

**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 27 January 2016**

<b>MEETING HELD IN PUBLIC</b>	
Commenced: 1pm	Closed: 4pm

<b>PRESENT:</b>	Richard Gregory Caroline Maley Maura Teager Jim Dixon Phil Harris Ifti Majid Claire Wright Carolyn Green Dr John Sykes Carolyn Gilby Jayne Storey Mark Powell Jenna Davies	Interim Chairman Senior Independent Director Chair and Non-Executive Director Non-Executive Director Non-Executive Director Acting Chief Executive Executive Director of Finance Director of Nursing and Patient Experience Executive Medical Director Acting Director of Operations Director of Workforce OD & Culture Director of Business Development & Marketing Interim Director of Corporate & Legal Affairs
<b>IN ATTENDANCE:</b>	Anna Shaw Sue Turner Jay Bevington	Deputy Director of Communications & Involvement Board Secretary and Minute Taker Observer from Deloitte
<b>VISITORS:</b> For item DHCFT 2016/002 For item DHCFT 2016/002 For item DHCFT 2016/002	Phil Doro Moore Bev Green  John Morrissey Carole Riley	Service User Community Psychiatric Nurse Service Improvement / Covering Head Nurse Hartington Unit Public Governor, Amber Valley South Derbyshire Voice Representative
<b>APOLOGIES:</b>	Tony Smith	Non-Executive Director

<b>DHCFT 2016/001</b>	<b><u>INTERIM CHAIRMAN'S WELCOME, OPENING REMARKS AND APOLOGIES</u></b>  The Interim Chairman, Richard Gregory, opened the meeting by welcoming all present and declared there was no conflict of interest in today's agenda.  Richard Gregory explained how confident he felt in moving forwards from some of the difficulties that have challenged the Trust in recent times and that he aimed to reflect best practice in the way the Board operates and with the Board's committees. The number of items on today's agenda had been reduced to focus more on quality to allow more effective discussions and to reflect the range of work which is currently occupying the Board's attention.
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**SERVICE RECEIVER STORY**

Covering Head Nurse at the Hartington Unit, Bev Green, introduced service receiver Phil and Community Drug Worker, Doro Moore who has been working with Phil and his partner Claire (unfortunately Claire could not attend the meeting).

Phil described how he and Claire first came into the Trust's service and how they were originally supported as individuals and then as a family by the substance misuse team. When Phil was first involved with the Trust things did not start very well, he was in a dark place and he felt he received a very one sided experience. Phil explained that he and Claire had a baby girl who unfortunately had a heart problem which was operated on when she was just 10 days old but she very sadly died the following day. Phil and Claire have two other two children who were taken away from them at this point which left them feeling as if their lives had ended.

Phil and Claire had not progressed very well with social services who they felt made judgements against them. Doro Moore, the clinician started working with Phil and Claire and was very understanding and put Phil and Claire in contact with all the services they needed. Doro made appointments for treatment and support for Phil and Claire and set them in the right direction so they now feel quite well. Phil strongly believed that without Doro, he and Claire would not be where they are today as Doro and the substance misuse services took a family approach to their treatment which was so important to them.

Ifti Majid asked Phil if there was anything the Trust could have done better. Phil explained that when you start to work with people who are caring for you it's important to feel comfortable with them. Some people aren't so lucky and have to change support workers or their support worker moves away into other areas and they have to start to build a relationship with someone else. Agency workers only stay for a few months and patients get moved to another person. Phil and Claire refused to change from Doro as they didn't want to start a new relationship with another clinician. They have now been working with Doro for five years and would not want to work with anyone else and although this wasn't the service model, this had been respected by the team and stability in the named worker had been agreed.

Richard Gregory understood Phil's message was that it is important to have a relationship with someone you can trust. Doro Moore explained that she and her team carry out a high and low intensity service which in itself can create problems because some clients are more stable and others have a high dependency on drugs and are passed to other workers. Phil and Claire refused to allow this to happen. Doro also described how nice it was for her to have consistency and see the progress achieved with the people she worked with.

Maura Teager was interested to know how clients could change their care workers if they were unable to establish an effective relationship with them. Doro explained there are various ways of doing this and it is never seen as an issue if clients request a change of key worker. Doro Moore explained that tension between clients and workers can sometime happen due to the nature of boundary setting in substance misuse management and a balance has to be struck of change and continuity.

