

**MEETING OF THE COUNCIL OF GOVERNORS
HELD IN PUBLIC SESSION**

TUESDAY 2 MAY 2017

**BELPER FOOTBALL CLUB
CHRISTCHURCH MEADOW, BRIDGE STREET, BELPER, DEB6 1BA**

THE MEETING OPENED AT 1.00 PM AND CLOSED AT 3.30 PM

PRESENT	Caroline Maley	Acting Trust Chair
GOVERNORS PRESENT	Shelley Comery	Public Governor, Erewash North
From 2017/037	Rosemary Farkas	Public Governor, Surrounding Areas
	Ruth Greaves	Public Governor, Derbyshire Dales
	Paula Holt	Appointed Governor, University of Derby
	Gillian Hough	Public Governor, Derby City East
2017/033 - 039	Moira Kerr	Public Governor, Derby City East
	John Morrissey	Public Governor, Amber Valley South
	Kevin Richards	Public Governor, South Derbyshire
	Carole Riley	Public Governor, Derby City East
	April Saunders	Staff Governor, Nursing & Allied Professions
	Kelly Sims	Staff Governor, Administration & Allied Support Staff
	David Wilcoxson	Public Governor, Amber Valley North
IN ATTENDANCE	Denise Baxendale	Communications & Involvement Manager
From 2017/039	Donna Cameron	Assistant Trust Secretary (Note Taker)
	Carolyn Green	Executive Director of Nursing & Patient Experience
	Samantha Harrison	Director of Corporate Affairs & Trust Secretary
	Barry Mellor	Non-Executive Director
	Amanda Rawlings	Interim Director of People & Organisational Effectiveness
2017/033 - 039	Rehana Shaheen	Support Worker for Moira Kerr
	Dr Julia Tabreham	Non-Executive Director & Deputy Trust Chair
	Dr Anne Wright	Non-Executive Director
	Claire Wright	Deputy Chief Executive & Executive Director of Finance
	Richard Wright	Non-Executive Director
	Bernard Thorpe	Member of the Public/Public Governor, DCHS
	Brenda Greaves	Member of the Public/Public Governor, DCHS
	Hazel Nightingale	Member of the Public/Public Governor, DCHS
	John Raw	Member of the Public/Public Governor, DCHS
	David Waldram	Member of the Public
APOLOGIES	Margaret Gildea	Non-Executive Director
	Sarah Gray	Staff Governor, Nursing & Allied Professions
	Dr Jason Holdcroft	Staff Governor, Medical & Dental
	Lynda Langley	Public Governor, Chesterfield North
	Paula Lewis	Public Governor, Derby City West
	Ifti Majid	Acting Chief Executive
	Mark Powell	Acting Chief Operating Officer
	Helen Sentance	Public Governor, Erewash South
	Anna Shaw	Deputy Director of Communications & Involvement
	Gemma Stacey	Appointed Governor, University of Nottingham
	Dr John Sykes	Executive Medical Director
	Lynn Wilmott-Shepherd	Interim Director of Strategic Development

