

**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, 25 February 2015**

**MEETING HELD IN PUBLIC**

Commenced: 1:00 pm

Closed: 4:35 pm

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

**PRESENT:**

Mark Todd	Chairman
Steve Trenchard	Chief Executive
Caroline Maley	Senior Independent Director
Maura Teager	Non-Executive Director
Tony Smith	Non-Executive Director
Jim Dixon	Non-Executive Director
Phil Harris	Non-Executive Director
Ifti Majid	Chief Operating Officer/Deputy Chief Executive
Claire Wright	Executive Director of Finance
Carolyn Green	Executive Director of Nursing and Patient Experience
Dr John Sykes	Executive Medical Director
Jayne Storey	Director of Transformation

**IN ATTENDANCE:**

Anna Shaw	Deputy Director of Communications
Sue Turner	Executive Administrator and Minute Taker
Mark Powell	Director of Marketing and Business Development - Designate
Chris Wheway	Divisional Director, Urgent and Planned Care
Carolyn Gilby	Divisional Director, Specialist Services
Sarah Butt	General Manager, Urgent Care
Kath Lane	General Manager, Planned Care
David Tucker	General Manager, Special Services

For item DHCFT 2015/032  
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**Visitors:**

John Morrissey	Council of Governors
Carole Riley	Derbyshire Voice Representative
David Waldram	Member of the public
Dr Hristo Grigorov	Early Intervention in Psychosis, DHCFT
Timothy Proctor	Volunteer Chaplain Kingsway Hospital and member of the public

**APOLOGIES:**

Graham Gillham	Director of Corporate and Legal Affairs
Allan Bannister	Derbyshire Voice Representative
Chris Swain	Derbyshire Voice Representative

<p><b>DHCFT 2015/020</b></p>	<p><b><u>CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST</u></b></p> <p>The Chairman opened the meeting by welcoming all present. He explained that the strategic theme for today's meeting would be how to prepare for an integrated health system.</p> <p><b>Declarations of Interest:</b> No declarations were noted.</p>
<p><b>DHCFT 2015/021</b></p>	<p><b><u>MY STORY</u></b></p> <p>This item was not discussed due to an unforeseen cancellation.</p>
<p><b>DHCFT 2015/022</b></p>	<p><b><u>MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 28 JANUARY 2015</u></b></p> <p>The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 28 January 2015 were accepted and approved.</p>
<p><b>DHCFT 2015/023</b></p>	<p><b><u>MATTERS ARISING</u></b></p> <p><b><u>ACTION MATRIX</u></b></p> <p>All green completed items to be removed from the matrix and the following updates were noted:</p> <p><b><u>DHCFT2014/149: Quality and Safer Staffing Report</u></b> – This matter would now be dealt with by Steve Trenchard first through ESEC, then it would be taken to the Finance &amp; Performance Committee.</p> <p><b><u>DHCFT2014/149: Committee Reports</u></b> – Actions from internal audit, revised report front sheet and Terms of Reference and Scheme of Delegation would be now be covered in the April meeting of the Audit Committee and scheduled to be brought to the Board in May.</p> <p><b><u>DHCFT2014/151: Health &amp; Social Care Act: Fit &amp; Proper Person Test</u></b> – To be established in the Board Development forward plan.</p> <p><b><u>DHCFT2015/002: Patient Story – Experience with CAMHS</u></b> - Quality Committee to pursue inequalities within autism services. Coaching in communication difficulties within autism to form part of medical staff's professional development programme and an update to be provided by John Sykes to the Board in May. Yellow.</p> <p><b><u>DHCFT2015/008: Corporate Governance Framework</u></b> – Steve Trenchard will now take the lead. This will be discussed at the Executive Leadership Team meeting and the action taken is to be reported to the next Board meeting in March. Yellow.</p> <p><b><u>DHCFT2015/010: Committee Summary Reports</u></b> - Actions to address consistency and level of detail of the summary reports would form part of the governance framework exercise. Summary report actions to capture on assurance obtained and focus on gaps in assurance. Audit, Quality and Mental Health Act Committee Summary Reports to be aligned with the Finance &amp;</p>

