

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, 24 September 2014

MEETING HELD IN PUBLIC

Commenced: 1:00 pm

Closed: 5:15 pm

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

PRESENT:

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

IN ATTENDANCE:

Until 4:30 pm
From 4:30 pm

For item DHCFT 2014/141
For item DHCFT 2014/145

For item DHCFT 2014/146
For item DHCFT 2014/146
For item DHCFT 2014/146
For item DHCFT 2014/146
For item DHCFT 2014/152
For item DHCFT 2014/152

Phil Harris	Non-Executive Director Designate
John Morrissey	Council of Governors
Anna Shaw	Deputy Director of Communications
Richard Eaton	Communications Manager
Sue Turner	Executive Administrator & Minute Taker
Linsey Thomas	Patient Experience Officer
Andy Gregory,	Chief Officer, Hardwick Clinical Commissioning Group (CCG)
Dr Gulshan Jan	Consultant Psychiatrist
Jo Kennedy	Named Doctor for Safeguarding Children
Tina Ndili	Head of Safeguarding Children
Lesley Smales	Designated Nurse, Looked After Children
Karen Billyeald	Learning Disabilities Services
Victoria Sample	Senior Nurse, Learning Disabilities

Visitors:

Allan Bannister	Derbyshire Voice Representative
Chris Swain	Derbyshire Voice Representative
Antonietta Picariello	

APOLOGIES:

Maura Teager	Non-Executive Director
Lee O'Bryan	Interim Director of Workforce and Organisational Development

DHCFT 2014/140	<p><u>CHAIRMAN'S OPENING REMARKS, APOLOGIES, DECLARATIONS OF INTEREST</u></p> <p>The Chairman opened the meeting by welcoming all present.</p> <p>Apologies: Apologies were noted from Maura Teager and Lee O'Bryan</p> <p>Declarations of Interest: No declarations were noted.</p>
DHCFT 2014/141	<p><u>MY STORY – EXPERIENCE AT THE BEECHES MOTHER AND BABY UNIT AND THE POST-NATAL IMPACT</u></p> <p>The Board welcomed a patient (referred to as “G”) who was in attendance to share her experience of using Trust services. G provided a frank and detailed account from her admission to The Beeches in December 2012 to the present date. She described the process she had experienced for assessment for possible Asperger’s Syndrome. She had found her inpatient stay unsettling, and had been confounded by the failure of her assessment to result in a timely referral for specialist treatment. She believed her initial assessment to be incorrect but was now on a waiting list for treatment.</p> <p>G explained that she had been through the complaints process and now finally felt she was being listened to.</p> <p>In response to Carolyn Green, G outlined the ways she felt the Trust could learn from her story and the positive steps that could be taken.</p> <p>Steve Trenchard acknowledged G’s sense of injustice and dissatisfaction and thanked G for providing her personal story to the Board. Every experience, even an uncomfortable one, is an opportunity to learn and improve.</p> <p>The Chairman said that the elements of G’s story would be reviewed, including amongst other aspects, the way in which judgements were made with referrals. The board was advised that there was a general issue of access to assessments from autistic spectrum disorder and Asperger’s which had been recognised by the Clinical Commissioning Group.</p> <p>Carolyn Green said that the complaints team had maintained a good relationship with G and Linsey Thomas had made positive progress in dealing with the points G had raised.</p> <p>Carolyn Green agreed to review current key indicators in conjunction with the service line manager. Ifiti Majid also suggested a visit by some members of the board.</p> <p>The Chairman thanked G for attending the meeting and assured her that appropriate action would be taken to explore the issues raised.</p> <p>The Board noted that individuals named by G were not in attendance to respond to the issues raised however relevant follow-up support would be offered to those involved.</p>

