

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

**Held in Conference Rooms A&B
Research and Development Centre, Kingsway, Derby DE22 3LZ**

Wednesday 27 September 2017

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4.30pm

PRESENT:	Caroline Maley Dr Julia Tabreham Margaret Gildea Barry Mellor Dr Anne Wright Richard Wright Ifti Majid Claire Wright Dr John Sykes Carolyn Green Mark Powell Amanda Rawlings Samantha Harrison Lynn Wilmott-Shepherd	Trust Chair Deputy Trust Chair and Non-Executive Director Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Acting Chief Executive Director of Finance & Deputy Chief Executive Medical Director Director of Nursing & Patient Experience Acting Chief Operating Officer Director of People & Organisational Effectiveness Director of Corporate Affairs & Trust Secretary Interim Director of Strategic Development
IN ATTENDANCE:	Anna Shaw Sue Turner Dr Matthew Joseph Katie Keys	Deputy Director of Communications & Involvement Board Secretary (minutes) Consultant Psychiatrist (shadowing Director of Nursing & Patient Experience) Senior Occupational Therapist (shadowing Director of Nursing & Patient Experience)
For DHCFT 2017/133 For DHCFT 2017/141 For DHCFT 2017/141	Nicola Fletcher Petrina Brown Graham Wilkes	Acting Assistant Director of Clinical Professional Practice Lead Clinical Psychologist Lead Clinical Psychologist
VISITORS:	John Morrissey Carole Riley	Lead Governor and Public Governor, Amber Valley South Deputy Lead Governor and Public Governor, Derby City East

DHCFT 2017/132	<p><u>CHAIR'S WELCOME, OPENING REMARKS, APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST</u></p> <p>Trust Chair, Caroline Maley, opened the meeting and welcomed everyone. No apologies for absence or declarations of interests were received.</p> <p>Following confirmation of Caroline Maley's post as Trust Chair by the Council of Governors at their meeting held on 13 September, Acting Chief Executive, Ifti Majid took the opportunity on behalf of the Board and the Trust's staff to congratulate her on her appointment. Caroline Maley responded that she was delighted to be able to carry on the work she commenced in her previous acting role and very much looked forward to leading the Board, Council of Governors and staff to deliver great care for the people of Derbyshire who use the services of the Trust.</p>
DHCFT	<u>SERVICE RECEIVER STORY</u>

<p>2017/133</p>	<p>Acting Assistant Director of Clinical Professional Practice, Nicola Fletcher, introduced Jonathon Sanderson, a fellow chief nurse currently on a placement with the Trust who talked about his substantive role in operating theatres, and the Emergency Department (ED) and the ethos displayed by staff when dealing with tragic events. He described how staff usually showed no emotions at the time of these incidents and they did not discuss how they felt which he felt had led to high levels of mental health problems and had even led to suicide.</p> <p>Jonathon recalled a tragic case involving the death of a young child and the effect this had on the ED team who worked tirelessly to save the child's life. He described how distressing it was observing the anguish felt by the family and that members of the team could not help but show their emotion at the time. He felt that although the team received a de-brief after this distressing event it is clear that this approach does not properly support or prepare staff to deal with events like this on a personal level and they work in a robust atmosphere with senior staff who are often reluctant to share their feelings. This had urged Jonathon to think about staff support and wellbeing and suicide prevention while undertaking his placement here at the Trust and he asked the Board what kind of provision was made to staff when they are affected by traumatic events and whether there is a policy within the Trust to ensure the wellbeing of staff.</p> <p>The Board discussed the trauma medical staff experience through deaths that occur at work and acknowledged that clinical staff talk to people who feel suicidal on a day to day basis and work to prevent people from taking their own lives while supporting their families. The Trust is committed to helping staff succeed dealing with the day to day trauma they face. Ifti Majid explained that a staff Health and Wellbeing Strategy was developed to support staff when they are challenged by stress, anxiety or depression. The Trust's strengthened approach for supporting staff is being taken forward by the Director of People and Organisational Development, Amanda Rawlings through the People & Culture Committee to ensure staff have the support networks they need to deal with any incident.</p> <p>Caroline Maley thanked Jonathon for sharing his experience with the Board.</p> <p>RESOLVED: The Board of Directors expressed thanks to Jonathon for sharing his story which enabled the Board to focus on the wellbeing of its staff and give clear insight into a service that the Trust provides for its staff.</p>
<p>DHCFT 2017/134</p>	<p><u>MINUTES OF THE MEETING DATED 27JULY 2017</u></p> <p>The minutes of the previous meeting, held on 27 July were agreed and accepted as an accurate record, subject to the word 'prototype' being replaced with 'initial' in the first sentence of the sixth paragraph of the Acting Chief Executive's report item DHCFT 2017/119. The first sentence of the final paragraph of this item would be corrected to read <i>'Caroline Maley responded that The Trust and DCHS had been asked by the STP Board to present at the next STP Board meeting on why transaction did not go ahead.'</i></p> <p>The seventh paragraph of DHCFT 2017/120 Integrated Performance and Activity Report would be corrected to show that Deputy Medical Director, Mark Broadhurst and not Acting Chief Operating Officer, Mark Powell undertook to improve the outpatient experience.</p>
<p>DHCFT 2017/135</p>	<p><u>ACTIONS MATRIX AND MATTERS ARISING</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. All completed 'green' actions were scrutinised to ensure that they were fully complete and actions that were not complete were challenged with Executive Director leads.</p>
<p>DHCFT</p>	<p><u>CHAIR'S VERBAL REPORT</u></p>