Richard Gregory felt it took courage for Phil to attend today's meeting and share his story and he hoped Phil's family's progress would continue. Members of the Board offered condolences for Phil's and his partner's loss and thanked Phil for his compelling story and his comments which would serve as a valuable contribution to improving the Trust's services.

**RESOLVED: The Board of Directors expressed thanks to Phil for sharing his story and for providing his observations of the Trust's services.**

<p><b>DHCFT 2016/003</b></p>	<p><b><u>MINUTES OF THE MEETING DATED 25 NOVEMBER 2015</u></b></p> <p>The minutes of the meeting, dated 25 November 2015 were accepted and agreed.</p>
<p><b>DHCFT 2016/004</b></p>	<p><b><u>MATTERS ARISING AND ACTIONS MATRIX</u></b></p> <p>The Board agreed to close all completed actions. Updates were provided by members of the Board and were noted directly on the actions matrix.</p> <p>It was agreed that the matrix would be adapted to provide evidence that actions have been completed when transferred to committees.</p>
<p><b>DHCFT 2016/005</b></p>	<p><b><u>ACTING CHIEF EXECUTIVE'S REPORT</u></b></p> <p>Ifti Majid's report provided the Board 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 following points were discussed:</p> <ul style="list-style-type: none"> <li>i. The Trust's north and south units of planning had asked the Board to review its Sustainability and Transformation Planning Footprint and concur with recommendations for a county and city wide footprint. The Board is actively supporting the county wide footprint which would produce a single entity for Derbyshire. Members of the Board welcomed this initiative which will enable mental health provision to allow the integration of primary care with other providers and afford the opportunity to be more flexible.</li> <li>ii. Nottinghamshire's devolution bid is now available in full on Derbyshire County Council's website. The Board has held previous discussions around this under the name of Devolution D2N2, now known as Devolution North Midlands. The bid has altered little from the iteration seen by the Board and will inform an important part of the Board's strategy development discussions. Ifti Majid explained that a decision had not yet been reached on the detail of the boundaries and it is not yet clear how north Derbyshire would work with Sheffield but he would keep the Board informed of aspects of planning as D2N2 will have a huge impact for the health service and people's housing, transport and resilience. The matter of recruitment and resource needs was raised by Caroline Maley and Ifti Majid clarified that the safer staffing reports show this has improved significantly and rolling recruitment would not stop.</li> <li>iii. The Trust's Plans for the industrial action by junior doctors was outlined by John Sykes and the Board supported the contingency plans that have been put in place. Although yesterday's strike action was suspended, a full walk out by junior doctors is expected on 10 February. This action is unprecedented and John Sykes explained that the risk is that although consultants and specialty doctors can be deployed to cover the inpatient units, the competency skill set for consultants is predominantly mental health rather than physical healthcare and they may lack some of the practical skills and knowledge to deal with complex medical situations. The skill set of specialty doctors is closer to what is required so these will be deployed in the front line wherever possible.</li> </ul> <p>A major incident approach on the day will be led by Carolyn Gilby, Acting Director of Operations. All training will be cancelled and trainers redeployed to clinical areas. An incident room will be staffed to learn the lessons from the previous week's approach. Phlebotomy and IT support will be required to close gaps in skills sets in the cover from senior doctors.</p>

