

**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, 28 October 2015**

**MEETING HELD IN PUBLIC**

Commenced: 1:00 pm

Closed: 4:20 pm

*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
Jim Dixon	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
Jayne Storey	Director of Transformation
Jenna Davies	Interim Director of Corporate & Legal Affairs

**IN ATTENDANCE:**

For item DHCFT 2015/144  
For item DHCFT 2015/144  
For item DHCFT 2015/144  
For item DHCFT 2015/153

Jayne Davies	Involvement Manager
Sue Turner	Executive Administrator and Minute Taker
PJ	Service Receiver/Carer
Lesley Bryant	Crisis Team
Fiona White	Crisis Team
Keith Waters	Honourary Research Fellow and Director Centre Self-Harm and Suicide Prevention
Bob Gardner	Nurse Consultant Mental Health Liaison
Jenny Ness	Research Project Manager
Emma Flanders	Lead Professional for Patient Safety
Amy Johnson	Family Liaison & Investigation Facilitator
Rob Morgan	Health and Safety Advisor

**VISITORS:**

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

**APOLOGIES:**

Mark Powell	Director of Business Development and Marketing
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<p><b>DHCFT 2015/143</b></p>	<p><b><u>CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST</u></b></p> <p>The Chairman opened the meeting by welcoming all present and declared that he could not see a direct reference to a conflict of interest in today's agenda.</p>
<p><b>DHCFT 2015/144</b></p>	<p><b><u>SERVICE RECEIVER AND CARER STORY</u></b></p> <p>The family and service receiver visitor today was PJ who described her family's experience of the Crisis Team. She was accompanied by Lesley Bryant and Fiona White from the Chesterfield Crisis Team.</p> <p>PJ defined the care her family received from the Crisis Team as second to none. She apologised that her husband E was not able to join her. She explained that in the African culture stigmatisation attached to mental health issues is very prevalent. Men are expected to be silent if they are suffering otherwise they are not considered "man enough". PJ felt it was a good sign that E felt able to tell her that it would be too difficult for him to meet with the Board today.</p> <p>PJ described the traumatic time she and her family experienced when her husband had his breakdown. She had called the emergency services and E was taken to Chesterfield hospital. E was seen by Dr Johnson who was able to talk to him and calm him and he was referred to the Crisis Team. The Crisis Team gave PJ and E courage and confidence and supported them and made them both feel they could face things together.</p> <p>PJ told of her disappointment with professional members of other agencies who threatened to take their children away from them. Throughout this time the Crisis Team focussed on the whole family and the family's wellbeing and understood that this would result in an improvement in E's mental health. PJ related her experience from other statutory services and the impact of safeguarding interventions, education and social care and how that had impacted upon family life. These experiences were not positive and the family were desperate for support and the Crisis team had reached them and supported them in a critical period. PJ pointed out she had logged formal complaints with those bodies for their actions.</p> <p>PJ thought there were two exceptional members of the Crisis Team, Lesley and Cheryl but she felt all members of the team were wonderful. The Chairman thanked PJ for the tributes she paid to the Crisis Team. He was intrigued with the connection Lesley had with the family and how she gave the family courage. The Crisis Team understood the family were victims of the circumstances they found themselves in and helped the family look on the positive side and look to the future. They saw PJ as a mother and a friend and they connected with the children too. PJ felt cultural adaptations and sensitivities to E his ethnicity, culture and respect as head of the family had been provided.</p> <p>Ifti Majid acknowledged the Crisis Team's role was not purely about E's mental health, they had also taken a holistic approach to his and the family's recovery. He recognised they had experienced barriers when trying to get the help they needed from other agencies. The Crisis Team was determined to keep E safe and social workers were adding to his trauma by trying to make E leave the family home. Lesley from the Crisis Team had pleaded with social workers to</p>

