

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 November 2015

MEETING HELD IN PUBLIC

Commenced: 1:00 pm

Closed: 4:50pm

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

PRESENT:

Mark Todd	Chairman
Ifti Majid	Acting Chief Executive
Caroline Maley	Senior Independent Director
Maura Teager	Non-Executive Director
Phil Harris	Non-Executive Director
Tony Smith	Non-Executive Director
Claire Wright	Executive Director of Finance
Dr John Sykes	Executive Medical Director
Carolyn Gilby	Acting Director of Operations
Carolyn Green	Executive Director of Nursing and Patient Experience
Mark Powell	Director of Business Development and Marketing
Kate Majid	Head of Transformation and Patient Involvement

IN ATTENDANCE:

For item DHCFT 2015/160
For item DHCFT 2015/160

Anna Shaw	
Sue Turner	Executive Administrator and Minute Taker
Kirsty	Service Receiver
Kate Heardman	Community Psychiatric Nurse

VISITORS:

Carole Riley	Derbyshire Voice Representative
John Morrissey	Public Governor, Amber Valley South
David Waldram	Member of the Public
Winston Samuels	Member of the Public

APOLOGIES:

Jayne Storey	Director of Transformation
Jenna Davies	Interim Director of Corporate & Legal Affairs
Jim Dixon	Non-Executive Director

**DHCFT
2015/159**

CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST

The Chairman opened the meeting by welcoming all present and declared that there was no conflict of interest in today's agenda.

**DHCFT
2015/160**

SERVICE RECEIVER STORY

The service receiver visitor today was Kirsty who first came under the Trust's mental health care at the age of 18 within the adolescent service. She had been diagnosed with borderline personality disorder and she also had a history of self-harm. Kirsty had experience with various mental health teams within the Trust and had been admitted as an inpatient both as a volunteer and after being sectioned.

Kirsty gave her impression of life as an inpatient and felt strongly that wards were very under staffed, although her last admission to the Trust' service was nearly five years ago. She felt nurses have so much to do it makes it difficult to talk to them in the wards if you were experiencing a crisis. Kirsty acknowledged that every effort is made to make the wards as comfortable as possible and t more activities carried out now, but she found it depressing being an inpatient and not having enough to do. Getting outside to have a walk and have some fresh air was difficult because of the lack of staff and was always seen as a "risk management" issue. Being outside and having a change of scenery helps with people's moods and calms them down and Kirsty was so desperate to get out of the ward that she started smoking and 10 years on she is still a smoker, now.

Kirsty described the food on the ward as terrible. She believes having food that is stimulating and attractive would really help people on the wards who have a poor appetite or an eating disorder. Having a hot breakfast a few times a week would give service receivers something to look forward to. She suggested that fruit, dips and crudities would be a good addition.

Kirsty listed other factors that would improve life on the wards. Having a quiet space where you can sit quietly, read a book or listen to music. Having a named nurse who is approachable who you can form a relationship with is important as well as being able to change your named nurse if needed. Kirsty had a lot of praise for the health care assistants who she felt were the back bone on the wards and the ones who take you for a smoke and sit and hold your hand and she didn't think they received the credit they deserved.

The Chairman remarked that part of Kirsty's story was about testing whether the Trust had improved since she was last in hospital as an inpatient some four and a half years ago and the Board was keen to know how the Trust could work with people like Kirsty in the community to implement the improvements she would like to see.

Maura Teager felt Kirsty gave a good account of being an inpatient and wondered if she ever saw things happening on the wards that didn't make sense. Kirsty replied that she couldn't understand why nurses congregate and sit at the nurses' station. Rather than have them sitting around they should be walking round the wards and seeing if patients have what they need. She appreciated that sometimes they are completing paperwork but she thought they should be more active around the wards and check on patients behind curtains or sat and watched television with people. She also felt intimidated approaching the nurses' station and that it would be less intimidating if just one nurse was sitting there that you could approach if you needed to talk to someone. Getting to the activities hub was important and engaging in group scrabble games or word searches and doing things as a group helped conversation start to grow.

