

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 March 2015

MEETING HELD IN PUBLIC

Commenced: 1:00 pm

Closed: 4:10 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
Mark Powell	Director of Business Development and Marketing

IN ATTENDANCE:

For item DHCFT 2015/051
For item DHCFT 2015/051
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Anna Shaw	Deputy Director of Communications
Sue Turner	Executive Administrator and Minute Taker
David Tucker	General Manager, Specialist Services
Kaydia Allen	Acting Senior Nurse, Kedleston Unit
Amy Ramful	Lead Nurse, Kedleston Unit

VISITORS:

John Morrissey	Council of Governors
Carole Riley	Derbyshire Voice Representative
Timothy Proctor	Volunteer Chaplain Kingsway Hospital and member of the public

APOLOGIES:

Graham Gillham	Director of Corporate and Legal Affairs
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**DHCFT
2015/035**

CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST

The Chairman opened the meeting by welcoming all present and explained that the strategic theme for the meeting would be how to prepare for an integrated health system.

	Declarations of Interest: No declarations were noted.
DHCFT 2015/036	<u>MY STORY</u> This item was not discussed. The service user concerned hoped to be able to provide the Board with a written statement describing her journey through to discharge.
DHCFT 2015/037	<u>MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 25 FEBRUARY 2015</u> The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 25 February 2015 were accepted and approved.
DHCFT 2015/038	<u>MATTERS ARISING</u> <u>ACTION MATRIX</u> All green completed items to be removed and updates were noted directly on the matrix.
DHCFT 2015/039	<u>MATTERS ARISING</u> Maura Teager referred to DHCFT2015/029 Position Statement on Quality (third bullet point) and asked if the Trust was in a position to take a proactive approach to nurse recruitment using the new recruitment pathway for nurse training. A neighbouring trust is recruiting into basic HCA roles with a 'built in' opportunity to access nurse training within 9 months at one of the local universities. She felt it would be good to learn from this exercise and Carolyn Green agreed to consider the relevance of this approach for our Trust. The Chairman asked Carolyn Green to pursue this further with Maura Teager outside of the meeting. Corporate Governance Framework: The Corporate Governance Framework document would now be submitted to the April Board, after further comments and review at the Audit Committee. <i>(Although this wasn't stated the Chairman originally intended to mention this under matters arising.)</i>
DHCFT 2015/040	<u>CHAIRMAN'S REPORT</u> The Board noted the Chairman's report which summarised his meetings and visits during the month. RESOLVED: The Board received and noted the Chairman's report.
DHCF/ 2015/041	<u>CHIEF EXECUTIVE REPORT</u> The Chief Executive presented his regular monthly report to the Board that provided an update on achievements in the last month. Steve Trenchard explained he was working with Anna Shaw, Deputy Director of Communications to produce a very clear message on mental and physical healthcare for Derby and Derbyshire with the aim for it to be collectively signed up by key stakeholders.

	<p>Maura Teager asked for clarification regarding the themes and lessons learnt from NHS investigations into matters relating to Jimmy Saville. Steve Trenchard pointed out that the Trust had reviewed its policy and he was not aware that the Trust had any contact with celebrities that might place it in a vulnerable position. He made it clear that anyone who held celebrity status would have to go through rigorous checks. Carolyn Green thought it necessary to carry out a review of DBS (Disclosure and Barring Service) checks on staff within the Trust's employ including anyone within a voluntary capacity in addition to the volunteer's service.</p> <p>The Chairman was concerned that there were gaps in assurance relating to DBS checks. These checks apply to all people the Trust partnered with including the third sector workforce. It was agreed that Governors would also be required to undergo a DBS check and Anna Shaw was asked to undertake this exercise in relation to checks on all Governors. A clear ownership and wider audit regarding DBS checks would also be undertaken under the lead of Ifti Majid and Jayne Storey and would be referred to the Employee Strategy and Engagement Committee (ESEC). DBS checks would also apply to contractual relationships to ensure that the Trust is fully compliant.</p> <p>Jim Dixon asked whether extra funding would be made available for children's mental health. Steve Trenchard replied that the Government had announced that £2.5bn would be released over the next five years, some of which would be released into the CCG and the Trust was working with commissioners to ensure it would receive as much uplift as possible in order to be compliant with IAPT in psychosis and trauma.</p> <p>Delegated authority for the Information Governance was given to Ifti Majid to sign off this year's information governance toolkit submission. The Trust was aiming for 96% compliance and an excess of 95% of staff trained</p> <p>ACTION: Anna Shaw to lead the Governors' DBS exercise.</p> <p>ACTION: An audit of CRB checks to be undertaken under the lead of Ifti Majid and Jayne Storey and referred to the Employee Strategy and Engagement Committee (ESEC).</p> <p>RESOLVED: The Board of Directors received and noted the Chief Executive's Report.</p>
<p>DHCFT 2015/042</p>	<p><u>FINANCE DIRECTORS REPORT MONTH 11</u></p> <p>The Month 11 Report provided the Trust Board with an update on current financial performance against the operational financial plan as at the end of February 2015.</p> <ul style="list-style-type: none"> • Current financial performance remains significantly ahead of plan. The Trust has a risk rating of four (the best rating), both now and forecast for the end of the year. • It is expected that the final month of the year would differ significantly to that of the previous months. Higher expenditure will reduce some of the surplus built up during the year and the Trust is expected to end the year approximately £1.2m ahead of plan.

