

**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 March 2017**

**MEETING HELD IN PUBLIC**

Commenced: 1pm

Closed: 4:40pm

**PRESENT:**

Caroline Maley	Acting Trust Chair
Margaret Gildea	Senior Independent Director
Dr Julia Tabreham	Deputy Trust Chair and Non-Executive Director
Maura Teager	Non-Executive Director
Dr Anne Wright	Non-Executive Director
Richard Wright	Non-Executive Director
Ifti Majid	Acting Chief Executive
Claire Wright	Executive Director of Finance
Carolyn Green	Executive Director of Nursing & Patient Experience
Dr John Sykes	Executive Medical Director
Mark Powell	Acting Chief Operating Officer
Amanda Rawlings	Director of People & Organisational Effectiveness
Lynn Wilmott-Shepherd	Interim Director of Strategic Development

**IN ATTENDANCE:**

Anna Shaw	Deputy Director of Communications & Involvement
Sue Turner	Board Secretary (Minutes)
For item DHCFT 2017/038 Michael	Service Receiver
For item DHCFT 2017/038 Bev Green	Service Improvement / Head Nurse Hartington Unit
For item DHCFT 2017/038 Bryan Plimmer	Occupational Therapist, Cherry Tree Close
For item DHCFT 2017/038 Alex Kerry	Occupational Therapy Student
For item DHCFT 2017/038 Hannah Lister	Occupational Therapy Student
For item DHCFT 2017/038 Carol Fordham	Occupational Therapy Assistant
For item DHCFT 2017/047 Claire Biernacki	General Manager - Neighbourhoods
For item DHCFT 2017/047 Julia Lowes	Service Manager

**APOLOGIES:**

Barry Mellor	Non-Executive Director
Samantha Harrison	Director of Corporate Affairs & Trust Secretary

**VISITORS:**

John Morrissey	Lead Governor, Public Governor, Amber Valley South
Gillian Hough	Public Governor, Derby City East
Linda Langley	Public Governor Chesterfield North
Kevin Richards	Public Governor South Derbyshire
Melissa Castledine	Derbyshire Mental Health Alliance
Danielle Sweeney	Observer from Deloitte

<b>DHCFT 2017/037</b>	<b><u>ACTING CHAIR'S WELCOME, OPENING REMARKS AND APOLOGIES</u></b>  Caroline Maley opened the meeting and welcomed everyone. Apologies were noted from Barry Mellor and Samantha Harrison.
<b>DHCFT 2017/038</b>	<b><u>SERVICE RECEIVER STORY</u></b>  Bev Green introduced Michael who had entered the Trust's services through the Radbourne Unit and was then cared for by the recovery team in Cherry Tree Close. Bryan Plimmer, occupational therapist from Cherry Tree Close and Alex Kerry and

