

**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 1 February 2017**

**MEETING HELD IN PUBLIC**

Commenced: 1pm

Closed: 4:25pm

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| <b>PRESENT:</b>   | Caroline Maley<br>Margaret Gildea<br>Barry Mellor<br>Dr Julia Tabreham<br>Maura Teager<br>Dr Anne Wright<br>Richard Wright<br>Ifti Majid<br>Claire Wright<br>Carolyn Green<br>Mark Powell<br>Amanda Rawlings<br>Samantha Harrison<br>Lynn Wilmott-Shepherd | Acting Trust Chair<br>Senior Independent Director<br>Non-Executive Director<br>Deputy Trust Chair and Non-Executive Director<br>Non-Executive Director<br>Non-Executive Director<br>Non-Executive Director<br>Acting Chief Executive<br>Executive Director of Finance<br>Executive Director of Nursing & Patient Experience<br>Acting Chief Operating Officer<br>Director of People & Organisational Effectiveness<br>Director of Corporate Affairs & Trust Secretary<br>Interim Director of Strategic Development  |
| Until Item DHCFT/2017/026   |  |   |
| <b>IN ATTENDANCE:</b>   | Anna Shaw<br>Sue Turner<br>Jan Nicholson<br><br>Kerry Grady<br>Tracey Holtom<br>Lisa Stone<br><br>Pete Emery<br>Carole Clay<br>Bob Gardner<br><br>Keith Walters  | Deputy Director of Communications & Involvement<br>Board Secretary (Minutes)<br>Paediatric Occupational Therapist, OC Lead Children's Therapies<br>Occupational Therapist<br>Acting General Manager for Campus Services<br>Area Service Manager<br>Urgent and Planned Care Division<br>Senior Nurse, Urgent and Planned Care Division<br>Senior Nurse, Urgent and Planned Care Division<br>Nurse Consultant Psychiatric Liaison, Acute and Community Care Division<br>Honorary Research Fellow (Self-Harm/Suicide Prevention) & Director of Centre for Self-Harm and Suicide prevention |
| For Item DHCFT/2017/018<br>For Item DHCFT/2017/029<br>For Item DHCFT/2017/029<br><br>For Item DHCFT/2017/029<br>For Item DHCFT/2017/029<br>For Item DHCFT/2017/029<br><br>For Item DHCFT/2017/029 |  |   |
| <b>APOLOGIES:</b>   | Dr John Sykes  | Executive Medical Director  |
| <b>VISITORS:</b>  | John Morrissey<br>Mark McKeown<br>Melissa Castledine   | Lead Governor, Public Governor, Amber Valley South<br>Derbyshire Mental Health Alliance<br>Derbyshire Mental Health Alliance  |

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| <b>DHCFT<br/>2017/017</b> | <b><u>ACTING CHAIR'S WELCOME, OPENING REMARKS AND APOLOGIES</u></b><br><br>Caroline Maley opened the meeting and welcomed everyone. Apologies were noted from John Sykes. Carolyn Green introduced Jan Nicholson who she had invited to shadow her at the meeting. |
| <b>DHCFT<br/>2017/018</b> | <b><u>SERVICE RECEIVER STORY</u></b>   |