	<p>Ifti Majid asked Kirsty what things have changed over the years? Kirsty replied that the Trust had become extremely “risk conscious”. Everything was seen as a risk, even simple things like having a bath. Having more talking therapies would really help.</p> <p>Carolyn Green thanked Kirsty for telling her story. She could recognise the historical themes and would like to ensure continuous improvement on every point she raised. She confirmed she was in full agreement on therapeutic activity, quiet time, having a therapeutic and caring environment. She assured Kirsty that the Trust will continue to improve and provide patients with fresh air, such as evening or weekend walking groups, which could really help. The Trust had rolled out Safe wards which stimulates group activity and provides calming spaces. Ten research interventions have been introduced in Derby and these aspects would be extended throughout in-patient services. Calm down boxes which are used for massage sessions and relaxation groups and community groups have been replaced with mutual expectation meetings and one to one discussions are carried out to discover what is working and what isn't working in the drive to create improvements. Self-care and shared care are being introduced to the neighbourhoods which are all models in keeping with Kirsty's feedback on the Trust's services. There is still a lot of work to do and Carolyn Green would like to ask Kirsty to help as there is still a lot of work to be done.</p> <p>The Chairman thanked Kirsty for sharing her experience with the Board and thanked Kate Heardman for accompanying her. The Board would carry out a reflection of Kirsty's observations and will write to her setting out some recommendations for improvement.</p> <p>RESOLVED: The Board of Directors expressed thanks to Kirsty for sharing her story and for her observations of the Trust's services.</p>
<p>DHCFT 2015/161</p>	<p><u>MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 28 OCTOBER 2015</u></p> <p>The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 28 October were accepted and approved.</p>
<p>DHCFT 2015/162</p>	<p><u>MATTERS ARISING</u></p> <p><u>Actions Matrix:</u> All green completed items were removed and all other updates were noted directly on the matrix.</p>
<p>DHCFT 2015/163</p>	<p><u>CHAIRMAN'S REPORT</u></p> <p>The Chairman's report summarised his meetings and visits during the month and was noted by the Board. The Chairman pointed out he was very impressed with clinical leadership reporting arrangements. He highlighted the importance of building robust governor involvement into the strategy review and he hoped that governors would have a substantial input into this process at an initial point within the timeframe.</p> <p>Caroline Maley stressed the need to clarify the terms of reference and quorum arrangements of the governor working groups. She called for a clearer</p>

	<p>understanding of how these meetings should be held and asked that Jenna Davies work with governors to define the governor working group terms of reference and quorum arrangements.</p> <p>ACTION: Jenna Davies to define the governor working group terms of reference and quorum arrangements.</p> <p>RESOLVED: The Board received and noted the Chairman’s report.</p>
<p>DHCF 2015/164</p>	<p><u>ACTING CHIEF EXECUTIVE’S REPORT</u></p> <p>Ifti Majid’s report provided the Board of Directors with some of the key national policy changes or announcements over the last month. The report also provided an update on work within the Derbyshire Health and Social Care Community as well as covering key issues internal to the Trust.</p> <p>The report also drew attention to matters that were creating added pressure on the Trust such as the key issues raised by the acute sector that emerged from the feedback to Monitor and NHS England consultation on national tariff payment system for 2016/17.</p> <p>Ifti Majid drew attention to the fact that junior doctors had voted to take strike action on 1 December. This would be a challenge to the NHS and it was hoped the situation would improve once contract negotiations have recommenced. The Trust had prepared contingency plans to minimise disruption to people who use the Trust’s services in the event of any strike action and Dr John Sykes had lead this initiative and provided an update on the Trust’s action plan. He explained that consultants and senior doctors would provide emergency cover only. The Trust’s plans had been put to NHS England and Dr John Sykes, Dr Wendy Brown, Dr Deepak Sirur and HR will be operating a mobile command centre and will be responsible for any issues that might arise on these days. Strength of feeling with junior doctors was high. Local relationships are good currently and will be maintained and there is a warm appreciation of support from the Trust for the determination to maintain patient safety and care that will not be compromised.</p> <p>Ifti Majid attended a session of the Trust Medical Advisory Committee which generated much discussion about the culture needed to create a climate where staff feels able to raise concerns. Attached to his report was a list of items that would support a culture where staff feel able to raise concerns that was received at the TMAC (Trust Medical Advisory Committee) meeting held on 11 November. Ifti Majid felt this provided a very helpful line of sight of what doctors and staff are saying and this will now be fitted into the Trust’s work.</p> <p>The Staff Awards Ceremony took place on 16 November. Ifti Majid felt this was a tremendous event that provided an opportunity to celebrate the commitment of the Trust’s staff in delivering care to residents of Derbyshire. He congratulated the Communications Team who performed an impressive job organising this event with very little funds.</p> <p>RESOLVED: The Board of Directors received and noted the Acting Chief Executive’s Report.</p>
<p>DHCFT 2015/165</p>	<p><u>FINANCE DIRECTORS REPORT MONTH 7</u></p>

