressed later in agenda item 15, Governance Improvement Action Plan and Delivery Framework.</p> <p>It was understood that the format of the assurance summaries was still evolving and in future matters escalated to the Board would be distinguished between escalations for action by the Board and matters that purely alerts for Board awareness.</p> <p><b>ACTION: A dynamic process will be developed to provide assurance to the Board that policies are being adhered to.</b></p> <p><b>RESOLVED: The Board of Directors noted the escalations and assurance summaries from Board Committees.</b></p>
<p><b>DHCFT 2016/078</b></p>	<p><b><u>ANNUAL REPORT FROM THE AUDIT &amp; RISK COMMITTEE</u></b></p> <p>Caroline Maley as Chair of the Audit &amp; Risk Committee presented the 2015/16 Audit &amp; Risk Committee Annual Report. She explained that the report was reviewed by the Committee at the April meeting in order to finalise and agree the report for submission to today's Trust Board meeting. The report summarised how the Committee had discharged its remit during 2015/2016 which resulted in the approval of the Trust's Annual Report and Accounts and she gave thanks the Quality and Communication teams for their valuable input. The report would also be presented to the Council of Governors at the next meeting on 1 June to explain the responsibilities of the Committee.</p> <p><b>RESOLVED: The Board of Directors received the Annual report from the Audit and Risk Committee.</b></p>
<p><b>DHCFT 2016/079</b></p>	<p><b><u>APPROVAL OF THE TRUST STRATEGY</u></b></p> <p>Mark Powell presented the Trust Strategy 2016-21 to the Board for approval. The draft strategy was presented to the Board in April and had been revised based on feedback received from directors which has been incorporated in the final document.</p>

	<p>The Board recognised that the strategy had been presented to the Council of Governors and considered that the strategy was extremely comprehensive. It was noted that more emphasis could be made on the collaboration with the STP programme in Appendix C. It was also considered that encouraging the ‘Listen, Learn and Lead’ culture could be included in the strategy especially as staff governors had expressed concern that staff were being asked to work in new areas without there being an adjustment to staff resource.</p> <p>The Board approved the Trust Strategy and Ifti Majid was given Chief Executive Action to ensure the changes suggested by the Board would be implemented.</p> <p><b>ACTION: Ifti Majid was given authority via Chief Executive Action to ensure the changes to the Strategy suggested by the Board would be implemented.</b></p> <ol style="list-style-type: none"> <li>1) <b>RESOLVED: The Board of Directors:</b></li> <li>2) <b>Approved the Trust Strategy 2016-21</b></li> <li>3) <b>Approved the content of the ‘Plan on a Page’</b></li> <li>4) <b>Noted the contents of the proposed communications plan</b></li> <li>5) <b>Noted the suggested performance monitoring dashboard and provide feedback</b></li> <li>6) <b>Noted the outline timetable for strategy implementation</b></li> </ol>
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<p><b>DHCFT 2016/080</b></p>	<p><b><u>DEEP DIVE – NEIGHBOURHOODS</u></b></p> <p>The Board requested a ‘deep dive’ of the performance of the Neighbourhoods. This report was presented by senior members of the team and enabled the Board to review the performance of this Directorate since its inception on 1 April 2016.</p> <p>The operational and members of the clinical leadership teams gave a summary of the positive work and challenges of the Trust’s remodelling to a new neighbourhood framework.</p> <p>The main points captured by the Board were as follows:</p> <ul style="list-style-type: none"> <li>• The model is new and the teams are in transition, and require operational and emotional support as part of a significant change management programme, it is very early days in the change</li> <li>• Some new ideas and innovations are blossoming in working with GP’s and the link model</li> <li>• Some teams are embracing the single point of access and the benefits and others are working though the issues of change</li> <li>• Community capacity in community teams is a known pressure and risk, which was a significant issue in this year’s contracting round. Although significant investment in funding was achieved and approximately £1m additional investment received, this was less than the services required and represented one third of what the Trust requested. Under the existing model for case load sizes, teams will not be able to manage the demand of case sizes without the investment. This financial year the commissioners have funded an additional 18.3 whole time equivalent care co-ordinator posts which should help to reduce caseload sizes. It was noted that in order to achieve a maximum caseload size of 35 per whole time equivalent, care coordinators the team would need a further 43 whole time equivalent posts.</li> </ul>
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- It is envisaged that an improvement in recruitment will help reduce waiting lists. The team are trying to find a balanced and fair universal wait list plan. It is also recognised that waiting lists are growing daily.
- Clinical variation is an area of development. Clustering is a concern in the north of the county particularly in the dementia monitoring service where demand for the service far outstrips capacity. Work is being undertaken with commissioners to deliver care from primary care bases and explore solutions this piece of work is on-going.
- Outpatient appointments have been affected by strike action this year and the report showed that the loss of outpatient appointments has impacted on the teams and the operational performance as detailed in the report. The performance data demonstrates a good improvement in outpatient letters which continues on an upward trajectory.
- Wider aspects of performance are staff appraisals which are an ongoing challenge and positive strides are being taken to work towards a three month trajectory. Appraisals performance will also improve with the appraisal links to the revalidation of nurses and the same quality of appraisals will be carried out for registered nurses; however this will not assist with the AHP or support workers' performance which also requires attention.
- There are a lower number of people absent from work with stress related issues in Neighbourhoods even though the Staff Family and Friends Test indicates high absences due to work related stress. It was noted that Sue Walters the Trust's newly appointed Senior Staff Engagement Lead would work with teams to analyse and recommend a management approach for managing stress levels within the teams.
- Ongoing work was taking place to improve DNAs (Did not Attend) and a text reminder system has been developed and new themes have emerged through follow up calls of DNAs carried out by medical staff.

