

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

Wednesday, 29 October 2014

MEETING HELD IN PUBLIC

Commenced: 1:00 pm

Closed: 4:50 pm

Prior to resumption, the Board met to conduct business in confidence where special reasons applied

PRESENT:

Mark Todd	Chairman
Steve Trenchard	Chief Executive
Lesley Thompson	Senior Independent Director & Deputy Chairman
Maura Teager	Non-Executive Director
Caroline Maley	Non-Executive Director
Tony Smith	Non-Executive Director
Jim Dixon	Non-Executive Director
Ifti Majid	Chief Operating Officer/Deputy Chief Executive
Claire Wright	Executive Director of Finance
Dr John Sykes	Executive Medical Director
Lee O'Bryan	Interim Director of Workforce and Organisational Development
Steve Edgeley	Deputy Director of Nursing (for Carolyn Green)

IN ATTENDANCE:

Phil Harris	Non-Executive Director Designate
Jayne Storey	Director of Transformation Designate
Jayne Davies	Involvement Manager
Sue Turner	Executive Administrator & Minute Taker
Peter Charlton	General Manager IM&T
John Staley	Project Manager

For item DHCFT 2014/169

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Visitors:

Mr D	Service User
Ms B	Service User
Brenda Rhule	Service Manager
Jackie Pendleton	Chief Officer, NHS North Derbyshire CCG
John Morrissey	Council of Governors
Dave Waldram	Member of the Public

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APOLOGIES:

Graham Gillham	Director of Corporate and Legal Affairs
Carolyn Green	Executive Director of Nursing and Patient Experience
Anna Shaw	Deputy Director of Communications
Nikki Rhodes	Derbyshire Voice Representative
Chris Swain	Derbyshire Voice Representative
Allan Bannister	Derbyshire Voice Representative

<p>DHCFT 2014/156</p>	<p><u>CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST</u></p> <p>The Chairman opened the meeting by welcoming all present.</p> <p>Apologies: Apologies were noted from Graham Gillham, Carolyn Green and Anna Shaw. Apologies were also received from Nikki Rhodes and Chris Swain as representatives from Derbyshire Voice.</p> <p>Declarations of Interest: No declarations were noted.</p>
<p>DHCFT 2014/157</p>	<p><u>MY STORY – PHOTOGRAPHY PROJECT EXPERIENCE IN EREWASH</u></p> <p>The Board welcomed Mr D who explained that he was a carer for his wife and service user, Ms B who had been a patient, and Brenda Rhule who had provided them both with support as a Service Manager. Both Mr D's wife and Ms B had been diagnosed with personality disorder and had been admitted to hospitals to receive care for their mental health on a number of occasions and Ms B had been admitted to a hospital out of the area.</p> <p>As part of their recovery, Mr D and Ms B had taken part in the Photography and Personal Development course delivered to Erewash Recovery Team service users and had learnt practical photography skills as a new way of expressing their thoughts and emotions. The course had developed their confidence and social and personal development skills and provided them with a new interest.</p> <p>Ms B had sought treatment for borderline personality disorder and had undertaken various types of therapy, as had Mr D's wife, but were disheartened by the waiting lists and gaps they experienced when consultants and mental health staff had either retired or left the service.</p> <p>They eventually came into contact with Brenda Rhule who encouraged them to take part in the photography course. Feeling invigorated by being in Brenda Rhule's care and attending the course made the biggest advance in Mr D and Ms B's recovery and had a marked improvement on their relationships with family and friends. Taking part in the photography project opened their eyes to the beauty in the world and the support of the group was in itself a therapy that should not be underestimated.</p> <p>When asked what it felt like to be on the waiting list for treatment and whether he was communicated with, Mr D replied that it would have been good to have had a care plan system as he and his wife had a lot of questions. Information had not been easy to find and he felt that GPs did not have enough training in mental health awareness. Community Psychiatric Nurse support workers were a huge help. However, the workload of the staff was too great.</p> <p>Ms B added that borderline personality disorder was now called emotional instability and it was a difficult diagnosis to overcome but it made her realise she did not just have a problem; it meant there was definitely something wrong with her. Having her disorder identified helped get the right support but it was important to get an early diagnosis in order to get the right therapy.</p> <p>Tony Smith commented that the Trust was developing a specialised trauma service and a paper written by local authority colleagues would be presented to the Overview and Scrutiny Committee explaining that there was insufficient</p>

