

**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 December 2016

**MEETING HELD IN PUBLIC**

Commenced: 1pm

Closed: 4:20pm

**PRESENT:**

Richard Gregory	Interim Trust Chair
Julia Tabreham	Deputy Trust Chair and Non-Executive Director
Caroline Maley	Senior Independent Director
Maura Teager	Non-Executive Director
Margaret Gildea	Non-Executive Director
Richard Wright	Non-Executive Director
Ifti Majid	Acting Chief Executive
Claire Wright	Executive Director of Finance
Carolyn Green	Executive Director of Nursing & Patient Experience
John Sykes	Executive Medical Director
Mark Powell	Acting Chief Operating Officer
Amanda Rawlings	Director of People & Organisational Effectiveness
Samantha Harrison	Director of Corporate Affairs & Trust Secretary
Lynn Wilmott-Shepherd	Interim Director of Strategic Development

**IN ATTENDANCE:**

Anna Shaw	Deputy Director of Communications & Involvement
Donna Cameron	Corporate Services Officer and Minute Taker
Anne Wright	Incoming Non-Executive Director
Melanie Curd	Deputy Trust Secretary, DCHS
Zoe Kwan	Registrar, Observer
Lucia Whitney	Consultant Psychiatrist
Joanna Miatt	Consultant Clinical Psychologist
Helen Crowson	Service Manager, Lead CBT Therapist

For Item DHCFT/2016/202  
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**APOLOGIES:** Barry Mellor Non-Executive Director

**VISITORS:**

John Morrissey	Lead Governor, Public Governor, Amber Valley South
Mark McKeown	Derbyshire Mental Health Alliance
Gillian Hough	Public Governor, Derby City East
Shelley Comery	Public Governor, Erewash North
Carole Riley	Public Governor, Derby City East
Bernard Thorpe	Lead Governor, DCHS

<b>DHCFT 2016/187</b>	<b><u>INTERIM CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES</u></b>  Interim Chair, Richard Gregory, opened the meeting and welcomed everyone. Apologies were noted as above.
<b>DHCFT 2016/188</b>	<b><u>SERVICE RECEIVER STORY</u></b>  Carolyn Green offered apologies to the Board for the absence of a patient story, due to ill health. However, a 'deep dive' on eating disorders will be presented later in the meeting and asked the Board if it could take into account the needs of service users with anorexia nervosa when receiving the item.

<p><b>DHCFT 2016/189</b></p>	<p><b><u>DECLARATIONS OF INTEREST</u></b></p> <p>The Declaration of Interests register was noted.</p> <p>An additional declaration was registered for Dr Julia Tabreham who been asked by the Department of Health to lead on the Parliamentary and Health Service Ombudsman's contribution to establishing NHS complaints support in Ireland.</p> <p>Ifti Majid advised he had been invited to sit on the North East Midlands Leadership Academy Board.</p> <p>Lynn Wilmott-Shepherd advised that her substantive post is as Director of Commissioning at Erewash CCG.</p> <p>Maura Teager's position as Non-Executive Director of Ripplez had concluded at the end of September 2016 and so can be removed from the register.</p> <p><b>ACTION: The declaration of interests register to be updated.</b></p>
<p><b>DHCFT 2016/190</b></p>	<p><b><u>MINUTES OF THE MEETING DATED 2 NOVEMBER 2016</u></b></p> <p>The minutes of the previous meeting, held on 2 November 2016, were reviewed. The following amendments were requested:</p> <p><b>2016/189 Service User Story – Page 3 in the minutes</b> Caroline Maley recalled that it had been agreed that the Trust would review its position regarding spent convictions to allow people to work in the Trust. Jo Downing had been asked to work with HR to review this. It was agreed that this should be reflected in the minutes and added to the actions matrix.</p> <p><b>2016/174 Acting Chief Executive's Report – final line above the resolution</b> Caroline Maley requested that this line be expanded to explain the reason for Ifti Majid's departure from the Public Board Meeting. He had left to attend a meeting with NHS Improvement. It was agreed that the minutes should be amended to reflect this.</p> <p><b>2016/175 Integrated Performance &amp; Activity Report – Page 5, Para 6</b> Caroline Maley requested the minutes to be amended to clarify that the transaction costs, anticipated to be £650k would be shared proportionately with the Trust assuming 40% of the costs, and DCHS assuming 60%.</p> <p><b>Page 6, Para 7 to be amended as below:</b> Claire Wright reminded the Board that NHSI's additional reporting requirements for agency expenditure will be discussed further at the Board Development session on 16 November. At that same session, the Board will also be discussing the new NHSI control total as part of the operational plan update. Progress with delivery of current and future year financial plans including agency expenditure will also be discussed in the Finance and Performance Committee at the end of November.</p> <p><b>2016/181 Governance Improvement Action Plan</b> To be amended as follows</p> <p>6. Core 3 (Clinical Governance): This action remains rated as still having issues to resolve and will be brought back to the Quality Committee (<i>not Remuneration &amp; Appointments Committee</i>).</p>
<p><b>DHCFT 2016/191</b></p>	<p><b><u>MATTERS ARISING AND ACTIONS MATRIX</u></b></p> <p><b>Matters Arising</b></p>