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|                                  | <p>Carolyn Green introduced Jan Nicholson and Kerry Grady from the Children's Occupational Therapy team who described the difficulties they were experiencing in co-ordinating appropriate provision of powered wheelchair for a young boy who has cerebral palsy. They also told of the support they are providing for his family.</p> <p>The Board heard how in 2015 this boy had been referred for a powered wheelchair which would give him early mobility skills. Since 2015 he had grown and long term provision of a wheel chair had been applied for. This resulted in a powered wheelchair being delivered to his school. Although this wheelchair did not meet his postural needs the boy still managed to use it. However, the school was concerned about the safety aspect of the wheelchair being used on school premises and carried out a risk assessment. This resulted in the wheelchair being taken away from the child.</p> <p>The Board heard how the Occupational Therapy team provides much support to families and how they train children to use wheelchairs safely. Kerry explained that she was supporting the family in trying to get the wheelchair returned to the boy as his family are not able to solve this for themselves particularly as the mother does not have enough language skills or feel empowered to be able to deal with the situation. She had also made a complaint on the family's behalf through PALS (Patient Advice and Liaison Service) but had not yet received a response.</p> <p>The Board understood that demands for wheelchair provision far exceed the waiting lists. The fact that a wheelchair had been made available to this little boy and it was then taken away from him was a point of concern and Amanda Rawlings undertook to take this up with the Operational Director who leads the wheelchair provision.</p> <p>The Board agreed to revisit this story to learn how this case has moved forward.</p> <p>The Board thanked Jan and Kerry for bringing this matter to the Board's attention and for their efforts in trying to find a resolution for this young child and his family.</p> <p><b>RESOLVED: The Board of Directors noted the effort made by the Occupational Therapy Team and thanked them for the support they were providing for the family.</b></p> |
| <p><b>DHCFT<br/>2017/019</b></p> | <p><b><u>DECLARATIONS OF INTEREST</u></b></p> <p>The Declaration of Interests register was noted.</p>   |
| <p><b>DHCFT<br/>2017/020</b></p> | <p><b><u>MINUTES OF THE MEETING DATED 11 JANUARY 2017</u></b></p> <p>The minutes of the previous meeting, held on 11 January were agreed and accepted subject to the attendance list being amended to show Barry Mellor present at the meeting.</p>   |
| <p><b>DHCFT<br/>2017/021</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 directly on the actions matrix.</p>  |
| <p><b>DHCFT<br/>2017/022</b></p> | <p><b><u>ACTING CHAIR'S VERBAL REPORT</u></b></p> <p>Caroline Maley reported that during the last three weeks she had mainly focussed on developing her role as the Acting Trust Chair. She had held a good introductory meeting with the CQC (Care Quality Commission) and feels confident the Trust will move forward with its ongoing challenges. An effective performance review meeting was also held with NHS Improvement (NHSI). A lot of questions were raised regarding finance and NHSI was pleased with the good progress the Trust is making with the Governance Improvement Action Plan (GIAP).</p>  |

