

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 27 April 2016

MEETING HELD IN PUBLIC

Commenced: 1pm

Closed: 4.40pm

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| PRESENT: | Richard Gregory Jim Dixon Caroline Maley Phil Harris Ifti Majid Claire Wright Dr John Sykes Mark Powell Jayne Storey Samantha Harrison | Interim Chairman Deputy Chair and Non-Executive Director Senior Independent Director Non-Executive Director Acting Chief Executive Executive Director of Finance Executive Medical Director Director of Business Development & Marketing Director of Workforce OD & Culture Director of Corporate Affairs & Trust Secretary |
| IN ATTENDANCE: | Anna Shaw Sue Turner Bev Green Therese Vecsey Richard Holford Members of the Mr Grundy's Group Rubina Reza Ranjit Badhan | Deputy Director of Communications and Involvement Board Secretary and Minute Taker Releasing Time to Care Lead (Service Improvement) Senior Occupational Therapist Student Occupational Therapist Research and Clinical Audit Manager Research and Clinical Audit Co-ordinator |
| For item DHCFT 2016/051 For item DHCFT 2016/051 For item DHCFT 2016/051 For item DHCFT 2016/051 | | |
| For item DHCFT 2016/062 For item DHCFT 2016/062 | | |
| APOLOGIES: | Maura Teager Carolyn Green Carolyn Gilby | Non-Executive Director Director of Nursing & Patient Experience Acting Director of Operations |
| VISITORS: | John Morrissey Carole Riley Chris Fitzclark Pauline Gill | Lead Governor Governor, Derby City East North Derbyshire Voluntary Action North Derbyshire Voluntary Action |

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| DHCFT 2016/050 | <u>INTERIM CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES</u> The Interim Chairman, Richard Gregory, opened the meeting by welcoming all present. |
| DHCFT 2016/051 | <u>SERVICE RECEIVER STORY – MR GRUNDY'S GROUP</u> Richard Gregory welcomed six service users from a group called Mr Grundy's who were accompanied by Senior Occupational Therapist Therese Vecsey and Richard Holford who is a student Occupational Therapist. Mr Grundy's has been running as a group for over a year as a community facility. Therese Vecsey explained that she became aware that through her assessments that |

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| | <p>there should be an occupational therapy focus within the recovery teams and there was a need for this type of group to help reduce social isolation. The group takes place on a Wednesday evening in the pub in the centre of Derby from which the group takes its name.</p> <p>The Board heard how the group was originally set up as a pilot scheme, is now permanent and has links into other groups and activities. There are several members in the group of various age and backgrounds who meet and share their skills and experiences and support each other. Taking part in different activities has encouraged them to progress with other social activities such as bingo, visits to the theatre, art and music classes etc. Friendships have developed between the members who also meet on other evenings. One member appreciated going to the theatre for the first time so much that he is now enjoying attending drama groups. Taking part in Mr Grundy's group gave him confidence and has opened up a brand new world to him.</p> <p>Members of the Board wondered if this was a model that could be set up in other areas. It was obvious that the success of the group could be attributed to the fact that they meet outside of a hospital environment. Members of Mr Grundy's group thought it should be an essential service as it has been a lifeline for them. It has helped some of them manage their mental health condition more efficiently.</p> <p>The Board recognised this was a very cost effective model and there were probably other venues in other areas that might be interested in providing space for a similar group. It would be ideal to roll out the ethos of what Mr Grundy's has started across Derbyshire.</p> <p>Richard Gregory gave thanks to the group for agreeing to tell their story which allowed the Board to hear at first hand the service this initiative provides.</p> <p>RESOLVED: The Board of Directors expressed thanks to the Mr Grundy's group for sharing their experiences and appreciated the opportunity to hear at first hand the benefits they had received through this initiative.</p> |
| <p>DHCFT 2016/052</p> | <p><u>MINUTES OF THE MEETING DATED 30 MARCH 2016</u></p> <p>The minutes of the meeting held on 30 March were accepted and agreed subject to the addition of the following sentence to the fourth paragraph of DHCFT 2016/043 Board Assurance Framework Update; <i>"It was also agreed that overall responsibility for the scrutiny of all risk systems, processes and procedures will be with the Audit Committee, which would be renamed Audit and Risk Committee and its terms of reference would be changed to reflect this revised responsibility."</i></p> |
| <p>DHCFT 2016/053</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 directly on the actions matrix.</p> <p>DCHFT 2016/005 Industrial Action: John Sykes, Medical Director, informed the Board that around 20% of junior doctors had not participated in strike action and consultants, specialist doctors and advanced nurses were supplementing services. An incident room had been set up to run between the hours of 8am and 5pm and no incidents had taken place so far.</p> <p>Ifti Majid informed the Board that junior doctors had asked him to sign a letter on behalf of the Board to Jeremy Hunt in support of the junior doctors' strike. The Board discussed its support of junior doctors. Richard Gregory was of the opinion that Ifti Majid in his role as Accounting Officer should offer support to junior doctors in terms of morale and acknowledge the pressure they are under and should not become involved in negotiations. It was the responsibility of the BMA and the Government to make such decisions.</p> |

