

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

Held in Training Rooms 1 and 2
Research and Development Centre, Kingsway, Derby DE22 3LZ

Wednesday 24 May 2017

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4.35pm

PRESENT:	Caroline Maley	Acting Trust Chair
	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
	Barry Mellor	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Acting Chief Executive
	Claire Wright	Executive Director of Finance & Deputy Chief Executive
	Carolyn Green	Executive Director of Nursing & Patient Experience
	Dr John Sykes	Executive Medical Director
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
	Mark Powell	Acting Chief Operating Officer
	Amanda Rawlings	Director of People & Organisational Effectiveness
	Lynn Wilmott-Shepherd	Interim Director of Strategic Development
IN ATTENDANCE:	Anna Shaw	Deputy Director of Communications & Involvement
	Sue Turner	Board Secretary (Minutes)
For DHCFT 2017/073	Peter	Service User
For DHCFT 2017/073	Velmer Boreland	Occupational Therapist
For DHCFT 2017/083	David Tucker	General Manager, Children & Young Peoples Services
For DHCFT 2017/083	Scott Lunn	CAMHS & IAPT Operational Lead
For DHCFT 2017/083	Aislinn Choke	Consultant Psychiatrist/Associate Medical Director
For DHCFT 2017/083	Beth Howman	Consultant Paediatrician
APOLOGIES:	Margaret Gildea	Senior Independent Director
	Dr Anne Wright	Non-Executive Director
VISITORS:	John Morrissey	Lead Governor, Public Governor, Amber Valley South
	Gillian Hough	Public Governor, Derby City East
	Carole Riley	Public Governor, Derby City East
	Rosemary Farkas	Public Governor, Surrounding Areas
	Melissa Castledine	Derbyshire Mental Health Alliance

DHCFT 2017/072	<u>ACTING CHAIR'S WELCOME, OPENING REMARKS AND APOLOGIES</u> Acting Trust Chair, Caroline Maley, opened the meeting and welcomed everyone. Apologies were noted from Margaret Gildea and Dr Anne Wright.
DHCFT 2017/073	<u>SERVICE RECEIVER STORY</u> Nicola Fletcher introduced service receiver Peter who gave an account of his experience of secure services and his time spent at the Kedleston Unit. He also talked about how he studied for a degree whilst undergoing his recovery and described his eventual progress into employment. Occupational Therapist, Velmer Boreland accompanied Peter and

	<p>talked about how the use of community resources and peer support programmes had played a part in aiding Peter’s recovery.</p> <p>Peter talked about how he was encouraged to take up new interests and enrolled on courses specialising in resilience training and understanding relationships which helped build his confidence. He was also encouraged to study for a teacher training qualification that he is due to complete in July which will enable him to be qualified to teach six-form students and above. The Board heard how Peter had been involved with the CQC inspection team and how this had led to him being employed by the CQC occupational therapy and clinical team.</p> <p>Peter is pleased that during his time with the Trust he has grown in confidence and has become more independent. He has learnt how to stay well and to spot his strengths. He has also learnt how to cope with disappointment and how to utilise his support networks. He spoke of his aspirations for the future and is currently applying for jobs. He is coming to end of his time at the Kedleston Unit and now spends five nights a week at a transition house. He hopes to secure his own flat in the near future.</p> <p>When asked by the Board if there was any part of the Trust’s service that should change Peter described how difficult it had been accessing clarity of which advocacy service to use, and then keeping in contact with the same branch of the advocacy service. Instead he utilised the support of the clinicians on the ward and the Occupational Therapists. The Board discussed the issues raised and undertook to improve the advertising of the local authority commissioned independent advocacy service. Carolyn Green undertook to explore the service offered by the Derby city and Derbyshire services, and include this in ward information booklets and posters.</p> <p>Discussion also centred around how the Trust could enable Peter and others in his situation move forward in life. The Board heard of plans to develop a recovery college within the Kedleston Unit that would inspire a sense of hope and recovery for people. Although this resource is still in its infancy Peter has kindly agreed to support staff in setting up this facility which would be an important resource to have within patient centred care planning. The Board supported this initiative and it was agreed that Carolyn Green would develop a recovery and enablement strategy that will be submitted to the Quality Committee, the results of which would be reported to the through to the Board.</p> <p>The Board was impressed with Peter’s local insight and his understanding of the choices he made and in developing his recovery. This was a truly inspirational story and the Board wished him well for the future.</p> <p>ACTION: Carolyn Green will work with the Nursing and Quality team, specifically Allied Health Professionals to develop a recovery and enablement strategy that will be submitted to the Quality Committee to focus upon employment and a positive approach to recovery.</p> <p>RESOLVED: The Board of Directors expressed thanks to Peter for sharing his inspiring story and appreciated the opportunity to hear at first hand the service the Trust had provided.</p>
<p>DHCFT 2017/074</p>	<p><u>MINUTES OF THE MEETING DATED 26 APRIL 2017</u></p> <p>The minutes of the previous meeting, held on 26 April were agreed and accepted subject to Claire Wright’s title being corrected to Executive Director of Finance and Deputy Chief Executive.</p>
<p>DHCFT 2017/075</p>	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted on the actions matrix.</p>

