

DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST

Ratified MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

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

On Wednesday, 26 March 2014

MEETING HELD IN PUBLIC

Opened: 1.00 pm

Adjourned: 4.00 pm

PRESENT:

Mark Todd	Chairman
Carolyn Green	Director of Nursing and Patient Experience
Steve Trenchard	Chief Executive
Ifti Majid	Chief Operating Officer/Deputy Chief Executive
Caroline Maley	Non-Executive Director
Tony Smith	Non-Executive Director
John Sykes	Executive Medical Director
Lesley Thompson	Non-Executive Director
Maura Teager	Non-Executive Director
Claire Wright	Executive Director of Finance
Graham Gillham	Director of Corporate and Legal Affairs

IN ATTENDANCE

Mr A	Service User (<i>for item 2014/034</i>)
Kate Majid	Head of Transformation and Patient Involvement (<i>for item 2014/039</i>)
(<i>for item 2014/041</i>)	
Chris Wheway	Divisional Director
Joe Wileman	Business Manager
Jane Heaney	Service Line Manager
Sue Earnshaw	Clinical Manager
Phil Taylor	Service Line Manager
Dr John Morrissey	Public Governor, Amber Valley South Public
Councillor Barbara Jackson	Governor, Derby City Council
Timothy Proctor	Member of the Public
Chris Swain	Derbyshire Voice Representative
Anna Shaw	Deputy Director of Communications
Leida Roome	Board Secretariat

APOLOGIES:

Lee O'Bryan	Interim Director of Workforce and Organisational Development
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DHCFT 2014/
033

CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST

The Chairman opened the meeting by welcoming all present. A special welcome was extended to Mr A, who will be sharing his experiences as a service user with the Board.

	<p>Apologies: The apologies are noted above.</p> <p>Declarations of Interest: No declarations of interest were made.</p>
<p>DHCFT/2014/ 034</p>	<p><u>Patient Story – Mr A – Service User</u></p> <p>Mr A, supported by Carolyn Green, Executive Director of Nursing and Patient Experience, recounted his experiences as a service user with Clay Cross Community Mental Health Team. He had both positive and negative experiences. The negative experiences specifically referred to the constant change of psychiatrists that he had seen. Both locum and substantive consultants did not seem to be aware of his history, and he felt that whilst he was not feeling well, it was not good to have to provide information again at every appointment. He also felt that sometimes the listening and verbal skills of the consultants were not very good. Communication was also poor and sensitive information was exchanged without his knowledge. There were also issues with his medication regime and his lithium levels. He requested a change of psychiatrist, which had been effected now and he is very happy with the new consultant.</p> <p>When asked about his care plan, Mr A said that although he had been actively involved in his care plan he felt that it was not owned by him. The care plan was also not shared with his G.P. When he complained about an issue, it took 9 months for this to be resolved. The stress involved caused him to have time off work.</p> <p>More positively, Mr A confirmed that he felt better now and specifically mentioned several Community Psychiatric Nurses as well as the Crisis Team North and thanks were offered to them. Communication within the nurses team as well as the Crisis Team North was very good and Mr A feels well supported now. He wanted to share his story with the Board to ensure that lessons are learnt from this for the benefit of other people.</p> <p>The Board thanked Mr A for sharing his experiences and appreciated the details provided. <i>(Mr A left the meeting)</i></p> <p>Reflecting on Mr A's story, Steve Trenchard confirmed his complaint had been resolved but there were lessons to be learned in his experience of the complaints system. Dr Sykes acknowledged the comments about changes in consultant and commented that training was being provided on confidentiality and information governance.</p> <p>RESOLVED: Mark Todd, on behalf of the Board, to send a letter of thanks to Mr A in which the specific issues which he related will also be mentioned.</p>
<p>DHCFT 2014/ 035</p>	<p><u>MINUTES OF THE BOARD MEETING, 26 FEBRUARY 2014</u></p> <p>The Minutes of the Board meeting, which took place on 26 February 2014, were accepted and approved with the following amendments:</p> <p><u>DHCFT/2014/020:</u> Quality Committee: to change “disappointment” to “concern”</p> <p><u>DHCFT/2014/023:</u> with reference to the second paragraph under the Safeguarding Children Report on Serious Case Reviews, insert after the sentence ending in “Serious Incident process”: <i>Carolyn Green and John Sykes to work in partnership on a potential solution to integrate this work.</i></p> <p><u>DHCFT/2014/024:</u> Trust Report to the Francis Report: In paragraph: “All feedback from the first year should read: <i>“All feedback from the first year is now being considered by the Clinical Cabinet”</i></p> <p><u>DHCFT/2014/028:</u> Finance Director’s Report: to change “Continued” to “Continuity of”.</p> <p><u>DHCFT/2014/029:</u> Review of Committee Structure. Carolyn Green requested that the paragraph (under Review of Sub-committees) ending with “a new substructure</p>

