

# 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 28 June 2017

### MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4.35pm

<b>PRESENT:</b>	Caroline Maley	Acting Trust Chair
	Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
	Margaret Gildea	Senior Independent Director
	Barry Mellor	Non-Executive Director
	Dr Anne Wright	Non-Executive Director
	Richard Wright	Non-Executive Director
	Ifti Majid	Acting Chief Executive
	Claire Wright	Director of Finance & Deputy Chief Executive
	Carolyn Green	Director of Nursing & Patient Experience
	Dr John Sykes	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
<b>IN ATTENDANCE:</b>	Anna Shaw	Deputy Director of Communications & Involvement
	Rachel Leyland	Deputy Finance Director
	Sue Turner	Board Secretary
	Julie Carvin	Infection Control Support Nurse (shadowing Carolyn Green)
For DHCFT 2017/095	Scott	Service User
For DHCFT 2017/095	Alice Smallwood	Team Manager - Substance Misuse Services
For DHCFT 2017/095	Nicola Fletcher	Acting Assistant Director of Clinical Professional Practice
For DHCFT 2017/103	David Hurn	Service Line Manager - Substance Misuse Services
For DHCFT 2017/103	Dr Senthil Mahalingam	Consultant Psychiatrist - Substance Misuse Services
For DHCFT 2017/104	Harinder Dhaliwal	Assistant Director for Engagement and Inclusion
<b>VISITORS:</b>	John Morrissey	Lead Governor, Public Governor, Amber Valley South
	Carole Riley	Deputy Lead Governor, Public Governor, Derby City East
	Lynda Langley	Public Governor, Chesterfield North
	Mark McKeown	Derbyshire Mental Health Alliance

<b>DHCFT 2017/094</b>	<b><u>ACTING CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST</u></b>  Acting Trust Chair, Caroline Maley, opened the meeting and welcomed everyone. No apologies for absence or declarations of interests were received.
<b>DHCFT 2017/095</b>	<b><u>SERVICE RECEIVER STORY</u></b>  Nicola Fletcher introduced service receiver Scott who talked about how he successfully completed his treatment for opiate addiction with the Substance Misuse Service through their rapid recovery process in June 2016. Towards the end of his treatment Scott