	<p>RESOLVED: To express thanks to G for sharing her story; to ask the executive to seek the necessary assurance regarding the current service; and to ask the Quality Committee to give further consideration to the gap in service provision.</p>
DHCFT 2014/142	<p><u>MINUTES OF DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST BOARD MEETING, HELD ON 27 AUGUST 2014</u></p> <p>The minutes of the Derbyshire Healthcare NHS Foundation Trust Board meeting, held on 27 August 2014, were approved with the following amendment to <u>DHCFT 2014/128</u>:</p> <p>“... three posts were approved with externally generated income for year one. There was no consequent impact therefore in year one, with an income target of £25k set for years one and two” to be replaced with “...<i>three posts were approved with externally generated income secured for year one. There was no consequent impact therefore in year one, but a bottom line impact of £25k for years two and three</i>”.</p>
DHCFT 2014/143	<p><u>MATTERS ARISING</u></p> <p><u>ACTION MATRIX</u></p> <p>The following updates were noted:</p> <p><u>DHCFT/2014/035</u>: Health Visiting Services/Risk based assessment - An update would be provided to the next Board meeting.</p> <p><u>DHCFT2014/54</u>: Quality Dashboard – update deferred to the next meeting.</p> <p><u>DHCFT2014/112</u>: People Strategy Update - To be discussed at the Employee Strategy & Engagement Committee (ESEC) before being presented to the Board in October.</p> <p><u>DHCFT2014/132</u>: Coroners Inquests – John Sykes’ initial analysis had taken place and showed a reduction in inpatient deaths. A report on actions following formal rulings would be considered as part of the next Serious Incidents Update.</p> <p><u>DHCFT2014/134</u>: Improving Lives, Strengthening Communities, Getting Better Together – Update on Strategy Implementation – The Workforce Report, due to be presented at the October Board would provide feedback on the projected appraisal rates.</p> <p><u>DHCFT2014/137</u>: Integrated & Performance Summary Month 4 – a review of the front sheet for this report had been undertaken, including Executive summary information.</p> <p><u>DHCFT2014/138</u>: Issues arising from Board for inclusion or updated on BAF - Board members were requested to send updates to Carolyn Green.</p> <p><u>DHCFT2014/80</u>: Deep Dive (City Crisis and Recovery Team) – the report was with the crisis team for comment and would be considered at</p>

	<p>the Quality Committee prior to the October board meeting</p> <p>DHCFT 2014/120: City Crisis and Recovery Team (needle exchange) - initial conversations had taken place with commissioners and the matter would now be addressed through contracting.</p> <p>General: Actions Matrix to be regularly reviewed through executives.</p>
DHCFT 2014/144	<p><u>CHAIRMAN'S REPORT</u></p> <p>The Chairman presented his report which summarised his meetings and visits during the month. Of particular note was the positive outcome from the Council of Governors meeting held on 9 September 2014. The Chairman was pleased with the contributions from the Council and felt that the meeting demonstrated the way that the Trust was responsive to healthy challenge from Governors. The first report by Non-Executive Directors on their activities was well received and generated discussion on a number of topics, including inequalities in service provision within Derbyshire. The Chairman added that the Trust had recently received nominations for vacant Governor positions, which would be announced in due course.</p> <p>RESOLVED: The Board received and noted the Chairman's report.</p>
DHCFT/2014/145	<p><u>CHIEF EXECUTIVE REPORT</u></p> <p>Steve Trenchard asked for his report to be noted by the Board. He was particularly proud that the Trust was cited in the HSJ Top 100 best employers in the NHS.</p> <p>Nationally, mental health continued to be an important area for discussion and a group of international psychiatrists had garnered support for this to be made a priority for the World Health Organisation. The Chief Medical Officer had also called for a greater emphasis on mental health in her recent annual report.</p> <p>For the second year running the Trust had scored above average on the national PLACE scores and was the highest performer for food in areas where the Trust had control over food preparation, cooking and delivery. It was noted that Liz Bates and her team were to be commended for their high quality delivery of this service that directly impacted on the patient and staff care experience. The Chairman would write to thank Liz Bates and congratulate her and her team on their performance.</p> <p>Steve Trenchard introduced Andy Gregory, Chief Officer, Hardwick Clinical Commissioning Group (CCG), who had prepared the '21st Century Joined Up Care in North Derbyshire : Five Year Plan'. Andy Gregory explained that the status update illustrated the need for change and outlined the improvements and progress that had been made. He praised the Trust and was of the opinion that the organisation could not have done more to prepare staff for change.</p> <p>Questions were raised about the paper in the context of the Trust's relationship with Clinical Commissioning Groups (CCGs). Caroline Maley said the vision was unarguable but asked how the Trust would obtain a flow of money to sustain this. Andy Gregory replied that the vision was broadly understood and that the Trust and the CCG should be able to</p>