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| | <p>DCHFT 2016/042 Monitor Plan 2016/17: Chair's Action to sign off the final Cost Improvement Plan has been completed. Richard Gregory confirmed his approval to proceed with the submission to Monitor via email on 14 April on the following basis:</p> <ul style="list-style-type: none"> • Board considered the Project Vision system approach • There is still a gap of about £1.7m for 2016/17 • For that 2016/17 gap the Board discussed at the Board Development session on 13 April the mitigations including for example the diversion of some of the Finance Director's capacity to have additional oversight on some of the most high impact changes required • The Board also discussed progress for the 207/18 and beyond pipeline (virtual tender approach). <p>Whilst it has not been possible to close the 2016/17 gap before submission, additional narrative to reflect the approach to mitigations for the 2016/17 CIP gap has been added to the Trust's updated submission to Monitor. The submission reflects true progress at this point in time and the challenges that are still ahead.</p> <p>RESOLVED: The Board of Directors noted the issues raised under matters arising.</p> |
| <p>DHCFT 2016/054</p> | <p><u>CHAIRMAN'S VERBAL REPORT</u></p> <p>Richard Gregory updated the Board on developments made in the last month. (Roman numerals? Would you usually use a-z?)</p> <ol style="list-style-type: none"> I. Richard Gregory, Ifti Majid and Mark Powell met with NHS Improvement (NHSI) (in its previous name, Monitor) to review the Governance Improvement Action Plan (GIAP). This was followed by a letter from NHSI that confirmed NHSI are supportive of the actions the Trust is taking and of the GIAP. II. Richard Gregory and Jim Dixon, Deputy Trust Chair, met with Peter and Helen Marks and offered them a unreserved apology and listened to their concerns with regard to issues relating to the recent employment tribunal. III. Richard Gregory also met with the Doctors and the Medical Staff Committee, MPs and the Lead Governor to discuss concerns relating to the employment tribunal. The GIAP was also discussed at this meeting and Richard Gregory was able to inform them of the progress the Trust was making. IV. Two meetings have been held with new Council of Governors' committees. The Nominations Committee approved the Non-Executive Directors (NEDs) appraisal template, although governors declined the opportunity to provide their input in the NEDs' appraisal process as they had not been asked to do this in the past. The Nominations Committee also approved the programme for the recruitment to fill three NED vacancies. Two meetings have now been held by the Governance Committee. V. The Trust's Constitution will be brought up to date and will be received by the Board and the Council of Governors. The Trust is also considering sourcing a governor to represent schools. Richard Gregory thanked Jayne Davies and Shirley Houston from the Involvement Team for their work in producing a comprehensive induction programme for new governors as well as a training programme that will run throughout the year for all governors. A number of new governors have been appointed and Richard Gregory has been impressed with the people who have joined. VI. Following the public disclosure of the investigation reports, the CQC is to receive information relating to the recent HR investigation. The Board had intended to |

release an over-arching report on this investigation to the governors. However, the identification of the individuals contained in the report compromises the Trust's policies. As a result, a summary of the work of the HR investigation team will be shared with the Lead Governor.