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|                                  | <p>Caroline Maley held a meeting with Lead Governor John Morrissey and she also intends to meet individually with other governors including Gillian Hough, Chair of the Governance Committee. She also reported that the Governors had held a Nominations and Remunerations Committee meeting where much discussion was held about the work governors propose to carry out within their constituencies.</p> <p>Caroline Maley had also met with Prem Singh and Tracy Allen, the Chair and Chief Executive of DCHS to discuss the plans for collaboration between our two organisations.</p> <p>During the next few weeks Caroline Maley plans to meet more staff and asked the Board to let her know of any members of staff who wish to meet her. She feels that although there are a lot of challenges to overcome it is clear there are a lot of staff in the Trust carrying out some extremely good work.</p> <p><b>RESOLVED: The Board of Directors noted the Interim Chairman’s verbal report.</b></p>   |
| <p><b>DHCFT<br/>2017/023</b></p> | <p><b><u>ACTING CHIEF EXECUTIVE’S REPORT</u></b></p> <p>Ifti Majid, Acting Chief Executive, provided the Board of Directors with feedback on changes within the national health and social care sector as well as providing an update on developments occurring within our local Derbyshire health and social care community. The report also updated the Board on feedback from external stakeholders such as our commissioners and feedback from the Trust’s staff.</p> <p>Ifti Majid was pleased to see that the Suicide Prevention briefing was on the agenda of today’s meeting and commended the strategy that had been produced by this team. He also drew attention to Public Health England’s new services that are focussing on the impact of alcohol on public health and how effective alcohol control policies have been.</p> <p>With regard to local matters, Ifti Majid reported that he went to the Health and Wellbeing Board (HWB) in January and made a presentation on mental health which focussed on challenges the Trust is currently facing. He was pleased with the support received from the Chair of the HWB and with the outcome that a sub-group of the HWB will help support the Trust with its local services.</p> <p>Ifti Majid drew attention to the informal weekly email he has recently started to send to all staff each Friday called The Weekend Note. He has been pleased with the response this has received and feels that this initiative has proved to be an effective way of engaging with staff. Mark Powell asked if any themes were emerging from responses from staff. It would seem these are mainly concerned with capacity and staff feeling they could do more if they have more time within their daily routine. A lot of the feedback showed that staff are concerned about the same issues as the Board and it was thought that this shows a good connection throughout the Trust.</p> <p>Ifti Majid reminded the Board that a Board Development Session will soon take place on diversity and equality although this will now be held in April rather than March. He asked that Board members in the meantime take a special interest when visiting different teams within the organisation to learn more about particular issues these REGARDS groups (Race, Economic disadvantage, Gender, Age Religion or belief, Disability and Sexual Orientation) have within our services. Julia Tabreham remarked that she looked forward to exploring this more and asked that the other Non-Executive Directors make an effort to focus on these issues when carrying out quality visits.</p> <p><b>RESOLVED: The Board of Directors noted the Acting Chief Executive’s update.</b></p> |
| <p><b>DHCFT<br/>2017/024</b></p> | <p><b><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT (IPR)</u></b></p> <p>Mark Powell, Acting Chief Operating Officer, opened discussions on the integrated overview of performance in workforce, finance, operational delivery and quality</p>   |

performance as at the end of December 2016.

The theme this month was ongoing staffing and activity pressures. This was underpinned by the difficulty in achieving 100% Registered Nurse fill rates for night shifts on our inpatient wards. Although mitigated by extra Nursing Assistant cover this continues to be a concern and is being closely monitored. Under-occupancy on Wards 1 and 2 allowed temporary consolidations into one ward and this is seen as a very positive improvement and resulted in improved KPIs. The report provided assurance as to the Trust's quality perspective and ability to deliver CQC compliance. Although the report showed that early intervention in psychosis referrals to treatment target was not met, these records have since been corrected and Mark Powell assured the Board that future performance will not be affected by this and that January's rates are on track and above target.

Mark Powell pointed out that the new Delayed Transfer of Care (DTOC) target has been set very low by NHS England. This is 0.8% and will be very difficult to be achieved and he is working with the Regulators to see if this can be reanalysed. Mark Powell was also concerned about the performance target for outpatient letters and was pleased to point out that these are now definitely back on track for January.

Mark Powell and Carolyn Green provided the Board with an overview of matters discussed during NHS England's risk review meeting on 12 hour trolley breaches relating to mental health held earlier that day. Over December and January bed occupancy was high and it was sometimes difficult to adequately place individual patients and Mark Powell and Carolyn Green are working with Derby Royal Hospital on setting protocols to improve the care for mental health patients. They informed the Board that the Trust has fully engaged with and supported acute Trusts to ensure these patients were cared for until a bed was found for them. NHS England acknowledged that the Trust has worked positively on all levels. It is clear that more community investment is required to allow the Trust to achieve improved bed stocks so that patients can be looked after in a more managed way and a position statement is being written to show how the Trust managed the 12 hour trolley status. The Board thanked Mark Powell and Carolyn Green for summarising the outcome of the meeting they attended with NHS England. The Board recognised that trolley breaches resulted in poor patient experience and is not acceptable. It was noted that there will be ongoing discussions with commissioners regarding non provision of services such as PICU (Psychiatric Intensive Care Unit) CAMHS Tier 4 services in Derbyshire.