When asked how the Board could help the Neighbourhood teams, Kath Lane replied that she had noticed that where Neighbourhoods had been set up into one base they were working significantly better than where neighbourhoods were spread across estate with facilities where teams could offer group work and support in line with the shared care and self-care models. Developing the new model estate was a significant factor in how quickly things can move forward into new models. It was recognised that the Trust was trying to make the best use of estate throughout the whole of Derbyshire and money had been set aside in the capital programme for this purpose. However, this was reliant on the availability of estate in the right place at the right time with the right group work facilities. It was emphasised that setting Neighbourhoods into key locations was one of the key priorities in the STP work stream. Claire Wright would consider the possible STP solutions that could assist the Neighbourhoods with the building requirements that may be available when considering the wider Derbyshire estate.

Rais Ahmed was of the opinion that the Board could help with staffing levels by providing and agreeing funding to increase the number of permanent staff; examples would be occasions when it is required to breach the agency cap and

framework rates. This would also reduce the level of bank and agency staff. He felt it would also help to have some flexibility to enable posts to be filled. Richard Gregory pointed out that the Trust was trying to observe the governance edict on bank and agency staff while still providing quality of service to patients. The Board will take action and raise this issue with NHSI in a drive to engage their support for the Trust to deliver a quality service whilst adhering to NHSI KPIs. This would be to explore any system or national in-built delays to recruitment.

The Board acknowledged the progress made by the Neighbourhood team and thanked them for providing such an informative report.

**ACTION: Building requirements of Neighbourhood teams in STP developments and as part of the Estates strategy to be considered by Claire Wright.**

**ACTION: Ifti Majid and Richard Gregory to consider raising with NHSI systemic issues and explore any system or national in built delays to recruitment.**

**RESOLVED: The Board of Directors:**

- 1) Acknowledged the current performance of the Directorate**
- 2) Noted the actions in place to ensure sustained performance**
- 3) Claire Wright to consider the building requirements of Neighbourhood teams in STP developments and as part of the Estates strategy**
- 4) Ifti Majid and Richard Gregory to consider raising with NHSI systemic issues and explore any system or national in built delays to recruitment.**

**DHCFT  
2016/081**

**GOVERNANCE IMPROVEMENT ACTION PLAN AND DELIVERY FRAMEWORK**

Mark Powell presented his report which provided Board members with an update on progress of all tasks within the GIAP, including the identification of tasks that are off track, including those that the Board has responsibility for oversight.