	<p>Carolyn Green updated the Board on the outcome from last month's Service User Story and was pleased to report that immediate financial support would be given to the carers' support group</p>
<p>DHCFT 2017/076</p>	<p><u>QUESTIONS FROM PUBLIC GOVERNORS</u></p> <p>Two questions were received from public governors. The first was from Gillian Hough Public Governor, Derby City East who asked what steps the Board would be taking to manage the potential risk to the quality of service delivery as the Trust moves towards the transaction with DCHS.</p> <p>The Chair responded that the Board has looked at clinical services and discussed the opportunity to work with DCHS to address and improve the health of our population. As regards to the quality of individual services the Board considers that integration will provide opportunities to improve quality and efficiencies and may improve the Trust's financial outlook. The Board will ensure that the CQC action plan is delivered and focus on obtaining the best clinical and effectiveness standards will continue.</p> <p>There were ten parts to a question received from Ruth Greaves, public governor for Derbyshire Dales. A written statement by Amanda Rawlings responding to these questions was circulated at the meeting and would be included in support of the minutes of today's meeting.</p> <p>RESOLVED: The Board of Directors noted and responded to questions raised by the public governor for Derbyshire Dales and the public governor for Derby City East.</p>
<p>DHCFT 2017/077</p>	<p><u>ACTING CHAIR'S VERBAL REPORT</u></p> <p>Caroline Maley firstly expressed her thanks to everyone involved in making sure safety was paramount during last week's cyber-attack. Throughout this period she was kept updated with progress and felt assured by the work being undertaken by the IT support teams who performed a sterling job under extremely difficult circumstances.</p> <p>During the last month Caroline Maley continued to meet with chairs of other organisations and commissioners from Erewash and Hardwick Commissioning Groups. She also met with the chair of Leicestershire Partnership Trust when they discussed the care services being offered through a pilot scheme in social care.</p> <p>The Council of Governors met on 2 May in public session and this meeting was observed by a number of governors from DCHS. An effective Governance Committee was held on 17 May and she also met with the Lead Governor, John Morrissey.</p> <p>The Non-Executive Directors met in May for their quarterly meeting and this allowed the chairs of the different Board committees to discuss how their work was progressing.</p> <p>Caroline Maley also attended the Audit & Risk Committee on 27 April to review the Annual Report and Accounts for 2016/17 prior to formal sign off by the Committee later in May.</p> <p>The Joint Integration Programme Committee (JIPC) took place on 3 May and a report of this meeting is included as part of the Acting Chief Executive's report.</p> <p>Cultural Assessments were held with a number of Executive Directors and Non-Executive Directors on 23 May. Caroline Maley explained that this is part of the due diligence activity being conducted by Ernst & Young in preparation for the Outline Business Case and will enable the Trust to get a deeper insight into the challenges that might be faced through integration.</p>