In considering the financial performance, Claire Wright responded to the impact of agency staff on the Trust's overall Use of Resources rating. She explained that to avoid triggering the override, the Trust would need to spend £360k less than forecast (ie to spend less than 50% above ceiling by the end of March). This would result in the overall use of resource rating of the Trust as 2 and not 3. Since last month there has been a favourable development that meant the previously unmet CIP gap has improved and in terms of this financial year, Claire Wright felt confident that the Trust will reach the required control total.

Carolyn Green highlighted that quality performance had continued to focus on addressing the issues arising from the Trust's recent Care Quality Commission (CQC) inspection report. She was pleased to report that a number of the Trust's Committees had received assurance on CQC plans. Although significant improvement has been made in management supervision, more headway is required for further improvement in clinical supervision in order to meet our own required standards. Maura Teager queried whether there was a reason for a rise in patients being secluded and it was thought that this was due to the fact that some very seriously ill and high risk patients were being cared for currently and the recent changes in the way incidents of seclusion have been recorded.

Amanda Rawlings addressed the people performance section of the report. She was pleased to report that agency usage had reduced slightly as had the vacancy rate. The

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|                                  | <p>People &amp; Culture Committee was continuing to focus on recruitment and would look at improved models to work on.</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<br/>2017/025</b></p> | <p><b><u>POSITION STATEMENT ON QUALITY</u></b></p> <p>Carolyn Green presented the statement to provide the Board of Directors with an update on the organisation’s continuing work to improve the quality of services provided in line with the Trust’s Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>This month the report set out:</p> <ul style="list-style-type: none"> <li>• Learning, Candour and Accountability</li> <li>• Quality Leadership Teams and commencement of the Trust Management Team meeting</li> <li>• Quality visits and feedback from the January review forum</li> <li>• CQC action planning from the June comprehensive inspection visit and the Joint area local SEND inspection in Derbyshire</li> </ul> <p>The report covered learning, candour and accountability which was received by the Quality Committee in January.</p> <p>Particular attention was drawn to the joint inspection by the Care Quality Commission and Ofsted into areas for young people and children with special needs (SEND) and the letter that set out the results of the inspection. It was noted that this would be led by the Trust’s Safeguarding Committee.</p> <p>Carolyn Green pointed out that the Quality Committee is working closely with the Quality Leadership Teams (QLTs). However, one team is working well and the other has yet to develop its effectiveness. John Sykes and Carolyn Green proposed take to the People and Culture Committee a detailed improvement plan on how to support this QLT and next month’s Quality Position Statement will provide the Board with assurance as to how this will be addressed.</p> <p>Julia Tabreham drew the Board’s attention to the GIAP action relating to the QLT team’s achievement of actions. She was concerned that it was taking time for this process to embed and she proposed to meet with Carolyn Green outside of the meeting to discuss how this could be completed within the required timeframe. In response to Julia Tabreham’s concern, Mark Powell took the opportunity to talk about the newly set up Trust Management Team (TMT). He explained that although it will take time for this meeting to evolve and fulfil its governance role it will focus on clinical priorities linked to operational aspects. He was working with Carolyn Green and John Sykes through TMT so that this can manifest itself with the QLT to help the team achieve accountability for its actions.</p> <p>The Board thanked Carolyn Green for a very informative position statement and agreed that a high level of assurance had been obtained from its content.</p> <p><b>RESOLVED: The Board of Directors</b></p> <ol style="list-style-type: none"> <li><b>1. Received and noted the Quality Position Statement</b></li> <li><b>2. Gained assurance and information on the content of this very information position statement.</b></li> </ol> |
| <p><b>DHCFT<br/>2017/026</b></p> | <p><b><u>BOARD ASSURANCE SUMMARIES &amp; ESCALATIONS</u></b></p> <p>Assurance summaries were received from the Audit &amp; Risk Committee held on 17 January, Quality Committee 12 January and People &amp; Culture Committee on 18</p>   |