	<p>support clinical accountability and sustainability by strong dialogue.</p> <p>In response to the Chairman, Andy Gregory stated that each individual would be treated as a “whole person” rather than receiving isolated treatment for their illness. Co-located teams would be put in place to take this forward but were not yet at this stage.</p> <p>Lesley Thompson asked for further details regarding the collaboration between north and south Derbyshire and Andy Gregory advised that joined up care in the community needed further work but this was being robustly taken forward.</p> <p>Carolyn Green referred to people experiencing mental health issues or learning disabilities who found it difficult to access mainstream services and staff had fed back concerns that specific care needs may be overlooked in an integrated service. People needed sufficient time and adjustments to access services and staff needed to develop the range of skills required. Andy Gregory explained that awareness would be raised with clinicians who were not mental health trained, along with education and training for staff.</p> <p>Steve Trenchard referred to the significant inequalities that needed to be addressed and Andy Gregory confirmed that care plans would be implemented directly with each individual to manage the people who were most vulnerable. Steve Trenchard further added that a governance assurance agreement needed to be reached to reduce the amount of red tape so that people knew who they needed to turn to when in need.</p> <p>The Chairman thanked Andy Gregory for providing the Trust with an insight into the Five Year Plan.</p> <p>RESOLVED: The Board received and noted the Chief Executive’s Report; The Chairman would write to Liz Bates to congratulate her and the team for their outstanding performance on the national PLACE score results.</p>
DHCFT 2014/146	<p><u>POSITION STATEMENT ON QUALITY – SEPTEMBER 2014</u></p> <p>The Board received Carolyn Green’s report setting out the current position and the plans to continuously improve the quality of the Trust’s services.</p> <p>Assurance was provided on the Patient environment (PLACE) results, the external audit of Safeguarding Children (MOGP), reduction in health and safety actions arising from audits and early findings from the Quality Visit programme.</p> <p>The Chairman asked for increased assurance surrounding the effectiveness of therapies in the patient reported outcomes section of the report. Carolyn Green reported that a review of NICE Guidelines policy and approach would take place at the December meeting of the Quality Committee.</p> <p><u>RESOLVED: The Board received the Position Statement on Quality and obtained assurance on the quality measures that had been referenced.</u></p>

SAFEGUARDING CHILDREN Annual report – including Looked After Children report

Carolyn Green introduced the Safeguarding Children Team, Dr Joanne Kennedy, Tina Ndili and Lesley Smales to the Trust Board who gave an overview of the key issues within the Safeguarding Children Annual Report Update as requested by the Board and provided assurance to the Board on the quality of the services provided through the presentation of the looked After Children's report.

- i) Dr Kennedy clarified the process for the Markers of Good Practice (MOGP) annual audit held on 29 August that covered 10 areas of compliance incorporating 23 standards. This is an external panel assurance visit under section 11 of the Children's Act, known locally as Markers of Good Practice Audit. The table in the report highlighted the 10 compliance areas and showed the RAG rating for each standard: demonstrating full assurance ('green') except on one point (cleaning of toys) and that consideration would be given to separating children and adults in waiting areas.
- ii) Safeguarding training had improved due to the allocation of a dedicated trainer, however further work was still required to meet required levels. The training strategy had been updated and was now aligned to meeting competencies, the Think Family agenda
- iii) The section on Serious Case Reviews contained a summary of lessons learned and changes made following recently published cases as requested by the Trust Board and also requested by the Derby City Safeguarding Children's Board as part of the section 11 of the Children's Act inspection.
- iv) Lesley Smales presented the report on Looked After Children and Adoption. The Chairman asked about the difficulty in dealing with out of area children. Lesley Smales replied that there had been some improvement but Derby City had insufficient foster carers, although a recruitment drive was being carried out. The Chairman said ensuring the Trust's responsibility for children when they were cared for out of the Trust's area was a general problem nationally.