	<ul style="list-style-type: none"> In essence, this meant the Trust delivered on its operational plan without using its contingency reserve. This was illustrated by the graph on page 5 of the report. <p>Claire Wright pointed out that normal year-end operational matters and day to day processes were taking place. Ifti Majid wished to reinforce the impact vacancies had on financial results. Although he did not think this was ideal he felt it was important to clarify that the Trust was not purposefully holding vacancies and he wanted to ensure this was recognised by the Board.</p> <p>RESOLVED: The Board of Directors received assurance on the Trust's current financial performance in 2014/15.</p>
<p>DHCFT 2015/043</p>	<p><u>INTEGRATED SERVICE DELIVERY</u></p> <p>Kate Majid, Head of Transformation and Patient Involvement attended the meeting to provide the Board with assurance of progress against the Strategic Outcomes with respect to Integrated Service Delivery. The report provided an update against several key advances in the development of neighbourhood and campus services and reflected the work in progress against strategic outcomes:</p> <ul style="list-style-type: none"> Outcome 2 - People receive care that is joined up and easy to access; Pillar 2: Integrated Care Pathways, Pillar 3: Service Delivery & Design Outcome 4 - Care is Delivered by Compassionate and Empowered Teams; Pillar 7: Workforce and Leadership <p>Kate Majid highlighted the significant work completed on neighbourhood boundaries based on GP populations and illustrated how the Trust's neighbourhood boundaries would cross over with CCG boundaries. The Chairman asked for clarity on clustering. Kate Majid replied that Mark Ridge had identified over recording on cluster 4 whilst carrying out an audit. Further checks were being carried out with clinical teams and a manual adjustment would be made to rectify this. Sensitivity tests had been carried out and she was confident this had now been corrected.</p> <p>Maura Teager asked if there were any significant outliers that related to the workforce profile and GP practices contained within the neighbourhood boundaries. Kate Majid replied that GP's relationships and linking with primary care would be enhanced and it was envisaged that this would maximise smooth transitions for patient transfers between primary and secondary care. There were no significant outliers in this sense and it was hoped these could be identified during budget setting and checks were being carried out to ensure the numbers were correct. Significant work had taken place to establish the correct workforce profile and this would be in place in April.</p> <p>Ifti Majid concluded that this programme was implemented to focus on neighbourhoods and communities. It was recognised that these communities were changing and the Trust would need to keep up with this changing landscape. As a Board it was important to recognise this as the biggest change ever instigated by this organisation and the Trust would have to ensure it had the capacity to initiate this successfully.</p>