	<p>therapy across Derbyshire and for the provision of this service to be explored.</p> <p>Steve Trenchard commented that ‘deep dives’ were taking place to discover the causes for waiting list delays and there was an expectation in <i>parity of esteem</i> that people with mental health issues should get help within a specific waiting time.</p> <p>The Chairman acknowledged Brenda Rhule’s valuable front line work and thanked her for support and help towards people in her care. He also thanked Mr D and Ms B for attending the meeting and for sharing their beautiful photographs throughout their story and it was hoped that these could be used within the Trust.</p> <p>RESOLVED: To express thanks to Mr D and Ms B for sharing their story; to ask the Executive Directors to seek the necessary assurance regarding the current service.</p> <p>Action: Carolyn Green and the Quality Committee to give further consideration to the gap in service provision.</p>
<p>DHCFT 2014/158</p>	<p><u>MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 24 SEPTEMBER 2014</u></p> <p>The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 24 September 2014, were accepted and approved.</p>
<p>DHCFT 2014/159</p>	<p><u>MATTERS ARISING</u></p> <p><u>ACTION MATRIX</u></p> <p>The following updates were noted:</p> <p><u>DHCFT/2014/035: Health Visiting Services</u> - Risk based assessment – Action could be closed although work was ongoing and Carolyn Green would keep the Board updated. Item to turn green.</p> <p><u>DHCFT2014/54: Quality Dashboard</u> – reviewed at today’s meeting. Item closed and turned green.</p> <p><u>DHCFT2014/80/ 2014/105: Deep Dive Report</u> (City Crisis and Recovery Team) – the report was with the crisis team for comment and would be considered at the Quality Committee prior to the November Board meeting. Item remains yellow.</p> <p><u>DHCFT2014/112: People Strategy Update</u> – This was progressing in terms of response rate and tracking through the Employee Strategy & Engagement Committee (ESEC) and was discussed at today’s meeting. Action complete and item to turn green.</p> <p><u>DHCFT2014/131: Quality and Safer Staffing Report</u> – Work was progressing through the 4Es (Engagement, Equalities, Experience and Enablement) Committee and a report would be provided at the February Board meeting. Item remains yellow.</p> <p><u>DHCFT2014/132: Coroner’s Inquests</u> – A report on actions following formal</p>