	<p>Performance Committee model. Summary reports from the committees would be further reviewed at the next Board meeting. Yellow.</p> <p><b><u>DHCFT2015/012: Workforce Strategy</u></b> - Staff survey results to be presented to the Board in March and sickness absence related to stress be considered at the next meeting of the Employee, Strategy, and Engagement Committee (ESEC). This was raised at ESEC meeting on 18 February and would be considered at the next ESEC meeting in May. Green</p> <p><b><u>DHCFT2015/012: Equality Delivery Statement</u></b> – Review of Snowy White Peaks of NHS to take place at ESEC for associated recommendations to be made to the Board. This was raised at ESEC meeting on 18 February and would be considered at the next ESEC meeting in May. Green</p> <p><b><u>DHCFT2015/016: Integrated Performance and Activity Report and Safer Staffing</u></b> - Jayne Storey to monitor/analyse attendance at inductions. Ifti Majid and Jayne Storey to hold discussions on the position of the workforce dashboard. A date would be agreed for discussions and an update brought to the next Board meeting. Yellow.</p> <p><b><u>DHCFT2015/017: EPR Update and Lessons Learnt</u></b> - A further progress report would be brought to the Board in 6 months and the forward plan to reflect this.</p> <p><b><u>DHCFT2015/018: Board Forward Plan</u></b> - Refresh of the Forward Plan would take place in consultation with all executives and be brought to the next Board meeting. Yellow.</p>
<p><b>DHCFT 2015/024</b></p>	<p><b><u>MATTERS ARISING</u></b></p> <p>Following last month’s service user item relating to a family’s experience of CAMHS, John Sykes circulated the story to his medical colleagues. It was felt that the prevalence of autism and other developmental disorders may be underestimated and personality disorders over diagnosed. A group would be put together in order to develop a diagnostic audit.</p>
<p><b>DHCFT 2015/025</b></p>	<p><b><u>CHAIRMAN’S REPORT</u></b></p> <p>The Board noted the Chairman’s report which summarised his meetings and visits during the month. He hoped that “Chelsea’s Choice” would be extended to other school year groups and urged other members of the Board to see it.</p> <p><b>RESOLVED: The Board received and noted the Chairman’s report.</b></p>
<p><b>DHCF/ 2015/026</b></p>	<p><b><u>CHIEF EXECUTIVE REPORT</u></b></p> <p>Steve Trenchard presented his regular monthly report to the Board of Directors that provided a context to the issues it would be considering and provided an update on what we have been working on in the month.</p> <p>He acknowledged the efforts of the working group that organised the Trust’s successful Suicide Prevention Conference. He also gave thanks to Ifti Majid and his team for leading the Trust’s internal response to the development of Crisis Care concordat in Derbyshire.</p>

	<p>The Francis ‘Freedom to Speak Up’ Review focussed on how whistleblowers in the NHS have been treated after concerns have been raised. The Board recently undertook a review of the Raising Concerns Policy and strengthened its approach in this area, yet it is clear from the results of the recent staff survey (to be discussed later in today’s meeting) that there is still a lot of work to do to promote a safety and learning culture. The policy on whistleblowing will be looked at in the Employee, Strategy, and Engagement Committee (ESEC) and a deep dive exercise conducted in addition, a small group would be formed to help the Trust fully comply with expectations and provide further reflections on the Francis report. As a named Non-Executive Director assigned to Raising Concerns, Maura Teager asked that she be included in this group. Caroline Maley added that the raising concerns policy will be addressed by the Audit Committee and the Trust’s internal auditors will review this policy over the next year.</p> <p>Steve Trenchard drew the Board’s attention to the two Memoranda of Understanding (MoU) between our Trust and Derby Hospitals and Derbyshire Community Healthcare Services contained in Appendices D1 and D2. These are strategic documents indicating in principle the Trust’s agreement to work collaboratively around certain key service areas. He asked that the Board support the integrated approach of working with colleagues in other trusts and authorise him to sign the MoUs. Jim Dixon questioned that strategic outcomes were not clear within the MoUs and Steve Trenchard explained that the MoUs were a statement of goodwill and intent as opposed to a binding commitment.</p> <p>The Board duly authorised the Chief Executive to sign the MoUs.</p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li><b>1. Received and noted the Chief Executive’s Report</b></li> <li><b>2. Noted and supported the strengthening of relationships between the Trust and those set out in Appendices D1 and D2, and authorised the Chief Executive to sign the MoUs.</b></li> </ol>
<p><b>DHCFT 2015/027</b></p>	<p><b><u>FINANCE DIRECTORS REPORT MONTH 10</u></b></p> <p>The Month 10 Report provided the Trust Board with an update on the current financial performance against the operational financial plan, as previously submitted to Monitor, the Regulator of Foundation Trusts. The report included key financial information as at the end of January 2015.</p> <ul style="list-style-type: none"> <li>• In month 10, the Trust achieved an underlying surplus of £0.1m which was slightly behind plan by £11k. This has kept the year-to-date favourable variance at £2.4m better than plan. A predicted significant change in run-rate and additional expected expenditure for the remainder of the financial year means we are forecasting to be £1.0m ahead of plan at the end of the financial year.</li> <li>• The forecast year-end position has improved this month by £0.2m, due to a variety of forecast underspends across the Trust which has offset a forecast increase in costs for provisions.</li> <li>• The Trust’s Continuity of Service Risk Rating (COSRR) is a 4 at the end of January which is above our plan of 3. We are forecasting to achieve a 4 at the end of the financial year which is better than plan of 3, which is mainly</li> </ul>