	<p>This report provided the Board with an update on financial performance against the Trust's operational financial plan as at the end of October 2015.</p> <p>Summarising, Claire Wright reported that the Trust was in a good position at the end of October and ahead of plan, although there would continue to be cost and income pressures within the financial forecast for the coming months.</p> <p>Ifti Majid and Claire Wright had updated Monitor on key issues relating to quarter 2 and informed the Board that Monitor would be looking at the sickness trends within the organisation. Monitor will also take an interest in IAPT (Improving Access to Psychological Therapies) performance and the associated re-procurement exercise</p> <p>The Board noted the Trust had breached both the qualified nursing agency expenditure ceiling of 3% and the framework rule for October. This has formally been reported to Monitor and signed off by Carolyn Green and Carolyn Gilby and this matter had also been escalated to the Board from the Finance & Performance Committee. Claire Wright informed the Board that systems and processes are in development for the level to reduce to within the appropriate ceiling. Carolyn Green has assessed the risks for the engagement of agency nursing staff in the community, CAMHS, IAPT. Carolyn Green wished to point out that due to the risks of clinical disengagement of children and families in therapy, associated safeguarding risks, community caseloads for vulnerable people who will struggle with a cessation of a case manager without a safe transition, this was a measured justifiable breach at this time. All agency workers will be phased out to full compliance but in these cases and taking into account the financial risk exposure the transition and phasing plan, is to maintain safe practice and enable a safe transition.</p> <p>Claire Wright drew the Board's attention to the new pay rate caps that have now come into force affecting all agency staff which will be monitored through the Finance & Performance Committee and the Executive Leadership Team.</p> <p>Claire Wright also informed the Board that she was forecasting a slight underspend in capital expenditure at the end of year which was due to the effect of clinical priorities having been prioritised within the capital programme.</p> <p>RESOLVED: The Board of Directors considered the content of the paper and was assured on the current and forecast financial performance for 2015/16.</p>
<p>DHCFT 2015/166</p>	<p><u>BOARD TO CONSIDER DELEGATION OF SIGN OFF TO AUDIT COMMITTEE OF ANNUAL ACCOUNTS, QUALITY REPORT, ANNUAL REPORT AND ANNUAL GOVERNANCE STATEMENT.</u></p> <p>Claire Wright's paper requested that the Board confirm continued delegation from the Trust Board to Audit Committee for 2015/16 Annual Accounts and Report process, onwards.</p> <p>The Trust Board first delegated approval of Annual Report and Accounts last year for the 2014/15 year. The process went very well; concluding in sign-off of report and accounts a week ahead of deadline. There were no adverse governance or statutory impacts.</p> <p>The Board formally confirmed continued delegation of all aspects of the</p>