The Chairman and the Board congratulated the team on their Safeguarding Children report and on the results contained and that Safeguarding training had improved due to the allocation of a dedicated trainer.

Carolyn Green added that she was assured by the Safeguarding Children's team report and that the Trust's service had performed exceptionally well across Derbyshire, according to the inspection team.

"Think Family" CQUIN was on target and an analysis of this data would continue to be reviewed. Increased training would take place at level 2 with more e-learning and learning in groups over the next two years.

Jim Dixon asked the Safeguarding Children team if they felt they had enough support from other agencies with education in mental health issues. Dr Kennedy replied that providing education meant there were more fragmented structures in place and that people involved from other

	<p>organisations could sometimes be judgemental of service users. The way forward would be to continue with access to multi-agency training and to involve the mental health staff in that training.</p> <p>Carolyn Green stated that the Safeguarding Looked after Children Children report was required to have Board sign off and would be presented to the Southern Clinical Commissioning Group Board in October.</p> <p>Steve Trenchard thanked the Safeguarding Children Team for their report on what was considered a crucial area of quality for the Trust and were thanked for their hard work in undertaking the inspection and their achievement.</p> <p>Action: It was agreed that the Trust should raise concerns nationally about the framework for ensuring the prioritisation of support for out of area children.</p> <p>RESOLVED: The Board received and noted the Safeguarding Children’s Report update report and the Looked after Children Annual Report for Children’s Services.</p>
DHCFT 2014/148	<p><u>NATIONAL COMMUNITY PATIENT SURVEY 2014</u></p> <p>Carolyn Green presented the results from the Annual Community Patient Survey, which was an annual requirement of the Care Quality Commission. The results from the survey would be used by the Care Quality Commission in its assessment of the quality of care provided by the Trust.</p> <p>The Board noted the results of the survey, completed by 279 patients, aged 18 and over, who were receiving specialist care or treatment for a mental health condition and had been seen by the Trust between 1 September 2013 and 30 November 2013. In 2014 the survey was redeveloped to reflect changes in policy, practice and patterns of service delivery. The results for 2014 therefore were not directly comparable to previous surveys. 57 Trusts had taken part and the report showed comparative benchmark data</p> <p>The results were positive overall with 41 questions scoring in the intermediate banding of performance and 2 questions in the top banding. The two areas with the highest scores were for “patients supported to find or keep their accommodation”, and “patients supported to take part in an activity locally”. Overall the section on “other areas of patient’s lives” scored the most positive.</p> <p>Areas where improvements were required were engagement in Care planning, Crisis Care, and involvement in Treatments. In response to the Chairman, Carolyn Green confirmed that further assurance would be provided through the Quality Committee in relation to the work that was underway to improve the areas identified.</p> <p>Action: The Quality Committee to consider actions to improve the Trust’s performance particularly in matters where engagement with service users was required.</p>

	<p>RESOLVED: To note the contents of the report and the scores attained by the Trust.</p>
<p>DHCFT 2014/149</p>	<p><u>COMMITTEE REPORTS</u></p> <p>i) <u>Finance & Performance Committee:</u> The Finance & Performance Committee summary report, presented by Lesley Thompson, showed that a positive level of debate and assurance had been received on matters raised. The Committee continued to seek further assurance with regard to triangulation and bench marking.</p> <p>ii) <u>Mental Health Act Committee:</u> The Mental Health Act Committee continued to make good progress and Tony Smith acknowledged the work carried out by Christine Henson in relation to Mental Health Act reports. The board noted a comment by Carolyn Green in addition to the Board summary that external benchmarks against the England rate for all areas of Derbyshire were also reviewed in the MHAC meeting and the results were positive with the Trust being below the National rate in its use of the Mental Health act- full details of the Public Health England benchmarks 2014 are available in the MHA Committee papers. The Mental Health Act Committee was due to receive the Section 136 Report at the next meeting in November. With regard to joint training on the Mental Capacity Act, John Sykes indicated that this had been discussed by the Dementia Board and a clinical audit proposed.</p> <p>The Chairman offered to write a letter of commendation to Christine Henson.</p> <p>iii) <u>Quality Committee:</u> Carolyn Green confirmed that the Terms of Reference were being revised with Clare Grainger. The Chairman requested that future Quality Committee summary reports be structured in the same way as the Finance & Performance Report.</p> <p>Action: It was agreed that Committee reports should follow a consistent model with a strong emphasis on evidence of assurance obtained.</p> <p>RESOLVED: The Chairman considered the organisation to have a very strong system in place to report the Trust's compliance.</p>
<p>DHCFT 2014/150</p>	<p><u>FINANCE DIRECTOR'S REPORT – MONTH 5</u></p> <p>Claire Wright presented the positive financial position to the end of August 2014 and the following points were highlighted:</p> <ul style="list-style-type: none"> • The Trust's EBITDA and underlying net surplus was better than plan for the month and to date. • The Continuity of Service Risk Rating (CoSRR) equated to 4, above plan of 3. • The Cost Improvement Programme (CIP) was fully assured for the financial year. • The Trust's cash balance was significantly ahead of plan by £1m year to date. • The capital programme, whilst behind plan at the end of August, was fully committed for the year.