	<p>RESOLVED: The Board of Directors received assurance from the paper in respect to achievement of and alignment to the Trust's Strategic Outcomes regarding the development of a Model of Integrated Service Delivery.</p>
<p>DHCFT 2015/044</p>	<p><u>UPDATE ON STRATEGY IMPLEMENTATION 2013 – 2016 QUARTER 3</u></p> <p>This paper was presented to provide the Trust Board with assurance of progress made against the strategic outcomes. The strategy set plans for 2013 to 2016 and has at its heart the people who use our services, their families and carers.</p> <p>The report reflected the current position across the organisation with regard to achievement of the strategic outcomes and pillars of delivery. The current position is; 22 are 'on plan' (green) compared to 23 in Q2, 0 are 'ahead of plan' (blue) and 7 are 'behind plan' (red) compared to 6 Q2. Areas that have had an impact on the position include the decision not to reduce beds on the Hartington Unit from 23 to 20 due to the recognised pressures within the Urgent Care system. This decision will help avoid a detrimental impact on Patient experience. The report also provided examples of evidence of progress against all strategic outcomes:</p> <ul style="list-style-type: none"> • People receive the best quality care • People receive care that is joined up and easy to access • The public have confidence in our healthcare and developments • Care is delivered by empowered and compassionate teams <p>Carolyn Green highlighted the fact that some population changes were having an adverse effect on the Trust's ability to manage the flow of people into and out of beds. The demand to meet population needs of people with potential mental health issues has meant bed numbers would be stretched and there would also be a demand on capacity. In response to this, Tony Smith agreed out of area beds had an adverse effect on patient experience and seeking to achieve improvement would be key to obtaining assurance.</p> <p>Caroline Maley highlighted the neighbourhood model and asked about the staff engagement sessions. Kate Majid explained that there had been a variety of opportunities for staff to engage and everyone had been invited to help build the model. Tony Smith was concerned to know how local champions were engaging through leadership management programmes and whether champions were being utilised correctly. In response, Kate Majid said she could give some clear examples and the direct result of their input had impacted on changes to the model. She believed the model was successful because the Trust had listened to what its people were saying.</p> <p>The Board of Directors felt that to be assured the plan was sustainable it required the following additional assurances:</p> <p>To understand there was a reliable communication plan in place To see a structured approach to the relationship plan To see learning development flowing through</p> <p>Jim Dixon believed this was a good paper and asked when some of the critical stakeholders, such as the police and social services would get to share some of the analysis bearing in mind this is a community solution. Kate Majid replied that this was currently very much in progress and Sara Bains was leading on</p>

	<p>mapping the programme within the communities and third sector.</p> <p>RESOLVED: The Board of Directors noted the content of the report and received partial assurance on progress to date.</p>
<p>DHCFT 2015/045</p>	<p><u>BOARD ASSURANCE FRAMEWORK UPDATE</u></p> <p>The purpose of the report is to meet the requirement for the Board to produce an Assurance Framework. The Board Assurance Framework (BAF) is a high level report which enables the Board of Directors to demonstrate how it has identified and met its assurance needs, focused on the delivery of its objectives, and subsequent principal risks.</p> <p>This was the third and final update report of the BAF submitted to the Audit Committee and Board of Directors for 2014-15. Since the last update of the 2014/15 BAF by the Board of Directors in Oct 2014, the following developments have taken place:</p> <ul style="list-style-type: none"> • A ‘Deep Dive’ review and challenge by the Audit Committee of all the risks under three of the four strategic outcomes has been completed. The deep dive for risks identified under the fourth strategic outcome was undertaken at the Audit Committee on 18 March. Each deep dive was led by the Executive Director with overall responsibility for the risk. Feedback to date has been positive, with the Audit Committee reporting that it received assurance that each of the risks presented was appropriately managed and mitigated. For 2015-16, the Audit Committee has recommended that deep dive reviews and challenges be focused on those risks contained in the BAF rated as high, with the lower graded risks reviewed by the relevant named responsible committee. • Although a “named responsible committee” for overseeing each of the principal risks has been identified over the last 6 months, not all committees have explicitly referenced assurances received to the BAF. This was a gap identified by the audit undertaken by PwC for 2014-15 Governance Arrangement, Structures and Processes. This is being resolved and the committees are following guidance and explicitly referencing the BAF at each of their meetings. <p>The BAF continues to be reviewed by Executive Directors on an approximately monthly basis. Interim updates on actions due for review are provided by the responsible Director via the DATIX Web: Risks database which details all risk assessments within the Trust.</p> <p>Caroline Maley informed that Board that some amendments were made to the BAF when it was reviewed by the Audit Committee on 18 March and these amendments would be carried through to the next version of the BAF that would be presented to the Board. The Board was comfortable that the BAF deep dive process was taking place within the named committees that feed into the Audit Committee.</p> <p>Steve Trenchard wished the Board to extend thanks to Rachel Kempster for her work on the BAF. The Board recognised this is an onerous and evolving task and it appreciated the supportive way in which she held executives to account.</p>