DHCFT/GOV/ 2017/33	<p><u>WELCOME, INTRODUCTIONS, OPENING REMARKS, APOLOGIES FOR ABSENCE, DECLARATIONS OF INTEREST</u></p> <p>The Chair opened the meeting at 1.00 pm and welcomed attendees to Belper Football Club.</p>
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	<p>Apologies were noted as above.</p> <p>No declarations of interests were received.</p>
DHCFT/GOV/2017/34	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OF THE PUBLIC</u></p> <p>One question had been received on 29 April, via a governor, regarding completion of forms for personal health budgets. Due to the weekend/bank holiday it had not been possible to prepare a response prior to the meeting.</p> <p>ACTION: A response will be prepared and sent via the governor and a copy included in the next Public Council of Governors' papers for information.</p>
DHCFT/GOV/2017/35	<p><u>MINUTES OF THE PREVIOUS MEETING</u></p> <p>With the exception of one spelling mistake in the name of a member of the public in attendance, the minutes of the previous meeting, held on 7 March 2017, were accepted as a correct record.</p>
DHCFT/GOV/2017/36	<p><u>ACTIONS MATRIX AND MATTERS ARISING</u></p> <p>Actions Matrix Updates on progress were noted on the matrix.</p> <p>Collaboration with DCHS – DHCFT/GOV/2017/02 Moirra Kerr requested clarification on the voting arrangements that would be required to confirm that satisfactory assurance has been received throughout the acquisition process. Caroline Maley confirmed that 50% of ALL governors are required to be in favour, not just 50% of those in attendance.</p> <p>Post meeting note: the following is an extract from the Monitor/NHSI Transaction Manual to clarify this position:</p> <p><i>Extract From 'Supporting NHS providers: guidance on transactions for NHS foundation trusts' – (Monitor, 2015)</i> <i>This means more than half of the total number of governors must approve, not just half the number that attends the meeting at which the decision is taken. If the other party to the proposed transaction is also an NHS foundation trust, more than half the governors of that foundation trust must also approve the transaction. (Page 59)</i></p>
DHCFT/GOV/2017/37	<p><u>ACTING CHIEF EXECUTIVE'S REPORT</u></p> <p>Claire Wright, Deputy Chief Executive and Finance Director, presented the report on behalf of Ifti Majid, Acting Chief Executive, who had submitted apologies due to annual leave. The report included feedback on changes within the national health and social care setting, as well as providing an update on developments occurring within the local health and social care community.</p> <p>Next Steps on the 5 Year Forward View, which defines the four key priorities for the coming year, was highlighted. The Next Steps document</p>

includes a ten point plan to increase efficiency, which may be useful for governors to be aware of to hold the Board to account. The report also details how the Trust will enable the requirements/priorities. Ruth Greaves was encouraged by the government's investment into Child & Adolescent Mental Health Services (CAHMS) but concerned how changes in the sector would be reflected in the Outline Business Case (OBC). Claire Wright assured governors that the OBC would reflect the evolving picture in the NHS nationally and locally. Systems and organisations are working together, holding each other to account to deliver the aggregate overall 5 Year Forward View. Regular updates will continue to be provided.

Rosemary Farkas joined the meeting.

The Acting Chief Executive's update referred to a report by the Royal College of Psychiatrists, led by trainees, into morale and training within psychiatry. One of the Trust's junior doctors had been involved in the compilation of the report and gave a presentation on it to the Public Trust Board on 26 April 2017. The Board has committed to support local delivery of the core commitments made in the report. John Morrissey, who had been in attendance at the Public Trust Board, commended the Trust for taking on the implementation.

In referring to the Trust's BME Staff Network Annual Conference, held on 17 March, Ruth Greaves queried the term 'reverse mentors'; a role being taken on by the Executive Team. Claire Wright advised that this is to improve understanding on what it is like to be someone with protected characteristics.

Media coverage was noted and proactive and reactive media discussed. Sam Harrison confirmed the Communications Team is very active with local and national media releases. Social media sites are also a frequently updated communication tool. A development session had previously been held on the use of social media. Gillian Hough agreed to take this matter to Governance Committee for further discussion in order for needs and requirements to be outlined further and any development needs identified.

Claire Wright highlighted the Trust's performance in recent CQC inspections and the lifting of the Warning Notice. Since this report had been written the Trust has received a very positive report from Deloitte LLP regarding the Trust's governance, which is currently with NHS Improvement.

Gillian Hough referred to the report from the Royal College of Psychiatrists on morale and training for junior doctors. The report highlights that basic needs of doctors cannot be fulfilled as they do not have access to facilities to make or buy a hot drink or hot meal. Claire Wright added that these elements were 'desirable' and there is a need for realism in terms of the ability to provide these facilities in all areas of the estate where junior doctors may be working. Gillian Hough referred to a hot food machine available at the Royal Derby Hospital, suggesting the Trust review this. Caroline Maley agreed that the Trust could look into this suggestion.

ACTIONS: Options for junior doctors to access hot food out of hours to be looked into.