	<p>Claire Wright drew attention to the sale of one of the Trust's properties. The Board noted the forecast position and reviewed the cumulative underlying surplus position.</p> <p>Claire Wright confirmed her intention to provide a Deep Dive on financial forecasting at the next Finance & Performance Committee to give additional assurance to the Board.</p> <p>In response to Lesley Thompson, Claire Wright agreed to include additional contextual narrative in future reports to explain the way in which NHS expenditure was budgeted, particularly the contingency reserve.</p> <p><u>RESOLVED:</u></p> <ul style="list-style-type: none"> • To receive the summary report and obtain assurance on the financial performance at month 5. • To re-confirm the Trust's commitment to the retention of surplus cash in line with the strategic objective to improve liquidity, headroom and resilience.
DHCFT 2014/51	<p><u>HEALTH AND SOCIAL CARE ACT FIT AND PROPER PERSONS TEST AND DUTY OF CANDOUR</u></p> <p>Graham Gillham explained that the Health and Social Care Act (Regulated Activities) Regulations 2014 were due to come into effect in October 2014 and included the requirement that Directors of NHS bodies meet the 'fit' and proper person test' (FPPT).</p> <p>The regulations, which place the burden on NHS bodies to ensure any person appointed as director meets the FPPT, were received. The CQC had consulted on how they expected to regulate compliance with the FPPT although final guidance was still awaited. Checks were taking place to ensure evidence was held for each element of the FPPT. This may require a declaration to be made by individual directors. In response to Lesley Thompson, it was agreed that an assessment of the Board would be undertaken, together with a 360° feedback exercise to demonstrate compliance and provide assurance. It was suggested that the ethics associated with board compliance and culture of the organisation could be considered as part of a future Board Development Session.</p> <p>The Duty of Candour Regulations, also taking statutory effect in October, required a system - in cases of moderate or more severe harm to patients - to ensure that a timely explanation and letter of apology are given. Two posts had been allocated to screen and follow up incidents where the duty of candour is indicated.</p> <p><u>RESOLVED:</u></p> <ul style="list-style-type: none"> • For the Board to recognise the force of the new regulations of Fit and Proper Persons Test and Duty of Candour with effect from October 2014. • To support and note the immediate steps put in place to establish compliance. <p>Action: The Fit and Proper Persons Test in relation to board ethical</p>