	<p>developed his role as service user representative, supporting others in treatment. Since leaving treatment Scott has continued to support the service as a peer mentor and has now applied to volunteer at the Ilkeston substance misuse facility.</p> <p>Ifti Majid asked Scott if the Trust's substance misuse service had made him want to recover from his addiction. Scott replied that he had reached a point where he definitively wanted to recover and the Trust's service had given him the help and support to enable him to learn how to cope with stressful situations without using drugs.</p> <p>Substance Misuse Team Leader, Alice Smallwood accompanied Scott and described how other service users were being motivated by Scott's enthusiasm and were inspired by his noticeable healthy appearance since he completed his recovery process. The Board heard how Scott was helping people learn to deal with situations that led to their drug use by encouraging them to build structure into their life through physical activities such as boxercise and using gym programmes developed by Phoenix Futures who work in partnership with the Trust. Scott and Alice also described how the Recovery Through Nature programme worked as well as walking groups, allotment work and projects being run by the service in partnership with the National Trust and how these structured activities within the community play a major part in teaching people about the importance of personal motivation in their recovery.</p> <p>The Board found Scott's story truly inspiring and understood how structured activities and intervention had a positive impact on his life and looked forward to the Deep Dive into the Substance Misuse Service taking place later in today's meeting.</p> <p><b>RESOLVED: The Board of Directors expressed thanks to Scott for sharing his inspiring story and appreciated the opportunity to hear at first hand the service the Trust had provided.</b></p>
<p><b>DHCFT 2017/96</b></p>	<p><b><u>MINUTES OF THE MEETING DATED 24 MAY 2017</u></b></p> <p>The minutes of the previous meeting, held on 24 May were agreed and accepted subject to the following amendments:</p> <p>DHCFT2017/076 – Questions from Public Governors – a written statement responding to these questions would be included as an appendix to the minutes.</p> <p>DHCFT2017/079 Integrated Performance Report (IPR) – the third paragraph of this item is to be corrected to read <i>'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'</i>.</p> <p>The final paragraph of the IPR (Integrated Performance Report) is also to be corrected to read <i>'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'</i>.</p>
<p><b>DHCFT 2017/097</b></p>	<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 on the actions matrix.</p>
<p><b>DHCFT 2017/098</b></p>	<p><b><u>ACTING CHAIR'S VERBAL REPORT</u></b></p> <p>Caroline Maley reported that the beginning of the month was dominated by the Board's decision to withdraw from the acquisition transaction with Derbyshire Community Health Services (DCHS) and was taken up with discussions and meetings with the Council of Governors, NHS Improvement (NHSI) and key stakeholders. This decision was taken extremely carefully in light of a number of factors across the environment including the pressure on staff to maintain quality, safety and financial stability throughout the transaction process. Caroline Maley thanked everyone who was party to this decision.</p> <p>During the last month Caroline Maley attended various meetings including the meeting of the Mental Health Act Committee when it was agreed to set up a sub-group to support the duties of this Committee.</p> <p>Caroline Maley and Ifti Majid attended the NHS Confederation Annual Conference in Liverpool where Jeremy Hunt was present and she described how this was a meeting that was symptomatic of our political time. She also had the opportunity to discuss the role of women on trust boards and the joining up with FTSE companies and having representatives from the BME network and LGBT joining different trust boards.</p> <p>During a quality visit to Ward 34 at the Radbourne Unit Caroline had met with medical staff governor, Jason Holdcroft and found it valuable hearing how we are supporting people through challenging times. It was the hottest day of the year and concerns were raised by staff regarding the heat and the effect this had on service users and staff. In response Carolyn Green explained that air conditioning is only installed in patient areas and not in staff areas. Legislation prohibits the use of portable units and although there is a cost issue in installing fixed air conditioning, the Trust is exploring extending air conditioning to staff areas and also looking at ways staff can wear lighter uniforms.</p> <p>Caroline Maley concluded that June was a busy month that focussed on strategic issues and our destination as a Trust.</p> <p><b>RESOLVED: The Board of Directors noted the activities of the Acting Chair throughout the month of June.</b></p>
<p><b>DHCFT 2017/099</b></p>	<p><b><u>CORPORATE GOVERNANCE STATEMENT</u></b></p> <p>Samantha Harrison noted that following written confirmation (received on 25 May) of a decision made by NHS Improvement (NHSI), the Trust had complied with all its enforcement undertakings. This compliance has now been incorporated into the Corporate Governance Statement (FT4) annual declaration which was reviewed and approved by the Board at the 24 May meeting. The additional text to be incorporated is as follows:</p> <p><i>Following a decision made by NHS Improvement the Trust was informed that the Trust had complied with all enforcement undertakings and a compliance certificate was issued on 24 May 2017.</i></p> <p>The revised document will be signed by Ifti Majid and Caroline Maley and published on the Trust's website by Friday, 30 June.</p> <p><b>RESOLVED: The Board of Directors noted the Trust's compliance with all its enforcement undertakings which will be incorporated into the Corporate Governance Statement declaration</b></p>