	<p>2015-16 Annual Accounts to the Audit Committee and that delegation to the Audit Committee would continue in perpetuity.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Confirmed delegation to the Audit Committee for approval of annual report and accounts for 2015/16. 2) Considered and confirmed delegation to the Audit Committee would continue each year, indefinitely.
<p>DHCFT 2015/167</p>	<p><u>STRATEGIC REVIEW/QUARTERLY PROGRESS</u></p> <p>This paper provided the Trust Board with assurance of progress against the strategic outcomes. The strategy set out the Trust's plans for 2013 to 2016 and had been refreshed for its final year. The progress report provided a reflection on current key issues, whilst continuing the vision outlined in the 2013-16 strategy. The report also reflects the current position across the organisation with regard to the achievement of the refreshed strategic outcomes and pillars of delivery. The Trust's current position is "All 21 goals are 'on plan' (green)". The report also provided examples of evidence of progress.</p> <p>Ifti Majid felt a couple of standards related to targets around staff culture and leadership and he proposed to discuss this further with the Director of Transformation, Jayne Storey. Discussions took place on how the strategy would be built into other frameworks and how it would be reviewed and measured and it was agreed that this would be considered within the Executive Leadership Team (ELT) meetings by Ifti Majid.</p> <p>Members of the Board agreed this was an opportunity to improve the strategy substantially and in preparation for the next version, appropriate tools will be put in place for monitoring delivery.</p> <p>ACTION: Strategy to be further reviewed and measured by ELT.</p> <p>RESOLVED: The Board of Directors noted the content of the report and received assurance on progress to date.</p>
<p>DHCFT 2015/168</p>	<p><u>INTEGRATED SERVICE DELIVERY</u></p> <p>Kate Majid's paper provided the Trust Board with assurance of progress against the strategic outcomes with respect to integrated service delivery and gave an update against several key advances in the development of neighbourhood working and campus developments.</p> <p>It was noted that in response to staff feedback, the implementation date of the Neighbourhoods had been delayed to 1 April 2016. The implementation date referenced within the Strategy report will be adjusted to reflect this position.</p> <p>John Sykes pointed out there was a significant CIP (Cost Improvement Programme) for medical provision within the neighbourhood model, and he asked whether there was an indication that medical and nursing workforce and was coming together. Kate Majid replied that this was an opportunity to bring this together. Work is being carried out on neighbourhood teams and pathways will be adapted to the WorkPro Tool. This will cover all levels of intervention across all medical areas and once it is defined for a medical</p>

	<p>workforce it is a small step to combine the two against the medical pathway.</p> <p>Carolyn Green felt it would be necessary to measure the impact of this challenge. The patient story heard earlier showed gaps in community access and specific measures of accessibility. Waiting lists will be looked into within the planned community skill mix review she had recently instigated with the Assistant Director of Clinical professional practice and this should enable a baseline of current pressures prior to transformation.</p> <p>Discussions centred around quality impacts relating to proposed changes to the neighbourhood and campus model and the inevitable financial challenges this would create. Tony Smith asked to what extent could Non-Executive Directors be aware of quality impacts over the last year. In response, Kate Majid explained that the Programme Assurance Board reviewed quality impacts on a monthly basis and this was reported to each meeting of the Finance & Performance Committee. If the Finance & Performance Committee has any CIP quality issues, this would be escalated horizontally to the Quality Committee.</p> <p>RESOLVED: The Board of Directors received assurance from the paper in respect to the achievement of and alignment to the Trust’s Strategic Outcomes as outlined above regarding the development of a Model of Integrated Service Delivery.</p>
<p>DHCFT 2015/169</p>	<p><u>BOARD COMMITTEE MINUTES</u></p> <p>The ratified minutes of the meeting of the Quality Committee held on 15 October and the draft minutes of the meeting of the Safeguarding Committee held on 23 October were reviewed by the Board. It was agreed that the Board received more assurance from minutes than summary reports of the committee meetings.</p> <p>RESOLVED: The Board of Directors noted the contents of the ratified Quality Committee Minutes and the draft Safeguarding Committee Minutes.</p>
<p>DHCFT 2015/170</p>	<p><u>CHANGING FACE OF THE WORKFORCE – PEOPLE STRATEGY UPDATE METRICS</u></p> <p>This paper provided the Trust Board with an overview of organisational transformation that will have an impact on the shape of the workforce for 2016 17. The paper also gave a brief overview of the changing shape of the workforce (retrospective) and focused on changes to the workforce aligned with organisational transformation plans.</p> <p>Caroline Maley did not feel that the report set out the skills the Trust has at the moment and wanted to know at what point would this be evident. In response, Ifti Majid replied that there was a real need to work this through the People Strategy as the transformational change programme had moved on significantly in the last 12 months and the list of developments contained in the previous paper could provide this. The programme is due to go live on 1 April and will continue to develop. This will be documented more clearly and show a more structured and planned approach to the workforce and will identify the skills and training needed.</p>