2017/0136

Over the summer Caroline Maley had spent time meeting teams. As a non-clinician she felt that her visit to Ward 35 was quite challenging and it gave her a good insight into the day to day work of clinical staff. She also met with the Patient Experience Team and attended the Mortality Group and Serious Incident meetings with them which enabled her to see how the team operates. An interesting quality visit to the Radbourne Unit's Hope and Resilience Team enabled Caroline to see how patients are supported through this important initiative.

The governors' Governance Committee took place on 18 August. Caroline continues to regularly meet with the lead and deputy lead governors when open and frank discussions take place. She was pleased to report that a particularly effective Council of Governors meeting took place on 26 September where she observed effective interaction between governors and Non-Executive Directors. She was also pleased to welcome a new governor for Erewash South to the meeting.

Caroline met with Paul Wood of the Southern Derbyshire Clinical Commissioning Group who is also the Sustainability and Transformation Partnership (STP) Chair and discussed the detail behind why the merger transaction did not go ahead with Derbyshire Community Health Services NHS Foundation Trust (DCHS).

Caroline attended the Health and Wellbeing Board which focussed on the work being carried out throughout Derbyshire on Learning Disabilities. She also attended a meeting of the Trust's Mental Health Act Committee on 26 August.

Both Ifti Majid and Caroline Maley attended the STP Board meeting last week. Caroline was pleased to report that good discussions took place around the table with NHS Improvement (NHSI) and NHS England (NHSE) on how to operate as a sovereign entity.

As a result of Caroline Maley's update John Sykes asked how overall savings can be offset within the STP that will work towards delivering the Trust's control total. This enabled the Board to discuss the progress being made within the STP and agree that more time is to be spent at Board meetings to discuss what impact STP developments will have on mental health work streams and how this will be cascaded through the organisation.

RESOLVED: The Board of Directors noted the activities of the Trust Chair throughout the month of September.

DHCFT
2017/137

ACTING CHIEF EXECUTIVE'S REPORT

The Acting Chief Executive's report provided the Board of Directors with an update on developments occurring within the local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such as commissioners and feedback from staff. The report was used to support strategic discussion on the delivery of the Trust strategy.

Ifti Majid noted that his report had also been presented to governors at yesterday's Council of Governors meeting. His report covered on a national level the NHSI and NHSE publication on winter 2016/17 and the Royal Society for Public Health's report which looked at the positive and negative effects of social media on young people's mental health.

From a local context the report outlined the Trust's continued involvement in the Erewash Vanguard and that it is was one of the providers involved in delivering care as part of Wellbeing Erewash which is now known as 'Erewash Alliance'.