	<p>let her and the team support E and the family and keep him at home as she did not believe he would harm his wife or children.</p> <p>Maura Teager highlighted the bravery of Lesley and the professional risk she took and felt this was possible because she had a strong team behind her and this helped with the courageous decisions she and the team had made.</p> <p>The Chairman thanked PJ for sharing her story and thanked Lesley Bryant and Fiona White and the Crisis Team that delivered this service to PJ and her family. He felt there was learning that could be taken from this case regarding co-ordination with other services and how mental health issues are seen within the African culture. This required further work especially as it is not purely confined to African men.</p> <p>The Board met the junior members of PJ's and E's family, their three daughters, and welcomed them and thanked them for their attendance.</p> <p><b>ACTION: Ifti Majid to write to the Crisis Team and extend the Board's thanks and appreciation for their work.</b></p> <p><b>RESOLVED: The Board of Directors expressed thanks to PJ for sharing her family's story which allowed them to understand the difficulties they faced and the responsive and effective work of members of the Crisis Team.</b></p>
<b>DHCFT 2015/145</b>	<p><b><u>MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 30 SEPTEMBER 2015</u></b></p> <p>The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 30 September were accepted and approved, subject to declarations of interest being amended to show they were with regard to the employment tribunal and associated investigations.</p>
<b>DHCFT 2015/146</b>	<p><b><u>MATTERS ARISING</u></b></p> <p><b>Actions Matrix:</b> All green completed items were removed and all other updates were noted directly on the matrix.</p>
<b>DHCFT 2015/147</b>	<p><b><u>CHAIRMAN'S REPORT</u></b></p> <p>The Chairman's report summarised his meetings and visits during the month and was noted by the Board.</p> <p><b>RESOLVED: The Board received and noted the Chairman's report.</b></p>
<b>DHCF 2015/148</b>	<p><b><u>ACTING CHIEF EXECUTIVE'S REPORT</u></b></p> <p>This report provided the Board of Directors with some of the key national policy changes and 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>Ifti Majid drew attention to the appointment of Jim Mackey as NHS Improvement's Chief Executive.</p>

	<p>Ifti Majid informed the Board that he had recently spent time with a learning disabilities group in south Derbyshire. He felt it was important to recognise the needs of this highly dependent group and proposed to invite them to the Board to tell their service receiver story.</p> <p>The Spotlight on Leaders event was held on 21 October and was highlighted from the report. This event was attended by senior managers and clinical leads and was led by Carolyn Green with the focus on Quality and the Quality strategy. Tony Smith and Maura Teager fed back that previous focus groups held some years ago had identified that leaders and staff wanted more direction and the freedom to lead. The Board recognised this and would continue to support this.</p> <p>Ifti Majid also talked about the leadership of the Crisis Teams and staff on the front line. He felt it would be good to give real examples of leadership in action and show what empowers leaders and get the message across to staff that leadership does not just come from the top. He felt that today's service receiver story was a good example of how everyone can lead.</p> <p>Non-Executive Directors asked to be informed of the dates for future leadership events-so they can attend.</p> <p>Tony Smith asked Ifti Majid for his reflection on the effectiveness of the People Forum. This was the first People Forum Ifti Majid had chaired and he felt there is some work to be done to connect the Trust's Strategy with the People Strategy. Tony Smith agreed that the People Strategy required an urgent review on the effectiveness and assurance it provides. He was pleased with the feedback that had been received from the leadership event and he asked that elements of the feedback be captured in considering the refreshed People and Organisational Development Strategy. Ifti Majid outlined the intention to refresh the existing Trust Strategy in the New Year, and then the enabling strategies, such as the People and Organisational Development Strategy would be developed.</p> <p><b>ACTION: Dates of the upcoming Leadership Events to be provided to Non-Executive Directors.</b></p> <p><b>ACTION: People Strategy to be reviewed in line with the Trust Strategy and considered within the People Forum.</b></p> <p><b>RESOLVED: The Board of Directors received and noted the Acting Chief Executive's Report.</b></p>
<p><b>DHCFT 2015/149</b></p>	<p><b><u>COMMITTEE SUMMARY REPORTS</u></b></p> <p>The draft minutes of the recent meeting of the Audit Committee held on 8 October and ratified minutes of the meeting of the Quality Committee held on 15 October were received by the Board.</p> <p>It was agreed that committee chairs would decide if minutes received at Board meetings would be in their ratified or draft form.</p> <p><b>RESOLVED: The Board of Directors noted the contents of the Committee Summary Reports and the draft minutes of the Audit Committee.</b></p>