- VII. Richard Gregory held some very useful meetings with Staff Governors. Concerns have been raised by staff as a result of the identification of skill mixes and change in working patterns and staff governors were keen to understand that the right resource would be in place before changes are implemented.
- VIII. Staff have expressed concern that individuals could have been identified the recent Staff Survey. There was also an issue that middle managers could be seen as a barrier to teams speaking up. The People and Culture Committee is working in partnership with staff side to ensure managers are working with the same values as the Board.
- IX. Richard Gregory had the opportunity to meet with Dr Paula Crick, from the University of Derby and a member of the Council of Governors. Discussions centred around how the organisation could be more successful in securing newly trained mental health nurses and consider bursaries for students when they commence their academic studies. They also discussed opportunities for apprenticeships.
- X. A meeting was held with Angela Kerry from Derbyshire Mental Health Forum with a view to inviting her to support the Council of Governors.
- XI. Richard Gregory had also attended the first meeting of the System Leaders Group. Ifti Majid had chaired this meeting and Richard Gregory commended Ifti Majid's skills in chairing this very important and difficult first meeting.

These were the highlights of some of the meetings Richard Gregory took part in over the last few weeks.

Richard Gregory informed members of the Board that a series of questions had been received from Peter Marks relating to the Public Board meeting agenda. The questions raised by Peter Marks and the answers were outlined as below:

Question 1: On Thursday 21 April 2016 an agenda was published without papers for the public Trust Board meeting on Wednesday 27 April 2016. This included Item I, Fit and Proper Person Assessment. This would appear to be in line with the expectation of the Trust's Governance Action Plan for a paper to be presented to the Board by the end of April 2016. The following morning, Friday 22 April 2016 the agenda had been changed and this item had been removed. I would be grateful if you could give an explanation as to why this item has been removed from the agenda for this meeting, both at the Public Board Meeting and by email. It would be unacceptable if such a matter of public interest is intended to be taken in private session.

Response: *Unfortunately the agenda which was loaded onto the website was not the final version. The final version was uploaded on Friday 22 April following finalisation of the governance improvement action plan (GIAP) progress report which includes an update on fit and proper persons requirements. I can confirm that fit and proper persons requirements is not scheduled for discussion in the confidential section of the agenda.*

As outlined in the GIAP report, core 9, Fit and Proper Persons Test section, the detail included in the 'comments on progress column' highlights that the Trust has approved a fit and proper persons policy, self-declarations have been made by all Board members (at the Board meeting in March 2016), and there is an internal process set up to proactively monitor compliance, hence the rag rating of 'on track'. There remains some documentary evidence outstanding (including return of DBS check documents) such that the Chairman

is not therefore in a position to make a full declaration that all aspects of the policy are fully in place. The RAG rating will be discussed at the Board meeting as part of the GIAP agenda item. Confirmation that all directors comply with the fit and proper persons policy will be reported to the May public Board.

In response to the questions in Peter Marks' second email of 25 April:

Question 1: In the executive summary, under Key Tasks - Currently 'Off Track' or 'Some Issues', do you agree that it is misleading to describe the Director of Workforce OD and Culture as 'newly appointed' given that, although this specific role has only recently been created she has had professional responsibility for HR since November 2014?

Response: In response to this question I can confirm that the Director of Workforce OD and Culture was appointed on 25 January 2016 following discussion at the 23 December meeting of the Remuneration Committee.

Question 2: Why is action 6 in the Fit and Proper Person Test section not included in this section, as 'off track', given that these are the items that the Board is directed to as the main focus for discussion and assurance?

Response: This question is answered in the response to the first question regarding the status of progress with Fit and Proper Persons Requirements compliance.