	<p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Approved the updated and final Board Assurance Framework for 2014/15 2) Agreed that the Board and Audit Committee would continue to receive a formal update on the BAF three times a year during 2015-16. 3) Supported the ‘deep dive’ review and challenge by the Audit Committee of only risks graded high, with lower graded risks being reviewed by the relevant named responsible committee.
<p>DHCFT 2015/046</p>	<p><u>COMMITTEE SUMMARY REPORTS</u></p> <p>Members of the Board considered the summary reports of the Quality Committee and Mental Health Act Committee</p> <ol style="list-style-type: none"> I. Mental Health Act Committee: Tony Smith commended John Sykes’ work with the commissioning team in conducting the audit projects. He also acknowledged the work of the Associate Hospital Managers on behalf the Non-Executive Directors for the training and support event taking place later in the year. The Chairman noticed the partial assurance contained in the report in relation to the clinical audits and recognised this was because they were still in progress. Tony Smith assured the Chairman that there was a specific action plan behind each audit and appropriate methods were in place to manage this process. Steve Trenchard requested that as assurance was not obtained with Section 58 Consent to Treatment this should be identified on the risk register. John Sykes added that clinical teams were supported to check where the gaps were and plans are in place to develop their understanding and minimise clinical variation. Ifiti Majid asked the Chair of the Mental Health Act Committee to be aware of the lack of attendance at Section 136 groups as there should be two representatives who attend and this was not happening currently. II. Quality Committee: Maura Teager, Chair of the Quality Committee reported that she had received assurance on the progress from the Physical Healthcare Progress report provided by Haley Darn. She was surprised at the high number of suicides taking place in the home setting and was assured that this was being reported through the SIRI process. The work being carried out by Carrina Gaunt and Brenda Rhule on Health and Safety and Ligature Risk Reduction/Bariatric Patient Evacuation was considered an extremely good pairing. Carolyn Green assured the Board of the competency systems to be put in place to address the limited assurance obtained on the Medication Incidents report. This is being developed and monitored through the Nurse Leadership group. III. Finance & Performance Committee: Jim Dixon, Chair of the Committee, gave a verbal update on matters discussed at the meeting held on 17 March and assured the Board on matters relating to the risks within the Committee’s governance. IV. Audit Committee: A written report of the meeting held on 18 March will be submitted to the April Board. <p>RESOLVED: The Board of Directors was assured by the contents of the Committee Summary Reports.</p>

RAISING CONCERNS

The Purpose of this report is to provide the board of directors with details of the content of the review undertaken by Robert Francis QC following continuing disquiet about the way NHS organisations deal with concerns raised by NHS staff and the treatment of some of those who have spoken up when exposing poor standards of patient care and treatment.

- Robert Francis QC published the review, Freedom to Speak Up. In his report Robert Francis QC sets out 20 Principles and Actions which aim to create the right conditions for NHS staff to speak up, share what works across the NHS and get all organisations up to the standard of the best and provide redress when things go wrong in the future.
- The aim of the review is to provide advice and recommendations to ensure that NHS staff feel it is safe to raise concerns, be confident that they will be listened to and their concerns acted upon.
- The report has drawn lessons from the experiences of those involved in raising and handling concerns, including from staff who have suffered as a result of raising concerns

Jayne Storey wanted the Board to understand that whilst there was a recognised process for raising concerns it was important that the culture of the organisation supported that process. A small task group would meet in April to map across the principles to understand how the Trust compared in practice and an action to address as appropriate.