Ifti Majid was pleased to report that the STP had held their first board meeting and had agreed to prioritise and speed up the implementation of plans set out in Joined Up Care Derbyshire and focus their organisations on the main projects, or 'work streams'. This

will help all the eleven organisations involved in the STP start working together as a whole system and move away from functioning as separate entities which will provide better patient care and services.

Following the announcement by senior health leaders that the NHS is putting £325 million into new projects in fifteen areas across the country, Ifti Majid's report outlined how Derbyshire would receive up to £30m for two local projects which will allow Derby Teaching Hospitals Foundation NHS Trust to implement plans for an 'Urgent Care Village' which will incorporate GP services, a frailty clinic and mental health services to ensure patients receive the right care in the right place, first time, and avoid going to A&E unnecessarily which will lead to improved outcomes for these people.

Ifti Majid's report also commended the work of colleagues who led two large scale World Suicide Prevention Day events on 10 September 2017. These events meant the Trust was able to make positive links with partners in Derbyshire County Council, Public Health, Network Rail, Samaritans and Cruse.

Ifti Majid also thanked local leaders and members of the operations and nursing/quality teams who worked hard to prepare for the visit from James Mullins, Head of Hospital Inspections, Mental Health CQC (Care Quality Commission) when he met staff and reviewed the progress and improvements the Trust has made since the comprehensive inspection in June last year. Although this was an informal visit he was pleased with what he saw and gave positive feedback from his visit.

Julia Tabreham thanked Ifti Majid for his report and referred to the recommendations made by NHSI and NHSE in their review of winter 2016/17 and drew attention to the need for the Trust to be ready for hidden factors and the inevitable rise in demand for the forthcoming winter. Ifti Majid assured her that the operational teams were focussing on prevention and are working in parallel with community services supporting people who are also waiting for treatment for acute services.

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

**DHCFT
2017/138**

INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)

The IPR provided the Trust Board with an integrated overview of performance as at the end of August 2017 that focussed on workforce, finance, operational delivery and quality performance. The report showed that the Trust continues to perform well against many of its key indicators with improvement continuing across many services.

Caroline Maley raised the issue of the pressure placed on staff when they were moved into areas such as the Radbourne Unit to fill staffing gaps. Director of Nursing & Patient Experience, Carolyn Green responded that staff are moved to other areas to ensure that no members of staff are left in an unsafe environment. In order to comply with safety standards, we ensure that staff who are moved to different areas have obtained minimum core competences and have completed mandated training and are safe to practice.

Mark Powell assured the Board that there is now a more planned approach to moving staff. A number of Occupational Therapists (OTs) have been recruited and more OTs will be recruited to work on inpatient wards in October. He was pleased to report that there are signs of improvement across some of the community teams and staff have been recruited into the Crisis teams. Although the recruitment of qualified professionals to wards has not increased at the rate he would have hoped, improvements are being made in terms of the workforce plan. He drew attention to the number of registered nurses in band 5 positions working in inpatient wards running at 50% - 60% establishment who are supplemented with bank and agency staff. He acknowledged this is an ongoing risk which he and Director of People & Organisational Effectiveness, Amanda Rawlings are working towards resolving.

Mark Powell reported that agency staffing levels are still high but are lower than other

organisations. Agency expenditure on inpatient areas is minimal which is due to staff flexibility in carrying out additional shifts.

Ifti Majid observed some benefits from triangulating the information contained in the IPR. Although staffing fill rates are problematic, agency levels continue on a high trajectory due to sickness levels remaining high. However, catastrophic harm has fallen as have episodes of seclusion and so have incidents involving patients held in seclusion. Also the number of incidents of physical assault and incidents involving physical restraint have reduced in campus areas. Ifti Majid considered this was a clear testament to the Trust's staff who have achieved these results whilst working under extreme pressure. Mark Powell agreed and assured the Board that over the last few months staffing levels have been met and maintained but recognised that these arrangements are not sustainable in the long term. Proactive work is taking place to recruit and retain staff and maintain sustainability such as the return to practice initiative being developed.