	<p><b>2016/182 Board Assurance Framework</b></p> <p>Claire Wright updated the Board on discussions held at Finance &amp; Performance Committee on 28 November. It had been agreed that the risk associated with the back office collaboration and business continuity should not be a separate risk, but that it should be incorporated into the existing Change risk, 4b, - Failure to deliver the agreed transformational change, at the required pace could result in reduced outcomes for service users, failure to deliver financial requirements and negative reputational risk.</p> <p><b>Actions Matrix</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>DHCFT 2016/192</b></p>	<p><b><u>INTERIM CHAIRMAN'S VERBAL REPORT</u></b></p> <p>Richard Gregory, Interim Chair, was pleased to report to the Public Board that, following a meeting of the Trust's Remuneration &amp; Appointments Committee earlier in the day, Ifti Majid has been confirmed in post as Acting Chief Executive Officer for a period until the formal decision is made on whether to go ahead with the acquisition arrangements with DCHS and this decision is transacted. If the acquisition does not progress the Trust would return to an open, substantive recruitment process. Ifti Majid has formally withdrawn from the secondment to the Sustainability &amp; Transformation Plan (STP) Managing Director post. The Board thanked Ifti Majid for his commitment to the Trust. In the same meeting, acting arrangements were confirmed for the Chief Operating Officer role (Mark Powell) and the Director of Strategy role (Lynn Wilmott-Shepherd). The Remuneration &amp; Appointments Committee also approved the Voluntary Redundancy Programme and the Executive Director remuneration scheme. A full report had been given at the Confidential Trust Board meeting earlier in the day.</p> <p>The Governors' Nominations &amp; Remuneration Committee on 13 December will meet with two internal candidates for the Acting Trust Chair post. A recommendation will be brought to an Extraordinary Council of Governors Meeting on 14 December.</p> <p>The Chairman paid tribute to Jim Dixon, who had stepped down from the Trust Board on 17 November. Richard Gregory will write to thank Jim Dixon for his significant contribution to the Trust. An exit interview will be scheduled.</p> <p>The Confidential Trust Board had received updates on contracts and the operational plan. A meeting is scheduled with NHS Improvement (NHSI) on Monday 12 December, which is the routine Performance Review Meeting. .</p> <p><b>ACTION: Chairman to write a letter of thanks to Jim Dixon.</b></p> <p><b>ACTION: Exit interview with Jim Dixon to be scheduled.</b></p> <p><b>RESOLVED: The Board of Directors noted the Interim Chairman's verbal report.</b></p>
<p><b>DHCFT 2016/193</b></p>	<p><b><u>ACTING CHIEF EXECUTIVE'S REPORT</u></b></p> <p>Ifti Majid, Acting Chief Executive, shared information on the latest correspondence from the Chief Executive of NHSI. There are on-going concerns regarding the use of interims in the NHS. Development of internal staff, particularly around leadership positions, is a requirement, and this is the journey the Trust has been on over the last year.</p> <p>This week has been 'contract mediation week' in the NHS. Trusts were required to notify NHS England (NHSE) or NHSI if they were in or needed to be in mediation. Mediation is if a Trust is not in a position to sign off on contracts. The majority of Trusts have signalled they are not ready to do that, including this Trust. However, final sign off is by 23 December and the Trust expects to be ready by this time.</p>