<p><b>DHCFT 2015/150</b></p>	<p><b><u>INFORMATION GOVERNANCE UPDATE</u></b></p> <p>This report provided the Board with a performance update on Quarter 2 progress towards meeting the requirements of the 2015-16 Version 13 Information Governance Toolkit as well as the work of the Information Governance Committee and Information Governance breach monitoring. The report was received and noted by the Quality Committee on 15 October.</p> <p>The Board noted that the IGC Terms of Reference would be updated and there will be a change of SIRO as noted in the amendments.</p> <p>The Chairman felt it was worth reflecting the Trust had followed the due process in line with Caldicott guidance. Discussions had taken place with internal auditors regarding internal governance processes and the Board supported the request to look at all underlying processes.</p> <p>The Board approved the IG Work Plan, IGC Terms of Reference and IG Management Framework as fit for purpose</p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li>1) <b>Acknowledged the initial IG Toolkit baseline</b></li> <li>2) <b>Acknowledged the progress made with the IG work plan</b></li> <li>3) <b>Confirmed the IGC Terms of Reference, IG Management Framework, IG Annual work plan and IG Specialist training work plan was fit for purpose.</b></li> </ol>
<p><b>DHCFT 2015/151</b></p>	<p><b><u>BOARD ASSURANCE FRAMEWORK (BAF) 2015/16 UPDATE REPORT</u></b></p> <p>The Board Assurance Framework (BAF) is a high level report which enables the Board to demonstrate how it has identified and met its assurance needs, focused on the delivery of its objectives, and subsequent principal risks. The BAF provides a central basis to support the Board's disclosure requirements with regard to the Annual Governance Statement (AGS), which the Chief Executive signs on behalf of the Board of Directors, as part of the statutory accounts and annual report.</p> <p>This is the second formal presentation of the Board Assurance Framework to the Board (and Audit Committee) for 2015/16. An interim update report was provided to the Audit Committee in July 2015 detailing the recommendation that a new risk (2c) be added to the BAF. The report informed the Board of the developments that had taken place to the BAF since the last update was received by the Board in May.</p> <p>The BAF was reviewed at the Audit Committee on 8 October and members of the Board had received an updated version for review. The Board noted from one of the recommendations contained in the report that the Board would continue to receive a formal update on the BAF three times a year for 2015/16.</p> <p>However, Monitor have recommended that the BAF is reported the Board on a quarterly basis. Due to capacity reasons and to ensure the correct processes are followed it was decided to delay reporting on a quarterly basis until 2016/17. Jenna Davies assured the Board that the Trust would not be criticised for this delay and a Board Development session would take place in February to focus on how the BAF will be reported on a quarterly basis.</p>