	<p>RESOLVED: The Council of Governors 1. Noted the contents of the update.</p>
<p>DHCFT/GOV/ 2017/38</p>	<p><u>UPDATE ON DCHS AND DHCFT COLLABORATIVE WORKING</u></p> <p>Claire Wright presented the Summary Report from the Joint Integration Programme Committee (JIPC) held on 6 April 2017. The report provides a summary of the key discussions and highlighted issues to be aware of. In responding to Ruth Greaves' concern that this paper had been tabled, the Chair apologised the paper had not been included in the original pack when posted (on 25 April); but advised it had been emailed to all governors immediately following its scheduled discussion at the Confidential Board on 26 April.</p> <p>Ruth Greaves sought an update on the OBC; making the request that governors be given time to consider and digest its content. She also sought clarification whether the OBC would only contain one option, ie merger by acquisition by DCHS. Claire Wright responded that the OBC has not yet been written. The format of the OBC is prescribed by the Transaction Manual. The content will be based on the decision to merge or not, as previously agreed following presentation of the Strategic Options Case (SOC). In receiving the SOC the Council of Governors and the Board agreed to proceed to OBC. The OBC will focus on the transaction only. Caroline Maley added that the OBC is expected to provide enough evidence to say what the benefits are of the coming together of both organisations. Full financial modelling will form part of the Final Business Case (FBC). The vote on supporting the application does not take place until the FBC. Should the merger not conclude, the Trust will carry on as it is, continuing to work collaboratively as part of the STP process.</p> <p>Gillian Hough asked where the voice of mental health will be reflected in the process. Governors were reminded of the Engagement Events and Stakeholder Meeting to be arranged at the end of May and the Trust's close involvement with stakeholder organisations locally. Shelley Comery is aware of concern regarding the merger and its implications on the Mental Health Action Group; Caroline Maley agreed to double-check on the Trust's engagement with them on the process. Sam Harrison will also check who, from the Trust's stakeholder groups, are attending the engagement sessions.</p> <p>Governors were urged to continue to ask questions in order that responses and information can be provided to give assurance. Caroline Maley assured governors that the Board would only proceed if it was in patients' best interests. Claire Wright shared that the risk of governors not approving the merger is noted on the risk log. In responding to Moira Kerr's query regarding a need for public consultation, Sam Harrison confirmed that this is not a requirement for the transaction as no service changes are involved.</p> <p>John Morrissey referred to an article in the Royal College of Nursing which reports that ten years after the coalition government, nurses can expect to be 25% worse off financially. As recruitment, training and retention is already an issue, John Morrissey asked NEDs if the Trust's financial plan is viable; if clinical staff are not paid, they cannot be retained. Gillian Hough referred to recent concerns raised at the Governance Committee regarding funding for study leave, which can impact on recruitment and retention.</p>

	<p>Barry Mellor responded that at People & Culture Committee, there is oversight of the Strategic Workforce Plan, which clearly spells out national and local challenges. The plan is looking at new ways of working in order to recruit and retain staff. Amanda Rawlings assured governors that the workforce plan has already captured the concerns raised here. The plan receives scrutiny from staff governors and NEDs. It will shortly be presented to the Board. In parallel, work is being done to address recruitment challenges and the Executive Leadership Team retains close oversight at its weekly meeting. Paula Holt advised governors that the removal of the bursary for student nurses has not impacted on the numbers registering for training; in fact numbers have doubled at the University of Derby for those training to become mental health nurses.</p> <p>The next meeting of the JIPC is scheduled for Wednesday 3 May. Feedback will be reported at the Private Council of Governors Meeting, scheduled for Tuesday 6 June, to discuss the integration.</p> <p>ACTION: Detail of stakeholder attendance at Engagement Event to be obtained.</p> <p>RESOLVED: The Council of Governors noted the summary report from the Joint Integration Programme Committee.</p>
<p>DHCFT/GOV/ 2017/39</p>	<p><u>NON-EXECUTIVE DIRECTOR UPDATE – QUALITY DEEP DIVE</u></p> <p>Julia Tabreham, Non-Executive Chair of Quality Committee, presented the deep dive report on quality.</p> <p>The Quality Committee identifies the experience of service users, carers and families, which support the Committee’s purpose to obtain assurance that high standards of care are provided by the Trust and, in particular, that adequate and appropriate governance structures, processes and controls are in place. A Quality Dashboard, a component of the Integrated Performance Report, monitors key performance indicators, which are closely followed by the Quality Committee and helps with a strategic focus. Recently there have been discussions exploring the possibility of having ‘Quality Conversations’ prior to the Committee meeting, which would be open to non-members and would provide an opportunity for the Trust to update on a variety of quality themes.</p> <p>Carolyn Green joined the meeting.</p> <p>Julia Tabreham addressed questions that had been submitted by governors prior to the meeting.</p> <p>Q1. How many members of the Quality Committee are based in the North? If none why not?</p> <p><i>Quality Committee is an assurance Committee of the Board and membership is made up of NED and Executives, therefore base is not a factor. Members and attendees represent services and professions, not geographic areas. Governors are able to attend as observers of this committee as agreed.</i></p>