	<p>had emerged” be added to as follows “as per the diagram on enclosure M of the Board papers”. The following paragraph starting with “The 3 new subcommittees” to be deleted. The word “patient” on the following paragraph to be replaced with “Service receivers”.</p>
<p>DHCFT/2014/036</p>	<p><u>MATTERS ARISING – ACTION MATRIX</u></p> <p>The following was noted:</p> <p><u>DHCFT/2014/016:</u> John Sykes confirmed that he had undertaken a review on the procedure of Clozapine medication with Beverley Thompson, Pharmacist. He reported that not all procedures were aligned.</p> <p><u>DHCFT/2013/40: People Strategy:</u> <i>update:</i> Steve Trenchard advised that the People Strategy is now being refreshed as a high level group to report to the Finance and Performance Committee. Lesley Thompson and Tony Smith were nominated as Non-Executive Directors to be members of the group.</p>
<p>DHCFT 2014/037</p>	<p><u>CHIEF EXECUTIVE’S REPORT</u></p> <p><u>National Context</u></p> <p>a) In his monthly report Steve Trenchard drew attention to the 2 new reviews, announced by Health Secretary Jeremy Hunt, the first by Sir Stuart Rose into how the NHS can attract and retain “top talent” to transform underperforming hospitals. Secondly, a “beacons of excellence” review to be undertaken by Sir David Dalton, Salford Royal NHS Foundation Trust Chief Executive.</p> <p>A new report by Kings Fund Community Services supports the direction of travel adopted locally to create larger and more integrated teams.</p> <p>A shortage of specialist Children and Adolescent Mental Health Services beds featured across the media. Steve Trenchard confirmed that within the Trust our teams also experience similar problems with finding suitable beds as there are no Tier 4 beds in Derbyshire.</p> <p>The Care Quality Commission has opened a national listening service following the publication of the Crisis Care Concordat, in order to receive feedback from service users on their experience of crisis services. Steve Trenchard advised the Board that this now features on our website and that he has agreed to lead a short term multi-stakeholder review of the application of the Concordat to determine the implications for Derbyshire.</p> <p>NHS Change Day took place on 3rd March. Steve Trenchard encouraged all to make their own pledge.</p> <p><u>Local Context</u></p> <p>Two further “Walk in your Shoes” days had been attended by Steve Trenchard. Thanks were expressed by him to all the staff involved in this. He felt these days were very worthwhile and encouraged the Board to take part in these.</p> <p>Mark Todd and Steve Trenchard attended the Foundation Trust Network (FTN) conference on 6 March 2014. Concerns were expressed about the number of Trusts in financial deficit, the scale of changes required and the capacity to deliver integration in support of the ambitions underpinning the Better Care Fund. Responding to a query from Tony Smith, Steve Trenchard confirmed that Monitor are offering assistance to distressed Trusts economies, of which there are two on the Trust’s boundaries.</p> <p>The Chairman commented that the Trust has involvement with both local Health and Wellbeing Boards. The governance of the Better Care Fund and where this sits</p>