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|                              | <p>January.</p> <p><b>Audit &amp; Risk Committee:</b> No escalations were made to the Board from this Committee. Two Board Assurance Framework risks were reviewed and both were downgraded from high risk to moderate.</p> <p><b>People &amp; Culture Committee:</b> The People Plan and Workforce Plan and results of Staff Survey were the main topics covered during the meeting and a very inspiring story was heard from the Audrey House team on how they managed the move from Vernon Street to the Kingsway site which was an excellent example of management and patient care.</p> <p><b>Quality Committee:</b> No escalations were made to the Board from this Committee. A lot of the issues discussed at the Quality Committee were contained in the Quality Position statement. The Committee Chair's only concern was delivery of embeddedness of the QLT GIAP recommendation outlined in item DHCFT 2017/025 above.</p> <p>Lynn Wilmott-Shepherd left the meeting at this point.</p> <p><b>RESOLVED: The Board of Directors received the Board Committee Assurance Summaries and Escalations.</b></p>  |
| <p><b>DHCFT 2017/027</b></p> | <p><b><u>EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) STRATEGY 2017-2020</u></b></p> <p>This document set out the Trust's strategy for EPRR for the next three years. The purpose of the Strategy is to ensure the continual development of Derbyshire Healthcare Foundation NHS Trust's resilience and response to a significant/major incident and/or a severe disruption to business continuity and was brought to the Board for final approval.</p> <p>Julia Tabreham wished it to be recorded that Mark Powell and his team have achieved an enormous task in producing an extremely professional EPRR strategy.</p> <p>The Board noted that the strategy set out the EPRR framework for the organisation and obtained assurance that compliance will be regularly monitored by the Quality Committee and the Board duly approved the EPRR Strategy. It was noted that the EPRR annual report will be received each year by the Board and compliance will continue to be noted through the assurance summaries received by the Quality Committee.</p> <p><b>ACTION: EPRR annual report to be captured in the 2017/18 Board forward plan.</b></p> <p><b>RESOLVED: The Board of Directors approved the EPRR Strategy.</b></p> |
| <p><b>DHCFT 2017/028</b></p> | <p><b><u>GOVERNANCE IMPROVEMENT ACTION PLAN (GIAP)</u></b></p> <p>Sam Harrison presented the GIAP report which provided Board members with an update on progress on the delivery of the GIAP. The report reaffirmed the status and performance against all 53 core areas of the GIAP and outlined the approval pipeline for recommendations and completion of the blue approval forms.</p> <p>Sam Harrison highlighted one blue form for review by the Board which relates to a recommendation that has gone through Quality Committee.</p> <p>The Board reviewed the off track recommendations and these are summarised as follows:</p> <p><b><i>RR1 - Implement proposals to improve succession planning at Board level including ensuring that Governors are adequately engaged in this process. Alongside this, develop processes for succession planning for Senior Leader positions:</i></b> The timeline for delivery has been revised and the Remuneration and</p>   |

Appointments Committee have agreed that RR1 would return to the April meeting for close off and decided that this recommendation has moved from 'off track' to 'some issues' due to the reprioritisation of agreed timelines.

**CQC2 - The Trust should continue to proactively recruit staff to fill operational vacancies:** Evidence of this recommendation will be taken to the February meeting of the People & Culture Committee for sign-off.

**ClinG1 - Refresh the role of Quality Leadership Teams to increase their effectiveness as core quality governance forums:** Julia Tabreham asked that the evidence to be received by the Quality Committee from the QLTs over four months should be corrected to three months in the GIAP.

**ClinG3 - Increase the effectiveness of the Quality Committee by ensuring clear alignment of the committee with the quality strategy and associated objectives, and ensuring a clear focus on seeking assurance:** The Board noted that following discussion at January Quality Committee and subsequent Executive Director Lead meeting it was agreed that a blue form be prepared for the February meeting of the Quality Committee.