The Chairman drew attention to principle number 11 as there was discussion at the last meeting of the Council of Governors on how difficult it was to have a member of staff talk to an individual. It was recognised that it may not be easy to approach a member of the executive team who may also be the guardian of 'speaking up' and Jayne Storey acknowledged that this principle required further work. Steve Trenchard clarified that this would be covered through ESEC and agreed there was more work to be done to help people understand that everyone has a responsibility to speak up. He also felt it important to demonstrate that the Trust is listening to people when they raise concerns.

Additional communication would be considered via the website and a screensaver could be developed to promote the process. These matters would be taken to ESEC at the next meeting in May and a further report on progress will be submitted to the Board in June.

Carolyn Green reminded Non-Executive Directors and Executives to ask if people knew how to raise concerns when carrying out quality visits and to revisit the different ways that are possible.

ACTION: Principles of speaking up to be reviewed at ESEC and a further Raising Concerns report would be brought to the Board in June.

RESOLVED: The Board of Directors:

- 1) **Noted the recommendations of the report**
- 2) **Noted the responsibilities of the Board**
- 3) **Noted the Principles and Actions required**

<p>DHCFT 2015/048</p>	<p><u>POSITION STATEMENT ON QUALITY</u></p> <p>The purpose of this report is to provide the Board of Directors with an update on the Trust’s continuing work to improve its quality of services in line with the Trust’s Strategy, Quality Strategy and Framework and our strategic objectives.</p> <p>Carolyn Green wished to draw attention to the media work and staff engagement and she shared some aspects of clinical performance for assurance purposes.</p> <p>The Chairman thanked the Quality Committee for circulating the details of the CAMHS study.</p> <p>New guidance published on access and waiting time standards for mental health has introduced three new standards where access to services is important. The new standards have been discussed with the Trust’s commissioners at the joint provider and commissioner Quality Assurance Group, and will be discussed in further detail at the Quality Committee in April to address how to meet the challenging stand on waiting times and access. Ifti Majid made the point that it is possible that data might have to be reported from May onwards from Q3 and he wanted the Board to note the limited assurance on this point.</p> <p>RESOLVED: The Board of Directors noted the Quality Position Statement.</p>
<p>DHCFT 2015/049</p>	<p><u>QUALITY FRAMEWORK AND STRATEGY</u></p> <p>The Board of Directors was asked to approve the contents of the Quality Framework and Strategy document and support its implementation.</p> <p>Carolyn Green referred to the evidence contained within framework that explained what makes Quality work and she outlined the key quality priorities:</p> <ul style="list-style-type: none"> • Suicide prevention • Think! Family • Physical Healthcare • Friends and Family test • Clinical outcomes including – Payment by results • Positive and Safe including safe ward • Recovery principles <p>These priorities would be reviewed annually in partnership with the Trust’s Senior Clinical leaders and Quality Assurance Group members:</p> <ul style="list-style-type: none"> • Each year we will define our outcomes • We will measure that our staff are aware them • Work towards and deliver on these key priorities <p>This will define for 2015 the key areas of work for the Quality Committee and its sub-groups and will be reflected on and adjusted throughout the life of this strategy. Maura Teager pointed out that there were 11 sub-committees to the Quality Committee. Caroline Maley pointed out that the Audit Committee did not meet on a bi-monthly basis and asked for the graph to be corrected. Other minor amendments to the framework were fed through to Carolyn Green.</p>