	<p>STP work is paused for an eight week period, as requested by NHSE and NHSI, in order for Trusts to deal with contracting. The contracting will reflect STP moves away from CCG/Provider to understanding system risks and dealing with contracts as an investment plan to deliver the STP over the length of the contract. Ifti Majid assured the Board that the Trust is looking for achievable targets to promote and provide mental health services.</p> <p>Ifti Majid reported that he had attended several meetings with the Chief Executive at Derbyshire Community Health Services (DCHS) to reaffirm this Trust’s commitment to the on-going collaboration and journey towards acquisition. A Terms of Reference for the joint programme board to lead the collaboration journey has been agreed. A Board to Board meeting will be arranged for the New Year to enable those conversations. Ifti Majid also reported that he had attended a meeting with DCHS senior leaders where the impact on both organisations was discussed. More events will be planned as the journey continues.</p> <p>The Communications &amp; Involvement Team were congratulated for delivering a fantastic Staff Award Ceremony recently. Team Awards are scheduled for later in the month.</p> <p>Caroline Maley enquired if NHSI had responded to the Strategic Options Case (SOC). Ifti Majid advised the SOC had been acknowledged and the Trust had been advised to proceed with the next phase. Both sets of governors can expect to be updated regularly throughout.</p> <p>Julia Tabreham expressed her support for the SOC but was anxious regarding closure of services and increased risk to patients; she asked that the Acting Chief Executive share his impressions of the biggest risk to provision locally. Ifti Majid considered that risks exist in a number of areas in trying to shift the locus of care from being too reliant on acute providers delivering services. Mark Powell added that much work is required to manage public expectation around where it is perceived to be the best place to receive services and help people understand the benefits of the new proposals.</p> <p><b>RESOLVED: The Board of Directors noted the verbal report from the Acting Chief Executive Officer.</b></p>
<p><b>DHCFT 2016/194</b></p>	<p><b><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></b></p> <p>Mark Powell, Acting Chief Operating Officer, led the presentation of the integrated overview of performance as at the end of October 2016. The focus of the report was on workforce, finance, operational delivery and quality performance, all of which had been discussed in detail at various Board committees over the last few weeks as evidenced in the board assurance summaries.</p> <p><b>Quality Performance</b></p> <p>Actions taken to address the CQC warning notice had delivered assurance to the Quality Committee. The target group for Fire Warden Training was noted to have expanded but a sustained improvement was observed. Improved performance was highlighted against the Positive &amp; Safe Strategy. Maura Teager sought assurance that changes in levels of reporting were not as a result of under-reporting. Carolyn Green, Executive Director of Nursing &amp; Patient Experience, confirmed that regular checks are carried out and the Trust benchmarks well as a ‘good reporter’. Mark Powell added that information used in reporting is triangulated and queried to provide additional assurance of accuracy. Julia Tabreham queried the Trust’s confidence in achieving the quality trajectory for prone restraint. Carolyn Green responded that the Trust had agreed to retain this target, whereas many others had not. A nationally validated training programme is being utilised to assist with this.</p> <p>Caroline Maley observed the increase in concerns raised. Carolyn Green reflected on the strategy to reduce complex complaints which can result in an increase in concerns as they are addressed through an informal complaints process, as demonstrated in the</p>