<p><b>DHCFT 2017/100</b></p>	<p><b><u>ACTING CHIEF EXECUTIVE'S REPORT</u></b></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 the Board's decision to withdraw from the acquisition by DCHS and reported that the Board had received strong support from the Council of Governors, Staff Side colleagues and staff. He outlined discussions he had with various members of staff regarding continuing to work with DCHS on back office functions and he reported that this was also discussed at the Joint Negotiating Consultation Committee. The Trust will continue to work closely with DCHS to build on the work carried out as part of the transaction programme.</p> <p>The Board heard how some administrative staff had talked to Ifti about their career progression and were concerned that the Trust was seen as 'Derbycentric'. Ifti Majid and the Executive Leadership Team (ELT) had considered this staff concern and as a result senior staff will now be working around the county to demonstrate that the Trust is not a wholly Derby focussed organisation. Ifti had also listened to staff who had asked if some of the senior appointed posts could be more focussed on the BME network. He was pleased to report that this initiative is being developed through the reverse mentoring project and is incorporated into our inclusion and diversity programme which is covered in the Equality and Diversity brief featured later at today's meeting.</p> <p>Ifti Majid referred to the Deloitte report on the Well-led review conducted in February 2016 which reflected significant progress in all areas. He was extremely proud of the improvements made over the last year and thanked his team and all staff across the organisation for bringing about a significant shift in the Trust's performance. This report has already been shared with Clinical Commissioning Groups (CCGs) and now that the report is in the public domain it will be forwarded to the CQC (Care Quality Commission).</p> <p>Following review by NHSI of the Trust's position including the assurances as presented in the Deloitte report, the Trust received official notification from NHSI that the Trust is now free of all former licence breaches and this was included as an appendix to Ifti's report. Samantha Harrison made Board colleagues aware that actions resulting from the Well-led review and the Governance Improvement Action Plan (GIAP) are progressing through the Board's Committees. As previously agreed an update report on progress and embeddedness of GIAP actions will be brought to the Board in October 2017. It is anticipated that this work will align with the Trust's work on the Well-led framework as recently launched by NHSI.</p> <p><b>RESOLVED: The Board of Directors noted the Acting Chief Executive's update</b></p>
<p><b>DHCFT 2017/101</b></p>	<p><b><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)</u></b></p> <p>The IPR provided the Trust Board with an integrated overview of performance as at the end of May 2017. The focus of the report is on workforce, finance, operational delivery and quality performance. The Trust continued to perform well against many of its key indicators during May despite staffing levels and activity pressures.</p> <p>The Board noted that community caseloads remain challengingly high and that waiting time for care co-ordination remains long because of the lack of care co-ordination to enable shorter wait times. It was recognised that some progress has been made with risk mitigation plans and Mark Powell assured the Board that this will continue to be revised and he hoped that work with the STP (Derbyshire Sustainability Transformation Programme) will address some of these challenges.</p> <p>The Board discussed the high bed occupancy across all wards which had resulted in a substantial number of patients placed out of area. This was recognised as an indication</p>

of the staffing challenges currently being faced and Mark Powell assured the Board of the work taking place to reduce patients being placed out of area and reported that as of today's date there were four patients placed out of area.

The report indicated that staffing remains an ongoing challenge for many services. Through various engagement events Carolyn Green and Mark Powell have recognised where further support is required and assured the Board that safe and effective operational management will provide the correct level of staffing against planned standards.

The Board discussed quality and operational performance and was informed that there are no nursing vacancies or challenges within CAMHS services. Carolyn Green would like to reduce the vacancy rate and trajectory to between 6 – 8% and she and Amanda Rawlings intend to progress this through the Executive Leadership Team (ELT) to drive the vacancy rate down. The Board heard how investment has been made in the supervision initiative which has shown signs of improvement. Quality indicators have shown we are under performing in safer staffing although performance is expected to be more stable in the autumn.

The IPR showed that the number of inpatients with VTE (Venous Thromboembolism) assessment is increasing. In response to Ifti Majid inquiring if this result was sporadic across the Trust, John Sykes advised that this increase was sporadic. Performance and IT measures have now been brought in to ensure more reliable recording and assessment takes place which will be monitored through the Quality Committee. In the drive to improve patient safety the Quality Committee will escalate any concerns to the Board after the next meeting in July. In addition to this, month on month VTE targets will be included in next month's IPR report which, as advised by Lynn-Wilmott Shepherd is in line with our contractual requirement.

Ifti Majid referred to the increase of incidents of violence involving patient to patient and patient to staff. Carolyn Green responded that she had seen an increase in incident recording in the neighbourhood. She did not think that these were necessarily related to an increase in people being released from prison but she had noticed an increase in incidents involving violence from women. Carolyn Green assured the Board that she and heads of nursing are working to address these incidents on a week by week basis.

Anne Wright raised concern with the number of cancelled outpatient appointments. John Sykes explained that this situation has been caused by the short notice termination of agency doctors creating gaps in the rota where doctors were required to volunteer to fill in these gaps. The Board was assured that patients were located to another appointment as a matter of priority and it is expected that this situation will improve by the beginning of August.