	<p>Hannah Lister who are occupational therapy students and Carol Fordham, an occupational therapy assistant also attended the meeting as they had all been involved in Michael's recovery.</p> <p>Michael told the Board how he had gradually progressed over the period of one year from feeling very low when admitted to the Radbourne Unit to his current position of normality. Michael described how he had been happy at the Radbourne Unit as all his meals were provided for him but when his condition improved and he moved to Cherry Tree Close he found it difficult caring for himself, preparing his own meals and socialising with people. He also found it difficult when periods of overnight leave in his own home commenced as he felt this stage had progressed at too fast a pace for him.</p> <p>Despite this Michael improved and settled into periods of home leave which made him realise he could do more things for himself at home and in the community. He started to take part in voluntary charity work and participating in the photography projects run by the Occupational Therapy team. Taking part in these activities encouraged him to re-engage his interest in cricket and he now feels more confident talking to people and socialising.</p> <p>When asked by Carolyn Green if there were any improvements that could have been made to the service he received, Michael said that the support he received at Cherry Tree Close was good. If he had gone straight home from the Radbourne Unit he would have felt isolated and this would have caused him to have very dark days.</p> <p>Michael thought that the preparation for progressing to overnight leave needs improving. Patients should be told what to expect so they can be prepared for this being quite difficult to undertake and be allowed to progress at their own pace. He also thought that people need to be made aware that they will have to cater for themselves in Cherry Tree Close and be given more support to look after themselves.</p> <p>Michael told the Board that being at Cherry Tree Close enabled him to recover at his own pace and get to the position he is in now. He felt he could not have done this without the support that the Trust gave him and was thankful to the staff who encouraged him to give different things a try. He believes it is important that staff get to know the people in their care and understand their interests as this will help patients engage in activities. .</p> <p>From the perspective of the OT team at Cherry Tree Close, Michael worked very hard. Once he knew he could do things for himself he engaged in activities and social events and it was his determination that helped him recover. Activities such as the photography group helped Michael and other service receivers suffering mental health problems to communicate easier because they had something in common.</p> <p>The Board congratulated Michael on his recovery and thanked him for raising the need for patients' interests and passions to be discovered and to agree recovery plans and the pace of leave periods. The Board also thanked the OT team for the support they gave to Michael and the other service receivers at Cherry Tree Close.</p> <p><b>RESOLVED: The Board of Directors noted the effort made by the Occupational Therapy Team and the need to meet the expectations of service users at Cherry Tree Close.</b></p>
<p><b>DHCFT 2017/039</b></p>	<p><b><u>DECLARATIONS OF INTEREST</u></b></p> <p>The Declaration of Interests register was noted.</p>
<p><b>DHCFT 2017/040</b></p>	<p><b><u>MINUTES OF THE MEETING DATED 1 FEBRUARY 2017</u></b></p> <p>The minutes of the previous meeting, held on 1 February were agreed and accepted subject to item DHCFT 2017/030 on Suicide Prevention Briefing being amended to show that over 50% of all clinical staff have now been trained in the nationally validated suicide</p>

	awareness training and that further response training is being planned.
<b>DHCFT 2017/041</b>	<p><b><u>MATTERS ARISING AND ACTIONS MATRIX</u></b></p> <p>Ifti Majid gave an overview of the current situation regarding last month's service receiver story and confirmed that a wheelchair had now been provided for this individual. The Board recognised that improved communication with carers and the client would have resulted in a better outcome and that joint working with Derbyshire Community Health Services (DCHS) had established the next steps and learning from this particular case.</p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted on the actions matrix.</p>
<b>DHCFT 2017/042</b>	<p><b><u>ACTING CHAIR'S VERBAL REPORT</u></b></p> <p>Caroline Maley reported that during the last month she and other Board members had met with Southern Derbyshire Clinical Commissioning Group (SDCCG) in a 'Board to Board' meeting on 25 February when a positive exchange of views took place. A further meeting with SDCCG will be arranged so that discussions can continue. She also met with the chair of the Derby Teaching Hospitals NHS FT and with Helen Phillips from Chesterfield Royal Hospital and was pleased to hear that they have a positive opinion of our Trust.</p> <p>The new governor induction event took place in February and Caroline Maley was happy to see re-elected governors attending induction again. She also met with Lead Governor, John Morrissey and Gillian Hough the Chair of the governors' Governance Committee and she also attended the Governance Committee.</p> <p>Caroline Maley is planning to meet Dean Fathers from Nottinghamshire Healthcare next week and is looking forward to meeting a number of chairs from other trusts at meetings in London during March.</p> <p><b>Voice of the service user community/third sector:</b> This discussion took place for the first time by the Board. Caroline Maley explained that she and Mark Powell had attended a public meeting at St Mary's House on 14 February when she and Mark had heard the concerns of people working in the voluntary group of services and third sector and she thought it would be good for the Board to consider how to work more closely with voluntary groups in their work; how to leverage their input and support in working for parity of esteem; and how they could support the Trust in conversations with the CCGs and discuss how to take this forward.</p> <p>The Board acknowledged that carer and service receiver groups have representatives that regularly attend the Quality Committee and that Derbyshire Mental Health Alliance work with people on the wards. These reciprocal relationships help the Trust to champion their voice and they do ours.</p> <p>Julia Tabreham asked if the Trust had a strategy for working with both the voluntary and community sector, especially as both these sectors are very different to each other. The Board discussed how these different areas require a different approach and agreed that a theme would be constructed to support both sectors that could also influence progress within our own organisation. The voice of the voluntary and community sector can be maintained through our Equality Delivery System<sup>2</sup> (EDS<sup>2</sup>) work which will enable the Trust Strategy to connect with future service users.</p> <p>The Board agreed that this was a useful discussion and decided that the Executive Leadership Team (ELT) will discuss and propose the way forward for our partnerships within the voluntary sector and produce a report for the Board. It is clear that these groups welcome the Trust's involvement and Board members were urged to take part in further voluntary service meetings.</p>