	behaviour to form a topic for a Board Development session.
DHCFT 2014/152	<p><u>INTEGRATED PERFORMANCE AND ACTIVITY REPORT AND SAFER STAFFING</u></p> <p>Ifti Majid presented his report on compliance with key performance indicators and drew the Board's attention to the Trust's Referral to Treatment performance, which was currently 4% below the target rate of 95%. Steps were being taken to address this underperformance with consultants in the High Peak and the position was being monitored on a daily basis. Ifti Majid stated the cause was likely to be partly linked to DNA (Did Not Attend) rates but that further work was underway to explore the reason for underperformance. The Chairman asked whether text alerts were improving this system but it seemed that insufficient mobile telephone numbers had been captured for this method to allow sufficient improvement.</p> <p>The implementation plan for the digital dictation of outpatient letters continued, although performance had fallen below trajectory during August, due to administrative absence during the holiday period. The position was expected to improve during September.</p> <p>Safer Staffing levels demonstrated the Trust's compliance with the Safer Staffing initiative and Carolyn Green commended Ifti Majid and his team for making this process easier and less of a bureaucratic burden to frontline clinicians. Training standards were being reviewed in order to obtain 95% training compliance performance but it was noted that 85% was the contractual requirement – so reducing the internal target to 90% appeared to be a more realistic and pragmatic target.</p> <p>Caroline Maley asked about recruitment levels for Safer Staffing. Carolyn Green explained that she was working to enlist block recruitment with Karen Herriman, Deputy Director of Workforce & OD both for the Bank and exploring it for Trust recruitment. Carolyn Green reiterated that people trained in working with people with learning disabilities and mental health were required and Steve Trenchard requested that efforts be redoubled in the recruitment team to speed up the process.</p> <p>Action: .To explore ways of increasing further the speed of recruitment particularly for in-patient staffing</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • To acknowledge the current performance of the Trust. • To note the actions in place to ensure sustained performance. <p><u>Deep Dive on Learning Disabilities</u></p> <p>Dr Gulshan Jan, Karen Billyeald, Victoria Sample and Karen Billyeald were invited to present this deep dive review. The report provided a deep dive into Learning Disabilities activity, covering activity, performance and workforce. The report highlighted under performance in some areas for reasons of data completeness.</p> <p>A discussion took place in relation to demand and capacity, given that</p>

	<p>rates had reduced during the previous year but had increased during the current year. The service had struggled to recruit to vacant positions but a robust recruitment plan was now in place. It was important to develop a bank of nurses for the organisation to use for crisis and urgent issues with bank staff being engaged where required for non-urgent issues.</p> <p>Turning to sickness and absence levels, Steve Trenchard referred to the need for support for carers and staff and outlined how agile working could be used to strengthen this further.</p> <p>In response to the Chairman, Karen Billyeald explained the key differences with the DCHS model. A review of Learning Disability services was taking place in the north with commissioners and a similar review would take place in the south of the county. The preferred model would be a service that did not rely on inpatient beds, but instead focussed on effective community services.</p> <p>The Chairman thanked the Learning Disability team for their report.</p> <p>RESOLVED: To acknowledge the performance of the Learning Disabilities Service.</p>
DHCFT 2014/153	<p><u>FOR INFORMATION</u></p> <p>I. <u>Board Forward Plan</u></p> <p>A follow up on crisis services would be the subject for the Deep Dive at the October Board meeting.</p> <p>It was agreed to cancel the Board meeting in December given that significant finance and performance data would not be available for the scheduled meeting on 17 December 2014.</p> <p>II. <u>Identification of any issues arising from the meeting for inclusion or updating of the Board Assurance Framework</u></p> <p>The Board Assurance Framework would be discussed at the Audit Committee on 9 October 2014.</p> <p>III. <u>Comments from Public and Staff on Board Performance and Content</u></p> <p>The Chairman invited those present at the meeting to provide observations to the meeting.</p> <p>Chris Swain, Derbyshire Voice representative, commented on the high level of discussion in relation to communication and documentation errors, together with the language used and the different perspectives. It was acknowledged that this was often a difficult balance.</p> <p>Antonietta Picariello emphasised the need to give value to patients to ensure they knew what to expect from the service.</p> <p>John Morrissey, Council of Governors, added that care plans were being reviewed and reiterated the importance of ensuring that patients were involved in their own care plans.</p>

	<p>Karen Billyeald said that attending the meeting had been a positive experience for the Learning Disabilities team.</p>
DHCFT 2014/154	<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.</p>
DHCFT 2014/155	<p><u>DATE OF NEXT MEETING</u></p> <p>The next meeting of the Board in public session is scheduled take place on Wednesday, 29 October 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> <p>Given that the December meeting has been cancelled, the next meeting of the Board would commence in public session on Wednesday, 28 January 2015 at 1.00 pm.</p>