Question 3: Why is action 6 in the Fit and Proper Person Test section (formal confirmation to Board by chair of full compliance with Fit and Proper Person requirements) rated "green" and on track, given this Board meeting is the last opportunity before the deadline of 30 April 2016 for this to be done and no such confirmation is given within the Board papers?

Response: Again, this question is answered in the response to the first question regarding the status of progress with Fit and Proper Persons compliance.

Question 4: Given that the report states that all required self-declarations are in place can you confirm that you are assured that all these self-declarations are correct and that all of the current Board members fulfil the requirement that they have not 'been responsible for, contributed to, been privy to or facilitated any serious misconduct or mismanagement (whether lawful or not) in the course of carrying out a regulated activity'?

Response: I am content that all self-declarations made are correct and the outcomes of the commissioned investigations undertaken within the Trust during 2015/16 have not indicated that any of the Board members of the trust are unfit.

Question 5: Given the Nolan Principles state that holders of public office are accountable to the public for their decisions and actions and must subject themselves to the scrutiny necessary to ensure this, will you agree to make public the individual reports from the Yates investigation of current Board members, particularly those that had direct involvement in the events surrounding the Helen Marks employment tribunal, ie Ifti Majid and Maura Teager?

Response: We are unable to disclose the individual reports due to issues of confidentiality with respect to staff named in the reports. However we are satisfied that the appropriate governance scrutiny is taking place.

RESOLVED: The Board of Directors noted the Interim Chairman's verbal update.

**DHCFT
2016/056**

ACTING CHIEF EXECUTIVE'S REPORT

Ifti Majid presented his report which provided the Board with feedback on changes within the national health and social care sector as well as providing an update on

developments occurring within the local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such as commissioners and the Trust's staff.

Ifti Majid drew attention to the recommendations and 10 year vision of the Derbyshire Sustainability and Transformation Plan (STP) that was included as an appendix to his report. He also drew attention to the social capital project he was leading with the Health and Wellbeing Board (HWB). He explained that the community resilience strategy had been developed and approved by the HWB and he highlighted the key principles that were agreed with the other organisations the Trust was working in partnership with.

New to Ifti Majid's report this month was the Listen, Learn and Lead matrix which set out the latest round of team visits by Directors. . This also formed part of the narrative of his report which listed key themes and staff concerns. The matrix also contained an action tracker which would show the outcomes and key actions and areas of responsibilities for delivering the actions. The Board considered this a very useful document and stressed the need for carefully documented feedback on the individual actions so they can easily be understood. The Board also discussed the need to support individuals within the HR team who are currently undertaking a high volume of work.

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

**DHCFT
2016/057**

GOVERNANCE IMPROVEMENT ACTION PLAN AND DELIVERY FRAMEWORK

This was the first time the Board received had received the full update of the Governance Improvement Action Plan (GIAP) which was presented by Mark Powell. He updated the Board on the significant amount of work carried out in updating the tasks of the GIAP and explained that the purpose of the report was as follows:

1. To provide Board members with an update on progress of all tasks within the GIAP, including the identification of tasks that are off track
2. To receive assurances on delivery and risk mitigation through the updated GIAP, from Board Committees and lead Directors
3. To enable Board members to constructively challenge each other to establish whether sufficient evidence has been provided for completed actions
4. To decide whether tasks and recommendations can be closed and archived.

The GIAP governance and delivery framework sets out a robust accountability process that includes lead Directors and Board/Board Committees.

The Board noted that the main focus of attention during the last four weeks has been on tasks with a delivery deadline up to, and including the end of May. Due to the timing of meetings in April only the Quality Committee and People and Culture Committee have met to discuss and receive assurance on the tasks they have oversight for on behalf of the Board. It was also noted that the outcome of these meetings was presented in the 'comments on progress' column and in the updated RAG ratings sections in the GIAP. The Remuneration Committee and Audit and Risk Committee met on the day of Board and the following day respectively.

Mark Powell described how weekly one to one meetings had been held with each lead Director to discuss the tasks/actions and to obtain assurance on task delivery and to agree associated evidence. This process would continue to evolve to ensure it is a meaningful approach and places focus on delivery and supports the foundation for sustainable change. The far right hand column of the GIAP would be used to reflect the rag rating that the Board has assured itself by.