Caroline Maley was concerned about the risks associated with people being released from prison and the impact this has on non-commissioned community forensic services and asked how this can be addressed with commissioners. Carolyn Green informed her that part of the issue is that we are unable to identify how many people will be released and this risk is included in the Board Assurance Framework (BAF) risk 1a and remains a high risk to clinical quality standards. She assured the Board that she has requested a meeting with commissioners to explore immediate risks and mitigations and make sure direct action takes place and she will brief the Executive Leadership Team on the outcome of her discussions. She will be submitting a briefing paper to the next Quality Committee and this matter will also be addressed through the Safeguarding Committee. This was also a concern for Non-Executive Director, Anne Wright who had observed this trend over the last 12 months and agreed this is a significant risk to the organisation's clinical quality standards.

Ifti Majid drew attention to the financial position which is currently being aided by non-recurring benefits. Claire Wright assured the Board that the Finance & Performance Committee is monitoring the Trust's financial risks. However, not all these risks are under the Trust's direct control such as the risk around the QIPP (Quality, Innovation, Productivity) programme where commissioners contribute to our income. She reported that estates disposal has improved the financial position but this is masking the underlying key element of risks. It is important to continue to improve efficiencies and improve the Trust's Cost Improvement Programme (CIP). She also referred to the regulatory impact which influences financial risks and assured the Board that this too is regularly monitored by the Finance & Performance Committee.

Julia Tabreham referred to the need to achieve our control total which she understood would not be easily reached and was concerned that this could lead to a slip in quality provision. Claire Wright assured her that this would be controlled by thoroughly managing financial risks in order to make the right decisions for our patients.

The Board considered the risks associated with the key four areas of quality, operations, workforce and finance. It was agreed that an approach to understand what the impact this has on people, workforce supply and finance will be addressed by the Executive Leadership Team so that new ways of working can be focussed upon to provide the Board with the assurance that proactive work to explore creative models is taking place.

RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained significant assurance on current performance across the areas presented.

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2017/139

QUALITY POSITION STATEMENT

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>This report also contained the procedure for learning from deaths which sets out how the new process will work and how cases will be reviewed going forward. Rachel Williams, Lead for Patient Safety and Patient Experience joined the meeting and assured the Board that the Trust has complied with the CQC's requirement to have a procedure in place for learning from deaths. The Board was informed that learning from deaths will enable the Trust to deliver better end of life care, providing patients and their families and carers with a good experience. It was suggested by Barry Mellor that a two page summary of the procedure be communicated to staff which Rachel Williams undertook to cascade to staff through the Trust's Policy Bulletin.</p> <p>Anne Wright as Non-Executive Director responsible for Mortality and Learning from Deaths welcomed this procedure which will help in investigating the cause of death of every patient within the Trust's care and thanked Rachel Williams on behalf of the Board for the work she undertook in implementing this procedure.</p> <p>Lynn Willmott-Shepherd referred to the importance of maintaining a smoke free environment within the Trust and the effect this has in terms of the Trust's CQUIN (Commissioning for Quality Innovation) and was pleased to see that work is taking place to refresh the strategic direction of the smoke free initiative across all Trust sites.</p> <p>Having reviewed the Quality Position Statement the Board confirmed it was satisfied with the current trajectory of the CQC action plan and obtained significant assurance with regard to patient safety.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received and noted the Quality Position Statement 2) Gained significant assurance with regard to safety 3) Gained significant assurance with regard to the completion of CQC actions 4) Gained significant assurance on the Trust's arrangements for learning from deaths
<p>DHCFT 2017/140</p>	<p><u>BOARD ASSURANCE SUMMARIES & ESCALATIONS</u></p> <p>Assurance summaries were received from the meetings of the Quality Committee held on 10 August, Mental Health Act Committee held on 24 August and People & Culture Committee held on 21 September 2017. Committee Chairs summarised the escalations that had been raised and these were noted by the Board as follows:</p> <p>Mental Health Act Committee: Anne Wright highlighted the work dedicated to completing actions related to issues raised by the CQC and the work being undertaken to embed the required changes. She looked forward to seeing a significant improvement in the performance of the Committee now that its sub-group has begun operating which will focus on operational activity and will enable the Committee to focus on strategic and assurance matters.</p> <p>Quality Committee: Julia Tabreham drew the Board's attention to the potential loss of carer and service user representatives on the Committee which will leave it exposed due to the loss of this valuable area of expertise.</p> <p>People & Culture Committee: Margaret Gildea had no issues to raise. The Committee is continuing to focus on exploring alternative models and solutions to improve recruitment and approved a process that will encourage staff who have retired to return to work.</p> <p>RESOLVED: The Board of Directors received and noted the Board Committee Assurance Summaries and Escalations</p>
<p>DHCFT 2017/141</p>	<p><u>DEEP DIVE – CLINICAL PSYCHOLOGY</u></p>