	<p>Discussions took place on organisational development and gaps in leadership. Areas of weakness would be defined to ensure leaders are in place to address the gaps required, bring teams together and secure the workforce of the future. This was a matter of concern for the Board and it was agreed this would be addressed and developed through ELT and other key priority areas discussed today will be followed up and monitored in the Finance & Performance Committee.</p> <p>The Board noted that a more detailed action plan of the outcomes from the last deep dive in sickness absence was received at the November meeting of the Finance & Performance Committee. However, the committee was not assured by the action plan and an improved version will be submitted to the next meeting of the committee in January and will be reported back to the Board and/or other committees if the committee is not fully assured.</p> <p>Claire Wright wished to point out an inaccuracy contained in the report in the third paragraph on page 12, that stated suicide was the leading cause of death in the UK across the majority of age groups, and clarified that her understanding was that this was in certain age groups for men and a fairer measure would be significant.</p> <p>ACTION: Organisational development and gaps in leadership and creation of workforce for the future will be addressed and developed through ELT and monitored through the Finance & Performance Committee.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Considered the proposed workforce and wider organisational implications of transformation 2) Obtained partial assurance from the report as noted above.
<p>DHCFT 2015/171</p>	<p><u>ANNUAL PATIENT SURVEY</u></p> <p>Carolyn Green's high level summary showed the Trust had not slipped in performance. The national community mental health teams had seen a weakening of performance but the Trust had been rated as average or had improved performance. Carolyn Green pointed out that she felt the leadership of the Chief Pharmacist had made a big impact on the performance of medication knowledge through the pharmacy strategy implementation which showed a good average overall.</p> <p>The summary contained the safeguarding children inspection report. However, the full report did not contain the original attachment and Carolyn Green requested that the Safeguarding Systems Report and associated action plan be received at the next meeting of the Board in January.</p> <p>The Board noted that the Trust had performed well given cost constraints. Learning would be gained from points of success and improvement would be sought in specific targeted areas for next year.</p> <p>Challenges were received from Non-Executive Directors around the fact that although this was a solid performance, the organisation should be striving for higher levels of sustained improvement. Carolyn Green responded to state that with significant cost efficiency programmes she felt this was a sound performance, although she would be looking at areas of significant</p>

	<p>improvement to consider what were the key factors for improvement and metaphorically bottle them and use the learning from these areas into more stagnant areas of clinical performance.</p> <p>ACTION: CQC Safeguarding report has been received by Board in the confidential session and the full report and action plan will be submitted to the January Board meeting by Carolyn Green.</p> <p>RESOLVED: The Board of Directors noted the recently published information.</p>
<p>DHCFT 2015/172</p>	<p><u>POSITION STATEMENT ON QUALITY & QUALITY DASHBOARD</u></p> <p>Carolyn Green's report provided the Board of Directors with an update on the Trust's continuing work to improve the quality of services provided in line with the Trust's Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>Carolyn Green drew attention to the Rapid Assessment Interface and Discharge (RAID) model of liaison mental health care. This new model of liaison team, based in Chesterfield Royal Hospital was commissioned in April 2014 and provides a rapid 24/7 response. The service has a one hour target for becoming involved in the care of patients with mental health or substance misuse care needs presented to the Emergency Department and the report demonstrated very strong performance in this clinical target area.</p> <p>Another area of the report specifically highlighted was the results of the Annual Inpatient Survey in the Quality Dashboard. Carolyn Green pointed out that 49% of patients said they did not feel safe on the Trust's inpatient wards and she assured the Board that she was aware of this result and this was being looked into. The Quality Committee had previously been briefed on this point and this was being considered within the seclusion and proactive and safe work streams, with improvement work through Safewards.</p> <p>The Board scrutinised the Quality Dashboard which highlighted various areas that would be focussed on in detail and would be monitored by the Quality Committee and Finance & Performance Committee and People Forum.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Received the Quality Position Statement and Dashboard and noted areas of improvement 2) Felt enough care had been taken of physical health and purposes of medications explained "Completely" 2012 (Q24). 3) Noted the key areas to develop a greater understanding of performance, which each committee will have oversight of with a named improvement plan: <ol style="list-style-type: none"> a) Safety on our wards and patient experience (Quality Committee and Positive and Safe work plan) b) "When you arrived on the ward, or soon afterwards, did a member of staff tell you about the daily routine of the ward, such as times of meals and visitors times?" (Quality Committee and Patient Experience work plan) (QA3), c) "Were you able to get the specific diet that you needed from the hospital?" (Quality committee and Positive and Physical Healthcare Committee) (Q8),