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| | <p>The Board was made aware of the challenging debate that took place at the People and Culture Committee as to whether Task HR2 was on track, when it was agreed that the task would be referred to ELT on 3 May for further consideration as the Committee was not assured that the resource plan was adequate. It was agreed that Mark Powell would provide an updated narrative in the GIAP and use the far right column to show the rating of the task once HR2 had been reviewed by ELT.</p> <p>The Board agreed that Tasks CG1, 7 and 9 would be identified in a paper to be received at the next meeting of the Board in May to allow the terms of reference to be reviewed by their respective Committees.</p> <p>Caroline Maley wanted to be clear on the process for completion and sign off. She was concerned that CG3 showed a completion and sign off date shown in the GIAP as 27 June and the Audit Committee would not meet until 19 July. It was agreed that Mark Powell would adjust the date for completion in the GIAP.</p> <p>Mark Powell encouraged the Board to feed comments back to him outside of the meeting that would be addressed at ELT and which would allow measures of outcomes to be developed and used as a barometer.</p> <p>The Board accepted the rating of blue (complete) for HR1, PC6, CG12, M2, M4 and M6.</p> <p>The Board confirmed it was satisfied with the level of assurance proposed on the tasks and issues contained within the GIAP. It was agreed that collective assurance from the Board committees would be captured in the GIAP to show robustness of the process which would also allow progress of the tasks to be reviewed by the internal auditors.</p> <p>ACTION: GIAP will be updated to reflect the dates of Board committees where relevant. The timeline for completion of tasks CG1, 7 and 9 will be included of the next GIAP paper received in May.</p> <p>ACTION: Directors to provide Mark Powell with their comments on the GIAP to be addressed at ELT.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Reviewed the content of the report and the full GIAP 2) Discussed the recommendations rated as 'off track' or 'some issues' and sought assurance on the mitigation provided from the Responsible Director, Individual Directors and/or Committee Chairs 3) Discussed and approved the recommendations put forward as 'complete' for closure. |
| <p>DHCFT 2016/058</p> | <p><u>MONITOR COMPLIANCE RETURN</u></p> <p>Claire Wright presented to the Trust Board the key elements of the Quarter 4 compliance return for approval. The full content of the quarter 4 template had been sent to members of the Audit & Risk Committee for review and was scrutinised in the usual quarterly telephone call between the Finance team and the Chair of the Audit & Risk Committee.</p> <p>The Board noted that the reported FSRR for Q4 was an overall rating of 2 in the quarter, which had been driven by the expected deficit in the quarter. The year-to-date FSRR was a rating of 4 which was better than the plan and was as forecast. Claire Wright pointed out that it was this year-to-date FSRR rating of 4, which the Trust would be monitored on by NHSI.</p> <p>It was also noted that the content on financial performance in the quarterly return was consistent with the information contained in the Finance section of the Integrated Performance Report.</p> |

As the in-quarter FSRR is rated at only 2, additional detailed information was provided in the report to assure the Board of the regulatory impact.

The Board understood the need to be assured that the in-quarter position is not an ongoing trend and that NHSI would ask Claire Wright to confirm that the Trust would maintain the financial stability risk rating of at least 3 over the next 12 months in line with the Board confirmation in the return. It was noted that the quarterly ratings would need to be reviewed throughout the year.

At the request of Richard Gregory, Claire Wright described the detail behind the actual deficit performance in Q4. She also explained the various components of the ratings and their impact in the quarter. The overall year end forecast surplus of £1.8M surplus had been achieved, giving a risk rating of 4 for the year despite the rating of 2 in-quarter. Caroline Maley, Chair of the Audit and Risk Committee confirmed that this was discussed in detail in the quarterly telephone call that took place on 22 April.