	<p>John Sykes as Medical Director will oversee communication to all staff and patients and will be available to answer external enquiries. He will liaise with neighbouring Medical Directors and CCGs in efforts to improve overall system resilience and will escalate risks as necessary to the Executive Leadership Team for action and if necessary direct action by the Acting Chief Executive.</p> <p>In most cases consultants and doctors who won't be striking will provide cover and extra help is being secured from GPs and other areas. This will be a major challenge to all health providers.</p> <p><b>RESOLVED: The Board of Directors noted the contents of the Acting Chief Executive's report</b></p>
<p><b>DHCFT 2016/006</b></p>	<p><b><u>POSITION STATEMENT ON QUALITY</u></b></p> <p>Carolyn Green's report provided the Board with an update on the 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>The independent review of deaths of people with a learning disability or mental health problem in contact with the Southern Health NHS Foundation Trust recognised that not enough deaths were investigated at the Southern Hospital with people with learning difficulties and in their wider mental health and care services. Carolyn Green informed the Board that the Quality Committee had scrutinised the report and the Trust has a plan in place that will ensure good governance in this area and purposeful learning. This information has been shared nationally and other authorities have thanked us for this. Strong assurance on duty of candour has been obtained although there are still national reputational issues that need to be addressed as there are difficult interpretations of investigations but Carolyn Green was confident the Trust has a very strong process of control in this area.</p> <p>Carolyn Green wished to point out that although national suicide rates are rising the Trust had a low suicide rate for 2014/15 and she informed the Board that the Quality Committee will receive information on the new national benchmark on suicide and the Trust's Suicide Prevention Strategy in February.</p> <p>The Inpatient Service Users Survey comparison report was contained in the report which showed positive progress over a period of three years. The Board was pleased to note the areas of positive feedback received from service users throughout 2015 and that the Trust was performing above the national average. The Board noted the trend of the report and Caroline Maley requested caution on the survey findings due to the small sample size.</p> <p>The Trust is working towards becoming a smoke free environment which is very important for the organisation to reduce its mortality rates and improve physical health. The Board recognised this initiative will be a challenge but recognised that other organisations have carried this concept through successfully.</p> <p>The method of reporting risks to the Board was queried by Caroline Maley. The Quality Committee had recently reviewed the process for reporting risks and the Board agreed that a summary of "bottom up" risks from the Quality Leadership Teams would be reported to the Quality Committee and any escalation to Board would be recorded at each meeting.</p> <p><b>ACTION: Summary of "bottom up" risks will be reported to the Board at each meeting.</b></p> <p><b>RESOLVED: The Board of Directors:</b></p> <p><b>1) Noted the Quality Position Statement Dashboard and trends.</b></p>

	<p><b>2) Received the results of the inpatient survey, and noted areas of improvement.</b></p>
<p><b>DHCFT 2016/007</b></p>	<p><b><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT</u></b></p> <p>Carolyn Gilby's report defined the Trust's performance against its Key Performance Indicators plus any actions in place to ensure performance is maintained. The report showed 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 included, the Main Performance Indicators, Health Visitors, IAPT and Ward Safer Staffing.</p> <p>Key points noted included:</p> <ul style="list-style-type: none"> <li>i. The Trust continues to be compliant with all Monitor regulatory indicators</li> <li>ii. 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 and new targets agreed with commissioners</li> <li>iii. The rate of outpatients who did not attend is still causing concern</li> <li>iv. Health visitor performance remains strong</li> <li>v. IAPT recovery rates have gone below target in December</li> <li>vi. The Trust continues to have qualified staffing vacancies in the Hartington Unit that impact on staffing fill rates, Tansley is most adversely effected</li> <li>vii. The report included a 6 month review of staffing levels by ward</li> </ul> <p>Carolyn Gilby pointed out that the action plan variance commentary was discussed at the Finance &amp; Performance Committee. The action plan will be actively monitored and it is hoped this will improve performance. The variance commentary also gave a level of confidence in the actions and it was noted that clustering will now improve due to the implementation of the action plan.</p> <p>Discussion took place on exception items and specific areas of interest. Claire Wright had looked at the two months in the comparator table and the previous quarters' returns for CPA seven-day follow up and asked whether this was evidence of a declining position. Carolyn Gilby agreed five occurrences of exceptional circumstances were unprecedented and she described the specific reasons and action taken behind each case. She assured the Board that seven-day follow ups always take place to ensure patient safety because it is recognised that people are more at risk within the first seven days of release. It was agreed that Carolyn Gilby and Claire Wright will discuss outside of the meeting the potential for updating the reporting to increase visibility of alignment with quarterly compliance returns information.</p> <p>The output of outpatient letters was discussed. Carolyn Gilby explained that an action plan was in place to improve output which showed performance was above trajectory although there was a dip during December due to the Christmas holiday period. The Board was of the opinion that holiday periods should not adversely affect the output of letters and was informed that attention is being given to the capacity for staff to type letters during this period for electronic sign off by the doctors to ensure letters are processed within ten working days.</p> <p>The Board noted the IAPT (Improving Access to Psychological Therapies) performance and was assured that the action plan to drive improvement would prevent a dip in IAPT performance. The Interim Chairman wondered whether the right establishment was in place for community services. Carolyn Green explained that an inpatient and community skill mix review has taken place in Chesterfield encompassing all community neighbourhood areas and is being monitored by the Quality Committee. Discussions took place on ward safer staffing and vacancy fill rates and the continuous vacancies in particular wards/units and it was pointed out that recruitment is being worked on. Carolyn Green confirmed safer staffing meetings are being carried out</p>