	<p>Caroline Maley attended the DAFT Conference (Derbyshire’s Association for Family Therapy) and said that it was of great interest to see the work that is being carried out with families.</p> <p>RESOLVED: The Board of Directors noted the activities of the Acting Chair throughout the month of May.</p>
<p>DHCFT 2017/078</p>	<p><u>ACTING CHIEF EXECUTIVE’S REPORT</u></p> <p>The Acting Chief Executive’s report provided the Board of Directors with feedback and an update on developments occurring within the local Derbyshire health and social care community.</p> <p>Ifti Majid referred to discussions held at the last Board meeting concerning public protection with regard to the number of people being released from prison. The Trust is unfortunately one of the few trusts not commissioned to provide a community forensic mental health care service. He informed the Board that he has written to commissioners and the STP expressing the Trust’s serious concern regarding the risks associated with the release to Derbyshire of IPP (Indeterminate Imprisonment for Public Protection) prisoners and asked commissioners for a specific forensic stream that will help the Trust to manage the complex needs of these individuals. This risk has also been added to the Board Assurance Framework as one of our highest risks.</p> <p>Following on from the last meeting when the Board heard of the issues junior doctors are experiencing, Ifti Majid invited junior doctors to take part in a two-way shadowing exercise with the Board so they can understand more about the challenges junior doctors face when placed in our organisation and he urged Board members to put themselves forward to take part in this programme.</p> <p>Ifti Majid’s report included an overview of the Trust’s experiences during the recent cyber-attack and he thanked all staff who worked hard to ensure that the quality of the Trust’s services was not compromised in any way. Mark Powell responded that the IT team had taken precautionary action during this period and was pleased to report that none of the Trust’s systems were affected by the virus. The Trust’s priorities were to make sure clinical systems were operating as quickly as possible. He was pleased to report that the Trust’s PARIS disaster recovery process meant that there were no patient safety issues arising. Debriefing and lessons learnt sessions are being undertaken and will form part of a report that will be received by the Board at the next meeting in June. Mark Powell assured the Board that work had taken place to ensure that paper records that were kept during this period have been transferred to the electronic system and that wards were provided with extra staff to enable this to be carried out without staff being pulled away from clinical duties.</p> <p>Ifti Majid referred to the outcome of the CQC visit in February 2016 and the Deloitte Well Led exercise carried out in January 2016 which resulted in the Trust being in breach of its provider licence. He informed the Board that he had positive feedback from NHS Improvement about the Trust’s progress to comply with conditions placed on the Trust with respect to its NHS provider licence. He hoped that formal notification that the Trust is free of all former licence breaches may be forthcoming shortly.</p> <p>Appended to this paper was a summary report from the Joint Integration Programme Committee. Ifti Majid pointed out that this did not contain the full detail of discussions that took place during the meeting and he intended to discuss with the Joint Integration Programme Director how these reports could be more detailed.</p> <p>ACTION: Report on recent cyber-attack to be received at the June meeting.</p> <p>RESOLVED: The Board of Directors noted the Acting Chief Executive’s update</p>