Julia Tabreham was concerned, that due to overwhelming pressure on staff, there is a lack of adherence to the CPA (Care Programme Approach). The lack of completion of CPAs is a persistent feature in Serious Untoward Incident Reports. Mark Powell replied that the Trust is firmly committed to CPA and staff are following the component parts of the CPA policy. He assured the Board that CPA is at the centre of everyone's focus and he is working with commissioners to ensure we have the resource to deliver service centred care.

Caroline Maley asked how the non-smoking policy was progressing. Carolyn Green informed her that the Trust is partially compliant with this policy and care plans are being developed with individual patients. We are in the process of re-energising smoking cessation across the organisation. Discussions are taking place with other trusts to establish ways of complying with the smoke free policy and this is being monitored by the Trust Management Team (TMT).

The Board discussed incidents relating to absconding and was assured that the Quality Committee will be carrying out a Deep Dive on Datix (patient safety software) checking

	<p>and any escalations will be made to the Board through the Quality Committee Assurance Summary.</p> <p>Claire Wright summarised the financial position for month two and confirmed that delivering the financial plan is a key priority. Cost Improvement Planning (CIP) is continuing to achieve the 2017/18 control total financial plan. A full set of plans is not yet in place to address the Trust CIP cost reduction of £3.85m and work is continuing to close the gap. Agency spend is scoring well on the rating although workforce risks will have a financial impact on the plan. With regards to the STP, the QIPP (Quality, Innovation, Productivity and Prevention) programme is not yet resolved. STP is requesting a higher CIP from all providers and although this is not currently in our plans the Trust will work with commissioners to understand what is acceptable to change. However, it has been confirmed that the Trust will receive its QIPP income which is good assurance for the Board and the regulator.</p> <p>Carolyn Green informed the Board that new clinical priorities will be applied to fire standards and will be reprioritised accordingly. In light of the Grenfell Tower tragedy work has taken place quickly with the fire prevention team. Ward checks have been completed for all services which resulted in minor rated issues around door stops. Carolyn Green was pleased to confirm that none of the Trust's buildings contain any form of cladding.</p> <p>Challenges around staffing were discussed by the Board. Amanda Rawlings reported that the biggest challenge currently is staff retention and is covered extensively in the Workforce Plan being reviewed later in today's meeting. The Board understood that the main priority is to build on the recent success in recruitment by improving staff retention as turnover is being affected by new staff recruited to inpatient areas then moving on to roles in specialised areas.</p> <p>The Board considered this to be a comprehensive IPR report and was pleased to see that it included a good focus on neighbourhood issues and was assured by the performance shown in month two.</p> <p><b>ACTION: VTE targets will be included in forthcoming IPR reports</b></p> <p><b>RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained a good level of assurance on current performance across the areas presented.</b></p>
<p><b>DHCFT 2017/102</b></p>	<p><b><u>CYBER ATTACK AND LESSON LEARNED REPORT</u></b></p> <p>Mark Powell's report informed the Board of the impact, response and actions arising from the Wanna Decryptor Ransomware attack that caused a disruption to DHcFT business continuity and provided assurances regarding the Trust's cyber security. The report set out the key issues arising from the attack; lessons learned and associated actions that will be taken forward as a result of the attack. The report also set out the Trust's position on the controls in place to limit the potential impact of any future cyber-attack.</p> <p>The Board noted the controlled response that brought IT systems back online in stages which avoided computers being infected and how risks were professionally managed which meant patients were not affected. Significant lessons were learned in how to resolve the situation in the event of a further cyber-attack happening again. The lessons learned action plan will be overseen by the Trust Management Team with assurance reporting made to the Quality Committee to ensure a response is developed through major incidents activity.</p> <p>The Board felt assured that the response in managing the cyber-attack was proportionate and controlled. Assurance was also obtained through the Ten Steps to Cyber Security which will be reinforced and taken forward through the Information Governance</p>