	<p>Q2. If the proposed lunch-time meetings take place how will they be included as it would not be logistically feasible for anyone to travel all the way to Kingsway for a lunch-time meeting.</p> <p><i>Details of the lunchtime forums have not yet been sent. Ruth Greaves asked about a forum for people with complaints to speak to the Trust. Julia suggested an annual open conversation with people so they can shape the quality agenda and said she would talk to Dr Anne Wright about these ideas.</i></p> <p>Q3. As we move towards the 'joined-up' care model and become involved in partnership working, how will you identify whether the quality of care is changing for our patients? What methods do you have to feedback and discuss with other organisations the results of such findings (including other NHS, LA, voluntary sector and community groups)? Has the Erewash Vanguard provided any helpful insights for this?</p> <p><i>Experience through the Committee, quality visits and third sector work provides an opportunity to triangulate on quality of care. Any changes to performance are flagged through Quality Dashboard and monitored by Quality Committee. Carolyn Green added that the Erewash Vanguard has seen disinvestment from commissioners, which has impacted on the value it is able to provide.</i></p> <p>Q4. In the recent Annual Quality Report the figure for in-service suicides has reduced yet the general population has seen an increased incidence of suicide this year. This demonstrates the need for Prevention and Early Intervention work. As we move towards a greater emphasis on this 'front end', how will you monitor the performance of the Trust in Preventative work?</p> <p><i>The Quality Committee is fully briefed on local and national trends. There has been a 27% rise in Derby City and a 100% rise in the County; but this is in people who are unknown to the Trust so there are concerns regarding earlier intervention. Carolyn Green added that the Suicide Prevention Strategy is committed to a 'train the trainer' model and training is being rolled out to GPs and primary care staff.</i></p> <p>Q5. An emerging concern is the use of 'Spice' by recreational drug-users. This has been blamed for an increase in psychosis and violent attacks. How does the Trust monitor such emerging trends, and what new measures are put in place to protect staff and also to handle this new type of patient?</p> <p><i>Julia Tabreham expressed equal concern regarding the impact of this substance, particularly in offender and prison pathways. Carolyn Green added that Public Health had commissioned the Trust to provide some guidance which has been done for youth and adult services in Substance Misuse Services. Teams have been briefed on how to spot people who have taken 'Spice'. Additional information has been provided to wards, educational sessions have been provided for Accident & Emergency staff and the substance misuse policy re-written. Data is monitored through a national</i></p>
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	<p><i>database. Locally it is also reviewed through drug related deaths in Derby. In terms of protecting staff, violence against staff is seen in other areas and all trends are closely monitored.</i></p> <p>Kelly Sims asked how the Quality Committee is addressing the increased figures, reported on the Dashboard, of the use of prone restraint. Julia Tabreham confirmed there is ongoing dialogue on this item. Carolyn Green will be presenting a Deep Dive to the Quality Committee but assured governors that changes and improvements in reporting have led to the increase in figures, albeit there is a downward trajectory.</p> <p>Caroline Maley thanked Julia Tabreham for the deep dive. Barry Mellor is scheduled to deliver his NED update at the next Public Council of Governors meeting.</p> <p>Moira Kerr and Rehana Shaheen left the meeting.</p>
<p>DHCFT/GOV/ 2017/40</p>	<p><u>INTEGRATED PERFORMANCE REPORT</u></p> <p>Claire Wright presented the Integrated Performance Report (IPR), providing the Council of Governors with an integrated overview of performance as at the end of March 2017. The focus of the work is on workforce, finance, operational delivery and quality performance. This same report was presented to the Public Trust Board on 26 April 2017.</p> <p>Since the report was written the STF Income from NHS Improvement, referred to on page 34, has been received. A total of £906,000 was allocated to the Trust. This goes to the 'bottom line' and can be used only for capital expenditure</p> <p>Ruth Greaves referred to increased waits for early intervention in psychosis (page 34) and asked for an update on the impact on patients. Carolyn Green confirmed that patients do receive some support in the meantime. The increase follows a national recommendation for the service to become ageless. CCGs were advised that if this occurred the team would not be able to meet the increased demand. Although performance has worsened the Trust is still performing better than average. The waiting list policy is performing well and all referrals are triaged.</p> <p>Responses were given to questions submitted by Lynda Langley, absent due to jury duty.</p> <p>Q1 Annual Appraisals are falling short of their targets - is there a reason for this? Clinical and Managerial areas are also falling short of their targets - again is there a reason for this? What is being done to improve the above?</p> <p>Amanda Rawlings advised that there had been a slight increase in appraisal rates since January (from 74.6 to 75.14%). The process for conducting non-medical staff appraisals has changed, following feedback that the paperwork and process itself was very cumbersome. A training package for leaders and staff has been rolled out. An increase in completion rates is expected. Medical appraisal rates are higher than all other staff.</p>