	<p>driven by the liquidity metric.</p> <ul style="list-style-type: none"> <li>• Cash continues to be well above plan this month due to the surplus being better than plan, capital expenditure being behind plan and some invoices pending payment whilst contract issues are resolved. Again this month we are reporting a net current asset position. This is a notable achievement and is ahead of our planned trajectory (and is allied to the level of surplus).</li> <li>• Cost Improvement Programme is slightly behind year to date due to profiling of schemes but is fully assured to achieve at the end of the financial year.</li> <li>• Capital expenditure remains behind plan due to the phasing of the schemes but is forecast to achieve the full plan by the end of the financial year.</li> </ul> <p>Carolyn Green pointed out that during the year the executives had approved the use of the contingency reserve to support clinical pressures particularly in the community services to relieve pressure in the Crisis team. Claire Wright confirmed that the reserve had subsequently been replenished by one-off benefits and commissioner funding for the pressure.</p> <p>Claire Wright added that the Board should also note that the projection given here would be impacted upon by year end events yet to take place.</p> <p><b>RESOLVED: The Board of Directors received assurance on the Trust's current financial performance in 2014/15.</b></p>
<p><b>DHCFT 2015/028</b></p>	<p><b><u>COMMITTEE SUMMARY REPORTS</u></b></p> <p>Members of the Board considered the summary reports of its committees.</p> <ol style="list-style-type: none"> <li>I. Audit Committee: The Board was satisfied with the assurance and actions summarised in the report.</li> <li>II. Finance &amp; Performance Committee: The Board was satisfied with the assurance and actions summarised in the report.</li> <li>III. Quality Committee: The main assurance issues were on the Clinical Audit and Serious Incidents report. Tony Smith thanked Carolyn Green for her efforts on Healthwatch.</li> </ol> <p><b>RESOLVED: The Board of Directors was assured by the contents of the Committee Summary Reports.</b></p>
<p><b>DHCFT 2015/029</b></p>	<p><b><u>POSITION STATEMENT ON QUALITY</u></b></p> <p>The report provided the Trust Board of Directors with an update on continuing work to improve the quality of services the Trust provides in line with the organisation's Strategy, Quality Strategy and Framework and our strategic objectives.</p> <p>Carolyn Green highlighted the Trust's commitment to the 'Hello my name is..' initiative and exhibited an example of the new lanyards and cards being rolled out for Patient Safety improvements that would play an active part in this patient</p>