	<p>rulings was completed in the Serious Incidents Update. Item closed.</p> <p><u>DHCFT2014/134: Improving Lives, Strengthening Communities, Getting Better Together – Update on Strategy Implementation</u> – The Workforce Report was presented and discussed during the Confidential Board meeting session. Item closed.</p> <p><u>DHCFT2014/137: Integrated & Performance Summary Month 4</u> – a review of the front sheet for this report had been undertaken, including Executive summary information. Item ongoing.</p> <p><u>DHCFT2014/138: Issues arising from Board for inclusion or updated on BAF</u> - Board members were requested to send updates to Carolyn Green. Item ongoing.</p> <p><u>DHCFT2014/142: My Story (July Board)</u> – Progress report would be presented to the Quality Committee and then the Board. Discussions with commissioners, ASD and Aspergers services were ongoing. Item to turn yellow.</p> <p><u>DHCFT2014/142: My Story (September Board)</u> – Perinatal services was reviewed in the Confidential Board meeting session. Item closed.</p> <p><u>DHCFT2014/145: Chief Executive’s Report</u> – The Chairman wrote a letter of commendation to Liz Bates and the team. Item closed.</p> <p><u>DHCFT2014/147: Safeguarding Children</u> – Carolyn Green would provide a report for the Board when she had closed prioritisation of support for out of area children. Item to turn yellow.</p> <p><u>DHCFT2014/148: National Community Patient Survey</u> – Will be reviewed by the Quality Committee. Item closed.</p> <p><u>DHCFT2014/149: Committee Reports</u> – The Chairman wrote a letter of commendation to Christine Henson. Item closed.</p> <p><u>DHCFT2014/149: Committee Reports</u> – Actions from internal audit, revised report front sheet and Terms of Reference and Scheme of Delegation will be brought to the January Audit Committee and then the January Board meeting. Item to turn yellow.</p> <p><u>DHCFT2014/151: Health & Social Care Act: Fit & Proper Person Test</u> – To be agreed within the Board Development Programme.</p> <p><u>DHCFT2014/152: Integrated Performance & Activity Report and Safer Staffing</u> – Employment checks were now concurrent with transformation and would be monitored through the Workforce team. Item closed.</p> <p>General: Actions Matrix status column to be completed by Sue Turner with Executives.</p>
<p>DHCFT 2014/160</p>	<p><u>CHAIRMAN’S REPORT</u></p> <p>The Chairman presented his report which summarised his meetings and visits during the month. He was mainly struck by the range and reach of Mental Health Action Group activity and by positive references including the Street</p>

	<p>Triage service and he was particularly pleased that Harinder Dhaliwal received an award for her work on engagement.</p> <p>The meeting held with the Patent Experience Team gave the Chairman good assurance on the process in handling difficult complaints and highlighted the difficulties that can occur when the process was not followed correctly. The Chairman suggested to the Chair of the Audit Committee that complaints handling should be the subject of an internal audit review in 2015.</p> <p>Action: Audit Committee Chair to consider an audit of complaints handling within the internal audit plan 2015/16..</p> <p>RESOLVED: The Board received and noted the Chairman’s report.</p>
<p>DHCFT/2 014/161</p>	<p><u>CHIEF EXECUTIVE REPORT</u></p> <p>Steve Trenchard advised that the report of the <i>21C #JoinedUpCare</i> (attached as an appendix to his report) set out the combined work of chief executives of partner organisations. He introduced Jackie Pendleton, Chief Officer, NHS North Derbyshire Clinical Commissioning Group, who was leading this work. A significant amount of work was already being carried out and the minutes of meetings of the Transformation Board and other updates would flow through to the ELT in the future. The Board would be kept regularly informed of progress.</p> <p>Jackie Pendleton explained that each work stream would have a clinical lead and local community GP practices would be given objectives and empowered and instructed on how to work better together in their own community. Different models of primary care were being explored to ensure they were fit for the future. Significant engagement was taking place in primary care and this was the core work of transformation and <i>21C #JoinedUpCare</i>.</p> <p>Changes were beginning to be seen towards moving out of acute hospitals in Chesterfield and forming work in the community. The concept of wellness and balance of the work of the <i>21C Group</i> was also pointed out by Ifti Majid and showed the progress and excellent groundwork made in primary care. He added that significant progress was being made to change the culture of people using this type of service.</p> <p>Asked how this could be measured without the burden of a performance matrix, Steve Trenchard stated that the <i>21C</i> programme would keep sight of this matrix and regular updates would be provided to give a consistent picture to enable a shared understanding and alignment. A set of system metrics was being developed by the Public Health Team attached to the project.</p> <p>In response to Tony Smith’s question as to what extent could there be a joined up approach to organisational change within the Trust’s policies and deployment, Steve Trenchard replied that Workforce meetings were taking place to standardise policies. Standard working would be developed in staff policies, together with standardisation of the secondment agreement.</p> <p>Maura Teager emphasised that patient safety was important and that the Board would reinforce the work underway on patient safety planning, as this was something patients had requested.</p> <p>Steve Trenchard thanked Jackie Pendleton for attending to add support to the</p>