**WOD7 - The Trust should monitor the adherence to the grievance, disciplinary, whistle-blowing policies and the current backlog of cases concluded:** This was discussed at the People & Culture Committee and a blue form will be brought to the Committee at the February meeting for sign off.

The Board reviewed the Blue completion form for recommendation **ClinG2 - the Trust would benefit from a robust and thorough policy review programme** and was satisfied that this recommendation was now complete. Progress reports have been provided to the Quality Committee in June 2016 and October 2016 with respect to progress against the policy review programme as a whole. Deloitte reviewed progress on this recommendation as part of their phase 1 report and the December Audit & Risk Committee addressed the gap in reporting identified as part of this review (section 2.4). It was agreed at the December Quality Committee that this recommendation has been completed and a blue form could be prepared and submitted in January 2017.

Sam Harrison drew attention to the pipeline of blue forms that would be coming to the Board over forthcoming months and made the point that some of the forms could be presented at the extraordinary Board meeting to be held between the eight week period between next two Board meetings scheduled to take place on 1 March and 27 April.

Mark Powell considered that the approval pipeline was very helpful and asked if there were any significant risks against delivering to the approval pipeline. Sam Harrison responded that the Quality Committee had one recommendation that would continue to be monitored closely and the Committee will continue to monitor that progress is being made. She made the Board aware that we are now entering phase 2 of the GIAP when Deloitte will consider how the recommendations have been embedded and carried out during 'business as usual'. Deloitte will work with the Trust until the end of March to assess the impact of the GIAP on our activities. Sam Harrison reported that management consultants Deloitte have been commissioned to undertake Phase 2 of their external assurance work. Their work will focus on how the GIAP recommendations and actions have been completed, evidenced and embedded within the organisation.

**RESOLVED: The Board of Directors:**

- 1) **Noted the progress made against addressing GIAP recommendations**
- 2) **Discussed the areas rated as 'off track' and 'some issues' and sought assurance where necessary on the mitigation provided**
- 3) **Formally approved the 1 blue form as presented and confirmed that this is provided assurance of completion, namely:**

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|                                  | <ul style="list-style-type: none"> <li>• ClinG2</li> </ul> <p>4) <b>Noted the GIAP recommendations approval pipeline and its role in supporting effective oversight of progress</b></p>  |
| <p><b>DHCFT<br/>2017/029</b></p> | <p><b><u>DEEP DIVE INTO OLDER PEOPLE INPATIENTS</u></b></p> <p>Tracey Holtom, Carole Clay, Lisa Stone and Pete Emery joined the meeting to present a deep dive into the older people’s pathway which focussed on improvements made to the service since the CQC visit in June in areas relating to security, compliance with the Mental Capacity Act and discharge planning.</p> <p><b>Security:</b> The Board was assured by the robust plans taken to uphold the care of patients and their valuables and was pleased to note that this was now an area of high priority.</p> <p><b>Mental Capacity Act:</b> When the CQC visit took place in June concern was raised that not enough detail was being recorded with regard to the Mental Capacity Act. This has since been addressed and assessments have significantly improved. The team now have a clinical compliance lead who will continue to lead on this work to ensure continued compliance. Maura Teager was aware of the pressures associated with staff capacity and the stress felt on the wards, and asked how the team could be confident of sustaining compliance. Pete Emery responded that it was clear that in the past the team was not fully complying with the Mental Capacity Act. Significant record keeping improvements in the PARIS system have been made and the team feel far more confident recording Mental Capacity Act activity.</p> <p><b>Discharge planning:</b> Since the merger of the two wards on London Road, discharge planning has improved. The Board heard how the team had enhanced the system for discharge planning and that this has significantly improved patient experience. The team were able to help staff from other service areas with discharge planning which allowed them to upskill themselves. The team was commended by the Board for this initiative.</p> <p>The Board was pleased to hear that verbal feedback from the recent unannounced visit from the CQC was extremely positive and this was taken as further assurance of the improvements that have been put in place. The Board also heard how e-rostering management was a successful piece of work undertaken by the team and this should be extended across the organisation. Mark Powell added that he was grateful for the support and motivation the team provided for other staff groups and this was a testament to the way this team operates.</p> <p>Ifti Majid felt there was great leadership shown in the way the team has overcome the challenges raised by the CQC. The Board felt inspired by way the team supported each other and staff from other service areas.</p> <p><b>RESOLVED: The Board of Directors obtained assurance from the work carried out by the Older People’s service team which resulted in improved patient experience.</b></p> |
| <p><b>DHCFT<br/>2017/030</b></p> | <p><b><u>SUICIDE PREVENTION BRIEFING</u></b></p> <p>In the absence of John Sykes, Keith Waters and Bob Gardner from the Suicide Prevention team attended the meeting and provided the Board with a briefing on suicide prevention.</p> <p>The Board noted the Suicide Prevention Strategy that was produced in 2016 and was aware that all clinical staff had been trained in suicide awareness. However, it was noted that suicide rates in mental health services have risen and it was understood that this is because more people are in now contact with mental health services. There has also been a national increase in suicide rates and this this is thought to be due to the state of the nation’s economy. The Board discussed why figures are higher in the north of the</p>   |