	<p><b>ACTION:</b> ELT to consider the Trust’s partnership strategy with the voluntary sector prior to a report being submitted to the Trust Board.</p> <p><b>RESOLVED:</b> The Board of Directors noted the Acting Chair’s verbal report and agreed that ELT will propose the way forward for partnerships within the voluntary sector.</p>
<p><b>DHCFT 2017/043</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 gave an overview of the key points contained in his report. He drew attention to the Policing and Crime Bill that has since become an Act of Parliament and the Board was pleased to note that this would be considered this month at the Trust’s Mental Health Act Committee. Julia Tabreham felt this was a positive direction of travel and asked how confident the Board could be that the Trust’s services are ready for this act. Ifti Majid responded that evolution is taking place to ensure the right model is in place. The Trust is working closely with the police and ambulance services and the Mental Health Act Committee will escalate any concerns it might have to the Board.</p> <p>Ifti Majid referred to the letter he had received from NHS England (NHSE) with respect to the operational planning and contracting round 2017/19 and confirmed that the Trust had replied to NHSE stating we are not certain that we will meet the five year forward view for mental health commitments. Ifti Majid believes that the details set out in the letter from NHSE are a real indication of their commitment to ensure that the five year forward view for people with mental health problems is transparently supported. It also provides real leverage to local providers to ensure CCGs are held accountable to local people for their commissioning decisions relating to mental health funding and services.</p> <p>Thanks were given to the South and City Early Interventions Team at St Andrew’s House for their hospitality when Ifti Majid and Mark Powell met them recently. Ifti Majid was impressed with their willingness to adopt a solution focused approach to their service and was struck by their strategies for clear two-way communication processes so that Board messages and approaches arrive at team level and helps them to make decisions locally.</p> <p>Ifti Majid made the Board aware of a league table that had just been issued by NHSE containing benchmarking of mental health STPs (Sustainability Transformation Plan). The Trust is ranked twelfth in the UK in terms of delivery of mental health ‘must do’ indicators and parity and he considered this to be a very positive result.</p> <p><b>RESOLVED:</b> The Board of Directors noted the Acting Chief Executive’s update.</p>
<p><b>DHCFT 2017/044</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 performance as at the end of January 2017.</p> <p>The Trust continued to perform well against many of its key indicators during January. The key theme continues to be one of ongoing staffing and activity pressure in many of the Trust’s services. This is highlighted by the difficulty in achieving 100% Registered Nurse fill rates for day and night shifts on our inpatient wards. Although mitigated by extra nursing assistant cover this continues to be a concern which is being monitored continuously and he assured the Board that recruitment plans are being put in place to</p>

resolve these issues.

Carolyn Green reported that quality performance focus has continued to address the issues arising from the Trust's recent Care Quality Commission (CQC) inspection report. There continues to be extensive activity across all service lines to focus on environmental, clinical, policy and organisational governance priorities and she was pleased to report that a number of the Trust's committees received assurance with regard to the CQC action plans. She also highlighted the need to improve rates in complaints responsiveness and she expects to see this improve now that increased review and performance monitoring is taking place.

Claire Wright reported a broadly similar financial situation to the previous month with the key risk being agency spend against the NHSI ceiling. The BAF (Board Assurance Framework) for next year will include cost risks associated with agency spend along with our potential inability to mitigate this risk. She emphasised that this is because decisions made on agency spend will always prioritise the interests of patient safety and always override the NHSI ceiling. Claire Wright made the Board aware of extra regulatory pressure the Trust will be under. She expects the Trust will have to absorb emerging costs associated with recruitment and she stressed the need for the Board to be mindful of further potential financial risks.

Amanda Rawlings reported that staff attendance remains a significant challenge to the Trust. Annual sickness absence rates are beginning to stabilise following a two year period of increase. Issues associated with workforce supply, along with recent actions taken to reduce agency usage were all reviewed at the February meeting of the People and Culture Committee.