	<p>experience awareness drive and have the added benefit of supporting the patient safety needs of the organisation. She also showed the Board various promotional items that would be used within the Trust.</p> <p>Carolyn Green asked the Board to consider the strategic considerations contained within the report:</p> <ul style="list-style-type: none"> <li>• The continuation of all our quality improvement work and to ensure the Quality account demonstrates our best practice across all the key areas as set out by our regulator the Care Quality Commission.</li> <li>• Exploration of national approaches in our work to prevent suicide and self-harm.</li> <li>• To take a proactive approach to nurse recruitment using national platforms to promote our trust as a place to deliver high quality nursing.</li> <li>• To promote and raise awareness of the national friends and family test in line with national guidance as a way to continuously improve our services.</li> </ul> <p>The Angling for Health recovery initiative to promote the participation of fishing as a therapeutic activity for high risk groups for suicide, such as men in their early 40s and 50s, was seen by Steve Trenchard as a good effectiveness story and he felt this should be used as a measure of the Trust's good practice.</p> <p>The Chairman drew attention to the need to produce additional evidence on effectiveness.</p> <p>The Board's attention was drawn to the work that has commenced to review and redesign the Trust's system for reviewing NICE guidance and discussions took place on areas to concentrate on. The model of assessing compliance is being revised to consider not a purest compliant or non-compliant model but to review a scale and the detailed analysis of performance linked to Clinical audit. Carolyn Green would reflect on the NICE Guideline model and this would take place in approximately five months to redesign and include some key analysis of compliance through the system. Resources and staff time would be used to reinvest in this clinical assessment and a named Consultant Psychiatrist had been allocated to commence some of this key priority work.</p> <p>Extensive discussions developed around the proactive approach undertaken by the Trust to address the large number of vacancies held in some areas, this included recruitment panels, new training models for HEEM (Health Education East Midlands) for assistant practitioners, conversion courses from RGN (Registered General Nurse) to RMN (Registered Mental Nurse), Learning Disability Education commissioning and redesign of roles. All aspects have been fed back to HEEM during their visit to the Trust and at this time, no positive feedback on Trust solutions was given.</p> <p><b>RESOLVED: The Board of Directors noted the Quality Position Statement.</b></p>
<p><b>DHCFT 2015/030</b></p>	<p><b><u>NHS NATIONAL STAFF SURVEY RESULTS</u></b></p> <p>Jayne Storey presented to the Board a high level overview of the annual NHS staff survey results that were published yesterday, 24 February.</p>

	<p>It was recognised that the results contribute to the overall health check on the organisation and identified the need for some specific actions. To support openness and transparency, progress on any actions would be brought back to the Board at least twice a year in May and September and this would be reflected in the forward plan.</p> <p>Questionnaires were sent to staff employed directly by the Trust. A response rate of 45% was received which was above average for mental health/learning disability trusts in England. Overall a fairly static picture arose from the previous year, but highlighted a number of areas of concern which would be further investigated through a focus group approach. The work and focus on appraisal compliance in 2014 was rewarded by the most significant improvement, however, the quality of appraisals remains a concern. The subject of whistleblowing/raising concerns is a subject of national media interest and is an area that the Trust's Board and the Employee, Strategy and Engagement Committee would focus on. A number of actions were agreed; learning lessons from other Trusts and focus groups to understand further the reasons behind the responses and a drill down to service level would further help analysis and would feature at a future leadership event.</p> <p>Tony Smith welcomed the focus groups approach and John Sykes recognised the need to engage with the leadership teams.</p> <p>Steve Trenchard believed this survey was one of the Trust's vehicles to hear its staff. The important message to be relayed back to the staff would be that the Board had heard what staff said and the Board was listening.</p> <p>In terms of the results related to bullying, Maura Teager pointed out that it is important to understand whether this was peer to peer or management to subordinate bullying. Jim Dixon believes Non-Executive Directors should support executives by being visible in the workplace and should apply vigilance during quality visits especially with matters of bullying and highlight the message that the Trust wishes to support and help its staff.</p> <p><b>ACTION: The results of the survey would be submitted to the next ESEC meeting in May and transparency of actions would be submitted to the Board also in May.</b></p> <p><b>RESOLVED: The Board:</b></p> <ol style="list-style-type: none"> <li><b>1. Received the high level annual national staff survey results</b></li> <li><b>2. Noted the proposed next steps and agreed the ongoing reporting to ESEC.</b></li> </ol>
<p><b>DHCFT 2015/031</b></p>	<p><b><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING</u></b></p> <p>Ifti Majid provided the Board with an update of the Trust's performance compared against its Key Performance Indicators (KPIs) together with the actions in place to ensure performance is maintained. Compliance with the Trust's performance indicators is actively monitored and corrective actions put in place where appropriate. Areas covered in this report included the main performance indicators, health visitors, IAPT, workforce, ward safer staffing and were summarised as follows:</p>