<p>DHCFT 2017/079</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)</u></p> <p>The report showed that the Trust continued to perform well against many of its key indicators during April. Owing to the IT downtime during week commencing 15 May, reporting of data was delayed which affected the level of narrative that has been able to be provided within the report. As a result, quality, workforce and operational sections were scrutinised by Board members to establish key performance issues and to gain assurance on mitigating actions being undertaken in these areas.</p> <p>The Board recognised that positive improvements have been made with regard to the stability around workforce metrics which showed a good start to the year. In terms of challenges, the report drew attention to a lack of staff capacity across the organisation resulting in poor performance in staff supervision and appraisals and Executive Directors were urged to place an internal focus on these key areas. In response, Mark Powell undertook to refocus the teams on all internal performance issues, the results of which would be seen in future IPR reports.</p> <p>With regards to financial performance, Claire Wright reported that at month one the Trust is ahead of plan and the forecast assumes full delivery of CIP (Cost Improvement Programme), although a full set of plans to achieve the Trust's CIP of £3.85m are not yet finalised she is forecasting that the Trust will achieve its control total at the end of the year. In response to a question from Caroline Maley she clarified that there is an overspend on pay and employee expenses which is offset by over-recovery of income, both due to QIPP (Quality Improvement Prevention and Productivity) contract and service changes not yet being enacted.</p> <p>With regards to financial performance, Claire Wright reported that at month one the Trust is ahead of plan and plans are in place to achieve the Trust's CIP of £3.85m. She is forecasting that the Trust will achieve its control total at the end of the year despite there currently being an overspend on pay and employee expenses.</p> <p>The report showed that the sickness absence rate is still high and the underlying causes of stress and anxiety are one of the Trust's biggest challenges. Amanda Rawlings reported on the Trust's vacancy situation and explained that with the TRAC electronic recruitment management tool now operational the Trust's vacancy rate should improve. She was working on innovative ideas to attract staff and establishing systems that will anticipate vacancies that will arise through retirement or staff movement in order to predict immediate needs. Individuals will be recruited and retained through development opportunities.</p> <p>Richard Wright referred to the recent recruitment visit made to India. Mark Powell responded that he would provide the Board with a full report on his trip to India at the next meeting in June that will set out the progress made and the development of a clear partnership with India's National Institute of Mental Health which will play a significant role in improving recruitment in the longer term. The Trust is also exploring recruitment opportunities for doctors in Egypt.</p> <p>Concern was raised with regard to safe staffing levels in the Hartington and Radbourne Unit. Carolyn Green assured the Board that emergency planning measures were not required at this time although intensive actions were required over the summer to maintain stability. She referred to bed occupancy and pointed out that occupancy is currently quite low on the Cubley Wards and as a result some staff were transferred to other areas or skill mix reduced as bed occupancy was less than 50%. The Board requested that future IPR reports include a short summary on safer staffing, and that a report be received by the Quality Committee on safer staffing mitigation plans.</p> <p>ACTION: Summary report on Safer Staffing to be regularly included in the IPR</p>

	<p>ACTION: Report on safer staffing mitigation plans to be received by the Quality Committee.</p> <p>RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained a good level of assurance on current performance across the areas presented.</p>
DHCFT 2017/080	<p><u>CONTROL OF INFECTION REPORT</u></p> <p>The Control of Infection Report summarised the activity in the safe management of Infection Prevention and Control over the preceding twelve months.</p> <p>The Board noted that this annual report was scrutinised by the Quality Committee and significant assurance was established.</p> <p>RESOLVED: The Board of Directors accepted the Annual Control of Infection Report and received significant assurance on standards of cleanliness of clinical areas and food preparation areas</p>
DHCFT 2017/081	<p><u>QUALITY POSITION STATEMENT</u></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>Reference was made to the increase in drug related deaths in substance misuse. Carolyn Green assured the Board that the Quality Committee will continue to monitor the substance misuse integrated services and will maintain a monitoring brief on this national trend and challenged John Sykes and Lynn Wilmott-Shepherd to establish the learning to be had from effective governance of clinical consortium arrangements. In her support, Julia Tabreham as Chair of the Quality Committee referred to the level of intervention that the Trust's integrated service model has had across the wards and third sector organisations which had made an impression on A&E admissions and asked John Sykes and Lynn Wilmott-Shepherd to look at this clinical consortium's success criteria. John Sykes responded that this has resulted in a significant alignment of organisations within a lead provider model and he believed that an aligned strategy would be of great benefit to staff.</p> <p>Carolyn Green drew attention to Improving Access to Psychological Therapies services (IAPT) and informed the Board that she proposed to explore extending IAPT into walk-in centres to cope with primary care demands which would be beneficial to neighbourhoods and would also avoid activity from Accident and Emergency services.</p> <p>The report also included the notification of a visit by the CQC on 12 July to check compliance with the Mental Health Act and Code of Practice which was formally noted by the Board.</p> <p>RESOLVED: The Board of Directors received and noted the Quality Position Statement</p>
DHCFT 2017/082	<p><u>BOARD ASSURANCE SUMMARIES & ESCALATIONS</u></p> <p>Assurance summaries were received from the Board Committees that took place during April and May 2017. Committee Chairs summarised the escalations that had been raised and these were noted by the Board.</p> <p>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries and Escalations.</p>