	<p>in the framework is awaited. The Board was made aware that the Better Care Fund is not new money but comes from Core NHS funding. Ifti Majid advised the Board that they have been invited to contribute in the strategic planning for the Derby Hospitals NHS Foundation Trust.</p> <p>Steve Trenchard had also attended the Implementing Recovery Organisational Challenges (ImROC) conference in Harrogate. He drew attention to the Trust event which took place at the Centre for Research and Development recently concerning the Recovery model. Lesley Thompson commented that the Recovery College should support people in their recovery and behavioural change.</p> <p>Positive feedback was received concerning the meeting of all the Patient and Partnerships Teams day on 20 March 2014 from the Mental Health Action Group and other attendees. Thanks were extended to Kate Majid for her leadership of this event.</p> <p>Having considered the range of current national and local issues presented by the Chief Executive the Board resolved to receive the Chief Executive's monthly report.</p>
<p>DHCFT 2014/038</p>	<p><u>QUALITY COMMITTEE MEETING</u></p> <p>A report on the meeting of the Quality Committee of 13 March 2014 was provided by Tony Smith. Overall this was an excellent meeting, where challenges were made and good discussions were held.</p> <p>An excellent presentation, prepared by Carolyn Green, Executive Director of Nursing and Clare Grainger, Head of Patient Experience was given to the Quality Committee on the changes of the inspection regime of the Care Quality Commission. An action plan on the changes was also presented. The enhanced regulations offer new opportunities to improve patient focus.</p> <p>An update on the Transformation Change Programme was also presented. It was noted that the Quality Impact Assessment had been reviewed to capture a wider range of patient experience measures.</p> <p>The internal customer model for Corporate areas is positive news and reflects the direction of travel for more empowered internal teams within division.</p> <p>Lastly Tony Smith advised the Board that a preview of the Annual Infection Control Report has been received at the meeting, which will be presented to the Board at the April meeting. This is an excellent report; the good position on infection control has now been maintained for several years. Tony Smith acknowledged the good work done by Hayley Darn and her Team.</p> <p>Carolyn Green advised the Board that the metrics in the Quality Framework are due to be reviewed in line with the 3 aspects of quality. Quantitative issues will now need to be converted into qualitative issues. There were some issues relating to the staff survey and a watching brief is being held concerning some issues in the North but no other concerns were noted within the report.</p> <p><u>RESOLVED:</u> The Board noted the report of the Quality Committee and received assurance.</p>
<p>DHCFT 2014/039</p>	<p><u>TRANSFORMATION CHANGE PROGRAMME REPORT</u></p> <p>The report of the Transformational Change Programme was presented by Kate Majid. This report will now be provided to the Board on a quarterly basis.</p> <p>The key themes are:</p>

	<p>I. The final 3 Pathway and Partnerships Teams (PPT's) presented their proposed plans and visions to the Transformational Change Board in March. These were:</p> <ul style="list-style-type: none"> - Children and Young People Services - Substance Misuse Services - Corporate Services <p>It was noted that all plans were supported to enter the next phase of development,</p> <p>In response to Maura Teagers questions on the viability scoring for Children's Services (page 3), Ifti Majid confirmed that this had been debated in the Finance and Performance Committee.</p> <p>Tony Smith asked to what extent value for money reviews in Corporate Services gave reliability and assurance. Claire Wright confirmed that an external body had benchmarked this and assurance had been received from that report. Kate Majid advised that actions had already been undertaken within Corporate Services.</p> <p>The Chairman queried discussion concerning the Alcohol Service in Derby City (page 5), which was due to cease on 31 March 2014. Ifti Majid advised the meeting that:</p> <ul style="list-style-type: none"> - Concerns had been raised with Southern Derbyshire Commissioning Group. - A copy of the environmental risk assessment had also been requested. - A formal message, in which the concern of the Trust is expressed, has also been sent to the Director of Public Health. - Concerns have been raised at the Overview and Scrutiny Committee and the Trust has been invited back to their meeting at the end of April. <p>It was hoped that existing skills could be retained within our Services and Ifti Majid confirmed that funding for 3 posts had been negotiated with the Clinical Commissioning Group. The Trust has worked with Staff side and affected staff and was confident that all staff would be redeployed.</p> <p>The Trust wishes to see national parity of esteem in action. Local information is to be collected on conditions related to the misuse of alcohol. Numbers of people with alcohol problems presenting to the Accident and Emergency Department at Royal Derby Hospitals have increased as well as the numbers that the Liaison Team of the Trust are now seeing. Maura Teager noted the potential impact on the Criminal Justice Team.</p> <p>Mark Todd, on behalf of the Board, extended thanks to all staff within the Substance Misuse Team for the excellent work that they had undertaken.</p> <p>Kate Majid was thanked for providing the detailed report.</p> <p>RESOLVED: To note the contents of the report and to receive assurance on progress to date To receive quarterly reports in future</p>
<p>DHCFT/2014/040</p>	<p><u>BOARD ASSURANCE FRAMEWORK</u></p> <p>The report on the Board Assurance Framework (BAF) and the accompanying full Excel spreadsheets were presented by Carolyn Green for comments by the Board.</p> <p>In this third and final issue of 2013/14, the key theme is still the "red risk" concerning the Electronic Patient Record (EPR) implementation.</p> <p>The Board Assurance Framework continues to be updated on a regular basis by Executive Directors as well as being reviewed and updated by the Quality Committee.</p> <p>The Board Assurance Framework provides the central basis to support the Board's disclosure requirements with regard to the Annual Governance Statement, which the Chief Executive, as Accounting Officer, signs on behalf of the Board of Directors, as part of the statutory accounts and annual report.</p> <p>It was noted that:</p>