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|                                  | <p>county and established that although this has been discussed with clinical teams and public health forums, the Crisis Team are aware of various reasons and figures are consistent with other trusts but no conclusion has been reached as to why the north of the county is more affected.</p> <p>The Board also discussed how eradicating suicide is unrealistic. The strategy identifies important outcomes and its key message is that we all have a part to play; suicide prevention is everyone's business. The actions and objectives of the strategy mean that that over 50% of all clinical staff have now been trained in the nationally validated suicide awareness further training has been planned. All staff will receive supervision in line with the Trust's Supervision Policy 2016. All staff will be supported to cope with thorough post incident debrief/support. All clinical staff will have the opportunity to discuss complex cases within a multi-disciplinary team environment.</p> <p>The Board noted that nationally more people are accessing mental health services. This was seen as a positive aspect as it means that the stigma associated with mental illness is relaxing. Julia Tabreham was very impressed with the work undertaken by Keith Waters and Bob Gardner but was concerned about how people have access to the media and 'suicide culture'. She was also worried about the impact that suicide has on the family and was pleased that one of the strategic priorities of the strategy was to support the media in delivering sensitive approaches to suicide and suicidal behaviour.</p> <p>Keith Waters and Bob Gardner asked for the Board's support to ensure that staff continue to receive suicide awareness response training and asked that the Board also take part in the training. The Board heard how the Communications Team is working with the Suicide Prevention Team to get the key message across the Trust and that a Suicide Prevention Day is being held in September. This was a very successful event last year and the Board committed to being involved in this year's event.</p> <p>The Board thanked Keith Waters and Bob Gardner for providing their briefing and fully supported the Suicide Prevention team's work.</p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li><b>1) Noted the approach taken to suicide prevention</b></li> <li><b>2) Noted the progress being made with suicide prevention training</b></li> </ol> |
| <p><b>DHCFT<br/>2017/031</b></p> | <p><b><u>BOARD ASSURANCE FRAMEWORK (BAF) UPDATE ISSUE 4</u></b></p> <p>This report meets the requirement for Boards to produce an Assurance Framework and detailed the fourth issue of the BAF for 2016/17.</p> <p>Sam Harrison highlighted the activity of the BAF since it was last reviewed by the Board and gave an overview of the movement of key risks as outlined in the report. She was pleased to report that risks 3a and 3b were recently reviewed by the Audit &amp; Risk Committee and were downgraded from being high risk to medium. The Board agreed to two new risks being added to the BAF as follows:</p> <ul style="list-style-type: none"> <li>• 1d) The Trust does not fully comply with the statutory requirements of the Mental Health Act (MHA) Code of Practice and the Mental Capacity Act (MCA) which has resulted in a 'requires improvement' action from the CQC and impacts on person centred care.</li> <li>• 1e) Lack of compliance with the Civil Contingencies Act as a category 2 responder. Risk identified through 2016/17 EPRR Assurance Process</li> </ul> <p>The Board also agreed to the removal of risk 3c) There is a risk that turnover of the Board members could adversely affect delivery of the organisational strategy due to loss of specialist organisational knowledge, capacity and stability. This risk was reviewed by the Board in December 2016 when it was determined that the risk had been mitigated</p>   |