The Board was confident that the report made the position very clear which enabled a good level of understanding to approve the recommendations. The 2016/17 forecast would also be discussed and reviewed by the Executive Leadership Team who would be tasked within the GIAP to report on the forecast through the Finance & Performance Committee. Claire Wright also assured the Board that any issues that might develop would be discussed with Caroline Maley and Ifti Majid.

The Board recognised that rapid progress was required to be made on 2016/17 CIP (Cost Improvement Programme). It was agreed that non-delivery of CIP projects would be declared at the Project Assurance Board and project managers would be held to account for their CIPs and this would be reported through the Finance & Performance Committee.

The Board was satisfied to accept Caroline Maley's assurance that appropriate plans were in place to ensure the ongoing compliance with existing targets and there were no matters arising in the quarter requiring an exception report to Monitor.

RESOLVED: The Board of Directors:

1) Discussed the governance statement and agreed that the Interim Chairman and Acting Chief Executive, on behalf of the Board of Directors, were able to sign the governance statement to confirm:

a) For finance, that:

- The Board anticipates that the Trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months**
- The Board anticipates that the Trust's capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in this financial return.**

b) For governance, that:

The Board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards.

Otherwise:

The Board confirmed that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework Table 3) which have not already been reported.

c) Consolidated subsidiaries:

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| | <p>‘Number of subsidiaries included in the finances of this return. This template should not include the results of your NHS charitable funds.’</p> <p>There are zero subsidiaries included in the finances of this return and only the finances of Derbyshire Healthcare NHS Foundation Trust are included.</p> <p>2) Approved the Q4 return to be appropriately signed and returned to Monitor by noon on 29 April 2016.</p> |
| <p>DHCFT 2016/059</p> | <p><u>INFORMATION GOVERNANCE UPDATE</u></p> <p>In Carolyn Gilby’s absence, Samantha Harrison presented this report which provided the Board with a performance update on the Trust’s progress towards meeting the requirements of the 2015-16 Version 13 Information Governance Toolkit as well as the work of the Information Governance Committee and Information Governance breach monitoring.</p> <p>The Board was pleased to note the 97% compliance against the Information Governance Toolkit which placed the Trust as the highest scoring Mental Health and Community Trust for the third year running.</p> <p>The Board recognised and commended the work of Audrey Sirrel, Information Governance Manager who had since retired from the Trust.</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 |
| <p>DHCFT 2016/060</p> | <p><u>STAFF SURVEY RESULTS AND ACTION PLAN</u></p> <p>Jayne Storey presented to the Board the action plan that followed the annual NHS National staff survey results received in February 2016.</p> <p>The Board noted the value of the oversight that was evidenced in the discussion that took place on the Staff Survey Results and Action Plan at People and Culture Committee held on 20 April. The Trust’s approach to internal communication, involvement and engagement with staff will be critical to deliver the desired participation and improve overall response rates. Our relationship with staff side to create true partnership will also assist in building relations across the Trust.</p> <p>The People Plan will be cross referenced with the Staff Survey plan and the GIAP. Proactive work will be undertaken to explore the results further in order to see improvement in the score and will be shared with the Engagement Group and escalated to the People and Culture Committee as appropriate. Progress on actions will be included in the People and Culture Committee forward plan.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received the staff survey action plan 2) Agreed monitoring will be carried out through the People and Culture Committee on a quarterly basis |
| <p>DHCFT 2016/061</p> | <p><u>ANNUAL REVIEW OF REGISTER OF INTERESTS</u></p> <p>Samantha Harrison presented a report which provided the Trust Board with an account of directors’ interests during 2015-16 which would appear in the Annual Report.</p> <p>Directors are responsible for disclosing any changes to the Register of Directors’ Interests during the course of the year and the register would be the subject of a standing</p> |