It was pointed out that there is a draft outline of KPI documentary evidenced in the GIAP and at the end of the meeting the Board should assess if there have been any decisions taken that would affect the plan.

Mark Powell expressed concern that when PC4 (Prioritise the development of the People Strategy and ensure the agenda and focus of the newly formed People and Culture Committee is clearly aligned the Trust's overall strategy) was revised at by the People & Culture Committee the task had remained off track for the second month. The Board was pleased to note that the Committee had carried out robust discussion and that Mark Powell would spend time with Jayne Storey to provide support in addressing the challenging timeframes contained in the task. Ifti Majid is comfortable that Jayne Storey is aware of what is required by the Committee. It was considered that the additional resource being provided to the HR team will allow Jayne Storey to develop the People Plan further.

The Board considered the rating of the remaining tasks listed in the report and noted that CorpG1, 2, 4, 7, 9 and 12 (Governance Framework review) was the subject of the next report on the agenda. The Board acknowledged that the report showed that the right focus was being applied to the issues and tasks. The GIAP now has a Board assurance rating column and this has been updated based on assurance provided from the Board's Committees. Mark Powell was asked to produce a mechanism that would provide the Board with a subjective view of each task.

	<p>Governors will also be asked to focus on the embeddedness of the outcomes in the GIAP at the meeting of the Council of Governors on 1 June.</p> <p>Mark Powell asked Board members to provide him with documentary feedback on the draft KPIs by the end of next week which would enable him to populate the GIAP for the next Board meeting in June.</p> <p><b>ACTION: A rating mechanism will be produced by Mark Powell that will provide the Board with an objective view of each recommendation.</b></p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li>1) Reviewed the content of the paper, the full GIAP and sought assurance where required</li> <li>2) Discussed the recommendations rated as 'off track' or 'some issues' and was assured by the mitigation provided from the Responsible Director, Individual Directors or Committee Chairs</li> <li>3) Discussed and suggested changes and would provide documentary feedback on the KPIs</li> <li>4) Agreed at the end of the Pubic Board meeting whether any further changes are required to the GIAP following presentation of papers, outcomes of item specific discussions and/or other assurances provided throughout the meeting</li> </ol>
<p><b>DHCFT 2016/082</b></p>	<p><b><u>GIAP ACTION RELATING TO CORPORATE GOVERNANCE FRAMEWORK</u></b></p> <p>Samantha Harrison presented her report that updated the Trust on progress with GIAP Actions relating to the Corporate Governance Framework.</p> <p>As previously reported to the Board, the timeline outlined on the GIAP for completion of the tasks to redevelop the Corporate Governance Framework were not feasible due in part to the required sign-offs from Board Committees for their individual terms of reference. A revised timeline was shown in the report which proposed a revised date for the Corporate Governance Framework and it was agreed this would be to be submitted to the Board at the meeting on 27 July.</p> <p><b>RESOLVED: The Board of Directors</b></p> <ol style="list-style-type: none"> <li>1) Noted and received assurance from the update on progress on the GIAP tasks as outlined.</li> <li>2) Agreed the revised timeline (27 July) for the full Corporate Governance Framework to be submitted to the Trust Board, following review at the Audit and Risk Committee on 19 July.</li> </ol>
<p><b>DHCFT 2016/083</b></p>	<p><b><u>MONITOR COMPLIANCE RETURN</u></b></p> <p>Samantha Harrison's paper supported the requirement for the Board to submit Governance Statements one and two to Monitor by 31 May 2016. She drew attention to the narrative contained in the paper that explained why the Trust was currently in breach of its licence. .</p> <p>The Board agreed to the recommendations contained in the paper and agreed that the Trust was unable to confirm the following governance statements:</p> <p><b>Statement 1:</b> Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the license, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.</p>