- The cycle for review of the Board Assurance Framework needs to be aligned on dates
- The Board Assurance Framework will be reviewed by the Audit Committee at the meeting on 2 April 2014
- The link between the Board Assurance Framework and the various Committees needs to be further clarified
- Deep Dives are to be undertaken into various areas of the Board Assurance Framework

Specific detailed comments were made as follows:

- To what extent is this Framework being carried forward to the future? It is confirmed that in line with the requirements of the Annual Report this is a 12 month programme but that certain items will be carried over to future years. Carolyn Green advised the meeting that work on reviewing the Board Assurance Framework 14/15 is already in progress and will continue.
- Non-Executive Director Vacancy to be included.
- Page 2 – 2a – action plans not monitored. Assurance was received that action plans are monitored and that a new system, for which a presentation was done at the recent Quality Committee will soon come into effect. The pilot for this new audit tool has been very effective. Focussed Deep Dive reports also provide further assurance.
- Page 3 – item 3a – risk of an adverse effect on quality. It was confirmed that the risk originally noted was of a financial nature but this has now been perceived as being related to impact on quality from the Cost Improvement Programme. Assurance is obtained that at the end of the year 100 % of this will be achieved and no impact on quality has been discerned.
- Page 4 – item 3d – Clinical leadership has approached PbR in a positive manner. There is no certainty that nationally the PbR system will continue in its present form. It is recognised that a more robust system is required but not based on tariff. The Trust continues to improve the patient experience, based on transparency. This is a CQUIN for next year.
- Page 5 – item 4 a – assurance is required that the organisation creates the right environment for staff to deliver compassionate services. Schwartz Rounds, which are being held in 3 inpatient areas as well as a prison, were quoted as a good example of this culture.
- The Board Assurance Framework will be updated to reflect the Board’s challenge.

Carolyn Green was thanked for providing the report.

RESOLVED:

- i. To note the Board’s comments on the additional controls and actions required to further reduce the risk ratings
- ii. The Board to note the revised timescales for reducing the risk ratings, in particular the top risks
- ii. The Board agreed that for 2014/15 the Audit Committee would review the Board Assurance Framework 3 times a year (April 2014, September 2014, February 2015)
- iii. The Board will continue to receive a formal update on the Board Assurance Framework in the month following the relevant Audit Committee meeting.

**DHCFT 2014/
041**

INTEGRATED PERFORMANCE AND ACTIVITY SUMMARY – MONTH 11

Ifti Majid presented the Integrated Performance and Activity Summary, for month 11, to the Board.

a) *Trust Performance Dashboard*

The Board received the performance dashboard at month 11, noting that the subject of discharge and outpatient letters was to follow in a Deep Dive report.

b) Exception requests and specific issues

Apart from the exceptions on discharge and outpatient letters, the one issue of note was the admission of a seventeen year old for three days due to the lack of available Child and Adolescent Mental Health beds.

c) Deep Dive Report

1) Urgent and Planned Care Services – Derby City

Phil Taylor, Service Line Manager for Urgent and Planned Care – Derby City, attended for this item.

He advised the Board that good work had been done, leading to increased performance but raised concerns about the changes in Local Authority Services. These changes impact very much on the capacity of the services. For example by 1 April 2014, an extra 166 caseloads will need to be absorbed. Housing benefit cuts have also had an impact on caseload. This increased workload causes stress within the workforce, although morale is high. When queried whether this is a sustainable situation, Ifti Majid advised that a new way of working is required. The Transformation Change Programme is looking at this and different ways of working with partners are being explored in order to mitigate and manage the risk. A random review of patients, who might be able to be discharged, as suggested through the Performance and Contract Operational Group, will also be carried out

Phil Taylor confirmed that staff are putting out the message to patients that due to the changes in local authority services there might be an impact. Secondments are difficult to approve at the moment due to the costs of bank staff to fill the resulting vacancy. The Partnership Agreement with Social Services could be mitigated by a joint approach to implement a Recovery Focused Model of care delivery.