	<p>Ifti Majid asked for a clarification of Risk 2c. This risk is described as a governance process and he did not feel issues referring to staff morale fitted within this risk and believed this risk should be contained within the “people type risks” around transformation. It was agreed that the elements contained within risk 2c were challenging and would be discussed further by Rachel Kempster and Jenna Davies in line with the actions resulting from the October meeting of the Audit Committee.</p> <p>Maura Teager asked that the medicine management deep dive be reflected within risk 1a.</p> <p>Tony Smith pointed out there is a gap in control within risk 4a. Two meetings of the People Forum were postponed during the summer months due to the absence of core members and this was a considered to be a gap in control.</p> <p><b>ACTION: Discussions on elements of risk 2c will take place outside of the meeting with Jenna Davies and Rachel Kempster.</b></p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li><b>1) Agreed that the Responsible Committee for risks 4a and 4b be centralised with the Finance and Performance Committee to enable a ‘deep dive’ to be undertaken on both risks at the same meeting.</b></li> <li><b>2) Received part assurance on the second presentation of the Board Assurance Framework for 2015/16</b></li> <li><b>3) Agreed for the Audit Committee and Board to continue to receive a formal update on the BAF three times a year for 2015/16.</b></li> </ol>
<p><b>DHCFT 2015/152</b></p>	<p><b><u>FINANCE DIRECTORS REPORT MONTH 6</u></b></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 September 2015.</p> <p>Claire Wright pointed out that the Trust was expected to achieve plan by year-end. The gap in CIP had now been closed, albeit with non-recurrent schemes but overall this was a positive indicator. The Trust was currently behind plan on capital expenditure and Claire Wright would keep the Board updated on the changes that are due to clinical priorities.</p> <p>In response to Maura Teager, Claire Wright explained how the reasons for pay underspends have been explained to staff and been accepted. She also reiterated other reasons for current underspends and described to the Board how financial communication with individual staff and teams took place.</p> <p>Carolyn Green pointed out that this year saw a peak in statutory standards and the Trust had established changes to ligature risk minimisation. There had also been changes to never events and the specification for seclusion rooms. Claire Wright and Carolyn Green had discussed these factors and they have been taken into account in capital spend assumptions.</p> <p>The Board acknowledged that the Cost Improvement Programme (CIP) was ahead of plan in the quarter due to the phasing of some of the replacement schemes. The Chairman wished to congratulate all staff who had contributed to this exercise and expressed his appreciation of their hard work.</p>

	<p><b>RESOLVED: The Board of Directors considered the content of the paper and were assured on the current and forecast financial performance for 2015/16.</b></p>
<p><b>DHCFT 2015/153</b></p>	<p><b><u>DEEP DIVE INTO SUICIDE PREVENTION</u></b></p> <p>Dr John Sykes introduced Keith Waters, Bob Gardner and Jenny Ness to members of the Board. The report on Suicide Prevention summarised the work undertaken to reduce the suicide rate in the Trust's patient population and in the general population. The report also detailed the standard Trust Suicide Prevention Training performed to date and set out the Trust's Suicide Prevention Training.</p> <p>John Sykes pointed out that the Derbyshire County Council launched its Suicide Prevention Strategic Framework which mirrored national ones with the addition of building resilience in local communities.</p> <p>Keith Waters started the discussion by summing up that suicide prevention is about getting people to feel comfortable talking about their suicidal thoughts and trying to make it normal to talk about thoughts and feelings. It also involves establishing whether a person has thoughts about wanting to live or to die and. Having an influence on people's feelings is an important factor as well as helping people experience their difficulties and keep them safe when they are facing distress and despair.</p> <p>Ifti Majid made the point that in today's service receiver story the Board heard that there are social improvements that can be made that have a significant impact on someone's mental wellbeing. Bob Gardner added that achieving good mental health before people get to this stage is vital. There are a lot of things that contribute to people getting to a point of wanting to harm themselves.</p> <p>The Chairman acknowledged evidence of this and that a lot of people who have not had contact with the Trust's services were going through crisis triggered by events such as job losses that could potentially produce suicidal thoughts. He considered that working with other agencies might produce a better outcome and imagined stress and anxiety could be identified at Job Centres. He wondered if this had been explored and asked how advice and support could be offered to people who are at high risk and who are not in our services. Keith Waters replied this is why suicide prevention is the responsibility of the whole society.</p> <p>When asked by Phil Harris what would be the ideal point of intervention, Bob Gardner replied it is important to make sure people do not progress on to the point of despair. It is crucial to build support around the person to deal with their despair. The key is for people to have access to GPs and helplines in order to get through to the person before despair starts to build up. Bob Gardner went on to say that the Trust helps people with high levels of distress and despair. People can present at any point and contact our services. He believed the Trust's services need to be more joined up. There should be the right communications in place so people know who they can go to for help. Some 70% of presentations at A&amp;E are from people who have self-harmed. People go to ED to get help because they don't want to see their GP.</p> <p>Carolyn Gilby made the point that the Trust needed to embed its services into</p>

resilient communities. Keith Waters added that in terms of suicide prevention we have the knowledge of predictive factors and can be reflected into what a resilient community looks like. It is about having people who care for you and activities developed that will occupy people's time and distract them from despair.