	<p>work of 21C #JoinedUpCare and invited her to attend Board meetings to provide regular updates.</p> <p>RESOLVED: The Board received and noted the Chief Executive’s Report, together with the North Derbyshire five-year plan system update.</p>
<p>DHCFT 2014/162</p>	<p><u>RAISING CONCERNS (WHISTLEBLOWING) POLICY</u></p> <p>The Board had expressed its commitment to an open culture in which people are encouraged and supported in coming forward when they think something is wrong. The Raising Concerns Policy, which had now been reviewed, played an important part in the safeguards for employees and others who raise genuinely held concerns. The review of the policy had taken place with the benefit of external advice and engagement through the Employment Strategy and Engagement Committee (ESEC).</p> <p>Lee O’Bryan said that the policy was presented to the Board for approval and that advice had been taken from Rosemary Crockett of the charity, Whistleblowing Helpline, in a review of the policy. Claire Wright wanted to reinforce Rosemary Crockett’s view that this should be seen as a best practice policy because it involved the use of volunteers. Rosemary Crockett had also helped clarify the difference between employee grievance and whistleblowing. The charity’s presentation would be cascaded through the Trust upon the issue of the revised policy.</p> <p>Lesley Thompson and members of the Board praised the draft policy, whilst suggesting that the narrative (paragraph 8.3) be amended slightly to reflect Trust values.</p> <p>The Chairman, Steve Trenchard, Maura Teager and Claire Wright had attended the Leadership Community Engagement Event when Rosemary Crockett had led a session on Whistleblowing. They all thought that very good examples were discussed at this event but it was clear that there was some confusion over raising concerns and whistleblowing. Training was taking place and would be cascaded through the organisation.</p> <p>The policy provided for a designated Non-Executive Director role and, as this was not currently allocated, the Board proposed a nomination to this role. Caroline Maley offered herself for this position but as this would result in a conflict of interest with her role as Chair of the Audit Committee, Maura Teager offered herself and suggested that the role be rotated after the completion of one year.</p> <p>Action: Lee O’Bryan to liaise with Graham Gillham to action the suggested amendment regarding the language in paragraph 8.3.</p> <p><u>RESOLVED: The Board nominated Maura Teager as designated Non-Executive Director for one year on an annual rotational basis, approved the revised policy and noted the arrangements for awareness raising and further training.</u></p>
<p>DHCFT 2014/163</p>	<p><u>PEOPLE STRATEGY UPDATE</u></p> <p>The Trust Delivering Quality Through Our People Strategy covers the period 2011-2015, and was last reported to the Trust Board in July 2014.</p>