	<ul style="list-style-type: none"> <li>• A successful piece of work was undertaken within the Trust to correct the CPA 12 Month Review indicator and Ifti Majid drew the Board's attention to the revised dashboard submitted to Monitor demonstrating Quarter 3 compliance.</li> <li>• The rate of Trust cancellations and DNAs (Did Not Attend) in outpatients is again causing concern. These had increased from the middle of last year and Ifti Majid thought these might be due to sickness/annual leave and the partial booking system. The bigger concern was around DNAs. There is now an SMS facility within the PARIS system for teams to text service users. A trial is being carried out in a controlled way to establish its effectiveness and to understand the cohort of people who are not attending appointments.</li> <li>• There has been one patient aged under 18 admitted to the wards in January but this was for one night only.</li> </ul> <p>Safer staffing and flow of activity is still a cause for concern in a number of service areas and Ifti Majid drew the Board's attention to the robust processes in place through emergency planning processes to ensure patient safety, the results of which would be reported to the Finance &amp; Performance Committee and then to the Board.</p> <p>Claire Wright asked when an improvement in the downward trajectory for PbR (Payment by Results) compliance might be seen and Ifti Majid responded that the expectation would be one of a further worsening in position before improvements would be visible.</p> <p><b>ACTION: Safer Staffing process to be updated at the Finance &amp; Performance Committee by Ifti Majid with a further report to the Board as part of ongoing integrated performance report.</b></p> <p><b>RESOLVED: The Board acknowledged the current performance of the Trust and noted the actions in place to ensure improved/sustained performance.</b></p>
<p><b>DHCFT 2015/032</b></p>	<p><b><u>STAFFING LEVELS</u></b></p> <p>This report provided the Board with an overview of current staffing levels in the clinical teams and on the wards and was the subject of this month's deep dive.</p> <p>It was agreed at the last Board meeting that staffing levels would be specifically looked at and Chris Wheway, Sarah Butt, Kath Lane, David Tucker and Carolyn Gilby were invited to the meeting discuss the current staffing difficulties. Chris Wheway presented the detailed report that stimulated extensive discussions around the difficulties itemised in the Executive Summary as follows:</p> <ul style="list-style-type: none"> <li>• The Trust is experiencing significant difficulties in recruiting to inpatient nursing posts for some service lines</li> <li>• Difficulties are also being experienced in covering vacancies with temporary staff, on the wards and in the community</li> <li>• In the past 12 months there have been 2 complaints received and 1 serious</li> </ul>

incident reported which included a staffing component

- Action plans are in place to try and address these staffing issues

Recruitment and retention is a recurrent issue in a number of areas and key risks have been identified. Operational and clinical risks are linked with current level of registered nurse vacancies. Whilst there are proactive plans in place to address this, it is clear that some other challenges such as north county bank access and alignment of university and recruitment strategies with Trust recruitment strategies remain and it is recommended that consideration be given to the following:

- Review of Nurse Bank provision and contract with possible alignment to North Derbyshire or South Yorkshire Nurse bank provision.
- Review of how Derbyshire Healthcare NHS Foundation Trust (DHCFT) and Nottingham / Derby University scope and plan recruitment for Learning Disability if Nottingham ceases its Registered Nurse Learning Difficulties (RNLD) training programme
- Consideration also needs to be given to reviewing alignment, planning and risk management of registered nurse deficits with universities recruitment plans for student nurses.
- Review the need for peripatetic resources and a new model of recruitment for flexible workers.

The Chairman asked that a “staffing level incident” be clarified and Chris Wheway explained that that this was a reporting level within the DATIX system and categorised how it was recorded. It could also be too high a level of bank staff on a shift, not enough qualified staff on shift, i.e. anything that would make staff feel uncomfortable.

Tony Smith believed there was an issue of supply and demand. He recognised that a recruitment drive was in place and felt it was important to look at maximising retention. David Tucker stressed that it was difficult for the Trust to compete with other organisations particularly in the children’s service that offer better salary and benefits over and above Agenda for Change terms and conditions. Tony Smith suggested that exit interviews should provide intelligence to identify all issues in order in order to satisfy the Trust that it is doing everything it can to address how it would compete with other organisations that offer better pay scales and benefits. Carolyn Green replied that everything was being done to address issues around pay. Carolyn Gilby stated that “Golden Hellos” had been considered but it was thought they were not a good idea and may be divisive to existing staff.