	<p>Trust. No new themes have been observed.</p> <p><b>Operational Delivery</b> This remains relatively stable with all NHSI indicators being achieved. Robust plans are in place in areas which are challenged and assurance is required.</p> <p><b>Finance</b> Key risks were noted, including the on-going non-delivery of the full Cost Improvement Programme (CIP). However the Board noted the on-going actions in respect of this. Claire Wright highlighted the change to the Single Oversight Framework ratings with regard to changes in expected agency expenditure in Q4 and the impact of a resulting metric of 4 for agency costs, triggering an overrule that resulted in a maximum Use of Resources metric of 3 for the year end. In the Finance &amp; Performance Committee on 28 November the Committee had been advised to expect that at year end. Headway is being made with the CIP and cost avoidance programme. Claire Wright shared with the Board that at STP level there had been discussion around treating the Derbyshire system cash reserves as a whole for utilisation by another provider; the Trust had made it clear this was not a position supported by its Board. Julia Tabreham sought further information on pressures related to drug spend. Mark Powell agreed to arrange a meeting to discuss. Carolyn Green agreed to share a previously presented paper on medicines management.</p> <p><b>People Performance/Workforce</b> The People &amp; Culture Committee had received a number of plans on recruitment and health and wellbeing. Actions continue to be reviewed by the Committee. Amanda Rawlings advised that the new TRAC Recruitment System is due to come on line imminently and this will improve the time taken to recruit.</p> <p><b>ACTION: Mark Powell to meet with Julia Tabreham to discuss pressures on drug spend.</b></p> <p><b>ACTION: Carolyn Green to forward a paper on Medicines Management to Julia Tabreham.</b></p> <p><b>RESOLVED: The Board of Directors noted the content of the report and Noted the assurance being received by the Board via the assurance summaries,</b></p>
<p><b>DHCFT 2016/195</b></p>	<p><b><u>POSITION STATEMENT ON QUALITY</u></b></p> <p>Carolyn Green presented the statement to provide the Board of Directors with an update on the organisation's continuing work to improve the quality of services provided in line with the Trust's Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>The Appleby Homicide and Suicide study, expected in January 2017, will provide benchmark data for comparison with national trends. The Trust continues to work on security aspects and has submitted its latest self-assessment to NHS Protect. Feedback has been received on the Security Action Plan and a briefing will be provided.</p> <p>The December Quality Committee will be receiving feedback on complaints from Healthwatch Derby</p> <p>The CQC Community Mental Health Survey results have been published. The Trust is benchmarked against outstanding NHS Trusts, with a solid performance rated as good.</p> <p>Quality visits have been excellent but the Board should expect to note disappointment expressed by staff regarding outcomes which may have been impacted by their supervision and appraisal rates. Carolyn Green assured the Board that these are being reviewed and addressed. Visit participation is being reviewed and a suggestion considered that newer Non-Executive Directors (NEDs) are accompanied by more experienced NEDs initially and that clinical presence forms part of each visit.</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 assurance and information on the content of the statement.</b></li> </ol>
<p><b>DHCFT 2016/196</b></p>	<p><b><u>BOARD ASSURANCE SUMMARIES &amp; ESCALATIONS</u></b></p> <p>Assurance summaries were received from Safeguarding Committee held on 4 November 2016, Quality Committee held on 10 November 2016, People &amp; Culture Committee held on 17 November 2016 and Mental Health Act Committee held on 18 November 2016. The following points were noted:</p> <p><b>Quality Committee</b> No escalations from Quality Committee. However, Julia Tabreham advised that, as discussed at Committee Chairs, the NEDs feel there is repetition in the reporting mechanisms used. Sam Harrison emphasised the importance of an audit trail and that assurance summaries were a recommendation from the Deloitte’s review to enable clear identification and escalation of issues. The Board agreed that the summaries will continue.</p> <p><b>People &amp; Culture Committee</b> Margaret Gildea reported on the focus on recruitment, processes and the staff survey. There seems very clear leadership in the HR function and a very clear agenda.</p> <p><b>Mental Health Act Committee</b> Maura Teager highlighted the escalation identified regarding evidencing consents and compliance reports from PARIS, which the Acting Chief Operating Officer is looking into. The additional resource in the Mental Health Team is having a positive impact but PARIS is impacting on delivery. It was noted Mark Powell is to review the PARIS business case for delivery against original objectives and to set out a plan for the next 18 months to address the needs of the Trust.</p> <p>Ratified minutes of the meetings of Quality Committee held on 13 October 2016, People &amp; Culture Committee held on 19 October 2016, Safeguarding Committee held on 7 October 2016 and Mental Health Act Committee held on 26 August 2016 were included for information.</p> <p><b>RESOLVED: The Board of Directors received the Board Committee Assurance Summaries and Escalations.</b></p>
<p><b>DHCFT 2016/197</b></p>	<p><b><u>SAFEGUARDING ADULTS ANNUAL REPORT</u></b></p> <p>Carolyn Green presented the Safeguarding Adults Annual Report 2015/16 and Programme of Work. The report provides an update of progress towards safeguarding adults, including a description of systems and processes to protect adults and the result of the Trust’s plans to strengthen work in this area.</p> <p>The Safeguarding Committee has received this report which provides the Board with good assurance that the Trust has improved substantially over the last three years. Maura Teager, Chair of the Safeguarding Committee echoed this and likewise assured the Board of the growth in confidence on the adult safeguarding agenda and an increase in assurance. Julia Tabreham mentioned the consistent lack of attendance of key partners, which has been taken forward. The emergence of adult modern slavery will continue to be a focus going forward. Carolyn Green assured the Board that the Trust is meeting its requirements locally and a national assurance checks that the trust is active in this work, can confirm its attendance and commitment to PREVENT and assures all those aspects are in place.</p> <p><b>RESOLVED: The Board of Directors accepted and received the annual report and</b></p>