	<p>Committee and through business continuity.</p> <p><b>RESOLVED: The Board of Directors obtained significant assurance in the response to the cyber-attack, the subsequent action plan and cyber essentials.</b></p>
<p><b>DHCFT 2017/103</b></p>	<p><b><u>DEEP DIVE – SUBSTANCE MISUSE SERVICE</u></b></p> <p>David Hurn and Dr Senthil Mahalingam from the Substance Misuse Service joined the meeting and provided the Board with a presentation that gave an insight into some of the key challenges and achievements experienced by the team.</p> <p>For the first time the Trust is providing a range of drug and alcohol services offering support for adults of all ages in the local Derby community providing a complete service from a single point of access. The service also works in partnership with Phoenix Futures who provide a one to one assessment service with no appointment required.</p> <p>The service’s biggest achievement was implementing the Derbyshire Recovery Partnership which is a new service for the county focussing on improvements in physical health which also works in partnership with Intuitive Thinking Skills (intuitive recovery process) to meet the needs of people with a drug and/or alcohol problem offering them different levels of support from advice and harm reduction to prescribing and structured one to one or group work. The Board was pleased to hear that this service resulted in the successful transfer of specialist nurses being brought back into the service and that staff engagement had been very good throughout this process.</p> <p>The Board heard how the ECG (electrocardiogram) pilot project started in December 2016 in conjunction with the steroid outreach project that took place within local gyms. This initiative has been a very successful project that engaged a number of service users who have been very interested in working with the team and has had a significant impact on patients overall.</p> <p>The contract for Substance Misuse Services will be put out to tender shortly and this is proving quite challenging for the team who are committed to preparing the tender for submission by September 2017. The Board was made aware of the progression of preparedness meetings that are taking place leading up to the tendering process and how innovations borne from experience are enabling the team to write their own service specification.</p> <p>It was recognised that today’s Deep Dive was scheduled because a targeted CQC inspection will be taking place in the Substance Misuse Service during the next few weeks. The Board was assured that the team has a lot of strengths that will be recognised by the CQC and a great deal of work is taking place to prepare for the CQC’s visit. The Board was impressed with the positive impact that the Substance Misuse Service has on people’s lives which was observed during the service receiver story heard earlier at today’s meeting. It is clear that the team instilled hope into their patients and are leading the way in systems and processes and are able to be more creative and proactive in their approach to treating patients. The staff engagement team had drawn attention to the way the team had worked and it was proposed that the team would be invited to the People &amp; Culture Committee to tell their story so lessons could be learned from the innovative way they have adapted their service.</p> <p><b>ACTION: Substance Misuse Service to be scheduled into the programme of staff stories heard by the People &amp; Culture Committee</b></p> <p><b>RESOLVED: The Board of Directors considered and noted the presentation made by the Substance Misuse service team</b></p>
<p><b>DHCFT 2017/104</b></p>	<p><b><u>EQUALITY, DIVERSITY AND INCLUSION UPDATE</u></b></p>

This report provided the Board with an update relating to equality, diversity and inclusion (ED & I). Harinder Dhaliwal joined the meeting to present this paper. She outlined the key messages and assured the Board that the Trust is on track to complete goals one and two by 23 November 2017.

Reference was made to the positive feedback received from Board members when they attended the Equality, Diversity and Inclusion Board Development Session on 12 April. Claire Wright wished it to be noted that although she was unable to take part in this event, this was no reflection of her commitment to ED & I. It was confirmed that the event will be repeated later in the year to ensure all Board members have participated in the session.

Attention was drawn to the priorities contained in the Draft Board Equality Action Plan 2017-2020 (top six priorities) and these were duly approved by the Board.

It was noted that Board and Board Committee papers are to be audited in February, 2018, as set out in EDS2 Implementation Plan 2017/18.

The Board recognised that reverse mentoring is a component part of a suite measures the Trust is undertaking. Reverse mentoring will be taken forward and as a learning organisation we will show best practice in this area.

Harinder Dhaliwal drew attention to the forward planning of the Workforce Race Equality Standard (WRES) 2017/18. It was understood that the WRES action plan is to be developed and submitted to key committees as part of the reporting schedule, including the Board meeting on 27 September. It was recommended that the Board considers the WRES submission and findings at the July Board meeting.