	<p>The strategy consisted of four primary aims:</p> <ul style="list-style-type: none"> • Engaging our people • Educating and developing our people • Maximising the potential of our people • Our peoples' working environment <p>At the April Board it was agreed to add a further strand to the strategy in relation to the Management of Change.</p> <p>The focus during Q2 had been to ensure ongoing stability in the delivery of the Workforce and OD service, embed the supporting infrastructure, and appoint to the new role of Director of Transformation.</p> <p>Appraisal completion was seen as a big challenge in July when the completion rate was 70% and the rate was now at 82% and increasing. The report showed that short term sickness absence had increased slightly but this was not a cause for concern, being largely due to the spread of Gastrointestinal problems. The number of days lost to anxiety/stress related illness had decreased by 17% compared to the same quarter in 2013.</p> <p>Lesley Thompson asked how appraisals were quality assured and Steve Trenchard explained that he was introducing a 'grandparent review' process to capture this. This had been carried out previously and ensured quality of conversation within appraisals from the 'top down'.</p> <p>RESOLVED: The Board of Directors noted and accepted the progress update against the People Strategy content of the workforce plan; and noted the appointment of the new role of Director of Transformation with effect from 1 November 2014.</p>
<p>DHCFT 2014/164</p>	<p><u>BOARD ASSURANCE FRAMEWORK (BAF) 2014/15</u></p> <p>The report provided an update on all Board Assurance Risks and related to the risks to the achievement of strategic outcomes. The BAF was regularly discussed by the Board and had also been reviewed by the Executive Leadership Team on 15 September. The BAF had also been extensively reviewed at the Audit Committee on 9 October and the Committee was assured by the level of honesty and the processes behind the comments contained in the report.</p> <p>The Chairman remarked that he had hoped to have seen how effectiveness was measured in transformation. Ifti Majid replied that although this might not be evident in the current version, consideration would be given to how this could be transposed and cross referenced into the BAF in future.</p> <p>Jim Dixon drew attention to the red risks and asked if the Board was clear that patients' clinical issues were not that high a risk. John Sykes replied that high level risks about clinical care showed transition and care at all levels but some of this would be revised. He was conscious of this and comfortable with what was contained in the BAF. Steve Edgeley replied that the Quality Team were aware of Trust clinical risks and actions taken to remedy concerns.</p>

	<p>Action: An action plan would be built into the BAF for increased actions of governors participating in the Trust.</p> <p>Action: The Chairman asked for Whistleblowing to be included in category 4a in the BAF.</p> <p>RESOLVED: The Board supported the Board Assurance Framework update for 2014-15 and would receive a further update on progress in March 2015.</p>
<p>DHCFT 2014/165</p>	<p><u>FINANCE DIRECTORS REPORT MONTH 6</u></p> <p>This paper provided the Trust Board with an update on current financial performance against the operational financial plan, as previously submitted to Monitor, the Regulator of Foundation Trusts.</p> <p>This report included key financial information as at the end of September 2014, quarter 2.</p> <ul style="list-style-type: none"> • In month 6, the Trust achieved an underlying surplus of £0.5m which was ahead of plan by £0.4m. This has increased the year-to-date favourable variance to £2.2m better than plan. A predicted change in run-rate and additional expected expenditure for the remainder of the financial year means the Trust was forecasting to be £1.3m ahead of plan at the end of the financial year. • The forecast year-end position had not significantly changed in total when compared to the forecast last month, but there had been some individual adverse movements which were offset by individual favourable movements from some further one-off benefits. • Continuity of Service Risk Rating (COSRR) was a '4' at the end of September on both metrics which was above the plan of '3'. The Trust was forecasting to achieve the plan of '3' at the end of the financial year. • Cash continued to be above plan and, as of this month, the Trust was reporting a net current asset position. This was a notable achievement and was ahead of the planned trajectory (aligned to the level of surplus). • Capital expenditure remained behind plan due to the phasing of the schemes but was forecast to achieve the full plan by the end of the financial year. • Claire Wright discussed the new graph showing additional contextual information on the impact of the contingency and one-offs following up on a previous request from Lesley Thompson <p>The Chairman commented on the difference between the current position and the forecast. Claire Wright described examples of the reasons for this and why the changes occurred, and referred to the well-received forecasting deep dive at the previous Finance and Performance Committee.</p> <p>Lesley Thompson as Chair of the Finance & Performance Committee confirmed that the Committee had received high assurance from the deep dive on systems</p>