	<p>three times a week.</p> <p>A challenge was made by Phil Harris who asked whether there was any triangulation with staff sickness and the staff survey. Carolyn Green confirmed that in certain wards there are specific HR processes which will have had an impact. These are the impacts of these issues rather than wider staff Friends and Family Test or staff survey issues. It is clear that when HR process does occur has an impact upon staff satisfaction and staff friends and families tests. Carolyn Green confirmed that specific issues could not be reported in the Public Board session but she was available to brief members of the Board on the specific issues.</p> <p><b>ACTION: It was agreed that Carolyn Gilby and Claire Wright will discuss the potential for updating the reporting to increase visibility of alignment with quarterly compliance returns information.</b></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>Note the actions in place to ensure sustained performance</b></li> </ol>
<p><b>DHCFT 2016/008</b></p>	<p><b><u>FINANCE DIRECTOR'S REPORT MONTH 9</u></b></p> <p>Claire Wright's report provided the Board with an update on financial performance against operational financial plan as at the end of December 2015.</p> <p>Key points noted included:</p> <ol style="list-style-type: none"> <li>i. Information received from Monitor on the requirements for an improved financial outturn for this financial year and that the Board has been asked to agree to and to commit to a plan to meet a control total of £1.7m for 2016/17.</li> <li>ii. The Trust has no particular issue with delay on receipt of payment from debtors and no exceptions were reported to last week's meeting of the Audit Committee.</li> <li>iii. The Trust has overridden the allowable cost of qualified nursing agency expenditure ceiling of 3% during November and December. Weekly reports on pay-rate and framework overrides are reported to Monitor on a weekly basis. It is important to understand the clarification of the 3% ceiling and Claire Wright confirmed the Trust has overridden but not breached the rules of the 3% ceiling. In response to Mark Powell's question as to what would be the consequence if nursing agency expenditure was not reduced to the ceiling of 3%, Claire Wright explained Monitor expect improvement in this area for all trusts and will look at this area of performance as part of assessing overall performance of the Trust</li> </ol> <p>The Board agreed that it is critical that services must be adequately staffed in order to ensure patient safety and also that the Trust operates within the agency control regime in order to support NHS England's effort to keep down agency costs.</p> <p><b>RESOLVED: The Board of Directors</b></p> <ol style="list-style-type: none"> <li>1) <b>Considered the content of the paper and level of assurance on the current and forecast financial performance for 2015/16.</b></li> <li>2) <b>Noted the Monitor agency rule overrides for December</b></li> </ol>
<p><b>DHCFT 2016/009</b></p>	<p><b><u>STRATEGY DEVELOPMENT UPDATE</u></b></p> <p>The Board of Directors has committed to developing a new Trust Strategy for the next three years. Mark Powell's report provided the Board of Directors with a brief update on progress to date and it also provided an update on stakeholder engagement and</p>