Board members were aware that the Trust's Board of Directors does not contain a strong BME mix. Margaret Gildea referred to the conversations Caroline Maley had when she had attended the recent NHS Confederation Annual Conference with regard to representatives from the BME network joining trust boards and she asked Harinder Dhaliwal to explore this initiative.

**ACTION: Board to consider the WRES submission and findings at the July Board meeting for sign off along with the Board statement.**

**ACTION: Harinder Dhaliwal to develop the initiative of representatives from the BME network joining trust boards**

**RESOLVED: The Board of Directors:**

- 1) **Approved the Draft Public Sector Equality Duties & EDS2 Implementation Plan 2017/18 setting out the Trust's plans for annual grading process**
- 2) **Noted EDS2 Outcome 4:2 10 Board/key committee papers to be audited in February, 2017, as set out in EDS2 implementation, 2017/18**
- 3) **Approved the Draft Board Equality Action Plan 2017-2020 (top six priorities)**
- 4) **Noted the Board's ED& I Development Session held on 12 April, 2017 Evaluation Report and considered an additional session to achieve full attendance**
- 5) **Noted and supported Reverse Mentoring for Diversity and Inclusion (ReMeDy) pilot in partnership with the University of Nottingham. The initial pilot will include Executive mentees paired with BME staff (Mentors)**
- 6) **Considered scheduling WRES 2017/18 submission and findings, including Board statement at July 2017 Board meeting prior to submission to NHS England National WRES team by 1 August 2017 (in line with WRES technical guidance)**

DHCFT  
2017/105

**QUALITY POSITION STATEMENT**

	<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 systems leadership in physical health and mental health with regard to eating disorders. Julia Tabreham asked what was being done to improve the extreme vulnerabilities of this psychiatric disorder, especially with regard to the quality of life of sufferers and those that care for them. Carolyn Green responded that carers work is included in our family practice work for children and adults and she is currently working with commissioners to make sure this service is addressed through a BMI (Body Mass Index) approach. The Trust has also entered a partnership with the Royal Derby Hospital to improve this clinical pathway. Eating disorders is also embedded in the Derbyshire STP community pathway.</p> <p><b>RESOLVED: The Board of Directors received and noted the Quality Position Statement</b></p>
<p><b>DHCFT 2017/106</b></p>	<p><b><u>BOARD ASSURANCE SUMMARIES &amp; ESCALATIONS</u></b></p> <p>Assurance summaries were received from the meetings of the Audit &amp; Risk Committee held on 25 May and the Mental Health Act Committee of 9 June. Committee Chairs summarised the escalations that had been raised and these were noted by the Board. Particular note was made to development of a sub-group of the Mental Health Act Committee which will enable this Committee to operate more effectively.</p> <p><b>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries and Escalations</b></p>
<p><b>DHCFT 2017/107</b></p>	<p><b><u>WORKFORCE STRATEGY AND PLAN 2017 - 2022</u></b></p> <p>Amanda Rawlings's report provided the Board with the Trust's Workforce Strategy for 2017 – 2022 and a first year costed implementation plan to enable the Trust to proactively mitigate its workforce supply challenges, reduce reliance on agency and locum staff and retain staff by providing enhanced career pathways.</p> <p>Amanda Rawlings explained how we have captured our five-year plan in line with the Health Education England (HEE) Mental Health Workforce Strategy (2017). Prioritisation for affordability and implementation has been given to Year 1 of the Plan. A review of costs for implementation and affordability will need to take place year on year in line with local and national developments. Although we have highlighted numbers for recruitment plans in mental health nursing, we will over-recruit in readiness for staff who may retire.</p> <p>It was recognised that the Workforce Plan is a live document and will be amended in line with local and national developments and will regularly be reviewed by the People &amp; Culture Committee. The next stage will be to bring the Year 2 implementation plan to ELT, the People &amp; Culture Committee and then the Board.</p> <p>The report demonstrates how the organisation is to use its workforce. Apprenticeships will form a key part of the workforce development plan. However, both Richard Wright and Barry Mellor queried the amount of nursing apprenticeships the Trust would engage given the workforce's changing profile and felt that five apprentices would not be enough. Amanda Rawlings responded that the apprenticeship model has been established so that the number of apprentices can be increased year on year.</p> <p>The Board recognised that this strategy is an important step forward and is a credit to the work of the People &amp; Culture Committee. The Workforce Plan is a long term plan and the Board acknowledged the need to fund its implementation and noted that as each local development is phased into the plan this could be aligned with the national mental health workforce strategy.</p>