	<p>and processes for financial forecasting.</p> <p>The Chairman commended Claire Wright and praised the Finance Team for the positive position.</p> <p>RESOLVED: The Board obtained assurance on the current financial performance in 2014/15.</p>									
<p>DHCFT 2014/166</p>	<p><u>COMMITTEE REPORTS</u></p> <p>i) <u>Audit Committee:</u> Caroline Maley, Chair of the Audit Committee, reported that the Committee was not assured on the final revision of the Terms of Reference of the other committees. A separate group had been tasked to complete the review and report back to the Audit Committee at its next meeting in January. The response to the PWC report was in the process of being compiled by Executive Leadership Team for a deadline of 28 November and will be signed off by the Audit Committee and the Board in January.</p> <p>ii) <u>Finance & Performance Committee:</u> The Committee’s summary report was presented by the Chair, Lesley Thompson. Additional meetings of the Committee had recently been held and the summary showed that assurance had been received on matters raised.</p> <p>iii) <u>Quality Committee:</u> Maura Teager as Chair of the Committee added that the Committee had been assured by the significant progress that had been made in the completion of updated policies. The Committee would be meeting on a monthly basis rather than bi-monthly and looked forward to an additional Non-Executive Director joining the Committee.</p> <p>RESOLVED: The Board noted and was assured by the summary reports of the Audit, Finance & Performance and Quality Committees.</p>									
<p>DHCFT 2014/167</p>	<p><u>APPOINTMENT OF NON-EXECUTIVE DIRECTORS TO PRINCIPAL COMMITTEES OF THE BOARD</u></p> <p>The current Committee structure provided for four committees of the Board to assist the Board in the exercise of its responsibilities. The Board was asked to consider and approve the membership of these Committees with effect from 1 November 2014.</p> <ul style="list-style-type: none"> • Phil Harris would replace Maura Teager as Non-Executive Director on the Audit Committee. • Phil Harris would join the Quality Committee as an additional Non-Executive Director. • Jim Dixon would replace Lesley Thompson as the Chair of the Finance & Performance Committee. <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Committee</th> <th style="text-align: left;">Chair</th> <th style="text-align: left;">NEDs</th> </tr> </thead> <tbody> <tr> <td>Audit</td> <td>Caroline Maley</td> <td>Tony Smith, Phil Harris</td> </tr> <tr> <td>Quality</td> <td>Maura Teager</td> <td>Tony Smith, Phil Harris</td> </tr> </tbody> </table>	Committee	Chair	NEDs	Audit	Caroline Maley	Tony Smith, Phil Harris	Quality	Maura Teager	Tony Smith, Phil Harris
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	<p>Finance & Performance Jim Dixon Mark Todd, Caroline Maley Mental Health Act Tony Smith Maura Teager</p> <p>In addition, Jim Dixon would join Tony Smith as Non-Executive Director on the Employee Strategy & Engagement Committee (ESEC).</p> <p>RESOLVED: The Board considered and approved the appointment of Non-Executive Directors to the Board’s principal committees as above.</p>
<p>DHCFT 2014/68</p>	<p><u>APPOINTMENT OF SENIOR INDEPENDENT DIRECTOR AND RECOMMENDATION FOR APPOINTMENT OF DEPUTY CHAIRMAN</u></p> <p>The Monitor Foundation Trust Code of Governance required that one independent Non-Executive Director should be appointed by the Board of Directors as the Senior Independent Director. At a meeting held by the Chairman and Non-Executive Directors it was recommended that this role would best be performed separately from the role of Deputy Chairman, therefore after consultation it was agreed that Caroline Maley would be appointed as Senior Independent Director.</p> <p>Under the FT Constitution, the Council of Governors may, upon the recommendation of the Directors, at a general meeting of the Council of Governors appoint one of the Non-Executive Directors as Deputy Chairman. Accordingly the directors recommended Maura Teager be nominated as deputy the Deputy Chair.</p> <p>Action: The appointment of the Senior Independent Director would be reported to the Council of Governors. At the next general meeting of the Council of Governors, Mark Todd would take the recommendation of the Directors, to appoint the Non-Executive Director, Maura Teager as Deputy Chairman.</p> <p>RESOLVED: The Board considered and approved the appointment of Non-Executive Director Caroline Maley as Senior Independent Director and supported the recommendation to the Council of Governors for Maura Teager to be Deputy Chairman.</p>
<p>DHCFT 2014/169</p>	<p><u>EPR – PARIS IMPLEMENTATION – GO LIVE UPDATE</u></p> <p>Peter Charlton, General Manager for IM&T, and John Staley, Project Manager, provided the Board with an update on the implementation of the EPR system.</p> <p>The implementation of the PARIS EPR system in the Learning Disabilities (LD) Service was the first stage of rolling the system out to all Trust Clinical Teams supporting Mental Health Services. The second stage was to roll out to Adult Community and Inpatient Services, Crisis and Mental Health Liaison teams.</p> <ol style="list-style-type: none"> 1. All activities prior to implementation have been completed successfully. 2. Data has been successfully migrated from the CareNotes system for all Adult Services patients. 3. The PARIS system went live on schedule 13 October 2014 for Adult Services, Crisis Teams and MHLT. 4. The PARIS system was now ‘live’ in LD, Adult Services, Crisis Teams and