	<p>Carolyn Green asked the Board to accept the Quality Framework Strategy and confirm its approval of the quality priorities. The Chair and members of the Board agreed to delegate approval of the Quality Framework Strategy to the Quality Committee.</p> <p>ACTION: Maura Teager as Chair of the Quality Committee will receive the refined version of the Quality Framework and Strategy for agreement at the Committee’s next meeting in April.</p> <p>RESOLVED: The Board of Directors noted the Quality Framework and Strategy and delegated approval to the Quality Committee.</p>
<p>DHCFT 2015/050</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING</u></p> <p>The purpose of this report is to define the Trust’s performance against its Key Performance Indicators (KPIs) plus any actions in place to ensure performance is maintained. Compliance with the Trust’s performance indicators is being actively monitored and corrective actions are put in place where appropriate. Areas covered in this report include, the Main Performance Indicators, Health Visitors, IAPT (Improving Access to Psychological Therapies) and Ward Safer Staffing.</p> <ul style="list-style-type: none"> • The recording of PbR (Payment by Results) Clusters and HONOS (Health of the Nation Outcome Scores) 12 month reviews continue to be challenging • The rate of Trust cancellations and DNAs (Did Not Attend) in outpatients is still causing concern • Health Visiting and IAPT both continue to stay above their targets <p>Ifti Majid wished to assure the Board that all items relating to the data completion indicator were now resolved.</p> <p>The Chairman asked whether a more robust approach should be taken with DNAs. Ifti Majid explained that “texting” reminders to patients had a positive impact. Furthermore, his view was that DNAs showed that the Trust was not delivering services to people in a meaningful way for them. Until the Trust delivers a service in neighbourhoods an increasing or flat trend on DNAs will continue to be seen. Ifti Majid wanted to assure the Board that when a person “DNAs” a process is followed to ensure that someone from the team always attempts to contact the person who did not attend an appointment.</p> <p>Carolyn Green was impressed with the work she had seen carried out to reduce DNAs at the Hartington Unit reception during their quality visit. Since using this process there has been a significant improvement in attendance. She had asked the teams to measure effectiveness and track the response and explained that the results would be available next year for their next quality visit. She expressed a wish to hold an administration excellence event to demonstrate this work and hoped to receive funding from the Training Board or HEEM to do this. She hoped to use support from organisations such as the Samaritans or other voluntary helpline agencies or experts in this area to help administrators develop their skills in dealing with difficult calls. She expressed the need to develop</p>

	<p>administration excellence and to champion an exchange of ideas and skills. She would propose holding this event to the Training Board and the Chairman agreed this would be a very valuable exercise.</p> <p>The Chairman referred to the continual evidence contained in the Safer Staffing Report that services are incredibly stretched and wished to state that the Board recognised what was contained in the report. In response Carolyn Green added that a very successful recruitment event had been held that had resulted in 16 candidates applying for Band 5 and 6 positions and some very positive interviews had been held.</p> <p>Claire Wright thought it would have been useful for the executive summary of the report to have been expanded to cover finance and activity to illustrate how these were integrated.</p> <p>ACTION: Carolyn Green to propose holding an administration excellence event to the Training Board.</p> <p>RESOLVED: The Board acknowledged the current performance of the Trust and noted the actions in place to ensure improved/sustained performance.</p>
<p>DHCFT 2015/051</p>	<p><u>DEEP DIVE KEDLESTON LOW SECURE UNIT</u></p> <p>David Tucker, General Manager, Specialist Services and his colleagues from the Kedleston Unit, Kaydia Allen, Acting Senior Nurse and Amy Ramful, Lead Nurse, attended the meeting to carry out in depth discussions on their view of staffing, activity and performance relating to the Kedleston Unit based at the Kingsway site. The key difficulties were listed as follows:</p> <ul style="list-style-type: none"> • Significant difficulties experienced in recruiting to inpatient nursing posts • High levels of sickness absence • Difficulties are experienced in covering vacancies with temporary staff due to Bank fill rates • Action plans are in place to try and address the staffing issues • These issues have had an impact on performance • Overall, feedback received through the various feedback mechanisms available has been very good <p>David Tucker wished to assure the Board of the actions being taken to minimise risk and address the staffing level shortfalls and assured the Board that the Unit continues to perform well despite the staffing pressures. He added that the division was working more efficiently across its services and difficulties were discussed amongst staff and then staff moved to support under staffed areas. This had created a sharing of resources and support was being provided from other areas to acquire a better qualified workforce although each unit could only manage a certain number within its preceptorship at any given time and this was being shared out. Nurses introduced from Cherry Tree Close had helped significantly to have qualified registered nurses working at all times.</p> <p>Ifti Majid asked what morale was like on the unit. In response, Kaydia Allen said she believed that morale had been affected by long term sickness. Leadership had improved recently and staff felt more supported. Teams were working very flexibl, things were improving and were not as bad as they had been.</p>

Steve Trenchard asked whether the Trust had provided enough support to develop their roles as leaders and what could the Trust do to help staff carry out their roles better. Kaydia Allen felt fortunate to have received support to develop as a clinician and she now had opportunities to develop her leadership through many different educational opportunities. She thought managers needed to be developed to draw talent out of staff. In response to this the Chairman said he thought an adequate appraisal system should be established to utilise the development of staff.