	<p>next steps.</p> <p>Members of the Board were assured that the agreed timeline for strategy development continues to be met, although the timeframe for delivery remains challenging. A meeting has recently taken place with governors to enable them to provide input into the strategy and the strategy will also be a feature of Spotlight on Leaders events. The Board was pleased to note that the Board Development session scheduled for 10 February will increase momentum for the strategy to enter the next stage.</p> <p><b>RESOLVED: The Board of Directors noted the content of the Strategy Development Update.</b></p>
<p><b>DHCFT 2016/010</b></p>	<p><b><u>PEOPLE &amp; CULTURE COMMITTEE TERMS OF REFERENCE</u></b></p> <p>Jayne Storey presented to the Board the draft Terms of Reference for the new People and Culture Board level Committee which demonstrated positive progress in addressing the key people related issues.</p> <p>Jayne Storey had received positive feedback on the responsibilities of the new committee. A number of existing actions would be transitioned to the new People and Culture Committee and key areas aligned to the well led governance review would be scrutinised through the committee. The committee will focus on people and culture and develop a refreshed People Strategy. This will be an enabling strategy and will cover clear workforce issues.</p> <p>The Board agreed that membership of the People and Culture Committee would consist of three Non-Executive Directors. Tony Smith would chair the new committee and core membership would include two further Non-Executive Directors, Phil Harris and Richard Gregory. Executive membership would consist of the Director of Workforce OD &amp; Culture, Medical Director, Director of Corporate and Legal Affairs, and Director of Operations. Other staff or executives will be asked to attend as necessary. The quorum shall be no less than two Non-Executive Directors and one Executive Director. It was expected that the local staff side lead and a member of internal communications would attend the committee on a regular basis. The inaugural meeting of the committee is scheduled to take place on 17 February and members will be expected to attend a minimum of eight meetings a year.</p> <p>It was understood that the Non-Executive Directors would review their commitment to the Board committees and a review of the infrastructure of the Board committees so as to improve capacity will take place at ELT.</p> <p><b>ACTION: A review of the capacity of the support for Board committees will take place within ELT.</b></p> <p><b>RESOLVED: The Board of Directors:</b></p> <ol style="list-style-type: none"> <li>1) Received and approved in principle the draft Terms of Reference for the People and Culture Committee</li> <li>2) Received the actions taken and planned actions in regards to ‘Focus on our People’.</li> </ol>
<p><b>DHCFT 2016/011</b></p>	<p><b><u>REMUNERATION COMMITTEE TERMS OF REFERENCE</u></b></p> <p>Jenna Davies presented to the Board the Terms of Reference for the Remuneration Committee which would enable the committee to have a wider role in applying guidance, planning and organisation development at senior level. The committee would be chaired by Non-Executive Director, Tony Smith and meetings would be scheduled to take place on a monthly basis.</p> <p>It was agreed the committee's Terms of Reference would be amended as follows:</p>