It was agreed that more support should be offered to families. This would be one of the new advantages of the national strategy. Bereavement processes are felt by doctors and nurses and all staff involved in a patient's care. Families and friends touched by suicide need support and staff should be too especially when they are required to undergo an inquiry process which can be very distressing procedure.

Amy Johnson, from the Family Liaison Team explained that she worked and engaged with families when suicide occurs and helps them access more specialised services that can support them longer term. She had access to this information and would be happy to circulate it.

It was clear there is a lot of work to be carried out with awareness training of staff who are helping people with suicidal tendencies. Training will progress and will form part of the staff training passport. The Board required assurance that the Trust has the suicide prevention strategy which is shared across the teams / agencies and that this strategy contains a success criteria.

John Sykes pointed out that the Trust will carry out bespoke suicide prevention training work which will sit within person centred safety planning. The timeline for the safety plan roll out will start with e-training and will then be followed by face to face training.

Jenny Ness explained that all self-harm presentation is monitored. This is carried out electronically and the data is captured within routine systematic, up to date clinical work that fits with NICE Guidelines. The teams see this data and any new information is circulated to the team members. This is easier with electronic systems and this could replicated with other teams. They are concentrating on work for 2016 and there are some very important systems that help on a daily level.

Carolyn Green asked that in the development of the Suicide strategy a key focus is made on family support, options for family education if an individual is suicidal, how to spot early warning signs and talk about suicide, staff support when attending coroners courts and attention to the psychological impact on staff dealing with suicidal people and coping with the distress.

Carolyn Green asked that a trajectory for improved training compliance and update on performance be received by the Quality Committee. She also asked for the Suicide strategy to be submitted to the Quality committee, together with confirmation of when the draft will be received.

The Chairman thanked the Suicide Prevention Team for attending the meeting and remarked that deep dive had introduced a number of areas of thought. He acknowledged that some great work was being done to raise public awareness of suicide prevention but further assurance was required on areas of training and how this will work in the future.

**ACTION: Trajectory of improved suicide prevention training compliance**

	<p>and update on performance be received by the Quality Committee. Suicide strategy to also be submitted to the Quality Committee, together with confirmation of when the draft will be received.</p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li>1) Considered the report</li> <li>2) Considered that further assurance was required from the Quality Committee regarding the development and content of the suicide strategy and suicide prevention training</li> </ol>
<p><b>DHCFT 2015/154</b></p>	<p><b><u>POSITION STATEMENT ON QUALITY</u></b></p> <p>The Position Statement on Quality provided the Board with an update on the Trust's continuing work to improve the quality of services it provides in line with the Trust Strategy, Quality Strategy and Framework and strategic objectives.</p> <p>Carolyn Green pointed out that the Quality Committee will receive at its next meeting the results of the Annual Community Patient Survey. The committee will also receive a paper on care planning and this will follow to the Board at the November meeting.</p> <p>The report provided the Board with good assurances relating to emergency response process, the trust monitoring status, our current clinical performance on suicide and death rates (sudden death) and showed that the Trust was compliant and working on improvements on non-suicide related deaths.</p> <p>The Board confirmed that the performance on quality was in a satisfactory position although routine assurance must be triangulated and communicated with front line staff. The continued good work on safer staffing and fill rates was noted and gave the board assurance on progress encouraged. Non-Executive Directors have sight of services and there are no gaps in this type of care.</p> <p><b>RESOLVED: The Board of Directors noted the Quality Position Statement.</b></p>
<p><b>DHCFT 2015/155</b></p>	<p><b><u>INTEGRATED HEALTH &amp; SAFETY GOVERNANCE ANNUAL REPORT</u></b></p> <p>This report provided the Board with an Annual Health and Safety Report. The report outlined the activities and achievements in Fire, Health and Safety, Moving and Handling and Security Management for April 2014 to March 2015 and provided the Board with assurance that the Health and Safety Group have oversight of all aspects of the Safety at Work Act and the Trust has satisfactory monitoring systems in place. The report also provided assurance on operational activities and gave strategic oversight on operational risks.</p> <p>Discussions developed around the programme of work on workplace stress and it was agreed that this would be looked at further within the Health and Safety Committee to see how this can improve.</p> <p><b>ACTION: Improvements in the work programme on workplace stress to be addressed at the Health and Safety Committee and reported to the Quality committee to give Board assurance that workplace stress is being attended to and with appropriate action plans.</b></p>