DEEP DIVE – PAEDIATRICIAN CAMHS WAIT TIMES

The Paediatrician and CAMHS services team joined the meeting and provided the Board with an insight into some of the key challenges and achievements for their services. The Board heard from David Tucker, Beth Howman, Aislinn Choke and Scott Lunn about a number of initiatives they have used to help manage the referral pressures and long waiting lists in CAMHS and Paediatrics.

These initiatives included assessing job plans for each role to ensure the team had the correct processes in place for work priorities. They also held a recruitment campaign and recruited three new doctors and managed to secure some locum cover that provided extra capacity. The team have also made use of funding identified for consultant paediatricians and utilised nurses to carry out work previously carried out by paediatricians. This has enabled the team to recruit a psychologist to help with additional demand. The team also entered joint recruitment with Derby Teaching Hospital to make posts more attractive to applicants. Despite this effort, there is an ongoing strain on services. The trajectory for paediatrics patients waiting over 52 weeks showed significant demand. The Board was informed that 'waiting well' checks take place during this wait time and this process is working effectively. The team considered that the recent addition of a waiting list care co-ordinator will help with the flow of appointments.

One of the key challenges for the team is that appointments are not kept. Families are reminded of the importance of notifying the team when cancelling appointments and the Board heard how DNAs (Did Not Attend) were checked on a case by case basis for issues relating to safeguarding or neglect. Support services also work with families to help them attend. The Board was concerned to hear that the number of appointments lost each week equates to three whole time staff.

A great deal of work has taken place within the team to improve waiting times. The team gave an overview of their plans for future improvement. A speciality doctor is due to start in June. The Board was informed that consultant paediatricians are in great demand and is also a very difficult post to recruit to. The team is trying to be as flexible as possible with the work plans to attract consultant paediatricians.

The current CAMHS service performance shows a resource gap. The Trust receives a certain amount of funding but not enough funding to provide the right scale of services for the population of children. Community paediatricians are commissioned to work with young people up to the age of 16 years unless in they are in attendance at special schools or subject to child protection. This is a known commissioning gap and the Board heard that Lynn Wilmott-Shepherd is working towards addressing this issue.

The Board understood that there is an increasing complexity of cases and consistent demand on resources. The current wait list assessment showed a number of reasons for the longest wait times. CAMHS and Learning Disabilities see three times their commissioned referral rate. The service is operating at two thirds capacity for paediatric consultants. Plans for future improvement involve implementing a new service model with a pathway that is clinically led with assessment function consultants who will work on getting people referred to the correct treatment pathway to help with flow. The implementation of an assessment intervention team has improved access and has decreased both the internal and external waits by 16%.

The team described how CAMHS has seen a huge increase in referrals from A&E which was considered to be a good indication that young people are accessing the service.