Steve Trenchard considered this was a major issue and believed this should be raised with other provider trusts and he would raise the matter of recruitment and retention in discussions with his counterparts in other trusts and that succession planning would be looked at to retain and develop the future workforce.

The Chairman had observed that a number of people had been invited for medical interview and had not attended because they had accepted positions elsewhere. He recognised that the Trust was going through its transformation

	<p>process and asked if the transformation process was making it difficult to fill a particular post. In response, Chris Wheway replied that every vacancy was looked at in order to take a calculated view as to where posts should be held but patient safety always came first and in any case, 24 hour service posts were not being held. A lot of temporary recruitment had taken place and difficulties also arose when staff were on a secondment. Maura Teager was concerned that secondment should be managed correctly and with the right levels of control but understood these were quite difficult decisions to make.</p> <p>Chris Wheway, Sarah Butt, Kath Lane, David Tucker and Carolyn Gilby all felt that Kedleston and Melbourne in particular were the greatest areas of concern and the Crisis Team South were the highest risk services. Kath Lane said very specific work was taking place to meet waiting list targets in the Recovery service. High wait lists were variable but there were also cultures around wait list management and patient communication and she was trying to address this clinical variability. It was noted that leadership management was the key to how well the service is managed and impacted on the management of patient flow within the team.</p> <p>Steve Trenchard asked if there were any big actions that could be taken to make a difference to the Crisis Team. Carolyn Green replied that service offers and operational policies should be accelerated to support the people the teams are trying to help and keep safe. Steve Trenchard added that there should be a shift in culture to make people take realistic risks so the Trust can help staff deliver correct service pathways.</p> <p>Steve Trenchard pointed out that as part of the transformation plan more peer support workers would be included within workforce planning and wondered if this would resolve the issue. Chris Wheway agreed there should be a clear and robust process for peer support workers and clear criteria for learning including a governance model to support peer support workers to succeed. Discussions should be held with universities in order to receive graduate nurses who have had adequate training and have the right skills to meet the future workforce needs.</p> <p>Ifti Majid recognised that the operational teams and clinical teams were extremely pressured and struggled to deliver all the expectations made on them. He informed the Board that he had held a session under internal emergency planning processes to address these issues with various clinical and operational leaders and this would be reported through to the Executive Leadership Team next week. Steve Trenchard agreed this would be escalated into the system. Calculated risks may need to be taken and be supported by the Board and the Board Assurance Framework would capture these risks.</p> <p>The Chairman thanked the team for attending the meeting for the work they were carrying out on behalf of the Trust. He felt it was important that the Board had the opportunity to listen and to discuss all the staffing level issues contained in their report.</p> <p><b>RESOLVED: The Board of Directors reviewed and discussed the contents of the Staffing Levels report and endorsed the steps taken to address the issues raised.</b></p>
<p><b>DHCFT 2015/033</b></p>	<p><b><u>FOR INFORMATION</u></b></p>

	<p><b>I. <u>Board Forward Plan</u></b></p> <p>The Board Forward Plan would be refreshed and a new version would be submitted to the next meeting.</p> <p><b>II. <u>Deep Dive Selection</u></b></p> <p>It was agreed that staffing risks at Kedleston Low Secure would be the subject of the Deep Dive.</p> <p><b>III. <u>Identification of any issues arising from the meeting for inclusion or updating of the Board Assurance Framework</u></b></p> <p>Staff Survey results should be reflected and evidenced within the BAF.</p> <p><b>IV. <u>Strategic Theme for the next meeting</u></b></p> <p>To focus on how the Board can support its staff better</p> <p><b>V. <u>Comments from Public and Staff on Board Performance and Content</u></b></p> <p>Members of the public felt the meeting produced interesting discussions and debates but conclusions were not always clearly captured.</p>
<p><b>DHCFT 2015/034</b></p>	<p><b><u>CLOSE OF THE MEETING</u></b></p> <p>The Chairman thanked all of those present for their attention and comments and closed the public meeting at 4:35 pm.</p>
<p><b><u>DATE OF NEXT MEETING</u></b></p> <p>The next meeting of the Board in public session is scheduled take place on Wednesday, 25 March 2015 at 1.00 pm. in Conference Rooms A &amp; B, R&amp;D Centre, Kingsway Site, Derby, DE22 3LZ (confidential session to commence earlier at 10.30 am).</p>	