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| | <p>agenda item for each meeting.</p> <p>ACTION: Board forward plan to be updated to reflect Review of Register of Directors' Interests as a standing agenda item.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Noted the declarations of interest as disclosed and requested that they be checked and recorded in the Register of Interests which is accessible to the public at the Trust Head Office and will be listed in the Trust's annual report and accounts for 2015-16. 2) Recorded that all directors have signed as to compliance with the NHS Codes of Conduct and Accountability and Nolan principles; no relevant audit matters have been declared. |
| <p>DHCFT 2016/062</p> | <p><u>CLINICAL AUDIT AND RESEARCH AND DEVELOPMENT DEEP DIVE</u></p> <p>John Sykes and Rubina Reza provided the Board with a 'deep dive' report into the current Clinical Audit processes following the Audit and Risk Committee's escalation to the Board of the need for a deep dive into systems and process of clinical audit that the Audit and Risk Committee had a lack of assurance on.</p> <p>The Board noted that the lack of assurance around the effectiveness of the Research and Development Governance Committee had been raised and discussed at the Audit and Risk Committee and Quality Committee. Both these committees had raised concerns about the effectiveness of the Research and Development Governance Committee to supervise clinical audit and in the low attendance at the Research and Development Governance Committee meetings. Caroline Maley, Chair of the Audit and Risk Committee recognised there had been considerable improvement in the speed of completion of audits but there were issues around the capacity of the team to conduct clinical audits.</p> <p>As there have been problems with attendance at the Research and Development Governance Committee meetings, Rubina Reza explained that the committee was looking at proposing a review of clinical audits by email. This process also imposed a secondary reviewer and the committee had recorded and reported a number of audit proposals that have been scrutinised through this process.</p> <p>There are four levels of audit which are categorised and prioritised and the Trust has a higher completion rate than other organisations. Caroline Maley thought a weakness of email authorisation was that email does not have the same impact as verbal challenge in a meeting. Rubina Reza explained that there is robust challenge and this is recorded in the email trail which maintains the thread of comments. This process was tested and has now been adopted as a process and more confidence was felt in the process. The committee still meets but on a bi-monthly basis. The committee's terms of reference will now be amended to show that the Research and Development Governance Committee has adopted this new process.</p> <p>Rubina Reza pointed out that there are six members of the Research and Development Governance Committee. At the last Quality Committee Phil Harris suggested inviting someone from the University of Derby to sit on the Research and Development Governance Committee and this was being progressed.</p> <p>Discussions took place around linking clinical audit with the role of the Quality Leadership Teams (QLT) and the quality governance structure so that the QLTs should eventually be able to sign off audits. The Board considered this was the time to work with the QLTs to apply this process so that it becomes embedded. This will be part of the development programme of the QLTs with the Quality Committee acting as overseer. The Quality Committee will propose the process within the development of the QLT terms of reference and Quality Committee will seek this assurance on an ongoing basis.</p> |

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| | RESOLVED: The Board of Directors noted the content of the report. |
| DHCFT 2016/063 | <p><u>BOARD COMMITTEE ESCALATIONS</u></p> <p>In addition to the minutes of the meetings of the Board committees held since the last meeting, short assurance summaries were received from Committee chairs which supplemented minutes and identified key risks, successes and decisions made.</p> <p>The Board acknowledged that this was the first trial of the assurance summary template since Deloitte recommended reintroducing assurance summaries to supplement the minutes. However, the Board did not believe the summaries were fully effective and agreed that each matter escalated should specifically state why the committee felt the matter should be brought the Board's attention and it was suggested that additional detail be included to prompt explanation of why the Board should be requested to address a particular issue.</p> <p>ACTION: Additional prompt to be included in the committee assurance summaries to ensure reason for matter being brought to the Board's attention is outlined</p> <p>RESOLVED: The Board of Directors noted the escalations and assurance summaries from the Board sub-committees.</p> |
| DHCFT 2016/064 | <p><u>POSITION STATEMENT ON QUALITY</u></p> <p>In the absence of Carolyn Green, Clare Grainger provided the Board of Directors with an update on the organisation's continuing work to improve the quality of the services it provides in line with the Trust Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>The Board noted that the position statement set out:</p> <ul style="list-style-type: none"> • Work being carried out to improve safety in our environments with the introduction of new training developed between the Trust and the police • The Safeguarding Children and Adults strategies for 2016 to 2019 received for information • An update on preparation work for the planned inspection which will take place in June by the Care Quality Commission • The Trust's commissioning for quality and innovation agreements 2016/17 • The Infection Control report will be received by the Board in May in line with Code of Practice requirements. <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received the quality position statement and noted that the infection control annual report will be presented in May in line with the code of practice requirements. 2) Noted the Safeguarding Children and Safeguarding Adults strategies provided for information. |
| DHCFT 2016/065 | <p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></p> <p>The report provided the Trust Board with an integrated overview of performance as at the end of March 2016 with regard to workforce, finance and operational delivery. The report also included a first iteration of quality performance indicators which would be further developed through the quality dashboard which will be shown as an illustrative progress</p> |