2) Health Visiting Services

Jane Heaney and Sue Earnshaw were introduced by Ifti Majid and provided information to the Board about Health Visiting Services.

In response to queries from the Board the following was noted:

- d) **New birth visits** – it had been noted by the Services that these visits, which should be carried out within 10 to 14 days of the birth, could only be planned when notification was received. The visits then needed to be allocated, which could lead to delays. Better communication has been achieved by working with the Midwifery Services which means that visits can be planned in advance. However, sometimes a visit cannot be carried out because the client has moved out of the area or if access is being refused. If the client cannot be accessed then a letter is sent to them giving contact details. Good liaison occurs with Social Services so awareness is raised if there is a potential problem. Weekly Safeguarding Meetings are attended.
- e) **Number of students within the Services.** It is confirmed that the increased numbers of students, who need supervision and support, has an impact on service capacity. There are now 2 cohorts with 30 students. However, the services are working on supporting the team members and retaining the students after their probationary period. Carolyn Green asked whether the University offered an additional clinical placement officer, as advocated by NHS England. This will be further explored by John Sykes and Carolyn Green.
- f) Assurance is required re the threshold raised by due to Social Services withdrawing from certain functions, which means that the Health Visitors work is increased. Maura Teager advised that some years ago work was done by the Safeguarding Board concerning thresholds and suggested this work be reviewed. Risk based assessment are to be looked at and the Safeguarding Board should be approached on this.

- g) When queried about the absence of complaints noted in the report, the Board was advised that the Health Visiting Services have recently introduced the “Golden Questions” so that concerns are picked up early and can be dealt with.
- h) Appraisals have been done but the recording of these seems to be incorrect. It was suggested to contact Liam Carrier of Human Resources to obtain assurance that all appraisals have been recorded.
- i) Safeguarding training is at a low level. However, it was noted that few dates have been provided by Derby City. Certificates have also not been issued and this has been pursued.

The Board noted the above and asked how they could support the services to function better. In response, it was confirmed that a number of laptops have now been provided but that not all locations where Health Visitors have clinics have Wi-Fi access which they can access. This leads to duplication and time wasted. Ifti Majid said that Peter Charlton is currently negotiating a share agreement for Wi-Fi.

d) Information Governance

Ifti Majid asked the Board to delegate the sign off of the 2013/14 Information Governance toolkit submission to him as Senior Information Responsible Officer (SIRO). The Board agreed to this request.

e) Deep Dive – Discharge and Outpatient letters – completion date

The Discharge letters project is being undertaken by Joe Wileman, Business Manager, with support from Chris Wheway, Divisional Director, who were introduced to the Board.

The Board was advised that digital dictation is now in use by 80 % of Care Notes users and the remaining 20 % will be on line by the end of March. Training is progressing apace on this. Analogue working will be discontinued once digital is fully on line and relevant equipment removed. Different methods of distribution are also being considered; a pool of typists has started work in the week commencing 17 March as an integral part of the process for working digitally. It is aimed to increase this pool to 4 whole time equivalent typists. It is estimated that this will generate about 50 letters per day which equates to 1000 letters per month.

Although, in the first instance, problems have been identified with the new way of working, there is no awareness of resistance to this; issues raised are being discussed and support is offered in line with the Trust compassionate culture.

Performance management reports are being produced and issues raised, such as e-letters not being signed off, are dealt with. Once the typing letters situation is addressed, the role of the medical secretary will be reviewed.

The suggestion to roll out the provision of letters by e-mail to G.P. surgeries has been discussed but it has been requested by G.P.’s to hold off on this as they are currently being overwhelmed with e-mails.

Chris Wheway and Joe Wileman are thanked for the excellent work undertaken.

RESOLVED: The Board thanked Phil Taylor for providing details about the services and Board asked to cascade their thanks for the good work done to all staff.
The Board thanked Jane Heaney and Sue Earnshaw for their presentation and received assurance about the actions being progressed.
To note the actions and progress made on the Discharge Letters project and to receive further updates on the project

Ifti Majid requested that:

- I. The Board noted and acknowledged the current performance of the Trust
- II. The Board noted the actions in place to ensure sustained performance
- III. The Board agreed to delegate the sign off of the 2013/14 Information Governance toolkit submission to Ifti Majid as Senior Information Responsible Officer (SIRO).