	<p>MHLT.</p> <p>It was explained that the Cutover plan had worked well and feedback and lessons learnt would be implemented and fed into the process. The actions set out in the Business Readiness Plan had been followed, however the data volumes were far greater than was migrated for Learning Disability so the overall process took longer. Records of 71,733 patients were migrated.</p> <p>On Saturday, 11 October all members of the EPR Project Team, including Dr Mary Wheatcroft, and representatives from the teams who had supported the User Acceptance Test process, worked on visual validation of the data, using the system to enter 'live' data and reconcile record counts to ensure that all patient records had been successfully migrated.</p> <p>PARIS Champions were working as local champions and more users with increased knowledge would be utilised as additional PARIS Champions to ensure on-site support was increased. The Trust's standardised letter had been produced and the plan was to train medical secretaries on its use. Delays had been experienced but the backlog was being addressed and reviewed on a daily basis and there was a 10 day plan to monitor letters in the DICTATE system. Extra resource had been brought in to drive this down in a timely manner and GPs throughout the county have been made aware of the issues and clinicians had been actively engaged in the process.</p> <p>Steve Trenchard thanked Peter Charlton and John Staley and congratulated them on the work they had done so far and the Board noted that the data captured would be more structured and standardised.</p> <p>RESOLVED: The Board acknowledged and noted:</p> <ol style="list-style-type: none"> 1. The significant amount of work that had been undertaken by the team to deliver the EPR system so far. 2. That all necessary activities set out in the Business Readiness Plan had been successfully completed. 3. That the PARIS system was now 'live' for the Learning Disabilities Service, Adult Community and Inpatient Services, Crisis and Mental Health Liaison teams 4. The lessons learnt.
<p>DHCFT 2014/170</p>	<p><u>INFORMATION GOVERNANCE QUARTER 2</u></p> <p>The Information Governance Toolkit 2014 was published in June 2014 and the midterm update had to be submitted by 31 October. The report set out the plan for the Trust's self-assessment of compliance against the 2014-15 Version 12 Information Governance Toolkit.</p> <p>All relevant (45) standards would be achieved at a minimum level 2 or above producing a score of 96% compliance maintaining the organisation's current position.</p> <p>The Trust was currently showing at 65% and 'Not Satisfactory' due to the change in evidence requirements and the need for additional level 3 evidence to be provided.</p>