Lead Clinical Psychologists Graham Wilkes and Petrina Brown joined the meeting and provided the Board with an insight into some of the key challenges and achievements experienced by the service team. They welcomed the opportunity to give the Board an understanding of clinical psychology services as it helped them reflect on issues and challenges raised by the CQC and realise opportunities that the service can move forward with.

The Board heard how the team is structured throughout the county and was impressed with the low staff turnover rate. The team is working hard developing evidence based specialist interventions for people identified as having a personality disorder. The Board was pleased to note that a lot of skill sharing takes place within the team and that staff can develop into other specialist areas.

Graham Wilkes and Petrina Brown were particularly proud to have developed expertise working alongside investigations into historical abuse and looking at people's needs and psychological therapies as well as areas of need for staff support. They are now working with senior managers to offer clinical expertise to other areas within the Trust in areas under investigation.

The Board was informed of the Post Incident Peer Support Network (PIPS) initiative which involves different types of working within the Trust and includes support provided to staff. This covers debriefing sessions after serious incidents which allows people to gain an understanding of the event that occurred and is a valuable support network. Unfortunately this is under-utilised and a lot of staff feel they know how to absorb their experience. This was noted to have clear links to the patient story as presented at the beginning of the Board meeting.

Petrina Brown and Graham Wilkes made the Board aware of the challenges they face due to waiting list pressures and their concern that without more resource the team will not be able to make any inroads into psychological recovery. Although their capacity is challenging due to covering long term absences and maternity leave they always prioritise cases that carry the most risk and make sure people are aware they are waiting and are working with GPs to help mitigate these risks. They find it hard to find time with high caseloads to progress and it is difficult to find time and space to develop innovative practice.

Margaret Gildea was interested to know how the team established whether a patient should see a psychologist or a psychiatrist. Petrina Brown explained that each person is assessed to see what their primary needs are to determine the appropriate therapy for each situation and that medication is reviewed by working closely alongside medics.

Medical Director, John Sykes had noticed that consultant caseloads include many people with personality disorders and asked if there could be a new style of personality disorder that has developed as a result of the move away from medical therapy. Petrina Brown responded that a lead psychologist is looking at psychology interventions. Although medication is sometimes useful in times of crisis the service provides therapies and psychological interventions at all different levels. The spectrum of support they provide ensures people have enough resilience to be able to engage in quite challenging therapies.

The Board noted the plans the team has for future improvement and agreed to the implementation of a clinical psychology bank made up of people who want to work part time, might want extra hours. People who want to work on particular projects and also people who might be working other organisations. The team are keen to develop a bank for long term flexible working and see this as a way of mobilising staff models in clinical psychology which will also help cover absence due to maternity leave. The Board recognised that some plans for future improvement are incorporated in the Workforce Plan. Recruitment to assistant psychologist roles and personality disorder activity needs to progress and the Board supported Petrina Brown and Graham Wilkes in pushing forward these services.