	<p>d) Percentage of staff having well-structured appraisals in last 12 months (Q8) (Finance & Performance committee / People Forum)</p>
<p>DHCFT 2015/173</p>	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING</u></p> <p>This report defined the Trust's performance against its Key Performance Indicators 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 and Ward Safer Staffing.</p> <p>Carolyn Gilby drew attention to the low number of service users who have opted in to receive text message reminders for consultant outpatient appointments and suggested that the Trust operates an "opt out" arrangement for text messaging. However, a wider range of options to address DNAs (Did Not Attends) is now being explored.</p> <p>It was noted that 28 day readmissions had increased and that further work is being carried out to understand this, although initial analysis has suggested this does not relate to the older adult population.</p> <p>The Board was aware that EPR (Electronic Patient Records) and clustering had been discussed in detail at the November meeting of the Finance & Performance Committee. John Sykes explained the course of action when applying clustering, how this is recorded in EPR and how it was risk assessed. The Board was pleased to note that an action plan to address the inconsistency in cluster recording will be followed up and closely monitored by the Finance & Performance Committee.</p> <p>Ifti Majid was pleased to note an improvement in the position of safer staffing which demonstrated that the recruitment strategies recently put in place were working Trust wide.</p> <p>ACTION: Carolyn Green will carry out quality checks in partnership with Carolyn Gilby on areas that have been highlighted.</p> <p>ACTION: Inconsistency in cluster recording will be followed up and closely monitored by the Finance & Performance Committee.</p> <p>RESOLVED: The Board of Directors:</p> <ol style="list-style-type: none"> 1) Acknowledged the current performance of the Trust 2) Noted the actions in place to ensure sustained performance
<p>DHCFT 2015/174</p>	<p><u>ITEMS ESCALATED TO THE BOARD FROM THE FINANCE & PERFORMANCE COMMITTEE</u></p> <p>Items escalated to the Board and listed on the agenda were worked into today's discussions and were noted in the following items above:</p> <ul style="list-style-type: none"> • DHCFT 2015/165: The breaches of the agency nurse ceiling and framework cost

	<ul style="list-style-type: none"> • DHCFT 2015/173: Lack of assurance and need for an action plan to address inconsistency in cluster recording and the potential quality and financial implications • DHCFT 2015/173: Need to improve assurance around securing formal clinical confidence, buy-in and medical clinical leadership in the PARIS EPR system.
<p>DHCFT 2015/175</p>	<p><u>FOR INFORMATION</u></p> <p>I. Board Forward Plan: The Forward Plan is to be redeveloped for 2016/17 by Executives with the Board Secretary.</p> <p>II. Board Assurance Framework: Risk 3a Financial Plan will be brought to the Audit Committee in December. Narrative of medical EPR evidence within Risk 2b will be developed.</p> <p>III. Future deep dives: It was agreed that the Quality Dashboard would be the focus of the deep dive to be held at the next meeting in January.</p> <p>IV. Comments were received from members of the public. Winston Samuels asked how checks were carried out to ensure information is correct for each individual patient within the clinical records system. Carolyn Green explained the concept of interpreting clinical records with him outside of the meeting. David Waldram was pleased to see that RAID had been discussed at the meeting. He was also sorry that this would be last meeting that Mark Todd would be attending as Trust Chair.</p>
<p>DHCFT 2015/176</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 4:50 pm.</p> <p>This was the last meeting of Mark Todd's Chairmanship and thanks were given for his excellent leadership and service to the Trust.</p>
<p><u>DATE OF NEXT MEETING</u></p> <p>There will be no meeting in December. The meeting of the board in public session is scheduled to take place on Wednesday, 27 January 2016 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>	