Q2 Staff Survey - In-patient focus 64 responses. Is there a reason for a low number of responses? Concern that 36 out of 64 responses were either Unlikely/Extremely Unlikely or Neither to recommend the Trust for treatment. A high number would not recommend the Trust as a place to work. I feel this demonstrates ongoing distrust and dissatisfaction with the Trust. Do the staff leaving the Trust go through Exit Interviews - if they do what reasons are being given for their departure. If these are not implemented are there any plans to introduce them?

Amanda Rawlings clarified that 516 staff had taken part in the survey, of which 64 were from an inpatient area. . This was a Friends & Family Test conducted in February/March. The other pie chart on this page is a Staff Survey from September 2016 with 800 staff responses. Having compared both, improvements have been seen. The Staff Engagement Group is playing a significant role in supporting the People & Culture Committee. Four organisational projects are running to get the right balance of components to improve responses. Resource is being provided to teams that have lower end staff survey results and participation as they are likely to be struggling on people metrics. Shelley Comery asked how the questions are sourced. Amanda advised that they are mandated. As a member of the Staff Engagement Group April Saunders shared with governors that the group is working hard on this. There is still concern about bite size training for leaders; 22% have still not attended any training, 30% have not completed all elements of the training. This has been reported to the Board. Barry Mellor reinforced that NEDs have expressed that this is unacceptable and expect to see significant improvements. Executive Leads are being asked to make contact with those leaders to explore non-attendance. Amanda Rawlings also advised that the Leadership Development Strategy is going to People & Culture Committee in May.

In response to the comment on exit interviews, the People & Culture Committee receives information on where staff who are leaving to go to. The vast majority, who are not retiring or going on maternity leave, are moving within the Derbyshire market and are frustrated at lack of career progression. The Trust has led on a piece of work to look at a multi-generational approach to this and some recommendations are being worked through. The report had been presented to People & Culture Committee in April. Richard Wright and Barry Mellor commented on the excellent value of the report.

Q3 Paediatric current waiting times - what is the reason for the 50% as opposed to the 90% target?

This is an issue of capacity versus demand. Locums have been brought in to keep up the volume of throughput. Claire Wright and Carole Riley mentioned that they have undertaken a quality visit to this area where the consultants had talked to them about waiting times. Carole Riley added that the longest waiting time is to receive the referral.

ACTION: The Generations4Change report to be shared with governors through Governor Connect.