The Board considered this to be a useful summary of the intervention by the CAMHS and Paediatric Team and they were commended for their positive and creative thinking. Despite all their good work too many children have to wait a considerable amount of time. The Board was assured that the team was doing everything possible to improve the waiting time. There is a need to reinforce the decision making across the Trust and balance the clinical services needs with the financial position and work with

	<p>Commissioners to ensure appropriately contracted services.</p> <p>RESOLVED: The Board of Directors considered and noted the presentation made by the Paediatrician and CAMHS services team</p>
<p>DHCFT 2017/084</p>	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN (GIAP)</u></p> <p>Sam Harrison presented the Board with the final Governance Improvement Action Plan (GIAP) report. This report provided Board members with an update on progress on the delivery of the two remaining recommendations from the GIAP.</p> <p><i>M1 - The Trust will deliver a Governance Improvement Action Plan (GIAP) to address the findings and recommendations from the Employment Tribunal Investigation, Deloitte report, and the CQC focused inspection:</i> The Board acknowledged that Deloitte carried out a review of the implementation of the GIAP, which took place between February 2017 and April 2017. A final report received from Deloitte on (24 April) provided assurance that the all findings from the GIAP have been completed and that the Trust now meets the benchmark Deloitte would associate with organisations rated amber-green against NHS Improvement’s well-led framework.</p> <p><i>M3 - The Trust will undertake to gain external assurance that the Governance improvement action plan has been implemented in full or that it can be implemented in full:</i> This recommendation relates to external assurance received from Deloitte and enabled the Board to be satisfied that the GIAP has been implemented in full.</p> <p>The Board passed and approved both recommendations M1 and M3. The outcome of the Deloitte report will now be submitted to NHS Improvement. In terms of reporting and embeddedness Sam Harrison informed the Board that she is waiting for feedback from NHSI on the Deloitte report. This will be monitored through the Executive Leadership Team to ensure embeddedness and continuation of governance evidence, working towards an anticipated full well-led review during 2017/18.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the completion of all actions addressing GIAP recommendations 2) Formally approved the two blue forms as presented and confirm that this provides assurance of completion, namely M1 and M3 3) Noted the full completion of the Governance Improvement Action Plan.
<p>DHCFT 2017/085</p>	<p><u>INFORMATION GOVERNANCE UPDATE</u></p> <p>This report provided the Board with a performance update on the Trust’s Quarter 4 progress towards meeting the requirements of the 2016-17 Version 14 Information Governance Toolkit as well as the work of the Information Governance Committee and Information Governance breach monitoring.</p> <p>The report assured the Board of the successful completion of Information Governance monitoring. The Board noted the good governance around IG training compliance that will be reinforced throughout this year.</p> <p>Sam Harrison highlighted the IG bulletin that had been published several times during the year which served to ensure organisational learning and implementation of best IG practice across the organisation.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Acknowledged the successful completion of the IG Toolkit 2) Acknowledged the progress made with the IG work plan and 3) Acknowledged the risk to the organisation of failing to meet the requirements of the IG Toolkit particularly with regards to the mandatory IG Training