	<b>agreed the recommendations as outlined in the section work plans.</b>
<b>DHCFT 2016/198</b>	<p><b><u>LOOKED AFTER CHILDREN ANNUAL REPORT</u></b></p> <p>Carolyn Green presented the Looked After Children Annual Report, summarising the year 2015/16 to provide assurance to the Trust Board that the Trust is fully discharging its statutory duties in this area of practice.</p> <p>The report demonstrates another good year for the service with good performance. Richard Gregory sought an update on the resource gap identified. Carolyn Green advised that there had been no further update on the commissioning gap but noted that it is identified on the Trust’s risk register. Maura Teager shared her concerns regarding the impact on skills in the current team due to leavers and retirements, as identified on the Board Assurance Framework, Carolyn Green assured the Board that mitigation plans are in place to maintain team performance while it is developed.</p> <p>Maura Teager acknowledged the contribution of Lesley Smales, Designed Nurse, Looked After Children, who has recently resigned.</p> <p><b>RESOLVED: The Board of Directors received and agreed the annual report and recommendations as outlined in it.</b></p>
<b>DHCFT 2016/199</b>	<p><b><u>ENGAGEMENT &amp; CULTURE PLAN</u></b></p> <p>Amanda Rawlings presented the Board with an approach to deliver change in culture and improvement in staff engagement. The approach has been developed through consultation with staff, by accessing resource and support from NHSI and talking to colleagues in Dudley &amp; Walsall Mental Health Partnership NHS Trust about their experiences in driving up engagement.</p> <p>The key themes identified and used to form a platform for approach are:</p> <ul style="list-style-type: none"> <li>• Leadership, values and behaviours</li> <li>• Trust and credibility</li> <li>• Systems and processes</li> </ul> <p>There will also be an on-going programme with DCHS around engagement. The People &amp; Culture Committee will oversee performance and manage the implementation of the plan.</p> <p>The Board discussed the importance of leaders in engagement. Amanda Rawlings emphasised the need to recruit and develop a diverse pool of leaders and the requirement to equip them for their roles with access to mechanisms to support them in their leadership development journey. The Board was unanimously supportive of the plan.</p> <p><b>RESOLVED: The Board of Directors</b></p> <ol style="list-style-type: none"> <li>1. <b>Agreed the approach and direction recommended in the report.</b></li> <li>2. <b>Noted the investment required to take the approach forward and expects a paper to outline the required investment at a later date.</b></li> </ol>
<b>DHCFT 2016/200</b>	<p><b><u>REPORT FROM COUNCIL OF GOVERNORS MEETING HELD ON 24 NOVEMBER 2016</u></b></p> <p>Sam Harrison presented the regular summary from recent meetings, which had covered discussions on the Strategic Options Case and the Deputy Trust Chair Post. The November meeting had included an update on the SOC and had updated the governors on the performance report.</p>

	<p><b>RESOLVED: The Board of Directors noted the report and the regular updates to governors.</b></p>
<p><b>DHCFT 2016/201</b></p>	<p><b><u>GOVERNANCE IMPROVEMENT ACTION PLAN</u></b></p> <p>Sam Harrison presented the GIAP report to provide Board members with an update on progress on the delivery of the GIAP.</p> <p>In summarising, the number of actions ‘on track’ was noted to be 34. Six actions were ‘off track’ in November; this has been reduced to two in December. Core 1 and Core 4 have been reviewed and will be presented to the relevant Board Committee for sign off of recommendation as complete in December and subject to agreement, be presented to the Trust Board in January. Core 5 recommendations were agreed as being completed at the CoG on 24 November and the blue completion forms are presented to the Board today for formal sign off of CoG1, 2 and 3.</p> <p>Each Board Committee has reviewed its GIAP actions and recommendations against the context of the original Deloitte governance review. The Trust will be highlighting this review in the Performance Review Meeting with NHSI in December to provide assurance on progress and robustness of process.</p> <p>Ifti Majid thanked Sam Harrison for the momentum in addressing the actions and recommendations.</p> <p><b>RESOLVED: The Board of Directors</b></p> <ol style="list-style-type: none"> <li><b>1. Noted the progress made against GIAP recommendations.</b></li> <li><b>2. Noted the areas rated ‘off track’ and with ‘some issues’.</b></li> <li><b>3. Formally approved the blue completion forms as presented and confirmed CoG 1, 3 and 3 as now complete. .</b></li> </ol>
<p><b>DHCFT 2016/202</b></p>	<p><b><u>DEEP DIVE – EATING DISORDERS SERVICE</u></b></p> <p>Lucia Whitney, Consultant Psychiatrist, Joanna Miatt, Consultant Clinical Psychologist and Helen Crowson, Service Manager, Lead CBT Therapist from the Eating Disorders Service, joined the meeting to present a ‘Deep Dive’ into the service.</p> <p>The service provides care for adults in Derby City and County with anorexia nervosa with a BMI of 16.9 and under. The team works from Belper but travels across the city and county offering a range of interventions. Beds are commissioned and paid for by NHS England. The local, preferred provider is Leicester’s Eating Disorder Unit, which has 13-15 beds to serve five surrounding counties. Private sector beds may be utilised if NHS beds are unavailable. Entry level criteria to the service is based on significant weight loss and BMI which can prevent the team from dealing with early onset and intervention; the likelihood of successful recovery is higher when treated earlier. The Trust has a lower death rate than the national average but the Board was asked to note that the client group is high risk and has the highest mortality of any psychiatric disorder.</p> <p>Partnership working takes place across primary and acute care. Relationships are strong with voluntary sector organisations, such as First Steps, which supports carers and families. Despite this, little information is available to the public on help for eating disorders and unfortunately the help that can be provided is restricted.</p> <p>The key challenge for the team is its capacity to provide a comprehensive service for Derby and Derbyshire and the challenge of not being able to treat clients with a BMI above 16.9; however if they did, referrals would significantly increase and the service would not be able to manage this volume operationally..</p> <p>Carolyn Green advised that the team will be putting together modelling for investment,</p>