	<p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li><b>1. Approved this document as the DHCFT WorkForce Strategy and Plan</b></li> <li><b>2. Acknowledged that this Strategy and Plan will remain a live document and will be amended in line with local and national developments.</b></li> <li><b>3. Acknowledged the need to fund the developments identified in this document and acknowledged the cost pressure identified in year 1.</b></li> </ol>
<p><b>DHCFT 2017/108</b></p>	<p><b><u>PROGRESS ON THE STAFF SURVEY</u></b></p> <p>Amanda Rawlings’ report provided the Board with an overview of the 2016 staff survey and quarter 1 pulse check results and the approach and actions that are being taken to improve staff engagement and involvement across the Trust.</p> <p>It was noted that four areas from the Staff Survey are being focused on for improvement and are being tracked for progress through the People &amp; Culture Committee. In addition to this all leaders have been asked to develop their action plans with three key focus areas that they will work on with their teams and TMT will track progress of the local development work.</p> <p>Amanda Rawlings pointed out that since completing the two recent surveys the Trust has undertaken a cultural survey with EY and once these results have been received the Trust will look to combine the findings and areas of focus into its improvement plan.</p> <p>The Board agreed that the report provided assurance on how the staff survey process will improve staff engagement across the Trust and that it illustrated how this will progress throughout the year. The paper also allowed the Board to see signs of improved engagement and feedback which was encouraging.</p> <p><b>RESOLVED: The Board of Directors acknowledged the staff survey and pulse check results and the approach being taken to improve staff engagement, involvement and advocacy for the Trust.</b></p>
<p><b>DHCFT 2017/108</b></p>	<p><b><u>REPORT FROM THE CONFIDENTIAL COUNCIL OF GOVERNORS MEETING</u></b></p> <p>This report was provided for information and was noted by the Board.</p> <p><b>RESOLVED: The Board of Directors noted the report from the Confidential Council of Governors meeting held on 6 June 2017.</b></p>
<p><b>DHCFT 2017/111</b></p>	<p><b><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u></b></p> <p>BAF risk 1d ‘Risk of inadequate systems to ensure business continuity is maintained in the event of a major incident’. The Board discussed how this risk’s initial rating was moderate and is difficult to mitigate. There are good mitigation plans in place but the risk of further attack is potentially likely to occur.</p> <p>Following discussions held during this morning’s Remuneration &amp; Appointments Committee the additional risk of potential instability of the Board arising from the proposed appointments processes to acting roles was agreed to be added as an additional risk to the BAF and will be included in the BAF update for the July Board meeting.</p> <p><b>ACTION: Revised and elevated risk rating relating to business continuity BAF risk 1d arising from likelihood of future cyber-attacks to be included in BAF update to July Board</b></p> <p><b>ACTION: Additional risk of potential instability of the Board arising from the</b></p>

	<b>proposed appointments processes to be included in the BAF update to the July Board</b>
<b>DHCFT 2017/112</b>	<p><b><u>2017/18 BOARD FORWARD PLAN</u></b></p> <p>The forward plan was noted by the Board.</p> <p><b>RESOLVED: The Board of Directors noted the forward plan for 2017/18.</b></p>
<b>DHCFT 2017/113</b>	<p><b><u>MEETING EFFECTIVENESS</u></b></p> <p>The Board agreed that discussion will continue to take place to ensure agenda items keep to time and that discussion is appropriately focussed. Quality of discussion has been effective and good enquiry was made across the Board.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Thursday, 27 June 2017.</p> <p style="text-align: center;"><b>The location will be Conference Rooms A&amp;B Research and Development Centre, Kingsway, Derby DE22 3LZ</b></p>	