	<p>RESOLVED: The Board of Directors considered and noted the presentation made by the Clinical Psychology team and agreed to the plans for future improvement outlined above.</p>
<p>DHCFT 2017/142</p>	<p><u>SAFEGUARDING CHILDREN AND ADULTS AT RISK ANNUAL REPORT</u></p> <p>This annual report summarised the year 2016 to 2017 and included the Safeguarding Children and Adults Board Strategic Plans.</p> <p>The Chair of the Safeguarding Committee, Anne Wright, informed the Board that whilst the Committee accepted the recommendations contained in the report the Committee also expressed concern regarding the general increase in safeguarding work both in adults and children’s areas which is having a substantial impact on CAMHS (Child and Adolescent Mental Health Services) and health visitor services. This included increased levels of domestic violence and radicalisation as well as risks related to new and emerging communities.</p> <p>The Board accepted the Safeguarding Children and Adults At Risk Annual Report and was significantly assured that the Safeguarding Committee is monitoring the issues raised in the report and is seeking assurance on mitigation actions. The report will now be submitted to NHSI on 28 September to comply with SAAF (Safeguarding Assessment and Analysis Framework) and S11 of the Children’s Act 2004. The Board also obtained significant assurance that the Derbyshire Safeguarding Children Board was reviewed and found to be outstanding.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the performance and complexity of this report and the findings of the annual report, model and recommendations 2) Received assurance on the Trust’s position and interconnectivity with the Safeguarding Children’s and Adults Board for the City and County 3) Received assurance on the breadth and depth of safeguarding activity to both prevent and respond to the needs of our community and being assured of an effective work plan for the Trust 4) Acknowledged that the Executive lead provides this report, with the knowledge that there is limited benchmarking information to confirm safeguarding data at a national level in the public domain 5) Obtained assurance that the Derbyshire Safeguarding Children Board was externally reviewed in 2017 and achieved a rating of outstanding.
<p>DHCFT 2017/143</p>	<p><u>EQUALITY DELIVERY SYSTEM 2 (EDS2) 2017/18 UPDATE AND DRAFT WORKFORCE RACE EQUALITY STANDARD (WRES) ACTION PLAN AND DRAFT INTERIM EQUALITY, DIVERSITY AND INCLUSION STRATEGY OVERVIEW 2017</u></p> <p>The report presented by Amanda Rawlings provided the Board with an update on the Equality Delivery System (EDS2) and included the draft Workforce Race Equality 2017 action plan which sets out how the Trust will to act on the findings following its annual WRES submission (approved by the Board of Directors on the 27 July 2017). The report also sought the Board’s approval of the draft Interim Equality, Diversity & Inclusion Strategy overview which sets out how the Trust will deliver its equality objectives and embed equality, diversity and inclusion.</p> <p>The Board was made aware by Amanda Rawlings of the work progressing in accordance with EDS2. She was pleased to report that the Trust was the leading organisation in EDS2 performance and thanks were made to Harinder Dhaliwal for engaging staff in this process and for her work in developing the EDS2 annual grading progress delivery event taking place on 23 November.</p> <p>It was recognised that the draft Equality Diversity & Inclusion Strategy was developed through a Board Development Session held in April 2017. The Board fully supported the strategy and was committed to its further development through a follow up Board</p>