	<p>including a potential pilot for next year's contracting round. The need for earlier intervention is a research and evidence-based recommendation which the team believe would lead to improved recovery rates. The model will go to the Quality Assurance Group and then to Commissioners. Margaret Gildea offered to assist in the delivery of the model to the Commissioners, to share her personal experience of services for eating disorders in the county.</p> <p>The Board unanimously supported this work and agreed that in order to extend the issues with BMI criteria this would be addressed through the Quality Assurance Group where all the CCGs are present. In addition to this Ifti Majid committed to include information on the service in a scheduled presentation to the Health &amp; Wellbeing Board in January.</p> <p>The Chair thanked the Team for their powerful presentation and valuable involvement.</p> <p><b>ACTION:</b></p> <ol style="list-style-type: none"> <li>1. <b>BMI criteria to be addressed through the Quality Assurance Group</b></li> <li>2. <b>Ifti Majid to include information on the Eating Disorders Service in a scheduled presentation to the Health &amp; Wellbeing Board in January</b></li> </ol> <p><b>RESOLVED: The Board of Directors received and noted the deep dive into the Eating Disorders Service</b></p>
<p><b>DHCFT 2016/203</b></p>	<p><b><u>2016/17 BOARD FORWARD PLAN</u></b></p> <p>The forward plan was noted.</p> <p><b>RESOLVED: The Board of Directors noted the forward plan for 2016/17.</b></p>
<p><b>DHCFT 2016/204</b></p>	<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>Richard Gregory reported that Remuneration and Appointments Committee had discussed the Board Assurance Framework (BAF) Risk 3C – There is a risk that turnover of the Board members could adversely affect delivery of the organisational strategy due to loss of specialist organisational knowledge, capacity and stability. It is proposed, on behalf of Committee, that this risk has been mitigated with the recent appointments and therefore the risk should be removed from the BAF.</p> <p><b>RESOLVED: The Board of Directors agreed to remove Risk 3C from the BAF.</b></p>
<p><b>DHCFT 2016/205</b></p>	<p><b><u>MEETING EFFECTIVENESS</u></b></p> <p>The Board agreed the meeting had been effective. There had been much detailed progress reporting and discussion. The Integrated Performance Report was noted to be working well.</p>
<p><b>DHCFT 2016/206</b></p>	<p><b><u>ANY OTHER BUSINESS</u></b></p> <p>On behalf of the Board, Caroline Maley thanked Richard Gregory for his enormous contribution and effort. During his time as Interim Chairman he had navigated the Trust through challenging times, never losing his passion for the Trust and the services it provides for its users. The Board thanked Richard Gregory for leaving the Trust in a much stronger position and for establishing strong relationships with the Board and Governors, a sentiment echoed by John Morrissey, Lead Governor.</p> <p>Richard thanked the Board for its support. He had enjoyed his time working in a great Trust and wished all a successful future. It had been a difficult year to be Chair but he had been humbled by those he had worked with and hoped for a steady progression to</p>

	improvement.
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The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 11 January 2017.

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