	<ul style="list-style-type: none"> <li>I. Explicitly state that the committee would approve the appointment of the Chief Executive.</li> <li>II. Show more clarity about voting and non-voting members of the Board, both categories will be clarified.</li> <li>III. Compliance with fit and proper principles in point 3.7 should be more explicit and take into account executive appraisals and provide information for NEDs.</li> <li>IV. Definition of senior manager to be clarified to comply with statutory procedures.</li> <li>V. Point 2.3 will be written in a more meaningful way.</li> <li>VI. Standing Financial Instructions to state that any extra contractual payments should be the responsibility of the committee</li> </ul> <p><b>ACTION: Jenna Davies to amend the Remuneration Committee’s Terms of Reference in line with the above points and resubmit them to the Board.</b></p> <p><b>RESOLVED: The Board of Directors received and noted amendments to the Terms of Reference for the Remuneration Committee.</b></p>
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<p><b>DHCFT 2016/012</b></p>	<p><b><u>BOARD COMMITTEE MINUTES</u></b></p> <p><b>Audit Committee:</b> Caroline Maley, Chair of the Audit Committee provided a brief summary of assurances obtained from the meeting of the Audit Committee held on 15 December. She was pleased to report that strong assurance was received from discussions held on Board Assurance Framework (BAF) risk 3a, Financial Plan. A good standard of reports was received by the committee. One report of particular added value was from PricewaterhouseCoopers which posed questions to the committee and added dimension to discussions. A deep dive of BAF risk 2c took place at last week’s meeting of the committee and useful discussions showed that sometimes these risks need to be split across more than one risk. Good progress was also made on the external audit reports about the way the Trust outsources to GEM for IT infrastructure support. Discussions took place on how disaster recovery was a high risk area and the committee requested this should be escalated within the GEM IT system.</p> <p><b>Quality Committee:</b> Maura Teager, Chair of the Quality Committee provided a brief summary of activity from the meeting held on 10 December which was chaired by Tony Smith in her absence. The minutes of this meeting clearly set out areas of concern escalated to the Board, Finance &amp; Performance Committee and the new People &amp; Culture Committee. Maura Teager wished to escalate to the Board the challenging matter from the January meeting; e-learning targets for safety planning issues set for the end of March and the affect this might have on meeting CQUIN payments. Other areas for escalation related to NICE guidelines and gaps in current performance leading to partial assurance around personalised care planning.</p> <p><b>Safeguarding Committee:</b> The minutes of the October meeting were received in error and were a duplicate of those received at the November meeting of the Board. Maura Teager, Chair of the Committee wished to escalate to the Board a matter from the meeting held on 22 January on “Think Family”. The Safeguarding Committee saw evidence of how this concept works but it was clear more pace is required, especially where there were issues that required embeddedness within adult mental health services. It was noted that substance misuse services had been commended by the CQC for fully embedding Think Family in their safeguarding children system targeted CQC inspection which should be considered on the Board Assurance Framework and risk register.</p> <p>Carolyn Green informed the Board that work undertaken by the two committee leads, Tina Ndili and Tracey Holtom had resulted in strategies being developed for safeguarding adults and safeguarding children, both of which are clinically enabling strategies.</p>
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	<p>Maura Teager was pleased that some issues of safeguarding fit well into the new People and Culture Committee, in particular safeguarding training. However, she wished to raise concern about the long list of apologies regularly received by the Safeguarding Committee and asked that membership of this committee be reviewed by the Executive Leadership Team. Ifti Majid pointed out that a review of membership of Board committees is currently taking place to reduce executive membership on certain committees as capacity is stretched, especially with the introduction of additional committees and meetings. Executives have to operate as a joint team and it is important that membership consisted of people with the right expertise and make good use of the forward plan to ensure the correct executives and senior managers attend meetings.</p> <p><b>Mental Health Act Committee:</b> In the chair of the committee's absence John Sykes drew the Board's attention to the Mental Health Act Committee's cross reference with other committees by informing the Board that the Approved Clinician Status of Doctors would be reviewed at the next meeting of the Mental Health Act Committee in order to provide the Audit Committee with assurance around the system for testing the accreditation of agency doctors. He also pointed out that the resource capacity for applying the Mental Health Act code of practice requires more governance.</p> <p><b>ACTION: Review of membership of Board committees to take place within ELT</b></p> <p><b>RESOLVED: The Board of Directors noted the contents of the ratified minutes of the Audit Committee, Quality Committee and draft Mental Health Act Committee.</b></p>
<p><b>DHCFT 2016/013</b></p>	<p><b><u>BOARD FORWARD PLAN</u></b></p> <p>The forward plan was included for information and reference purposes.</p> <p><b>The Board of Directors received the forward plan for information.</b></p>
<p><b>DHCFT 2016/014</b></p>	<p><b><u>COMMENTS FROM THE INTERIM CHAIRMAN</u></b></p> <p>Richard Gregory expressed a desire to have more contact with staff at Board meetings and the location of meetings will be considered and communicated on CONNECT to enable staff contact.</p>
<p><b>DHCFT 2016/015</b></p>	<p><b><u>DISCUSSION ON FUTURE DEEP DIVES</u></b></p> <p>It was agreed that Learning Difficulties (including community treatment reviews) will be the theme of the next Deep Dive.</p>
<p><b>DHCFT 2016/016</b></p>	<p><b><u>COMMENTS FROM OBSERVERS ON BOARD PERFORMANCE AND CONTENT OF MEETING</u></b></p> <p>John Morrissey, Public Governor, Amber Valley South was pleased that matters relating to the Council of Governors was being addressed at Board meetings and although he was not seeking to change the minutes of the previous meeting, he referred to item DHCFT 2015/164 and wished to point out that as the Governor Working Groups were set up by Governors, the definition of the different Working Groups' terms of reference and quorum arrangements should be defined by the Governors in consultation with Jenna Davies. In response Richard Gregory explained that the Trust was reviewing the governance of Council of Governors' Working Groups as part of the Trust's governance action plan and the governance of the Working Groups would be discussed at the special meeting of Governors taking place on 29 January.</p>

The next meeting of the Board held in Public Session will take place at 1pm on Wednesday, 24 February 2016.

**The location is Conference Rooms A&B  
Research & Development Centre, Kingsway, Derby DE22 3LZ**