	<p><b>Statement 2:</b> The Board declares that the Licensee continues to meet the criteria for holding a license.</p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li>1) Agreed the response to governance statements 1 and 2 set out above.</li> <li>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.”</li> </ol>
<p><b>DHCFT 2016/084</b></p>	<p><b><u>FIT AND PROPER PERSON DECLARATION</u></b></p> <p>The purpose of the paper was to support the Chairman’s responsibility to declare that all Trust Board Directors meet the fitness test and do not meet any of the ‘unfit’ criteria as per the Fit and Person’s Test regulations (Health and Social Care Act 2008 Regulation 2014) and in line with the Trust’s Fit and Proper Persons Test Policy.</p> <p>It is the responsibility of the Chairman to discharge the requirement placed on the Trust and Richard Gregory declared that appropriate checks have been undertaken in reaching his judgment that he is satisfied that all Directors of the Trust, including Non-Executive Directors, and Executive Directors (including voting, non-voting and Acting) are deemed to be fit and that none meet any of the ‘unfit’ criteria. Specified information about Board Directors is available to the CQC on request.</p> <p>In making this declaration, this meets the requirements as stated in the Trust’s Governance Improvement Action Plan which outlines at FF1 (4) that the Trust should:</p> <ul style="list-style-type: none"> <li>• Ensure that all current directors comply with all aspects of the policy and that evidence is available in revised file structures</li> </ul> <p>And also FF(5) that there should be:</p> <ul style="list-style-type: none"> <li>• Formal confirmation to the Board by the Chair of full compliance with fit and proper persons’ requirements.</li> </ul> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li>1) Noted the work undertaken to ensure that robust processes have been undertaken to evidence that the Chairman’s declaration that that all directors meet the fitness test and do not meet any of the ‘unfit’ criteria.</li> <li>2) Confirmed that GIAP elements FF1 (4) and FF1 (6) are now complete.</li> </ol>
<p><b>DHCFT 2016/085</b></p>	<p><b><u>REGISTER OF TRUST SEALINGS</u></b></p> <p>The Register of Trust Sealings provided the Trust Board with an account of the authorised use of the Foundation Trust Seal during 2015-16.</p> <p>It was noted that there was one entry on the Register of Trust Sealings for 2015/16. The Trust Seal was affixed to the contract for the provision of an integrated public health system for children and young people in Derby City on 30 December 2015.</p> <p><b>RESOLVED: The Board of Directors noted the authorised use of the Foundation Trust Seal during 2015-16.</b></p>
<p><b>DHCFT 2016/086</b></p>	<p><b><u>BOARD FORWARD PLAN</u></b></p> <p>The forward plan was noted and would be updated in line with today’s discussions.</p>

	<b>RESOLVED: The Board of Directors noted the forward plan for 2016/17</b>
<b>DHCFT 2016/087</b>	<p><b><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></b></p> <p>It was agreed that no further changes were required to the GIAP following presentation of papers or specific discussions.</p> <p>The Board noted that the Finance BAF risk had increased from high to extreme.</p>
<b>DHCFT 2016/088</b>	<p><b><u>BOARD PERFORMANCE AND CONTENT OF MEETING</u></b></p> <p>Richard Gregory considered that challenging discussions had taken place during the meeting which enabled the Board to work effectively as a Board of Directors. It was recognised that during discussions on the Board assurance summaries, too many issues were escalated and that some issues were escalated for the Board to merely note.</p> <p>Richard Gregory felt the deep dive gave the Board a real sense that the team were very joined up.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 30 June 2016.</p> <p style="text-align: center;"><b>The location is Conference Rooms A and B Research and Development Centre, Kingsway, Derby DE22 3LZ</b></p>	