Amanda Rawlings was pleased to report that the Trust's vacancy rate has reduced slightly since last month due to increased recruitment. There is an ongoing focus on clinical vacancies which is supported by a detailed action plan which was also presented at the People and Culture Committee. This action plan focusses on how to attract people to the Trust and includes campaigns across the UK, incentive schemes and introducing overseas recruitment for hard to fill posts. The recruitment process continues to improve especially now that a new e-Recruitment system (TRAC) is in place which will enable managers and candidates to utilise a streamlined, interactive and responsive process, which will reduce or eliminate paperwork and unnecessary delays.

Amanda Rawlings expressed concern about the effects of competition from other organisations that pay better rates to their staff. Caroline Maley asked if there was any indication of new supply into the market. In response Amanda Rawlings said education commissioning reductions in nursing opportunities and bursaries might have an effect but the uncertainties that BREXIT might have with workforce supply from outside of this country was also seen as a concern and she emphasised that good quality staff engagement and wellbeing of staff will be key to attracting new staff and improving staff retention.

The Board was made aware of changes that will be made with regard to the way self-employed people work within the NHS and the introduction of new taxation rates that could incur further workforce costs due to people negotiating their rates.

Mark Powell referred to the robust plans that are in place to improve recruitment and the work taking place within the People & Culture Committee to address immediate issues. He assured the Board that everything is being done to resolve staffing issues, not just in the short term but in 3 – 5 years into the future.

The Board acknowledged that the content of this report showed that a significant amount of work had been addressed through the work of the Board Committees and took assurance that these key issues are discussed particularly within the People & Culture Committee. It was agreed that a further understanding of improvements that are

	<p>expected to be made with regard to the level of performance will form a regular part of the IPR from April onwards.</p> <p><b>ACTION: A further understanding of improvements that are expected to be made with regard to the level of performance will form a regular part of the IPR from April onwards</b></p> <p><b>RESOLVED: The Board of Directors considered the Integrated Performance Report and obtained a good level of assurance on current performance across the areas presented.</b></p>
<p><b>DHCFT 2017/045</b></p>	<p><b><u>QUALITY POSITION STATEMENT</u></b></p> <p>Carolyn Green provided the Board of Directors with an update on the organisation's continuing work to improve the quality of services that are provided in line with the Trust Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>Carolyn Green informed the Board that the CQC had re-inspected secure and older adults services and was pleased to report that she had received an informal notification that the ratings of these services had improved.</p> <p>Carolyn Green drew attention to the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) Safety Scorecard that had been developed in response to a request from the Healthcare Quality Improvement Partnership (HQIP) for benchmarking data to support quality improvement and assured the Board that quality improvement scoring would be followed up through the Quality Committee.</p> <p>Julia Tabreham as Chair of the Quality Committee mentioned the need for the Quality Leadership Teams to be supported so they can improve their specific clinical reference groups. She was pleased to see that mentoring and coaching has been offered to these specific groups which will result in them being supported so they can flourish.</p> <p>Claire Wright referred to the sudden unexplained deaths (SUD) data incorporated in the NCISH Safety Scorecard and wanted to make sure that when scrutiny of SUD takes place that the safety aspect is reinforced. John Sykes explained that this is a very explicit term used for an unexplained death and commissioners have confirmed that these incidences are very rare. He assured the Board of the strength of the scrutiny, practice and learning that takes place within the Serious Incident and Mortality Group which is closely monitored by the Quality Committee.</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 the Quality Position Statement.</b></li> </ol>
<p><b>DHCFT 2017/046</b></p>	<p><b><u>BOARD ASSURANCE SUMMARIES &amp; ESCALATIONS</u></b></p> <p>Assurance summaries were received from the Quality Committee held on 9 February and the People &amp; Culture Committee held on 21 February.</p> <p><b>Quality Committee:</b> Julia Tabreham reported that the Committee is functioning well but is due to lose the valuable experience of its previous Chair and Non-Executive Director member Maura Teager. Her level of clinical challenge will be missed and she wanted to thank Maura for the huge contribution she has made to the work of the Committee over recent years.</p> <p>The Committee was assured by the Emergency Preparedness Resilience and Response (EPRR) work on disaster recovery and congratulations were made to the team for this piece of work.</p>