	<p>IV. The Board agreed to replace the current Deep Dive reports with Deep Dive reports to the Board relating to specific themes of concern.</p> <p>RESOLVED: The board noted and approved the above requests.</p>
<p>DHCFT 2014/042</p>	<p><u>FINANCE AND PERFORMANCE COMMITTEE REPORT</u></p> <p>Lesley Thompson provided a verbal report relating to the Finance and Performance Committee meeting, which took place on 18 March 2014.</p> <p>Key items to note are:</p> <ul style="list-style-type: none"> - The Trust is in a good financial position - Negotiations have taken place about the block contract but this has not been signed off. Details are still awaited from NHS England re their contract. - Good investment has taken place by providing the new ward 34, at the Radbourne Unit, which will start operating as from 1 April 2014. - The Cost Improvement Programme is on course for a 100 % delivery in the year 2013/14. Plans are also progressing on the 2014/15 plan. Thanks are extended to the Teams who have worked on this. - Non-recurrent savings of just over £ 1 million have been identified. - Cost Improvement changes which might impact on quality are to be scrutinised by a panel but there is positive assurance that this will not be the case. - Reports were received and assurance obtained about the Substance Misuse and Children’s Services positive actions. Thanks were given to all the Teams who have worked hard on this and they are to be congratulated for their efforts. - A discussion occurred within the Committee concerning market analysis and parity of esteem and how the Trust could assist the wider community in understanding the problems. <p>Steve Trenchard suggested that in future the Chairs of the Quality and the Finance and Performance Committee will provide the Board with a written instead of a verbal report.</p> <p>Lesley Thompson is thanked for providing the detailed report.</p> <p>RESOLVED: The Board received the verbal report from the Finance and Performance Committee and obtained assurance. The Board agreed that in future a written report will be provided by the Chairs of the Quality Committee and the Finance and Performance Committee.</p>
<p>DHCFT 2014/043</p>	<p><u>FINANCE DIRECTORS REPORT – MONTH 11</u></p> <p>Claire Wright presented the Finance Director’s Report – month 11. The overall position was noted:</p> <ul style="list-style-type: none"> - The year to date financial position at February is an underlying surplus of £ 2.1 million which is ahead of plan by £ 1 million. - The outturn surplus is forecasted to be £ 1.9 million which is £ 0.6 million ahead of the Trust original plan - The Monitor Continuity of Service Risk Rating remains at 3, as planned. <p>It was noted that the paper should be considered in relation to the Trust Strategy, and specifically the financial performance pillar. It should also be considered in relation to the financial risk contained in the 2013/14 Board Assurance Framework.</p> <p>Claire Wright also provided an explanation concern the Continuity of Service Risk Rating. In previous years the Trust has re-invested in estates, which means that the current cash reserves are relatively low. Monitor has requested that we increase the cash reserves, i.e. the headroom on liquidity rating and therefore investment in the Capital Programme will be decreased so that we can build up more reserves.</p> <p>Asked by Lesley Thompson about the forecast positions, Claire explained that the contingency has now been removed from the budgets and a separate, indicative line has</p>

	<p>been included.</p> <p>On behalf of the Board, Mark Todd congratulated Claire Wright and her Team on an excellent professional performance and asked for these thanks to be shared with the Team.</p> <p>RESOLVED: The Board obtained assurance on the financial performance in 2013/14 to date</p>
<p>DHCFT/2014/031 044</p>	<p><u>OBSERVATIONS OF THOSE IN ATTENDANCE TO THE MEETING</u></p> <p>The Chairman invited those present at the meeting to provide comments to the meeting. The following was raised:</p> <ul style="list-style-type: none"> I. The provided glossary of NHS abbreviated terms was much appreciated. II. It was noted that feedback will be given to Derbyshire Voice concerning the items discussed re Quality, Finance and the Transformational Programme as well as the challenges made and responses given. III. Patient's story is a powerful message IV. Refreshment breaks were requested <p>No further comments were made.</p>
<p>DHCFT 2014/ 045</p>	<p>CLOSE OF THE MEETING</p> <p><i>The Chairman, under the Foundation Trust's Constitution, asked that members of the press or public withdraw for the Board to conduct its remaining business in confidence, as special reasons apply. On this occasion the special reason applies to information which is likely to reveal the identities of an individual or commercial bodies.</i></p> <p>The Chairman thanked all those present for their attention and closed the meeting.</p>