	<p>requirement.</p>
<p>DHCFT 2017/086</p>	<p><u>FIT AND PROPER PERSON DECLARATION</u></p> <p>The purpose of the paper was to support the Chair’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>The Board approved the Trust’s Fit and Proper Persons Test Policy in 2016 and acknowledged that this policy has been maintained and applied throughout the year. Appropriate checks have been made on appointment of Director level posts made during 2016/17 and relevant checks and supporting information relating to existing post holders has been provided, including ongoing review and monitoring of the recording system for all Directors. In addition, self-declarations have been made by all Directors as at 31 March 2017. Comprehensive files containing evidence to support the elements of the fitness test have been retained and regularly reviewed to ensure contents are updated as required.</p> <p>The Board was satisfied that this declaration evidences the embeddedness of processes set in place as part of the Governance Improvement Action Plan (recommendations FF1 (4) and FF (5)) relating to compliance with the Fit and Proper Persons Test.</p> <p>Caroline Maley declared that appropriate checks have been undertaken in reaching her judgment that she was 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 regulators on request.</p> <p>RESOLVED: The Board of Directors received full assurance from the Chair’s declaration that that all Directors meet the fitness test and do not meet any of the ‘unfit’ criteria</p>
<p>DHCFT 2017/087</p>	<p><u>REPORT FROM THE AUDIT & RISK COMMITTEE ON THE EFFECTIVENESS OF BOARD COMMITTEES</u></p> <p>Sam Harrison provided a report to the Board on the activity and effectiveness of the Audit and Risk Committee for 2016/17, comparing the work of the Committee to its Terms of Reference. The report was considered by the Audit and Risk Committee at its meeting on 26 April 2017 where the Committee received significant assurance on the effectiveness of the Committee.</p> <p>Although there has been a significant change in membership of the Committee the annual effectiveness survey showed that the Committee was satisfied that it had fulfilled its remit in line with its terms of reference. In addition to this KMPG had provided external clarification that the Committee was effective and had suggested some areas for development for new Committee members.</p> <p>The report provided the Board with assurance on the effectiveness of the Audit and Risk Committee and all other Board Committees, which the Audit and Risk Committee had reviewed at their April meeting in its role of overseeing Board Committee effectiveness. It was noted that a further update on progress is to be provided by the Mental Health Act Committee to the Audit and Risk Committee in October 2017 given the ongoing development of this Committee that is underway. It was also noted that the terms of reference of all the committees will be presented to the Trust Board as part of the annual review of the Corporate Governance Framework in July.</p> <p>RESOLVED: The Board of Directors: 1) Received full assurance on the effectiveness of the Audit and Risk Committee</p>

	<p>during 2016/17</p> <p>2) Received significant assurance regarding the discharge of the remit of all other Board committees, as considered by the Audit and Risk Committee.</p>
DHCFT 2017/088	<p><u>REPORT FROM COUNCIL OF GOVERNORS MEETING</u></p> <p>Sam Harrison presented the report which provided a summary of issues discussed at the meeting of the Council of Governors held on 6 April and 2 May 2017.</p> <p>The Board noted the report and was assured on the range of key topics presented to and discussed by the Council of Governors.</p> <p>RESOLVED: The Board of Directors noted the report from the Council of Governors meeting held on 6 April and 2 May 2017.</p>
DHCFT 2017/089	<p><u>NHS IMPROVEMENT YEAR-END SELF-CERTIFICATION</u></p> <p>Samantha Harrison presented the NHS Improvement year-end self-certification which providers are required to complete after the financial year-end relating to compliance with the following NHS provider licence conditions:</p> <ul style="list-style-type: none"> • The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3)) • The provider has complied with required governance arrangements (Condition FT4(8)) • If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated service (Condition CoS7(3)) <p>The aim of self-certification is for providers to carry out assurance that they are in compliance with the conditions and providers may carry out this process as they see fit. DHCFT proposes to present the proposed relevant declarations to the Trust Board.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Confirmed it had met the criteria for holding a licence (condition G6) • Declared that the licensee has a reasonable expectation that the licensee will have the required resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. • Confirmed that it complies with all elements of the Corporate Governance Statement (condition FT4) • Was satisfied that during the financial year ended 31 March 2017 the Trust had provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they were equipped with the skills and knowledge they need to undertake their role. <p>RESOLVED: The Board of Directors:</p> <p>1) Confirmed agreement with the proposed declarations for signature by the Chair and Chief Executive.</p> <p>2) Agreed to the publication of the self-declarations within one month of the declaration by the Trust Board.</p>
DHCFT	<u>ANY OTHER BUSINESS</u>