	<p>The Committee escalated the following two items to the Board, both of which were noted:</p> <ul style="list-style-type: none"> <li>• Community Health Teams - risk to delivery, emerging potential patient safety issues and significant pressure on staff in the community health teams.</li> <li>• CQC Actions - significant risk to delivery and lack of assurance in CQC actions outside of the Trust's control in commissioning intentions. Concerns regarding the pipeline for financial investment have been relayed to commissioners and that it is not known what effect this will have on our CQC rating.</li> </ul> <p><b>People &amp; Culture Committee:</b> Margaret Gildea felt that all issues raised from the February meeting of the Committee had been very well aired by the Board at today's meeting. The Workforce Plan will be received by the Board in April and will enable discussion to take place on future supply and funding.</p> <p>Since the Board decided that only the assurance summaries are to be received at each meeting Caroline Maley made the point that that the summaries should state that minutes of these meetings will be available upon request.</p> <p><b>ACTION: Assurance summaries are to include the declaration that minutes of these meetings are available upon request.</b></p> <p><b>ACTION: Workforce Plan to be submitted to the April Board meeting.</b></p> <p><b>RESOLVED: The Board of Directors received the Board Committee Assurance Summaries and Escalations.</b></p>
<p><b>DHCFT 2017/047</b></p>	<p><b><u>DEEP DIVE - NEIGHBOURHOODS</u></b></p> <p>Claire Biernacki and Julia Lowes from the neighbourhood team joined the meeting and provided the Board with an in depth review of the growing pressures faced by the community teams.</p> <p>This report set out some of the risk mitigations and end results which Claire Biernacki highlighted to the Board. She emphasised that the neighbourhood team has a strong awareness of how difficult things are and the pressure they are under. GPs are also under so much pressure they are referring anyone they believe has a mental health problem and Claire Biernacki explained how she was trying to create capacity working with primary care so people can be managed before they get to the threshold of our services. She stressed that commissioners are aware of the gap in resource to deliver appropriate levels of care co-ordination but there is no additional resource to close that gap. In 2015/16 commissioners funded a quarter of the deficit identified at that time, however the rise in rates of referral and other pressures meant that this additional resource had limited impact. The impact of pressure on the neighbourhoods impacts other services such as IAPT, CAMHS, Crisis etc. as to how they can get people flowing into our services. All these services are feeling the impact.</p> <p>Discussion centred on how long people are waiting to be seen. It would appear that this varied and depended on whether beds were available and in some cases there is a 3 – 5 month wait. The team is very aware of people's needs and where they are being referred from and will prioritise people on the waiting list. Amanda Rawlings asked whether people who wait 3 – 5 months deteriorate and what effect this had on carers and families and the cost to the community. Claire Biernacki explained that there are levels within the waiting lists and there is also a 'waiting well' policy which works capably but is under significant stress.</p> <p>The significant number of caseloads that the team has to manage was discussed. Large caseloads impact on clinical capacity to provide effective, efficient and good quality</p>