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|                           | <p>with recent appointments and so could be removed from the BAF. This was agreed to be removed at December Board and the Board noted its removal from the BAF following the December Board decision.</p> <p>Sam Harrison drew attention to the deep dive of risks scheduled for the remainder of the year and confirmed that these were currently on track. She also reminded the Board that a Board Development Session was due to take place on the BAF on 8 February which will enable the Board to look at how the BAF has been managed for this year and to understand how it will be addressed for 2017/18.</p> <p>The Board felt assured that the BAF had been robustly challenged by the Audit &amp; Risk Committee and that the Board will continue to receive the BAF four times during the year, in line with NHS Improvement governance guidance.</p> <p><b>RESOLVED: The Board of Directors approved this fourth issue of the BAF for 2016/17, and agreed to two new risks being added to the BAF and the removal of one risk.</b></p>  |
| <b>DHCFT<br/>2017/032</b> | <p><b><u>REPORT FROM COUNCIL OF GOVERNORS MEETING HELD ON 19 JANUARY 2017</u></b></p> <p>Sam Harrison presented the report which provided a summary of issues discussed for noting by the Board.</p> <p>The Board was pleased to note from the report that Carole Riley has agreed to temporarily take on the role of Deputy Lead Governor. The Active in Mind Presentation made to governors was seen as a positive initiative. This organisation will work with the Trust to enable and encourage all who are suffering from mental health problems or anguish as well as their carers and supporters and will help them to enjoy physical activities and nature in order to improve their physical and mental wellbeing.</p> <p>Sam Harrison also made the Board aware of the results of the recent elections held this week when six governors were appointed. This leaves one vacancy in North East Derbyshire. The Board congratulated the new governors who were elected and the existing governors who were re-elected.</p> <p><b>RESOLVED: The Board of Directors noted the summary report from the Council of Governors</b></p> |
| <b>DHCFT<br/>2017/033</b> | <p><b><u>ANY OTHER BUSINESS</u></b></p> <p>No items were discussed.</p>   |
| <b>DHCFT<br/>2017/034</b> | <p><b><u>2016/17 BOARD FORWARD PLAN</u></b></p> <p>The forward plan will be reviewed and carried forward to next year. Sam Harrison pointed out that the Board Effectiveness Survey will be carried out during February and reported back to the following Board Development Session for discussion.</p> <p><b>RESOLVED: The Board of Directors noted the forward plan for 2016/17.</b></p>   |
| <b>DHCFT<br/>2017/035</b> | <p><b><u>IDENTIFICATION OF ANY ISSUES ARISING FROM THE MEETING FOR INCLUSION OR UPDATING IN THE BOARD ASSURANCE FRAMEWORK OR GIAP</u></b></p> <p>The Board noted the strong direction of travel achieved with the GIAP and that no issues arose from the meeting that should be included in the BAF that were not already included.</p>   |
| <b>DHCFT<br/>2017/036</b> | <p><b><u>MEETING EFFECTIVENESS</u></b></p>  |

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|  | <p>The Board agreed that the meeting had been effective and very good reports had been received. The issues raised in the patient story would be reported back to the next meeting in March to learn how this case has moved forward. A way of working a half hour break between the confidential and public sessions would be considered.</p> |
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The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 1 March February 2017.

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