	<p>Development session on equality diversity and inclusion taking place in February 2018.</p> <p>The Board also noted that the WRES action plan was scrutinised by the People & Culture Committee on 21 September 2017 and fully supported its implementation.</p> <p>Claire Wright, Deputy Chief Executive and Director of Finance and the appointed LGBTQ Board Champion, informed the Board that she intends to submit a report to a forthcoming Board meeting proposing that the Board signs up as an ally in its approach to supporting REGARDS groups which will enable members of staff to be confident that the Board has an interest in all aspects of equal rights, sexual orientation and gender.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the annual EDS2 Grading event taking place 23 November 2017 2) Noted and approved the Draft WRES 2017 action plan 3) Noted the importance of holding officers to account to ensure workforce diversity and our BME talent pipeline is 'succession ready' through existing performance management mechanisms and quality visits 4) Approved the DRAFT Interim Equality, Diversity & Inclusion Strategy overview and next steps.
<p>DHCFT 2017/144</p>	<p><u>PULSE CHECK FINDINGS</u></p> <p>This report updated the Board of Directors on the latest Pulse Check Results and informed the Board on the Staff Survey Plan for 2017.</p> <p>Amanda Rawlings hoped that this report would provide the Board with assurance that a significant improvement has been achieved in staff response rate and also an improvement in the results received from the two main questions:</p> <ul style="list-style-type: none"> • How likely are you to recommend this organisation to friends and family if they needed care or treatment – results showed that 73% of respondents would likely or extremely likely to recommend. • How likely are you to recommend this organisation to friends and family as a place to work – results showed that 57% of respondents would likely or extremely likely to recommend. <p>All other questions showed an increase in response as well as positive comments that described the commitment of staff. The overriding themes centred around staff resource and capacity.</p> <p>Claire Wright was interested to know if it was difficult to triangulate areas of focus such as gender, diversity and equality in the pulse check. Amanda Rawlings informed her that it is the Staff Survey that is designed to reflect these areas. The Pulse Check focussed mainly on what it is like to work in any particular area within the Trust. The Staff Survey will show the number of staff the Trust will need to focus on for REGARDS characteristics.</p> <p>The Board was encouraged to see signs of improvement and that it identified teams that needed more support and noted the improvement achieved in the quarterly pulse check.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the improvement can be seen from the continued quarterly pulse check. 2) Noted the 2017 staff survey plan
<p>DHCFT 2017/145</p>	<p><u>BOARD EFFECTIVENESS SUMMARY</u></p> <p>This report provided the Trust Board with the results of the Board Effectiveness Survey conducted in March 2017.</p> <p>Director of Corporate Affairs & Trust Secretary, Sam Harrison reported that significant</p>

	<p>assurance could be obtained relating to the perception of the effectiveness of the Board across a broad range of areas and results were very positive, especially around questions 1, 3, 4 and 9 which were well articulated in the report.</p> <p>She drew attention to the results relating to succession planning which have been discussed at the Remuneration & Appointments Committee as part of GIAP (Governance Improvement Action Plan) Action RR1 embeddedness review. Quarterly updates are in train for the Executive Leadership Team with regular updates scheduled to be submitted to the Remuneration & Appointments Committee.</p> <p>Sam Harrison was also pleased to report that the Board felt that it is more visible and focused upon being more approachable. Activities undertaken since March 2017 have included continued deep dive presentations to the Board and increased Board member participation in quality visits, as well as a range of engagement events with the Executive Team and Chief Executive where concerns and issues are encouraged to be raised. The results also reinforced the importance of ongoing work to promote staff to raise concerns (to line management, Freedom to Speak up Guardian and Board members alike) with the confidence that these will be listened to and acted upon.</p> <p>Ifti Majid thanked Sam Harrison for producing the report that set out the results of the survey and was keen for the survey to be repeated. Following feedback from Board members it was suggested that the wording of some of the questions be adapted slightly for clarity without destroying any comparability of the previous survey and hoped that the work undertaken by the Board on the cultural agenda will show a positive impact on results.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Note the outcome of the Board Effectiveness Survey March 2017 2) Considered the responses including how further improvements are being taken forward as part of planned action by either the Board itself, Board Committees or the wider Trust 3) Agreed that the survey should be completed again in October 2017
<p>DHCFT 2017/146</p>	<p><u>ANY OTHER BUSINESS</u></p> <p>None was discussed.</p>
<p>DHCFT 2017/147</p>	<p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u></p> <p>It was agreed that no further changes are required to be updated or included in the BAF as a result of today's discussions.</p>
<p>DHCFT 2017/148</p>	<p><u>2017/18 BOARD FORWARD PLAN</u></p> <p>The forward plan was noted by the Board.</p>
<p>DHCFT 2017/149</p>	<p><u>MEETING EFFECTIVENESS</u></p> <p>Good discussions focused on staff wellbeing were noted to be a theme on today's agenda. The Board agreed that the impact of the STP is to be addressed in more detail and more time will be devoted to discussing this item.</p>
<p>DHCFT 2017/150</p>	<p><u>REPORT FROM THE CONFIDENTIAL COUNCIL OF GOVERNORS MEETING</u></p> <p>This report was provided for information and was noted by the Board.</p> <p>RESOLVED: The Board of Directors noted the report from the Confidential Council of Governors meeting held on 13 September 2017.</p>

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

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