2017/090	Carolyn Green pointed out that she was mindful of the need to plan for changes to the Mental Health Act that might arise from the Government's manifesto. In response, the Board proposed discussing this further outside of the meeting.
DHCFT 2017/091	<p><u>2017/18 BOARD FORWARD PLAN</u></p> <p>The forward plan was noted by the Board.</p> <p>RESOLVED: The Board of Directors noted the forward plan for 2017/18.</p>
DHCFT 2017/092	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u></p> <p>A full report on the BAF will be presented at the meeting to be held in July. The Board discussed the issue of capacity and demand within the Trust as exemplified in the Deep Dive for paediatrics and CAMHS services. Ifti Majid is to review the relevant risks within the BAF with a view to proposing an increase in risk rating to reflect the operational pressures and related risks faced by the Trust.</p>
DHCFT 2017/093	<p><u>MEETING EFFECTIVENESS</u></p> <p>The Board agreed that sufficient time was allowed to discuss the IPR report and requested that thirty minutes be devoted to the Deep Dives in future meetings.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 28 June 2017.</p> <p style="text-align: center;">The location will be Conference Rooms A&B Research and Development Centre, Kingsway, Derby DE22 3LZ</p>	

Governor questions to 24 May 2017 Trust Board Meeting

1) Please can we have clarification on exactly what has happened to the HR departments in DHcFT and DCHS?

On 22nd May we closed the first stage consultation with the senior staff across DHCT and DCHS regarding future senior roles for a joint HR/Workforce/OD team. The feedback is being reviewed and outcome will be discussed with the senior team over the next week before confirming who will be in what senior roles in the future. The next stage is for Amanda Rawlings to work with the senior team to develop the business case for stage 2 which will cover the wider HR/Workforce/OD teams across both trusts.

2) What was the justification for this change?

The direction came from NHSI in June 2016 asking STP's to collaborate on back office functions. DHCT and DCHS have agreed to work together and we have started with HR/Workforce/OD and Estates.

The Carter Review, and indeed Lord Carter's review of pathology services some 15 years ago, demonstrated that there is still a significant potential saving if back office services and pathology services are consolidated on a regional basis. Indeed, back office services in the NHS have not consolidated in the way they have in many other sectors and I know that many STP areas are already developing plans in this area. We will therefore be asking all STP leads to develop proposals to consolidate back office and pathology services with outline plans, initially on an STP footprint basis but with a mind to consolidate across larger areas over time, to be agreed before the end of July. Jeremy Marlow, Director of Operational Productivity and lead director for Carter Implementation will be heading this work, working closely with STP leads.

JIM MACKEY **ED SMITH**
Chief Executive NHSI Chairman NHSI

3) What were the perceived risks, and the perceived advantages?

As with all service changes there is a period of uncertainty for staff and the challenge of embedding a new structure and service. The positive is that a new larger team will provide more capacity and resilience to DHCT than we have today and some efficiencies.

4) Was NHSI informed prior to the changes taking place?

NHSI are not required to approve or agree with this arrangement, but are aware from our regular meetings with them about the work we are doing back office and our approach is in response to their national directive.

5) Relating to Question 4, when and why did you inform/not inform NHSI?

As above

6) Why did you not inform governors?

We have approached this change like we do with other service changes and discussed at the relevant governance committees. The full business case is yet to be developed and approved. The Council of Governors will be updated as we progress further with the back office work programme.

7) Why did you choose to implement this re-structuring prior to completion of the OBC and the crucial decision on whether to proceed to FBC?

The sharing of back office functions is separate to the OBC/FBC and we are working on a separate timetable.

8) How does this re-structuring change the viability of Collaboration, rather than Acquisition?

The approach we are taking with back office is about increasing our collaboration and partnership working and is not related to the acquisition.

9) What other departments are you considering re-structuring prior to April 2018?

We are currently working together on HR/Workforce/OD and Estates.

10) Will you be informing governors, so that they can perform their task of 'holding to account' during the process, rather than when it is a 'fait accompli'?

The Non-Executive Directors through the governance process will scrutinise and hold the Executives to account on this work programme.