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| | <p>of trajectory.</p> <p>It was noted that in response to feedback received from members of the Board at the March meeting, the first steps have been made in starting to draw themes from across the component parts of the integrated report: Team hotspots for high agency usage, vacancy levels and sickness were identified and this information will be used in future reports along with additional triangulated analysis to analyse those teams' operational, financial and quality performance. Decisions are being taken to ensure there is a single Executive lead to draw the processes together with operational plan.</p> <p>Discussion took place on processes for the Board committees to review their ongoing hot spots. It was agreed that in order for the Board committees to be assured that there are plans in place to deliver services within an appropriate period of time, the agenda for each meeting should include an item to review and underpin the Committee's metrics.</p> <p>Richard Gregory did not believe full assurance was obtained with regards to ward safer staffing. In response, Ifti Majid proposed to resolve safer staffing levels with Carolyn Green and Carolyn Gilby with regards to Tansley and Hartington Wards.</p> <p>Mark Powell was not assured there were plans in place that were clear enough to demonstrate the Trust could achieve its set targets and he believed the Board should have sight of these plans. He stressed the need for when there is a red rating on the dashboard the Performance and Contract Operational Group (PCOG) should provide assurance to the Board that there are plans in place to turn the action green. This would assure the Board that PCOG was addressing the values and trends.</p> <p>ACTION: Ifti Majid to address ward safer staffing levels in Tansley and Hartington Wards with Carolyn Green and Carolyn Gilby</p> <p>ACTION: Each Board committee agenda to include an item to review and underpin the Committee's metrics</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Considered the content of the report and level of assurance received on the current performance across the areas presented. 2) Discussed the format of the report and discussed any changes it required for subsequent iterations. |
| <p>DHCFT 2016/066</p> | <p><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK</u></p> <p>There were no issues arising for inclusion or updating in the Board Assurance Framework.</p> |
| <p>DHCFT 2016/067</p> | <p><u>BOARD FORWARD PLAN</u></p> <p>The forward plan was noted and would be updated in line with today's discussions.</p> <p>RESOLVED: The Board of Directors noted the forward plan for 2016/17</p> |
| <p>DHCFT 2016/068</p> | <p><u>BOARD PERFORMANCE AND CONTENT OF MEETING</u></p> <p>Richard Gregory recognised that this was the first time the GIAP had been reviewed by the Board and asked that it be moved towards the end of the agenda.</p> <p>It was considered that more work was required to be carried out to develop the Integrated Performance and Activity Report. This item should be placed on the agenda after the Acting CEO report and be followed by the Quality Position Statement and Committee Assurance Summaries. This would ensure the first section of the agenda will cover the</p> |

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| | <p>current position of the organisation.</p> <p>The Board committee minutes will be shown as an appendix to the assurance summaries.</p> <p>All reports submitted to the Board are to have more specific recommendations so it is made clear what is being asked of the Board.</p> <p>The agenda will be reviewed by Samantha Harrison with the Executive Leadership Team.</p> <p>Any other business and a review of the effectiveness of the meeting would be added as regular additional items, as well as the register of directors' interests.</p> |
| <p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 25 May 2016.</p> <p style="text-align: center;">The location is Conference Rooms AandB Research and Development Centre, Kingsway, Derby DE22 3LZ</p> | |