Amy Ramful said she had learnt so much from Kaydia Allen and Richard Morrow and from having a more visible leadership of people around her who she felt comfortable with. This had helped her develop.

Maura Teager asked the team what they considered to be the biggest risk to the unit. Kaydia Allen said the biggest risk was staffing as there were not enough qualified nurses to cover long term sickness and it was difficult to know what to do when these issues arose. Amy Ramful reported on a successful recruitment event held recently and that experienced staff had been enrolled.

Jim Dixon asked how the team wished to be known in the community and whether preparation was being made to challenge any stigma that might arise from the new housing development on Kingsway due to its close proximity to the unit. Kaydia Allen felt there was a stigma held with the Kedleston Unit and this was felt by both service users and nurses. The staff work with mentally ill service users who have been through the criminal justice system and some people might not like to know this is happening on their door step. Nurses see these people as service users and do not judge them and it is best to think like this to be effective in their work.

John Sykes also asked about the stigma associated with the Kedleston Unit and wondered if there was an opportunity to engage with the community that is moving closer to the site. He felt it would be a good idea to attend meetings in the community so new residents would be aware of the type of service users being cared for in the Kedleston Unit.

Caroline Maley asked what could help the unit's service users and staff. Kaydia Allen felt it would be useful to have improvements made to the visitors' area facilities. She realised this was a big development to ask for but it would make a huge difference to the visiting area for families and carers and would have a positive impact on the service users. She would also like to work towards Royal College of Psychiatrists accreditation (AIMS) and move into accreditation status.

Carolyn Green asked if there was there anything that could be done to help staff have a more resilient way of working in a pressured area. Kaydia Allen believed specific training in forensic care would help and added that lack of extended training might have been the reason why staff moved out of the service as in the past when she had carried out appraisals staff had wanted to develop but had struggled to access extended education that was key to their service. This was, in part, due to the realities of the Learning Beyond Registration restrictions. She also felt staff were not fully utilising their skills and they should be developed more for degree and master level study in this area of mental health work in the hope that this would improve retention of staff and their clinical competence.

Ifti Majid pointed out that the Board had asked questions relating to morale,

	<p>leadership, sickness and recruitment and in return had heard about the ambitions of the unit and the obstacles that were getting in the way. He asked members of the Board if they had received a level of assurance. The Board agreed that strong assurance was obtained on the leadership and management of the unit and wished to see sustainability of the actions put in place.</p> <p>Carolyn Green said she would like to see a CPD retention training plan for staff to make sure that today's discussions were carried through. The Chairman felt it important to increase the capacity and competence of staff and to look at how long term sickness and absence is addressed and deal with this in terms of the Trust's values. Jim Dixon requested that the Board looked at improving the visitors' facilities at the Kedleston Unit.</p> <p>Steve Trenchard praised the team for their outstanding work and for thanked them for attending the meeting and discussing their opinions.</p> <p>ACTION: Ongoing review of the quality of the appraisal system to continually focus on staff development</p> <p>ACTION: The Education team to work actively with the Kedleston Unit leadership team on a CPD retention training plan.</p> <p>RESOLVED: The Board of Directors reviewed and discussed the contents of the Staffing Levels Solutions report and endorsed the steps taken to address the issues raised.</p>
<p>DHCFT 2015/052</p>	<p><u>FOR INFORMATION</u></p> <p>I. Board Forward Plan</p> <p>Claire Wright pointed out that the Board Forward Plan would need to be updated for two items that would transfer responsibility from Claire Wright to Mark Powell .Carolyn Green suggested that the Safeguarding Committee summary report would also need to be added to the forward plan.</p> <p>II. Deep Dive Selection</p> <p>It was agreed that County CAMHS staff levels and capacity would be the subject of the Deep Dive.</p>
<p>DHCFT 2015/053</p>	<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 4:10 pm.</p>
<p><u>DATE OF NEXT MEETING</u></p> <p>The next meeting of the Board in public session is scheduled take place on Wednesday, 29 April 2015 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>	