	<p>treatment, they also impact on the stress levels of workers and this is reflected in sickness levels, staff survey feedback and staff turnover rates. Carolyn Green proposed to work with the neighbourhood team to develop an improvement plan that will result in reducing caseloads. Mark Powell wished to assure the Board that a planning process to reduce this risk mitigation is already in place through the Contract Management Board and the Trust’s Management Team (TMT).</p> <p>The Board committed to support the neighbourhood team to mitigate this risk and reduce bureaucracy and decided on the following actions:</p> <ol style="list-style-type: none"> <li>1) <b>Detailed mitigation plan to be prepared to show there are assurance mechanisms in place defined through TMT to ELT to Quality Committee and then the Board.</b></li> <li>2) <b>Assurance model to be put in place around CPA, waiting lists and “waiting well” procedure which will be monitored through Quality Committee, TMT and ELT</b></li> <li>3) <b>Contract team to continue to lobby commissioners for more resources for community workers linked with the STP. This will be reported through the Finance &amp; Performance Committee</b></li> <li>4) <b>Ifti Majid will write to Andy Gregory acknowledging the level of risk on the community teams and the need for improved commissioning</b></li> <li>5) <b>Ifti Majid will write from the Board to the neighbourhood teams attaching the deep dive report</b></li> </ol> <p>Carolyn Green informed the Board that the Safeguarding Committee met last week and ‘red rated’ the risk of the allocation of care co-coordinators to safeguard children from harm. This is a residual action that has not yet been resolved and she asked that Andy Gregory responds to this risk when he replies to Ifti Majid’s letter.</p> <p>This was a very comprehensive report that showed the daily decisions that the teams have to take. The Board recognised the level of risk the neighbourhood team is carrying. Their work is very much valued and the Board applauded the inventive way in which the team resolves issues.</p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li>1) <b>Considered the content of this paper</b></li> <li>2) <b>Agreed to formally address the level of risk on the community teams and the need for improved commissioning community with commissioners</b></li> </ol>
<p><b>DHCFT 2017/048</b></p>	<p><b><u>GOVERNANCE IMPROVEMENT ACTION PLAN (GIAP)</u></b></p> <p>As described in the GIAP Governance and Delivery framework, the Board has overall responsibility for ensuring that the GIAP is delivered. In the absence of Sam Harrison, Mark Powell presented this report to provide Board members with an update on progress on the delivery of the GIAP, including the identification of tasks and recommendations that are off track.</p> <p>The Board noted the progress made against each recommendation and as well as issues that were raised through the Board Committee Assurance Summaries. The Board was pleased to note that there were no recommendations rated as red “off track”. The recommendations that have some issues and were amber rated were reviewed and noted as follows:</p> <ul style="list-style-type: none"> <li>• <b>Core 3 - Clinical Governance - ClinG1 (<i>Refresh the role of Quality Leadership Teams to increase their effectiveness as core quality governance forums</i>):</b></li> </ul>

There is still some progress to be made with this recommendation and it is hoped this can be completed before the May deadline.

- **Core 6 - Roles and Responsibilities of Board Members - 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*):** this recommendation remains as having some issues pending assurance from Remuneration and Appointments Committee

The Board scrutinised the blue forms and the following comments were noted:

- **PC3 (*Supplement the current mechanisms to engage with staff through the inclusion of more informal activities across both clinical and corporate areas. Develop clearer reporting of information and trends from these activities in order to triangulate with other information, for example, through the CEO report and Quality Position Statement*):** The Board felt satisfied with the evidence provided by the People & Culture Committee that the Board and senior management are engaging with staff and passed this recommendation.
- **PC4 (*Prioritise the development of the People Strategy and ensure the agenda and focus of the newly formed People and Culture Committee is clearly aligned the Trust's overall strategy*):** The Revised People Plan captures actions and priorities for 2017 and was submitted to the January 2017 People & Culture Committee meeting and approved. The Board was assured that the People Plan is now embedded in the organisation and forms the basis of the agenda for the People & Culture Committee and passed this recommendation.
- **GClinG3 (*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 Quality Committee is now much more focussed on strategic priorities and the CQC. The Committee's forward work plan has been developed to cover all areas of the Quality Committee terms of reference and the agenda has been structured according to CQC domains and covers topics to support the delivery of the quality strategy and is cross referenced against quality priorities. The Board passed this recommendation.
- **WOD1 (DR34 *Define and agree a process to regularly monitor the consistent application of HR policies and procedures for the full range of Employee Relations cases*):** The employment relations paper, submitted to the January People and Culture Committee provided sufficient evidence of completion of actions and provided the Board with assurance that this action could be signed off.
- **WOD1 (CQC1 *the Trust must ensure HR policies and procedures are followed and monitored for all staff*):** The People & Culture Committee obtained evidence that training and adherence to procedures had taken place and passed CQC1. This resulted in the Board being assured that this action could be signed off.
- **WOD4 (*As part of its review programme, the Trust may wish to consider a mandatory programme for line managers in order to embed the revised policies and procedures*):** The People & Culture Committee felt satisfied that all HR policies are up to date. A training programme has been rolled out and policies are being complied with. The Board passed this recommendation.
- **WOD7 (*The trust should monitor the adherence to the grievance, disciplinary, whistle-blowing policies and the current backlog of cases***

**concluded):** The People & Culture Committee was satisfied that systems are in place that focus on governance and was assured that people now understand the Whistleblowing Process. The Board passed this recommendation.