	<b>RESOLVED: The Board of Directors approved the content of the report.</b>
<b>DHCFT 2015/156</b>	<p><b><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING</u></b></p> <p>This report presented by Carolyn Gilby 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>Key areas of the report confirmed the following:</p> <ul style="list-style-type: none"> <li>• The Trust continues to be compliant with all Monitor regulatory indicators</li> <li>• The recording of Payment by Result Clusters and Health of the Nation Outcome Scores 12 month reviews continue to be challenging however there have been recent improvements</li> <li>• The rate of outpatients who did not attend is still causing concern</li> <li>• Health Visitor performance remains strong and IAPT recovery rates remain above target</li> <li>• The Trust continues to have qualified staffing vacancies that impact on staffing fill rates, Ward 34 is most adversely effected. An audit is currently underway to establish the accuracy of the information used to feed the Safer Staffing return</li> </ul> <p>The Board was pleased to note that the Trust was compliant with all monitoring targets on recovery rates and health visitors. There were some areas of concern regarding safer staffing but in a significantly improved level of performance. It was noted that an audit is being carried out to gain assurance on the process and systems in place for recruitment and whether there are improvements to be made if training is not being delivered satisfactorily. The results of the audit will be featured in future reports received by the Board.</p> <p>Carolyn Gilby explained that meetings were taking place with commissioners who have asked for an action plan to be developed to manage outpatient letters as letters are still not completed to the agreed timescales. A penalty and intervention due to performance is being considered as a means to manage output more efficiently and the medical leadership team will address areas of improvement on an individual basis to establish who is consistently failing the agreed standards.</p> <p>Carolyn Gilby drew attention to the new variance summary section of the report and the Board was pleased to note that an action plan is in place to monitor performance and focus on areas of difficulty.</p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li>1) <b>Acknowledged the current performance of the Trust</b></li> <li>2) <b>Noted the actions in place to ensure sustained performance</b></li> </ol>

<p><b>DHCFT 2015/141</b></p>	<p><b><u>FOR INFORMATION</u></b></p> <p><b>I. Board Forward Plan:</b> Carolyn Green requested that the Safeguarding Children Report and Safeguarding Adult Report six-monthly report be devolved to the Safeguarding committee and received by the Board on an annual basis in September as historical performance issues raised by Safeguarding Boards in 2013 and early 2014 are now resolved.</p> <p><b>II. Board Assurance Framework:</b> This was covered in item DHCFT 2015/151 above.</p> <p><b>III. Future deep dives:</b> It was agreed that Estates Environment – conditions and risks would be the focus of the deep dive to be held at the next meeting in November.</p> <p><b>IV.</b> Comments were received from David Waldram a member of the public who showed empathy in the deep dive in suicide prevention. John Morrissey, Public Governor, Amber Valley South considered that the interest declared by seven board members to the employment tribunal in the minutes of the last meeting was an ambiguous statement. He did not consider that it gave an indication of the decision of the Trust.</p>
<p><b>DHCFT 2015/142</b></p>	<p><b><u>CLOSE OF THE MEETING</u></b></p> <p>The Chairman thanked all of those present for their attention and comments and closed the public meeting at 4:20 pm.</p>
<p><b><u>DATE OF NEXT MEETING</u></b></p> <p>The meeting of the board in public session is scheduled to take place on Wednesday, 25 November, 2015 at 1.00 pm. in Conference Rooms A &amp; B, R&amp;D Centre, Kingsway Site, Derby, DE22 3LZ (confidential session to commence earlier at 10.30 am).</p>	