	<p>RESOLVED: The Council of Governors noted the content of the report and received assurance on current performance across the areas presented.</p>
DHCFT/GOV/ 2017/41	<p><u>GOVERNANCE IMPROVEMENT ACTION PLAN UPDATE</u></p> <p>Sam Harrison presented the Governance Improvement Action Plan (GIAP) report, providing governors with an update on progress on delivery of the GIAP and to receive assurance on delivery and risk mitigation. This same report was presented to the Public Trust Board on 26 April 2017.</p> <p>The Board had been asked to formally approve 14 'blue forms' to confirm that the recommendation within each form had been completed. Governors were asked to note the Approval Pipeline. Two actions remain for completion, which involved external assurance. The focus will now shift to embedding and monitoring the work undertaken. The external review (Deloitte's report) is currently with NHS Improvement for consideration. The Trust hopes to share as much as possible.</p> <p>RESOLVED: The Council of Governors</p> <ol style="list-style-type: none"> 1. Acknowledged and commended the significant work undertaken in implementing the GIAP 2. Noted the report.
DHCFT/GOV/ 2017/42	<p><u>REPORT FROM THE GOVERNANCE COMMITTEE</u></p> <p>Gillian Hough presented the report from the Governance Committee's meetings of 15 March and 13 April meetings.</p> <p>RESOLVED: The Council of Governors noted the report.</p>
DHCFT/GOV/ 2017/43	<p><u>REPORT FROM THE GOVERNORS NOMINATIONS & REMUNERATION COMMITTEE</u></p> <p>Caroline Maley gave a verbal update from the above meeting, held on 25 April. The Committee received confirmation that Dr Anne Wright had concluded the Fit and Proper Persons Tests as per the Trust's Fit and Proper Persons Test Policy. Maura Teager's appraisal was reported on and feedback given following her exit interview. A draft year-end effectiveness report was reviewed and will be received by the Council of Governors in July. The Committee debated its Terms of Reference and membership. Council of Governors will receive the revised Terms of Reference for approval in July.</p> <p>RESOLVED: The Council of Governors noted the update.</p>
DHCFT/GOV/ 2017/44	<p><u>PROTOCOL FOR GOVERNOR ATTENDANCE AT BOARD COMMITTEES</u></p> <p>Sam Harrison presented the protocol for governor attendance at Board Committees, on the recommendation from Governance Committee.</p> <p>The protocol arose following a discussion regarding the role of governors</p>

	<p>on Committees. The purpose of the protocol is to provide clarification on the role and focus of governors at Board Committees. Board Committee Chairs support the protocol, which had been developed with reference to good practice in the NHS. This offers governors an additional opportunity to hold NEDs to account through observation. It is key that governors feedback on how they observe the NEDs holding the Executives to account to the Governance Committee or Council of Governors and this will be implemented going forwards.</p> <p>ACTION: The protocol will be reviewed in six months' time.</p> <p>RESOLVED: The Council of Governors approved the protocol</p>
DHCFT/GOV/2017/45	<p><u>MINUTES OF MEETINGS</u></p> <p>The Council of Governors received and noted the minutes of the Public Trust Board meetings held on 11 January 2017 and 1 February 2017.</p> <p>A summary of the Confidential Council of Governors meeting, held on 6 April 2017, was also received and noted.</p> <p>Paula Holt left the meeting.</p>
DHCFT/GOV/2017/46	<p><u>MEETING EFFECTIVENESS</u></p> <p>Attendees confirmed the meeting had been valuable. The NED deep dive was welcomed. Governors liked the venue. The lunch beforehand had worked well.</p>
DHCFT/GOV/2017/47	<p><u>ANY OTHER BUSINESS</u></p> <p>The Chair reported that there would be one item for discussion, but due to confidentiality it would take place in a brief private session.</p>
DHCFT/GOV/2017/48	<p><u>CLOSE OF MEETING</u></p> <p>With no further public business the meeting was closed at 15:30.</p> <p>A private meeting of the Council of Governors followed.</p>

1. Monitor & Competition Markets Authority, (2015), *Supporting NHS providers considering transactions and mergers*, [Online], Available: <https://www.gov.uk/government/publications/supporting-nhs-providers-considering-transactions-and-mergers> [6 May 2017].