	<p>RESOLVED: The Board of Directors noted and acknowledged:</p> <ol style="list-style-type: none"> 1. The significant amount of work that needed to be undertaken by the team to deliver the Information Governance Toolkit this year. 2. That one Information Governance requirement (12-112) stated for all staff (95%) to be fully trained on IG awareness. The Trust was currently at 93%. 3. That the planned Information Governance attainment level of 96% and ‘Satisfactory’ would maintain the organisation’s position as the highest achieving Trust within the Mental Health and Community category subject to other Trusts’ submissions.
<p>DHCFT 2014/171</p>	<p><u>QUALITY POSITION STATEMENT MID-YEAR REPORT</u></p> <p>The purpose of the report was to inform the Board of Directors of progress on the overall quality of services mid-financial year. The report had been discussed in detail at the Quality Committee held on 16 October when it was agreed that the report would be reviewed quarterly in future and that triangulation with the Mental Health Act Committee would also provide the Quality Committee with assurance. A roll out of the Dashboard would be expected by April 2015 and a working party had been set up to progress the work and would provide an update to the Board at a later date.</p> <p>RESOLVED: The Board noted and approved the idea of an electronic dashboard, together with the mid-year report.</p>
<p>DHCFT 2014/172</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING</u></p> <p>Ifti Majid presented his report which defined the Trust’s performance against its Key Performance Indicators (KPIs) plus any actions in place to ensure performance was maintained.</p> <p>Compliance with the Trust’s performance indicators was being actively monitored and corrective actions put in place where appropriate. Areas covered in the report included, the Main Performance Indicators, Health Visitors, IAPT, Workforce and Ward Safer Staffing</p> <p>Specific areas of focus within the report were:</p> <ul style="list-style-type: none"> • Outpatient DNAs (Did Not Attend) continued to under-perform against the target • Letter production had been impacted due to the implementation of PARIS • Health Visitors - performing well against targets • IAPT had fallen below 50% but the service often fluctuated • IPR position had improved but was not yet meeting the target <p>Attention was drawn to the benchmarking to show how the Trust was performing against other organisations.</p> <p>RESOLVED: The Board acknowledged the current performance of the Trust and noted the actions in place to ensure sustained performance.</p>
<p>DHCFT</p>	<p><u>DEEP DIVE SELECTION</u></p>

2014/173	<p>Members of the Board agreed that the subject of the ‘deep dive’ at the next meeting in November would be a follow up on Crisis Services and that a ‘deep dive’ into Gaps in Service would be the subject for January.</p>
DHCFT 2014/174	<p><u>FOR INFORMATION</u></p> <p>i) <u>Board Forward Plan</u></p> <p>Given that there would be no meeting in December, Claire Wright agreed to consult with the finance team with regard to reporting arrangements.</p> <p><u>Schedule of Meetings:</u> The Board had decided not to hold a meeting in December 2014.</p> <p>It was also agreed that August meetings tended to fall within peak holiday season and therefore there would be no meeting in August 2015 and the Board Forward Plan would be revised to reflect this. Normal reporting would be maintained and circulated to Directors and in the event that a meeting was required, this would be scheduled.</p> <p>The Board also noted and accepted the scheduled dates of Board meetings for 2015-16.</p> <p>ii) <u>Identification of any issues arising from the meeting for inclusion or updating of the Board Assurance Framework</u></p> <p>The Board Assurance Framework was discussed in detail at the Audit Committee on 9 October 2014.</p> <p>iii) <u>Comments from Public and Staff on Board Performance and Content</u></p> <p>The Chairman invited those present at the meeting to provide observations to the meeting.</p> <p>Jackie Pendleton suggested that in place of the August meeting, Directors could carry out visits to other areas of the Trust.</p> <p>John Morrissey, Council of Governors, extended an invitation to the Non-Executive Directors for them to join the Governors’ Working Group Meetings.</p>
DHCFT 2014/175	<p><u>CLOSE OF THE MEETING</u></p> <p>The Chairman thanked all of those present for their attention and comments and closed the public meeting at 4:50 pm.</p>
DHCFT 2014/176	<p><u>DATE OF NEXT MEETING</u></p> <p>The next meeting of the Board in public session was scheduled take place on Wednesday, 26 November at 1.00 pm in Conference Rooms A & B, R&D Centre, Kingsway Site, Derby, DE22 3LZ (confidential session to commence earlier at 10.30 am).</p> <p>Thereafter, given that the December meeting had been cancelled, the next meeting of the Board would commence in public session on Wednesday,</p>

	28 January 2015 at 1.00 pm.
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