- **WOD8 (*The Trust should continue to make improvements in staff engagement and communication*):** The Staff Engagement Group has driven the progress of this action and People & Culture Committee was satisfied that the right mechanisms are now in place. The Board passed this recommendation.
- **CQC2 (*The Trust should continue to proactively recruit staff to fill operational vacancies*):** The Board heard that a lot of debate took place during the February meeting of the People & Culture Committee and it was agreed that this recommendation could be passed as sufficient progress had been made. The Board passed this recommendation.
- **PC2 (*Develop and undertake a clear programme of work around culture, utilising the expertise of other NHS Trusts in the Local Health Economy, and where necessary beyond, to inform the programme of activities*):** Mark Powell informed the Board that the People & Culture Committee did not feel sufficiently assured to pass this recommendation and asked that a clear programme of work be evidenced to enable a blue form to be submitted to the next Board meeting. The Board looked forward to receiving the assurance that this action can be closed at the next meeting on 29 March.

Amanda Rawlings wished it to be recorded that six Board members attended the February meeting of the People & Culture Committee and scrutinised the GIAP recommendations the Committee has oversight for.

The report provided the Board with assurance of the delivery and risk mitigation from Board Committees and Lead Directors. Having reviewed the detail contained in the blue forms the Board felt satisfied that that strict scrutiny of all the GIAP recommendations had taken place and sufficient evidence had been provided to show that actions had been completed and that the above recommendations could now be closed and archived. The Board was also pleased to hear that a Communications programme is being developed to ensure staff are aware of the completion of the GIAP recommendations.

The pipeline of GIAP recommendations was noted and the Board acknowledged that this would be adjusted to take into account the scheduling of the Extraordinary Board Meeting that will take place in private session on 29 March.

**RESOLVED: The Board of Directors:**

- 1) **Noted the progress made against addressing GIAP recommendations**
- 2) **Discussed and noted the areas rated as ‘some issues’**
- 3) **Formally approved the 10 blue forms as presented and confirmed they provided assurance of completion, namely:**
  - **PC3**
  - **PC4**
  - **PC5**
  - **ClinG3**
  - **WOD1**
  - **WOD3**
  - **WOD4**
  - **WOD7**
  - **WOD8**
  - **CQC2**
- 4) **Noted the GIAP recommendations approval pipeline and its role in supporting effective oversight of progress**
- 5) **Agreed that no further changes are required to the GIAP following presentation of papers, outcomes of item specific discussions and/or other**

	<b>assurances provided throughout the meeting</b>
<b>DHCFT 2017/049</b>	<p><b><u>2016/17 BOARD FORWARD PLAN</u></b></p> <p>The forward plan was reviewed and will be carried forward to next year. Carolyn Green asked that the Equality Delivery System2 (EDS2) be captured in the forward plan and was assured that this was scheduled for April in the 2017/18 forward plan that will be received at the April Board meeting.</p> <p><b>RESOLVED: The Board of Directors noted the forward plan for 2016/17.</b></p>
<b>DHCFT 2017/050</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>Level of risk on the community teams and the need for improved commissioning within community services is to be included in the BAF deep dive schedule of risks.</p>
<b>DHCFT 2017/051</b>	<p><b><u>MEETING EFFECTIVENESS</u></b></p> <p>The Board agreed there have been some good discussions on the Trust's key issues and enough time was devoted to discussions. Mark Powell was pleased that the Community Team was able to discuss the risk associated with the neighbourhoods. The level of detail contained in the report gave a good opportunity for discussion and it is clear that the team benefitted from putting the paper together.</p> <p>Significant progress has been made with the GIAP and this was seen through the engagement of the Board Committees in this process.</p> <p>Discussion on the IPR took place regarding further evolution to further enhance the triangulation. However the Board fully recognised the successful progression in integrated reporting.</p> <p>Today's meeting was observed by Danielle Sweeney from Deloitte who commented that the meeting was well planned; the agenda was very transparent. It was good to hear the service receiver story and she was pleased to see an effective deep dive take place in public session. There was strong governor attendance and she made positive comments with regard to Board member challenges and she observed clarity in the actions agreed and decisions made.</p>
<p>The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 26 April 2017.</p> <p style="text-align: center;"><b>The location will be Training Rooms 1 and 2 Research and Development Centre, Kingsway, Derby DE22 3LZ</b></p>	